

Minutes General Assembly 2024 Be-cause health
10 October 2024 – ITM



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I. Keynote speech by vice-Minister Frank Vandenbroucke

Vice-Minister **Frank Vandenbroucke**, Deputy Prime Minister and Minister of Social Affairs and Public Health, also responsible for Development Cooperation and the Major Cities Policy congratulates Be-cause health (BCH) on its 20th anniversary. This is a remarkable milestone, marking two decades of dedication to advance the Belgian and the global health agenda, all around the world.

He reaffirms that health is a cornerstone of the Belgian development cooperation. During the Belgian presidency of the EU Belgium made the right to health for all a top priority. The Minister thanks Be-cause health for being a crucial partner and its invaluable contribution to this Presidency.

The Minister calls on the members of Be-cause health to continue their vital work in addressing global health challenges, to help identify new pathways to accelerate health equity, and to keep on holding the Belgian government accountable to ensure the proper implementation of its policies, including the EU Global Health Strategy.

II. Welcome speech by Lut Lynen, director Institute of Tropical Medicine (ITM)

Lut Lynen, director of ITM, welcomes all Be-cause health members to the ITM and congratulates the network on its 20th anniversary. She reminds that the foundation of Be-cause health was laid down during the 2001 Belgian Presidency of the EU and the Healthcare for All Conference. The international health sector was changing, and there was a need for a platform where Belgian global health stakeholders could exchange and uphold the right to health and healthcare for all (in Belgium and globally). In the past 20 years, the Be-cause health working groups (WGs) provided many relevant contributions. Access to health was on the agenda of the 2024 Belgian presidency which shows Be-cause health's impact. BCH's strengths are being a team, and bringing together expertise and diversity. Politicians come and go, but our motivation stands for health for all and justice. BCH shows a shared commitment from all allies. She finally thanks all members for their engagement.

III. Welcome speech 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 short welcome. He reminds the members of the strength of the network, and its future possibilities. He calls on everyone present to subscribe to the newsletter, and keep an eye on the calendar. All WG activities are open to all.

IV. Round of Introduction

>>> Annex 0: [List of Participants on-site](#)

All participants present themselves to 3 other participants they didn't know beforehand.

V. Statutory part

>>> Annex 1: [Presentation of the General Assembly 2024](#)

1. Approval GA minutes 2023

>>> Annex 2: [Minutes GA 26 April 2023](#)

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

2. Annual report 2023 & presentation activities 2023-2024

>>> Annex 3: [Annual report 2023 in English](#)

Network activities

Magalie and Stefaan present the most important representation and networking activities of BCH during **2023/2024** and the plans for **2024/2025**.

For **2023** the most important network activity was [the International Be-cause health Conference "Breaking Taboos in Global health"](#), which took place on 23 & 24 March at the Enabel Conference Center, Brussels. The conference explored global health topics that are often left aside, ignored, or only addressed with "a High-Income Country gaze". Since so many of them remain unspoken, the participants of the conference dived deeper into some of these "inconvenient global health truths".

In 2023, the [ECTMIH Congress "Shaping the future of Equitable and Sustainable Planetary health"](#) took place from 20 to 23 November. BCH collaborated in the general organisation of the congress, moderated several sessions during the congress, and co-organised the first [session on Climate Justice](#) and a [session on decolonising global health](#). The WG Planetary Health submitted a proposal for an organised session and was selected to organise the [session on Planetary health and well-being](#).

For **2024** the most important network activity was the [EU Conference on "Health Systems Strengthening \(HSS\)"](#), at Lamot Center, Mechelen in collaboration with DGD and Enabel on 23 April 2024.

Working group activities

[Working group Access to Quality Medicines \(Belén Tarrafeta, ITM\)](#)

>>> Annex 4: [Presentation WG Access to Quality Medicines](#)

The WG Access to Quality Medicines (WG MEDs) is an old WG operating since 2007. There are more than 130 members. The WG MEDs' focus is on sharing information and knowledge in relation to access and quality of medicines. An important milestone was the [Charter for the Quality of Medicines](#) signed by the member organizations in 2008.

In **2024** they conducted a webinar on quality of medicines in Nigeria and on the EU Team Europe Initiative (TEI) on Manufacturing and Access to Vaccines, Medicines and Health Technologies (MAV+). They periodically share literature reviews. A webinar in French is still scheduled for November.

In **2025** they would like to re-orient the WG, and will organise a consultative process to confirm the WG membership and to reframe the WG objectives.

