INSTITUTE OF TROPICAL MEDICINE ANTWERP

Annual Report

2025

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Board of Governors, 4 May 2026

General Council, 26 May 2026

Scope of the annual report

The focus of this annual report is to provide as comprehensive a report as possible to the various authorities, with the emphasis on quantitative and qualitative reporting in line with the objectives of the ITM Institutional Policy Plan 2025-2030. This annual report has been drawn up in accordance with the provisions of the management agreement and the WEWIS covenant between ITM and the Flemish Government. The activity-specific reports and/or annual reports referred to in the text of this report are available at ITM via the intranet and can be requested if desired.

This report is available in Dutch and English, with the English version being an AI translation. For the many (inter)national stakeholders, the highlights of the past working year are outlined in a short report. The annual reports are available in Dutch and English on the ITM website.

Introduction

Vision, mission and values

The Institute of Tropical Medicine (ITM) was founded in 1906 as a training centre for doctors and paramedics who were sent to Central Africa.

Today, ITM has grown into a renowned academic institution, respected worldwide for its research, teaching and commitment to improving health. Our unique position stems from our focus on tropical infectious diseases and the combination of pioneering laboratory research, clinical excellence and expertise in global health challenges.

Our **vision** is Equal opportunities for a healthy life for everyone.

The **mission** of ITM is set out in its statutes (Art. 3) and in the Flemish Higher Education Codex:

> The non-profit objective of the Institute of Tropical Medicine is to conduct and promote scientific research and innovation, professional and academic education, as well as scientific and social services, including medical services, in the field of tropical diseases and global health.

This objective is pursued through transformative and strategic partnerships, with a particular focus on vulnerable populations worldwide.

The Institute of Tropical Medicine is authorised to undertake all initiatives and carry out all activities necessary to achieve its charitable objective.

Our **values** are:

- **Excellence and Relevance**: We strive to be at the forefront of key scientific fields. We aim for the highest quality in research, education and service provision to find solutions to global health challenges.
- **Integrity**: We adhere to international ethical standards and strive for critical thinking, honesty, integrity and transparency in all our activities.
- **Equity and Inclusion:** We are committed to equality, diversity and solidarity through active, purposeful and ongoing global engagement.
- **Respect:** We believe in an open, transparent and respectful approach that contributes to the well-being of patients, students, staff and partners.
- **Sustainability**: We strive for long-term progress without compromising the ability of future generations to meet their own needs.

ITM has endorsed:

- The European Code of Conduct for Research Integrity (revised edition 2023)
- The Singapore Statement on Research Integrity
- The TRUST Code: A Global Code of Conduct for Equitable Research Partnerships

1. Strategic objectives

1.1. ITM Policy Priorities 2025-2030

ITM strives for continuous progress in science and health, with a focus on innovative research, advanced education, professional services and the sharing of capabilities with our partner institutions in Africa, Asia and Latin America.

For the policy period 2025-2030, the following strategic objectives have been defined at institute level:

SO1 – To excel in research, pushing the boundaries of knowledge and innovation, leading to groundbreaking innovations that can be translated into products and outcomes that directly benefit the health and lives of people in need and contribute to resilient health systems. Early engagement of stakeholders (e.g. communities, policymakers) is essential for this. Our research will have a major impact on health policy worldwide.

SO2 – Thrive as an open global campus for students, lecturers, alumni, professionals and researchers, and as a hub for advanced academic education. Our academic programmes, whether online, in-person or hybrid, will be sought after by students from all over the world, and our graduates will be at the forefront of driving change in global public health.

SO3 – To position our medical services and reference laboratories as an undisputed global reference for tropical diseases and travel medicine. We constantly strive for excellence in patient care and advanced laboratory diagnostics in the specialised field of tropical infectious diseases.

SO4 - To increase the impact of our collective expertise and knowledge with partners, we will encourage greater scientific exchange and enter into synergistic partnerships. Our focus is on building a shared academic reputation within our global network. Central to our approach is the pursuit of equitable partnerships, where collaboration with public and private institutions worldwide is characterised by mutual respect, shared objectives and a commitment to addressing health inequalities.

SO5 - Strengthening the overall coherence, efficiency and effectiveness of ITM's policy by investing in research and management platforms within the organisation or through strategic partnerships.

1.2. Strategic indicators

1.2.1. Global Science for Health Worldwide

ITM's core objectives are scientific progress and the right to good health for all through innovative research, continuing education, professional services and capacity building for our partner institutions in the Global South.

Our operations can be summarised in hard figures by presenting our income and expenditure, linked to the direct impact on scientific publications, the number of degrees awarded and figures relating to our services. For ITM, however, direct impact does not stand alone and is linked to its social responsibility and the environmental impact of our activities. The direct impact, social dimension and environment form a triangle, and ITM strives to balance these three elements. Each dimension only comes into its own when all three are fully integrated into the day-to-day operations of ITM.

Figure 1. Illustration of the 'Direct Impact', 'Social Impact' and 'Environmental Impact' of ITM's activities in 2025

Environmental impact:

- CO_2 emissions: 4,182.86 tons
- Energy consumption: 4,907 MWh
- Commuting: 90% public transport, cycling vs 10% by car
- Proper processing of 118 tons of chemical and biological waste
- Laboratories: testing for pathogens and vectors in high-security laboratories and insectaries

Social impact:

- 513 employees: 69% women, 31% men
- 10 days' training per employee
- Support from the Clinical Trial Unit in 30 studies
- 'Health while travelling' contribution via the WANDA app
- Global alumni network

Direct impact:

- €73.1 million in
  €70.9 million out
- 523 students
- 331 publications, of which 88 with an IF >=5
- 77 research projects with competitive external funding
- 26 institutional partners in 19 countries
- 51,000 consultations at outpatient clinic
- > 1,600,000 diagnostic tests

2. Education

2.1. Policy priorities for Education 2025-2030

ITM aims to provide excellent education, tailored to the needs and requirements of the international healthcare sector. For the period 2025-2030, this ambition has been translated into four strategic policy objectives, as shown in the table below. The following sections outline the key achievements in 2025 that will contribute to this.

Strategic educational objectives 2025-2030

E-SO1 – Maintain the excellence and relevance of ITM's educational portfolio.
E-SO2 - Further strengthen our educational provision by building on partnerships.
E-SO3 - Attract students who can make an impact in the field of health.
E-SO4 - Provide an environment for lifelong learning that meets the learning needs of professionals.

2.1.1. ITM's educational portfolio

In the coming policy period, ITM aims to strengthen and consolidate its **educational portfolio**, adapt and/or initiate educational initiatives that strengthen the portfolio, and structure non-formal education at ITM. The website of ITM provides an overview of the educational programmes leading to a credit certificate: https://www.itg.be/en/study/studying-at-itm. In the 2024-2025 academic year, we offered three post-master's programmes, six postgraduate programmes (four in English and two in French) and 29 specialised short courses (credit-based contract education), including **three new courses** on immunomonitoring and laboratory readiness. In addition, ITM offers continuing professional development for healthcare professionals: https://www.itg.be/en/study/type/continuing-education. Two **new online courses for General Practitioners** were launched in the 2024-2025 academic year to familiarise them with HIV and preventive HIV medication (PrEP). The content of **the postgraduate programme** was adapted to the needs of the target group: the length of certain modules was adjusted to spread the workload more evenly, more practical exercises were added, and the cohesion between different course modules was strengthened.

In 2025, steps were taken to increase **transparency regarding the quality of education**, in line with the recommendations of the evaluation report on the Master's programmes (see https://www.itg.be/en/study/education-policy-quality), in accordance with Flemish guidelines, and in line with ITM's policy objectives. ITM will therefore, from now on, provide insight into the quality of its programmes each academic year via a general page on educational policy and quality. The programme-specific evaluation results can be found on the pages of the relevant Master's programmes.

A policy on **microcredentials** has been developed at ITM so that, from now on, there is a framework within which microcredential initiatives can be developed at ITM. This framework serves primarily to better structure the education currently taking place at ITM but which does not yet have ECTS recognition.

ITM students' satisfaction with their study experience at ITM remains high to very high. This is evident from the course evaluations and the feedback provided by students during the termly 'participation consultation' with representatives from the various courses and ITM management. Based on the course evaluations, we can state that the vast majority of students rate the course they have taken as good to very good, across the

various aspects (content, teaching methods, support). Of the students who followed a Master's or postgraduate programme in the 2024-2025 academic year, 98% indicated in the programme evaluation that they would recommend the programme to others, and 100% that what they learnt in the programme is relevant to their current or future professional activities (N = 65, response rate = 58%). The KPIs regarding student and alumni satisfaction with ITM education were thus comfortably achieved. One year after graduation, **alumni** of the postgraduate and Master's programmes are asked to complete a survey gauging their current professional situation and the impact of their studies at ITM on it. Alumni who graduated in 2023-2024 scored an average of 4/5 on the item *'My acquired competencies helped me to impact the field I'm working* in' (N = 50, response rate = 48%), one point higher than the threshold of 3/5 required to meet the KPI.

The annual satisfaction survey sent out by the Unit Student Support shows that 90% of students are positive about the practical, administrative and social support they received during their stay in Antwerp. They report having received clear information on application procedures for visas and residence permits, are satisfied with the social activities, and find the tips and advice in the newsletters very useful. More than 90% of Master's students feel that sufficient attention is paid to their well-being at ITM. On the other hand, 20% of Master's students in 2024-2025 indicated that they did not know who to turn to in the event of inappropriate behaviour. In the following academic year, a specific focus was therefore placed on increasing the visibility of staff members within ITM who can act as confidential advisers in such situations.

2.1.2. Partnerships in education

Exchange and synergistic partnerships are fundamental to ITM. The many partnerships contribute to the richness of ITM education and its high quality. In the 2025-2030 Institutional policy plan, ITM aims to nurture these and develop them further strategically.

Collaborations take various forms. These include the involvement of national and international guest lecturers and alumni in ITM programmes, our long-standing partnership with tropEd (https://troped.org/), and our collaboration with the University of Pretoria as part of the MSc Global One Health programme. In this annual administrative report, we do not provide an exhaustive list of partnerships, but rather an insight into the diversity and richness of collaborations in 2025:

- In 2025, the renewed agreement for ***the "Interuniversity Certificate in Clinical Infectiology and Medical Microbiology***" was signed. Eight Belgian universities and ITM are participating in this programme.
- **The University of Antwerp and ITM** renewed their partnership in the context of a specific course module offered at both institutions within their respective curricula.
- In 2025, ITM joined **Nova Academy**. This is a partnership between three Flemish universities, five Flemish universities of applied sciences and ITM, which, as a network, provides access to the lifelong learning opportunities offered by the participating institutions. The partnership will be officially launched in 2026.
- Within the framework of the existing partnerships under the Alliance for Education and the ITM-DGD framework agreement, the following collaborations were finalised in 2025:
    - 29 international mobility placements (in-person and virtual) were funded by the Alliance to support the internationalisation of courses and educational initiatives by partners and ITM: 14 ITM staff members as lecturers in courses run by FA5 partners (NS mobility), 2 alumni and staff from partners as trainers at other FA5 partners (SS mobility) and 12 alumni and staff from FA5 partners as guest lecturers in ITM courses (SN mobility).
    - In collaboration with two Asian partners – the Institute of Public Health (IPH), Bengaluru, and Gadjah Mada University, Indonesia – the call for proposals for the Distance/Blended

Learning Workshop with AI integration, **"Get started, keep moving**", was launched in December 2025. The call was the result of a curriculum development workshop held in Bengaluru, attended by e-learning coordinators from ITM and IPH. The selection of participants and implementation of the blended workshop will take place in 2026.

- In 2024, ITM submitted an application for the Erasmus+ Call 2024 KA131, comprising 15 mobility grants for students and staff, for the period 1 June 2024 to 31 July 2026. In the academic years 2024-2025 and 2025-2026, three mobility grants were awarded. One of these is a student mobility grant for an internship as part of a new collaboration with the Italian NGO CUAMM – Doctors with Africa.
- ITM also continues to focus on sustainable partnerships with its alumni network:
    - Four ITM Master's alumni received the Global Research Award from the Province of Antwerp.
    - At the initiative of the alumni, ITM is currently supporting the establishment of Alumni Chapters (in Zimbabwe, Guinea-Conakry and Kenya).
    - Together with VLIRUOS and ARES, ITM took part in the "Study on the role of Scholarship Schemes and Alumni (Networks) in Belgian Diplomatic Relations". In this study, the ITM alumni network was presented as a 'good practice'.
    - ITM alumna Phuong Thi Mai Nguyen attended the Alumni Breakfast organised by VLUHR in Ho Chi Minh City as part of the Belgian State Visit to Vietnam.
    - Thirty ITM alumni travel grants were awarded for participation in international conferences (ECTMIH, ITM Colloquium, The Union World Conference on Lung Health & ICASA).
    - Two alumni social networking events were organised (ECTMIH, Hamburg & The Union World Conference on Lung Health, Copenhagen) and two thematic alumni meetings (ITM Colloquium, Antwerp & ICASA, Accra).

2.1.3. Student population

The master's and postgraduate programmes comply with the statutory provisions of the Flemish Higher Education Code. The master's programmes are 'master-after-master' programmes (MANAMAs, 60 credits) aimed at early- and mid-career health professionals and researchers. The 30-34 age group constitutes the largest category of students on these programmes.

The **appeal** of the Master's programmes is growing (MSc in Public Health and MSc in Tropical Medicine) or remains high (MSc in Global One Health). It should be noted, however, that some prospective students submitted applications for multiple Master's programmes, meaning that the number of applications submitted is higher than the number of actual candidates (752 compared to 710). For the three Master's programmes combined, the intake rate for the 2024-2025 cohorts was 9% (the number of students who actually started a Master's programme divided by the total number of applicants).

Table 1. Attractiveness of Master's programmes: percentage of students admitted per Master's programme, 2020-21 to 2024-25.

		2020 - 21	2021-22	2022-23	2023-24	2024-25
Master of Science in Public Health	Number of candidates	174	193	162	210	268
	Percentage of new students	17%	18%	26%	15%	10%
Master of Science in Tropical Animal Health/Global One Health	Number of candidates	121	113	154	309	295
	Percentage of new students	21%	21%	13%	6%	7%
Master of Science in Tropical Medicine (all specialisations)	Number of candidates	90	77	58	86	189
	Percentage of new students	20%	19%	29%	22%	10%

In the 2024-2025 academic year, 66 students enrolled on a master's programme. Although this figure is below the target average (70 per year), a forecast for the 2025-2026 academic year (79 students) indicates that the KPI for the number of new students per academic year is achievable for all master's programmes. The postgraduate programmes welcomed 51 students in the 2024-2025 academic year. Student numbers have thus continued to hover around 50 since the reform in 2023, representing a 6% increase compared with the previous academic year. Forty students enrolled in the individual modules of the postgraduate courses, a clear increase compared to the previous year (28 students). This indicates that interest in the content of postgraduate education remains strong, but that there may be a shift towards the importance of programme duration: students may be less keen to commit to a full-time postgraduate programme and are instead opting more deliberately for the various modules (with a more specific focus and shorter duration). We are monitoring these developments closely and will continue to focus on promoting postgraduate programmes in Flanders and Belgium.

Table 2. Overview of the results of the input indicators for education (students per programme) for the academic years 2020-21 to 2024-25.

Students per programme	2020-21	2021-22	2022-23	2023-24	2024-25
Master's programmes					
Master of Science in Public Health	29	35	42	32	28
Master of Science in Tropical Animal Health/Global One Health	25	24	20	18	20
Master of Science in Tropical Medicine (all specialisations)	18	15	17	19	18
Postgraduate certificates					
English Postgraduate certificates	41	53	27	28	27
French Postgraduate certificates	34	40	27	20	24
Specific courses					
Specialised short courses*	169	171	187	201	235
Short continuing education courses** (including individual students and trainees)	105	84	149	165	219
Doctoral programmes					
Pre-doctoral	4	4	5	3	3
New PhD students	28	18	22	23	28
Total number of ongoing PhD programmes (31/12)	101	102	97	102	100

*Short courses leading to an academic credit certificate.
**These short courses do not lead to a credit certificate.

In the 2024-2025 academic year, students commencing a Master's programme, a postgraduate programme or a short course came from 66 countries (compared to 72 in 2023-2024) (Africa 31, Europe 12, Asia 13, North America 4 and South America 6). The table shows the number of students per continent.

Table 3. Origin of students in the 2024-25 academic year.

	Europe	Africa	North America	South America	Oceania	Asia	Total
Master's programmes							
Master of Science in Public Health	4	17	0	1	0	6	28
Master of Science in Global One Health	2	14	0	1	0	3	20
Master of Science in Tropical Medicine	4	5	2	1	0	6	18
Postgraduate certificates							
English Postgraduate certificates	1	26	0	0	0	0	27
French Postgraduate certificates	22	2	0	0	0	0	24
Specific courses							
Specialised short courses	59	132	4	9	0	31	235

The diversity of students in the Master's programmes (and the same applies to short courses) is monitored, following the assessment of the admission criteria, through the selection process and the awarding of scholarships. In the 2024-2025 academic year, each Master's programme welcomed students from at least three different continents, with at least 10% of students from each of these continents. In addition, there is a gender balance: of the students we welcomed to our Master's programmes, 56% were female and 44% were male. The set KPIs regarding diversity in the Master's programmes were thus achieved.

Table 4. Student numbers for the 2024-25 academic year; breakdown by age group and gender.

	M	F	X	20-29	30-34	35-39	40-44	45 and <
Master's programmes								
Master of Science in Public Health	17	11	0	3	10	11	3	1
Master of Science in Global One Health	12	8	0	6	6	3	4	1
Master of Science in Tropical Medicine	8	10	0	5	8	4	1	0
Postgraduate certificates								
English Postgraduate Certificates	7	20	0	11	12	2	2	0
French Postgraduate Certificates	6	18	0	13	4	5	1	1
Specific courses								
Specialised short courses	112	123	0	43	71	55	38	28

The master's programmes offer the option of studying part-time. In the MSc in Global One Health, all students study part-time and spread their studies over two or more years. They start on 1 January and follow the South African academic calendar. The output table includes all MSc in Global One Health students who graduated between September 2024 and September 2025, including the cohorts who started on the former MSc in Tropical Animal Health. In 2024-2025, four part-time students enrolled on the MSc in Public Health, whilst three students enrolled on the MSc in Tropical Medicine. Part-time students who had enrolled previously and graduated in 2024-2025 were included in the output table.

Table 5. Overview of education output indicators (degrees and certificates) for the academic years 2020-21 to 2024-25.

Degrees and certificates	2020-21	2021-22	2022-23	2023-24	2024-25
Master's programmes					
Master of Science in Public Health	31	32	31	31	29
Master of Science in Tropical Animal Health/Global One Health	14	17	7	20	9
Master of Science in Tropical Medicine (all specialisations)	12	11	18	12	24
Postgraduate certificates					
English Postgraduate certificates	41	53	27	27	25
French Postgraduate certificates	34	40	27	20	23
Specific courses					
Credit certificates issued	165	169	179	204	229
PhD programmes					
Number of PhDs awarded (as at 31/12)	5	13	21	14	27

Pass rates are high, mainly thanks to a rigorous selection process that precedes admission to the programme. In 2025, the number of doctorates defended is 27 higher than in previous years. Fluctuations in the number of doctorates defended are not uncommon; it is advisable to analyse the figures over a five-year period. When interpreting the figures for recent years, however, we must take into account a notable decline in 2021, which can be explained, among other things, by the retirement of some professors and the appointment of new professors, who need time to build up a team of PhD students.

Since the 2020-2021 academic year, the number of credit certificates awarded has shown an upward trend. Although growth in the 2021-2022 and 2022-2023 academic years was still relatively modest, the number of credit certificates subsequently increased dramatically. In 2023-2024, we reached the milestone of 200 credit certificates awarded. This upward trend continued in 2024-2025, with a 12% increase compared to the previous academic year.

2.1.4. Lifelong learning for professionals

ITM strives to be a campus that offers a learning experience tailored to the needs of its specific student population. This requires adapted teaching methods and a strong back-office support system for the organisation of education. This also includes the option for students to call upon the **ombudsman** service in the event of disputes. This option is set out in the academic regulations, and students are also informed of this at the start of the academic year. In 2025, no cases were submitted to the student ombudsman.

When it comes to teaching methods, the evolution of AI is the most striking development. In 2025, the AI working group examined the (international and national) legislation and trends regarding its use. The guidelines for students' use of AI were updated and the usefulness of AI detection tools in student assessment was discussed. Information on writing effective prompts was made available to students. The guidelines are published via the electronic learning platform. In addition, they are also included, where necessary, in ITM's general teaching and examination regulations:

- Teaching Regulations (EN version) (NL version)
- Examination Regulations (EN version) (NL version)

- Scholarship Regulations
- Doctoral Regulations

With regard to AI, a half-day **professional development session** was organised for lecturers in 2025, focusing on the use of AI in the design of assessment methods. Furthermore, professional development was also provided through internal expertise exchange sessions and nine alumni webinars. The systematic recording of staff participation figures in professional development programmes will only be possible from 2026 onwards, following the implementation of a new monitoring tool.

As part of the further development of the **student information system**, the Education Office further developed the collection and processing of educational data into a data warehouse in 2025. The monitoring of quality assurance for the study programmes is now also organised by the Education Office. In addition, the Education Office has increased its presence in education-related networks to continuously build on its own expertise and strengthen the position of ITM within the Flemish higher education landscape, including in LNO² ("*Learning Network for Educational Support Staff")*, as an observer at the VLIR, as a member of the VLUHR's Strategic Advisory Council on Quality Assurance, within the Support Centre for Inclusive Education, tropEd and the AUHA-STUVANT platform for student-related information. To increase ITM's visibility as an education provider, ITM was actively represented at various domestic and international fairs (including EAIE, 2025; Thomas More Care and Welfare Job Fair, 2025; Health Science Crossing Borders, 2025; ECTMIH, 2025; VSGO Congress, 2025).

