



BE-CAUSE HEALTH ANNUAL REPORT 2022

BECAUSE HEALTH IN PICTURES

2022



From left to right:

At the press conference during the international conference "Social Health Protection, a path to fight against inequalities", Niamey (Niger).

At the BCH WG on SPH organized session during the renowned Health Systems Research Symposium, Bogota (Colombia)

GA April 2022: Members of BCH reflect on topics to add to the HealthCare for all Declaration as the reference text for BCH.



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FOREWORD

Dear Be-cause health member or friend,

We are happy to share an insight of what 2022 meant for our platform in a changing world in this report.

The world around us still struggled with the COVID-19 pandemic and equitable access to supplies did not happen. Wars in eastern Europe, Africa and Asia generated huge shifts in international dynamics, financial balances and flows and migration has never been so massive. Real priorities like the climate emergency, access to basic social services and the fight against inequalities suffered from a reduced instead of an increased attention. Meanwhile people around the world faced increasing extremes of heat, food and water insecurity, and changing patterns of infectious and chronic diseases. Violence and worldwide inequality grew, instead of being reduced.

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

Our most active working groups continued to generate interaction, share information and lobby on planetary health (PH), sexual and reproductive health rights (SRHR), social protection, decolonisation, new technologies, equal access to quality supplies and medicines, etc.

An international conference on social protection in health (SPH) was co-created with other partners in Niamey and a working group was born, allowing in-depth exchanges between all and merging sometimes divergent views.

We contributed to the preparation and concertation of a new EU global health strategy and to the voluntary national review (VNR) on the progress of Sustainable Development Goals (SDGs) in Belgium.

We hope you will go through this report, and to meet you at our next Be-cause health conference, one of the meetings of our working groups, a network event or the general assembly.

Happy reading,

Stefaan Van Bastelaere
Chair Be-cause health



LIST OF ABBREVIATIONS

3D	Three dimensional
ANGs	Actors of the Non-Governmental Belgian Development Cooperation
APGS	Actieplatform Gezondheid en Solidariteit (Health & Solidarity Action Platform)
BCH	Be-cause health
CM/MC	Christelijke mutualiteiten / Mutualités Chrétiennes
CSU	Couverture Sanitaire Universelle
GH-HPS	Global Health – Health Policy and Systems
COO	Chief operating officer
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organisation
DIH	Determinants of International Health
DGD	Directorate General for Development (Belgium)
DRC	Democratic Republic of Congo
ESP-ULB	Ecole de Santé Publique de l’Université Libre de Bruxelles
EU	European Union
FA	Framework Agreement between the DGD and the ITM
FRDO-CFDD	Federal Council for Sustainable Development
GA	General Assembly
HC4All	Health Care for All
H&I	Humanity and Inclusion- Handicap International
HRH	Human Resources for Health
ILO	International Labour Organization
IPES-Food	International Panel of Experts on Sustainable Food Systems
ITM	Institute of Tropical Medicine (Antwerp), host of BCH
IYAD	International Youth Association for Development
LMIC	Low and Middle Income Countries
MSDC	Maison de Solidarité des Diabétiques au Congo
MdM	Médecins du Monde
MH	Mental Health
PCC	People Centred Care
PH	Planetary Health
PHA	Planetary Health Alliance
SDGs	Sustainable Development Goals
SC	Steering Committee
SPH	Social Protection in Health
SRHR	Sexual and Reproductive Health and Rights
TMIH	Tropical Medicine & International Health
TOR	Terms of Reference
UGent	University of Ghent
UHC	Universal Health Coverage
ULB	Université Libre de Bruxelles
UN CPD	UN Commission on Population and Development
UN CSW	UN Commission on the Status of Women
VNR	Voluntary National Review
WG	Working Group
WHO	World Health Organization
WHO AFRO	World Health Organization, Regional Office for Africa

INTERNATIONAL CONFERENCE ON SOCIAL HEALTH PROTECTION, A PATH TO FIGHT AGAINST INEQUALITIES (NIAMEY, NIGER)

<https://www.be-causehealth.be/en/bch-events/international-conference-social-health-protection-in-niger10-13-may-2022-2/>

The international conference “[Social Health Protection, a path to fight against inequalities](#)”, which took place from 10th to 13th May, online and in Niamey (Niger), was organised by the Ministry of Public Health, Population and Social Affairs of Niger in collaboration with Be-cause health (BCH), Enabel, the International Labour Organization (ILO) and the World Health Organization (WHO).

All countries in the world face the great challenge of protecting their populations. But how do we organise this social protection? Where to start? During the conference, 12 African countries and several Belgian and international partners presented their experiences and debated on this issue.

The conference was not an end, but a beginning. The renewed BCH [working group \(WG\) on SPH](#)¹ takes forward the lessons learned and key takeaways from this conference.



