



Annual Report 2025



Table of contents

03	Foreword
05	List of abbreviations
08	Educaid.be and Be-cause health Conference – When health educates and education cares
09	Working groups <ul style="list-style-type: none">Access to Quality MedicinesDemocratic Republic of CongoDeterminants of International HealthDigitalisationMental healthPlanetary HealthSexual and Reproductive Health and RightsSocial Protection in Health
14	Representation and networking <ul style="list-style-type: none">Survey and restitution on the impact of the US Foreign Aid administrationBe-cause health General Assembly and Thematic Session - Beyond the Chaos, a New World is EmergingBe-cause health New Year's event – Visit to GrooteilandBe-cause health booth during the ECTMIH Conference, the ITM Joint Partner Meeting and the ITM Colloquium.Visit WHO Regional Office for Europe and for AfricaFESTMIH Board
16	Coordination <ul style="list-style-type: none">Steering CommitteeSecretariatMembersGender and Power Relations PolicyDecolonising Be-cause healthUpdated communication strategy
20	Overview expenses 2025
21	Who are we? <ul style="list-style-type: none">Composition of the Steering Committee (December 2025)Listed member organisations (December 2025)Observing / Funding organisationThematic group contacts
24	Conclusion



Foreword

Dear Be-cause health members and friends,

Looking back, it is a challenge not to talk about Donald Trump, the threats to democracy and the war games some lunatics seem to love. 2025 might remain in our collective memories as a nightmare we want to forget sooner rather than later. Pessimism leads to nowhere though and resisting is our only option. However, we can't do it on our own.

And so yes, maybe Be-cause health can provide a sliver of hope and make things happen. Since 2004, Be-cause health has been a pluralistic open inclusive platform and network that facilitates the exchange and growth of knowledge and expertise in the field of global health. We advocate a more effective contribution to global health policies and policy debate based on the right to health and healthcare for all. There is no place for health as a transactional good. We strive for the right to health and healthcare for all by providing equitable access to high quality, responsive health services for all, particularly the most vulnerable, supported by strong, resilient and sustainable health systems and we will continue to do so.

In 2025, our network steadily grew and we are proud of our constructive dialogue in an open and learning stimulating mindset guided by creativity, innovation, equity, justice, inclusivity, autonomy, solidarity and ownership. In 2025, our different working groups were very active. We attended the ECTMIH conference on international health, we co-organised the conference in Kinshasa on palliative care, we organised a session in Rotterdam in the planetary health alliance conference, we co-created the Educaid - Be-cause health conference which explored the vital connections between health and education and reflected on how collaboration can strengthen both sectors.

In 2025, our different working groups contributed actively in domains of social protection, mental health, access to medicines, social

determinants in health, digital health, palliative care, research, etc. Interaction was high quality and always respectful and we also supported the health impact coalition.

In 2025, a new visual identity was born and our new logo and visuals accepted. Our LinkedIn page is getting more and more followers and seeing more activity. Collaboration with the Belgian association of Public Health was initiated (BAPH) and looks promising. A new website is in the starting blocks.

That was only a glimpse of 2025.

2026 will be even better, our network will grow further, a new chair will be elected, a lot of new organisations submitted their application for membership and their file is currently under review. Our conference agenda is amazingly full, with the ANSER conference, our international conference in October provoking interactions on "Do we care?", and in November Be-cause health will co-create a conference on social protection in Health with the Ministry of Health in Senegal.

And that's just a short list of what we are up to. Our taskforces on gender, decolonisation and synergy continue working in the background and have a permanent focus on the essential values we cherish.

So much done, so much more to do.

Happy to have been part of Be-cause health's magnificent, positive and inclusive journey.

Happy reading,

Stefaan Van Bastelaere

*Chair of the Be-cause health
Steering Committee*

List of abbreviations

ABBREVIATION	MEANING
ANGs	Actors of the Non-Governmental Belgian Development Cooperation
ANSER	Academic Network for Sexual and Reproductive Health and Rights Policy
ARGO	Advisory Council for Gender and Development
AzV/ MsV	Doctors Without Vacation
BCH	Be—cause health
BeOH	Belgian One Health Network
CEO	Chief Executive Officer
CM / MC	Christian Mutualities
DGD	Directorate General for Development Cooperation (Belgium)
DRC	Democratic Republic of Congo
EC	Ethical Commission
ECTMIH	European Congress on Tropical Medicine and International Health
e-Tutorial	Electronic tutorial
EPF	European Parliamentary Forum for Sexual and Reproductive Rights
FA	Framework Agreement between DGD and ITM
FESTMIH	Federation of European Societies for Tropical Medicine and International Health
FGM	Female Genital Mutilation
FMG	Fraternité Médicale Guinée
GA	General Assembly
H&I	Humanity and Inclusion
HAT	Human African Trypanosomiasis

