



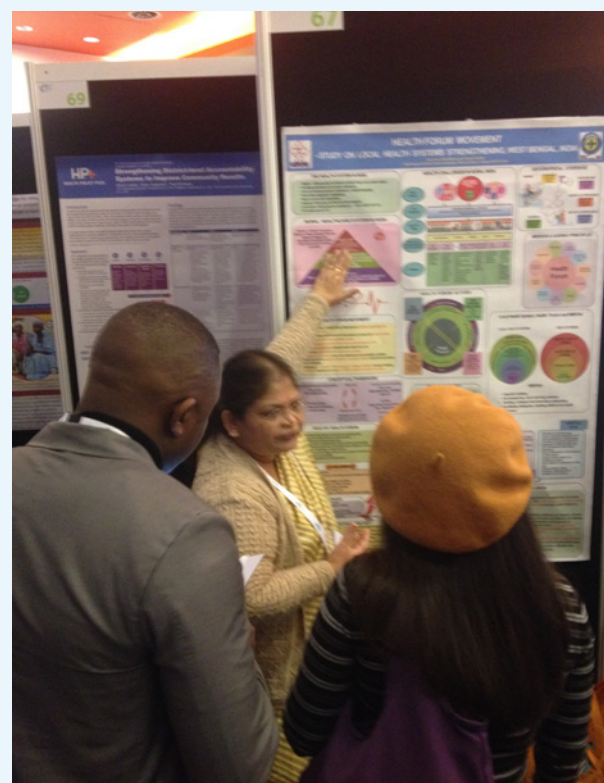
BE-CAUSE HEALTH ANNUAL REPORT 2018

(MARCH 2019)



BECAUSE HEALTH IN PICTURES

2018



From top left to bottom right:

Photo 1: Be-cause health - Educaid annual conference

Photo 2: Be-cause health - Educaid annual conference

Photo 3: Global Health Watch launch

Photo 4: Global Health Watch launch

Photo 5: Health Systems Research Symposium, Liverpool

Photo 6: Health Systems Research Symposium, Liverpool

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PREFACE

In today's world, where virtually all information is available in the blink of an eye, is digitalised, analysed and criticised, one might ask the question: does a platform still offer added value?

Let us look back at some of the activities of 2018 to find inspiration...

The joint conference with Educaid "Health & Education: Stronger Together" created opportunities to connect and interact between sectors; the high level panel on adolescents' access to SRHR at the European Development Days made sure the topic remained high on the agenda; the seminar on the Belgian commitment to accessing quality-assured medicines attracted national and international attention – and these are just some of the highlights.

Mutual interest in certain topics and the willingness to share and exchange caused new working groups to emerge: inspired by the presentation of the Rwandan experience the mental health working group was created, and from the eagerness to create more connections between and with academia, the research working group was born.

Every year we welcome new members, from various backgrounds and with different actions and activities, all connected around the right to health and healthcare. Çavaria joined as a network, and student and diaspora organisations enriched the scope of stakeholders.

As 2018 has shown us once again the enthusiasm and commitment of both individual members and member organisations to connect, to learn and to be of influence. I think I can safely argue that today, 15 years after its creation, Be-cause health as a pluralistic open meeting-space and exchange platform bringing together Belgian development actors engaged in Global health, is as relevant as ever.

I have the honour of being the new chair of Be-cause health since the end of 2018, and I want to take this opportunity to thank Karel Gyselinck profoundly for his years' long devotion and inspired leadership of the network!

Enjoy the reading of this short overview and do not hesitate to contact us if you want more information or if you wish to be more involved!



Elies Van Belle

Chair Be-cause health

SHORT STORIES

TAKING THE GENDER TURN

In 2018, Memisa charted a new course on sexual and reproductive health and rights by signing an inter-organisational gender charter and training all its headquarter staff in Sexual and Reproductive Health and Rights (SRHR) through the online e-learning tutorial Body & Rights.

Indeed, while gender and sexual and reproductive health and rights have been part of a transversal approach for Memisa for many years now, 2018 was marked by a series of specific actions to complement the existing transversal approach.