Key takeaways

- » There is no ready-made recipe for implementing Universal Health Coverage (UHC) that can work everywhere.
- » Setting up SPH, as part of UHC, requires a strong political will. As “coordinator of the process”, the state must provide additional funding, create a favourable social environment (by means of appropriate legislation) and conditions for social participation and be willing to address access to services and care for all, in one system based on solidarity and equity.
- » An SPH policy requires a comprehensive strengthening of the health system.
- » Lifting financial barriers is a necessary, but insufficient condition for the implementation of SPH.
- » Civil society has an important role in the implementation of social protection policies. It has a counter-power role: it protects people's right to health and carries out advocacy and awareness-raising activities; it takes an active part in the implementation of programmes; it is locally embedded and maintains relationships of trust with the populations.

However, the commitment of civil society can sometimes be limited by volunteerism and the effective representativeness of the populations it defends, especially the poorest.

- » The population will only take ownership of the model if there is a collaboration with them through their various stakeholders (elected representatives, administrative authorities, opinion leaders, etc.). The collaboration must be marked by mutual respect and respect for the commitments made, particularly between supply and demand.
- » Developing, financing and maintaining a contributory and equitable SPH system is crucial so that those unable to pay shall be covered by solidarity, including through public funding.²
- » If SPH is to play its role in reducing inequalities, the informal sector must participate and be included, national political choices must be respected, fragmentation must be avoided by coordinating various initiatives, free healthcare systems should be challenged and a long-term vision with sustainable sources of funding established.

¹ <https://www.be-causehealth.be/en/bchgroups/social-health-protection/>

² Reference: Enabel, 2022, Final Report International conference Niamey ‘Social Health Protection, a path to fight against inequalities’. See <https://www.be-causehealth.be/en/bch-events/international-conference-social-health-protection-in-niger10-13-may-2022-2/>

WORKING GROUPS

WG Access to Quality Medicines

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

Equitable access to quality-assured health products keeps on being a policy priority for Belgium, and even more in view of the Belgian European presidency in the first half of 2024.

The Medicines WG remains quite dynamic, with 120 people in the distribution list. In 2022, two online meetings, respectively on 21 April and 30 August, were both attended by approximately 30 participants. They covered a mix of topics, including sociological research on the role of the pharmacist in the international development sector (Ariadna Nebot Giralt, Université de Paris); decolonisation of global health and how it applies to pharmaceutical policies (Magalie Schotte and Dr. Voahangy Ramahatafandry, BCH); new simplified methodologies for the research on substandard and falsified medicines (Dr. Patient Ciza, Université de Kinshasa); and the possible impact of the WHO benchmarking of national regulatory authorities on the procurement of humanitarian and development actors (Raffaëlla Ravinetto, ITM).

The other strategic priorities were providing scientific updates and capacity building for stakeholders in French-speaking Africa; and the collaboration with the WG DRC (Democratic Republic of Congo) that focuses on access to opioids for medical use.

For that purpose, an online workshop in French was organised on 1 December and was attended by approximately 70 participants: "[Où en sommes-nous dans la lutte contre les médicaments de qualité inférieure et falsifiés dans les pays d'Afrique francophone ? Comment mobiliser les gouvernements et les acteurs nationaux autour de cette question importante ?](https://www.be-causehealth.be/en/bch-events/ou-en-sommes-nous-dans-la-lutte-contre-les-medicaments-de-qualite-inferieure-et-falsifies-dans-les-pays-dafrique-francophone-comment-mobiliser-les-gouvernements-et-les-acteurs-nationaux-auto-2/)"³. The workshop brought together high level speakers from the WHO AFRO (WHO Regional Office for Africa), Université de Dakar Cheikh Anta Diop, Université de Kinshasa, Université de Liège, the Ecumenical Pharmaceutical

Network and the WHO Team working at Substandard and Falsified Medical Products in Geneva. The proceedings will be published later on.

Furthermore, the mixed-method study on access to opioids carried out in the DRC in the last quarter of 2021 in collaboration with the WG DRC, has been published open-access in the scientific journal Tropical Medicine & International Health (TMIH): "[Access to opioid analgesics for medical use at hospital level in the Democratic Republic of Congo: An exploratory mixed-method study - Zandibeni - 2023 - Tropical Medicine & International Health - Wiley Online Library](https://onlinelibrary.wiley.com/doi/10.1111/tmi.13837)"⁴. The results were presented in November 2022 in Kinshasa, at "Le 4ème congrès international des soins palliatifs", and in Brussels, at the thematic meeting on "Thérapie de la douleur en R.D. Congo. Un élément négligé dans le processus de la couverture sanitaire universelle (CSU) d'un système de santé fragilisé".

During 2022, the group coordinator sent out 25 mailings for an informal literature review on access to quality medicines. The number of people asking to receive it within and outside the WG (currently 485) is increasing and a smaller French-speaking mailing group is also active.