[Working group Determinants of International Health \(Viva Salud\)](#)

The WG Determinants of International Health (WG DIH) submitted a Memorandum on Health to the Belgian Government as input for the elections in June and the Belgian EU Presidency. The WG and the coordinator engaged other organisations to draft the Memorandum, which gave more weight. Some organisations who signed the Memorandum, later became new members (individually or with the organisation).

The WG needs to find another coordinator (Viva Salud) and will be re-activated asap.

[Working group Digitalisation \(Mireille Ntchagang, BlueSquare and Stefaan Van Bastelaere, Enabel\)](#)

In **2023** [a hybrid seminar](#) was organised in which three examples of digital learning tools were presented to see which role they can play in strengthening the capacity and capabilities of health workers. During a networking drink, the members of the WG Digitalisation (WG DIG) brainstormed with each other on which direction the WG should take and how cooperation with the other WGs could be opened up.

In **2024** the WG DIH co-organised with INTPA (department for International Partnerships of the European Commission) and Enabel an event on data governance.

In **2025** the WG DIH wants to organise an event with other BCH WGs.

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

>>> Annex 5: [Presentation WG Mental Health](#)

They restarted the WG Mental Health (WG MH) at the beginning of 2024 with 2 new coordinators: Hilde Buttiëns from Memisa and Katia Verbiest from Medics without Vacation. There was a handover with the previous coordinators and the Terms of Reference were defined and validated by participants to the WG.

The WG MH is divided in 2 sub-groups: an operational and a strategic sub-group. Each subgroup meets 3 to 4 times a year. For **2024** they want to develop of a policy brief on mental health for policy makers and donors.

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

>>> Annex 6: [Presentation WG Planetary Health](#)

In the 20 years of BCH, the planetary health crisis impacts health on many levels. We are very aware of the emergency today, and recent years the planetary and one health perspective took over the international health agenda and the bridge was built between climate and health.

In **2023-2024** the Planetary Health WG (WG PH) mostly focussed on integrating Planetary health in the BCH activities (conferences). The WG PH is coming closer to the [Planetary Health Alliance](#), which holds its annual conference in Rotterdam in **2025**.

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

>>> Annex 7: [Presentation WG Researchers in Global Health](#)

The WG Researchers in Global health (WG RGH) offers a platform for discussion and a community of practice. The WG brings young professionals together to share knowledge and foster interdisciplinary partnerships.

In **2024** they are working in the production of a podcast 'Global Health Insights'. The series will build on contributions from the different WGs with overarching theme 'Paradigm shift in Global Health', and be launched in 2025.

In **2025** the WG will put its focus on research.

[Working group Sexual and Reproductive Health & Rights](#) (Sara Sarlakiya, Sensoa & Marianne Nguena, GAMS)

>>> Annex 8: [Presentation WG SRHR](#)

The WG Sexual and Reproductive Health & Rights (SRHR WG) meets 5 to 6 times a year. Their membership list consists of about 55 people and they have about 20-25 active members.

In **2024** the WG SRHR participated in 3 conferences: the [ARGO-conference](#), the [ANSER-conference](#) and the [BE EU-conference](#) during which the Minister of development cooperation Caroline Gennez attended their workshop. The WG SRHR is on a path towards decolonizing SRHR and trying to create tools on decolonizing SRHR. They connect with the global network on SRHR and have them present different topics: UNFPA (United Nations sexual and reproductive health agency) presented their SWOP (State of World Population)-report and Ipas presented their Project 2025. Marianne moves to another position and she is re-evaluating her co-chairship by the end of 2024.

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

>>> Annex 9: [Presentation WG SPH](#)

The WG Social Protection in Health (WG SPH) is an “old” WG that restarted in 2022. The objective of the WG is to bring together the ideas of different Belgian actors and try to harmonise strategies.

In **2023** the WG had several exchange meetings in which different actors presented their activities and vision on Social Protection in Health.

In **2024** the WG organised 2 workshops on Social Protection in Health during the BE EU expert conference.

On the agenda for **2025** there is a presentation of the bilateral programme in Senegal (in collaboration with Solsoc), and a feedback on the WSM workshop organised during the BE EU presidency.

[Working group DRC](#) (Alain Kabemba, Pallia Familli & Anselme Kananga, IYAD)

>>> Annex 10: [Presentation WG DRC](#)

In **2023** the WG DRC supported some activities together with the WG MEDs and the ITM on a research on the access of patients to palliative care, and shared their findings in DRC and in Brussels. They also co-organised the panel discussion “[Equal Access to Controlled Substances for Medical and Research Purposes](#)” in collaboration with the WG MEDs and the United Nations Office on Drugs and Crime (UNODC) held in Flagey (Brussels). For this they invited the DRC Secretary General for Health with whom the WG DRC had an exchange meeting at Mediciens du Monde.