Finally, for market-competitive reasons, the **enrolment fees** for all courses and programmes at ITM were increased by 5%. This increase will take effect from the 2026-2027 academic year.

2.1.5. In summary

The above makes it clear that education at ITM is not standing still. The educational portfolio was expanded and/or strengthened where necessary in 2025, and this will continue in the coming years. Certain initiatives have already been launched to this end. ITM is a higher education institution with numerous partnerships: various collaborations have been continued or renewed, whilst other new initiatives have also been set up in this context. ITM students and graduates report being highly satisfied with both the quality and the relevance of the programmes at ITM. We are convinced that the knowledge, expertise and contacts they gain during their studies at ITM will make a significant contribution to meeting the needs of the healthcare sector, both nationally and internationally.

3. Research and Innovation

3.1. Policy Priorities and Key Performance Indicators for Research 2025-2030

The following Strategic Objectives (SO) were set out in the 2025 Addendum to the 2020-2024 Covenant:

SO1 – Pursuing excellence and relevance in ITM research [IDEAS]

This means pushing the boundaries of knowledge and its applications by developing new ideas for original research and deepening research lines within existing programmes.

SO2 - Attracting and nurturing excellent researchers [PEOPLE]

This means researchers from all over the world with a proven or potential track record in excellent, relevant research, in a field that falls within ITM's expertise and who embrace the ITM values.

SO3 - Establishing and strengthening synergistic partnerships [CONNECTION]

This means maximising synergy within ITM and with partners in research, academia, public health institutions, (medical) NGOs, international organisations, Product Development Partnerships (PDPs) and industry in Flanders, Belgium, Europe and worldwide.

The Strategic Objectives have been translated into the Operational Objectives (ODs) below, and the achievement of these objectives is measured using Key Performance Indicators (KPIs). The indicators for the 2025 extension year replace those in the 2020-2024 Covenant. In addition, we report on a number of qualitative indicators (QIs) and monitoring indicators (MIs).

SO1 - IDEAS

OD1. The 2025 institutional annual plan, setting out ITM's research ambitions, is operational and results in high-quality research with scientific impact (KPIs 1, 2)

0D2. The leverage effect of the research grant from the Flemish Government results in the award of competitive research funding. (KPI 3)

SO2 - PEOPLE

OD 3. Investments are made in attracting, circulating and stimulating talent. (KPI 4-5)

SO3 - CONNECTIONS

OD 4. Fostering and developing synergistic research collaborations/programmes within ITM and with Flemish, Belgian, European and international partners. (KPI 6)

The KPIs relate to ITM's entire research output, not just the part funded by the WEWIS grant. In the assessment, we use three-year averages (covering the year of assessment and the two preceding years) to smooth out the effects of positive and negative outliers. For the KPIs that remained the same as for the 2020-2024 covenant period, the figures from 2020 onwards are included in summary table 6.

In 2025, all the set targets were achieved. The summary tables supporting the values of the KPIs in 2025 can be found in Annex 8.6.

Table 6. Key Performance Indicators

SO1	IDEAS									
	OD	KPI		Value	Value 2020	Value 2021	Value 2022	Value 2023	Value 2024	Value 2025
	1	1	Scientific excellence: Proportion of publications in Q1 journals Q1 (first quartile): top 25% of journals in the subject category in which the peer-reviewed journal is classified in the Web of Science	At least 50% of all ITM publications, with a minimum of 300 scientific publications	/	/	/	51.5% 322 publications	59.8% 381 publications	58.6% 331 publications
		2	Proportion of peer-reviewed publications that are cited 1.5 times more frequently than the global average for all publications of the same type, published in the same year and within the same research domain[1]	Minimum 20%	12.1%	20.6%	20.0%	23.4%	29.2%	23.93%
	2	3	External competitive research funding (funds from the 2nd, 3rd and 4th funding streams) + the equivalent funding for FWO PhD fellows/postdocs	Min. €17.0M				€16,875,776 + €1,707,750	€18,359,057 + €2,103,750	€19,296,964 + €2,187,000
SO2	PEOPLE									
	3	4	Number of current (cumulative) ITM FWO candidates and grants, MSCA (personal grants), HSFP, EMBO or ERC grants, Seal of Excellence...	20 grants in 2025	20	23	21	21	29	28
		5	Number of PhDs awarded to PhD students who conducted their research in collaboration with ITM	15 PhDs in 2025				21	14	27

[1] This KPI is based on the 'Category Normalised Citation Impact' (CNCI), an indicator developed by Clarivate Analytics that can be consulted for every publication indexed in Web of Science via Clarivate Services. The CNCI is a neutral indicator that allows the scientific impact of a publication to be measured in the year of publication and is normalised by discipline and document type.

SO3	CONNECTION									
	4	6	Number of productive collaborations with partners, defined as at least 10 joint 'research outputs' per year with a specific partner.	20 partners by 2025	19	21	21	21	28	35

3.1.1. Striving for excellence and relevance in ITM research

3.1.1.1 Excellent research with impact

In 2025, ITM researchers published **331 publications** (articles, reviews, editorials, letters), of which 194 (58.61%) appeared in Q1 journals; this represents the top 25% of journals in the subject category to which the peer-reviewed journal is assigned in the Web of Science. Eighty-eight publications (26.59%) were published in journals with an impact factor of 5 or higher. Of the publications (N = 326)[2]**, 23.93%** are cited 1.5 times more frequently than the global average for all publications of the same type, published in the same year and within the same research domain (KPI-2).

Figure 2. Research topics of publications with high scientific impact in 2025 (KPI-2, N = 78). Publications were categorised based on the Web of Science meso citation topics categories.

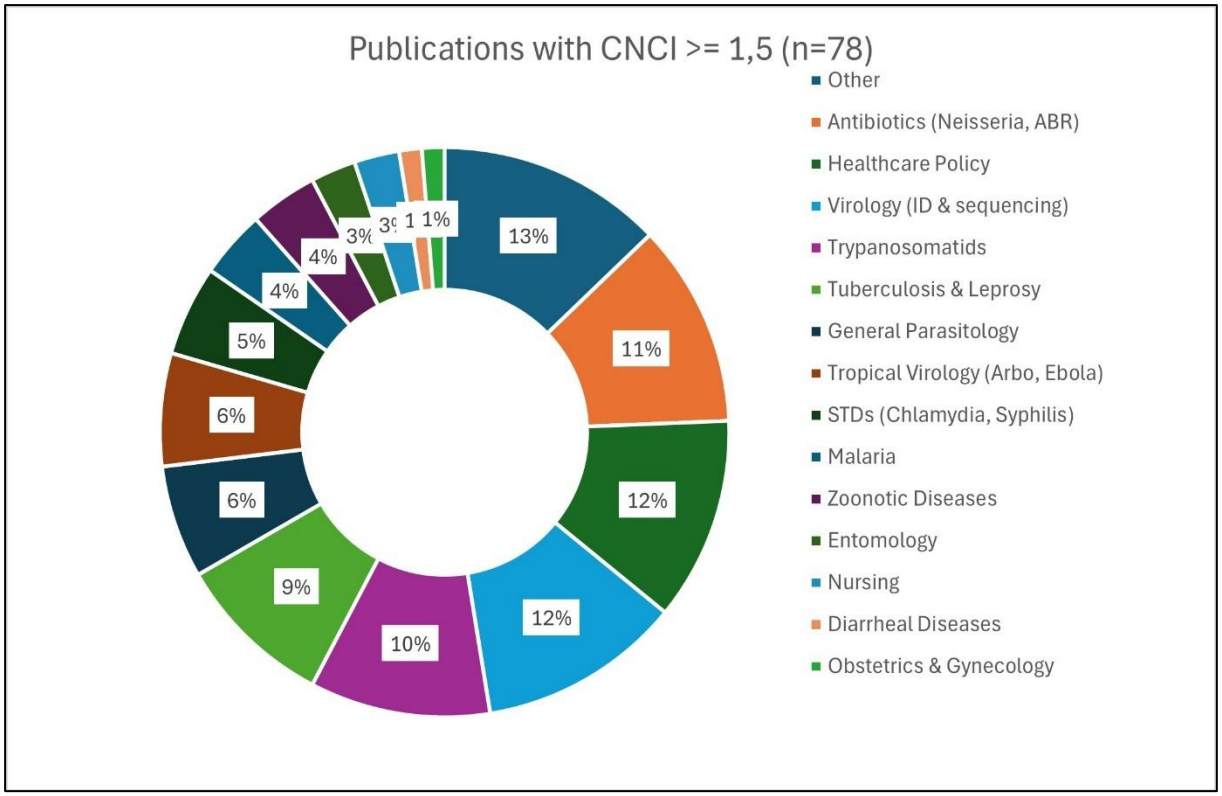


Figure 2 shows that ITM scores high scientific impact with the research topics identified as priorities in the ITM Research Policy Plan 2026-2030, with an extension to 2025:

- (Re-)emerging viral diseases and the emergence of associated vectors under the influence of climate change (**23.08%**); this research falls under the research priority 'Emerging diseases and outbreaks' (research categories: virology (ID & sequencing), general virology, tropical virology, diarrhoeal diseases and zoonotic diseases).
- Research into protozoa and the diseases caused by these pathogens remains a unique strength of ITM, with three departments actively involved (**23.08%**); a cross-cutting objective of this research is to gain a better understanding of the pathogens and the diseases, thereby accelerating their intended elimination (research categories: malaria, trypanosomatids, general parasitology and entomology).

[2] At the time of consultation (16/03/2026), 5 publications had not yet been included in InCites. Consequently, the CNCI could not be calculated for these.

- Research into how health systems can be better informed and designed (**15.38%**), in line with the research priority 'Sustainable health systems and strategies' (research categories: nursing, healthcare policy, and obstetrics & gynaecology)
- Drivers and biological basis of antibiotic resistance and treatment failure in bacterial and mycobacterial infections (**25.64%**); these fall under the cross-cutting research priority 'Antimicrobial resistance' (research categories: antibiotics, tuberculosis & leprosy, and STIs).
- 12.81% were categorised under 'Other': 'Liver & Colon Cancer, Inflammatory Bowel Diseases & Infections, Wounds & Ulcers, Urology & Nephrology (General), Translational Studies, Bioengineering, Climate Change, Gender & Sexuality Studies and Operations Research & Management Science.

Web of Science has labelled 5 ITM publications from 2025 as 'Highly Cited' (16/03/2026)[3]. The mpox research by ITM and its partners was, for example, published in the leading journals *The New England Journal* and *The Lancet*. Every month, ITM publishes 'publication highlights' on its website; see, for example, Fresh from the Journal October 2025.

The 331 Web of Science publications recorded in 2025 form the core of ITM's bibliometric output but do not provide a complete picture of our scientific contributions. In addition to the 331 publications in Web of Science, ITM researchers also published 12 peer-reviewed A1 journal articles in journals that are not indexed in Web of Science but are listed in the Directory of Open Access Journals, such as *F1000Research* and *IJTLD Open,* or in Diamond Open Access journals such as *Revista Médica Herediana*, published by the Universidad Peruana Cayetano Heredia, and *the Journal of Community Systems for Health*, published by the library of Umeå University. Furthermore, 58 preprints[4] were shared on platforms such as Research Square, *F1000Research*, Zenodo, bioRxiv and medRxiv. In addition, ITM researchers also contributed to chapters in (e-)books, including one contribution to an encyclopaedia (*International Encyclopedia of Public Health, 3rd ed.)*.

In the academic world, peer review is an essential mechanism for ensuring the reliability, relevance and scientific rigour of research. By critically assessing manuscripts as peer reviewers and providing constructive feedback, ITM researchers actively contribute to the further development of their field. ITM researchers are regularly invited to act as reviewers or guest editors for leading A1 journals, including *Health Policy and Planning, PLoS Neglected Tropical Diseases, Tropical Medicine & International Health, African Journal of Disability, BMC Medical Research Methodology, Cochrane Database of Systematic Reviews* and *The Lancet Infectious Diseases*.

Finally, 33 datasets were also shared via open access on Figshare or Zenodo[5].

[3] Ali R, Alonga J, Biampata JL, Basika MK, Berry IM, Bisento N, et al. Tecovirimat for Clade I MPXV Infection in the Democratic Republic of Congo. N Engl J Med. 2025;392(15):13.
Bangwen E, Diavita R, De Vos E, Vakaniaki EH, Nundu SS, Mutombo A, et al. Suspected and confirmed mpox cases in DR Congo: a retrospective analysis of national epidemiological and laboratory surveillance data, 2010-23. Lancet. 2025;405(10476):408-19.
Brosius I, Vakaniaki EH, Mukari G, Munganga P, Tshomba JC, De Vos E, et al. Epidemiological and clinical features of mpox during the clade Ib outbreak in South Kivu, Democratic Republic of the Congo: a prospective cohort study. Lancet. 2025;405(10478):547-59.
Graham HR, King C, Rahman AE, Kitutu FE, Greenslade L, Aqeel M, et al. Reducing global inequities in medical oxygen access: the Lancet Global Health Commission on medical oxygen security. Lancet Glob Health. 2025;13(2):e528-e84.
Guglielmetti L, Khan U, Velásquez GE, Gouillou M, Abubakirov A, Baudin E, et al. Oral Regimens for Rifampin-Resistant, Fluoroquinolone-Susceptible Tuberculosis. N Engl J Med. 2025;392(5):15.
[4] Data collected from the institutional repository PURE, supplemented with data found in OpenAlex on 26/03/2026.
[5] Data collected from the DataCite Commons database based on ITM's ROR ID on 27/03/2026.

Furthermore, in 2025 the framework for the institutional publication policy was established, which will be further developed in 2026, with a focus on open access and archiving. The proportion of open access publications in 2025 was 86.7%.

Table 7. Monitoring Indicators for Publications, 2020-2025

Publications	2020	2021	2022	2023	2024	2025	2025 (target)
ISI publications with JIF* ≥ 5	74	149	167	140	104	88	/
Proportion of Open Access publications	333 (82%)	355 (84.1%)	341 (85.9%)	285 (88.5%)	309 (81.1%)	287 (86.7%)	80%

*Journal Impact Factor

3.1.1.2. Leverage effect of WEWIS grant and competitive research funding

Revenue from external research funding in 2025 amounted to **€19,296,964** as shown in Table 8.

Table 8. Revenue 2025 Research projects and operating funds

Revenue	Result 2020	Result 2021	Result 2022	Result 2023	Result 2024	Result 2025
Department H						
Research projects & operating funds*	16,969,602	17,432,626	17,931,822	16,875,776	18,359,057	19,296,964

* Including overheads & partners, including support funds

It is important to note that the 'externally acquired' FWO postdoctoral candidates and FWO postdocs are not included in Department H because they are not on the ITM payroll and are therefore not recorded as 'income'. In 2025, there were 14 FWO postdoctoral candidates and 11 FWO postdocs. This represents a sum of €2,187,000: for the aspirants, calculated based on the salary of a junior researcher with an average of 2 years' seniority (€77,250), and for the FWO postdocs, calculated based on the salary of a postdoc with an average of 4 years' seniority (€105,000). This means that the total leverage effect in 2025 amounted to €21,483,964.

Table 9 shows a breakdown of research expenditure by funding stream for the period 2020-2025. The figures for the second funding stream therefore do not include FWO grants (PhD candidates and postdocs).

Table 9. Research expenditure by funding stream 2020-2025

Total expenditure		2020	2021	2022	2023	2024	2025
Government funding for fundamental basic research	2nd funding stream	841,997	1,590,645	1,369,464	1,860,571	1,653,852	1,524,646
Government contributions to applied scientific research	3rd funding stream	7,557,105	6,291,316	7,179,954	5,850,070	8,338,610	8,476,493
Contract research with the private sector and scientific services	4th funding stream	7,311,133	6,178,275	7,732,967	8,577,537	10,150,392	7,397,892
Other income related to teaching, research and services	Other income related to teaching, research and services	1,221,958	825,897	837,710	1,169,891	1,272,158	1,133,201
	Total	**16,932,193**	**14,886,133**	**17,120,095**	**17,458,069**	**21,415,012**	**18,532,232**

If we focus on external funding through competitive calls, we will have 77 ongoing projects in 2025 (see list in Appendix 8.6.2.1, which does not include service projects or contracts with industry, but which are available on request). In 2025, a large number of new research projects were launched, including 4 FWO fundamental projects and several new EDCTP projects.

Table 10. Ongoing competitively awarded research projects, 2020-2025

Research projects	2020	2021	2022	2023	2024	2025
Number of ongoing, competitively awarded research projects, including FWO, Horizon Europe, NIH... (cumulative)	59	51	54	50	48	77

3.1.2. Attracting and nurturing excellent researchers

In 2025, ITM had a total of 28 ongoing competitive grants. For an overview of the grant holders and their research projects, see the summary list KPI-4 in the annex. Two new FWO PhD candidates commenced their doctoral research with ITM as a secondary host institution and the University of Antwerp as the primary host institution. Three new FWO postdocs commenced their research with ITM as the primary host institution, and one junior FWO postdoc was awarded his senior FWO postdoctoral grant. Furthermore, in 2025 ITM welcomed the new professors of 'Helminthology' Ciaran McCoy (see interview), 'Experimental Parasitology' Malgorzata Domagalska (see interview) and 'HIV and Tuberculosis' Tom De Croo (see interview).

Several ITM researchers received awards in 2025; for an overview, see 'Awards & recognition' in the 'Highlights 2025'.

In 2025, 27 PhD candidates defended their theses in collaboration with ITM (KPI-5); see the overview of PhD defences. The average duration of the PhD programme until defence was 4.3 years, with a median of 48 months. In 2025, 28 new PhD students commenced their doctoral research in collaboration with ITM.

Table 11 provides an overview of the number of researchers on the payroll.

The ZAP (professor) category includes the various levels of the academic track and, for 2025, also the director of ITM. Of the 29 ZAPs in 2025, 12 are women (41.4%), including the Executive Director. Of the ITM professors in 2025, 52% are Belgian nationals, 41.3% are from the EEA (excluding Belgium) and 6.7% are from outside Europe.

In the postdoctoral researcher category, the job descriptions 'doctoral assistant' (N = 1, female), 'researcher' (N = 45, of whom 32 are women, 71%) and 'senior researcher' (N = 90, of whom 3 are women, 33.3%) (i.e. only the academic track and the 'research' expert track from the ITM job architecture). This category therefore excludes the 11 FWO postdocs, of whom 4 are women. Sixty per cent (60%) of postdoctoral researchers are Belgian nationals, 18% are from the EEA (non-Belgian) and 22% from outside the EEA.

The 'junior researcher' category includes both the role of 'junior researcher' and the role of 'academic assistant' (not filled in 2025). This refers solely to staff members; therefore, PhD students who are not ITM staff, such as sandwich PhD grant holders or FWO candidates, are not included in these figures. There is a partial overlap between the categories of junior researchers and PhD students (see 'total number of ongoing PhD programmes' in the education section), namely the junior researchers (ITM payroll) who are also enrolled as PhD students at ITM. In 2025, there were 33 junior researchers, of whom 26 were women (79%). Forty-eight per cent (48%) of junior researchers are Belgian nationals, 15% are from the EEA (non-Belgian) and 37% from outside Europe.

The ATS category includes all ITM laboratory technicians 1 and 2. Seventy-two per cent (72%) of the 75 laboratory technicians are women. Of the ATS laboratory technicians, the vast majority hold Belgian nationality (91%), 6% are from the EEA (non-Belgium) and 3% from outside Europe.

Table 11. Overview of the number of researchers on the payroll, reference date 31 December 2020-2025

Researchers	2020	2021	2022	2023	2024	2025
Number of ZAP	26	28	26	26	27	29[6]
Number of postdoctoral researchers	28	33	33	41	46	55
Number of junior researchers	27	34	31	39	36	33
Number of ATS laboratory technicians	75	72	76	76	75	75

[6] Including the Executive Director.

Table 12. Overview of the number of non-payroll researchers

Research projects	2020	2021	2022	2023	2024	2025
Number of FWO postdocs	9	13	7	7	9	11
Number of FWO applicants	9	9	14	13	15	14
Number of PhD students not on the payroll (excluding FWO candidates)	52	68	67	60	62	66

3.1.3. Establishing and strengthening synergistic partnerships

ITM aims to establish and strengthen national and international partnerships. In 2025, we had defined productive collaboration with **more than 25 institutions (N = 35)** as >= 10[7] joint publications per year; see the overview list for KPI-6 in the annex. This year, the calculation was slightly adjusted compared to previous years because we took into account the institutional structure of the respective institutions. For example, the 'University of London' is an umbrella organisation comprising various institutions, such as the 'London School of Hygiene and Tropical Medicine', 'University College London' and the 'University of London School of Advanced Study'. In the KPI calculation, publications with these partners were attributed to the 'University of London' rather than being considered separately. Looking at the ranking, we see that by 2025 we will have intensive collaborations with more partners. A notable feature for 2025 is that collaborations with American partners are more prominent than before: for example, with the University of California (N = 36) and Harvard University (N = 31). As regards partners from Africa, we see close collaboration based on publications with the University of Cape Town (N = 29), Université de Kinshasa (N = 16), Institut National de Recherche Biomedical (N = 16), University of the Western Cape (N = 16), Makerere University (N = 13) and Stellenbosch University (N = 13). However, partner institutions with which ITM has or has had long-term (>10 years) structural collaborations in the context of capacity building do not necessarily lead to productive research collaborations, as measured by publications. ITM also publishes with non-academic partners such as the World Health Organisation (N = 16) and Médecins Sans Frontières (N = 10).

