

## Minutes General Assembly Be-cause health (BCH)

26 April 2022 – Memisa

---

**Present:** Elies Van Belle (Memisa, chair), Aline Labat (ULB), Anselme Mubeneshayi Kananga (IYAD), Cedric Bohi (ITM), Charles Ddungu (ITM), Charlotte Nzeyimana (Médecins sans Vacances), Christian Roberti (AEFJN), Christopher Knauth (EU), Davide Ziveri (Humanity & Inclusion), Elisabeth Paul (ULB), Felipe Sere (Memisa), Félix Vanderstricht (ULB coopération), Francis Monet (medical doctor), Freddy Moens (Congodorpen), Gloria Gbenonsi (ULB), Hilde Buttiëns (Memisa), Houssinatou Sy (AZV), Ignace Ronse (ex-DGD), Jacques Laruelle (ex-DGD), Jan Coenen (ITM), Jasper Thys (Viva Salud), Jocelijn Stokx (CM/MC) John De Maeschalk (ITM), Laure Speecke (CM/MC), Lisa M'ba (GAMS), Marianne Nguena Kana (GAMS), Marijke Ceyskens (Memisa), Marjan Pirard (ITM), Marlies Casier (Sensoa), Martinus Desmet (medical doctor), Mireille Ntchagang (BlueSquare), Nzoyihera Floribert (Ntabariza SPF), Ramahatafandry Voahangy (medical doctor), Therese Delvaux (ITM), Tim Roosen (DGD/ITM), Valérie Van Belle (Aliance nationale de Mutualités chrétiennes), Victoria Dillies (Memisa), Willem Van de Put (ITM), Xavier de Béthune (BCH), Nathalie Brouwers (ITG/BCH, minutes), Magalie Schotte (ITG/BCH, minutes)

**Online:** Hilda Flavia Nakabuye (Fridays for the future), Raffaella Ravinetto (ITM)

**Excused:** Amandine Oleffe (ULB), Hannes De Keyser (DGD), Stefaan Van Bastelaere (Enabel), Béatrice Futshu Likondja (MSDC)

Elies Van Belle, chair of the platform, opens the General Assembly with a welcome and gives the word to the participants so everyone can present themselves briefly. After 2 Covid-years, the members of Be-cause health are happy to meet each other physically again.

Annex 1: [Presentation of the General Assembly](#)

### I. Statutory part

1. Approval GA minutes 9 June 2021: see [annex 2](#).

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

2. Annual report 2021: see [report here](#).

The coordinators of the WG's on **Access to Quality Medicines**, Raffaella Ravinetto; on **Research in Global Health – Healty Policy & Systems** (GH – HP&S), Elisabeth Paul; on **DRC**, Anselme Mubeneshayi Kananga; on **Determinants of International Health** (DIH), Marijke Ceyskens and Jasper Thys; on **Mental Health**, Willem van de Put; and on **Sexual and Reproductive Health & Rights** (SRHR), Marlies Casier, clarify in person their results and achievements. Some highlights: the study on opioids in DRC which is a cooperation of the WGs on Medicines and DRC, the session on Decolonisation by the WG DIH, the conference Mental health voices from Africa, and the update of the Body&Rights e-tutorial.

Magalie Schotte gives a brief summary on the Conference on Climate Emergency and Health and on the Gender policy within BCH. She presents the two digital reports which have been made on the two major conferences this year, on [Climate Emergency and Health](#) and on [Mental health voices from Africa](#). We hope they will be used and shared widely as a lot of work has been put into the development of both “mini-websites”.

DGD encourages BCH not to forget the French-speaking part of the world as this is a strength of the Belgian platform; contents of BCH work have been taken up in policy advice; the learning part of BCH is important, also towards embassies and representatives, which comes back to DGD.

3. Expenditure closure 2021: see [annex 3](#).

Xavier de Béthune gives a short overview but it’s quite self-explanatory. A suggestion is proposed to calculate from 2022 onwards the in-kind contributions of the member organisations like rooms, catering, support by staff members and also financial contributions.

