

**Minutes General Assembly 2025**

**Be-cause health**

10 June 2025 – Enabel Conference Center



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## I. Welcome and Introduction by Stefaan Van Bastelaere, Enabel and chair of Be-cause health

**Stefaan Van Bastelaere**, Chair of the platform, opens the General Assembly (GA) with a brief welcome. He reminds the participants of Be-cause health's (BCH) objective to reach 50 member organisations by 2026, the final year of his mandate. The platform is well on its way, with new members joining each year, demonstrating both the dynamism and diversity of the network. He encourages all present to read the [2024 annual report](#).

## II. Round of Introduction

>>> Annex 0: List of Participants

All on-site participants briefly introduce themselves. Online participants are invited to do so in the chat.

## III. Statutory part

>>> Annex 1: Presentation of the General Assembly 2025

### 1. Annual report 2024 & presentation activities 2024-2025

>>> Annex 3: [Annual report 2024 in English](#)

### **Working group activities**

Working group Access to Quality Medicines (Belén Tarrafeta, ITM)

Belén Tarrafeta, coordinator of the Working Group (WG) on Access to Quality Medicines (WG AQM), is excused today. The update is provided by Magalie.

The WG AQM is one of the longest-standing working groups, active since 2007 and currently bringing together over 130 members. The group focuses on fostering active engagement in research, education, and advocacy, with the goal of promoting **equitable access to high-quality medical products**.

The WG organises activities tailored to both Anglophone and Francophone communities.

**In 2024**, the group hosted an online meeting on medicine quality in Nigeria and another on the EU Team Europe Initiative (TEI) on Manufacturing and Access to Vaccines, Medicines and Health Technologies (MAV+). It also held its annual [French-language webinar](#) on access to medicines in Francophone Africa.

**In 2025**, WG MEDs will co-organise the [5th Congress on Palliative Care](#) in Kinshasa (10–12 September), in collaboration with the WG Democratic Republic of the Congo (WG DRC). A restitution meeting will be held in Belgium to present findings from a joint research on access to and use of opioids in paediatrics.

### Working group Determinants of International Health (Matilde De Cooman, Viva Salud)

In **2024**, the WG Determinants of International Health (WG DIH) submitted a memorandum on health and international health to the Belgian government, as input for the June elections. Following this effort, the group took a short break and has now resumed its activities in 2025.

In **2025**, they will organise a series of three lunchtime webinars focusing on the **financialization of health** in the Global South, with a particular emphasis on debt. This will be done in collaboration with [EURODAD](#) (the European Network on Debt and Development). The key insights from the series will be compiled into a policy brief to support joint advocacy efforts on the issue.

### Working group Digitalisation (Mireille Ntchagang, BlueSquare)

In Mireille's absence, Hamza Hasan Syed (intern for Enabel and BCH) presents the WG Digitalisation's (WG DIG) 2024 annual report and shares the plans of the WG for 2025.

In **2024**, the WG DIG participated in a D4D Hub workshop on telemedicine and e-health, and co-organised a session on data governance at the 2024 Learn4Development Annual Meeting in Brussels.

**For 2025**, the WG plans to organise a webinar on digitalisation, access to prosthetics, and 3D modelling, as well as two hybrid seminars: one on the digitalisation of health worker training and another on the digitalisation of social protection and health insurance.

To generate further ideas, the WG coordinator has drafted a **list of potential topics** where content is already available, and created [a survey](#) to gather input from BCH members. The WG DIG also welcomes suggestions for collaboration from other WGs on digitalisation-related themes. Hamza invites all participants to complete the survey.

### Working group Mental Health (Katia Verbiest, Medics without vacation & Hilde Buttiëns, Memisa)

In the absence of Katia and Hilde, Elisa Vanlerberghe, as member of the WG Mental Health (WG MH), presents the 2024 annual report of the WG and its plans for 2025.

The WG MH resumed activities in 2024 with the goal of **enhancing equitable access to quality mental health services, particularly in sub-Saharan Africa**. The group operates from two perspectives: an operational, French-speaking WG focused on sharing practices and challenges, and a bilingual, more strategic WG dedicated to advocacy for mental health integration.

In **2024**, they organised an interactive session on mental health integration within other BCH working groups and began developing a policy brief aimed at donors and policymakers. They also successfully submitted a session proposal for ECTMIH 2025. The operational WG focused on mental health drug provision and community participation in mental health.

**For 2025**, their priorities include strengthening the connection between the operational and strategic groups, finalizing the policy brief, distributing it among BCH member organisations, and fostering synergies with other BCH WGs such as SRHR, Planetary Health (PH), and AQM.