Mandatory Gender and SRHR training

All Memisa HQ staff members have been trained in gender issues and SRHR using the Body & Rights tutorial. After the Belgian Directorate-General for Development Cooperation and ENABEL, Memisa is the third entity with the most members trained in sexual and reproductive health with this online tutorial. These training courses are already bearing fruit, as can also be seen in Memisa's actions. In Burundi and the DRC for instance, SRHR are now in a privileged position, with activities such as telemedicine, health promotion/education, improving maternal health, advocacy and protecting patients' rights.

In 2019 and beyond, Memisa will continue to build on this momentum by contributing to the evaluation and updating of the tool, and by disseminating the "Body & Rights" tutorial and the content of the gender charter to our staff and partners around the world.

Body and Rights tutorial is developed by Be-cause health under lead of Sensoa.

Register at www.bodyandrights.be for a free online tutorial to become an expert yourself on the following themes:

- » **Definition and obstacles to sexual and reproductive health:** the definition of sexual and reproductive health and rights as well as the major obstacles encountered throughout the world, including cultural ones.
- » **HIV and STI:** the tutorial presents global HIV figures and its impact on the world. The Other STIs are also presented.
- » **Family Planning:** the tutorial presents the benefits of family planning, the unmet need for family planning, as well as data on maternal mortality and unsafe abortion.
- » **Sexual and gender-based violence:** the tutorial covers the definition of sexual violence. We also see female genital mutilation and child marriages.
- » **Vulnerable groups:** not everyone is equal in terms of sexual and reproductive health and rights. Some groups are more vulnerable than others, such as young people, sexual minorities and migrants.
- » **Politics:** finally, the tutorial reviews international politics in the same way, as well as Belgium's legislative.



FROM KNOWLEDGE TO POWER: GLOBAL HEALTH GATHERINGS OFFER INCENTIVES TO TACKLING INEQUALITIES

Julie Steendam of Viva Salud - co-president of the Be-cause health working group Social Determinants of Health - shares her reflections after attending the global symposium on health system research in Liverpool and the People's Health Assembly in Bangladesh.

Gatherings, be they informal or academic, on global health always seem to have the unusual undertone of outright optimism and slumbering scepticism. The knowledge that humanity possesses in tackling major health challenges has never been greater. At the same time inequality is rising, deepened by non-re-distributive economic growth, environmental degradation, conflicts and discriminatory policies. During the fifth Global Symposium on Health Systems Research and the Fourth People's Health Assembly, the tone was the same.

Private sector in health: debates and doubts

Going through the #HSR2018 programme, one thing is clear: the role of the private sector in health services is a contested but hot topic. Private sector actors come in all shades and are present in all pillars of service delivery: both informal and formal, from individual doctors to transnational companies, charities and religious institutions, traditional caregivers and local drug vendors, and a rising number unconventional actors such as Big Data analysts and mobile companies. To give an idea of their scope, in sub-Saharan Africa, 50% of care is provided by this broad 'private sector'. Often, and I have to plead guilty here, the default assumption is that private providers are generally less qualitative, less accountable and lead to inequalities in access.

As compared to the informal sector, formal physicians can be more expensive. Informal practitioners sometimes have flexible rates or non-monetary ways of paying and are sometimes more sensitive to cultural values. In high-resource settings where coverage is provided, the private sector might be the only one investing in non-traditional medicine such as wellness, acupuncture and herbal medicine, thereby more accepted by segments of the population.

However, context-specific studies often have more relevant findings. Take the case of Bangladesh, where 87% of health care providers are in the informal



sector. Worryingly, 70% of care in the country has been identified as inappropriate, and another 10% as harmful.

Incentives, incentives everywhere

Both 'good' and 'bad' examples of private-led or sponsored initiatives were myriad in any session. But this question is left unanswered: do we engage the private sector players because they fill a financial and regulatory void, or because they are the only ones fit? If the latter, what does that mean in how we perceive our public sector as part of our societies, and for our perception of health?

It would be too easy to reduce this to a solely ideological question, as Dr Abhay Shukla contrasted "the social logic of health rights versus the extractive profit logic of the corporate health sector" in his plenary talk. India has experienced large shifts in the health sector to 'investor-friendly' environments, amongst others by installing manager boards and setting profit objectives. Dr Shukla noted a lack of social accountability, medical corruption, irrational care, and an almost structural denial of patients rights, caused by failing self-regulation and absent regulation by the state. As for irrational care, 41% of all births are by caesarean section in the private sector, while the figure is only 12% in public facilities. However, there remains a lack of knowledge about how the market works in both the field of research as well as policies. Regulatory initiatives thus often remain on the surface.