WG Democratic Republic of Congo

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

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

As part of creating more synergy between the different BCH WGs, in collaboration with the WG Access to quality medicines, the findings of a **mixed-methods study on access to opioids**, carried out in DRC in the last quarter of 2021, were disseminated in Belgium and the DRC (see above: WG Access to quality medicines).

WG Determinants of International Health

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

The WG Determinants of International Health (DIH) is a joint working group of BCH and the Health and Solidarity Action Platform (APGS). In 2022, the WG launched a track on the **decolonisation of international health**, a decision that helped accelerate the decolonisation process within BCH (see box).

The call to decolonise resonates throughout society. From museums and universities to the development cooperation sector. But how do you decolonise? Is it enough to tick a few boxes on a checklist? Or do we need a different social order? And how should this come about? Do we also see colonialism living on in the world of international health? How can we undo it?

With these questions, some members of the working group initiated [a well-attended workshop](https://www.be-causehealth.be/en/bch-events/interactive-workshop-on-decolonizing-global-health-2/)⁵.

In January, they invited Clara-Affun Adegbulu and Charles Ddungu from the Institute of Tropical Medicine (ITM). They introduced the workshop's national and international participants to the main discussion points on decolonisation. The participants then engaged in group discussions based on two challenging texts.

The WG decided to further explore the topic, since decolonisation clearly has momentum in global health today.

Internal process decolonising Be-cause health

The work done by the WG DIH accelerated the decolonisation process within our network. After the online seminar, participants concluded that the topic too often stays on the theoretical level, and that translating the concepts and ideas into their day-to-day reality (the work they do, their organisations and institutions, etc., are all part of the post-colonial system) is much harder.

As a first step to put theory into practice, the working groups of BCH were asked to think about what decolonisation would mean in practice for their field of expertise. As such, the reflections during the workshop organised by the WG DIH formed the basis for a number of conversations on decolonisation in the other working groups (Access to Quality Medicines and SRHR) and at the General Assembly (GA) in April 2022.



³ <https://www.be-causehealth.be/en/bch-events/ou-en-sommes-nous-dans-la-lutte-contre-les-medicaments-de-qualite-inferieure-et-falsifies-dans-les-pays-dafrique-francophone-comment-mobiliser-les-gouvernements-et-les-acteurs-nationaux-auto-2/>

⁴ <https://onlinelibrary.wiley.com/doi/10.1111/tmi.13837>. Reference: Zandibeni J, de Béthune X, Debethel Bitumba J, Mantempa J, Tshilolo L, Ndonga J, Kabemba Mbaya A, Kabamb Kabey D, Mubenshayi Kananga A, Ravinetto R. Access to opioid analgesics for medical use at hospital level in the Democratic Republic of Congo: An exploratory mixed-method study. Trop Med Int Health. 2023 Jan;28(1):53-63

⁵ <https://www.be-causehealth.be/en/bch-events/interactive-workshop-on-decolonizing-global-health-2/>

WG Digitisation

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

On 8 December the BCH e-Health group organised a **hybrid conference** on the theme “[Scaling local and digital solutions for healthcare access](#)⁶”. Through the presentation of two local digitisation initiatives, this conference aimed to reflect on how digital technologies and tools can be concretely implemented to improve access to affordable and quality healthcare in low-infrastructure settings.

The first initiative of Joren Vallaeys, co-founder and COO (chief operating officer) of Ugani Prosthetics, aims to develop and commercialise high-quality, low-cost three dimensional (3D) prostheses and orthoses to give every amputee the right to a decent life. This initiative is currently being developed in Ghana, Benin and the DRC.

The other project of the start-up Iristick, presented by Steven Serneels, co-founder, aims to provide smart glasses to health workers in rural health centres, so that they can be assisted by doctors in district hospitals during consultations in difficult and precarious areas. Smart glasses are being used in many low- and middle-income countries such as the DRC and Mali.

Key takeaways

- » Digitisation of health can be an essential lever because it offers opportunities to develop large-scale projects (the Iristick project, for example, offers the possibility of introducing rapid diagnostic tests that improve the quality of services).
- » Due to constraints to deploying the digitisation of health locally (weak and unstable internet connection, low knowledge of the use of digital tools, sometimes high prices of internet connections, weather constraints for the production of prostheses in the case of Ugani Prosthetics), its use must be firmly anchored in a holistic approach that focuses on needs and uses, with a particular emphasis on communities, education and production processes.

⁶ <https://www.be-causehealth.be/en/bch-events/scaling-local-and-digital-solutions-for-healthcare-access-2/>

⁷ <https://bchmatters15.be-causehealth.be/>

⁸ <https://www.be-causehealth.be/en/bch-events/planetary-health-policies-across-the-world-2/>

The WG also started to prepare a session for the 2023 BCH international conference “Breaking Taboos in Global Health” on the theme “The Opportunities and Limits of Digitalisation: Between Optimism and Pessimism”.



