Minutes General Assembly (GA) 2023 Be-cause health (BCH)

29 September 2023 – Enabel

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Minutes General Assembly 2023 Be-cause health (BCH)

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Present: Stefaan Van Bastelaere (Enabel, chair), Radhika Arora (ITM), Paul Bossyns (Enabel), Hilde Buttiëns (Memisa), Sarah Carpentier (Socieux+), Xavier de Béthune (SC BCH), Paul De Munck (RIFRESS), Edwin De Voogd (Quamed), Bram De Vos (FPS FA), Hannes Dekeyser (FPS FA), Thérèse Delvaux (ITM), Michel Genet (MdM), Alliance Hoyep Tchanchou (Hôpitaux IRIS), Jean Clovis Kaloba Kabundi (Memisa), Aline Labat (ULB/ESP), Dries Merre (cabinet Minister of Development Cooperation), Francis Monet (GP), Anneke Newman (UGhent), Marianne Nguena (GAMS), Mireille Ntchagang (BleuSquare), Marc Nyssen (VUB), Phoebe Okeson (ITM Alumni), Davide Olchini (MdM), Amandine Oleffe (ULB/ESP), Patrick Rached (ULB/ESP), Voahangy Ramahatafandry (GP), Pierre Schmitz (Friendshp NGO), Felipe Sere (Memisa), Jasper Thys (Viva Salud), Sandy Tubeuf (UCLouvain), Joren Vallaeys (Ugani Prosthetics), Elies Van Belle (Memisa), Valérie Van Belle (CM/MC), Wim Van Damme (ITM), Félix Vanderstricht (ULB Coopération), Elisa Vanlerberghe (Fracarita), Ed Vreeke (Quamed), Davide Ziveri (H&I), Nathalie Brouwers (ITM, minutes) and Magalie Schotte (ITM/BCH, minutes)

Online: Jan Coenen (ITM), Kristof Decoster (ITM), Martini Hagiefstratiou (Solidaris), Samuel Makali (Catholic University Bukavu & ULB), Reginald Moreels (UNICHIR), Phidias Mufanzara (SAPI), Zeka Norbert (Les amis du monde entier), Elisabeth Paul (ULB/ESP), Jean-Marie Sinari (Enabel Rwanda), Michiel Van Der Heyden (FPS Health), Kiyombo Wa Nyembo (Ndera Neuropsychiatric Teaching Hospital, Rwanda)

Excused: Béatrice Futshu Likondja (MSDC), Anselme Mubeneshayi Kananga (IYAD), Najla Mulhondi (Congodorpen), Raffaella Ravinetto (ITM), Sara Salarkiya (Sensoa), Willem Van de Put (ITM)

>> Annex 1: Presentation of the General Assembly 2023

Welcome speech by the Chair of Be-cause health

Stefaan Van Bastelaere, chair of the platform, opens the General Assembly (GA) with a short welcome and gives the word to the participants to present themselves briefly.

I. Statutory part

1. Approval GA minutes 26 April 2022

>>> Annex 2: Minutes GA 26 April 2022

The minutes of last year's GA are approved by consensus.

2. Annual report 2022 & presentation activities 2023

>>> Annex 3: BCH annual report 2023 in English and French

Network activities

Stef and Magalie present the most important representation and networking activities from BCH during **2022/2023** and the plans for **2023/2024**.

For **2022-2023** one of the highlights was the International conference on "Social Health Protection", in cooperation with Enabel in Niger. This created momentum to reactivate the BCH Working Group (WG) on Social Protection in Health (SPH). Other activities that took place:

- BCH was represented at a meeting of the 4th pillar Flanders, at a seminar organised by the Belgian Coalition against Hunger, at a Diaspora Forum on Access to Vaccines, at the University of Ghent and assisted at the Meet & Greet in the fringes of the ITM Colloquium in Antwerp, among other activities. Alliances with other organisations are thus made.
- The gender policy and gender tool has been developed, which will assist the working groups (WGs) and steering committee (SC) to be even more inclusive (see more below).
- BCH opened the discussion on the Health Care for All Declaration (HC4All). For the coming years BCH aims to renew the attention for Health for All (20 years after the ITM conference and declaration in Antwerp and 40 years after the Alma Ata Declaration). See also the launch of a call "Strengthening health for all", together with the networks Health Systems Global (HSG) and Emerging voices for Global health (EVs).