In **2025** they are organising the 5th International Congress on Palliative Care in Kinshasa (from 10 to 13 September, ed. note: the date has changed). All BCH members are invited (an online streaming will be foreseen).

Temporary taskforces

>>> Annex 11: Temporary taskforces

- **Synergy taskforce** (Stef): this taskforce tries to create synergy between multiple working groups, individual members and member organisations and helps organising overlapping events, like the New Year's gathering in **2024** at the Community Health Centre Goujonissimo in Brussels. Also the purpose of the workshop on mental health this afternoon is to search for synergies between WGs.
- **Communication taskforce** (Magalie): the purpose is to come together and draw up a (new) communication strategy with a few communication experts of some member organisations. Some communication challenges raised this year, including the need to renew the BCH website, since ITM can no longer host the existing website. Also the [Body&Rights e-tutorial](#) needs to be renewed, since LEF the company that hosted the tutorial doesn't exist anymore. So, we'll build a new website with extra modalities, like a network function (including member profiles), e-tutorials tool and a template for digital reports. Moreover, to work on a communication strategy was one of the recommendations of the [2017-2020 hera evaluation of BCH](#). In our new communication strategy we'll start from the fact that the member organisations are central to the Be-cause health communication, not the network as such. So we will form an email-group of communication staff of each member organisation and "use" the members to communicate on the network. For this we'll delete all BCH social media channels except LinkedIn and we will send out a survey to get an overview of all communication channels used by our member organisations.
- **Gender & power relations taskforce** (Magalie): the taskforce has drawn up [a policy](#) and action plan. They will meet at least 1 time every 2 years to analyse and assess gender practices and power relations within meetings (based on the findings using an [observation tool](#)) and propose actions to improve the functioning of the WGs and Steering Committee from an inclusive perspective. A first analysis will be done in 2025.
- **Taskforce Decolonisation** (Elisa): the taskforce is preparing an article 'Decolonizing global health: challenging colonial legacies in health governance and systems'. The article will serve as a reference and discussion for the Be-cause health working groups. It focusses on three main themes: colonialism within global health, colonization of the structures and systems of global health governance, colonialism through the global health system. The idea is to finalise the article by the end of 2024.
- **Taskforce Health for All** (Xavier): the [Healthcare for All declaration](#) (2001) serves as the foundation of the BCH network. However, the world has changed and one of the recommendations of the hera evaluation was to review the document. After a discussion during the GA of 2021, it was clearly stated that it is not the mandate of BCH to review this

declaration. We decided to draft a new document to amend the declaration bottom-up. For this the taskforce launched a call for [success stories or promising failures on health systems strengthening](#) (HSS) in times of poly-crisis. Based on this submissions we are analysing which features are crucial to HSS, and thus priorities for BCH.

3. Closure expenses 2023 & budget 2024 (Magalie)

>>> Annex 12: [Expenses 2023 & budget 2024](#)

In **2023** there is a break-even between the foreseen budget and the expenses. We had extra funding from ITM to organise the panel discussion on opioids.

In **2024** the main part of the budget will be spent on communication, since Be-cause health will renew their website.

4. Election new member for the Steering Committee

After a long and successful career at ITM, Thérèse Delvaux will be retiring and also stepping back from her mandate at the Steering Committee (SC). Belén Tarrafeta (ITM, Unit of Medicines & Health) already was a substitute for Thérèse in the SC and she took over the coordinating role of the WG MEDs from Raffaella Ravinetto (ITM). She is now putting forward her candidacy to take over Thérèse's mandate in the SC. We warmly thank Thérèse for all expertise and contributions that she brought to BCH and are grateful that Belén wishes to take over. Thérèse stays a BCH member and actively engaged in the WG SRHR.

Vote: Does the G.A. confirm the candidacy of María Belén Tarrafeta Sayas for the Steering Committee?

Her membership is approved unanimously. Congratulations!

5. Presentation and acceptance of the new candidate member organisations

>>> Annex 13: [Presentation candidate member organisations](#)

The procedure and the [internal regulations](#) renewed in 2023 are briefly presented.