Power everywhere?

Dr Gitahi pointed out that the asymmetry lies not just in access to health, but starts with equal power

distribution: poor communities should be strengthened so that demand can be organised. For governments to take up their role as primary duty-bearer, they should be strengthened in their capacities to regulate, monitor, control, and provide public services. Although system analyses were missing from many sessions of this HSR-conference, it were positive to see a plenary session by Professor Lucy Gilson, expert in the politics of policy change, emerge her winning the Award for Lifetime Service to the field of HPSR confirmed this dedication.

Beyond the health sector: people's movements gather the essence of the right to health

This lack of system analysis and call for action was filled completely at the Third People's Health Assembly, taking place a few weeks later in Bangladesh. This assembly is organised by the People's Health Movement (PHM), and stands out from other conferences by having over 1400 grassroots health activists present and by the regular chanting of protest songs during plenary talks. This was reflected in the thematic axes of the assembly that identified food

sovereignty, trade and access to medicines, environmental degradation, gender and the functioning of health systems as the main challenges for the coming five years. Additionally, workshops reflected on the impacts of militarisation, access to land, sexual harassment and empowerment by movement building on health. The conference had a radical main message: the right to health is a political issue, and cannot be solved by technology and charity alone. To reaffirm this statement, concrete plans were made to broaden the movement.

Besides more research, more action is needed, and this can't be left to 'the activists' alone. As quoted by Walt (1994): "If we as health workers, or as teachers, or students, or civil servants, do not feel that we, and the groups or organisations which we belong to, have some power to alter the policy that affects our lives, or the lives of those around us, why get up in the morning?"

Photo Julie Steendam - Viva Salud



LEVERAGING TOOLS AND TECHNOLOGY FOR QUALITY RESEARCH

Over the last few months, Bluesquare has been supporting research programmes on the Ebola response in the Democratic Republic of Congo.

Along with a team of researchers from the Wilfrid Laurier University in Canada and the School of Public Health at the University of Kinshasa in the DRC, Bluesquare was awarded the International Development Research Centre’s Rapid Research Fund for Ebola Virus Disease Outbreaks. The focus: analyse the impact of the Ebola outbreak on the use of health services using routine data.

Routine data has been collected regularly in the DRC as part of ongoing health programmes. Bluesquare and other organisations active in the country believe that the data collected on key health system measures are an essential and underused resource to inform the ongoing and long-term response to the current Ebola crisis. The broader vision is to develop tools to further allow such data to be used to better prepare for and manage future public health crises.

An expert in health data systems in DRC (having been actively working in this space since its founding), Bluesquare has played a key role in the project: helping researchers to access the data by facilitating dialogue with local actors, cleaning and structuring the data so it is easier to conduct the analysis, as well as providing support to develop codes and specific calculations to gain further insights from the data.

The results are yet to be confirmed but promise to answer questions such as: is there a change in attendance at a health centre when services are provided for free? Do more people seek medical attention? Less? What is the impact on key indicators for health in the region? Is there one and is it significant?

This kind of partnership is a strong example of how long-term investment from the private sector can play a key role in supporting quality research on key health issues facing low- and middle-income countries experiencing protracted emergencies. Furthermore, by showing the importance of routine health system data, this kind of projects underlines the value and the will to invest in the work accomplished by companies like Bluesquare.

Blog by BlueSquare



NETWORK EVENTS & ACTIVITIES

HEALTH AND EDUCATION: STRONGER TOGETHER - 17 MAY 2018, BRUSSELS

On 17 May 2018, Belgian platforms Be-cause health and Educaid.be joined forces to hold a joint annual conference.

It was seen as an opportunity to underline a common value – that health and education are essential global public goods. Through this international conference both platforms and their members acknowledged the importance of the intersection between health and education in international cooperation. Over 250 participants, both from Belgium and abroad, shared during various workshops their views, explored common challenges as well as learning opportunities.