For **2023-2024** the most important network activity was the 2023 BCH Conference 'Breaking taboos in global health'. Other activities that are planned are:

- 14-15 Nov 2023: "Enhancing Access and Availability of Controlled Substances for Medical and Scientific Purposes", at Flagey Brussels in collaboration with FPS Health, the DGD and UNODC
- 21-24 Nov 2023: ECTMIH "Shaping the future of equitable and sustainable Planetary Health", at Tivoli Utrecht, organised by FESTMIH (of which BCH is a member)
- 6-8 Feb 2024: Conference "Catalysing Change: Enhancing Evidence-Based SRHR Policies in Challenging Times", at the Enabel Conference Center, Brussels in collaboration with ANSER, ICRH/UGent and ITM
- 23 April 2024: EU Conference on "Health Systems Strengthening (HSS)", at Lamot Center, Mechelen in collaboration with DGD and Enabel

As a reminder, the digital report of the 2021 "Climate Justice and Health Equity" conference can be found here and the available presentations and other material of the 2023 "Breaking taboos in Global health" conference here.

Working group activities

Raffaella Ravinetto for the WG Access to Medicines (MEDs), Anselme Mubeneshayi Kananga for the WG DRC, and Willem van de Put for the WG on Mental Health (MH) are excused. Updates on these WGs can be found in the annual report.

Working group Determinants of International Health (Jasper Thys)

In 2022, the WG Determinants of International Health (DIH) organised a well-attended workshop on Decolonization which launched a thinking process on that theme within the whole platform.

The WG DIH has not been very active yet in 2023, this partly due to time constraints of the coordinator and the fact that the WG lacked an active participation of representatives of BCH member organisations. The WG will become more active now. An election memorandum on international health topics, at the request of 11.11.11/ CNCD, was drafted by a number of BCH member organisations in view of the EU presidency in 2024, the European and Belgian elections. This collaboration renewed the interest of the

organisations to invest in the WG DIH. There is still a call for new members. If people want to participate or want some info on the memorandum, they can send an email to Nicky.

Working group Digitalisation (Mireille Ntchagang)

In December 2022 the WG Digitalisation (DIG) organised a hybrid conference on local digital tools in cooperation with Ugani Prosthetics and Iristick (SmartGlasses). Some other internal meetings in which different digital tools were presented, took place as well.

In 2023, this has continued. Next to this, the WG DIG contributed significantly to the BCH 2023 conference on "Breaking taboos in Global Health". In October Ugani will launch its FinExpo project, "a Prosthetics workshop for DRC". And the WG DIG will organise a seminar in 2023, but the content is not yet defined.

Working group Planetary Health (Davide Ziveri)

After the 2021 conference on "Climate Justice and Health Equity" this WG Planetary Health (PH) started up. Members come from different continents. During 2022 and 2023, there has been a series of interesting webinars. Two of them can be found on our YouTube channel. One could not take place because of a bad connection. In June 2023, the WG was one of the organisers of a pre-screening of the documentary and debate evening "The Climate Baby Dilemma", in cooperation with the WG on Sexual and Reproductive Health and Rights (SRHR) and MH.

Davide also reported on a couple of global forums with the focus on Planetary Health (or One (Sustainable) Health). The WG PH has an organised session on "Mental and Planetary Health" planned during the ECTMIH Congress in Utrecht on November 21. Planetary Health is becoming central to the global health discourse, see also the fact that health will be for the first time on the agenda of the COP28 (3 Dec), the ITM Colloquium in Nepal will also be about climate change & global health, and the HSG conference 2024 is on Planetary health.