New in 2025 compared to previous years is that productive collaborations are defined more broadly than joint publications. The joint training of early-career researchers, for example, is also considered joint research output. In 2025, more than 10 (N = 12) 'ITM PhD students' defended their doctorates at the University of Antwerp (one of which was a joint PhD degree with KU Leuven).

3.2. Research policy and organisation

In March 2018, the institutional 'Research Office' (RO) was launched with 2 FTE senior staff and 0.5 FTE management assistant support. Since 2022, the library has also been incorporated into the Research Office. Since then, the department has been expanded to 7.5 FTE in 2025 with the recruitment of an Innovation Developer as part of Health Innovations for All (HI4A, see 4.3.) and a Research Coordination/Library staff member.

[7] Until 2024, this KPI was calculated based on at least (>) 10 publications. From 2025 onwards, all collaborations with 10 or more (>=) Web of Science documents were taken into account.

The RO supports: institutional research policy, monitors the WEWIS toolkit and research fund, and provides advice on strategic partnerships and institutional cooperation agreements. In addition, this department monitors academic access to the pre-doc/PhD/post-doc programme, the launch of HI4A, and provides support for 'strategic external research funding', the DGD FA5 Synergy Programme, the ITM Research Information system (PURE) and data submission to FRIS. Finally, the RO organises workshops, training courses and seminars related to research and the library.

Furthermore, the RO's 'multivalence matrix', which sets out its specific tasks, is available on request. The RO also works closely with the three departments, including the departmental research managers appointed in 2021, and with the Education, International Cooperation, Quality, Research & Development Contracts and Reporting, Human Resources, Information Technology and Communication departments.

3.3. Financial Report and Use of Grant

In 2025, under BA2025, the grant from the WEWIS Department to ITM was increased by 3.5 million euros (see addendum to the 2020-2024 Covenant between the Flemish Region and the Institute of Tropical Medicine (VR 2025 1306 DOC.0472/1QUATER). This increase brought the total WEWIS research budget for 2025 to 9.189 million euros. The additional funds for 2025 were allocated as a first step to safeguard the existing research base pending the new 2026-2030 agreement, under which a second step might be granted. Although the budget increase in 2025 was substantial, the use of these funds was primarily aimed at sustaining existing activities rather than launching new structural initiatives.

The €3.5 million step-up for 2025 was used for:

- Strengthening research units by allocating a research envelope (initially 20K per research unit). This operational budget enables professors to facilitate, for example, small-scale 'proof of concept' projects (pump priming), which in turn are intended to serve as a lever for external competitive funding.
- Supporting the continuity of research platforms. During previous policy periods, ITM established essential research platforms using various funding sources, including competitive project funding, philanthropic income and the WEWIS investment grant for the installation of the insectarium. The research and clinical data platforms include the ITM Biobank, the platform for clinical research in the context of pandemic preparedness, the Bio-Informatics/AI Hub and a Biostatistics platform. ITM also hosts various laboratory research platforms that enable highly specialised and often unique research on pathogens and their vectors. Examples include the insectarium and the high-security laboratories.
- Science communication and research support
- Limited investment in valorisation and innovation to maintain momentum following the one-off grant of €550,000 at the end of 2023, with a view to developing a new institutional valorisation approach from 2024: Health Innovations for All (HI4A) (VR 2023 2212 DOC.1875/2BIS). However, this did not make it possible to achieve the objective of structurally embedding innovation, commercialisation and impact pathways within ITM's research portfolio for the 2025-2030 policy period. In 2025, two new patent applications were filed, one of which was with the University of Antwerp.

Furthermore, funding in 2025 was allocated to:

- Further funding for scientific research via the SOFI programme for groundbreaking research, with four new projects launched in 2025 under the SOFI 2025 call, co-funding and participation in the

European Research Area ('Institutional Strategic Envelope'), start-up funding for FWO postdoc candidates who narrowly missed out on their grants (*near misses*),
- 'Research ZAP' research professors within the framework of 'pandemic preparedness',
- Further support from the Data Hub, Clinical Trials Unit and Outbreak Research Team (ORT).

The table below provides an overview of the WEWIS grant in 2025. Detailed tables are available on request. The grant was insufficient to cover expenditure in 2025.

Table 13. Allocation of the WEWIS grant in 2025

	Institutional Strategic Envelope	Innovation & Impact (HI4A)	Research Platforms	Research ZAP + ZAP envelopes	Research Support	Expenditure 01/01/2025 - 31/12/2025
P	932,993.45	90,868.31	3,342,614.77	859,544.67	1,565,689.61	6,791,710.81
W	648,739.54	95,176.96	286,982.84	610,509.30	56,196.62	1,697,605.26
Expenditure 01/01/2025 - 31/12/2025	**1,581,732.99**	**186,045.27**	**3,629,597.61**	**1,470,053.97**	**1,621,886.23**	**8,489,316.07**
Organisational costs (overhead for the current year (10%)	158,173.30	18,064.53	362,959.76	147,005.40	162,188.62	848,931.61
Total expenditure 2025	**1,739,906.29**	**204,649.80**	**3,992,557.37**	**1,617,059.37**	**1,784,074.85**	**9,338,247.68**
Budget 2025 (including overheads)						9,233,000.00
Remaining balance 2024						0.00
Total budget 2025						9,233,000.00
Budget balance 2025						-105,247.68
% Expenditure 2025						101.14%

Table 14. SOFI projects, CTU studies, patents, 2020-2025

	2020	2021	2022	2023	2024	2025
Ongoing SOFI projects (in the various SOFI rounds)	7 (2+5)	12 (2+5+5)	10 (5+5)	16 (5+5+6)	15 (4+5+6)	10 (6+4)
Number of clinical trials coordinated by the CTU[8]	26 (12+8+6)	29 (16+6+7)	32 (18+6+8)	27 (18+2+7)	28 (20+1+7)	30 (23+3+4
Number of pending patent applications	1	0	0	1	1	3

[8] Breakdown by Clinical Studies (i.e. 'Clinical Trials' according to the ICH-GCP definition), Interventional studies and Observational studies.

4. Medical & Scientific Services and International Cooperation

4.1. Scientific Services

4.1.1 Reference and accredited laboratories

ITM houses both **reference laboratories** and **accredited** laboratories. The reference laboratories are recognised both nationally (government, Sciensano, etc.) and internationally (WHO, OIE, etc.) and are directly linked to scientific research and expertise in tropical medicine. These laboratories are designed to support both local and international healthcare. The analyses carried out in our laboratories meet the highest quality standards, and our organisation is recognised both locally and internationally for its scientific expertise and advice.
ITM strives to maintain these accreditations in line with our strategic objectives.

Table 15. Overview of the various ITM reference laboratories, together with the coordinator and the body that recognises the laboratory as a reference centre.

Reference laboratories	Coordinator	By
National Reference Laboratory for Tropical and Infectious Diseases	Marjan Van Esbroeck	By Royal Decree
National Reference Centre (NRC) for Coxiella burnetii and Bartonella (Consortium with UCL-Saint Luc and Sciensano)	Marjan Van Esbroeck	Sciensano
National Reference Centre (NRC) for Arboviruses	Marjan Van Esbroeck	Sciensano
National Reference Centre (NRC) for Rickettsia and Anaplasma (Consortium with Queen Astrid Military Hospital)	Marjan Van Esbroeck	Sciensano
National AIDS Reference Laboratory	Dorien Van den Bossche	By Royal Decree
National Reference Centre (NRC) for Sexually Transmitted Infections (Treponema pallidum, Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium, mpox)	Irith De Baetselier and Dorien Van den Bossche	Sciensano
WHO Collaborating Centre for Diagnostic and Laboratory Support for HIV/AIDS	Kevin Ariën Dorien Van den Bossche	WHO
WHO Test Laboratory	Dorien Van den Bossche	WHO
BCCM/ITM Mycobacteria Collection.	Leen Rigouts	BCCM-Belspo
TB Supranational Reference Laboratory – Coordination Centre	Bouke De Jong	WHO
Reference Laboratory for SURRA	Nick Van Reet and Caroline Rombouts	WOAH
Collaborative Centre for Research and Training in the Diagnosis of Human African Trypanosomiasis	Jan Van den Abbeele and Nick Van Reet	WHO
National Reference Centre for Parasites (Trichinellosis, Echinococcosis and Anisakiasis)	Famke Jansen	FASFC

The clinical laboratories carry out a large number of analyses under accreditation. This accreditation is granted by BELAC. In 2022, the first follow-up audit of the 5-year accreditation cycle (2021 to 2026) took place. An overview of the number of analyses accredited according to the various ISO standards is provided below. The accreditation certificate for ISO 15189 applies to analyses of patient samples. The certificate for ISO 17025 applies to the evaluation of HIV/STI diagnostic tests, mycobacteriology tests and analyses of animal samples (SURRA and Trichinella). The certificate for the ISO 17043 standard applies to the organisation of proficiency testing schemes for the detection of Trichinella on behalf of the Federal Agency for the Safety of the Food Chain (FAVV). In 2024, the Mycobacteriology laboratory was granted ISO 17043 accreditation for the organisation of the proficiency testing scheme carried out for the FAVV.

Table 16. Overview of the number of accredited tests for the various accreditation certificates from 2020 to 2025.

Accredited tests	2020	2021	2022	2023	2024	2025	Accredited by
ISO 15189 (certificate 147-MED)	135	135	135	135	135	131	BELAC
ISO 17025 (certificate 147-TEST)	6	6	6	6	8	8	BELAC
ISO 17043 (certificate 147-PT)	1	1	1	1	2	2	BELAC

ITM aims to maintain accreditation of its tests in line with its strategic objectives.

The ISO 17043 accreditation within the Mycobacteriology Department marks an important milestone that underscores the laboratory's expertise and reliability. Thanks to this recognition for organising proficiency testing for other (reference) laboratories on behalf of the WHO, not only is the quality of analyses guaranteed, but an active contribution is also made to the harmonisation and improvement of tuberculosis diagnostics at an international level. This step is important for the further development and recognition of the supranational reference centre for tuberculosis. The laboratory thus positions itself as a leading partner in the global fight against tuberculosis, with a focus on knowledge sharing, quality assurance and capacity building. The accreditation reflects a high level of professionalism, in which accuracy, transparency and continuous improvement go hand in hand. For partners and participating laboratories, this guarantees access to high-quality programmes. In this way, not only are their own operations strengthened, but a broader impact on global healthcare is also achieved.

4.1.2 Diagnostics

ITM produces diagnostics for neglected diseases, more specifically for the detection of trypanosomiasis or sleeping sickness (CATT *T. b. gambiense* and *evansi* and VSG production) and leishmaniasis (DAT/VL production).

The causative agent of sleeping sickness is *Trypanosoma b. gambiense*, a parasite transmitted by the tsetse fly. The key to combating sleeping sickness is early detection. This can be achieved using the CATT (Card Agglutination Test), a test developed by ITM in the late 1970s and which is used on a massive scale to detect sleeping sickness in West and Central Africa. Another CATT test can detect infection in animals with *Trypanosoma evansi*, the causative agent of SURRA.

As the production of CATT is labour-intensive and of little commercial interest, there is little or no interest worldwide in developing and producing these diagnostic kits, and their availability depends on ITM's production of this test. In 2025, a total of 1,399,402 tests for CATT *T. b. gambiense* were produced and 110,853 tests for CATT *T. evansi*.

An overview of the production figures for VSG and CATT over the various years is provided below.

Table 17. Overview of the number of diagnostic tests produced at ITM from 2020 to 2025.

Product	2020	2021	2022	2023	2024	2025
VSG (mg): Litat 1.3 Not Freeze Dried	939	618	959	1168	1300	633
VSG (mg): Litat 1.5 Not Freeze Dried	986	546	1031	1486	855	855
CATT *T.b gambiense* (number of tests)	2,410,168	2,436,756	1,755,597	908,955	1,719,010	1,399,042
CATT *T. evansi* (number of tests)	100,535	95,081	123,260	39,268	107,898	110,853
DAT/VL (number of vials)	5,035	6,177	2,835	0	181	0

Twenty batches of CATT *T. b. gambiense* were produced. All batches of tests produced were approved following quality control. This results in an absolute pass rate of 100% in 2025. The pass rate varied between 53% and 100% from 2020 to 2025.

VSG (Variant Surface Glycoprotein) is used as the basis for the production of the diagnostic CATT tests. The VSG is currently produced only in non-lyophilised form. In 2025, 633 mg of VSG LiTat 1.3 and 855 mg of VSG LiTat 1.5 were produced. The main customers for VSG are Coris and Standard Diagnostics (SD). SD did not purchase any VSG during the period 2022-2025. The main customers for the CATT *T.b. Gambiense* are the ITM sleeping sickness programme, WHO, FIND and DNDi.

There was still sufficient stock of DAT/VL antigen. This can be explained by the fact that a major customer reduced its order in 2022 from 3,200 to 1,000 vials as a result of the economic crisis. Consequently, a larger stock was retained. The shelf life of DAT/VL antigen is 5 years, meaning there is currently no risk of batches expiring. However, one production run was carried out in 2024 specifically at the request of a customer who required uncoloured antigen.

4.1.3 Biobank

ITM Biobank

The ITM Biobank consists of human and animal material and isolates (bacteria, viruses, etc.). This biobank is linked to a digital Central Register (LIMS) which contains all information related to the samples. The management of the ITM Biobank complies with the applicable legal provisions and has been registered with the FAGG since 2019 under number BB190041.

Last year, the focus was primarily on the practical roll-out of the ITM Biobank Policy and the completion of the tender for the renewal of the Central Register software, which is combined with an electronic lab notebook.

In the tender, the software already in use, namely SLIMS, was selected. The main reasons were (1) the versatility of the software in terms of both functionalities and possible structure and collaboration options between the various laboratories, and (2) the freedom to configure the system entirely ourselves. We are, however, taking the opportunity to re-evaluate the entire data model and optimise certain workflows.

The inventory of both human and non-human samples was completed in 2025, with the exception of one department. This will be further supported in 2026.

Within the DiSSCo project, an additional FTE was recruited from August onwards. He is assigned 50% to DiSSCo and 50% to the ITM Biobank to support researchers with registration in the Central Register and the receipt and dispatch of samples. The inventory of the samples collected under the supervision of Dr Van Marck (completed in 2025) falls under the DiSSCo project, together with the inventory and restoration of the historical insect and parasite collection at ITM. The next step is to obtain permission to use Dr Van Marck's samples for research purposes. To this end, we will contact the countries where these samples were collected; the procedure for this will be developed over the course of next year.

The collaboration with the managers of the biobank at the Parasitology Unit of the INRB (Kinshasa, DRC) has led to the development of a new database for the Central Register of their biobank. The collaboration with CRUN (Nanoro, Burkina Faso) has been temporarily put on hold because the IT training for their staff could not go ahead due to budgetary reasons.

BCCM collection

Since 2011, ITM has been part of the Belgian Culture Collection of Micro-organisms (BCCM) consortium with its collection of mycobacterial strains. The ISO 9001-certified public BCCM/ITM collection contains over 100 species of non-tuberculous mycobacteria, but its strength lies in the diversity of approximately 5,000 tuberculosis (TB) strains, representative of the global diversity of TB variants and antibiotic resistance. Drug-resistant TB is one of the reasons why TB remains the number one cause of death from infectious diseases. This collection enables scientists around the world to, among other things, discover and evaluate new medicines, and develop diagnostic tests.

Between 2021 and 2025, the collection was further expanded to include reference TB strains exhibiting resistance to second-line antibiotics, such as bedaquiline, linezolid, delanamid and pretonamid. The updated website (online BCCM catalogue) makes it easier to select relevant sub-collections, thereby providing an even better service to potential customers. In the period 2022-2025, we distributed 1,524 cultures or derivatives to more than 80 external clients from the Americas, Africa, Asia, Europe and Oceania.

4.1.4 Institutional Review Board (IRB)

Any research involving human data, samples or participants must have both scientific and societal value and requires an institutional and personal culture of ethics, integrity and fair collaborative practices. ITM and all its researchers strive for the highest standards of ethics and integrity. We endorse the Declaration of Helsinki, the CIOMS ethical guidelines, the TRUST Global Code of Conduct for Equitable Research Partnerships, the European Code of Conduct (2023 revision), the Flemish Commission for Scientific Integrity and the Singapore Statement (Home - WCRIF - The World Conferences on Research Integrity Foundation).

The Institutional Review Board (ITM IRB, Institutional Review Board | Institute of Tropical Medicine) reviews all non-commercial research protocols to which ITM researchers contribute, to ensure compliance with applicable ethical guidelines, research regulations and – given our strong focus on collaborative research in low- and middle-income countries – adequate standards of equity and fair partnership. Compliance with regulatory and ethical requirements in the host countries of the research is essential. The IRB strives to avoid unnecessary formalism and prefers a constructive critical assessment of research objectives, context and implications, through an open- dialogue with researchers at ITM and at partner institutions. The IRB also aims to contribute to fostering ethically responsible conduct among PhD and Master's students, through education, individual advice and active dialogue with the teaching coordinators and the Research Office; and maintains excellent cooperation with the Data Protection Officer and the Biobank Coordinator,

working together to improve compliance with legislation, streamline procedures and minimise duplication of effort and unnecessary administrative burdens for researchers.

By 2025, the IRB had further strengthened its collaboration with the teaching departments by offering targeted ethics training to various student groups, as well as individual advice to students who required it. Furthermore, the full implementation of the "fast-track ethical approval for secondary use of personal or medical data in research", jointly implemented by the IRB and the Data Protection Officer, has streamlined the submission and approval process for low-risk research, both for ITM researchers and for PhD and Master's students (Fast-track ethical approval for the secondary use of personal or medical data in research).

The IRB is chaired by Raffaella Ravinetto, with Wim Pinxten (UHasselt) and Jan Van den Abbeele serving as co-chairs. The committee comprises 13 members, with good representation from ITM's three scientific departments and a balanced gender ratio. In 2025, an experienced paediatrician, Stefanie Bracke, was welcomed as a new member. Another significant milestone was the appointment of an Ethics and Compliance Officer, with Jared Howes joining the IRB team. At a global level, the IRB made an active contribution to the field of research ethics, with the recent publication of a Viewpoint in *Lancet Microbe* on the emerging topic of incidental sequencing of human genetic material in research on microorganisms (Research on the genome of microorganisms: ethical considerations and recommendations regarding the incidental bystander sequencing of human genetic material - ScienceDirect).

In quantitative terms, the IRB received 188 applications in 2025 (an increase of 16% compared to 162 in 2024), comprising 108 new protocols, 43 amendments and 37 fast-track requests for secondary use of data. Approximately 10% of the applications concerned master's theses. Of the 151 new and amended protocols, approximately 33% were approved or conditionally approved at the first decision; 57% received minor comments; and less than 10% of the applications received substantive comments. Fifteen applications were assessed between scheduled meetings, in 'emergency mode', to accommodate the time-sensitive nature of research conducted during outbreaks or other public health emergencies, and to accommodate some master's theses.

A brief description of how the IRB operates and its contact details are publicly available on the website of ITM (https://www.itg.be/E/institutional-review-board).

4.2. Medical Services and Reference Laboratories

ITM's medical services consist of an outpatient clinic and a clinical laboratory, both with a particular focus and expertise in tropical and sexually transmitted infectious diseases. The outpatient clinic conducts more than 40,000 doctor's consultations annually and provides multidisciplinary care to specific target groups such as HIV patients. We are home to the largest pool of accredited infectious disease specialists in Belgium and serve as a reference point for healthcare and government institutions due to our unique expertise. The clinical laboratory also hosts numerous national reference activities and carries out more than 500,000 analyses annually, half of which are for clinical laboratories across the country. A total of around 100 colleagues work in the medical services, ranging from laboratory technicians to nurses and from medical secretaries to specialist doctors or clinical biologists.

Within ITM, the medical services are embedded in the Department of Clinical Sciences, creating a symbiosis with the ten clinical research units. After all, the medical activities offer opportunities for academic research and teaching, and this academic output in turn further enhances the quality of care and the training of new infectious disease specialists.

In the current policy plan, the medical services have set out four major strategic objectives.

For the relevant figures relating to these activities, please refer to the table below.

Table 18. Overview of output indicators (part 1) for medical services 2020-2025.

	2020	2021	2022	2023	2024	2025
Number of consultations	28,864	33,029	40,252	46,107	52,824*	51,459
Number of vaccines administered	15,031	17,098	33,106	45,273	48,617	43,572
Number of laboratory requests	41,093	38,211	37,865	41,587	44,547	45,195
Number of laboratory analyses	449,244	480,439	507,644	530,995	544,166	533,381

* From 2024, this figure takes into account the organisational structure and paramedical consultations.

SO1: excellent and patient-centred care

The annual satisfaction survey shows a high Net Promoter Score (82), indicating whether participants would recommend ITM to friends and family. We can therefore conclude that, as always, our patients are very satisfied with the service they receive here. Furthermore, the number of complaints (24) remains minimal this year in relation to the number of consultations (> 51,000) and analyses (> 533,000). The Clinical Reference Laboratory has successfully passed the annual BELAC audit. Each department is fully committed to customer-focused and high-quality care, and is implementing specific improvement measures, such as developing a new protocol for HIV consultations, promoting a multidisciplinary approach and systematically training our travel vaccination specialists.

SO2: maintaining and strengthening our niche expertise

Within the outpatient clinic, a decision has been taken to further split the HIV/STI department. In this way, we aim to ensure that both disciplines can continue to develop sufficiently. We have also selected two internal experts to lead these departments.

The HIV pillar will be further strengthened with at least one new internist. In addition, we will appoint a second Professor of Tropical Medicine in 2026. In this way, we aim to embed this essential discipline more broadly, both academically and clinically.

The expertise available is frequently shared among doctors and researchers through research meetings, case discussions and other forums.