ABBREVIATION	MEANING
HICs	High-Income Countries
HICO	Health Impact Coalition
ITM	Institute of Tropical Medicine
IYAD	International Youth Association for Development
LMICs	Low and Middle Income Countries
MHM	Menstrual Hygiene Management
MSDC	Maison de Solidarité des Diabétiques au Congo
PHAM25	Planetary Health Annual Meeting 2025
PEPFAR	The United States President's Emergency Plan For AIDS Relief
PFFPA	Palestinian Family Planning and Protection Association
SC	Steering Committee
SRHR	Sexual and Reproductive Health and Rights
ULB ESP	Université Libre de Bruxelles, School of Public Health
UNESCO	United Nations Educational, Scientific and Cultural Organisation
VSF	Veterinarians Without Borders
VUB	Vrije Universiteit Brussel
WG	Working Group
WG AQM	Working Group Access to Quality 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

List of abbreviations

ABBREVIATION	MEANING
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
WHO	World Health Organisation



label

e belge
opération
tionale



01. Educaid.be and Be-cause health Conference – When health educates and education cares

The current global crisis, marked by epidemics, conflicts, climate disruption, the rise of nationalist policies with populist overtones and threats to democracies, is **putting education and health systems under severe strain**. In this context of multiple crises, it is crucial to understand the profound interconnections between health and education, two complementary and interdependent sectors. Education and lifelong learning, in their various forms, play a key role in addressing global challenges, as they foster the skills, values and attitudes necessary for a healthy life, informed decision-making and positive relationships. Education acts as a lever to improve well-being and health, while also benefiting from advances in the health sector. Children and young people who have access to quality education are more likely to be healthy and to pass this advantage on to future generations. Conversely, good health, including mental health, is also essential for learning. In times of polycrisis, the most vulnerable individuals, including those with disabilities, are the most severely affected.

That is why in 2025 the **Belgian platforms Educaid.be and Be-cause health joined forces** on 10 October to organise a conference on the link between health and education.

Inspiring key-notes, delivered by Calixto Suárez, an Arhuaco representative from the Sierra Nevada, Colombia and by Libing Wang, Chief of Section for Health and Education of the United Nations Educational, Scientific and Cultural Organisation (UNESCO), examined the links between school environments, planetary health and global citizenship education as a lever for resilience. Afterwards, the participants dived into four parallel workshops which further explored the vital connections between health and education and reflected on how collaboration can strengthen both sectors.

The first 1,000 days of childhood matter: A crucial period at home and at school, especially in times of crisis

The first 1,000 days of a child's life profoundly influence brain development, physical and mental health, well-being, learning ability and future economic prospects, including income levels. Nutrition, particularly through school meals, supports health from an early age. School meals are more than nutritional support, they create an environment conducive to learning. By supporting school attendance, concentration, engagement and learning, canteens contribute to educational success. Conversely, poor health can negatively affect schooling. This session highlighted the need for coordination between the education and health sectors.

The power of gender-transformative education in times of crisis

In response to the backsliding of sexual and reproductive health and rights (SRHR), driven by growing conservative policies, education plays a key role in protecting and promoting these fundamental rights. This session explored practical actions that can be implemented in schools and universities to address these issues, despite increasingly limited dialogue spaces. Integrating sexual and reproductive health education into curricula strengthens young people's knowledge. Additionally, implementing appropriate menstrual hygiene management (MHM) solutions and raising awareness of gender-based violence in schools are essential steps towards creating safe and inclusive learning environments.

Mental health: too often misunderstood or neglected in times of crisis

Despite being essential to the overall development of children and young people, mental health is often deprioritised during crises. However, conflict, health and environmental crises deeply impact psychosocial well-being which undermines young people's ability to learn, interact and envision the future. This session underlined the importance of incorporating holistic, context-sensitive approaches, including strengthening the capacities of educational and community actors to identify and support mental health challenges, creating safe spaces for emotional expression and actively involving families and young people in co-creating suitable solutions.

Collective action for training as a lever for global rehabilitation development

In a polycrisis world, people with disabilities are among the most affected. According to the World Health Organisation (WHO), over 2.4 billion people require rehabilitation services, yet only a minority have their needs met. Rehabilitation, though a fundamental pillar, remains marginalised within health systems. It is essential to ensure everyone's full participation in social, educational and economic life. The session explored the transformative role of training, research and collaboration among health, education and international cooperation actors to strengthen sustainable rehabilitation systems, in alignment with WHO's "Rehabilitation 2030" strategy. It showcased how to develop locally anchored, internationally aligned training, produce evidence, innovate and train professionals capable of driving lasting change.

02. Working groups

Access to Quality Medicines

The Working Group (WG) Access to Quality Medicines (WG AQM) is dedicated to fostering active engagement among its members in research, education and advocacy initiatives with the aim of advancing **equitable access to high-quality medical products**. Additionally, customised distribution lists have been implemented to cater to participants interested in virtual meetings and those solely seeking **updates on relevant literature**.