Working group Researchers in Global Health (Elisa Vanlerberghe)

The WG Researchers in Global Health (RGH) restarted beginning 2023 with a focus on a young generation of researchers. The WG is looking for a mix of participants as to have a sustainable functioning. For this they will launch a podcast on global health issues, anyone interested to contribute can contact Elisa.

Working group Sexual and Reproductive Health and Rights (Marianne Nguena)

Marlies Casier left Sensoa, and thus handed over the co-coordination of the WG SRHR to Sara Salarkiya (her replacement at Sensoa, who is excused today). Marianne Nguena (GAMS) is since 2023 the co-coordinator of the WG.

In 2022 the WG SRHR tested the BCH gender observation tool. As a consequence the WG decided to take some measures to be more inclusive: bridge the language gap with the French speaking WG members and organise all meetings online (or hybride) to attract members from outside Belgium.

In 2022/2023 they worked a lot on the topic of decolonising SRHR (see also the two sessions during the BCH 2023 Conference "Breaking taboos in Global health"). In 2023, the Body & Rights e-tutorial has been upgraded (this is a continuing process). An exchange is ongoing between the WGs SRHR and MH.

In 2024 the WG SRHR will be involved in the organisation of the ANSER Conference (7-9 February, Brussels).

Working group Social Protection in Health (Elies Vanbelle)

The WG SPH has been relaunched after the conference SPH in Niger (2022) where Enabel, Memisa, WSM, CM, and other BCH member organisations were present.

The WG SPH tries to reach a coherent position on SPH of the Belgian actors towards our partners and government. Different strategies on how to reach SPH are there, however the ultimate goal of the Belgian actors is the same. During a meeting in December 2022 the interested BCH member organisations and individual members shared their strategies towards SPH to see how they can position themselves.

For 2024, the WG SPH will check how they can contribute to the 2024 BCH conference in the framework of the Belgian presidency of the EU.

Questions and Answers

- We are looking for a new chair for the WG MH which has not been active anymore.
- The WGs have continued to organise hybrid meetings. What are the differences with the meetings before? How do the coordinators think about this? The balance is overall positive. A larger participation could be reached, also from non-Belgian resident partners and experts. It facilitated to open up for more participants (even within Belgium). However the dynamic of the meeting is different. The SRHR working group has as a consequence become more diverse (new members from DRC). Translation for francophone participants is also provided.
- The gender observation tool is a good instrument to use and analyse our meeting culture on its inclusiveness.
- BCH is setting up a taskforce on decolonisation (short term WG). If any interest, please contact Elisa.

3. Closure expenses 2022 & budget 2023 (Xavier de Béthune)

>>> Annex 1: Presentation of the General Assembly 2023 (slide 10-11)

Xavier de Béthune, Be-cause health's treasurer, gives a short overview. The expenses can vary from year to year, depending on the activities.

The main expense in 2023 was the BCH 2023 conference. Next year, the financial contribution will be less as the organisation of the conference will be in cooperation with the DGD and Enabel, in the framework of the Belgian EU presidency.

The budget for the WGs depends a lot on foreseen activities that sometimes cannot take place. There is no need to make expenses if the budget for the WGs is underspend. It can always shift to other activities. The total budget for BCH for the ITM 5 year-programme is on one budget line, so transfers in between activities and years are possible.

4. Discussion on new Internal Regulations

After some clarifications and a discussion the GA congratulates the taskforce for the huge work done. The Internal Regulations have been adopted on the condition that the adjustments proposed during the GA are incorporated into the text.

- Art. 4 Leave out "political" self-interest. We are all organisations working towards influencing policies. It is more linked to political parties, which is covered by the exclusions in art. 15.
- Art. 15 Leave out the examples of products recognized as deleterious to health
- Art.31 "Optimal" composition

The Internal Regulations will be published in English and in French.

Vote: Does the General Assembly approve the new internal regulations (as presented in the preparatory document and with the adjustments proposed by the GA)?