SO3: reference centre for travel advice, tropical infections, HIV, STIs & outbreak management

We are continuing our current RIZIV agreements and do not anticipate any significant changes in the near future. For the coming policy period, the *Departement Zorg* ('Department of Care') has once again assigned the Flemish reference role in travel medicine to ITM. In addition, the Clinical Reference Laboratory has successfully extended all current NRC agreements with Sciensano for a period of five years. In January 2025, the NRC STIs was also expanded to include mpox. This confirms ITM's strong position and consolidates the retention of all five agreements with the Flemish and federal governments within the framework of its medical reference roles.

The hospital sector will undergo a thorough reform in the coming period. We will continue to work towards a better status for our outpatient clinic and more sustainable funding for our medical services, and will monitor this reform of the healthcare landscape so that ITM can be better integrated into it.

Table 19. Overview of output indicators (part 2) for medical services 2020-2025.

	2020	2021	2022	2023	2024	2025
Number of incoming calls	53,760	28,627	48,577	53,446	54,719	50,386
Number of website page views	487,136	263,514	743,334	1,156,349	1,274,970	1,378,610
Number of user interactions on the Wanda app	120,606	92,981	130,326	62,422*	201,211	210,058
Number of media interventions						175

**Due to an issue with an app update, there was a problem with tracking for a long period. This problem persisted from mid-April to the end of November 2023.*

SO4: essential prerequisites for medical services

The tender process for the new Electronic Patient Record (EPR) has been completed and a supplier selected. Implementation has been prepared and will be carried out in the first half of 2026 via an intensive programme. Go-live is scheduled for Q2 2026. The new EPR will represent a significant modernisation of this essential software, thereby enabling us to continue to ensure compliance with eHealth and to optimise the further development of all digital applications.

The development of a future-proof clinic within the Masterplan Buildings has commenced, but made limited progress in 2025.

Compliance with healthcare regulations is continuously monitored, in conjunction with quality assurance; recent gap analyses have identified any shortcomings and led to targeted improvement measures.

Thanks to new internal agreements regarding the budgetary framework, the medical services have closed with a surplus for the first time in years. This should ensure that future investment can once again be made in this essential core task of ITM.

4.3. International focus: combating diseases and strengthening healthcare in low- and middle-income countries

4.3.1. Policy priorities for capacity building 2025-2030

4.3.1.1. Indicators for ITM activities in the context of capacity building

Activities relating to international cooperation and development within ITM fall mainly under two programmes: a five-year programme in 12 countries concluded with DGD (2022-2026), and an agreement with the Department of Foreign Affairs and the Chancellery of the Flemish Government to support the National Institute of Public Health in Mozambique and the provincial health services in Tete Province. These latter agreements were unexpectedly and prematurely terminated by the Flemish Government on 31 December 2025.

4.3.1.2. Annual DGD reporting

We report annually to the DGD (Directorate-General for Development Cooperation and Humanitarian Aid). The report consists of a narrative and a financial section.

The narrative section consists of an annual report based on performance scores and lessons learnt. The performance scores are calculated using a tool developed by the DGD, which covers five OECD-DAC criteria (efficiency, effectiveness, relevance, sustainability and coherence) for evaluation, supplemented by the cross-cutting themes of gender and the environment.

4.3.1.3. Mid-term reporting indicators and mandatory evaluation

In terms of monitoring and evaluation, DGD imposes additional obligations in year three (2024) and five (2026). In these years, ITM is required to report progress on a number of pre-defined indicators in the IATI (International Aid Transparency Index). This data is publicly accessible via d-portal.org and serves to create greater transparency at international level regarding the financing of international cooperation and the effectiveness of aid. Based on the monitoring data, progress on the indicators is in line with the targets set within the DGD FA5 programme.

As part of the pilot project on evaluations, ITM designed a new approach in 2024, which has since been implemented in the form of an evaluation plan. This approach was activated in 2025 and will be mandatory from the next programme cycles onwards. By participating in the pilot project, ITM was able to implement this working method and gain experience relevant to future cycles. This approach replaces the previous requirement to carry out a final OECD/DAC evaluation for all outcomes within FA5. Instead, the emphasis is on striking a balance between learning and accountability, with targeted evaluations selected on the basis of a well-founded rationale. This makes evaluations more relevant and ensures they contribute more effectively to both the current programme and the preparation of future programmes. The various evaluations are currently underway and will take place between early 2025 and late 2026.

4.3.1.4. Collaboration with the Instituto Nacional de Saúde (INS) in Mozambique, funded by the FDFA

The Instituto Nacional de Saúde (INS) and ITM have a long-standing partnership. The Building Institutional Capacity at INS (BICMINS) project began in 2012 with the aim of strengthening the INS's capacity to generate evidence to improve health policy and the health of the Mozambican population. The project, supported by the Flemish Ministry of Foreign Affairs, has guided the institutional growth of INS and plays a key role in strengthening INS's capacity, with a particular focus on human capital development and the fulfilment of the institutional mission.

In January 2024, the fourth phase of the project commenced. We allocated the budget of 2 million euros made available by the Flemish government between both parties. Under this new programme, we are also establishing a link with the Health System Strengthening programme in Tete province, funded by Flanders. However, in October 2025, the Flemish government decided to terminate all bilateral programmes (including activities in Mozambique) on 31 December 2025. The BICMINS IV programme was thus terminated unexpectedly and prematurely. In November and December 2025, the departments involved intensified their exchanges to safeguard as many of the results as possible for the future. INS-Mozambique was also actively involved in preparing the next DGD multi-year programme.

4.3.1.5. Specific KPIs from the Strategic Policy Plan

Table 20. Overview of the 2025 KPI results for capacity building from the 2025-2030 Strategic Policy Plan.

		2025
OO1. We utilise opportunities for collaboration with institutional partners in the fields of research, education and service provision to society.		
MI-1.1: Capacity-sharing partnerships on track	Percentage of institutional partnerships with a capacity-building strategy that are on track	88% 15/17
MI-1.2: National partnerships in a fragile context	Ratio of the number of institutional partnerships in fragile and conflict-affected areas to the total number of capacity-building partnerships (X/X).	84%
MI-1.3: Joint publications with LMICs: First/last author		51%
MI-1.4: New projects with LMIC partners		0
KPI: Opportunities for collaboration with institutional partners		Baseline: 2
OO2. We invest in future generations of scientists from LMICs		
MI-2.1: Completed grants by recipients in LMICs	Number of study and research grants with which the recipient (from an LMIC) has successfully completed the course, training programme or research project (Master's, PhD, short courses).	172
KPI: Investing in future LMIC scientists	Access to and funding for ITM training programmes for the next generation of scientists from low- and middle-income countries is guaranteed at least at the same level and are adapted to the educational provision.	171
OO3. The expertise of ITM and its partners informs policy in Flanders, Belgium, the EU and LMICs on health and international cooperation.		
MI-3.1: Input from ITM experts for policy advice		46
MI-3.2: LMICs with policy engagement from partners		11
KPI: Expertise that has an impact on health and cooperation policy in LMICs		See section below

ITM's experts provide ongoing support to Flemish and Belgian representatives in bilateral and multilateral policy processes focused on health by making scientific knowledge available in a way that is relevant to policy-making. This is a concrete way of contributing to research- and evidence-based decision-making. This is certainly important for enabling rational and inclusive decisions, even in situations where the urgency to decide (e.g. during health crises) is very high. Increasingly, the expertise of partner organisations is also

being utilised for this purpose, in order to demonstrate the potential and actual impact of policy decisions in a measurable way.

4.3.2. ITM policy on capacity strengthening

In its institutional policy plan, ITM reflects its vision and ambitions in the field of international cooperation, in particular the differentiation of partnerships according to the needs of partner institutions and the countries in which they are based. In 2025, significant steps were taken to involve the entire partnership and all sections of ITM in the redesign of the partnership approach. This will be reflected very concretely in the next multi-year programme, which was launched in the second half of 2025 in collaboration with partners and will be submitted to the Ministry of Foreign Affairs and Development Cooperation on 15 June 2026 for the period 2027-2031.

These principles will be applied in the development of the next multi-year programme, using the 5-capabilities model as a conceptual framework to contribute to institutional capacities, complementing the strengthening of individual capacities.

4.3.3 ITM representation in the Democratic Republic of Congo, Kinshasa

Since 2017, ITM has had a permanent representation in Kinshasa to support the many research and educational activities in the Democratic Republic of the Congo. In March 2025, the Board of Governors decided to place this operation under the International Cooperation Office, in order to maximise the potential of this permanent presence in terms of networking and potential project acquisition, in addition to providing practical and logistical support for research activities.

In the second half of 2025, a new representative and logistics manager joined the team, and the recruitment process for a financial coordinator was also completed. By early 2026, the team was complete, highly internationalised (in addition to the local Congolese staff, the team members come from Belgium, Cameroon and the Central African Republic) and ready to successfully carry out its tasks and thus support ITM's ambitions.

5. ITM Partnerships

The overview below is limited to formal partnerships at ITM level. In addition, ITM researchers and professors have established national and international collaborations within the scope of their expertise. For example, ITM provides expert advice to national and international organisations, such as the World Health Organisation (WHO), the World Organisation for Animal Health (WOAH), Sciensano, the Risk Assessment Group (RAG), and the Federal Agency for Medicines and Health Products (FAGG). In addition, there are also close educational and research collaborations between ITM researchers and their national and international peers.

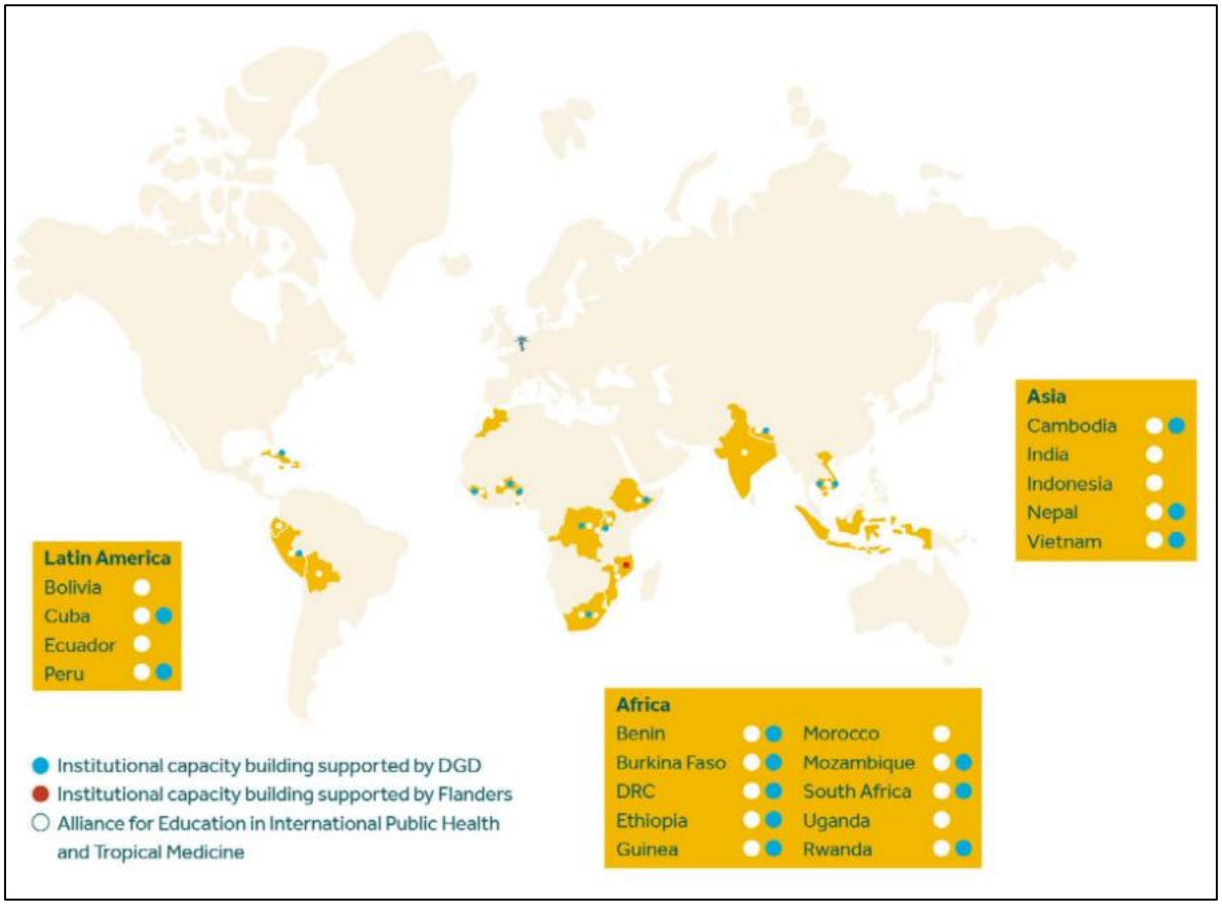
5.1. Partners in Flanders/Belgium

- Associate member of the Flemish Interuniversity Council (VLIR): as an associate member of the VLIR, ITM can participate in various consultation forums comprising representatives from Flemish universities with expertise within (the specific area of) the policy domain for which the respective consultation forums have been established. A VLIR consultation forum formulates recommendations and proposals. The exchange with colleagues in various fields contributes to a stronger connection with the Flemish academic landscape.
- ITM has institutional framework agreements with universities in Flanders:
    - University of Antwerp (renewed in 2023)
    - KU Leuven (renewed in 2024)
    - Vrije Universiteit Brussel
    - Ghent University
    - Hasselt University (in preparation)
- Collaboration with research institutions in Flanders/Belgium:
    - Institutes for postgraduate education: VLERICK, AMS and Orpheus Institute
    - Flemish Institute for Biotechnology Imec and VITO: discussions initiated as part of the Flemish AI programme
- Collaboration with partners in the medical sector:
    - Member of Zorgnet-Icuro: Through our membership of Zorgnet-Icuro, the Flemish network of healthcare organisations, ITM has access to information on legal obligations and developments in the sector and can seek specific advice. Particularly with regard to the rapidly and frequently changing COVID guidelines, they provided important guidance for the clinic's management in 2020 and 2021.
    - The cooperation agreement with Antwerp University Hospital (UZA) was renewed in 2023: The medical services and laboratories fall under the Department of Clinical Sciences. Since 2018, the inpatient ward has been under the scientific and administrative management of the UZA.
    - In 2022, ITM also entered into a partnership with the ZNA Stuivenberg, under which HIV patients continue to be monitored and treated.
- Cooperation with partners in the development cooperation sector:
    - Memisa
    - Health Impact Coalition
    - ENABEL
- ITM is a member of tropEd, the Network for Education in International Health.
- ITM is also a member of the Learning Network for Education Supporters (LNO^2). LNO^2 connects education supporters and experts from all colleges and universities in Flanders. The network facilitates the sharing of expertise and encourages innovation and the optimisation of education.

5.2. International partners

International partners within the framework of the DGD programme (implementing partners and the 'Alliance for Education on Tropical Medicine') and the programme in Mozambique supported by the Flemish Government.

Figure 3. Map showing partner institutions in development cooperation (FA5/DGD and Flanders).



Overview of international partnerships within the framework of ITM's core activities: research & innovation, education and international capacity building.

Latin America

Post-Graduate Medical School, Universidad Mayor de San Simon (UMSS), Cochabamba, Bolivia
Instituto Nacional de Higiene, Epidemiologia y Microbiologia (INHEM), Havana, Cuba
Instituto Pedro Kourí (IPK), Havana, Cuba
Institute of Public Health, Pontifical Catholic University of Ecuador (PUCE), Quito, Ecuador
Alexander von Humboldt Institute of Tropical Medicine (IMTAvH), Cayetano Herredia University, Lima, Peru
Fiocruz OSWALDO CRUZ FOUNDATION (Brazil)

Africa
Mycobacteria Reference Laboratory (LRM), Cotonou, Benin
Centre for Research in Human Reproduction and Demography (CERRHUD), Cotonou, Benin
Clinical Research Unit of Nanoro (CRUN), including Centre Muraz, Burkina Faso
National Institute for Biomedical Research (INRB), Ministry of Public Health, Kinshasa, DRC

National Programme for the Control of Human Trypanosomiasis (PNLTHA), Kinshasa, DRC
School of Public Health (ESP), University of Lubumbashi, Lubumbashi, DRC
Kimpese Health Research Centre (CRSK), Kimpese, DRC
College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia
Jimma University, Jimma, Ethiopia
Armauer Hansen Research Institute (AHRI), Addis Ababa, Ethiopia
Ethiopian Institute for Public Health (EPHI), Addis Ababa, Ethiopia
Maferinyah National Training and Research Centre, Guinea
African Centre of Excellence for the Prevention and Control of Communicable Diseases (CEA-PCMT), Conakry, Guinea
National School of Public Health (ENSP), Rabat, Morocco
National Institute of Health (INS), Maputo, Mozambique
Tete Provincial Health Service (SPS), Tete, Mozambique
Rwanda Biomedical Centre (RBC), Kigali, Rwanda
Kigali University Hospital, University of Rwanda (UR/CHUK), Kigali, Rwanda
School of Public Health, University of the Western Cape (UWC), Cape Town, South Africa
Department of Veterinary Tropical Diseases (DVTD), University of Pretoria (UOP), Pretoria, South Africa
School of Public Health (SPH - MUCHS), Makerere University College of Health Sciences, Kampala, Uganda
University of Zimbabwe, Harare (MOU)

Asia
National Institute of Public Health (NIPH), Phnom Penh, Cambodia
Institute of Public Health (IPH), Bangalore, India
Centre for Tropical Medicine, Faculty of Medicine, Gadjah Mada University, Yogyakarta, Indonesia
National Health Research Council (NHRC), Kathmandu, Nepal
B.P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal
National Institute of Malariology, Parasitology and Entomology (NIMPE), Hanoi, Vietnam
Nagasaki University

6. Scientific departments

6.1. Department of Public Health

S01 - Improving understanding of biological, environmental, sociocultural and systemic determinants of population health

SO2 - Developing, testing and implementing interventions that support and strengthen population health

SO3 - Creating knowledge and capacity to prevent, detect and address local and global health threats.

SO1 - Improving understanding of biological, environmental, sociocultural and systemic determinants of population health

In 2025, the Emerging Infectious Diseases (EID) unit led the CABU-EICO project, which developed, and later evaluated, a behavioural intervention to ultimately reduce antimicrobial resistance (AMR). The project's aim was to improve antibiotic use and hygiene practices among the local pharmacies and medicine sellers who provide antibiotics in the community, as well as among the communities they serve. Incorrect use of antibiotics is a major cause of AMR. The project delivers ready-to-use options for community-based antimicrobial stewardship, grounded in World Health Organization (WHO) treatment guidelines and designed to be adapted across many country settings.

The Reproductive and Maternal Health unit further consolidated its work on urban maternal health with 3 partner institutes in the UrbanBirth Collective, led by Peter Macharia, along with numerous PhD students. This will also lead to a milestone, he planned the inaugural *UrbanBirth Collective Forum,* which will take place at ITM from Monday 8 June until Wednesday 10 June 2026 (see https://www.urbanbirthcollective.org/news-events/forum2026).

The Pharmaceutical Public Health unit led a publication in the Lancet investigating the lack of access to medicines in conflict-thorn Gaza, and formulated related policy recommendations: New study reveals the scale of severe medicine shortages in Gaza | Institute of Tropical Medicine. This is in line with our priority research stream. In 2025, this also included the publication and dissemination of relevant research findings from Northern Syria: The struggle for accessing essential medicines in Northern Syria | Institute of Tropical Medicine, to be read with PharmaChron: Dissemination event | Institute of Tropical Medicine

SO2 - Developing, testing and implementing interventions that support and strengthen public health.

The Mycobacterial Diseases and Neglected Tropical Diseases unit, led significant advances toward HAT control and elimination, particularly related to the STROGHAT trial: https://www.itg.be/en/research/projects/stop-transmission-of-gambiense-human-african-trypanosomiasis-stroghat. Some more details are here in this HAT comm article: https://www.itg.be/en/health-stories/articles/advancing-sleeping-sickness-elimination-in-drc. We can also refer to this Gates Foundation press release on the project GAMBIT: https://www.itg.be/en/health-stories/press-releases/boost-for-sleeping-sickness-elimination-efforts-led-by-the-institute-of-tropical-medicine. More on STROGHAT: https://www.itg.be/en/health-stories/articles/the-last-mile-of-sleeping-sickness-elimination. And also see Minister Prévot visit Congolese partners of ITM:

https://www.itg.be/en/health-stories/press-releases/minister-prevot-visits-congolese-partners-of-itm-in-fight-against-emerging-diseases-and-sleeping-sickness.

The Pharmaceutical Public Health Unit launched the first activities of the Centre of Excellence for Pharmacovigilance in Southern Africa - CEPSA, a project supported by the European Commission, which results from the fruitful collaboration between the Institute of Tropical Medicine (ITM) and the University of the Western Cape in Cape Town, South Africa. The Centre is committed to transforming the pharmacovigilance landscape in Southern Africa by strengthening every aspect of pharmacovigilance for medicines and vaccines across their entire lifecycle, with advanced training and capacity building. In particular, in 2025 we organised the first practical training, in an initially unplanned but welcome collaboration with the African CDC. Twenty-one participants from 18 African countries enrolled and participated in this first edition. It was a unique opportunity to connect, learn, and share as CEPSA helps lay the foundation for a vibrant, long-term pharmacovigilance community of practice across the African continent and beyond.

The PPH unit also is on board of WANETAM EDCTP-funded network, which was successful in December 2025 to obtain a new round our financing. We co-lead a work package on pharmacovigilance and regulatory strengthening, with the MRC in The Gambia.

The EID unit, with Dr Veerle Vanlerberghe as principal investigator, together with a team from the Institute of Tropical Medicine Pedro Kouri (IPK) is leading the DI-MOB project on dengue in Cuba. This initiative is interdisciplinary combining epidemiological, human mobility and environmental data to better understand the drivers of local dengue transmission risk. The project contributes to strengthening long-term dengue prevention efforts in tropical regions where the disease continues to pose a major public health burden.