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

1. [Child-Help](#) (Michel Coenen, Board member): their mission is to enable a generation where children with spina bifida and hydrocephalus become thriving adults in an inclusive society working

worldwide. They believe that their core areas of expertise greatly contribute to the BCH goals. They are interested in participating in the WGs MEDs and SHP.

2. [Deutsche Stiftung Weltbevölkerung \(DSW\)](#) (Lisa Goerlitz, head EU Office): DSW focusses on SRHR and youth, and on global health research and innovation. They have an advocacy office in Brussels (and in Berlin). In Brussels, they work towards the EU (parliament, council and commission). It is in the framework of their EU advocacy work they want to join the BCH network to influence the Belgian position on global health at EU level. They are interested in the WGs SRHR and MEDs.
3. [Fraternité Médicale Guinée \(FMG\)](#) (Abdoulaye Sow, director): Abdoulaye is an ITM & ULB alumnus, and already 15 years familiar with BCH. He became an individual member 4 years ago. FMG is a civil society organisation, engaged in community health activities and primary health care, recognised by the government. They are involved in several international networks. Some of their staff are (interested to) participate in several working groups (specifically WGs MH, SRHR).
4. [Pallia Familli](#) (Alain Kabemba, secretary general & Gilbert Mukandila, spiritual advisor): Pallia Familli was created on the initiative of Congolese diaspora living in Belgium (a.o. IYAD). They promote palliative care and access to (controlled) medicines for pain management in DRC and Africa in general. In 2022 they conducted a research on access to opioids in hospitals in DRC with the support of ITM. They want to participate in the WGs DRC, MEDs, DIG, SHP and MH. They are already engaged in advocacy on the international level (UNODC).
5. [Sciensano](#) (Dominique Vandekerchove, One Health Coordinator): Sciensano is a key player in human and animal health; they do research and surveillance, give scientific advice and collect health data. They are a real “One Health” institute, and they host the Belgian Biodiversity Platform and the Belgian One Health network. They are engaged in several national and international networks, they collaborate with academic institutions and private sector. Sciensano is engaged in the WG PH since 2023.

Questions and Answers

- The new members will give a boost to the BCH network.
- Sciensano is also international active on European and international level, including WHO, UN, FAO,
- DSW works mostly in East Africa, where the organization has become partly independent. They are interested in the decolonisation and the communication taskforces. They are especially experienced in advocacy at the EU-level, and can support BCH in its EU work.
- FMG is already a partner of several member organisations, esp. Memisa (7 years) and ITM (3 years). Other BCH members can get in touch with FMG if they want to work in Guinea.
- Pallia Familli already has partnerships with Be-cause health and the members IYAD and ITM. They are partners with members of the government in DRC. They do advocacy at the national level, for UHC and social protection in health. There is also an exchange with INAMI in Belgium on SHP.

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

Result of the voting round:

- Child-help: 83% yes
- Deutsche Stiftung Weltbevölkerung (DSW): 86% yes
- Fraternité Médicale Guinée (FMG): 95% yes
- Pallia Familli (DRC): 78% yes
- Sciensano: 95% yes

All organisations are confirmed as members. Congratulations!

VI. Interactive Workshop on Mental Health: “A Holistic Approach to Integrating Mental Well-being in the functioning of the Be-cause health Working Groups”

In honour of world mental health day, this workshop aimed to highlight the critical role of mental health in all areas of global health. Through interactive group discussions the participants explored mental health's impact in various contexts, including primary care, palliative care, GBV (gender-based violence) care, and migrant healthcare. Participants examined real-life cases to get inspired and see the transversal importance of mental well-being for the different Be-cause health working group activities and for participants day-to-day professional work. The cases were presented by

- Abdoulaye Sow (FMG) on mental health linked to GBV, migration and access to medicines
- Alain Kabemba (Pallia Familli) on palliative care
- Achour Ait Mohand (Enabel) on mental health in Rwanda and Burundi
- Jannelore Derycke (Medecins du Monde Belgium) on health services for migrants and people without papers in Belgium

Everybody participates live in Antwerp. Because of logistic reasons, it was not possible to follow the afternoon session online. The main languages in the different groups were English and/or French. The participants looked for an answer on 3 guiding questions:

- Within your working group, how would you integrate the topic of mental health? How do you see the 7 working groups of Be-cause health being able to bring/integrate the topic of mental health into their activities?
- What joint activities between 2 working groups (mental health and X) do you see as possible?
- In what ways can you integrate the topic of mental health and mental well-being within your own work, research, studies? Opportunities, challenges, limitations, ...?