WG Planetary health

The BCH 2021 international conference on “[Climate Justice and Health Equity](#)⁷” was more than a great opportunity to learn about the environmental and health nexus, it was a call to action. Mirroring the transdisciplinary principle of the PH approach, a **new WG** was born within the platform. This group is now taking forward the key outcomes of the conference with the ambition of offering a **Belgian climate and health network open to the world**. Diverse stakeholders met 6 times to navigate the complexity of this emerging field. To explore this uncharted territory, the WG also organised a series of open webinars:

- » “Towards planetary health in action, stories from physiotherapy” (17 May) with prof. Joost Van Wijchen presenting the reflections from the experience of the Environmental Physiotherapy Association.
- » “[Planetary health policies across the world](#)” (16 September) with Dr. Renzo Guinto (co-founder of the Sunway Centre for Planetary Health – Malaysia) and Dr. Francesco Maraglino (MD, MPH – Senior Public Health Medical Officer, Director of Office – Ministry of Health, Italy).⁸
- » “Indigenous knowledge and vision dialogue with planetary health: different paradigms, one goal” (7 October). Unfortunately, the last webinar of 2022 was shut down due to technical problems in connecting with the spokesperson of an indigenous community from the Colombian Andes.

Building experience and knowledge, the WG is becoming recognised as the **PH reference in Belgium**. The group gave a presentation on PH education during the 2022 International Educaid Conference on the cross-impact of climate change and education. The group also assisted in a [virtual side event](#)⁹, with a poster and a video presentation to present the Belgian WG at the international PH annual meeting “Building the Field and Growing the Movement”, organised by the Planetary Health Alliance (PHA) in November 2022 in Boston.

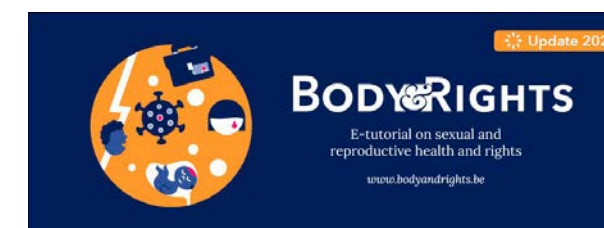
The blurred definition of PH and the gap in translating evidence into guidance for operationalisation, could hamper the participation in the WG. However, this first year has set the basis for further collaborations. Considering the challenges in this field for next year(s), those first steps have disclosed the need and the potential for such WG on PH.

WG Researchers in Global Health – Health Policy and Systems

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

In 2022, the WG Researchers in Global Health – Health Policy and Systems (GH-HPS) changed its coordination and drafted new Terms of Reference (TOR).

The coordination now lies with **global health professionals in the early stages of their career, graduated from several Belgian universities**. The WG hopes to provide a platform for discussion and a community of practice contributing to global health research and practice. The general objective is to bring young professionals together, share knowledge, foster interdisciplinary partnerships/work and facilitate, consolidate and promote evidence-based research and highlight the importance and relevance of global health topics. Inclusivity, equality and connectivity are key elements in their approach.



⁹ <https://www.be-causehealth.be/en/bch-news/be-cause-health-present-at-planetary-health-annual-meeting-2/>

¹⁰ <https://www.bodyandrights.be/>

WG Sexual and Reproductive Health and Rights

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

Meaningful exchange on contemporary challenges

In 2022, the WG SRHR met on a regular basis and exchanged ideas on how to decolonise sexual and reproductive health and rights, on challenges in adolescents’ sexual health, and on how to better understand the interlinkages between SRHR and mental health.

The work on decolonising SRHR will be followed up by organising panels at the 2023 BCH international conference “Breaking taboos in global health”, and on mental health and SRHR by developing a factsheet together with the WG on Mental Health (MH).

Engagement with international policy processes

The WG SRHR systematically followed up on relevant international policy processes, such as the UN Commission on the Status of Women (CSW) and the Commission on Population and Development (CPD), and provided input to the CSO (civil society organisation) consultation process by the Belgian government on Belgium’s second VNR in which Belgium will report to the UN High-Level Political Meeting on its progress in realising the Sustainable Development Goals (SDGs) of the 2030 Agenda.

The WG also discussed the trends in expenditures on health and SRHR by the Belgian Directorate General for Development (DGD) and its members took part in the Belgian launch of UNFPA’s State of the World Population in the Belgian Parliament, as well as the SheDecides5+ Conference in Brussels, that was co-organised by the DGD and the Minister of Development Cooperation.

Updating and promoting the Body&Rights e-tutorial

The WG updated the facts and figures in the e-tutorial on SRHR “[Body & Rights](#)”¹⁰, relaunched in 2021, and presented the e-tutorial during an SRHR session of the Belgian “diplo days” for diplomats in training. Future work will be dedicated to increase the use of the e-learning modules by the different stakeholders of Belgium’s international cooperation.