Transversally in the department, the Datahub developed a new set of drawings on data-related processes. “The adventures of Dataman” illustrates the Datahub’s approach to scientific data. The drawings emphasise the relational nature of data, i.e. how data come into being in close connection with investigators who use tools and techniques to select, transform, and integrate data, turning them into evidence.

The Sexual Health, including HIV unit successfully completed the Gates Foundation funded CHoNGeTSa study on youth awareness on sexually transmitted infectious research.

Dr. Jacquie Oliwa from the Sexual and Reproductive Health group collaborates with the Department of Clinical Sciences on the EDCTP funded project ACT4KIDS-TB which aims at closing the diagnostic gap for paediatric tuberculosis (TB) with a novel pioneering clinical decision-making (CDM)-app incorporating two transformative innovations (three-in-one): Actiphage and computer-assisted diagnosis of CXRs (CAD) at the point-of-care (POC).

From 6 to 8 October, the Health Policy Unit hosted delegates from Benin, Burundi, Cambodia, Guinea, Mali and Mozambique. Together we launched a new research network – the IHP Res Net, which aims to produce scientific research papers and actionable recommendations for policymakers. The founding members are: CERRHUD (Benin), INSP (Burundi), NIPH (Cambodia), CNFRSR (Guinea), Afrafra (Mali), INS (Mozambique) and ITM. Our long-term plan is that these organisations will monitor the impact of a selected range of IHPs in their own countries. By reporting the findings in the International Health Policy newsletter, we hope to give voice to (Global South) country-level perspectives on IHPs.

SO3 – Building knowledge and capacity to prevent, detect and address local and global health threats.

For the Socio-Ecological Health unit (SEHR), the SERVAL project delivered early evidence from the first global trial of seasonal mass vaccination with the R21 malaria vaccine across all age groups, conducted in Eastern

Gambia and Central Burkina Faso. The trial achieved high vaccination coverage (70-80%) in both countries and demonstrated that the vaccine was safe, well tolerated, and effective in reducing malaria infection and clinical disease, with particularly strong impact observed Gambia. Alongside the trial, qualitative research examined how social and institutional contexts shaped engagement with mass malaria vaccination. The study showed that long-term institutional presence and relational trust supported vaccine uptake, while differences in communication practices, timing of delivery, and population mobility - especially among young men - affected who was reached. It also highlighted how women often played a critical role in encouraging vaccination within formally patriarchal households, and how rumours reflected concerns about fairness, transparency, and bodily integrity rather than simple misinformation.

Also for SEHR the Artificial Intelligence Images project produced a peer-reviewed article in *The Lancet Global Health* warning that so-called "poverty porn" risks re-emerging through synthetic imagery. The publication attracted substantial international media attention, including interviews with *The Guardian* and *The Independent*, as well as coverage in Belgium's *De Morgen*.

The ECOHUB – Thematic Global Network on Climate Change, Urbanisation and Health is a multi-country platform that strengthens partners' capacities in research, education, policy and practice across these intersecting fields. The network is a bottom-up initiative within the DGD/FA5 programme, coordinated by Prof. Bruno Marchal, Prof. Katja Polman and Claudia Nieto from ITM's Ecohealth Group and Hashim Hounkpatin from CERRHUD. Its core objectives include sustaining a dynamic knowledge-sharing platform; enabling partners to co-design and implement relevant research; and building the ability to influence policy and practice in climate change, urbanisation and health. The fully operational communication platform, hosted on the ITM Alumni Connect website, now brings together over 140 members across regions. Each year, the EcoHub launches calls for small grants, resulting in funded projects spanning topics such as invasive urban malaria vectors (Ethiopia), climate-related health burdens in Latin American and Caribbean countries, ethics in research on climate change and health (India), climate change and women with disabilities (Kenya and Uganda), and environmentally sustainable health facilities in Africa. In addition, the network has funded a multi-country comparative study on governance pathways for climate-resilient health systems in Africa. A webinar series now enables grantees to share findings and strengthen cross-learning among members. Annual conference attendance calls support EcoHub members in presenting work on climate change, urbanisation and health, with participants sharing insights back with the other network partners. In the coming year, the EcoHub will prioritise South-South exchange and convene a network meeting to consolidate achievements and shape future directions.

The Emerging Infectious Diseases Unit co-developed a participatory community model for sustainable control against Aedes mosquitoes in Kinshasa, Democratic Republic of Congo. Led by a multidisciplinary team of entomologists, epidemiologists, and social scientists from the Institut National de Recherche Biomédicale in Kinshasa (INRB) and ITM, the study evaluates and implements different Aedes control strategies in selected areas in the vast city. Working closely with community volunteers engaged in health promotion, the project integrates proven mosquito control tools with local knowledge and everyday practices.

For the Health Policy Unit, In March, Prof. Gorik Ooms joined the European Joint Action on Global Health Impact (JA-GHI), as an external expert. The purpose of this Joint Action is to maximise the impact of the EU Global Health Strategy (which includes looking critically at that strategy), considering the 'tectonic' change in the global health architecture. It is expected that ITM will represent Belgium in the second phase of this Joint Action, starting in 2026 if all goes well.

The Sexual Health, including HIV unit obtained a FWO fellowship for Anke Rotsaert and the Maternal and Reproductive Health one for Anteneh Asefa. They both started their mandate end of 2025.

The Pharmaceutical Public Health unit plays a crucial role in policy support for the Belgian DGD and contributes to evidence-based guidelines on priority topics related to access to quality medical products in global healthcare. This work is often supported by its own research, as it is particularly the case, in 2025, with controlled medicines.

Table 21. Overview of the various units and departments (Dutch and English names) and the designated unit heads of the Department of Public Health. (as at 31 December 2025)

Department of Public Health		
English name	**Dutch name**	**Head of Department/ZAP**
Research group: Health systems & Health policy		
Health Policy	Gezondheidsbeleid	Gorik OOMS
Pharmaceutical Public Health	Geneesmiddelen en gezondheid	Raffaella RAVINETTO
Research group: Sexual & Reproductive Health		
Sexual Health, including HIV	Seksuele gezondheid, incl. HIV	Bernadette HENSEN
Reproductive and Maternal Health	Reproductieve en Maternale gezondheid	Lenka BENOVA
Child and Adolescent Health	NA	TBA
Research group: Tropical Infectious Diseases		
Emerging Infectious Diseases	Opkomende infectieziektes	Kathy KREPPEL
Mycobacterial diseases and NTDs	Mycobacteriële ziektes en verwaarloosde tropische ziektes	Epco HASKER
Research group: Eco-Health		
Socio-Ecological Health Research	Socio-ecologisch gezondheidsonderzoek	Koen PEETERS
Eco-epidemiology	Eco-epidemiologie	Katja POLMAN
Complexity and Health	Complexiteit en gezondheid	Bruno MARCHAL
Department of Public Health		
Head of Department	Departementshoofd	Raffaella RAVINETTO
Public Health Management	Departementsbeheerder	Jan BOEYNAEMS
Education Coordination	Onderwijscoördinatie	Veerle VANLERBERGHE

6.2. Department of Biomedical Sciences

6.2.1. Pioneering Research

2025 brought groundbreaking insights and milestones for each of the research themes defined in the Policy Plan:

- Mycobacteria

The Mycobacteriology Unit celebrated an exceptional cohort of PhD defences, including research into the treatment of MDR-TB in Guinea and Niger, omics-based prediction of drug resistance, culture-free whole-genome sequencing, and the control of rifampicin-resistant TB in Rwanda.

- Parasitic protozoa:

The recently established Department of Experimental Immunology has published its first original research article in the Tier 1 journal Global Change Biology. This study, which investigates how climate change can reprogramme malaria mosquitoes with consequences for malaria transmission, was designed and carried out entirely independently by the unit. In recognition of the importance of this work, the study was selected as the cover article for the August 2025 issue of the journal. The research generated significant media attention, including an official ITM press release and coverage in three major Belgian news outlets (RTBF, La Libre and L'Avenir). Maria Luísa Simões was elected chair of the American Committee of Medical Entomology. In addition, she served as a guest reviewer for the journal Nature.

The Molecular Parasitology Unit has developed globally recognised leadership in investigating genomic diversity in natural Leishmania populations. The uniqueness of this approach lies in the fact that parasites are sequenced directly from clinical samples, without the need for isolation or culture. The unit's ambition is to develop a network for the genomic surveillance of leishmaniasis. In this context, the unit is expanding its activities across various endemic foci to demonstrate the relevance of this approach to a range of epidemiologically important questions, such as micro-focal transmission (in Morocco) or outbreak characterisation (in Ethiopia). A successfully defended PhD in 2025 led to unique findings, including the discovery of a leishmaniasis focus in Peru where most parasites undergo sexual recombination and are infected with the Leishmania RNA virus. In addition to its applied dimension, the unit also contributes to research within the Experimental Parasitology Unit by providing new research questions and material.

Th Experimental Parasitology Unit has demonstrated the existence of quiescent, persister-like cells in *Leishmania*. These cells are induced following exposure to antileishmanial drugs and also exhibit cross-tolerance to other antileishmanial agents. These results highlight the need to develop innovative anti-Leishmania drugs that target non-proliferating cells. In addition, the unit developed a new high-throughput single-cell DNA sequencing method to study the genome of individual Leishmania cells. This method will be used to investigate genomic instability and the emergence of drug resistance in *Leishmania* and *Trypanosoma cruzi*.

The Trypanosoma Unit characterised the structure of the variant surface glycoprotein (VSG) LiTat 1.3, an important antigen in the serological diagnosis of infections with *Trypanosoma brucei gambiense* (sleeping sickness). We demonstrated that this surface antigen exhibits a stable, concentration-independent homotrimeric structure, which differs from all other VSGs described to date in African trypanosomes. We suspect that this unique structure is linked to the exceptionally strong diagnostic potential of LiTat 1.3. In addition, the unit's research focused on *Trypanosoma congolense*, the most important livestock trypanosome. Based on in-depth genomic analyses and (single-cell) transcriptomics of parasites injected by

tsetse flies, we selected ten surface proteins that are currently being experimentally evaluated for their potential as vaccine candidates. An effective vaccine against this parasite would constitute an important and sustainable control measure for livestock trypanosomiasis.

The Malariology Unit achieved significant scientific and financial milestones. The unit contributed to nine peer-reviewed publications, including influential studies on malaria treatment, drug resistance and surveillance. Highlights include the development of optimised protocols for *Plasmodium vivax* transcriptomics using low sample volumes, and new methods for single-cell preservation and RNA sequencing, which enable field research into natural malaria infections. In addition, the Malariology Unit was highly successful in securing competitive funding. New projects focus on challenges surrounding the development of drug resistance in *Plasmodium vivax* and *Plasmodium falciparum* and on the invasion mechanisms of *Plasmodium vivax*.

In March 2025, the Helminthology Unit was established, replacing the former Unit of Zoonoses. The unit aims to combine long-standing expertise in the epidemiology of zoonotic helminths with various omics approaches for the molecular surveillance of parasite populations and for studying interactions between vector and parasite and between host and parasite. More recent research lines focus on proteome analyses, the development of reverse genetics techniques (RNAi) in *Trichinella* and Brugia parasites, and the application of various genomic tools to study filarial and zoonotic parasites under field conditions. The unit recently welcomed several new team members, has established various internal and external collaborations, and looks forward with enthusiasm to what the future holds.

- Emerging viruses and their vectors

In the field of emerging viruses and their vectors, the Virology Unit has generated important new insights into how our adaptive immune system responds to a primary dengue infection, using unique biological material from experimental dengue infection models in humans and patients in endemic areas. Based on longitudinal monitoring of the B-cell receptor repertoire, the unit discovered that the earliest response is dominated by clones derived from memory cells, indicating a cross-reactive response. In parallel, the team identified public, convergent clones derived from naïve B cells that shared characteristic germline-like sequence features with limited somatic hypermutation across different individuals. By unravelling the timing and origin of early B-cell responses, this research refines models of antibody development in dengue infection and provides crucial new insights for vaccination strategies and severe disease progression. As part of studies on the pathophysiology of chikungunya infection, the unit identified a T-cell receptor signature in the peripheral blood of patients with chikungunya, which appears to be associated with chronic chikungunya complications. This was achieved using a unique cohort of chikungunya patients from Cambodia, who were followed up over the long term for chronic disease progression. The findings confirm a role for CD4+ T cells in the aetiology and pathophysiology of chronic chikungunya and provide important information on candidate biomarkers that may predict susceptibility to the development of chronic symptoms.

In collaboration with the Entomology Unit, efforts continued to strengthen research into the ability of *Aedes* mosquitoes to transmit viruses and into new methods to inhibit virus transmission by mosquitoes. In this context, specific research was conducted into, on the one hand, whether the mosquito's intrinsic immune system can be activated against viral infection and, on the other hand, whether antiviral products can be used to reduce virus transmission by mosquitoes.

The CLIMB project, carried out by the Entomology Unit, further investigated how different populations *of Aedes aegypti* and *Aedes albopictus* from Nepal adapt to thermal stress, with particular attention to the effects of extreme heat events. These studies provide insight into how such conditions influence the survival, physiology and reproduction of mosquitoes. They provide valuable information on how vector populations

can cope with increasingly frequent heatwaves and how this may influence their future distribution and the patterns of arbovirus transmission.

In parallel, the POLSA project launched a new line of research into the role of polarised light in the behaviour of adult mosquitoes. This innovative work combines a robotics-based, automated behavioural arena with advanced recording and analysis techniques, enabling accurate and reproducible measurements of mosquito responses to visual stimuli. This approach opens up new research perspectives within sensory ecology and swarm formation.

In 2025, two PhD theses were successfully defended. Adwine Vanslembrouck investigated the ecology of invasive mosquitoes in Europe, focusing on how larval competition between species influences the risk of infection and on the role of native water beetles as sustainable biological control agents. Sofía Vielma's research provided new insights into the swarming behaviour of *Anopheles coluzzii*, revealing key ecological and sensory mechanisms of swarming and mate recognition, and deepening our understanding of the reproductive biology of mosquitoes.

In 2025, a total of 21 experimental arbovirus infections were conducted at the ACL3 insect research facilities using five mosquito species (*Aedes aegypti, Aedes albopictus, Aedes koreikus, Culex pipiens, Anopheles atroparvus*) and three emerging or re-emerging arboviruses (chikungunya virus, dengue virus and Oropouche virus). These studies focused primarily on assessing vector competence to support outbreak preparedness, as well as on evaluating antiviral approaches targeting mosquitoes as potential innovative strategies for vector control. A key outcome was the characterisation of vector competence for the Oropouche virus in European mosquito species, in collaboration with KU Leuven. The results were recently published and represent a significant contribution to preparedness for a potential introduction of OROV into Europe.

6.2.2. Education

In 2025, the department focused on improving and innovating the existing educational portfolio, professionalising teaching staff, strengthening educational processes and developing new educational initiatives.

- Educational innovation

Efforts were made to develop a platform for creating Artificial Intelligence (AI) Agents to serve as virtual teaching assistants. The platform, named 'Academus', is currently in the prototype stage and will undergo further validation in 2026. The platform allows confidential information to be processed using AI, as it is being developed entirely on our ITM servers. We are collaborating with the IT department at ITM on this.

- Professional development

Educational professionalisation had already been organised, but not in a structured manner. To address this, we have set up a project with the education unit called 'Align' to support our lecturers in developing new material and revising existing courses. Online modules have been developed on the Litmos platform that allow registration of those taking the course; for the time being, this is on a voluntary basis, and we note that by 2026, further efforts will be needed to encourage staff to undertake these professional development modules.

- New educational initiatives

Finally, we remain committed to translating our research into a range of courses. To this end, several new courses have been put in the pipeline for 2025: bioinformatics, molecular surveillance for malaria, and a thorough review and expansion of laboratory diagnostics. We hope to be able to offer these new initiatives by the 2026-2027 academic year. In addition to course development, the teaching unit will also focus more on expanding the doctoral training programme. A plan for this will be rolled out in 2026.

6.2.3. Services

- Reference laboratories

- The WHO has renewed the appointment of the Trypanosoma Unit as a WHO Collaborating Centre for Research and Training on Human African Trypanosomiasis Diagnostics for a further four-year term.

- The Virology Unit contributed expertise and reference testing to the National Reference Laboratory for Arboviruses.

- The Helminthology Unit extended its mandate as the National Reference Laboratory for Parasites (*Trichinellosis, Echinococcosis* and *Anisakiasis*)

- ENABEL: The Malariology Unit launched a new collaboration in Burundi with the aim of supporting the establishment of a national malaria research centre and a system for molecular malaria surveillance. In 2025, two field visits were carried out to conduct a stakeholder analysis of the malaria landscape and existing capacities in the country. Based on these consultations, we formulated strategic recommendations and developed a funding proposal to support the implementation of the MMS platform and the future research centre.

- In 2025, the BCCM ITM Mycobacteria Collection had an exceptional year, with a large number of international requests for strains, underlining its global scientific value. Studies supported by the ITM contributed to the inclusion of new TB treatment regimens in the WHO guidelines.

- The Virology Unit developed a multiplex PCR diagnostic test for the four most common arboviruses in the tropics, namely dengue, Zika, chikungunya and yellow fever virus. As part of the FA5 programme, this test was rolled out and implemented in Peru (Lima and Yurimaguas), in Cuba (Havana and Cienfuegos) and in the DRC (Goma). Local training of laboratory staff was provided, and further follow-up and troubleshooting will continue in 2026. In addition, the Virology Unit also developed a diagnostic method based on metagenomic sequencing. This method was also transferred to Lima following intensive training and follow-up, where the technique is used for samples for which no answer can be found using conventional diagnostic analyses.

- Over the past year, the Virus Ecology Unit developed a multiplex serological assay for mpox, which was used to analyse antibody responses in a unique cohort of naturally infected and vaccinated ITM patients. This work resulted in a publication in *The Lancet Infectious Diseases* and an acceptance in *The Lancet Microbe*. In addition, we investigated the presence of mpox in wild fauna in Central Africa and concluded that squirrels are the main, but not the only, reservoir hosts. Finally, we contributed to the development of a cost-effective metagenomic sequencing method for detecting viruses in wildlife samples.

- The Entomology Unit and the Virology Unit jointly developed and delivered the first practical training course in basic virology, with a particular focus on vector-borne viruses, at Tribhuvan University in Kathmandu (Nepal). The aim of the intensive two-week course was to strengthen the technical capacities of FA5 partners in core areas such as virology, cell culture and microbiological techniques.

6.2.4. Management

- The department completed its ZAP framework with the appointment of Prof. Malgorzata Domagalska as Head of the Experimental Parasitology Unit on 1 January 2025 and Prof. Ciaran McCoy as Head of the Helminthology Unit on 1 March 2025.

- To ensure the operational continuity of its laboratories in the run-up to the ITM Masterplan Buildings the department developed plans for the refurbishment of the laboratories at the Mortelmans Campus. Work is scheduled to start in 2026 and will ensure that the Entomology, Helminthology and Virus Ecology Units have adequate laboratory infrastructure for their specific research and service activities in the coming period.

6.2.5. Ambitions and challenges

- Secure funding for the renewal of the laboratory infrastructure and equipment to ensure business continuity pending the completion of the laboratory building under the Masterplan Buildings.

- Utilise Artificial Intelligence (AI) to optimise support processes such as pre-award support and bring the workload down to an acceptable level.

- Further align the research and teaching portfolio.

- Supporting researcher mobility within the regulatory and legislative framework.

- Strategic filling of future vacant ZAP positions following retirements (Head of Trypanosoma, Head of Molecular Parasitology)

- Focus on the timely identification of opportunities for commercialisation.

Table 22. Overview of the various units and research groups (Dutch and English names) and the designated heads of unit within the Department of Biomedical Sciences. (status 31 December 2025)

Department of Biomedical Sciences		
English name	Dutch name	Head of Department/ZAP
Mycobacteriology	Mycobacteriologie	Bouke DE JONG
Virology	Virologie	Kevin ARIËN
Experimental Immunology	Experimentele Immunologie	Maria Luísa SIMÕES
Molecular Parasitology	Moleculaire Parasitologie	Jean-Claude DUJARDIN
Malariology	Malariologie	Anna ROSANAS-URGELL

Trypanosoma	Trypanosoma	Jan VAN DEN ABBEELE
Helminthology	Helminthologie	Ciaran McCoy
Entomology	Entomologie	Ruth MÜLLER
Virus Ecology	Virus Ecologie	Joachim MARIËN
Experimental Parasitology	Experimentele Parasitologie	Malgorzata DOMAGALSKA
Department of Biomedical Sciences		
Head of Department	Departementshoofd	Kevin ARIËN
Management of Biomedical Sciences	Beheer Biomedische Wetenschappen	Nadine VAN PEER
Education Coordination	Onderwijscoördinatie	Mieke STEVENS

6.3. Department of Clinical Sciences

SO1 - To conduct excellent clinical and laboratory research in the field of HIV, tuberculosis, STIs and tropical infectious diseases, including vaccine-preventable diseases, in order to answer questions regarding the best prevention, diagnosis and treatment practices to reduce individual suffering caused by infectious diseases.

SO2 - Contribute to improved patient management by strengthening research, education and reference service capacities in LMICs.

S03 - Providing scientific and medical services for the benefit of patients in Belgium (Europe), in support of global health security and outbreak preparedness, and of national and international health organisations.

Achievements relating to S01

- Following the retirement of the Professor of Tuberculosis, we appointed a new professor as his successor in 2025. This enables us to sustain these important lines of research. In addition, it was also decided to expand the research line on Tropical Medicine, given its national and international importance for ITM and with a view to building critical mass for this broad field.