#### Working group DRC (Anselme Kananga, IYAD)

The WG DRC is a **geographic working group** that collaborates with all BCH stakeholders involved in the DRC (NGOs, universities, and associations of the Congolese diaspora in Belgium).

**In 2025**, they will work together with WG AQM on a research regarding access to opioids in paediatrics. A restitution meeting to present the findings will be organised in Belgium at the end of 2025. Both working groups collaborate in organising the 5<sup>th</sup> [conference on palliative care in Kinshasa](#). The conference is supported by the DRC Ministry of Health (MoH) and is expected to attract between 800 and 1,000 health professionals. During the event, a “coffee market” will be set up where all associations and NGOs working in the DRC, including BCH, can showcase their activities. In October, WG DRC will hold an open meeting in Brussels to encourage new members to join the group.

#### Working group Planetary health (Davide Ziveri, HI & Xavier de Béthune, BCH)

Davide reminds participants that 2024 was marked by the adoption of the landmark climate and health resolution ([WHA77.14](#)) by the 77th World Health Assembly (WHA) in Geneva. The resolution was followed by several other policy developments.

**In 2024**, the WG Planetary Health met three times: to share experiences on a PH training initiative, to contribute to a consultation on PH indicators with researchers from Sciensano and the Federal Public Service (FPS) Public Health, and they participated in the EU expert conference in Mechelen.

Looking ahead to **2025**, the WG aims to further invest in transdisciplinary dialogue, within the group, with other BCH working groups, and with stakeholders beyond the BCH network. The side event the WG PH is organising during the [Planetary Health Alliance \(PHA\) annual meeting](#) is a clear expression of this ambition: to grow, to connect across spaces, and to mutually enrich one another.

#### Working group Researchers in Global health (Elisa Vanlerberghe, Fracarita & Rebecca Kahler)

At the request of the Chair, Elisa, director of Fracarita Belgium, provides an update on the current situation of the organisation. **Fracarita Belgium** has begun a liquidation process due to a lack of financial resources. In 2017, the organisation lost its accreditation from the Directorate General for Development Cooperation and Humanitarian Aid (DGD). They had planned to be accredited once again during the upcoming 2025 round, and had made significant efforts to professionalise in preparation. However, it proved challenging to evolve and implement the changes they had envisioned. Until recently, Fracarita Belgium’s operations were financially supported by the Brothers of Charity. They have now decided to discontinue their investment in the organisation. With no other financial resources available, liquidation became unavoidable. Fracarita is now seeking new opportunities to support the mental health hospitals in Sub-Saharan Africa and is reaching out to BCH member organisations for possible collaboration.

The **WG Researchers in Global Health** (WG RGH) is currently led by Elisa and her colleague Rebecca. Although the group was not very active in 2025, preparations for the *Global Health Insights* podcast are ongoing. The scripts have been drafted, and recording can soon begin.

Looking ahead, the **future of the WG** is uncertain. Given the closure of Fracarita, it is unclear whether Elisa will be able to continue in her role. Additionally, Rebecca has decided to step down as co-coordinator. Since global health is a cross-cutting theme, there is an open question about the WG's future direction: should the group continue to exist as a separate entity, or should its focus areas be integrated into other BCH working groups? To be continued.

### Working group Sexual and Reproductive Health & Rights (Sara Sarlakiya, Sensoa & Aminata Sidibe, GAMS)

Heleen Heyse (Sensoa) replaces her colleague Sara, co-chair of the WG Sexual and Reproductive Health & Rights (WG SRHR) alongside Aminata. Sara is excused due to illness.

**In 2024**, the WG SRHR played a key role in the EU Expert event under the Belgian EU Presidency, organising a workshop on **SRHR and youth** attended by then Minister of Development Cooperation, Caroline Gennez. They also contributed to the [ARGO](#) (Advisory Council on Gender and Development) and [ANSER](#) (the Academic Network for Sexual and Reproductive Health and Rights Policy) conferences, with a strong focus on decolonisation, a theme they will continue to work on in 2025.

**In 2025**, the WG already met several times. On the International Day of Zero Tolerance to female genital mutilation (FGM), they hosted a presentation on **FGM**. Members also signed an [opinion piece](#) urging Belgium to remain a champion of SRHR and human rights, in response to Trump's reinstatement of the **global gag rule**. They participated in a government consultation on UNAIDS and the global HIV response, and had a session on Flanders' role in international development funding.

**Plans for 2025–2026** include a joint meeting with the WG Mental Health, continued dissemination of the decolonisation toolkit, a meeting with policymakers, and updates to the [Body&Rights e-learning](#) tool. An in-person meeting at the end of June will address the impact of the dismantling of USAID by Trump and the WG's future advocacy strategy. The WG is also involved in the SRHR workshop during the [Educaid conference](#) in October.