Many appreciated the contributions from speakers, participants and collaborators that make these annual conferences a success. The morning plenary session gave a general overview based on a keynote speech and a panel debate “making the case for investing in education and health”. The afternoon was filled with joint working group sessions that unpacked some of the reflections and addressed practical challenges and opportunities:

- » **Two Birds, One Stone:** How can comprehensive sexuality education and programmes addressing school-related gender-based violence contribute to better sexual and reproductive health and education outcomes? Lessons for policy, practice and partnerships;
Organisers: International Centre for Reproductive Health (ICRH), Plan International Belgium, Sensoa



and VVOB.

- » **The Power of Knowing:** Training practices for healthcare professionals combining innovation and tried and tested methods with a view to making teams more independent;
Organisers: Fracarita Belgium, Institute of Tropical Medicine (ITM), Medics without Vacation, and ULB Coopération.
Take away messages :
1/5 Acknowledge the barriers to passing on information, as Knowledge is Power;
2/5 Creating quality trainings require the inclusion in the design of the course set-up as to ensure spaces of dialogue and exchange ; fostering a co-creation of learning programmes that meet respond to the needs of participants and field experts;
3/5 Introducing technologies, including simulation dolls and devices brings added value to the transmission of knowledge.
4/5 Coaching should or could be included more as an effective method within learning programs.
5/5 New (digital) technologies are an asset to providing online training and learning .

- » **Citizens claiming their rights:** How to engage communities in realising the right to health and education
Organisers: APEFE, G3W-M3M, KIYO, Plan International Belgium and ULB Coopération.
Take away messages from the session:
1/5 Popular mobilisation will not end when funding



ends if popular participating is guaranteed from the beginning.
2/5 Empowerment starts at the individual level, but in order to have social change we need to broaden it to the collective level.
3/5 A gendered approach is essential to benefit society as a whole. No one can be left behind.
4/5 There is no hierarchy in rights. It should be a continuous challenge to realise all of them.
5/5 The state is an essential actor for change. A Constructive dialogue is essential in the rights-based approach, in the sense that we have to present solutions.

- » **Where education meets health: health education for children and adolescents** - Developing adequate and contextualised teaching materials to promote general understanding of diabetes and first aid to enhance children and adolescents' ability to be more resilient, safer and healthier.
Organisers: Belgian Red Cross Flanders (BRC-F), International Diabetes Federation (IDF).

All presentations and drawings as well as pictures and video recordings from various sessions are available on our websites.



SPOTLIGHT ON HEALTH AND RIGHTS OF ADOLESCENT GIRLS

June 2018 | Adolescents' access to SRHR: High Level Panel @ European Development Days



The sexual and reproductive health and rights of adolescent girls took centre stage at the 2018 European Development Days (EDD).

"Simply speaking about family planning is still stigmatised and many girls will have at least two unsafe abortions in their lifetime," said Young EDD leader Archane Phonsina who opened the debate about adolescents' access to Sexual and Reproductive Health and Rights (SRHR). European policy-makers, Ministers from Belgium and Burkina Faso, as well as international experts looked at what Europe can do to help confront the challenges in developing countries when seeking SRHR for all, with a specific focus on adolescent girls.

The panel, co-organised by Be-cause health and the Belgian Development Cooperation, looked at funding needed for adolescent health and welcomed the efforts made – via EU and Member States' programmes, via SheDecides and other movements fundraising for SRHR. The financial barrier was also acknowledged as Minister of Health Nicolas Meda

announced at the panel a free family planning service in Burkina Faso.

Civil society organisations should work together with governments to lift the stigma. Ministries of health and supporting international organisations must do more to include and prioritise youth in their policies and services. Ian Askew of the WHO noted, "It is (...) about socio-political will to make sure (youth) services can be available." According to Belgian Minister of Development Alexander De Croo, "It's not only about funding and rights, it is also about supplies. The demand is there: if we provide it, it will be used."

Above all, activists such as Phonsina are to be given the space to speak to girls and families facing challenging choices when it comes to teenage pregnancies that threaten the life and future of these girls. As stated by the European Commission's Marjeta Jager, "Young girls and boys should be included in the decision making process to make sure these issues are set as priorities in future policies."