WG Social Protection in Health

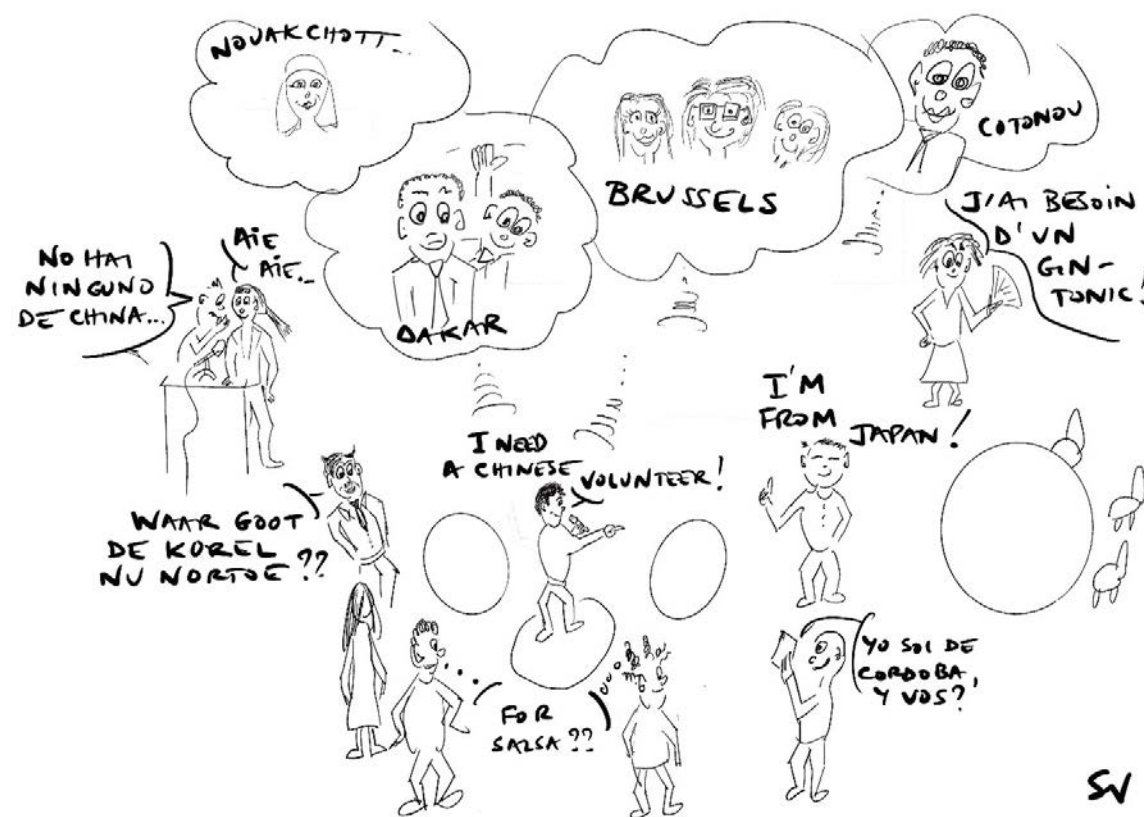
The SPH WG, established in 2013 but in standby mode for several years, was revived in 2022 when the international **conference in Niamey** “Social Health Protection, a path to fight against inequalities” (see above), gained momentum in early May. Following this, the SPH WG met in July and decided to organise a workshop in the autumn to bring together all interested organisations working around SPH to know and understand each other’s strategy better, to create a framework in which Belgian stakeholders can work in a coherent, complementary and coordinated way.

The workshop took place on 11 October with the participation of 14 Belgian organisations and sparked debate and inspiration as well as curiosity and eagerness for more.

The exchange continued at a follow-up meeting in December where it was decided with interested stakeholders to put their heads together in 2023,

around how WG members position themselves in certain countries or around certain themes, and, ultimately, how to position oneself as a Belgian stakeholder with relation to the Belgian government and other partners.

Participation in a second international conference, the renowned **Health Systems Research Symposium** in early November, was the icing on the cake, with the organised session “A 3+1 dimensions model for more equity in care delivery through a comprehensive health protection system: concepts matched with field experiences from West Africa”. Experiences from 4 West African countries illustrated how healthcare becomes more equitable and accessible through these four dimensions. Participants were also challenged to apply the model to “real-life” cases.



REPRESENTATION AND NETWORKING

Belgian week of the Fourth Pillar

On 16 March, Anselme Mubeneshayi Kananga (International Youth Association for Development, IYAD) and Magalie Schotte (BCH) presented the platform at an online networking event on healthcare during the Belgian week of the Fourth Pillar, organised by the Belgian [Fourth Pillar Focal Point organisation](#)¹¹. The Fourth Pillar Focal Point organisation supports anyone involved in a project of international solidarity from Flanders and Brussels. More than 60 organisations attended the event, and the interest in BCH was high.