The Internal Regulations are accepted with 89% ("yes") of the votes.

5. Presentation candidate member organisations

There are 10 new candidate member organisations: UNICHIR, Solidaris, QUAMED, Friendship Belgium, MSDC, SAPI, Les Amis du Monde Entier, Congodorpen, BlueSquare and Ugani Prosthetics. Each organisation has sent out its motivation to the GA beforehand and presents itself at the meeting either live, online or with a video presentation.

After the presentation and some Q&A, the organisations were all accepted by the GA. All of them will be contacted to go through the ethical screening procedure, as laid down in the newly adopted Internal Regulations. (Also all other BCH member organisations will go through this screening round.)

Questions and Answers

- Link UNICHIR with the work ULB Cooperation does in DRC
- QUAMED is specialized in the certification of medicines, however medical devices can be audited as well
- The candidate members want to join / are already engaged in following WGs:
    - Solidaris: WG DIH (involved in drafting the memorandum), WG SPH (active member), WG RGH & WG PH (interest)
    - UNICHIR: ?
    - Quamed: WG Meds (active member)
    - Friendship Belgium: WG PH (interest & involved through the webinar)
    - MSDC: WG Meds, WG DRC (active member)
    - SAPI: WH MH, WG DRC, WG SRHR (interest)
    - Les Amis du Monde Entier: WG DRC (and HubSanté), WG MH (interest)
    - Congodorpen: WG DRC (interest) (and member of the HubSanté), WG DIH involved in drafting the memorandum
    - BlueSquare: WG Digitalisation (coordination)
    - Ugani Prosthetics: WG Digitalisation (active member)
- Friendship NGO works outside / complementary to the national public health system, however only in these areas where the state is not present.
- It is important to balance the expectations between the member and the platform. It is no use becoming a member without taking an active engagement in the network. Members can always decide to stop being a member if membership doesn't meet its expectations. Also the ethical screening procedure needs to assess if a member complies with the conditions for membership as laid down in the newly adopted Internal Regulations.

Vote: Does the General Assembly approve the new member organisations (as presented in the preparatory document and during the GA)?

Result of the voting round:
- Solidaris: 84% "yes"
- UNICHIR: 81% "yes"
- Quamed: 80% "yes"
- Friendship Belgium: 51% "yes"
- MSDC: 52% "yes"
- SAPI: 73% "yes"

- Les Amis du Monde Entier: 52% “yes”
- Congodorpen: 86% “yes”
- BlueSquare: 81% “yes”
- Ugani Prosthetics: 52% “yes”

All organisations are accepted as members.

6. Election new member for the Steering Committee

Elisa Vanlerberghe applies for the Steering Committee (SC). She works for the NGO Fracarita and will be one of the voices of the NGO-sector in the SC. She will also try to be a voice for the young professionals, researchers and the emerging voices.

Vote: Does the General Assembly approve Elisa Vanlerberghe as the new Steering Committee member (following her presentation in the preparatory document and during the GA?

Her membership is approved unanimously. Congratulations!

II. In-depth discussion: ‘Lessons learned from the Pandemic?’

After the statutory part of the GA and the lunch, an in-depth panel discussion took place on “Lessons learned from the Pandemic?”.

Stef welcomes the speakers and introduces the topic: What did we learn from the pandemic? Did we become wiser, better prepared for the future?

1. Setting the scene

Where are we today with the Pandemic Treaty? Negotiations at the World Health Organisation (WHO)

By Priti Patnaik (Founding Editor at Geneva Health Files)
>>> Presentation
>>> Recording

Priti gets us op to speed by giving a quick recap of the origins of the Pandemic Treaty, the current state of play and some interlinkages with the International Health Regulations (IHR).

The push for a Pandemic Treaty came from the EU (European Council). The whole process started in 2021 with the establishment of a WG, and aims to land in May 2024 with the adoption of the Pandemic Treaty (however there is a big chance that the timeline could change).