4. Planning activities 2022

WG Medicines (Raffaella): Regular exchange meetings on research and operational practical experiences, develop the French-speaking platform, the results of the study with Anselme/WG DRC on the opioids will be shared, advocacy for access to painkilling medicines in DRC

WG GH – HP&S (Elisabeth): Cooperation with students is still under negotiation, to be continued.

WG DRC (Anselme): See WG Medicines, coopération avec la HubSanté

WG DIH (Jasper): Strengthening knowledge on theme of decolonizing global health, launch of Global Health Watch publication

WG Digitalisation (Mireille): Continuation of online meetings, f.i. on health systems

WG Mental health (Willem): How to move forward with the results of the conference in the second term of the year.

WG Planetary health (Davide): This working group is new and started after the conference on Climate and Health. A small core group has been formed, together with Xavier de Béthune who will co-chair the WG. The mission and the objectives still need to be clarified. Step by step, they will invite more experts. The platform for planetary health is growing. There are members from outside Belgium as well, as the meetings (also) take place online. The meetings are very rich.

WG SRHR (Marlies): The theme of decolonization will be taken up by the WG. Still bimonthly meetings to share results of programmes, follow up of international developments, etc. A workshop in September is planned on an ITM research project in Benin.

WG Social protection in health: This WG will be revived as there is renewed interest. Elies will take up the lead. In May, there will be an international conference in Niger on Social protection in Health by Enabel, and co-organised by Be-cause health. A second opportunity is that a session can be organized as well on this theme on the Health Systems Global Symposium in November in Bogotá, Colombia.

Network:

- Work will continue on the decolonization and the gender themes/policies.
  - With Educaid, there is a cooperation possible on Planetary Health Education.
  - There will be a seminar on Vaccine Equity in which BCH can participate.
  - Cooperation with the Belgian Coalition against Hunger is further explored, from the health angle.
  - In Nov 2023, ECTMIH will take place in Utrecht.
  - BCH will still publish its monthly newsletters and regular updates.
  - A publication with the research results on the opioids study in DRC is also planned.
- The new 5 year programme of BCH is taken up in the newly agreed framework agreement between ITM & DGD, so planning will be spread out over these 5 years. There will be for instance 3 conferences in 5 years instead of one annually so that workload and budget can be spent on other activities and results as well. See also budget 2022.
- It is suggested that one representative per WG could follow the meetings of the WG Planetary Health to broaden this theme as much as possible.

5. Budget planning 2022: see [annex 4](#).

Xavier gives an explanation about the budget planning for 2022, which coincides with the activities for 2022.

6. New members GA: see [annex 5: motivation BlueSquare](#).

BlueSquare is an organisation which has been active in the WG Digitalisation since its beginning. Mireille Ntchagang presents the for-profit association which has a clear social mission. The question that a private company asks for membership has already been on the table of the Steering Committee. Mireille will take over as coordinator of the WG Digitalisation from Stefaan Van Bastelaere and they thought it was time to become member of BCH as well. This based on their multi stakeholder approach and their experience within the network. They work together with a lot of different partners. It seems that within the GA there are still some hesitations about

the membership, f.i. with regard to some of the partners with which they are cooperating. This is not specifically targeted towards BlueSquare, however it is more a question of principle.

The consensus proposal is that the steering committee will be given one year time to write down a framework or guidelines with regard to the membership of for-profit associations, not particularly for BlueSquare alone.

BlueSquares contributions are highly appreciated. It is also important that companies working in innovation can cooperate with BCH for knowledge building, esp. in a field like digitalisation.

#### 7. New members Steering Committee and new chairperson

Elies Van Belle ends her mandate as chair of Be-cause health. The combination of her role as director of Memisa and chair of Be-cause health was not feasible anymore for her. It's not an adieu of Be-cause health, she will take up a role in the revitalisation of the WG Social Protection in Health.