2025 was a period of **reflection and renewal** for the WG AQM. Following a member consultation that revealed strong and broad engagement across sharing, learning and influencing, the WG relaunched with a refreshed structure, a new co-coordinator and an ambitious workplan co-designed with its members.

The group, drawing **participants from Belgium and well beyond**, will focus its future agenda on topics members identified as most pressing, i.e. national pharmaceutical policies, medicine pricing and transparency, programmatic quality assurance and the fight against substandard and falsified products.

With an open and inclusive membership model, a dedicated team of active contributors and a clear mandate to connect, learn and influence, the WG AQM is back and ready to tackle one of global health's most persistent challenges.

Democratic Republic of Congo

The WG Democratic Republic of Congo (WG DRC) is a **geographic group**, given the importance of the bilateral and economic relationships between the Democratic Republic of Congo (DRC) and Belgium. The WG DRC is represented by the various stakeholders involved in international solidarity and active in DRC: stakeholders of the non-governmental Belgian development cooperation (ANGs), health institutions, 4th pillar and diaspora associations, universities and anyone interested in health development in DRC.

In 2025, the WG DRC continued its commitment to strengthening health systems and improving access to palliative care in the DRC by fostering exchanges among academic, institutional and operational actors involved in international health cooperation.

One of the major events of the year was the co-organisation of the **5th International Congress on Palliative Care**, held in Kinshasa from 10 to 12 September 2025.

The congress brought together around 550 participants, including health professionals, academic decision-makers, political leaders and representatives of humanitarian organisations. Under the theme "**Palliative Care and Universal Health Coverage**", the event provided a space for dialogue and sharing of experiences on the integration of palliative care into health policies and systems. Several members and partners of the WG DRC contributed to the scientific and technical discussions through presentations in **plenary sessions and thematic workshops**.

As part of the congress, **Be-cause health** hosted an **information booth** aimed at increasing the visibility of the platform and facilitating exchanges between Belgian and Congolese actors engaged in global

health. This space helped encourage **networking and the development of synergies**, notably through informal meetings with various partners, including the Hub Santé and the Plateforme Hospitalière.

In addition, the WG DRC, in collaboration with the WG AQM, continued the second phase of a **survey on opioid management in paediatrics** in several hospitals **in the DRC** in 2025. This research, based on a **mixed methodology** combining quantitative and qualitative approaches, aims to better document opioid management practices, the challenges faced by health professionals, and the needs regarding access to essential medicines for the management of pain in children.

These various initiatives illustrate the working group's contribution to **promoting dialogue, knowledge production and strengthening collaboration** among actors engaged in international solidarity.

Determinants of International Health

The WG Determinants of International health (WG DIH) held one meeting in 2025, during which it was decided to focus on **health financing** in Low and Middle Income Countries (LMICs). The financialisation of health in LMICs is an important issue, as many countries spend more on **debt repayment** than on healthcare, diverting crucial resources away from public health systems. **Structural adjustment programmes** and **austerity measures** often force governments to privatise healthcare, making it less accessible to those who need it most.

Many LMICs remain dependent on foreign aid and loans, which come with conditions that can undermine long-term investments in strong, locally controlled health systems. To kick things off, they will organise **webinars** in 2026, each held around noon and open to interested participants.

Digitalisation

In 2025, the WG Digitalisation (WG DIG) carried out one activity: participation in the **European Congress on Tropical Medicine and International Health (ECTMIH)** in Hamburg, Germany (29 September – 2 October 2025).

During the congress, members of the group contributed to sessions highlighting the role of **digital technologies in strengthening health systems** in LMICs.

Representatives from the Institute of Tropical Medicine (ITM), Antwerp, and Bluesquare presented **TrypElim**, a digital tool that supports data-driven decision-making for eliminating Human African Trypanosomiasis (HAT). Initially piloted in several provinces of the DRC, the system is now deployed nationwide and records around two million screening results annually.

The congress also featured a session on **telemedicine in low resource settings**, chaired by Dr Frank Verbeke (Vrije Universiteit Brussel (VUB) – ETRO / ICT4Development). The session discussed how telemedicine can address barriers such as limited healthcare access, shortages of medical professionals and weak infrastructure in remote areas. Examples included remote consultations, telemonitoring, e-learning for health workers and the integration of services such as mental health and chronic disease management, while highlighting the importance of social and cultural factors for successful implementation.

Mental Health

In 2025, the WG Mental Health organised operational and strategic meetings.

The **strategic meetings** focused on gathering inputs and finalising a **policy brief**. In addition, a synergetic action with the WG SRHR resulted in a **joint online session**. Dr A. Asefa, post-doc at ITM, presented his work on **perinatal mental health problems** in **Ethiopia** and **Guinea**.