The negotiations until now followed a kind of circular process: delegations submit their proposals, a text is drafted and then proposals that didn’t make it to the text, are put back on the table. It is challenging to come up with a text that reflects consensus, since it is a negotiation in which there are many areas of unclearness and contention. Moreover, the discussions are happening alongside other discussions and negotiations (such as the negotiations on the IHR) which puts pressure on all delegations. Within the process it is important to keep in mind the limited negotiating capacities of LMICs.

The Intergovernmental Negotiating Body (INB) (which was created to take the lead in the negotiations on the Pandemic Treaty) is drafting a text to start the negotiations within the WHO. A hard bargaining and maybe a package deal or trade off with the negotiations on the IHR can be expected.

Severity of COVID pandemic in sub-Saharan Africa

By Wim Van Damme (Professor in Public Health and Health Policy at the ITM)
>>> Presentation
>>> Recording

Soon after the outbreak of COVID-19, several models predicted that the situation would become dramatic in DRC. Fortunately this didn't materialize, and most of Sub-Sahara Africa escaped the worst (with the exception for South-Africa). Since there is a lack of data on excess mortality in Africa, models are used as a substitute (via extrapolation from similar countries and adjusting for known risk factors (such as age of population, etc.).

For Sub-Sahara Africa, the only reliable data were collected in Egypt and South Africa. These are not representative for the whole of Sub-Sahara Africa, making the modelling a black box. Scientifically there is a rationale that explains lower COVID-19 severity (low morbidity and mortality) in Sub-Sahara Africa (with the exception of South Africa and some urban areas). There is definitely a case of underreporting, but with few indications of large increase of severe disease (hospitalisations and deaths).

Factors plausibly explaining lower proportion of severe COVID-19 in Sub-Sahara Africa:

- Universally accepted: younger age pyramid and less co-morbidities (obesity, diabetes, etc.)
- Less accepted: largely living outdoors so lower quantity of virus when infected
- Controversial: better "trained immune system" due to prior infections and a more balanced microbiome

This is relevant in view of future responses to pandemics, seeing that the severe lockdowns and the focus of the health services on COVID-19 (and thus away from "other health services"), created a lot of collateral damage.

Negotiating a Pandemic Treaty at the WHO: Pitfalls and Potentials

By Lauren Paremoer (Senior Lecturer at the Political Studies Department, University of Cape Town and a member of Peoples Health Movement South Africa)
>>> Recording

During her presentation Lauren gave an overview on the Pandemic Treaty negotiations from the perspective of South Africa and civil society organisations (CSOs) advocating for health justice.

In October 2020 South Africa proposed a TRIPS (Trade-Related Aspects of Intellectual Property Rights)-waiver at the World Trade Organisation (WTO) with the request that intellectual property rights on COVID-19 technologies would be suspended. This waiver proposal was ultimately unsuccessful. The negotiation process on the waiver within the WTO was skewed towards several major (pharma producing) countries who opposed the proposal, including the European Union (EU). The outcome was a compromise proposal that clarified TRIPS flexibilities could be used, made compulsory licensing easier to use and foresaw provisions on export. However, it didn't touch the intellectual property rights as such, and didn't have provisions on diagnostics and treatments.

The TRIPS-waiver proposal came on the table at the same moment the proposal for an international Pandemic Treaty was launched within the World Health Organisation (WHO). Positive is that the Pandemic Treaty negotiating process is in the context of a multilateral organization (WHO), where the negotiating parties are governments and each country has one vote. Within INB there is a desire for health equity. The developing countries have proposed some measures to reach this equity.

If you look at the Pandemic Treaty from a health justice perspective, the treaty should focus on recovery (next to preparing and responding to a future pandemic), health systems strengthening, debt suspension and waivers. For the Pandemic Treaty to deliver manufacturing capabilities (IP waiver and tech transfer obligations, provisions for African manufacturers to produce for African countries) should be democratized. Lauren concludes that a Pandemic Treaty should be binding not voluntary, and based on solidarity not charity.