Also the mandate of Aline Labat in the Steering Committee has come to an end. Elies and Aline are heartily thanked for all the work they have done for the network and that they will still continue.

Stefaan Van Bastelaere (Enabel) is candidate to become chair of BCH. Unfortunately, he couldn't attend the GA in person and presents himself in a [video message](#).

Furthermore, Amandine Oleffe (Ecole de Santé Publique - ULB) and Davide Ziveri (Humanity & Inclusion/Handicap International) are both candidates for the Steering Committee. Also Amandine presents herself through a [video message](#). Davide attends the GA in person and presents himself "live".

Stefaan's candidature as chair as well as both candidates for the SC have been approved by consensus. Congratulations!

#### 8. For information: new WG coordinators

Mireille is very welcomed as new coordinator of the WG Digitalisation. BlueSquare will take up the coordination as a group, but Mireille is the contact person. It is important to notice that BlueSquare will not be member of BCH for another year, and that this is an exceptional situation. Magalie will take it up with the WG if they would need a co-lead from another organisation.

Davide is also the coordinator of the new WG on Planetary Health within the network. This WG has been created following last year's conference on Climate Justice and Health Equity. He will co-chair the WG together with Xavier. There is a warm call to still join the group and share this with the other WG's.

Elies will take up the revitalisation of the WG on Social Protection in Health. See also Planning activities 2022.

## II. Discussion and workshop 'Health Care for All (HC4All) declaration & update Be-cause health (BCH) reference text, see [annex 6: Declaration Health Care 4 All](#)

### 1. Introduction discussion HC4All (chair Elies)

*Objective >>> Introduction update reference text BCH:*

- *The HC4All declaration: history*
- *What has BCH already done on some of relevant topics missing in the declaration?*

Summary and context HC4All, by Thérèse Delvaux

[>>> Presentation](#)

Meeting and declaration on "HEALTH CARE FOR ALL"  
Antwerp, Belgium, 25-26 OCTOBER 2001  
"ONCE UPON THE PAST?"

Thérèse participated in the conference in Antwerp in 2001 and shares some context and experiences.

The conference was initiated by the Belgian government as President of the European Union and the Institute for Tropical Medicine, Antwerp.

Many stakeholders were present: Ministers and Directors of Health of 15 African partner countries of Belgium, representatives of the EU, UN, NGOs, pharma and world-wide health development and disease control scientists and experts.

Objective: strengthen national health systems for disease control (health as a human right), as opposed to the SAPs that required budget cuts in the health sector in LMICs.

Declaration was drafted by the ministers personally in a small committee. The plenary then provided additional input which was referred to a small secretariat for final editing. The Antwerp Call would turn out to be an important instrument at the level of the WHO, the UN, the World Trade Organisation and the Monterrey conference.

BCH didn't exist yet during that time, however many (even some current) members were present.

Presentation screening relevant documents BCH, by Xavier de Béthune

[>>> Presentation](#)

In 2020 the decision was made to actualise the HC4All Declaration from 2001, whose principles and general terms all BCH member rally behind. We know now that it is not the mandate of BCH to update the declaration. BCH will integrate the declaration in its new vision and mission reference text, and add important evolutions and topics.

Xavier made a desktop analysis of all documents that, at this moment in time, are relevant for BCH. Based on this analysis, a spread sheet was made and a first text was drafted (annex 1 & annex 2). Starting from this first draft, the steering committee held a discussion. One important feedback was to put the patient in the centre.

So, after this feedback, the text was revised, and the person became the centre of the analyses, and thus this presentation.

What do we want to achieve with this reflection process

- A new Mission-Vision-Strategy document for BCH (BCH reference text)?
- A new Strategy document for DGD?
- A Community of Practice about H(C)4All?
- An international conference similar to the one in 2001?
- A (set of) publication(s)?
- Other?