October 2018 | International Conference: Health Systems Research Symposium, Liverpool

A Belgian delegation including researchers of ITM, ULB, UA, Uliege, as well as Enabel and other Be-cause health members contributed to the 5th Global Symposium on Health Systems Research, held in Liverpool, UK. Be-cause health supported speakers (Julie Steendam, Ketaki Das) held a successful poster session and gained traction for their theme throughout the symposium:

- » Julie Steendam, policy officer at Viva Salud, presented on "free trade for development? Balancing the opportunities and risks" – a study based on previous research from the working group Social Determinants of Health;
- » Dr. Ketaki Das, Public Health Research Officer of West Bengal Voluntary Health Association held a poster session on "Health Forum Movement – A study on local health systems strengthening, West Bengal, India";
- » Tim Roosen, ITM/Be-cause health presented reflections on Primary Health care for UHC, at event co-hosted by Save the Children UK and the Primary Health Care Initiative – PHCI.

The Be-cause health booth hosted at ITM worked as a useful meeting place to maintain a Belgian community feel, as well as network with international partners and fellow researchers. There was also outreach to young international researchers to partner with Be-cause health was presented during the network event of the Emerging Voices (EVs), co-organised as a social event for ITM alumni and EVs.

October 2018 | 40 years after Alma Ata: Primary health care, ITM, Antwerp

On Tuesday 23 October, ITM held an international symposium on primary health care - PHC with the aim of re-emphasising its relevance for health systems worldwide, but also to reflect on innovative approaches to establish effective PHC policies in a rapidly changing global environment. Be-cause health members, including Elies van Belle as President of the platform and Julie Steendam of Viva Salud, contributed to this well-attended symposium. Bart Criel of ITM together with colleagues from the Belgian ministry of health attended the subsequent PHC conference in Alma Ata to celebrate the 40 year declaration and contribute to its future relevance.

December 2018 | Inspiration day of diaspora and NGO's on Women's Rights and Health

Over 70 people were inspired at the Saturday 15th December Diaspora event, on the theme of Women's Rights and Sexual Reproductive Health. A wide variety of people participated, as volunteers or co-workers at Belgian-based diaspora associations. Creating an exchange amongst so-called '4th pillar' experiences as well as exchange with Belgian NGOs in international health, was the objective of the exchange held at the Antwerp Provincial house. Interactive workshops mobilised experts and volunteers on the themes of family planning, teenage pregnancies, sexual violence, genital mutilation and women in human trafficking. This event was made possible by a cooperation facilitated by Be-cause health between federations of diaspora associations: IYAD, FAAB, vzw AIF+, the "Vierdepijler steunpunt" from 11.11.11., GAMS, LeMondeSelonLesFemmes, ITM, the province of Antwerp and the City of Antwerp, with the support of the Flemish and the Belgian Development Cooperation - DGD.



Advancing health systems for all in the SDG era

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HIGHLIGHTS OF WORKING GROUPS

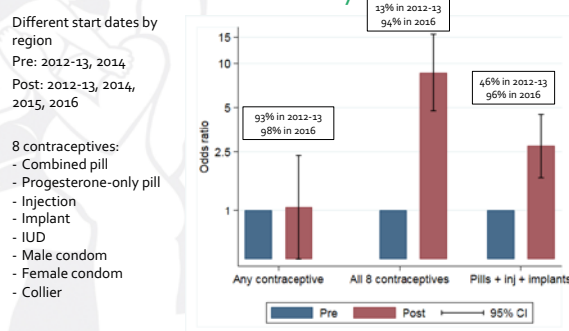
Sexual and Reproductive Health and Rights | 'Public Private Partnerships for Reproductive Health - What does it take to succeed?'

A lecture on an "informed push model" or private sector supply chain for contraceptives in Senegal was presented by Loveday Penn-Kekana of the London School of Hygiene and Tropical Medicine (LSHTM) and a critical reflection by Prof. Hans Hogerzeil on the role of the private sector in health sparked a lively debate amongst a Belgian SRHR community, held at DGD on 21 November. All presentations are available online.

Social Determinants of International Health | Belgian launch of 5th Global Health Watch report

The alternative World Health Report was presented and launched in Brussels in the presence of around 100 Be-cause health members and activists from the Platform for Solidarity and Action in Health. This Belgian launch of the fifth edition of the Global Health Watch report opened with a keynote address by David McCoy, professor of Global Public Health at Queen Mary University London (QMUL), giving an overview of health, economic, and political challenges faced by populations and development actors. The debate continued with panel discussions on the theme of trade and health and on the links between health and migration. This event concluded with a call for (civil) action.