The **operational meetings** attracted a growing number of interested parties from a wide range of French-speaking sub-Saharan African countries. Themes covered included mental health problems faced by **health professionals working in crisis situations** and the **link between mental health and planetary health**. The coordinator of the latter WG, D. Ziveri, gave a general presentation on the impact of planetary health on the mental health of populations. Dr A. Sow from Fraternité Médicale Guinée (FMG) shared information from a one-week course on this theme. The last operational meeting was a half-day **webinar** on the challenges of **psychotropic medicine provision** in the context of weak national systems. B. Tarrafeta, coordinator of the WG AQM and researcher at ITM, facilitated a very structured and interactive session on this most interesting but challenging topic.

The WG Mental Health contributed to **two conferences**. During the **ECTMIH conference** in Hamburg, an organised session on mental health offered four countries the opportunity to present their experience with **mental health care**, from community participation over first line integration to policy development. On 10 October, the RDC members of the operational WG, represented by Dr A. Mifundu, contributed to the **Educaid conference**, focusing on **the link** between **education and mental health**.

The synergies the WG was able to concretise in 2025 in collaboration with other Be-cause health WG coordinators, once more demonstrated the need to see **mental health as a cross-cutting theme**, just as it was identified at the 20th anniversary of Be-cause health in 2024.

Planetary Health

The Belgian vibrant community around One Health and Planetary Health started the year at the **Belgian One Health Conference** (BeOH) “Ecosystems in the balance – supporting future policy and research”, organised by Sciensano, member of the WG Planetary Health (WG PH). The WG PH presented a poster fostering transdisciplinary and diverse epistemologies which enriched the dialogue.

The working group met four times and led the organisation of a **side-event to the Planetary Health Annual Meeting 2025** (PHAM25) entitled “The transformative power of the Planetary Health social movement” in October in Rotterdam. The event gathered around 20 participants for an in-person, highly interactive 90-minute session to explore Planetary Health as a social movement rather than only an academic field.

The event combined prerecorded keynote reflections from Remco Van de Pas and Julia Steinberger on **degrowth and systemic transformation** with powerful in-person contributions from Indigenous leaders Calixto and Oniris Suarez, who shared Arhuaco perspectives and wisdom on Planetary Health from a marginalised, frontline community, Igorot activist Beverly Longid from the Philippines who shared an indigenous perspective on the link between planetary health and social action and Karen Ceballo, researcher at ITM, on the transformative power of research on planetary health.

Through “**moving circles**” of dialogue and a recycled-material **cactus installation collecting “thorny” questions**, participants discussed struggles, blind spots, corporate responsibility, capitalism, intergenerational justice (including how to engage children in conversations about the future) and concrete calls to action for the Planetary Health movement. The cactus, later displayed at the main conference venue, the artistic output and a draft call to action together helped carry critical questions and collective energy into the official opening of the conference the following day and reinforced Planetary Health as a transformative, justice oriented social movement.

Sexual and Reproductive Health and Rights

The WG SRHR consists of around 50 people from about **40 different Belgian organisations** all working on or engaging with SRHR in a global context. The members are a good mix of academics, NGO staff and civil servants.

In 2025, the WG SRHR held **five meetings**. Out of those five meetings, four were online and one meeting was held in-person with a lunch meeting and networking event afterwards.

Topics discussed in 2025 included mistreatment of women during childbirth, the USAID supplies warehoused in Belgium, Female Genital Mutilation (FGM), Flemish and Belgian budget cuts in international solidarity and many others.

One of the online meetings was held in **sympiosis with the WG Mental Health** and discussed topics intersecting mental health and sexual and reproductive health.

The WG SRHR undertook the task of **renewing the Body&Rights e-tutorial**. Many members of the WG SRHR volunteered to be responsible for new and/or updated content in the e-tutorial.

The WG SRHR distributed **calls to action on petitions, protests and campaigns**. We had the honour of welcoming many **external speakers**, who presented their SRHR-related work in a global context.

In its capacity of the Secretariat for the Parliamentarians for the 2030 Agenda, Sensoa, co-chair of the WG SRHR invited the **WG SRHR** to a **meeting with Belgian parliamentarians** on life-saving access to contraception and menstrual hygiene in humanitarian settings, together with the Palestinian Family Planning and Protection Association (PFFPA).

The WG SRHR shared multiple invitations to other **events and conferences** and provided **feedback on multiple documents**, e.g. the policy brief from the WG Mental Health and the advisory text for SRHR written by the ARGO (the Advisory Council for Gender and Development) which will be sent to the Cabinet of the Minister of Foreign Affairs.

Social Protection in Health

In 2025, the WG Social Protection in Health (WG SPH) did not carry out any activities. However, **a new coordinating team** was appointed during the last quarter of the year and a handover process took place to ensure a smooth transition. At the same time, initial discussions began with institutional partners in Senegal on the organisation of a **conference on social protection in health** to be held in **Dakar** in November 2026.

03. Representation and networking

Survey and restitution on the impact of the US Foreign Aid administration

In light of decisions taken by the **Trump administration** in 2025, including reductions in international aid, cuts to the United States President's Emergency Plan For AIDS Relief (PEPFAR), withdrawal from the WHO and the shutdown of USAID, Be-cause health acknowledges that these developments impact the activities and operations of its member organisations worldwide. These impacts may be direct, through changes in funding, or indirect, due to the interdependence of organisations working in the health sector.