### Working group Social Protection in Health (Paul Bossyns, Enabel & Elies van Belle, Memisa)

Elies presents the WG Social Protection in Health (WG SPH).

**In 2024**, the WG focused on the **Belgian EU Presidency**. They contributed to the high-level event involving EU member states, the African Union, and others, and organised a session at the EU Expert event in Mechelen on how social health protection strengthens health systems and supports universal health coverage, with case studies from Senegal and Mauritania. They also hosted a meeting with presentations from Enabel and We Social Movements (WSM) to explore different approaches to social protection in health and build a shared understanding.

In 2025, the group will build on this work and continue exploring new topics. Emerging themes include the transformative role of **community-based health insurance** beyond financial coverage, and strategies to improve synergies in the field between Enabel and (Belgian) civil society organizations (CSOs).

In 2026, the WG plans to contribute to the International Symposium on Social Health Protection in Dakar.

### Temporary taskforces

- **Taskforce Decolonisation** (Elisa)

>>> Annex 4: Decolonizing Global Health: Challenging Colonial Legacies in Health Governance and Systems

>>> Annex 5 - Critical reflection on decolonizing Global Health

The taskforce on decolonisation has drafted an article titled "**Decolonizing Global Health: Challenging Colonial Legacies in Health Governance and Systems.**" The article explores power imbalances between high-income countries (HICs) and low- and middle-income countries (LMICs), illustrating how colonial structures continue to influence global health. It also proposes concrete steps toward greater equity and mutual respect.

The draft is currently under review by several critical readers. Elisa invites all present to read the article and share their feedback. She has also written a critical response to the piece herself.

- **Taskforce Synergy** (Magalie)

The taskforce was created two years ago to **foster synergies between the different working groups**. Since then, several WGs, such as SRHR, Mental Health, AQM, and Planetary Health, have initiated collaborations. Beyond WG activities, we also host an annual New Year's event: an informal visit to a Belgium-based organisation that shares Be-cause health's values. These visits are meant to inspire our work in global health and offer a moment to connect and reflect on the network.

- **Taskforce Communication** (Magalie)

Together with communication experts from several member organisations (ITM, Sensoa, Enabel and BlueSquare) a small task force was formed to develop a **new communication strategy** and build a new website. This task force will be dissolved once the strategy is launched.

### **Network activities**

Magalie presents the main representation and networking activities of Be-cause health during 2024/2025 and plans for 2025.

In 2024, the key event was the **EU Expert Event** "[Towards health equity: strong health systems, universal health coverage and social participation](#)," in the framework of the **Belgian Presidency of the EU**, co-organised with the DGD, Enabel, and BCH. Alongside various workshops organised by the BCH

working groups, there was a strong [civil society call](#) to ensure proper implementation of the EU global health strategy to achieve health equity.

In 2024, Be-cause health together with the networks [Emerging Voices for Global Health](#) and [Health Systems Global Africa Regional Network](#) invited researchers, health workers, health practitioners, policy makers, health activists, members of grassroots organisations, etc. to submit a pitch for a short story of success or about a promising failure in global health. Ten abstracts were selected and are available on [our website](#). A small taskforce, with great input from Xavier, is working to extract lessons learned to develop a framework, which we plan to revisit.

In October, during the General Assembly, BCH celebrated its **20th anniversary**. The then Minister of Development Cooperation, Frank Vandembroucke, opened the event, which brought together many past and present network members. That afternoon, the WG Mental Health organised a workshop on creating synergies within the network, an ongoing process as was already reflected in the WG's feedback.

In February, BCH co-organised the [ANSER Conference](#) via the WG SRHR.

In January, we held our first **annual New Year's event**, visiting [Goujonissimo](#). In 2025, we visited [Groot Eiland](#), an organisation focused on social entrepreneurship. They support people facing barriers to employment and run a sustainable garden, restaurant, and shop, combining social, economic, and ecological approaches. They are also providing the catering for the GA.

Also in January 2025, BCH participated in the [Belgian One Health event](#), presenting the WG Planetary Health via a poster.

**Looking ahead to 2025**, BCH will co-organise the [Educaid conference](#) on October 10<sup>th</sup>, focusing on the interlinkages between health and education: *"When Health Educates and Education Heals: Cross-Perspectives in a Time of Polycrisis"*.

From September 29<sup>th</sup> to October 2<sup>nd</sup>, BCH will attend the 14th European Congress on Tropical Medicine and International Health ([ECTMIH 2025](#)) in Hamburg, co-organised by [FESTMIH](#), the Federation of European Societies for Tropical Medicine and International Health, of which BCH is the Belgian delegate. Many BCH individual members traditionally present at this conference. This year, we tried via our working groups to also have several organised sessions, however the WG Mental Health was the only group with an accepted organised session. On October 1st, a [social networking event](#) will be held for attendees, together with the ITM alumni network and staff.