What was the effect of the IPM on stock availability?



Access to Quality Medicines | Seminar on quality assurance for pharmaceutical manufacturers

Belgian and international experts gathered to assess how best to implement the Belgian commitment to quality assured medicines via our Belgian ODA, including what Belgian and international donors can work on more. Over 60 participants including many international guests from Global Fund, UNDP, DEVCO, a representative of African regulatory authority and 'Centre d'achat'. These experts and the Belgian audience contributed to this seminar on building universal access to quality-assured medicines held at the DGD headquarters in Brussels. For those concerned about universal access to quality-assured medicines, it is worth watching a video recording of the keynote speech by professor Hogerzeil and the welcome speech by Minister De Croo. All the presentations made during the seminar are available online in pdf form.

Mental health | Integrated care in Rwanda and community care in Guinea

Two field experiences in Rwanda and in Guinea were shared in May and October 2018, and sparked the interest of many who are either actively working in this field (including Memisa, Fracaritas, GAMS, Louvain Coopération, Artzen zonder Vakantie, ITM, etc.) and those who have a personal or institutional interest. It has led to the setting up in 2019 of a formal working group on mental health.

Dr Achour Ait Mohand, MPH, Psychiatric, Technical expert/Mental health, ENABEL captured the experience of mental health care integrated within a health system strengthening approach in Rwanda. An introduction on the state of mental health care in Guinea was provided by Dr Michel Dewez as advisor for Memisa, working in partnership with the Fraternité Médicale du Guinée (FMG), and by Willem van de Put of ITM.

Digitalisation | E-Health for Development

Two e-Health Academy meetings were held in 2018 by the digitalisation group, to share new findings and tools. One meeting looked at digital tools for nurses, to develop a common vision on how to bring value of digital tools to nurses at scale in low-income settings. A second session covered "peer-tested" tools in development, including • Hands-on approach (BYOD); • Testing of android application "stratégie plaintes-traitement"; • Testing of application IKIREZI; • Testing of Wikitropica; and • Testing of Excellensis.



Main gaps in Global Mental Health



Source: Ryan et al. (2016). Reproduced with permission from the London School of Hygiene and Tropical Medicine.

LOOKING FORWARD

ANNUAL CONFERENCE - URBAN HEALTH – 16,17 OCTOBER 2019

Two out of every three people are likely to be living in cities or other urban centres by 2050, highlighting the need for more sustainable urban planning and public services. Well-planned cities can offer unique opportunities to create urban patterns that minimise health risks from air pollution, traffic injuries and physical inactivity, while also mitigating climate change. Urban areas are products of thousands of individual site-level development and design decisions that can contribute to better health and well-being.

(Public) Health policies and health (development) cooperation strategies have focused on the poorest and most vulnerable populations and often prioritised interventions in rural areas. Urban health coverage is a relatively new field of action for (Belgian) health cooperation actors. Urban health challenges existing health systems' thinking and models and requires re-assessing research and policy models.

The Conference is planned for 16 - 17 October, 2019 in Brussels.

Panels of Belgian and international guest speakers will address two main elements:

- » **How to realise Universal Health Coverage (UHC) in an urban setting;** how to maintain an 'urban advantage' and adapt existing health policy and health service delivery models; how to manage implications of urbanisation for vector/disease control; health service delivery in an urban envi-

ronment; what is the profile of an urban health agent; urban health systems governance; ...

- » **How to maximise the urban advantage for health?** How to maximise urban planning on mobility, housing, water and sanitation etc, which all determine the health of a city's population; how to grasp opportunities for health assessments; what other (innovative) tools for people/community participation on health exist and should be promoted.