Pandemic Preparedness and Response, the need for a systematic approach

By Elisabeth Paul (Associate Professor at the School of Public Health of the ULB)
>>> Presentation
>>> Pre-recording

In this presentation Elisabeth pleads for a systems approach to Pandemic Preparedness and Response (PPR). The shared vision of the WHO and the World Bank on a global PPR architecture focusses mainly on technicalities, only little reference is made to resilient communities and health systems. However, it is important to consider COVID-19 not only as SARS-CoV-2. A pandemic is not only due to a virus, it is due to a multiplicity of factors (including comorbidities and social determinants of health).

There is a need for a paradigm shift in PPR: adopt a systems approach instead of a reactionary approach, a holistic approach to health instead of seeing health as the absence of the virus. There is no blueprint solution, you need to tailor your response to local specificities. Using a systems approach to pandemics means that you will need to take in to account interlinkages within the health system when intervening. Sometimes your intervention is meant to improve the situation, however in fact it has negative impacts. The current health security agenda neglects the root causes of illness, and focuses on biomedical, technocratic solutions. The main focus during the COVID-19 pandemic was on vaccines, ignoring the other determinants of the pandemic. A systems approach will allow to have a more diversified response to future pandemics.

2. Debate 'How to implement the lessons learned by Belgium?'

Discussants: Michiel Van Der Heyden (Attaché international relations at FPS Health Belgium), Hannes Dekeyser (Attaché at FPS Foreign Affairs, Foreign Trade and Development Cooperation) and Dries Merre (Advisor to Caroline Gennez, Minister of Development Cooperation and Major Cities)

After the keynote presentations on the Pandemic Treaty, Stef introduces the panelists and opens the debate by questioning what did we learn from the pandemic, and how did it reform our actions.

What did we learn from the pandemic on the level of the FPS Foreign Affairs?

By Hannes Dekeyser
>>> Presentation

Hannes selected 5 main lessons learned from the pandemic.

1/ At DGD (the Belgian Directorate-General for Development Cooperation and Humanitarian Aid, the branch of the FPS Foreign Affairs where Hannes works) it was soon clear that the COVID-19 pandemic was nothing new. We have had pandemics in the past (HIV, Ebola, m-pox, etc.) and mistakes on access to medical countermeasures made during these past pandemics were made again during the COVID-19 pandemic. However, outside the "silo" of development cooperation this awareness was not self-evident.

2/ From the beginning there was a scarcity of medical products (vaccines, oxygen or personal protective equipment (PPE), etc.). During the pandemic DGD worked very hard to ensure continuity, the programs were executed were possible, and flexibility was given when needed. Nevertheless the scarcity caused inequity on a global level. We saw that the market failed to deliver access to medical countermeasures, so the main question is do we work according commercial market principles or from a public health perspective.

3/ There was a political momentum for structural change of the global health architecture for PPR, however WHO doesn't work in a vacuum; there is globalization, the war in Ukraine, the call for decolonization, the unrest in the Sahel, etc. All these events are playing at the moment we are negotiating the Pandemic Treaty. We need more (global) investments in global health (see the Pandemic Fund). The Belgian development cooperation does what it can, within the limits of its

resources. We invest in global health initiatives like GAVI, the Global Fund, keeping in mind that solely bio-technical solutions and vertical programs are not sufficient. That is why Belgium choose to invest in local manufacturing, however not in the infrastructure as such but in the regulatory bodies of its partner countries, in quality and in the health system.

4/ The division between Universal Health Coverage (UHC) and PPR is artificial. However this doesn't mean vertical programs are not delivering.

5/ Belgium and the European Union took responsibility during the COVID-19 pandemic, they did what they could in the context of uncertainty and limited resources. In 2022 the EU/AU summit was extremely ambitious on global health and the EU Global Health strategy recognizes Africa's ambitions. Nevertheless, more can be done. We are lacking behind on UHC and the realization of the SDGs. The pandemic had a direct effect on the realization of these objectives. Only 5% of the European budget for development cooperation is funding for health. Belgium will be advocating to raise this percentage ("put your money where your mouth is"). Next year Belgium has the presidency of the EU, and equitable access to qualitative health products and services is the priority for development cooperation.