- Various competitive external grants have been secured within the department's niche areas and activities, both in Belgium and in the Global South. These funds were secured through a wide range of national and international competitive grant programmes (Horizon Europe, EDCTP, FWO, KCE, Vlaio, etc.) covering various topics such as emerging infectious diseases, alternative testing strategies, bacterial infections, antibiotic resistance, tuberculosis and neglected tropical diseases, etc. Particularly within the EDCTP programme, we have once again been very successful this year in securing various grants relating to, among other things, TB and NTD research. For several of these grants, ITM is taking the lead within the research consortium.

Achievements regarding SO2

- The Master's in Tropical Medicine was re-accredited by the NVAO last year. We are actively taking steps to embed this programme within an increasing number of academic units.

- WikiTropica, an open-access platform on tropical infectious diseases, has been further optimised. It offers e-learning tools and information that can be used worldwide by students, staff and healthcare professionals.

- Activities relating to capacity building in the DRC were significantly strengthened with a clinical component in close collaboration with the DRC office. We are also continuing to work with the other partner institutions to achieve the objectives within FA5 towards the end of this programme.

Achievements relating to SO3

SO3 concerns 'Medical Reference Care', which is primarily carried out by the Department of Clinical Sciences. These achievements are explained in detail under 4.2. In Belgium, ITM remains the national reference institution in the field of tropical treatment and diagnostics and is one of the major national reference centres and laboratories in the field of HIV and STIs.

Ambitions and challenges for 2026

- Addressing key priorities within the medical services, such as further developing the new structure, ensuring continuity across the various disciplines, further integrating activities and processes, and responding to new policy developments. The medical services form the core of the department, and their effective functioning within the clinic and KRL is the foundation for further shaping research and education.

- Recruiting the new ZAP in accordance with the ZAP plan and embedding them within the existing research lines in the department and across the entire ITM to generate greater critical mass in the academic sphere.

- Further developing the Clinical Trial Site by attracting sufficient studies from the life sciences and expanding academic trials. We are also committed to close collaboration with the study team within the clinic.

- Coordinating the entire Master's programme in Tropical Medicine and integrating the recommendations of the NVAO. Taking further steps in the digitalisation strategy within education and focusing on opportunities relating to new short courses or evening seminars, or on WHO initiatives within the framework of SORT-IT.

- Focus intensively on implementing the clinical capacity-building activities in the final year of the FA5 framework agreement and on developing the new FA6 framework agreement.

- Consolidate or further develop our role as a point of reference for our various partners, such as UZA, RIZIV and WHO.

Table 23. Overview of the various departments and research groups (Dutch and English names) and the designated heads of department within the Department of Clinical Sciences. (status 31 December 2025)

Department of Clinical Sciences		
English name	Dutch name	Head of Department / ZAP
Research ***group:*** Clinical Tropical Medicine		
Clinical Trials Unit	Clinical Trials Unit	Yven VAN HERREWEGE
Tropical Diseases	Tropische Geneeskunde	Emmanuel BOTTIEAU
HIV & Tuberculosis	HIV & Tuberculose	Tom DECROO
Sexually Transmitted Diseases	Seksueel Overdraagbare Infecties	Chris KENYON
Neglected Tropical Diseases	Verwaarloosde Tropische Ziekten	Johan VAN GRIENSVEN
Travel Medicine	Reisgeneeskunde	Patrick SOENTJENS
Emerging Infectious Diseases	Opkomende Infectiezieken	Laurens LIESENBORGHS
Research group: Tropical Laboratory Medicine		

Tropical Bacteriology	Tropische Bacteriologie	Liselotte HARDY
Clinical Virology	Klinische Virologie	Koen VERCAUTEREN
Clinical Immunology	Klinische Immunologie	Wim ADRIAENSEN
Medical Services		
Clinical Reference Laboratory	Klinische Referentielaboratorium	Marjan VAN ESBROECK / Dorien VAN DEN BOSSCHE
Polyclinic	Polikliniek	Patrick SOENTJENS
Department of Clinical Sciences		
Head of Department	Departementshoofd	Johan VAN GRIENSVEN
Management of Clinical Sciences	Beheer Klinische Wetenschappen	Filip DE KEULENAER
Education Coordination	Onderwijscoördinatie	Maria ZOLFO

7. Management and Organisation

7.1. Policy Organisation

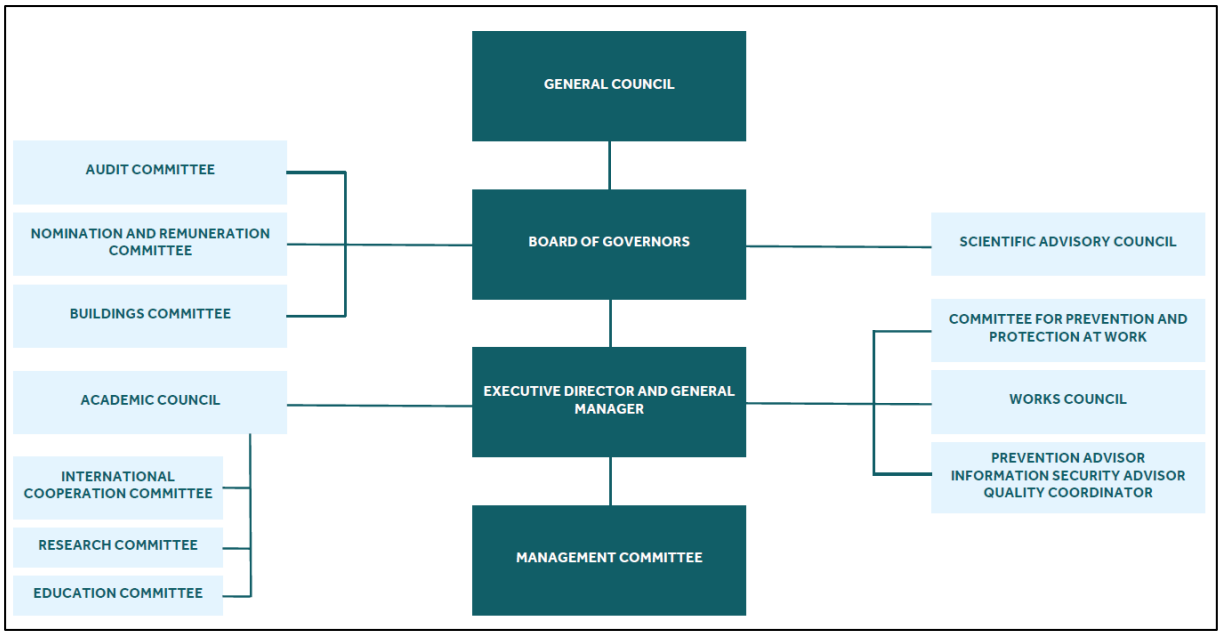
7.1.1. Charter of Good Governance

ITM sets out its decision-making principles and methods in a Charter of Good Governance. These principles and methods are designed to ensure the effective, sustainable and transparent fulfilment of the ITM's purpose, mission, mandate and core values, with the full confidence of its stakeholders and society as a whole. This ensures that decision-making and administrative actions at every level are transparent, accessible and verifiable, whilst taking into account the academic freedom and participatory policy-making that are characteristic of an academic institution. In doing so, ITM complies with the Recommendations for Good Governance in Flemish Universities. The Charter is published on the ITM website and is accessible to all stakeholders and other interested parties.

7.1.2. Overview of consultative bodies

The diagram below outlines ITM's policy and advisory bodies as laid down in the articles of association, as well as the statutory consultative structures and functions that report to the executive management (namely the Executive Director and the General Manager). For the sake of completeness, this diagram also includes academic consultative bodies that advise the Board of Governors and the executive management respectively. It also includes the functions that report to the Executive Director or the General Manager in accordance with statutory provisions.

Figure 4. Overview of the various policy and advisory bodies of ITM.



General Council

The General Council is a statutory body responsible for ensuring that the ITM's policy, governance and management are consistent with its purpose, identity and integrity. The Council consists of voting representatives of various ITM stakeholders, specifically various funding bodies e authorities, local authorities, universities, partners, staff, alumni, students and additional members co-opted by the General

Council. The members of the Board of Governors and the Government Commissioner are non-voting members. An overview of the current members of the General Council can be found on our website.

The General Council supervises an independent Board of Governors and may appoint and dismiss its members, with the exception of the Executive Director and the General Manager (who are appointed and dismissed by the Board of Governors). The General Council evaluates the quality of the work carried out by the Board of Governors annually and, in the event of serious shortcomings, may, by means of a reasoned decision, suspend or dismiss one or more governors.

The General Council meets at least twice a year, but may organise additional meetings. Further information about the General Council can be found in the Articles of Association.

Board of Governors

ITM is governed by a Board of Governors, which delegates day-to-day management to the Executive Director and the General Manager. The Executive Director and the General Manager are accountable to the Board of Governors for all management actions. The Board of Governors has full authority, even though the prior advice of the General Council is required for a number of powers.

The Board of Governors consists of a minimum of three and a maximum of fourteen members, who are appointed by the General Council, with the exception of the Executive Director and the General Manager. The term of office of the members of the Board of Governors, with the exception of the Executive Director and the General Manager, is four years. A person may be reappointed as a governor, but may not serve as a member of the Board of Governors for more than twelve years (whether or not interrupted), with the exception of the Executive Director and the General Manager. The Executive Director and the General Manager are ex officio members of the Board of Governors, but may not serve as Chair or Vice-Chair. A list of the current members of the Board of Governors can be found on our website.

The Board of Governors meets at least four times a year and as often as the interests of ITM require. Further information about the Board of Governors can be found in the Articles of Association.

The Board of Governors is supported by three advisory committees, namely the **Audit Committee** (with advisory powers regarding finance and risk management), the **Nomination and Remuneration Committee** (with advisory powers regarding the appointment of senior staff, remuneration policy and the selection of directors), and the **Buildings Committee** (with advisory powers regarding ITM's building portfolio). Charters have been drawn up for these three advisory bodies, governing their remit, composition and operation.

Management Committee

The Management Committee assists the Executive Director and the General Manager in the day-to-day management of ITM. The composition, functioning and powers of the committee are laid down in the administrative regulations. In principle, the members of the Management Committee meet every two weeks.

Academic Council

The Academic Council is a consultative body operating outside the hierarchical structure, in which ideas on academic matters are exchanged across the boundaries of units and departments, and concrete recommendations are formulated. The members decide autonomously on the agenda, and the recommendations are made independently of the hierarchical structure. These recommendations are not binding, but they do provide guidance. The Council meets monthly.

Works Council

The Works Council is a consultative body through which the head of the company informs and consults with employee representatives. In some matters, the Council may take decisions; in others, it has supervisory powers. The Council's powers relate to employment and work organisation, terms and conditions of employment and remuneration, private life and new technologies, events or decisions that could alter work organisation and terms and conditions of employment, and supervisory powers. The Works Council meets monthly, except in July and August.

Committee for Prevention and Protection at Work

The Committee for Prevention and Protection at Work is a statutory consultative body composed of appointed employer representatives and elected employee representatives who are members of the Safety, Well-being and Environment Department (SHE). The Committee has an advisory role and its main task is to formulate proposals that promote the safety and well-being of employees in the performance of their work, as well as to encourage the activities of the SHE Unit and monitor its operations. The Committee meets monthly, with the exception of July and August.

Table 24. Overview of the various meetings and consultative bodies (2020-2025)

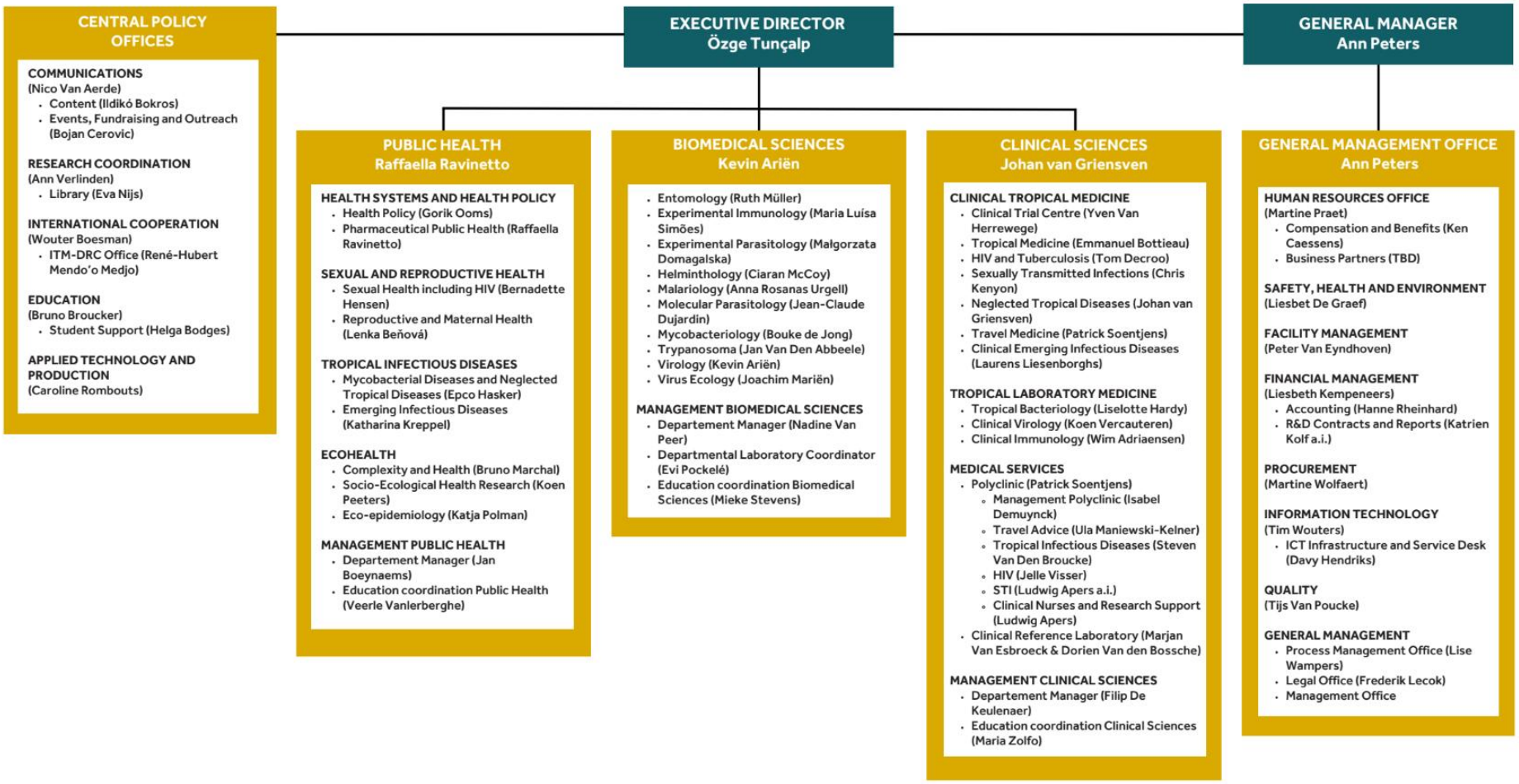
Meetings of consultative bodies	2020	2021	2022	2023	2024	2025
General Council	2	2	2	2	2	2
Board of Governors	7	7	6	8	6	5
Management Committee	23	23	21	20	26	23
Audit Committee	3	6	4	6	5	3
Nomination and Remuneration Committee	4	4	6	5	5	3
Buildings Committee	2	4	3	4	2	2
Works Council	10	10	10	11	12	10
Academic Council	10	11	10	8	9	9
Committee for Prevention and Protection at Work	10	9	9	10	10	10

7.1.3. Overview of the ITM Organisational Structure

The diagram below outlines the departments and units within ITM, and the hierarchical relationships between them. From now on, the term 'department' will be reserved to refer to the grouping of scientific services as well as the management and administrative departmental services.

Central support for the ITM's operations is organised, on the one hand, into central policy services reporting to the Executive Director, and, on the other hand, into general management services reporting to the General Manager. Support within the departments is organised on a departmental basis through the departmental management services.

Figure 5. Illustration of the ITM organisational structure.



7.2. Regulatory framework

ITM's main statutory duties are set out in:

- Higher Education Code;
- Decree of 30 April 2009 on the organisation and financing of science and innovation policy;
- Ministerial Decree of 31 August 1998 on the recognition of the Prince Leopold Institute of Tropical Medicine as a reference laboratory for the diagnosis and treatment of tropical and infectious diseases;
- Act of 19 March 2013 on Belgian Development Cooperation;
- Royal Decree of 11 September 2016 on non-governmental cooperation

Academic recognition and funding by the Department of Education and Training form the basis on which ITM is established. ITM has various public mandates and funding arrangements, set out in a considerable number of agreements with Flemish and federal authorities:

- Management agreement with the Flemish Department of Education and Training as a Public Utility Foundation for post-initial training, research and services (until 2025);
- Agreement with the Flemish Department of Economy, Science and Innovation for its research programme ('Structural Research Fund') (until 2025);
- An integrated management agreement with the Institute of Tropical Medicine (ITM) for the period from 1 January 2026 to 31 December 2030. This agreement combines the strengths of research, innovation and education, reinforces ITM's role as an international pioneer in health innovation, and guarantees a sustainable contribution to talent development, societal impact and valorisation in Flanders. Alongside research and innovation, education remains an essential pillar of the Institute of Tropical Medicine's mission. Through funding from the Education policy area, ITM continues to focus on high-quality post-initial education in tropical medicine and global healthcare.
- Ministerial recognition of ITM as an Institutional Actor by the Minister for Development Cooperation (1 January 2017 - 31 December 2026) (letter of 7 October 2016);
- Project partner 'Mozambique', Flemish Department of Foreign Affairs (Global Challenges Division);
- Accreditations and multi-year agreements with the RIZIV (Public Health and Social Affairs) as reference centres or laboratories for tropical and infectious diseases, HIV/AIDS;
- Accreditation as a Scientific Institution for tax and parafiscal deductions to promote research and development by the Federal Government;
- Project partner of the Flemish Department of Welfare.

In addition to the above-statutory mandates and accreditations, ITM must comply with general legislation and regulations concerning welfare, the environment, heritage, etc. (Bio-)safety, welfare and environmental legislation (including ADR, IATA, Dual Use...) can have a significant impact and must be respected in order for us to be permitted and able to carry out our core tasks. Furthermore, the various activities at ITM must,

often by law, comply with certain ISO standards, Good Clinical (Laboratory) Practices (GC(L)P), the Nagoya Protocol, etc.

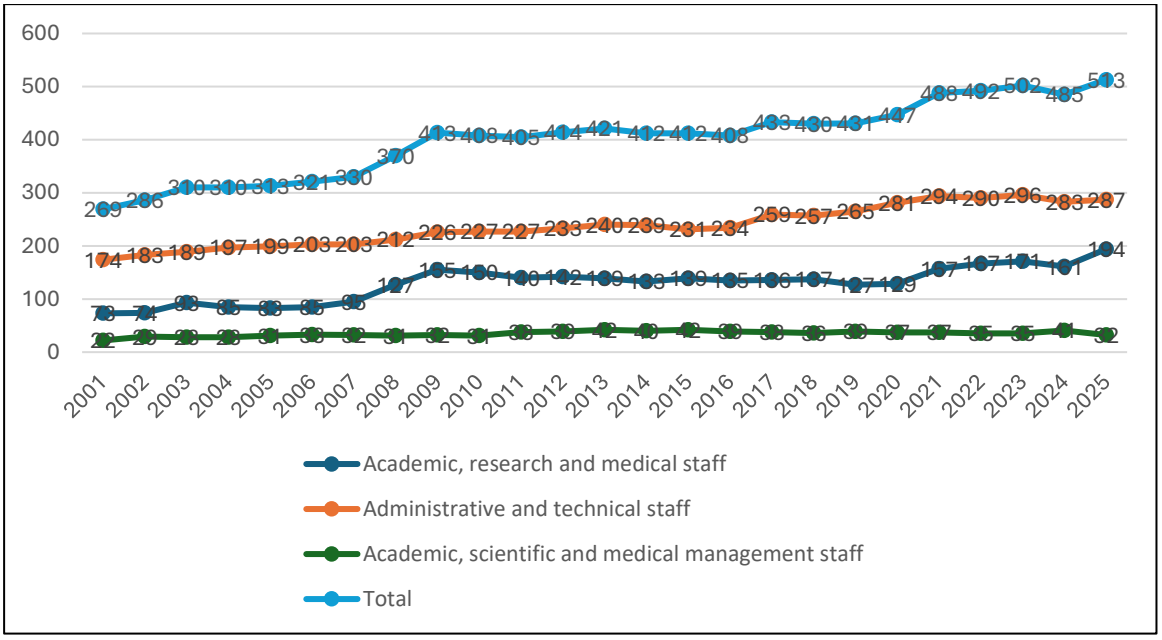
7.3. Human Resources Policy and Report

7.3.1. Human Resources

In 2025, ITM's Human Resources Unit further strengthened the foundations of a modern and forward-looking personnel policy through targeted efforts to provide professional support to the organisation. The key figures illustrate the organisational context in which we focus on our most important asset: our staff.

On 31 December 2025, ITM had 513 employees, compared to 485 the previous year. A decline is only visible among academic, scientific and medical management staff. The other staff categories saw an increase. In addition, the average use of temporary staff fell further from 2.9 to 2.3. This points to more stable staff planning.