A taskforce is preparing the conference with inputs from various organisations and working groups. Are you interested in helping to organise the conference or eager to share your experience? **Let us know at: becausehealth@itg.be.**



NETWORK ORGANISATION / GOVERNANCE

Steering committee 2018 - 2019

- » Elies Van Belle, Memisa | Chair
- » Tim Roosen, Institute of Tropical Medicine, Antwerp - ITM | Coordinator
- » Anselme Mubeneshayi Kananga, Int. Youth Association for Development - IYAD | Treasurer (2019)
- » Dirk Van Braeckel, International Centre for Reproductive Health, ICRH | Treasurer (until 2018)
- » Karel Gyselinck, Belgian Technical Cooperation - Enabel (until 2018)
- » Peter Eerens, Living Health Systems (until 2018)
- » Wim Van De Voorde (until 2018), Marlies Casier, Sensoa
- » Aline Labat, Anne Fromont, École de Santé Publique – Université Libre de Bruxelles - ULB
- » Eva Kayitesi, Hera
- » Raffaella Ravinetto, Thérèse Delvaux, Institute of Tropical Medicine - ITM
- » Pieter Van Wolvelaer, Mutualités chrétiennes-Christelijke mutualiteiten - CM
- » Joris De Keersmaecker, Thomas Dewaele, Belgian Medical Students' Association - BeMSa
- » Ignace Ronse, Directorate General Development Cooperation - DGD | Observer

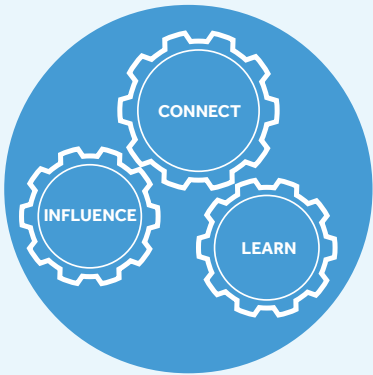
Listed member organisations (December 2018)

Action Platform Health & Solidarity * AEDES - European Agency for Development & Health * Africa Europe Faith and Justice Network * Amnesty International Belgique francophone * Association belge des praticiens de l'art infirmier * Association pour le Renforcement de l'Enseignement et de l'Apprentissage en Santé * Enabel - Belgian Development Agency * Belgian Medical Students Association * Benelux Afro Center * Cap Santé * çavaria *COTA * Croix Rouge de Belgique francophone * Damien Foundation * Ecole de Santé Publique – ULB * fos - Socialistische Solidariteit * Fracarita * GAMS * HERA * Hélène De Beir Foundation * International Centre for Reproductive Health * Institute of Tropical Medicine * International Youth Association for Development * KBA – Foncaba * La Chaîne de l'Espoir - De Keten van Hoop * Light for the World * Louvain Coopération * LUMOS UZ Leuven * Médecins du Monde * Medics without Vacation * Memisa * Mutualités chrétiennes - Christelijke Mutualiteiten * Le Monde selon les Femmes * Odah * Oxfam Solidariteit – Solidarité * Rode Kruis Vlaanderen * Rotary Clubs for Development * Royal Academy for Overseas Sciences * Sensoa – Vlaams expertise centrum * Solentra * Solidarité protestante - Protestantse Solidariteit * SOS Villages d'Enfants - SOS Kinderdorpen * The Walking Egg * ULB Coopération * Viva Salud (G3W-M3M) * VVOB * World Solidarity

Observer organisations:

Belgian Development Cooperation – DGD; Departement internationaal Vlaanderen; * Ministry / Federal Public Services for Health, Food Chain Safety and Environment