What did we learn from the pandemic on the level of the Ministry of development cooperation?

By Dries Merre

Dries focusses on the political aspect of the lessons learned from the pandemic, and why health is a priority for our Minister of Development Cooperation, Caroline Gennez. He describes the Minister's priorities and her focus for the upcoming Belgian presidency of the EU.

During the COVID-19 pandemic our health systems collapsed. The excess mortality caused by COVID-19 was extended by the fact that our health systems did not deliver. The world answered quickly and several vertical programs were launched (which worked well). However, today we are moving towards a "post COVID" society. In the Minister's view health is a motor for development, a catalyst for social change and for the creation of social welfare. That is why providing health is the priority for the Belgian presidency of the EU next year. To create strong health systems we need academics, experts, strong governments, a social dynamic to make this systems available and accessible, and solidarity within and between countries.

Geopolitically we need to bring health back to the stage, make sure that states can provide for their own people. Belgium has a lot of expertise in empowering health systems throughout the world. As said before UHC and PPR are two sides of the same coin, however at a political level it is not always perceived as such. We see a problem and want to directly solve it, however the focus on health systems strengthening deserves extra attention.

A lot of African countries see health as their political priority. So with the Belgian focus on health during our presidency, Belgium hopes to align with the ambitions of the African countries. Belgium will also tighten its relations to supernational and regional organisations to make sure that, even in the absence of a well-functioning state, health needs are provided for. A regional approach could fill the gap, as well as civil society. It is the role of the civil society to fight for the right to access to health, not only through advocacy but, in the absence of a well-functioning health system, by providing health services and humanitarian assistance themselves.

Belgium's view on the Pandemic Treaty

By Michiel Van Der Heyden
>>> Presentation
>>> Recording

Michiel is following the negotiations on the Pandemic Treaty within the FPS Health and coordinates and defends the Belgian position in the process. He highlights 3 main points of the Belgian position.

- Importance of health systems strengthening and UHC instead of the limited perspective on health security that a lot of countries adhere to. Strong health systems are underpinning a strategy on PPR. The Treaty should deal with all phases of the pandemic cycle (prevention, preparedness and response) and should include agreements for all member states to invest in health systems strengthening.
- The Pandemic Treaty should give attention to deep prevention and the One Health approach. Since the major part of emerging diseases the last decade are zoonotic diseases, the Treaty should ensure that there is a strong, legal international framework to foster the One Health approach and build on capacities worldwide for disease protection and surveillance, however also for preventing spill-over opportunities. The Treaty should confirm commitments of member states already made in other treaties and agreements, like on climate change or biodiversity to tackle the root causes of pandemics.
- During the COVID-19 pandemic access to medical countermeasures depended on the purchasing power of governments and/or on the good will of HICs (high income countries). The Treaty should prevent that this repeats itself during a next pandemic. The most promising way forward to reach this would be to have a specific access and benefit sharing (ABS) system that is governed by WHO. The negotiations on this ABS system could build trust to also reach consensus on some of the other points of the negotiations.

Michiel concludes by stating that the negotiations have been very difficult, they have been running in circles. If the deadline in May want to be met, we need to speed things up and remain investing in the process (also as the EU) to push and to keep on listening to the concerns of all parties around the table. This has been the role that Belgium plays within the EU to really keep an open mind and to find common grounds.