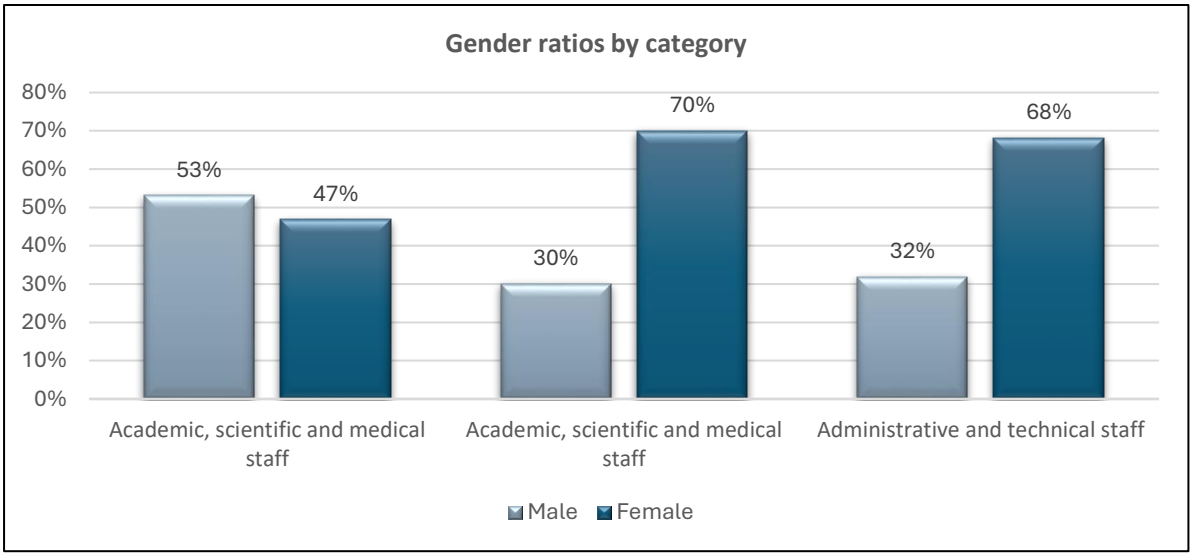
Figure 6. Evolution of the number of staff members (total and by staff category) from 2001 to 2025.



The ratio of full-time to part-time staff remained stable compared to 2024, standing at 68/32. This trend highlights the growing need for flexibility within the organisation and shows that staff are able to balance their work and private lives in a sustainable way.

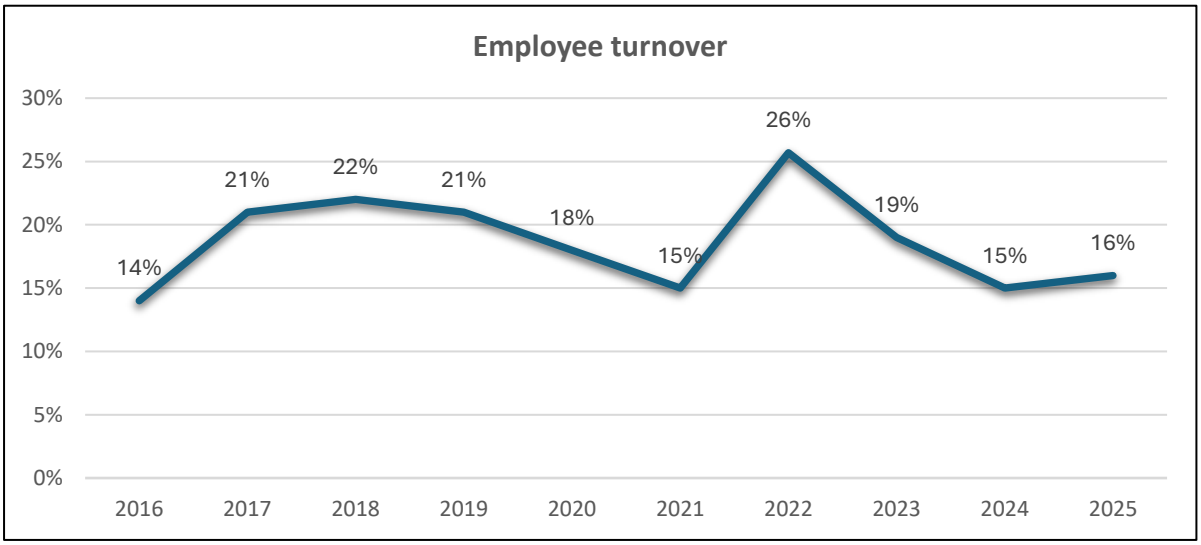
Diversity remains a key feature of ITM. The organisation comprises 31% men and 69% women, with variations across staff categories. In terms of nationalities, too, ITM remains an international workplace. The organisation has employees of 46 different nationalities. Of the workforce, 78.95% are Belgian nationals, 9.15% come from neighbouring countries and 11.90% come from 40 other countries.

Figure 7. Graph showing gender ratios in 2025 by staff category as at 31/12/2025.



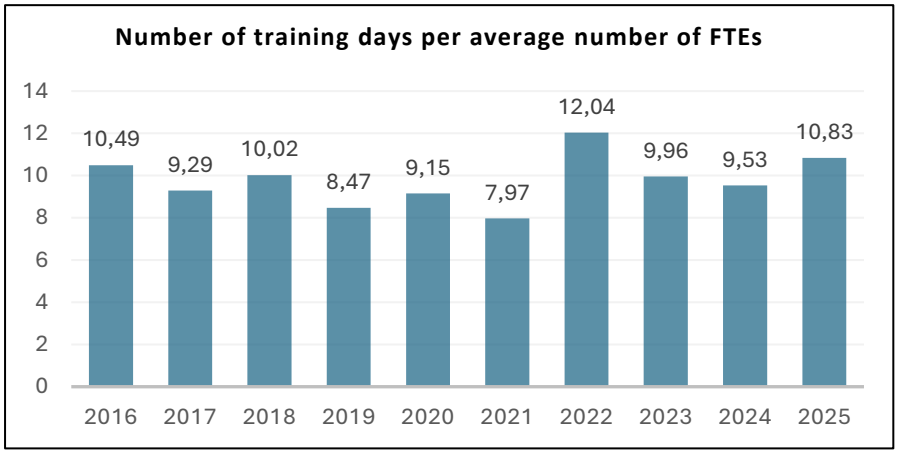
Staff turnover rose very slightly from 15% in 2024 to 16% in 2025. In that same year, ITM welcomed 105 new employees, whilst 77 employees left the organisation. In contrast to previous years, there was therefore a net increase in the workforce.

Figure 8. Percentage of employees leaving per year relative to the total average number of employees in that year.



Employees attended an average of 10.83 training days (formal, informal and initial vocational training) per full-time equivalent. This puts us above the statutory standard of 5 days. The number of training days has remained visibly stable in recent years.

Figure 9. Overview of the average number of training days per full-time equivalent (FTE) since 2016 (Source: Social balance sheets).



All members of the management line are required to undertake and complete a leadership programme within 18 months of their appointment to a managerial role. By 2025, we will achieve a 95% completion rate. Sixty-eight managers have completed this programme. Only three colleagues who have been with the organisation for some time did not complete the programme within the first 18 months. The reasons for this were illness and scheduling conflicts. These managers are on the list to participate in the programme in autumn 2026.

We can conclude that, in terms of human resources management, 2025 was a year of targeted strengthening for ITM, in which we continue to invest in our employees. Training efforts and staff turnover figures remain stable. The workforce continues to grow steadily. ITM attaches great importance to diversity and inclusion. Staff of various nationalities and backgrounds work at ITM. Part-time employment is adequately supported. We are committed to equal opportunities, ensuring that women are represented at all levels within the organisation.

7.3.2. Wellbeing

The wellbeing of ITM staff is monitored through, among other things, medical monitoring, psychosocial support and wellbeing initiatives.

7.3.2.1. Medical examinations

The occupational health doctor from Mensura reports annually to the CPPW and consults with the Safety, Health and Environment Unit. In 2025, 401 medical examinations were carried out, including 257 periodic examinations and 144 other types of examinations, mainly for fit-for-travel applications (108). Three occupational diseases were reported to Fedris.

7.3.2.2. Psychosocial well-being

The PSY team reports annually to the CPPW. In 2025, 17 informal cases were opened with the psychosocial prevention adviser. The internal confidential advisers handled 6 informal interventions. The action plan following the well-being survey (2022) was further implemented, with particular attention to actions relating to lifelong learning.

7.3.2.3. Well-being initiatives

ITM organised various initiatives, including stress drop-in sessions, Well@Work activities (e.g. breakfast, massage@work, ergonomic workplace analyses, plant swap, etc.), bike repair days, cyclists' applause, coffee barista, massage sessions, Easter and St Nicholas activities, soup distribution, staff party, etc.

7.3.2.4. Reintegration and check-ups

The Medical Social Team (MST) met four times to follow up on 36 employees on long-term sick leave. In addition, 13 employees underwent a comprehensive health check-up under CLA 104.

7.4. Financial Report

The full annual accounts were submitted to the Flemish Government by 31 March 2026 at the latest.

Total assets amounted to €68.1 million at the end of 2025, a decrease of approximately €0.9 million compared with 2024. This trend is mainly attributable to a decrease in fixed assets, primarily due to the sharp decline in assets under construction following the completion of (including IT) projects, as a result of which these were transferred and depreciation has commenced. This decrease is partly offset by additional investments in tangible and intangible fixed assets.

Current assets remain stable compared to last year. The slight decrease is mainly explained by lower current receivables and accruals, whilst cash and cash equivalents remain virtually unchanged.

Compared with the 2025 budget, total assets are approximately €2.2 million lower. This variance is mainly attributable to a lower level of current assets than anticipated, supplemented by a smaller variance in fixed assets, primarily due to timing differences in investments and project implementation.

Liabilities amounted to €68.1 million at the end of 2025, a decrease of approximately €0.9 million compared to 2024 (€69 million). Equity rises to €36.2 million (+€1.4 million compared to 2024), mainly due to the increase in retained earnings and the further build-up of designated funds (cf. support funds). Liabilities decreased to €31.9 million (a decrease of €2.3 million compared to 2024), due both to the reduction of long-term financial liabilities (repayment of loan principal) and a decrease in current liabilities. This strengthens the organisation's financial position.

Compared to the 2025 budget, total liabilities are approximately €2.2 million lower. This deviation is characterised by a higher-than-budgeted level of equity, as a result of the realised result, and a lower debt position, mainly due to timing differences in the recognition of liabilities and the execution of activities.

The result for the 2025 financial year is a profit of +€1.45 million.

The operating result rises further to +€2.1 million (approx. €1.6 million in 2024) and confirms the organisation's strong operational performance. However, this positive trend is partially offset by a negative financial result, which is mainly due to exchange rate differences (EUR/USD) relating to previous years and corrected in 2025.

Compared to 2024, the result is lower, but the actual result exceeds the 2025 budget (by approximately +0.4 million euros), indicating a better-than-expected operational performance.

This trend is explained by a combination of factors, including stable operational revenues, cost control (including staff costs), and a one-off negative impact on the financial result. In addition, elements such as

project income, overhead recovery and movements in support funds and income from legacies and patronage continue to contribute to the overall result.

Finally, it is worth noting:

- The liquidity ratio for 2025 has risen: 1.41 (greater than 1) compared to 1.34 in 2024, and higher than the budgeted 1.29.

- Spending of the 2025 investment budget: €0.48 million, or 60% of the budgeted amount, mainly due to the postponement of the estimated €0.2 million investment cost for the Electronic Patient Record to 2026. Fifty per cent of this €0.48 million was invested in IT (including the server room, Wi-Fi access point renewal and the core switch), with the remaining 50% invested in buildings and infrastructure, such as the renewal of the fire control centre, roof insulation and investment in solar panels.

- Allocation of 2025 results: addition to the restricted funds of 353,347 euros (support funds), withdrawal from the restricted funds of 14,839 euros (O&I fund), with an increase in retained earnings of +1,108,597 euros to a total retained profit of 12,169,514 euros;

- The ESR 2025: total revenue/expenditure 73,316, and closing balance including retained earnings: total revenue/expenditure 88,061;

The notes to the financial statements in the National Bank format will be updated following review by the auditor, including the notes relating to the pension schemes. An annual report has also been drawn up in accordance with the WVV model.

A more detailed explanation will be provided in the financial commentary for the Government Commissioner in accordance with the Education Management Agreement and may be supplied at a later date for information purposes.

The table below shows the trend in recognised revenue over the various years, as well as a pie chart illustrating the various funding streams in 2025.

Figure 10. Evolution of the various funding streams of ITM from 2015 to 2025

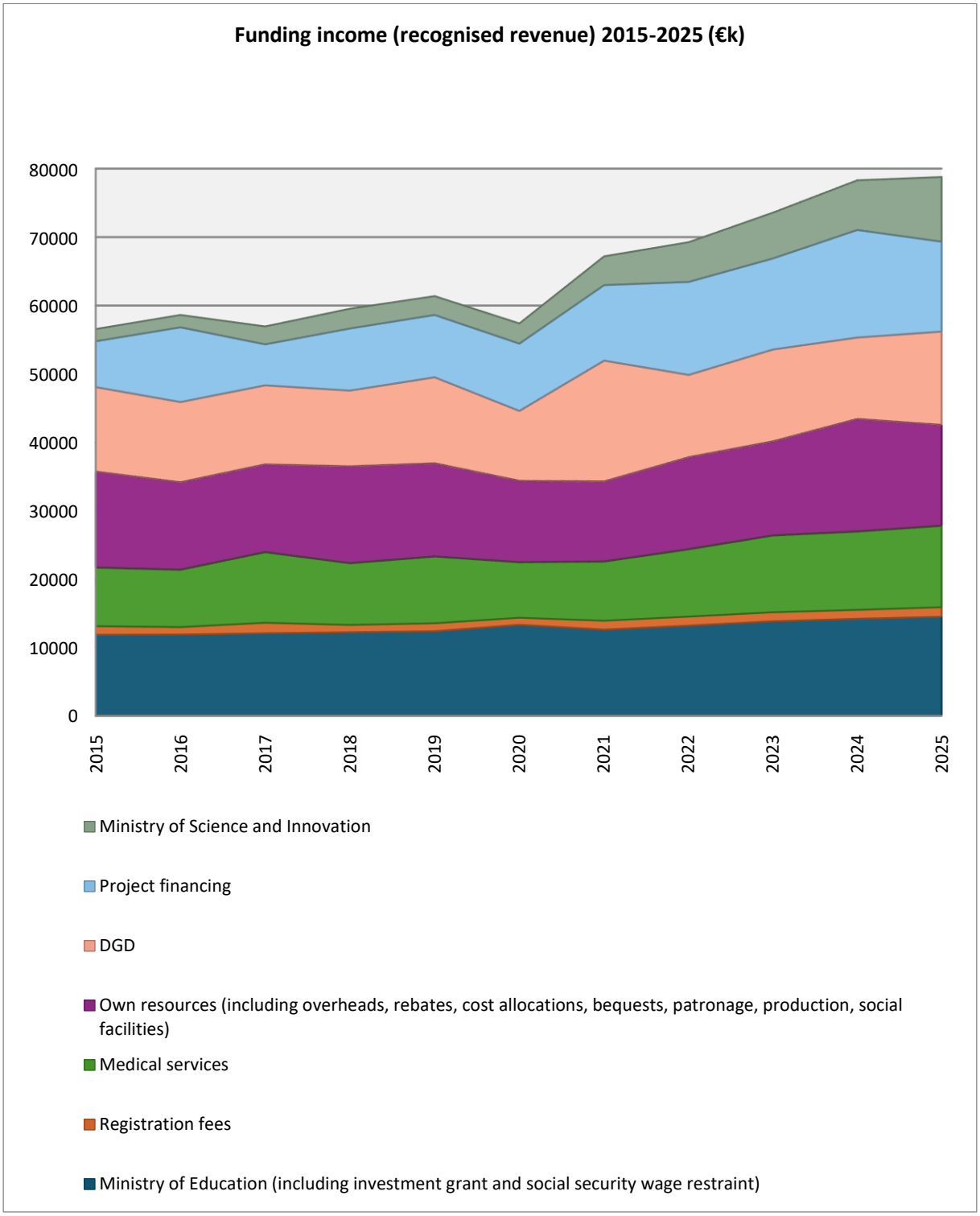
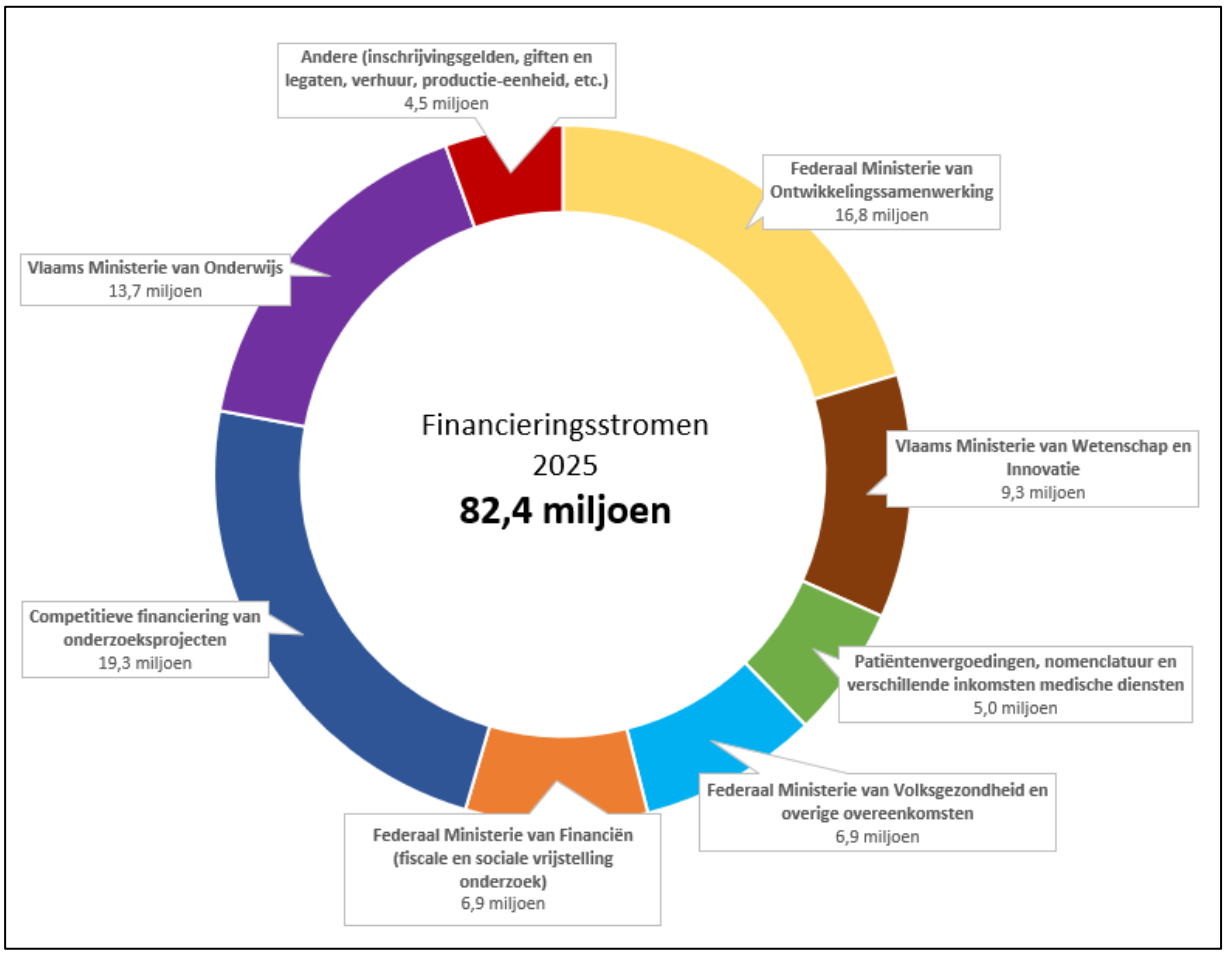


Figure 11. Flow of funds 2025



7.4.1. Masterplan Buildings

In 2025, ITM took a major step forward in the realisation of the Masterplan Buildings. The ambition here is clear: to develop a compact, integrated and sustainable, future-proof city campus tailored to dedicated research, clinical care and education in the heart of Antwerp.

Last year, the focus was on refining the project definition on the one hand and carrying out the necessary preliminary studies on the other. The spatial and functional requirements have been further clarified and will be refined in 2026. At the same time, the necessary preliminary studies on heritage, energy and technical feasibility, which are required for the subsequent design phase, were completed.

In 2025, the Open Call procedure was launched via the Flemish Government Architect. The aim of this procedure is to appoint a suitable design team to develop the development vision and phasing and to oversee the renovation of the Art Deco buildings. The laboratory building forms part of this development vision (Masterplan) but will be realised through a separate procedure in collaboration with the 'Facilitair Bedrijf'. This procedure will be launched in 2027, with the aim of commencing construction of the laboratory building in 2030.

The teams were selected from 54 submissions on the basis of relevant references and a supporting vision statement. The evaluation focused on the ability to produce a clear analysis and formulate an appropriate spatial response.

Given the time gap between the construction of a new laboratory building and the renovation of the Art Deco buildings, it was decided to split the two projects, each with its own bespoke tendering procedure. The laboratory building will be realised via the procedure of the 'Facilitair Bedrijf', working with a construction team to increase efficiency and shorten the lead time. This procedure will commence in early 2027.

7.5. Risk management policy

7.5.1. Risk management

Risk management at ITM is carried out in accordance with the Higher Education Risk Management Assessment Model. As part of the ITM Policy Plan 2025-2030, a new assessment of ITM risks was initiated in 2025. The analysis is updated annually where necessary, and the status of control measures is discussed.

At organisational level, risks are identified within the following areas:

- Risks linked to ITM's core tasks (teaching, research and service provision)
- Risks relating to ITM's reputation
- Risks relating to our staff (recruitment and retention policy, well-being, etc.) and external parties (patients, students, partners, etc.)
- Risks relating to compliance (adherence to laws and regulations).
- Financial risks

In addition, ITM has an operational management system for Quality, Safety and the Environment that enables it to respond to new risks on an ad hoc basis.