On October 6<sup>th</sup>, the WG Planetary Health will organise a **side-event** for the [the Planetary Health Alliance annual meeting](#) (October 7-10). The event will explore **the transformative power of planetary health** as a social movement, an often overlooked perspective. The workshop aims to learn from past (or parallel) social movements for engaged ecology, peace, or human rights. Those interested in attending the pre-conference can contact Magalie.

Finally, the 5<sup>th</sup> [Conference on palliative care](#) in Kinshasa will take place from September 10<sup>th</sup> to 13<sup>th</sup>.

## 2. Closure expenses 2024 & budget 2025 (Xavier de Béthune, Treasurer)

In 2024, thanks to the EU conference co-organised under the Belgian Presidency and funded by Belgium, Be-cause health closed the year with a **positive balance of €34,000**.

Xavier reminds participants that the annual operational budget for Be-cause health is €50,000, excluding the salaries of Magalie and Nathalie.

2025 is the 4<sup>th</sup> of the five-year FA5 funding cycle (the framework agreement between ITM and DGD). The surplus from 2024 will be used in 2025 to launch our **new communication strategy**, including a website revamp and a refreshed visual identity for BCH, elements not foreseen in the original FA5 budget.

As for the **working groups**: while €20,000 is budgeted for 2025, only €450 has been spent so far. That said, several activities are planned for autumn, with related expenses foreseen in the 2025 budget.

## 3. Election new members for the Steering Committee

There are two candidates for the Steering Committee (SC): **Martinus De Smet** (former DGD) and **Valérie Van Belle** (Alliance Nationale des Mutualités Chrétiennes / Landsbond der Christelijke Mutualiteiten, CM/MC).

**Martinus De Smet** introduces himself: he has been part of the Be-cause health network since its beginning, 20 years ago, when he was posted in Kinshasa at the Belgian Embassy and responsible for Belgian health sector funding. He later worked as a researcher for the World Health Organisation (WHO) in Uganda and Bangladesh, then served as Attaché for International Cooperation at the Belgian Ministry of Foreign Affairs. He represented Belgium at the Organisation for Economic Co-operation and Development ([OECD](#)) Development Assistance Committee for four years and worked in Burundi and at DGD on relations with the United Nations (UN) and NGO programme evaluation. He has been active in several BCH working groups and task forces, and currently serves as substitute member of the Steering Committee for **Ignas Ronse**. As Ignas steps down from the SC, Martinus will take his place as full member, and Ignas becomes his substitute.

**Valérie Van Belle** introduces herself: she works in the international cooperation department of CM/MC, a small but long-standing unit (30 years). For the past four years, she has supported CM's West African partners together with WSM. She previously coordinated the WG Social Protection in Health and is currently active in the WG Determinants of International Health. She also serves on the ethical commission screening new member organisations. Since last year, Valérie has temporarily replaced **Laure Speecke** in the SC. As Laure is on long-term sick leave and will not return to the international cooperation team, Valérie now formally steps in. Her expertise lies in global health and the mutuality movement, focusing on social protection in health, Health in All Policies, social economy, social movements and the institutional dialogue between the state and service providers. She highlights the importance of mutualities working on the demand side and prevention, complementing the supply-side focus of many BCH members. As her substitute, Valérie proposes **Martini Hagiefstratiou** (Solidaris, socialist mutuality). Together with the liberal mutuality, they form the Masmut platform, supported by NGOs such as WSM, Louvain Coopération, and SolSoc. Internationally, they are involved in [AIM](#), the International Association of Mutual Benefit Societies.

**Vote: Does the G.A. confirm the candidacy of Martinus De Smet for the Steering Committee?**

His membership is approved with 93% of the votes. Congratulations!

**Vote: Does the G.A. confirm the candidacy of Valérie Van Belle for the Steering Committee?**

Her membership is approved with 96% of the votes. Congratulations!

The Chair thanks Ignace, who is present in the room, for his exemplary contribution over the years, first as a DGD observer, and later as a full member of the Steering Committee. A word of thanks also goes to Laure, who could not be with us today.

#### **4. Presentation and acceptance of the new candidate member organisations**

Three candidate member organisations, already gone through the ethical screening procedure, are presented for acceptance by the GA.

##### ***Excellencis***

>>> <https://www.excellencis.org>

Georges Ziant, founder and CEO of [Excellencis](#), presents the **online training platform** for self-evaluation and self-training **for healthcare professionals**. The platform is accessible in around 20 countries and supported the training of over 70,000 doctors, including 10,000 in Belgium.