Session on sustainable food systems and health

On 17 May, BCH co-created a session on food and health during a colloquium organised by the [Belgian Coalition against Hunger](#)¹² on “Food systems at the crossroads of global challenges”. BCH invited Dr. Brenda De Kok (University of Ghent, UGent) to give a presentation on “A balanced food system: healthy food for all” in which she showed relevant possibilities to improve nutrition and thus health. Afterwards, Juste Momboto (Memisa) shared his experiences with the devastating impact of the climate emergency (longer dry season, heavy rains with flash floods) on the health of the Bondanga river village community who mainly depend on fishery for their livelihoods (food and income). Cases of malnutrition were detected at the local health centre, supported by Memisa, and many households had to depend on credits to get care. For the health centre to be able to improve the health of the population, they started considering solutions that could “compensate” for the lack of fish by diversifying revenues and investing in sustainable agriculture.

The diaspora forum on vaccine inequity

On 21 May BCH assisted in the “Forum on Global Vaccination and Vaccine Inequity”, co-organised by the Fourth Pillar Focal Point organisation, [FEDIAS](#)¹³ (the Belgian federation of diaspora engaged in international cooperation) and with the support of the Province of East-Flanders.

Dr. Lazare Manirankunda (ITM) gave an overview on “COVID-19 in Africa: what do we know?”. Vicky Gabriels (Viva Salud) elaborated on the role of patents in vaccine inequality and the functioning of Covax, followed by a short video from Erik Kambala (Etoile du Sud, partner of Viva Salud) and Lauren Paremoer (People’s Health Movement) on the COVID-19 pandemic and vaccines in the DRC. The diaspora organisations attending concluded the session by sharing experiences from the COVID-19 pandemic in their countries of origin. Magalie Schotte (BCH) moderated the final debate.

e-Health session at UGent

On 20 October, Dr. Stefaan Van Bastelaere (Enabel) addressed all UGent medical students with an interest in global health, during their “Health Sciences Crossing Borders” event. The session was on e-health, and Enabel’s experiences with digital health.

Meet & Greet in the fringes of the ITM Colloquium

On 6 December BCH members and friends met with ITM alumni, students, lecturers and staff members from ITM and ITM partner institutions during an informal networking event at the Zuiderpershuis in Antwerp.

¹¹ <https://11.be/4depijler>

¹² <https://www.coalitioncontrelafaim.be/ccf/>

¹³ fedias.org

COORDINATION

In 2022, BCH's GA elected its new chair Stefaan Van Bastelaere (Enabel). Elies Van Belle (Memisa) chose not to extend her mandate. After almost 10 years of engagement in the Steering Committee (SC), an era has come to an end. Elies was part of the SC since 2013 and was chair since 2018. Although leaving the SC, she stays actively engaged in the platform as the coordinator of the WG SPH.

Also the mandate of Aline Labat (ESP-ULB) ended after 6 years of engagement in the SC. The GA elected Amandine Oleffe (ESP-ULB) and Davide Ziveri (Humanity and Inclusion, H&I) as new members in the SC.

Message from Elies Van Belle

Dear reader, member of the BCH network,

It has been an honour and a privilege to be so closely involved in the ever-evolving dynamics of BCH in the last nine years, first as a member of the SC, and the last four years as the chairperson. I strongly believe in the added value and the strength of BCH as a low-threshold platform that stimulates dialogue and learning, for everyone who's interested.

I specifically want to thank the SC and the WG coordinators who guarantee that the backbone stays strong, for all those years of pleasant collaboration, but also all the members involved in the many different activities, the task forces organising the conferences, and so on; a network only lives by its members!

And not to forget Magalie's indispensable coordination and Nathalie's support – thank you, it has been great working together!

I hope to see you all soon at the next GA or one of the many other events.

Good luck to Stef!
Elies



During 2022, 1 GA and 5 SCs (1 online and 4 hybrid) were organised, including one SC with attendance of the WG coordinators. A teambuilding activity was organised for the SC members and WG coordinators.

Priority actions of the SC are:

- » Update the vision, objectives and result areas of BCH;
- » Continue and enhance engaging in the Policy Dialogue with DGD;
- » Promote diversity, inclusion and learning of the BCH platform by promoting inclusion of young professionals and experts from the global south;
- » Keep membership records up-to-date.

The SC gave input via the [public consultation](#) on the EU global health strategy¹⁴, and via the consultation round of the Federal Council for Sustainable Development (FRDO-CFDD) on the VNR on the SDG progress in Belgium. The latter was presented during a dedicated workshop at the [SDG forum](#)¹⁵ on 4 October.