The drafting of a new internal reference text is the first step. This text can serve as a base for our external policy advice towards DGD (and others), or a BCH input in a follow-up conference, if this would be initiated by the ITM.

New topics found by screening the relevant documents, and that were not described in the HC4All declaration were listed and organised in following categories (putting the person in the focus). For each topic the position of BCH is clarified, starting from the rights-based approach, and should be completed by the members and stakeholders of BCH, to end with a final reference text that will be presented/ adopted at the GA 2023.

Follow-up? A taskforce will refine the document and the identification of priorities through the working groups of BCH. This would involve the majority of the Belgian stakeholders and their partners. In the long term, the updated set of priorities and strategies could become a management tool for planning, follow up and evaluation.

#### Decolonisation global health, by Jasper Thys

##### >>> Presentation

During the learning sessions the Working Group Determinants of International Health (WG DIH) organized in 2021, the topic of decolonisation came up. The WG decided to further explore the topic, since in global health today decolonisation has clearly its momentum. Global health as a sector originated in the colonial system. Still there is an imbalance in power in our partnerships. These power imbalances have an impact on the social determinants of health. The WG DIH wants to work on a policy paper regarding decolonisation and human resources in global health.

The work done by the working group accelerated the “internal decolonization” process within BCH. A first step was taken to organize an online seminar to guide us through the different concepts and approaches. After this session the general feeling was that the topic often stays very theoretical and that translating the concepts and ideas into the reality (the work we do, our organisations, etc. are part of the post-colonial system) is much harder.

So, to put theory into practice, the working groups of BCH were asked to think about what decolonization would mean in reality for their field of expertise. This exercise was done by the WG SRHR and the WG Medicines.

### WG Sexual and Reproductive Health Rights (SRHR)

The WG SRHR exchanged ideas on the subject; what does decolonization mean for SRHR?

The SRHR agenda is a very Eurocentric agenda. However, in SRHR putting decolonization forward could mean a slippery slope towards cultural relativism, and the undermining of the rights-based approach. This doesn't mean we cannot go in dialogue much more than we are doing today.

Follow-up for the WG SRHR:

- Planning of the agenda for the WG by our partners in LMICs (not just invite them as speakers, but let them decide on the agenda). *"Switching the poles"*;
- Analyse the policy notes of the WG from a decolonial lens.

### Mental health Conference, by Magalie Schotte

>>> The main takeaways of the mental health conference are summarized in a one-pager: [https://www.be-causehealth.be/wp-content/uploads/2022/04/be-cause-health-onepage\\_ENG\\_DIG.pdf](https://www.be-causehealth.be/wp-content/uploads/2022/04/be-cause-health-onepage_ENG_DIG.pdf).

An important conclusion is that mental health should be an element in every health activity we undertake, and be part of our (global) health strategy. It is not something distinct. Mental health wasn't put forward in this way in the HC4All declaration.

So, we need to give a clear space to mental health in our updated reference text. A quote from the conference reflects this well: *"You do not have to wait for an emergency to work on mental health"*.

### Climate justice and health equity Conference, by Magalie Schotte

>>>> A summary of the conclusions of the conference: <https://www.be-causehealth.be/wp-content/uploads/2020/01/onepager-EN-final.pdf>

Although 20 years ago climate change was already known to may have devastating effects on the health of people, no specific attention was given to it in the HC4All declaration. The declaration does refer to natural and man-made disasters though.

Today, the climate emergency has to take a central place in an updated BCH mission and vision. If we do not stop global warming all our health initiatives will turn out to be in vain. This sense of urgency was the common thread during the BCH 2021 Climate conference.

## 2. Panel discussion HC4All Declaration (chair Elies)



*Objective >>> External expert panel that shares their insights and recommendations to the BCH network on the HC4All declaration followed by a BCH members' discussion.*

Houssynatou Sy (Regional Programme Manager at Médecins sans Vacances – Artsen zonder Vakantie)  
>>> [Presentation](#)

Houssynatou analysed the HC4All declaration from a complexity and systems thinking approach.