Over the years, US funding has played a critical role in many LMICs, supporting key components of health systems. This includes contributions to health workers' salaries, financing health management information systems and ensuring the distribution of essential health commodities among other core functions of the health system.

To better understand the broader **implications for its member organisations** and to inform the Belgian Directorate-General for Development Cooperation (DGD), Be-cause health developed a survey for its members. The findings, along with the experiences of member organisations, were shared during a restitution meeting held in March in Brussels and online.

Be-cause health General Assembly and Thematic Session - Beyond the Chaos, a New World is Emerging

On June 10, Be-cause health held its annual General Assembly (GA) at the Enabel Conference Center in Brussels.

Three **new member organisations**, Vétérinaires Sans Frontières (VSF), Amonsoli and Excellencis, were introduced and approved. They are expected to make valuable contributions to the Be-cause health network.

During the GA, the **new Be-cause health logo** was also unveiled.

In addition, the newly formed coalition of eight Be-cause health member organisations (Action Damien, Chaîne de l'Espoir, Handicap International, Light for the World, Médecins du Monde, Médecins Sans Vacances, Memisa and Viva Salud) presented the **Health Impact Coalition (HICO)** and shared their collaboration and future plans.

Following the statutory part of the meeting, a **thematic session** entitled **“Beyond the Chaos, a New World is Emerging”** was organised. Building on the session held in March on the impact of US policies on the functioning of Be-cause health member organisations, this session further explored the broader geopolitical implications of decisions taken by the US administration.

The session opened with the presentation of a **report** by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) on the impact of the Trump administration’s policies on **reproductive rights and gender equality**, presented by Vladislav Veližanin. This was followed by a pre-recorded welcome address by Özge Tunçalp, the new Executive Director of the Institute of Tropical Medicine (ITM). **Four consecutive keynotes** by Olusoji Adeyi, President of Resilient Health Systems; Fogue Foguito, Executive Director of Positive-Generation Cameroon; Heidi Rombouts, Director-General of the DGD; and Jean Van Wetter, Chief Executive Officer (CEO) of Enabel, addressed the topic from diverse perspectives.

After these inspiring contributions, participants were invited to join the discussion. During an **interactive “Resist and Reinvent” panel discussion** (in a fishbowl format), they explored key questions such as: How do we envision the future of international cooperation, aid and solidarity? What can we do to resist and reinvent global health? And how can we ensure the right to health for all?

The permanent panel included Be-cause health members Joren Vallaeys (Ugani Prosthetics), Patricia St Louis (Université libre de Bruxelles, École de Santé Publique – ULB ESP), Kristof Decoster (ITM) and Elies Van Belle (Memisa). An empty seat invited audience members to join the panel and contribute to the discussion. The session was moderated by Elisabeth Paul (ULB ESP) and Karel Gyselinck (Enabel).

The day concluded with a **reception and networking event**.

Be-cause health New Year’s event – Visit to Groot Eiland

As part of a young and now well-established annual tradition, Be-cause health members gathered on Thursday, 27 February for the **New Year Event**. The group took part in a **guided visit to Groot Eiland** in Brussels.

Groot Eiland supports residents of Brussels and the surrounding urban area who are distanced from the labour market by offering them opportunities to develop their skills, creativity and talents. Through training and professional experience in various sectors such as carpentry, sales, hospitality and urban agriculture, as well as through job coaching, participants are supported in their pathway towards employment. Sustainability, social inclusion and entrepreneurship are combined within a realistic and sustainable economic model.

Following this inspiring visit, participants enjoyed an **informal drink** to close the event and mark the beginning of the New Year.

Be-cause health booth during the ECTMIH Conference, the ITM Joint Partner Meeting and the ITM Colloquium.

In 2025, Be-cause health showcased itself through an interactive booth at the ECTMIH Conference, the ITM Joint Partner Meeting and the ITM Colloquium. The booth provided an opportunity to present the network and attract new members.

Visit WHO Regional Office for Europe and for Africa

On 10 December, Dr. Mohamed Yakub Janabi, the newly appointed **WHO Regional Director for Africa**, and Dr. Hans Kluge, **WHO Regional Director for Europe**, visited ITM in Antwerp and Be-cause health. The visit provided an opportunity to discuss ongoing cooperation projects and activities in the African region and to explore potential synergies with the work of the WHO Regional Offices.

As part of a high-level mission to Belgium, both Regional Directors expressed their strong commitment to strengthening interregional collaboration between the African and European regions and to supporting the operationalisation of cooperation in health between the European Union and the African Union.

FESTMIH Board

In 2025, the Be-cause health coordinator joined **the board of FESTMIH**, the Federation of European Societies for Tropical Medicine and International Health. FESTMIH is a network that brings together over 6,000 researchers, health professionals, civil society actors and policymakers. Be-cause health serves as the Belgian delegate within this network. After several years of representation at the FESTMIH GA, the move to the board was a natural step forward.