The BCH secretariat produced and shared [Newsletters and Updates](#)¹⁶ with relevant information on activities within or linked to the platform throughout the year. The website has been updated regularly. [Facebook](#)¹⁷ and [Twitter](#)¹⁸ were followed up. An internal [LinkedIn group](#)¹⁹ is now in place too.

As it has been for many years, 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.

¹⁴ https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13506-Global-health-new-EU-strategy_en

¹⁵ <https://sdgforum.be/>

¹⁶ <https://www.be-causehealth.be/en/#newsletter>

¹⁷ <https://www.facebook.com/becausehealth>

¹⁸ https://twitter.com/health_cause

¹⁹ <https://www.linkedin.com/groups/13632386/>



A future proof Be-cause health

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](#)²⁰ served as a foundation for the platform since BCH was created in 2004.

The values of the declaration remain topical. However, [an external evaluation](#)²¹ of BCH in 2020 identified the need to review the HC4All declaration as reference text for BCH, or at least add a number of **new priorities**.

To launch this process, an overview of potential topics was compiled from documents relevant to BCH today. This overview was presented during the GA of April 2022 to collect input from the BCH members. Several experts were invited to give their feedback and inspire the attending members. To broaden the discussion, a brainstorming session was organised with ITM's institutional partners during their Joint Partner Meeting in December in Antwerp.

The **process is still ongoing**, however it is clear that in 20 years the world has changed. Topics such as global health, planetary health, coloniality, a holistic and systemic approach of health (including fragility and resilience, mental health, climate justice, health equity, wellbeing, etc.) and a strong voice and participation of BCH members and friends from Low and Middle Income Countries (LMICs) should be taken into account in the drafting of a "future proof" mission and vision of BCH.

A **gender policy** for the network was further developed. The BCH gender taskforce had several meetings in 2022 to develop, test and evaluate a "gender self-assessment tool" for the WGs, which will be rolled out within the whole network in 2023. Based on the observations from the assessments, the Gender Charter (2018) of the federations of ANG's and the ITM Gender and Diversity Policy and Action plan (2022), needs will be detected after which an action plan will be set up with indicators.

The necessity to "shift the poles" and the work done by the WG DIH lead to the launch of an **internal trajectory** on the **decolonisation** of global health (see above), a major topic for many years to come.

²⁰ https://www.be-causehealth.be/wp-content/uploads/2020/10/declaration_on_health_care_for_all-1.pdf

²¹ <https://www.be-causehealth.be/wp-content/uploads/2016/05/BCH-Evaluation-Report- hera-Elektronische-versie-1.pdf>

OVERVIEW OF EXPENSES 2022

REVENUES	RECEIVED	
DGD FA5 ITM project (operating costs)	€ 30,500	
EXPENSES	BUDGET	REALISED
Network management - SC	€ 1,000.00	€ 2,431.75
Communication (BCH matters, website, newsletters, annual report, other)	€ 6,500.00	€ 17,171.25
Be-cause health annual conference 2023 (preparation)	€ 0.00	€ 493.56
Be-cause health thematic working groups activities	€ 16,000.00	€ 9,637.05
Participation of BCH and partners from LMICs in international scientific and policy global health events (including the co-organisation of the conference on SPH, Niamey)	€ 25.000,00	€ 27.989,98
Total expenses operating costs 2022		€ 32,553.84
Total budget operating costs 2022	€ 30,500.00	
Balance 2022 (operating costs)	€ -2,053.84	

In 2022, the 5th framework agreement between ITM and DGD (FA5), covering the 2022-2027 period, started. The support of the BCH platform is one of the outcomes under the Belgian Programme - Policy Support. From this programme onwards, ITM considers only one budget line for the BCH 5-year programme. As such, budget shifts between different activities and different years are not presented anymore in the ITM bookkeeping. However, the BCH 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.

CONCLUSION

Dear BCH members and friends,

Drafting an annual report of a network as diverse and vivid as BCH is a challenge and a pleasure every year again. We tried to make the report as concise and rich as possible. And we hope you have enjoyed reading it.

2022 heralds the era of a “post-pandemic reality”. Although the pandemic was far from over, our societies opened up and meeting each other in person once again became an option. Since the challenges we faced during the pandemic to keep the network alive “online”, turned out to entail great opportunities, hybrid working group meetings, webinars and conferences gave our network the possibility to meet each other worldwide. This greatly widened the outreach of our activities, including speakers and (WG) participants. It resulted in many new members who do not live in Belgium. And although we remain a Belgian platform, the digital way can help us reach our objective to make the platform even more inclusive. Our network thus kept on growing, a WG on SPH was revived, and a new WG on PH was created. With the FA5 agreement between the ITM and DGD, the funding of Be-cause health for the 2022-2026 period is assured.

In anticipation of the Belgian presidency of the EU in 2024, and in response to the EU Commission’s launch of the new EU Global Health Strategy, we want to reflect together with all of you, members and friends of the network, on new topics and priorities for the future. To make our network “future proof” we’ll need to think on decolonising global health, gender, climate justice, migration, violence, urbanisation, etc. I sincerely hope we can do this exercise together and strengthen our network in this way, and make it as suitable as possible to reach our common goals.