Excellencis is accredited by the National Institute for Health and Disability Insurance ([INAMI](#)). Each e-learning module is typically validated by a university professor or a field expert. The team is currently working with IYAD on a new module focused on palliative care.

The platform does not accept sponsorship from pharmaceutical companies. It is primarily funded through individual subscriptions, mainly from users in Belgium. In some cases, access is offered for free, for example, through a collaboration with Enabel for the Democratic Republic of Congo (DRC).

##### ***Veterinarians Without Borders (VSF Belgium)***

>>> <https://vsf-belgium.org/>

Joep Van Mierlo, General Director of [Vétérinaires Sans Frontières](#) (VSF) Belgium, presents the organisation, which celebrated its 40th anniversary this year. Founded in 1985, VSF became involved in rinderpest eradication in South Sudan a decade later, amid a civil war and the absence of veterinary services. They had to work with community animal health workers, a model that remains central to their approach today.

VSF works with livestock-dependent communities, not just the livestock owners, primarily in sub-Saharan Africa. Their goal is not animal health in isolation, but improving livelihoods in vulnerable communities affected by climate change and conflict. They collaborate with local vets and technicians to strengthen community-based animal health systems.

VSF comprises 12 independent chapters in Europe. VSF Belgium is active in 10 countries through partnerships with 40 national and local organisations. Across all chapters, they operate in around 55 countries, mostly in Africa.

If accepted by the GA, VSF Belgium would be one of the few NGOs focused on animal health within Be-cause health. Joep sees potential added value for several working groups: the WG AQM, on the quality of veterinary medicines (VSF is part of [GALVmed](#), a GAVI-like alliance for animal health); the WG RDC, they have a big One Health program in collaboration with Médecins du Monde in DRC; the WG Researchers in Global Health; and the WG Planetary Health. Joep highlights the growing importance of One Health, especially with the increasing threat of zoonotic diseases that may transfer to humans.

### **Amonsoli ASBL**

>>> <https://www.amonsoli.be/>

Emmanuel Sindayihebura, director of the non-profit organisation "[Action Mondiale pour la Solidarité](#)" (Amonsoli), presents the organisation.

Amonsoli is based in Verviers, in the province of Liège. It was founded in 2013 by a collective of local citizens seeking solutions to the city's difficult social, economic, and cultural situation following the decline of the wool industry.

The organisation started on a small scale, focusing primarily on young people by setting up a homework support school. Today, this has grown into the largest initiative of its kind in the province of Liège, supporting around 250 children with the help of volunteers and staff. Amonsoli also manages a residential facility for minors in vulnerable situations and is mandated to accommodate 45 unaccompanied foreign minors. This activity is funded by Fedasil. All minors are in compulsory education. When they cannot follow mainstream schooling, they are enrolled in part-time vocational training. In addition, Amonsoli organises holiday programmes for young people in Verviers. Many children in the city do not have the opportunity to go on vacation, so the organisation arranges trips to the North Sea during school holidays, with around 60 children participating each time.

For adults, Amonsoli runs a support centre for people seeking integration, including many asylum seekers who settle in Liège or Verviers. The organisation offers literacy classes, French as a foreign language courses, and civic integration training. Those wishing to apply for Belgian citizenship must obtain a certificate confirming they have completed 60 hours of civic training.

At the international level, Amonsoli has been active for the past five to six years, mainly in Burkina Faso, Niger, and to a lesser extent in Guinea, working in partnership with local organisations. In Niger and Burkina Faso, they support populations displaced by violence in the northern regions, distributing computers to students and food to displaced communities. They also carry out health awareness activities in school canteens.

By joining the BCH platform, Amonsoli aims to broaden its horizons and exchange good practices with other member organisations.

## Vote

The three candidate member organisations have undergone an **ethical screening** to assess their compliance with the values of Be-cause health. The Be-cause health Ethical Committee, within the Steering Committee, reviewed the three applications. What is presented today reflects the outcome of this pre-selection process.

### **Vote: Does the G.A. confirm the candidacy of the new organisations as member organisation of Be-cause health?**

Result of the voting round:

- Excellencis: 88% yes
- VSF Belgium: 100% yes
- Amonsoli: 62% yes

All organisations are confirmed as members. Congratulations!

## 5. Procedure renewal membership for member organisations 2025

Since the 2024 General Assembly, Be-cause health membership must be renewed every four years. All member organisations present are invited by the Chair to renew their membership. They will receive an email from the Secretariat with an invitation and a link to complete [the ethical self-screening](#). The Ethical Committee aims to review all member organisations during 2025. New member organisations have already undergone this procedure prior to presenting themselves to the General Assembly.