In the HC4All declaration she would like to see more focus on Primary Health Care (PHC). Although the patient / person is at the centre, sharing knowledge and dialogue with communities is crucial in order to start from the community's needs. The discourse could move from the more "operational" care, to a health systems approach. For this the declaration could also precise more how we should realize global health financing mechanisms.

The nexus health – fragility, and resilience (to climate change, pandemics, war, ...) is missing in the declaration.

The central role for BCH as international network is to exchange and facilitate partnerships. More attention could be given on how to engage the diaspora (in Belgium). If the network wants to "decolonise", it is important that this process is led by the "colonised" and that the debate is held on a practical level, not only on an academic level.

Although sharing and learning is central for BCH, more attention could be going to policy / advocacy work, f.i. it could play a critical role on global agenda goals like the (unrealistic) Universal Health Care (UHC) attainment and/or the vaccine inequity. BCH could play this role on the international level (not only in Belgium), and the partner organisations of BCH members should take the lead in its policy work.

Hilda Flavia Nakabuye (activist at Fridays for the Future, Uganda)

Climate change has an impact on all sectors, including (global) health. It is our world's biggest challenge, the time to act is now. This sense of urgency needs to be much more prominent in the HC4All declaration.

The climate emergency has a direct impact on health: we have to take care of the victims of global warming. Prevention is better than cure.

The climate emergency also has an indirect impact on health. In the climate movement people often suffer from mental health issues; eco-anxiety. Little is known about this, and mental health should have its place in the HC4All declaration.

Climate change is a health issue, and a justice issue. It impacts those population groups that have the least access to health care. We need to take into account the ideas of marginalised communities to strengthen and improve health systems.

The (global) health sector also has an impact on global warming: 4,6% of Greenhouse Gas Emissions (GGE) comes from the health systems. The health sector can contribute by lowering GGEs, divesting in fossil fuels, raising awareness on the impact of the health



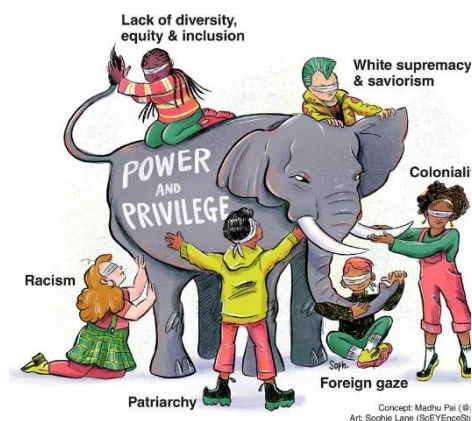
systems on climate change, mitigating its emissions, advocating for policies that remove barriers for mitigation and conducting climate change research linked to health. Health workers should advocate against the climate emergency (seeing its impact on health).

Nzoyihera Floribert (Volunteer at the association Ntabariza SPF, Burundi)
   
[>>> Presentation](#)

The association Ntabariza SPF is a non-for-profit organisation. The association was created in a new context to improve the living conditions of prisoners and their families.

Prisoners have specific health needs, especially female prisoners. They live in a fragile context, their needs are often not seen, neglected or ignored. Vulnerable population groups, like prisoners, need special attention in a health strategy.

Charles Ddungu (Researcher at the Institute of Tropical Medicine, Antwerp)



Coloniality is a part of our world. Power and domination are in our mindset. Global health is embedded in the colonial time (Institutes of tropical medicine, NGOs, ...). Because we are in the system, we are blindfolded. Power and privilege are the elephant in the room. We are “haunted” by our coloniality.

The HC4All declaration has several positive points:

- Health as a human right: human rights as a concept are eurocentric and definitely not universal. However, different countries and populations should place their human rights in their own context.
- A holistic approach to health: health is more than the absence of sickness.
- Role of the government: although some governments are “crooks”, we have to work together with them.