The global, geopolitical context, after the pandemic, the devastating wars, the lethal migration policies and the climate emergency, changed a lot. Health equity is a target far from achieved. As global health stakeholders, the BCH platform will keep on striving for health(care) for all, health justice and health equity. We sincerely hope you will continue the struggle together with us!

And we hope to meet you at one of our many future activities, be it online or in person.

See you all soon!

Magalie Schotte
Coordinator Be-cause health



NETWORK ORGANISATION & GOVERNANCE

Steering Committee (December 2022)

- » Stefaan Van Bastelaere | Chair BCH & Karel Gyselinck, Enabel – Belgian Development Agency
- » Magalie Schotte, Institute of Tropical Medicine (ITM) | Coordinator BCH
- » Marlies Casier & Heleen Heyse, Sensoa
- » Xavier de Béthune, independent | Treasurer BCH & Davide Olchini, Médecins du Monde (MdM)
- » Thérèse Delvaux & Raffaëlla Ravinetto, Institute of Tropical Medicine (ITM)
- » Béatrice Futshu, Maison de Solidarité des Diabétiques au Congo (MSDC) & Anselme Mubeneshayi Kananga, IYAD
- » Amandine Oleffe & Dimitri Renmans, École de Santé Publique – Université Libre de Bruxelles (ULB)
- » Ignace Ronse & Martinus De Smet, independent
- » Laure Speecke & Valérie Van Belle, Christelijke Mutualiteiten (CM) – Mutualités Chrétiennes (MC)
- » Félix Vanderstricht, ULB Coopération, Université Libre de Bruxelles (ULB)
- » Davide Ziveri, Humanity & Inclusion (Handicap International – HI)
- » Observer member: Cathérine Dujardin & Hannes Dekeyser, Belgian Development Cooperation – DGD

Listed member organisations (December 2021)

- » AEDES – European Agency for Development & Health
- » Belgian Medical Students Association
- » Benelux Afro Center (B.A.C.)
- » Çavaria
- » Chaîne de l'Espoir – Keten van Hoop
- » COTA
- » Damien Foundation
- » Ecole de Santé Publique – ULB
- » Enabel – Belgian Development Agency
- » FOS

- » Fracarita
- » GAMS
- » Humanity & Inclusion (Handicap International)
- » hera – right to health & development
- » International Centre for Reproductive Health (ICRH Belgium)
- » Institute of Tropical Medicine (ITM)
- » International Youth Association for Development (IYAD)
- » Le Monde selon les Femmes
- » Light for the World
- » Louvain Coopération
- » LUMOS – UZ Leuven
- » Médecins du Monde – Dokters van de Wereld
- » Médecins sans Vacances – Artsen zonder Vakantie
- » Memisa
- » Mutualités chrétiennes – Christelijke Mutualiteiten
- » Odah vzw/NUV-HOP
- » Royal Academy for Overseas Sciences
- » Sensoa – Vlaams Expertisecentrum voor Seksuele Gezondheid
- » UCL (Université catholique de Louvain)
- » ULB Coopération
- » Viva Salud
- » We Social Movements (Wereldsolidariteit – Solidarité Mondiale)

Observing / Funding organisations

- » Belgian Development Cooperation – DGD
- » Flemish Department of Foreign Affairs
- » Ministry/Federal Public Services for Health, Food Chain Safety and Environment

WHO IS WHO

Thematic groups contacts

For the following themes, an active group of members organise regular meetings to exchange ideas and learn, co-organise workshops or seminars and co-develop tools:

- » Access to Quality Medicines | Raffaëlla Ravinetto, ITM
- » Determinants of International Health | Jasper Thys, Viva Salud & Marijke Ceyssens, Memisa
- » DRC – Diaspora co-operation | Anselme Mubeneshayi Kananga, IYAD
- » E-health – Digitalisation | Mireille Ntchagang, BlueSquare & Stefaan Van Bastelaere, Enabel
- » Planetary health | Davide Ziveri, Humanity & Inclusion & Xavier de Béthune, independent
- » Researchers in Global Health – Health Policy and Systems | Elisa Vanlerberghe, Fracarita Belgium & Elie De Paepe, UGent
- » Sexual Reproductive Health and Rights | Marlies Casier, Sensoa
- » Social Health Protection | Elies Van Belle, Memisa

Other themes with pooled expertise within the platform include (non exhaustive):

- » Complexity
- » Chronic non-communicable diseases – NCDs
- » Human Resources for health – HRH
- » Mental Health
- » People Centred Care – PCC
- » Universal Health Coverage – UHC

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/>.



BE-CAUSE HEALTH ANNUAL REPORT 2022

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