## 6. Conference 2026: brainstorm topics

Capitalising knowledge  
Digital health  
Social and climate justice  
Systemic change  
(Integrate) indigenous and local knowledge  
Multilateralism  
Health equity  
Solidarity  
Animal health



A word cloud containing various terms related to health and social justice. The most prominent word is 'health' in large green letters. Other words include 'capitalising', 'knowledge', 'equity', 'solidarity', 'animal', 'justice', 'social', 'multilateralism', 'integrate', 'indigenous', 'digital', 'and climate', 'systemic', 'change', 'genai', 'healthforall', 'local', 'failures', 'successes', 'animal', 'solidarity', 'equity', 'justice', 'social', 'multilateralism', 'integrate', 'indigenous', 'digital', 'and climate', 'systemic', 'change', 'genai', 'healthforall', 'local', 'failures', 'successes'.

**Coffee break**

## 7. Communication Strategy: presentation new Be-cause health logo

Before presenting the new logo, Magalie provides some background on the update of the Be-cause health communication strategy, including the rebranding. Until now, the Be-cause health website has been managed by the ITM. However, ITM is no longer in a position to maintain the website. This prompted the development of a new website and a broader reflection on the organisation's communication approach.

To support this process, a small **task force** was set up to review and redefine the communication strategy.

The main conclusions of the task force are:

- **Audience**
  - o Primary target groups:
    - Be-cause health members and partners
    - Belgian policymakers and stakeholders in global health
    - International global health stakeholders, with a particular focus on young people
  - o Secondary target groups:
    - Press and media
    - General public
- **Key messages**
  - o Join our network as a member or supporter
  - o The information shared within the network is reliable and trustworthy
  - o Be-cause health advocates for an effective Belgian contribution to global health policies and promotes international policy dialogue grounded in the right to health and universal access to healthcare
- **Strategy**
  - o Establish a network of communication focal points within all member organisations
  - o Channel Be-cause health communication through member organisations' platforms
  - o Focus on a single official channel: a [LinkedIn company page](#)

The **new logo and brand guidelines** were developed by Karakters, which has a framework agreement with ITM for communication services. As Be-cause health will rely on member organisations' communication channels, it is essential to ensure strong and consistent visual recognition. Therefore, a unified set of colours, fonts, and design elements will be used across all communications.

### **Questions and Answers**

The new logo closely resembles that of [CeMAViE](#) (Medical Centre for Assistance to Victims of Female Genital Mutilation), a partner organisation of GAMS Belgium. The Steering Committee will discuss whether to proceed with this logo proposal.

## 8. Presentation Health Impact Coalition (Felipe Sere, Coordinator Health Impact Coalition)

The **Health Impact Coalition** (HICO) is an initiative launched by nine organizations active in health system strengthening, all members of Be-cause health: Action Damien, Chaîne de l'Espoir Belgique, Handicap International, Light for the World, Médecins du Monde, Médecins sans Vacances, Memisa, Viva Salud, and Fracarita. Following the discontinuation of Fracarita's activities, the coalition currently consists of eight organizations.

HICO was created in response to a rapidly changing global context marked by climate change, geopolitical tensions, instability, and declining institutional funding. By working together, aligning activities, fostering synergies, and pooling expertise, the coalition aims to achieve **greater and more sustainable impact**.

Its core ambition is to strengthen and improve existing efforts through innovation and continuous feedback loops. By learning, adapting, and refining its approaches, HICO strives to become a true game changer in international health and **health system strengthening**.

This collaboration forms **an unique alliance** at both strategic and operational levels, enhancing efficiency and maximizing impact. HICO brings together eight complementary Belgian health actors, each contributing distinct expertise. Together, they aim to advance the Sustainable Development Goals (SDGs), particularly SDG 3, while also contributing to SDGs 5 and 6, which are closely linked to health outcomes.

From community-based care and hospital support to infectious disease control, inclusion, and disability, the coalition's strength lies in delivering comprehensive and integrated health system strengthening strategies worldwide.

HICO focuses on three main areas of work:

- Developing a **joint DGD programme** (2027–2031), including coordinated budget planning and harmonized actions across countries of operation.
- Establishing a **shared service centre** to reduce duplication, share technical expertise, and benefit from economies of scale.
- **Reducing fragmentation** to become a reliable and coherent partner for national authorities, rather than multiple separate interlocutors in health system strengthening.

### **Link with Be-cause health**

All HICO member organizations are active participants in Be-cause health:

- Handicap International is represented on the Steering Committee;
- Viva Salud and Memisa coordinate the Be-cause Health working groups on Determinants of International Health and Mental Health;
- The other organizations contribute actively to various working groups.