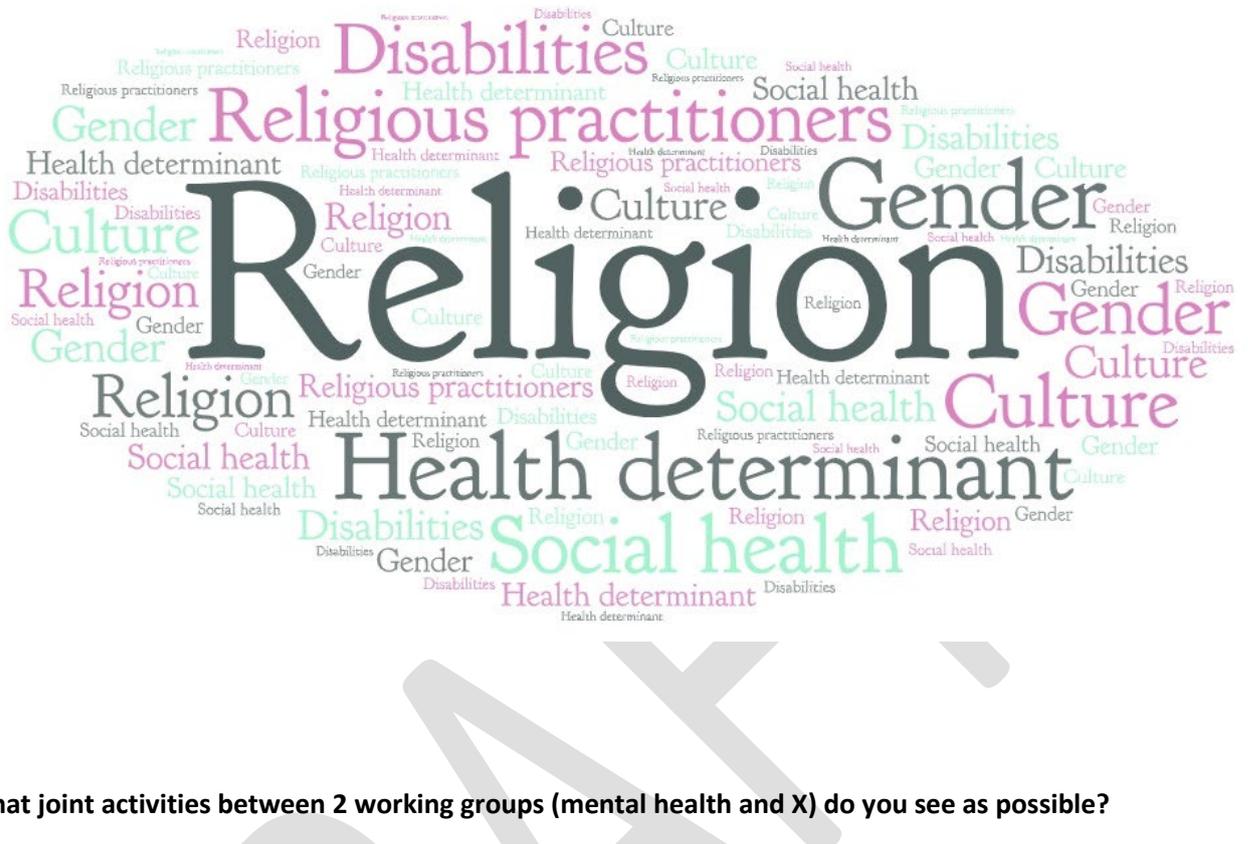
Social health protection



Digitalisation



International determinants of health



What joint activities between 2 working groups (mental health and X) do you see as possible?



ITM	Institute of Tropical Medicine
IYAD	International Youth Association for Development
Mav+	Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies
SC	Steering Committee
Solsoc	Solidarité Socialiste
SWOP	State of World Population
TEI	Team Europe Initiative
UHC	Universal Health Coverage
ULB	Université libre de Bruxelles
UN	United Nations
UNFPA	United Nations sexual and reproductive health agency
UNODC	United Nations Office on Drugs and Crime
WG	Working Group
WG DIG	Working Group Digitalisation
WG DIH	Working Group Determinants of International Health
WG DRC	Working Group Democratic Republic of Congo
WG MEDs	Working Group Access to Medicines
WG MH	Working Group Mental Health
WG PH	Working Group Planetary Health
WG RGH	Working Group Researchers in Global Health
WG SPH	Working Group Social Protection in Health
WG SRHR	Working Group Sexual and Reproductive Health Rights
WHO	World Health Organisation
WSM	We Social Movements