Some things are missing in the HC4All declaration:

- Coloniality: we should add that power and domination are embedded in our system. If we really want to respond to needs, we have to recognize coloniality.
- A reference to research: we only do research on those topics that are of interest to ourselves. The role of the researcher in our partner countries is insufficiently recognized. The agenda for research has to be set in our partner countries.

### Discussion

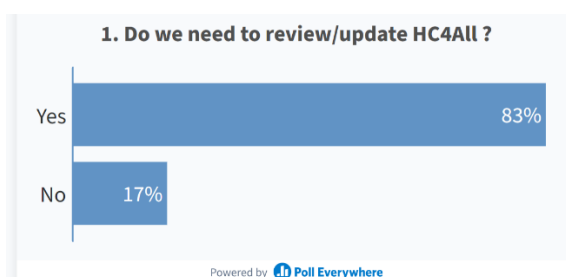
- In 2001 the focus was on health care. However the social determinants of health are much broader than health care. The focus shifted: today it might be better to speak of “health for all”. Idem for the right to health instead of the right to health care.

- Add education, climate change, gender, equity and cyber and internet (the global access to information, and its other side: fake news, and disinformation).
- Most wars today are internal conflicts. In 2001 wars were mostly external wars.
- It is important to also stress what hasn't changed: after 20 years many still have no access to quality medicines.
- World has changed: system has become global, there is no real North / South division any more: see global health, COVID, Climate change, Agenda 2030 and the SDGs, ...
- Should we as BCH become more politic activists?
  - o Our activism is embedded in our engagement for global health.
  - o From the beginning of BCH: there was no role for BCH as activist. However, this can change.
- Where are the voices from our partners in LMICs during this meeting? Countries from all over the world were presented in the HC4All conference and supported the declaration. HC4All cannot be "rewritten" by BCH.
- BCH was created to overcome the complete absence of coordination between Belgian actors working in the field, and in the national action plans on health and development. The declaration than became the "common ground" that was supported by all members. It is important that the Belgian actors can speak with one voice. BCH is the vehicle to do so, an instrument based on a unifying text.
- A Belgian platform is legitimate, also in the field of global health / partnerships. It must be open for all who want to contribute. However, will a Belgian platform not always be imbalanced ("us" and "them")? We should question if development cooperation still has to exist.
- The text should be mobilising.
- HC4All should give more attention to the patient / to populations: put people in the centre. And add participation: how can patients / populations participate in creating qualitative health systems (cf. decolonisation).

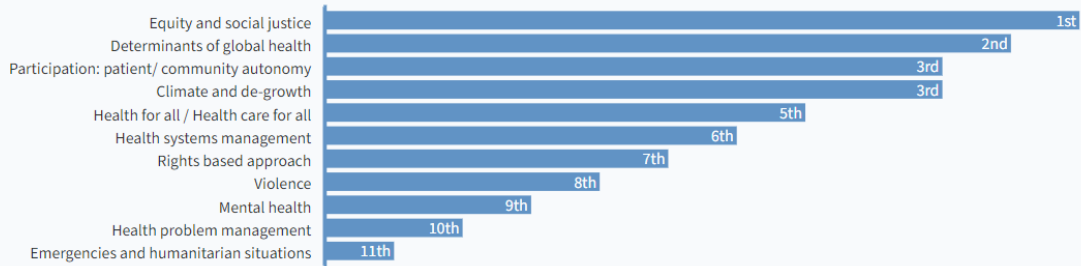
#### Proposal for follow-up:

- Feedback of this meeting is integrated in a new draft text (including the HC4All declaration).
- We get as much input as possible from our stakeholders (especially in LMICs) during online workshops.
- A final reference text is presented / adopted at the GA of 2023.
- The reference text is input for the strategic note of the DGD, and for the Belgian presidency.

#### Poll



## 2. What additional topics to the HC4All should be priorities for BCH the coming (10) years? Give your top 3 from the following list.



Powered by Poll Everywhere

## 3. Which topic is missing in the previous list?