One of the coalition's key objectives is to **strengthen the link** between the outputs of Be-cause health working groups and the operational and strategic actions of HICO members. This means that insights,

ideas, and discussions generated within the different working groups can benefit the entire coalition, rather than only the individual organizations directly involved.

As a coalition, HICO also brings **added value to Be-cause health** by ensuring strong representation and engagement across its structures. Member organizations actively contribute to / or coordinate working groups, and participate in the platform's governance, thereby reinforcing both alignment and impact.

### **Questions and Answers**

Three directors of HICO member organizations were present to answer questions from the audience: Fanny Polet (Viva Salud), Chair of HICO; Elies Van Belle (Memisa); and Pascal Barnich (Action Damien).

#### **- Could other organizations (e.g. VSF, IYAD, etc.) join the coalition in the future?**

At this stage, the focus has been on defining what is feasible within the framework of the new DGD programme and on aligning ways of working and strategic priorities among the eight member organizations. While the current exercise is limited to these members, this does not exclude future expansion.

HICO remains open to synergies and partnerships, which is also why the initiative is being shared here. One initial condition for membership was being part of Be-cause health, as this reflects a shared set of values. The coalition aims to complement and amplify these values, rather than duplicate existing efforts.

The coalition was formed based on the belief that achieving sustainable progress in health and universal access to care requires strong structural support to health systems. Member organizations were selected for their core focus on this approach and their complementarity. This does not imply exclusivity (many other organizations contribute to health system strengthening) but a starting point was needed. Developing a joint DGD programme is already a significant challenge, especially considering that the eight organizations are currently active in around 20 countries with DGD funding.

Beyond its core membership, HICO actively seeks strategic alliances with other actors in Belgium and internationally, including organizations from the health and related sectors, as well as academic institutions. Research, evidence generation, documentation, and knowledge sharing are seen as essential. Partnerships with institutions such as ITM and collaborations with actors like Enabel are therefore key, given the strong complementarity in vision and approach.

#### **- How do you see the complementarity between HICO and Be-cause Health?**

While HICO's first two areas of work are primarily operational, aimed at increasing impact on the ground, the third area (reducing fragmentation and engaging as a coherent partner) may appear closer to the mandate of Be-cause health.

There is a recognized risk of overlap, especially given limited time and resources. However, the intention is not to duplicate but to reinforce Be-cause health. By building greater coherence, a shared vision, and a united approach among its members, HICO aims to free up time and strengthen engagement within Be-cause health, rather than divert attention from them.

#### **- To what extent is research included in your objectives?**

HICO itself does not intend to conduct research directly. Instead, it aims to build strong partnerships with institutions that have the expertise and capacity for research. Collaborations with academic

actors, such as ITM and other universities, are considered essential to ensure that actions are informed by evidence and that knowledge is properly documented and shared.

- **Could HICO serve as a contact point to access expertise (e.g. on leprosy or tuberculosis) beyond the countries where the coalition organisations are active?**

This is indeed one of the coalition's ambitions. While this is not yet fully operational, the goal is that, over time, ideally from the start of the next DGD programme in 2027, external partners will be able to connect with HICO members and access a broader pool of expertise through the coalition, including via country-level contact points.

## **9. Presentation of the preliminary results of the Be-cause health mid-term Survey** (Hamza Hasan Syed, Master student Global Health Ghent University & intern Enabel)

Before presenting the survey results, Hamza provided some background on the rationale behind the survey. Be-cause health is hosted by ITM and funded through the multiannual framework agreement between ITM and DGD (FA5). Within this DGD programme, a key indicator for the functioning of the network is the level of **member satisfaction**.

The main objective of the network is to advocate for a more effective Belgian contribution to global health policies. To achieve this, Be-cause health focuses on four main areas of intervention: sharing, learning, influencing, and coordinating.

With these domains in mind, the survey included, for each area, a statement assessing whether the network's goals and expected results align with **members' expectations**. Members were asked to rate their level of agreement. Overall, the results show that a majority of respondents agree that the network's goals and expected results meet their expectations.

A second statement for each domain assessed whether these goals and expected results correspond to what Be-cause Health is **currently delivering in practice**. The results, as presented, indicate that most respondents agree or strongly agree with this statement.

The survey builds on a previous exercise conducted during the [evaluation of Be-cause health](#) (2017 - 2020), which informed the development of the current DGD programme (2021 - 2026). The same questions were reused to ensure comparability over time: the earlier findings serve as a baseline, the current survey represents **midterm results**, and the same questions will be asked again at the end of the programme.