Questions and Answers

- Wouldn't it be better to integrate lessons learned from the pandemic (PPR) in the IHR instead of negotiating a new specific contract on pandemics? The first focus of Belgium was on the IHR, however when the process on the Pandemic Treaty was launched by the European Council it got support worldwide. The IHR has the advantage of being already in place and endorsed by the member states, while the Treaty is now dividing our attention (two parallel tracks) and is complicating matters. The legal basis for the IHR is stronger than for the Pandemic. In the end we can expect a package-deal. The Belgian view is a pragmatic view. Let's see where the common ground is, and then assure that the two agreements are coherent and aligned, so that the Pandemic Treaty doesn't weaken what is already decided upon in the IHR.
- SRHR (gender and health) is a top priority for Belgium and high on the agenda of the Belgian presidency. However, it is not easy within Europe. So Belgium is looking for ways to put it on the European agenda without regressing the progress that has been made.
- Health sovereignty (decolonizing global health) requires international solidarity: financing and seeing medical counter measures as public goods. Health systems strengthening requires a lot of effort and commitment. We are seeing internationally that the global health governance is fragmented again (Pandemic Fund, etc.). As Belgium we keep on advocating for a health systems strengthening approach. More and more attention (also within vertical programs as the Global Fund or the Bill and Melinda Gates Foundation) is given to health systems strengthening.
- Was the PPR declaration (as agreed to in New York last week) useful for the INB and IHR amendments processes ongoing in Geneva, or was it mostly a sideshow? It could have been useful if there would be more political commitments (e.g. not many head of states were present to adopt the declaration), however for now most countries just tried to make sure that nothing would be in the declaration that they don't want in the Pandemic Treaty.

3. Closure

Magalie thanks all speakers, with a special reference to Hannes for whom it will be the last activity of Be-cause health he is attending. She closes the afternoon session and invites all for a drink.

List of Acronyms

ABS	Access and Benefit Sharing
ANSER	Academic Network for Sexual and Reproductive Health and Rights Policy
AU	African Union
BCH	Be-cause health
CM/MC	Christelijke Mutualiteit / Mutualité Chrétienne
CNCD-11.11.11	Centre National de Coopération au Développement - 11.11.11
COVID-19	Coronavirus disease 2019
CSOs	Civil Society Organisations
DGD	Directorate-General for Development cooperation and humanitarian aid
DRC	Democratic Republic of Congo
ECTMIH	European Congress on Tropical Medicine and International Health
EU	European Union
EVs	Emerging voices for Global health
FESTMIH	Federation of European Societies of Tropical Medicine and International Health
FPS FA	Federal Public Service Foreign Affairs
FPS Health	Federal Public Service Health
GA	General Assembly
GAMS	Groupe pour l'Abolition des Mutilations Sexuelles
GAVI	The Vaccine Alliance
GP	General Practitioner
H&I	Humanity & Inclusion
HC4All	Health Care for All Declaration
HIV	Human Immunodeficiency Virus
HSG	Health Systems Global
HSS	Health Systems Strengthening
ICRH	International Centre for Reproductive Health Belgium
IHR	International Health Regulations
INB	Intergovernmental Negotiating Body
IP	Intellectual Property
ITM	Institute of Tropical Medicine
IYAD	International Youth Association for Development
LMICs	Low and Middle Income Countries
MdM	Médecins du Monde
Mpox	Monkeypox
MSDC	Maison de Solidarité des Diabétiques au Congo
NGO	Non Governmental Organisation
PPE	Personal Protective Equipment
PPR	Pandemic Preparedness and Response
Q&A	Questions & Answers
RIFRESS	Réseau International Francophone pour la Responsabilité Sociale en Santé
SAPI	Save the People International
SARS-CoV-2	Severe Acute Respiratory Syndrome Related Coronavirus 2

SC	Steering Committee
SDGs	Sustainable Development Goals
SPH	Social Protection in Health
SRHR	Sexual and Reproductive Health Rights
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UCLouvain	Université catholique de Louvain
UGhent	Ghent University
UHC	Universal Health Coverage
ULB Coopération	Université libre de Bruxelles Coopération
ULB/ESP	Université libre de Bruxelles / École de Santé Publique
UNODC	United Nations Office on Drugs and Crime
VUB	Vrije Universiteit Brussel
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 MEDs	Working Group Access to Medicines
WG MH	Working Group Mental Health
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 Rights
WHO	World Health Organisation
WSM	We Social Movements
WTO	World Trade Organisation