The board is responsible for the governance and day-to-day operations of the European network. Through its participation, Be-cause health can contribute its experience in networking and strengthen the board's activities.

04. Coordination

Steering Committee

In 2025, the mandates in the Steering Committee (SC) of Laure Speecke (Christelijke Mutualiteit – CM) and Ignace Ronse (ex DGD) ended. They were replaced by Valérie Van Belle (Mutualité Chrétienne - MC) and Martinus De Smet (ex DGD). Martinus and Valérie already substituted for them in the SC.

A heartfelt thank you to Ignace and Laure for all the expertise and contributions they brought to Be-cause health and to Valérie and Martinus for taking over. Ignace will stay on as Martinus' substitute in the SC.

In 2025, one GA and six SCs (two online and four hybrid) were organised, including one SC with attendance of the WG coordinators. The SC members and WG coordinators visited the Humanitarian Hub in Brussels as a teambuilding activity.

Secretariat

The secretariat shared **Newsletters and Updates** with relevant information on activities or linked to the platform throughout the year. **The website** is updated regularly and a new website is under construction. Following the updated communication strategy which focuses on internal communication and member networking, the Be-cause health Facebook account was closed. An **open LinkedIn group** (www.linkedin.com/company/be-causehealth/) has replaced it.

ITM continues to host and support the Be-cause health secretariat by facilitating and supporting 1.3 FTE for the coordination, administration and communication of the platform.

Members

Membership of Be-cause health is open to both organisations and individuals. Members are invited to **renew their membership** every four years. In 2025, all member organisations were asked to renew their membership and undergo the ethical screening procedure, as prescribed by the 2023 Internal Regulations. This process is expected to be completed in 2026.

On 10 June, **three candidate member organisations** presented themselves to the GA, i.e. VSF, Amonsoli, and Excellencis. All organisations completed an ethical self-assessment and were evaluated by the Be-cause health Ethical Commission in accordance with the 2023 Internal Regulations. They were all accepted as members by the General Assembly. Unfortunately, Be-cause health member Fracarita discontinued its activities in 2025. The network now brings together **49 member organisations**. The DGD is an observing member.

Gender and Power Relations Policy

Since 2023, Be-cause health has had a **Gender and Power Relations Policy** in place. The policy's main objective is to **ensure inclusiveness** during WG and SC meetings. The policy begins with an observation exercise conducted within the working groups.

The plan was piloted and evaluated in the working groups and received positive feedback from both the SC and WG coordinators. However, we noticed that it can be challenging to maintain the policy as a consistent priority and to implement it equally across all Working Groups.

As a mitigation measure, the **Gender and Power Relations Taskforce** will provide additional support to the Working Group coordinators to carry out the observation exercise, helping to ensure more consistent and effective implementation across the network.

Decolonising Be-cause health

In 2025, the Be-cause health **Taskforce on Decolonisation** continued to serve as a **platform for reflection and dialogue** within the Belgian global health community.

The temporary WG brings together practitioners, academics and NGO representatives interested in examining how colonial legacies continue to shape global health governance, partnerships and knowledge production. The taskforce met several times throughout the year to exchange perspectives and reflect on how these historical dynamics still influence current practices in development cooperation and global health.

A major focus of the taskforce's work in 2025 was the preparation and discussion of a joint article entitled "**Decolonising Global Health: Challenging Colonial Legacies in Health Governance and Systems.**"

The article aimed to **stimulate debate** within the Belgian global health community by analysing how power asymmetries between institutions in high-income countries (HICs) and those in LMICs continue to affect decision-making, research agendas and funding flows. The drafting process itself became an important space for exchange, allowing members of the taskforce to contribute diverse professional perspectives, including academic, policy and field-based experiences.

Several key themes emerged from these exchanges. Participants reflected on the **persistent imbalance** in global health partnerships where organisations in the HICs often retain control over resources and strategic priorities. The taskforce therefore emphasised the importance of strengthening locally driven initiatives, promoting equitable partnerships and recognising the expertise that already exists within health systems in the LMICs.

Another key topic was **knowledge production**, particularly the underrepresentation of researchers and practitioners from LMICs in international publications, conferences and research leadership. At the same time, the discussions highlighted important **tensions within the broader decolonisation debate**. Some members noted that while the discourse on decolonising global health has gained significant traction in academic and policy circles, it can sometimes place too much **emphasis on language and conceptual frameworks without sufficiently addressing operational realities**. In many contexts where global health programmes operate, frontline health workers and local communities remain primarily concerned with access to essential services, medicines and well-functioning health systems.

These reflections prompted the taskforce to **critically reassess aspects of the article**. Given the rapidly evolving global context, including shifting geopolitical dynamics, changing donor priorities and increasing pressure on development funding, members recognised the need to ensure that discussions on decolonisation remain relevant and **grounded in practice**. As a result, the taskforce initiated internal discussions on how certain arguments in the article could be further developed to better reflect the changing landscape of global health cooperation.