## 10. Presentation Planetary Health Alliance (Davide Ziveri, Environmental Health specialist Humanity & Inclusion; chair WG Planetary Health & member Steering Committee)

Davide explains why Be-cause health is joining the [Planetary Health Alliance](#). The aim is precisely to avoid duplication and to strengthen existing efforts in sharing, influencing, coordinating, and related areas.

He first introduces the **concept of planetary health** and why it matters. Planetary health is an approach to public and global health based on a simple but fundamental premise: climate and health are two sides of the same coin.

Putting this into practice, however, is not straightforward. It requires rethinking how we work, how we assess impact, and how we design solutions, with a consistent focus on co-benefits for climate, environment, human health, and animal health.

This approach is particularly relevant for at least four key reasons, all closely aligned with Be-cause health's values:

- **Climate justice:** climate change is accelerating and acts as a multiplier of existing inequalities.
- **Health equity:** marginalized communities face greater barriers to accessing health services, due in part to the complex interactions with climate change. Disasters are one visible example, but the issue is much broader.
- **No one is safe until everyone is safe:** planetary health highlights the importance of addressing global and structural determinants of health in an integrated way.
- **The climate crisis undermines all existing health efforts:** it directly affects the work already being carried out by health actors worldwide.

To achieve long-term goals and respond to emerging challenges, planetary health offers a useful lens to better understand and address complex problems through a more **holistic and integrated approach**.

The Planetary Health Alliance is currently celebrating its 10-year anniversary. It was established following the publication of the [Planetary Health report](#) by the Rockefeller Foundation and the Lancet Commission. The urgency of this agenda has increased further: according to the [Stockholm Resilience Centre](#) (2023), six out of nine planetary boundaries have already been exceeded.

The Planetary Health Alliance was initially hosted by Harvard University and has been based at Johns Hopkins University since November 2023. It includes eight regional hubs to support context-specific collaboration and knowledge exchange. Today, it is a global network of more than 500 organizations, including universities, NGOs, and other actors.

Each year, the Planetary Health Alliance organizes an annual conference in different regions of the world. In 2025, the conference will take place in Rotterdam, where the Be-cause health Planetary Health WG will organize a pre-event on the transformative power of planetary health as a social movement. This responds to an often underemphasized aspect of the definition of planetary health as social movement, which explicitly includes civil society.

Through its Planetary Health WG, and through all its working groups and member organizations, Be-cause health will both contribute to and benefit from the exchange of knowledge with the Planetary Health Alliance.

## 11. Any Other Business

Miriam, from the City of Brussels' International Solidarity Unit, presents their annual campaign, the Fortnight of International Solidarity, which this year focuses on access to **health for all**.

### List of Acronyms

AIM	International Association of Mutual Benefit Societies
Amonsoli	Action Mondiale pour la Solidarité
ANSER	Academic Network for Sexual and Reproductive Health and Rights Policy
ARGO	Gender and development advisory board
BCH	Be-cause health
CeMAViE	Medical Centre for Assistance to Victims of Female Genital Mutilation
CM/MC	Alliance Nationale des Mutualités Chrétiennes / Landsbond der Christelijke Mutualiteiten
CSOs	Civil Society Organizations
D4D	Digital for Development
DGD	Directorate-General for Development cooperation and humanitarian aid, Belgium
DRC	Democratic Republic of Congo
ECTMIH	European Congress on Tropical Medicine and International Health
EU	European Union
EURODAD	European Network on Debt and Development
FA5	5 <sup>th</sup> Framework Agreement between ITM and DGD
FESTMIH	Federation of European Societies for Tropical Medicine and International Health
FGM	Female Genital Mutilation
FPS	Federal Public Service
GA	General Assembly
GAMS	Groupe pour l'Abolition des Mutilations Sexuelles
HICO	Health Impact Coalition
HICs	High-Income Countries
INAMI	National Institute for Health and Disability Insurance, Belgium
ITM	Institute of Tropical Medicine
IYAD	International Youth Association for Development
LMICs	Low- and Middle-Income Countries
MAV+	Manufacturing and Access to Vaccines, Medicines and Health Technologies
MoH	Ministry of Health
OECD	Organisation for Economic Co-operation and Development
PHA	Planetary Health Alliance
SC	Steering Committee
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
TEI	Team Europe Initiative
UN	United Nations

VSF	Vétérinaires Sans Frontières
WG	Working Group
WG AQM	Working Group Access to Medicines
WG DIG	Working Group Digitalisation
WG DIH	Working Group Determinants of International Health
WG DRC	Working Group Democratic Republic of Congo
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 and Rights
WHA	World Health Assembly
WHO	World Health Organisation
WSM	We Social Movements