WHAT WE DO

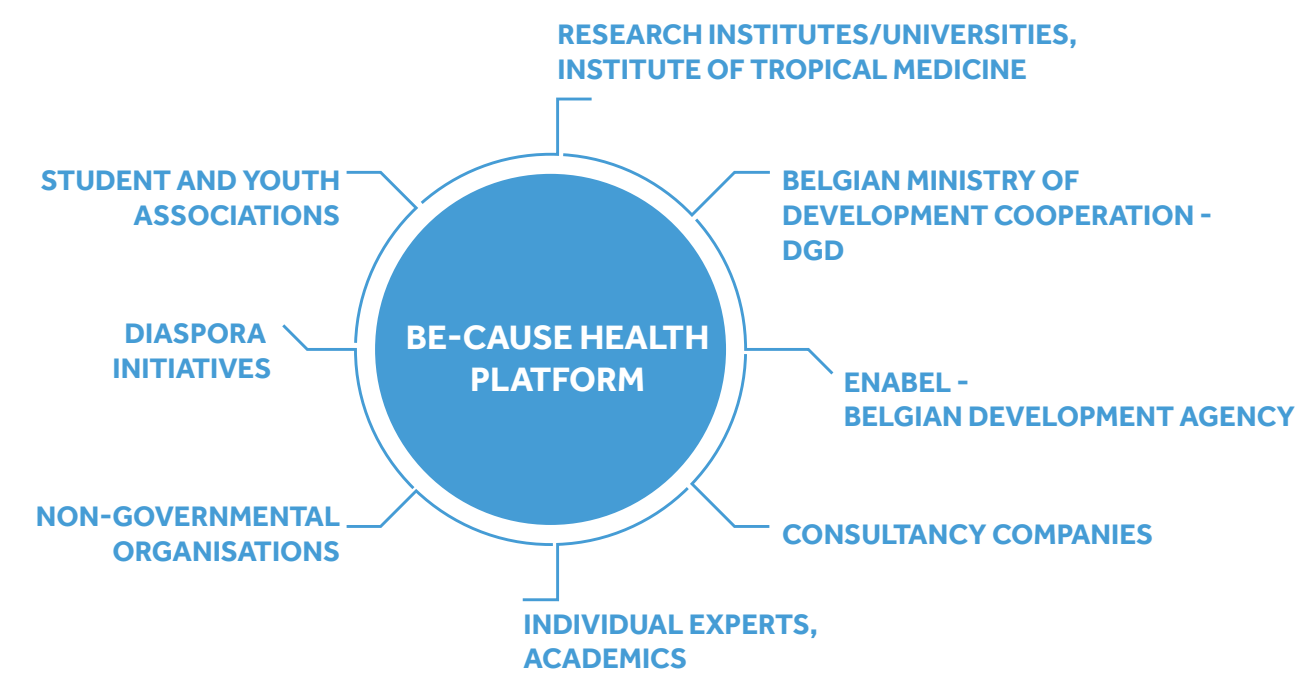


FINANCIAL RESULTS

REVENUES	RECEIVED	
DGD FA4 ITM project (operating costs)	€ 50.000	
Participant fees annual seminar 2018 - Educaid	€ 0	
Total	€ 50.000	

EXPENSES	BUDGET	REALISED
Network management - Steering group	€ 1.250	€ 691,95
General Assembly	€ 4.500	€ 1.297,45
Advocacy and consultation activities - research	€ 2.500	
Develop communication messages – brochure, poster, 6 policy briefs, consensus note, module SRHR, website	€ 6.250	€ 4.276,38
Representation of Be-cause health expertise at international fora: EDD, HSR Liverpool	€ 7.000	€ 9.726,66
Annual conference - Educaid, Egmont Palace Brussels	€ 12.000	€ 17.752,16
Working group activities and events: Seminar on quality assured medicines; seminar on PPP's for Reproductive Health; Belgian launch of Global Health Watch report; Diaspora inspiration day on Women's Rights and Health (main events)	€ 12.000	€ 11.014,35
Cooperation & exchanges with other networks	€ 2.500	0
Stimulate cooperation in Global South	€ 2.000	0
Total expenses 2018		€ 44.758,95
Total budget 2018	€ 50.000	
Balance 2018 (operating costs)	€ 5.241,05	
Balance 2018 (after correction personnel costs)	€ 3.978,09	

WHO WE ARE



ACTIVE WORKING GROUPS:

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

- » **Access to Quality Medicines** | Raffaella Ravinetto, ITM
- » **DR Congo** | Anselme Mubeneshayi, IYAD
- » **E-health - Digitalisation** | Stefaan Van Bastelaere, Enabel
- » **Mental Health** | Willem Van de Put, ITM
- » **Research on Health Systems** | Elisabeth Paul, ULiège/ULB - Dimitri Renmans, UAntwerpen
- » **Sexual Reproductive Health and Rights** | Marlies, Sensoa
- » **Social Determinants of International Health** | Julie Steendam, Viva Salud

Other themes with pooled expertise within the platform include:

Complexity | Chronic non communicable diseases – NCDs | Human Resources for health | People Centred Care | Social Health Protection | Universal Health Coverage

For each of these themes you find reference documents, essential links and presentations of previous work-shops and conferences, available online at be-causehealth.be/en/working-groups-overview.



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