A key lesson learned is that the conversation on decolonisation must remain dynamic and closely connected to the practical realities of health systems and partnerships. Moving forward, the taskforce aims to continue fostering constructive debate while exploring how these reflections can contribute to more equitable and effective forms of global health collaboration.

Updated communication strategy

In 2025, Be-cause health launched a new communication strategy with a **focus on internal communication and member networking**.

The network's main objective is to provide a platform where members can share knowledge, learn from each other and influence Belgian policymakers as well as global health stakeholders. Be-cause health's strength lies in the connections and collaborations between its members, making internal communication the platform's primary focus.

At the same time, the network aims to leverage its members' expertise to influence external audiences and attract new members, thus creating a hub for future partnerships. To support this, a **new website** is under development and the **Be-cause health branding** has received a "light" refresh, including a new logo.

External communication by the platform will always complement and amplify the communication efforts of its members. By prioritising internal communication, we aim to strengthen the network's functioning and ensure high member satisfaction with the outcomes of their collaboration.



05. Overview expenses 2025

REVENUES	RECEIVED
DGD FA5 ITM project (operating costs)	€ 60,500

EXPENSES	BUDGET	REALISED
Network management (New Year's Event, GA, transport costs Belgium)	€ 6,000.00	€ 6,332.69
Communication (annual report 2024, new branding)	€ 30,500.00	€ 14,503.43
Educaid - Be-cause health conference 2025	€ 2,000.00	€ 3,754.00
Thematic WG activities (WG meetings, conference Kinshasa - WG DRC + AQM, ECTMIH session - WG MH, PHAM side-event & general meeting – WG PH, hosting costs e-tutorial – WG SRHR, podcast material WG Researchers in Global Health – WG RGH)	€ 14,000.00	€ 11,566.76
Participation of Be-cause health and partners from LMICs in international scientific and policy global health events (travel, accommodation and registration costs for conference Kinshasa, PHAM, ECTMIH)	€ 8,000.00	€ 7,234.06
Total expenses operating costs 2025		€ 43,390.94
Total budget operating costs 2025	€ 60,500.00	
Balance 2025 (operating costs)	€ 17,109.06	

The platform's support is one of the outcomes ("Belgian Programme – Policy Support") under the **fifth Framework Agreement** between ITM Antwerp and the DGD (FA5), covering the 2022–2026 period.

ITM considers only one budget line for the **Be-cause health five-year programme**. As a result, budget shifts between different activities and across years are no longer reflected in ITM's accounts. However, the secretariat continues to prepare and manage its annual budget, both at the level of the Steering Committee and the General Assembly and reports on it in the same way as before.

In 2024, Be-cause health recorded a positive balance of approximately EUR 30,000, which was carried over to the 2025 budget. These funds were allocated to the renewal of the Be-cause Health website and the development of new branding guidelines. These communication activities were not included in the overall 2022–2026 budget. In 2025, some of these activities were implemented and the **remaining balance** of approximately EUR 20,000 will be used to cover the costs of the new website which is scheduled to be launched in **2026**.

06. Who are we?

Composition of the Steering Committee (December 2025)

Chair	Stefaan Van Bastelaere, Enabel Substitute: Xavier de Béthune, individual member
Coordinator	Magalie Schotte, ITM
Treasurer	Xavier de Béthune, individual member Substitute: Davide Olchini, Médecins du Monde (MdM)
Members of the Ethical Commission:	Amandine Oleffe, ULB - ESP Substitute: Dimitri Renmans, ULB - ESP Valérie Van Belle, MC Substitute : Martini Hagiefstratiou (Solidaris)
Ombudsperson	Félix Vanderstricht, ULB Coopération
Observing member	Mabelle Mrad, DGD Substitute: Enrico Balducci, DGD
Other members SC	Belen Tarrafeta, ITM Antwerp Béatrice Futshu, Maison de Solidarité des Diabétiques au Congo (MSDC) Substitute: Anselme Mubeneshayi Kananga, International Youth Association for Development (IYAD) Martinus De Smet, individual member Substitute: Ignace Ronse, individual member Amandine Oleffe, ULB - ESP Substitute: Dimitri Renmans, ULB - ESP Valérie Van Belle, MC Substitute : Martini Hagiefstratiou (Solidaris) Elisa Vanlerberghe, Memisa Davide Ziveri, Humanity & Inclusion (HI) Substitute: Antoine Sepulchre, HI

Listed member organisations (December 2025)

Observing / Funding organisation

- Directorate General for Development Cooperation (Belgium) – DGD

Thematic group contacts

For the following themes, an active group of members organise regular meetings to exchange and learn, co-organise workshops or seminars, co-develop tools to influence Belgian stakeholder policies and practices together:

