

Do we care?

Be-cause health International Conference

20 October 2026, 10:00 am – 5:00 pm

Egmont Palace, Brussels and online

1. Context - A needed sense of urgency on failing care in times of polycrisis: we must act!

While health features prominently on many political agendas, the reality for billions of people tells a different story. Medical errors, healthcare-associated infections, and surgical complications remain persistent global challenges, contributing substantially to preventable illness and death. Despite growing efforts to improve quality and patient safety, the burden of **poor-quality care** remains alarmingly high. The World Health Organization (WHO) estimates that approximately 134 million adverse events occur annually, resulting in around 2.6 million deaths. These figures do not reflect isolated failures, but rather **deep-rooted systemic weaknesses** in healthcare delivery — including inadequate quality assurance systems, fragile safety cultures, underreporting, and chronic workforce shortages.

At the same time, **market-driven models of care** too often prioritize profit over people and volume over value, with insufficient investment in social care, prevention, and long-term support across the care continuum. The **climate emergency** is a major health crisis. **Structural inequalities** — reinforced by intersecting vulnerabilities — remain embedded within healthcare systems. **Patients and people with lived experience** are frequently unheard or insufficiently engaged in decisions that affect them.

Building on the conclusions of the 2023 Be-cause Health Conference, "[Breaking taboos in global health](#)", we continue to explore the fundamental question at the heart of this year's conference: "**Do we care?**": who and what truly defines care, and does it matter?

Across **three tracks**, the conference moves from macro-level system incentives (commercialization) and structural (in)justice — focusing on equity and access to high-quality care for all — to the micro-level ethics of care, emphasizing patient-centred approaches.

Sustainable, high-quality healthcare that truly **leaves no one behind** requires coherence and alignment across all these dimensions, with the patient firmly positioned as the central reference point of the health system.

2. Objective

Inspired by recent developments in global health amid the current polycrisis, the conference will provide a platform to engage in in-depth discussions on:

- (1) **strategies to ensure access to high-quality healthcare** in all the contexts where we operate;
- (2) **concrete, actionable priorities** for strengthening international cooperation.

The conference aims to culminate in the drafting of a **policy brief** containing recommendations for Belgian policymakers, with particular attention to the implementation of the **European Union (EU) Global Health Strategy**. This will serve as a follow-up to the [2024 Expert event during the Belgian Presidency of the Council of the EU](#), jointly organized by the Belgian Development Cooperation, Enabel, and Be-cause health.

3. Target audience

The conference will bring together Be-cause health members and friends, government representatives, international cooperation agencies, NGOs, health mutual organizations, academic institutions, student organizations, diaspora organizations, social-profit private sector actors, and other stakeholders engaged in global health.

The event is committed to ensuring gender balance, equitable geographical representation, and the meaningful inclusion of youth, Indigenous communities, and persons with disabilities.

4. Conference structure

The conference will take place as a **one-day hybrid event** at the Egmont Palace in Brussels.

Participants will be invited to collectively reflect on two guiding questions:

- (1) **"Did we care?"** – What lessons, positive and negative did we learn from the past and from current practice?
- (2) **"Do we care?"** – How do we move forward towards optimized, high-quality healthcare for all?

The day will open with a **keynote** challenging us to **rethink global health beyond charity** — addressing questions of growth, power, ethics, and shared responsibility — before participants engage in the **three thematic tracks** outlined below.

Following a shared lunch, a second keynote will focus on **strengthening health systems in times of polycrisis**, setting the stage for further in-depth discussions within the three tracks.

Space will also be provided for **poster presentations** linked to the thematic tracks.

Track 1. Commercialisation of care

This track critically examines the **increasing commercialization of healthcare systems**. Private for-profit actors — including pharmaceutical companies, commercial health insurance providers, private hospital groups, and nursing home chains — are playing an expanding role in shaping access to and delivery of health and social care.

Commercial logics increasingly influence healthcare governance, financing, and service delivery, both nationally and globally. At the same time, **philanthropic and corporate actors** are exerting growing influence over global health agendas, public discourse, and governments' policy and regulatory frameworks.

Track 2. Quality without borders: equity and justice in global care

Certain areas of **clinical care** have received sustained political and development attention. Maternal and neonatal health have been priorities since the Millennium Development Goals (MDGs). Mental health is gradually gaining recognition, yet remains largely underdeveloped and underfunded, even though one in eight people worldwide lives with a mental health condition. Non-communicable diseases (NCDs) have long been neglected, even as their burden of morbidity and mortality continues to rise sharply in low- and middle-income countries.

Moreover, the different stages of the **care continuum** — from health promotion, prevention and early detection to treatment, rehabilitation, long-term care, and end-of-life support — are too often approached with a narrow focus on clinical interventions alone.

High-quality care and equitable access to it are not merely technical or managerial challenges; they are fundamentally **issues of justice**. Profound global disparities persist in safety standards, infrastructure, workforce distribution, and access to essential services. Ensuring **just and equitable access to high-quality care for all** must be understood as a global common good.