- Access to Quality Medicines | Belen Tarrafeta, ITM and Laura Moreno Reyes, Enabel
- Determinants of International Health | Matilde Cooman, Viva Salud
- DRC | Anselme Mubeneshayi Kananga, IYAD
- Digitalisation | Mireille Ntchagang, BlueSquare
- Planetary health | Davide Ziveri, Humanity & Inclusion and Xavier de Béthune, individual member
- Researchers in Global Health | Elisa Vanlerberghe, Memisa
- Sexual Reproductive Health and Rights | Sara Salarkiya, Sensoa and Aminata Sidibé, GAMS
- Social Protection in Health | Charlotte Taylor (Enabel) and Gwenaëlle Grovonius (SolSoc)
- Mental Health | Hilde Buttiëns, Memisa and Katia Verbiest, Artsen zonder Vakantie (AzV)

For each of these themes, reference documents, essential links and presentations of previous workshops and conferences are available on our website: www.be-causehealth.be.



07. Conclusion

Dear Be-cause Health members and friends,

First of all, I would like to thank all contributors to this **2025 annual report**. It was a joint effort by our Steering Committee members and WG coordinators. Every year, it remains a challenge to report on the wide range of activities of a network as diverse as Be-cause health. We hope we have succeeded and that you have enjoyed reading this report.

Unfortunately, 2025 will be remembered as a difficult and challenging year. For our planet, for the people who live on it and for their health and wellbeing. Through Be-cause health, we choose to face these challenges in a constructive and hopeful way, with a shared commitment to reinventing global health. Collaboration, synergy and collective engagement are key to safeguarding what is valuable, whilst also recognising what needs to change and what we must be prepared to leave behind.

At the start of the FA5 programme, the Steering Committee decided to organise three conferences over a five year period, in stead of an annual conference. In the years without a conference, the network would focusses on co-organising and co-creating events with partners and like-minded networks.

In 2025, this strategy clearly proved its value. The joint Be-cause health - Educaid conference allowed us to broaden our network. Through the RDC and Planetary Health working groups, we supported a Palliative Care conference in Kinshasa and contributed to a side event at the annual Planetary Health Alliance meeting. We also played a key role in the biennial ECTMIH conference. We have joined the board of FESTMIH, the organisation behind the ECTMIH conferences, further strengthening our involvement and influence.

This approach has clearly delivered results, enhancing collaboration, expanding our network and increasing our impact. We intend to continue along this path in the coming years.

Our network also continues to grow and evolve. In 2025, three new organisations joined Be-cause health and eight Belgian health organisations (members of our network) joined forces to support people facing systemic barriers to healthcare. At the same time, in light of shrinking financial support for global health, one member organisation unfortunately went into liquidation.

At times, it feels as though we are being pushed into a new reality, one in which transactional relationships replace genuine collaboration, where the call for war grows louder than the pursuit of peace and where sexual and reproductive health and rights continue to face increasing pressure.

In these challenging times, our network stands as a counterforce and raises a voice of resistance. Be-cause health is much more than a platform for exchange, it is a dynamic, member-driven space for learning, sharing and collective influence. Its strength lies in the active engagement and dedication of its members and it is this shared commitment that continues to move the network forward.

At the time of writing, a dedicated taskforce is working on organising the 2026 Be-cause health International Conference, "Do We Care", which will take place in October in partnership with the DGD. We warmly encourage you to submit your abstracts. We also look forward to welcoming many of you to the 2026 ANSER SRHR Conference in May and to the Social Protection in health Conference in Senegal, which we are proud to co-organise.

By continuing to exchange, learn from one another and act together, we can keep building an alternative, an alternative rooted in solidarity and justice. Together, we remain committed to providing a platform for counter-narratives, meaningful collaboration and advocacy for health and rights.

We invite you to continue engaging with Be-cause health in the coming years and to help strengthen this shared force for change.

Magalie Schotte

Coordinator Be-cause health

Be-cause health is supported by:



Contact details

Nationalestraat 155 – 2000 Antwerpen

Belgium becausehealth@itg.be

www.be-causehealth.be

Follow us on LinkedIn

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

Publisher

Magalie Schotte – Nationalestraat 155 – 2000 Antwerpen |
mschotte@itg.be

Editor

Magalie Schotte

Layout

Karakters, Tondelierlaan 1 - 9000 Gent | contact@karakters.be

Photo credits

Cover - Xavier de Béthune, p.2,6,19 Magalie Schotte

Contributors

Nathalie Brouwers (ITM), Hilde Buttiëns (Memisa), Matilde Cooman (Viva Salud), Laura Moreno Reyes (Enabel), Anselme Mubeneshayi Kananga (IYAD), Mireille Ntchagang (Bluesquare), Sara Salarkiya (Sensoa), Magalie Schotte (ITM), Belen Tarrafeta (ITM), Charlotte Taylor (Enabel), Stefaan Van Bastelaere (Enabel), Marije Van Breda (Educaid.be), Elisa Vanlerberghe (Fracarita), Katia Verbiest (AzV), Davide Ziveri (H&I)