Track 3. How do we care? Placing the patient at the centre

Power imbalances continue to shape relationships between patients and communities on the one hand, and health systems and professionals on the other. These relationships are often marked by difficult working conditions, misunderstandings, uncertainty, resistance, and limited negotiating power — particularly for providers operating under severe resource constraints.

This track explores what **genuine patient-centred care** means in practice. It examines how ethics of care, trust, shared decision-making, and meaningful participation of people with lived experience can transform health systems — ensuring that patients are not merely recipients of care, but active partners in shaping it.

5. Call for abstracts

We invite interested stakeholders to submit **(scientific) abstracts** showcasing recent research findings, policy proposals, case studies, narratives, poems, visual art, or songs that explore one of the **three thematic tracks**, focusing on lessons from the past and/or pathways for the future.

Abstract submitters may draw inspiration from the **thought-provoking questions** provided in **Annex I**. These questions are intended only as guidance and are not exhaustive; abstracts are not expected to provide answers to all of them.

Each abstract should be submitted individually using [the designated submission form](#).

We particularly encourage submissions from colleagues and friends in low- and middle-income countries (LMICs), young professionals, women, representatives of Indigenous populations, and persons living with disabilities.

The deadline for submissions is 26 April 2026, midnight, Brussels time.

We aim to provide all submitters with feedback on their abstracts by mid-June.

6. Speaker travel information

COVID-19 has taught us to be creative in finding ways to connect. For a network like Be-cause health, **hybrid conferences** offer an excellent opportunity to increase participation from our friends and colleagues in LMICs while reducing carbon emissions.

A limited amount of travel grants for selected speakers from LMICS are available, whose abstracts are accepted for oral or poster presentations. Considering the urgent need to address the climate emergency, we encourage speakers to **minimize air travel**. Support for flights will only be considered if conference participation can be integrated into a broader visit to Europe.

7. Partnerships and collaborations

The event is organized by the **Be-cause health platform** and **co-hosted by DGD**, the Directorate General Development Cooperation and Humanitarian Aid of the Belgium Ministry of Foreign Affairs, Foreign Trade and Development Cooperation.

The contact point for this event is Magalie Schotte (mschotte@itg.be).

ANNEX I - Thought provoking questions by track

Track 1. Commercialisation of Care

Did we care? Lessons from the past and present

- What lessons emerge from past experiences where healthcare was primarily guided by profitability metrics?
- How have financial incentives influenced clinical decision-making, access to medicines, and the quality-of-service delivery?
- How has the status of healthcare providers (private-for-profit vs. public or not-for-profit) affected care quality and equity?
- What role did regulation play in ensuring safety, accountability, and equitable access in market-based healthcare systems?
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Do we care? Way forward for high-quality healthcare for all

- Under what conditions can private-for-profit actors contribute positively to achieving universal, high-quality healthcare?
- What are the risks and benefits of involving commercial actors in health systems governance and service delivery?
- How can regulatory frameworks be strengthened to ensure quality, equity, and public accountability in complex healthcare systems?
- How can health financing mechanisms be designed to uphold social justice, protection, and equity?
- Does the commercialization of health risk undermine human rights, public interest, and ethical decision-making in policy?
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Track 2. Quality Without Borders: equity and justice in global care

Did we care? Lessons from the past and present

- What cross-cutting determinants of poor care exist, including racism, gender inequity, and socio-economic barriers?
- How have mental health, maternal and child health, palliative care, and neglected areas of care been addressed historically?
- What lessons arise from task-shifting and other strategies that redistributed responsibilities in healthcare delivery?
- How have global health actors evolved from biomedical, individualistic approaches toward addressing structural inequities and integrating diverse knowledge systems?
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Do we care? Way forward for high-quality healthcare for all

- How can equitable access to high-quality health products and services be ensured in LMICs?
- How can health systems deliver high-quality care in fragile, conflict-affected, or humanitarian contexts?
- How can health services be effectively adapted to meet the needs of refugees and displaced populations in HICs?

- What role can emerging technologies, digital health tools, and artificial intelligence play in supporting equitable, high-quality care?
- How can equity and social justice be embedded as core principles in health system planning and service delivery?
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Track 3. How Do We Care? Placing the patient at the centre

Did we care? Lessons from the past and present

- To what extent have community voices and lived experiences been integrated into health policy and service design?
- Whose health has historically been prioritized, and who has been left behind?
- What lessons can be learned from past efforts to engage patients, caregivers, and communities in care decisions?
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Do we care? Way forward for high-quality healthcare for all

- How can collaboration between providers and patients — through patient associations, health mutuals, or community organizations — be strengthened?
- What conditions are necessary to create supportive environments where people's voices influence care delivery at national and local levels?
- How can health systems build trust, accountability, and dialogue between patients, caregivers, and providers?
- How can transformative cooperation among all healthcare actors be fostered to improve responsiveness, equity, and patient-centeredness?
- How can health systems be made more humane, inclusive, and responsive by co-creating solutions with a diverse range of stakeholders?
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