In addition to risk management at organisational level, risk management is applied at process level within the various domains in which ITM operates. This is often driven by regulatory requirements (in accredited laboratories, central processes, clinical trials, educational activities, etc.).

For the highest-priority risks, measures are defined to minimise them. If new control measures need to be developed for a risk, this is followed up with an action plan.

The identified risks are reported to Management (Management Committee) and discussed annually in a management review. The key findings are reported to the Audit Committee, Single Audit and the Board of Governors.

7.5.2. Dynamic Risk Management System (DRBS)

In accordance with welfare legislation and the integrated Quality, Safety, Health and Environment policy, ITM must have a DRBS in place. This is a system whereby risks are identified at the level of the organisation, department/workstation and individual.

In the context of the DRBS, the main risks lie within the following areas:

- Working with biological agents
- Travel
- Psychosocial stress

- Ergonomics

7.5.3. Integrity Policy and Complaints Procedure

ITM staff, researchers and students must adhere to internationally recognised standards of academic and scientific integrity. Reports of potential breaches of scientific integrity are assessed independently by the Scientific Integrity Committee.

Through its research activities, ITM aims to produce results that are reliable and reproducible and that are as accessible as possible to the relevant scientific research community. Where relevant, approval is obtained prior to the start of the research from an assessment committee, such as the internal Institutional Review Board (see above), the biobank manager or an external ethics committee.

In addition, ITM staff undertake to safeguard at all times the confidential nature of the data with which they are confronted in the context of their teaching, research or service provision, as well as in their administrative duties. In contacts or collaborations with others, ITM staff guard against self-interest and conflicts of interest.

Reports concerning integrity, fraud and complaints

Incidents relating to integrity, scientific integrity, information security, fraud and complaints, including complaints regarding services in the outpatient clinic, are followed up via established procedures. Following an investigation of the report, appropriate measures are taken to implement corrections and, where necessary, to take corrective action.

Eight reports were made regarding aggression by patients towards outpatient clinic staff. These reports were handled by the Safety, Health and Environment Unit, in collaboration with the psychosocial prevention adviser and the outpatient clinic's aggression team.

In 2025, no external reports relating to the integrity of ITM staff were made. No reports relating to financial fraud were received.

ITM has established a reporting channel for whistleblowers and a process for following up on and protecting whistleblowers in accordance with the law. Reports are followed up in accordance with the procedure.

In 2025, no formal reports of breaches of scientific integrity were made. The ITM Scientific Integrity Committee was, however, informed or consulted in four instances, without this leading to formal reports. These instances related to authorship, affiliation, and ethical approval for research activities

7.5.4. Document management

In our organisation, where information is key to efficiency and quality, a clear and user-friendly document management system makes all the difference. At ITM, we use the Zenya software system for this purpose.

In 2025, we redesigned the system's home page by switching to an intuitive tile structure where information is not only better organised but also presented in a more visually accessible way for every user. Instead of endlessly searching through complex folder structures, documents are logically grouped by topic and presented as clear, recognisable tiles.

This ensures that staff find what they need more quickly, with less frustration and more focus on their core tasks. New users can easily find their way around, whilst experienced colleagues save time on daily tasks.

Organising documents by theme creates clarity and structure within what is often an overwhelming volume of procedures and documents. The result is a dynamic environment where document management is no longer an obstacle, but a support for day-to-day work.

7.6. Audits and evaluations

7.6.1. External evaluations

The results of the external audits carried out at ITM during 2025 are presented below. No critical comments were noted that had a direct impact on the continuity of our activities.

7.6.1.1. Clinical and reference laboratories

Our clinical and reference laboratories are periodically audited by **BELAC** (Belgian Accreditation Organisation, FPS Economy). These laboratories carry out tests accredited in accordance with **ISO 15189, ISO 17025 and ISO 17043**. The certificate for these three standards was awarded in 2021 and remains valid until 2026. In 2025, the laboratories underwent the third follow-up audit within the five-year accreditation cycle. The scope of accreditation for ISO 17043 was successfully granted for the 2023 version of the standard.

7.6.1.2. Management and General Administrative Services

The Executive and General Management Services have been ISO 9001 certified since 2014. In 2025, these services underwent a successful external audit as part of the follow-up to the certificate, which is valid until March 2026.

7.6.1.3. Financial processes

Our financial services are audited annually in accordance with Belgian legislation by the company auditor. Any observations are reported to management and the Board of Directors.

7.6.1.4. Internal audits and evaluations

The ITM Quality Coordinator has been appointed as the organisation's Internal Auditor. ITM's internal audit programme is drawn up in consultation with the Audit Committee of the Board of Governors.

Internal audit programme:

In accordance with the requirements of the standards applicable to the various activities of ITM, an internal audit programme is defined annually by the Quality Unit. The main objective of the internal audits is to pursue continuous improvement.

The internal audit programme is risk-based and is drawn up taking into account the results of historical audits, risk analyses, management reviews, reported complaints and non-conformities... The programme covers the core activities of ITM.

Internal audits are carried out by qualified ITM staff or, where necessary, external experts. Results are reported to the responsible department and, in the event of critical findings, also to Management.

The quality coordinator reports as an internal auditor to the Audit Committee of the Board of Governors. Audit results lead to areas for improvement and recommendations, including in management reviews and external reports.

In 2025, no critical shortcomings with a direct impact on the continuity of ITM's core activities were reported in the internal and external evaluations.

7.7. Policy on safety, health and the environment

The policy on safety, well-being and the environment is aligned with ITM's core tasks and systematic risk analyses. Based on this, recommendations are formulated to further strengthen the safety culture within ITM. An annual action plan is drawn up each year in consultation with the management and the CPPW. In 2025, 79% of the set targets were achieved.

7.7.1. Safety

In 2025, efforts continued to strengthen the safety and well-being policy. Various workplace and ergonomic analyses were carried out. Where necessary, improvement measures were proposed.

Additional investment was made in safety within the laboratories. This included the recruitment of an additional laboratory safety officer, the launch of a project to replace ethidium bromide with safer alternatives, and the validation of biocides.

The RISK module (Zenya) was launched to centrally record and monitor risks, with the aim of developing a heatmap that provides insight into priorities regarding safety, wellbeing and the environment.

Together with the Quality and HR units, preparations were made for the launch of a learning management system, including e-learning modules covering the seven areas of well-being (including ergonomics, aggression, emergency planning, roles and responsibilities, and biosafety).

In the area of crisis management, a general evacuation drill and two tabletop exercises were organised with CC-ORG, and a new alarm software system was implemented.

In addition, various risk analyses were carried out in accordance with the DRBS at organisational, workstation and individual levels. For example, the list of medical risk posts was finalised to better align the occupational physician's medical follow-up with employees' exposure risks.

7.7.2 Safe travel

Given the geopolitical context, in 2025, in collaboration with ITM's security partner, there was once again a strong focus on safe travel. Travellers and managers were supported with targeted safety reports and country information. In addition, the services provided by the Travel Office were further optimised to ensure that staff are better supported before, during and after a business trip. The existing travel policy was critically evaluated and, where necessary, additional actions and areas for improvement were identified.

7.7.3. Biosafety

ITM currently holds a valid biosafety authorisation for 27 activities. In 2025, work began on revising existing activities and preparing new dossiers. In addition, advice was provided in the context of the Masterplan Buildings, with a specific focus on biosafety and laboratory infrastructure, as well as on the renovation plans

for the L2 laboratory on the Mortelmans campus. Further details are included in the biosafety coordinator's annual report, which is available internally.

7.7.4. Environment and sustainable business practices

The energy target adopted in 2024, namely a 20% reduction in consumption compared to the 2018-2023 period, was not achieved. In 2025, ITM consumed 6.5% more energy than in 2024. This is due to increased natural gas consumption. The cause of this is the increase in the base temperature of the heating at ITM, and the significantly colder winter period compared to the previous two years. In terms of total consumption, we were at the same level in 2025 as in 2022, which is, however, still a substantially lower level of energy consumption than in all years prior to 2022 (13.5% less than the average consumption for the period 2018 to 2021).

Reducing energy consumption at ITM remains an important task. Although the energy crisis that arose with the outbreak of the war in Ukraine is largely behind us, Europe's energy supply remains vulnerable. The US attack on Iran and rising oil and gas prices unfortunately prove this once again. Since the end of 2024, ITM has been part of KU Leuven's framework contract for the supply of natural gas and electricity. The fixed rates associated with this contract will prevent sudden and unexpected cost increases over the next three years. This will provide greater certainty regarding the annual energy costs to be budgeted. The share of energy consumption in the ITM carbon footprint rose slightly to 18% (natural gas only; 100% purchased green electricity is considered 'offset').

In 2025, the Facility Unit continued to plan and monitor sustainability and energy efficiency measures, in collaboration with the ITM management. The Masterplan Buildings project leader helps to ensure their integration in the medium and long term.

International travel remains the largest source of emissions and accounts for 68% of the institute's total carbon footprint. In 2025, the total number of air miles travelled was approximately 11,462,000 km, which is about one million kilometres more than in 2024. The number of flight kilometres travelled is thus even higher than in the period prior to the COVID-19 pandemic. To limit the impact of emissions from international travel, an extension of the ITM travel policy was approved in 2023.

Due to a lack of available resources, no additional measures were taken in 2025 regarding CO_2 offsetting. However, the ambition remains to take further steps towards structural CO_2 offsetting during the current policy period, with the aim of limiting the climate impact of our international travel.

7.7.5. Work-related accidents, incidents and commuting incidents

The frequency and severity of workplace accidents were both 0 in 2025, representing a clear decrease compared to previous years.

A total of 8 workplace accidents were reported, mainly related to potential exposure to biological agents or bodily fluids and to physical strain (crushing or twisting). In addition, 16 first-aid incidents were recorded. The relatively high number of reports also reflects the strengthened reporting culture, whereby incidents are systematically reported in order to learn from them and take preventive measures.

Around 90% of staff travel by bicycle, on foot or by public transport. Whilst this is positive in terms of sustainability, it also increases the risk of commuting incidents. In 2025, 18 incidents were reported, accounting for 62 lost calendar days. With the continued rise in electric bicycles, speed pedelecs and e-scooters, raising awareness of road safety remains a priority.

In 2025, too, no biosafety incidents were reported that could have had potential consequences for the environment.

7.8. Infrastructure (ICT and Buildings)

7.8.1. Facility management

ITM's facility management aims to manage and maintain the infrastructure in a safe, efficient and sustainable manner. Through systematic monitoring of maintenance, technical installations and energy consumption, operational continuity is ensured, risks are minimised and costs are controlled. In this way, facility management supports a high-quality working environment and contributes to the Institute's long-term vision regarding sustainability and the responsible use of resources.

In 2025, the following works and projects were carried out:

- Further renovation and finishing of the showers in the student accommodation at St Rochusstraat 21 Napay.
- Roof renovations (including the installation of insulation) on the roofs at St Rochusstraat 2 and Kronenburgstraat 431. Subsequently, 56 solar panels were installed on these roofs.
- Renovation of the fire control centre in the Mortelmans building, Kronenburgstraat 25.
- Renewal of the visitor registration system. Dioss was replaced by Ikanda.
- In the accommodation at St Rochusstraat 21 Napay, the three communal kitchens were refurbished.
- All the external joinery of the corner building was painted by an external firm under a framework contract.
- The access control procedure was revised.
- The end façade of the building at 155 Nationalestraat in Room A was re-plastered.
- A waiting room in the outpatient clinic was converted into two consultation rooms.
- The Open Call process, in collaboration with the Flemish Government Architect, for the renovation of the historic part of the Nationalestraat campus was launched.
- Cooperation with the 'Facilitair Bedrijf' on the development of the plinth of the PIH building was also initiated.
- The collaboration with the Alarmtilt emergency planning tool was discontinued and replaced by Fireplug.
- Ten new emergency push buttons in various consultation rooms and BSL3 laboratories (3 units) were put into use.
- The CATT basement was completely renovated.
- Replacement and expansion of the Wi-Fi network.
- In collaboration with the Procurement Unit, the switch was made from 3P tendering software to Liaweb.
- Renewal of the lighting in the Napay student rooms.
- Upgrade of the Johnson Controls building management software.
- Launch of the cleaning tendering procedure.

- Recruitment of two junior electricians and one junior carpenter.

Figure 12. Evolution of the various Technical Management cost centres since 2020.

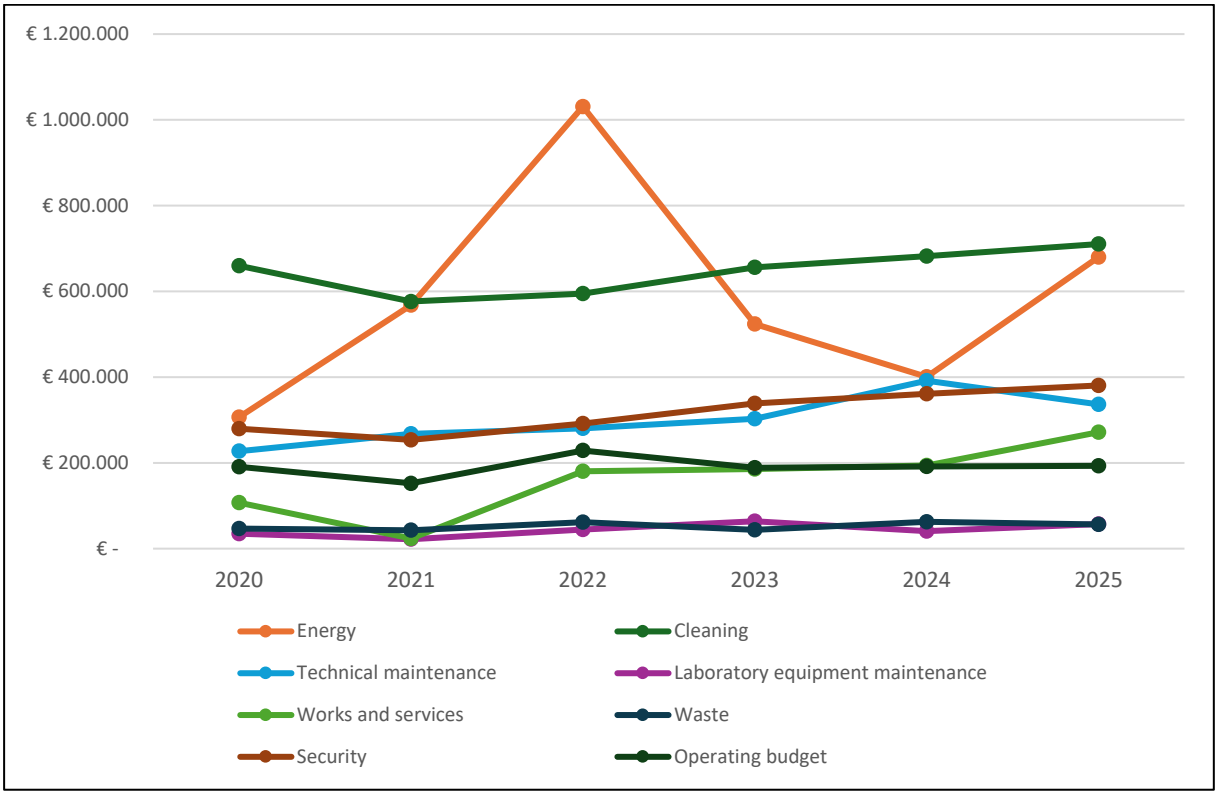


Figure 13. Evolution of the total costs of the ITM buildings since 2020.

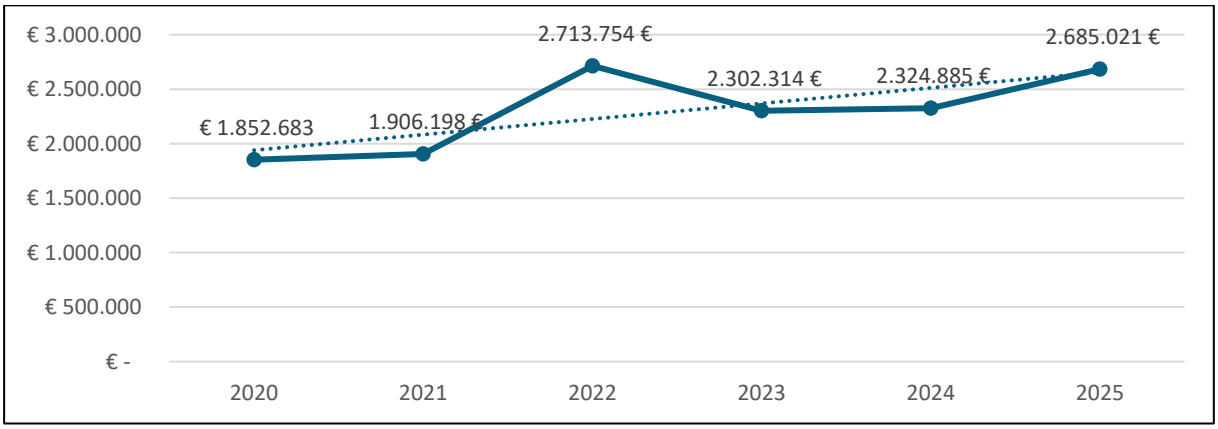
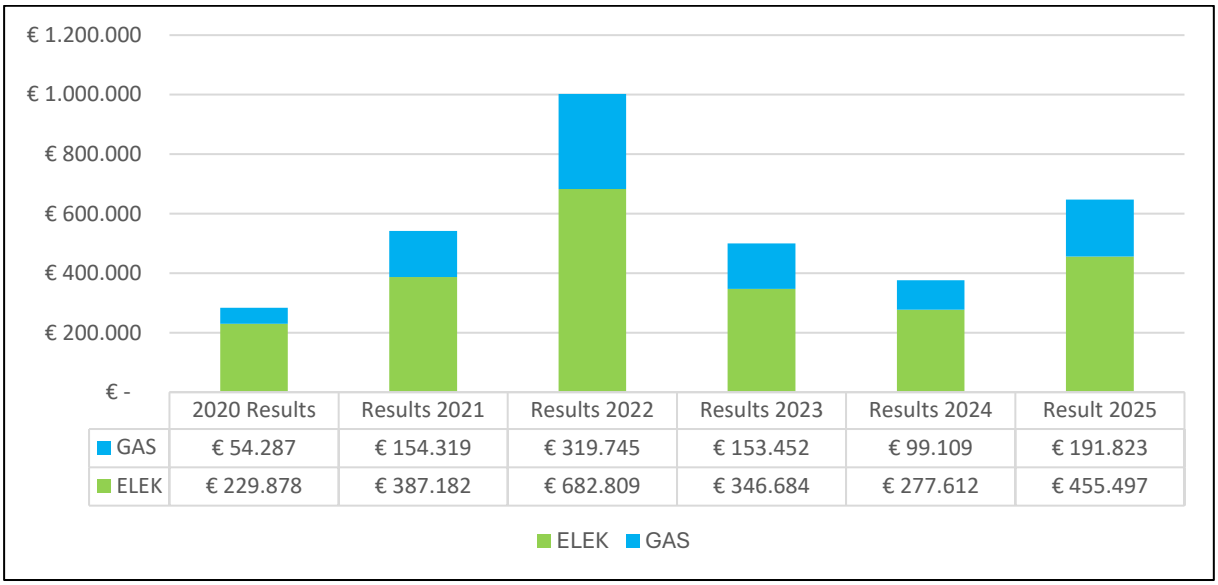


Figure 14. Trend in ITM energy costs (excluding accommodation).



	2020 Results	Results 2021	Results 2022	Results 2023	Results 2024	Result 2025
GAS	€ 54.287	€ 154.319	€ 319.745	€ 153.452	€ 99.109	€ 191.823
ELEK	€ 229.878	€ 387.182	€ 682.809	€ 346.684	€ 277.612	€ 455.497

7.8.2. ICT infrastructure

The ICT Unit of ITM builds, manages and secures the ICT infrastructure and operates the ICT service desk.

In collaboration with the Process Management Office, the ICT Unit also develops and maintains business applications to optimise a number of ITM core processes.

In 2025, the mandatory NIS2 registration took place and significant work was carried out on the ICT processes, including the associated documentation, to ensure compliance with these regulations. In April 2026, an initial verification by an accredited CAB will take place at the 'Basic' level, followed by a second in April 2027 at the 'Important' level.

The renewal of the entire ITM network was completed, including the replacement of the central network components and the wireless infrastructure. In addition, a new tool was introduced that automatically detects all devices and systems on the network and links them to the existing (previously manually maintained) inventories.

A switch was also made to a new IT security and monitoring system, which ensures more efficient processing of security data and continuous (24/7) monitoring. Finally, all computers and devices were migrated to Windows 11 in 2025.

The pilot phase of the pre-award module in KRYSS, ITM's research and project application, commenced on 6 May 2025. On 16 June, the Process Management Office collated all feedback and formulated a number of optimisation measures. These were partly incorporated into the next release, and partly further analysed and developed in subsequent releases.

There were no cyber incidents in 2025.

7.9. Communication and Fundraising

The Communications Unit protects and enhances ITM's reputation and supports the institution's objectives through communication. The unit consists of two teams: a Content Team and an Events, Fundraising and Outreach Team.

7.9.1. Science Communication

In 2025, we launched the third and, for the time being, final season of the *Transmission* podcast series. The podcast, which won the Belgian Podcast Award and the Best of Content Award, had reached a total of 41,175 downloads by the end of 2024. We also produced eight explainer videos in which ITM researchers explain health issues in an accessible way.

7.9.2. Media reach

In 2025, we recorded 928 press mentions in print and online media, representing a potential reach of 1.9 billion article views and a media value of €17.05 million. Belga also recorded 206 audiovisual mentions in Belgium, with a potential reach of 90 million views and a media value of €164,990.

Media attention focused primarily on raising awareness of the tiger mosquito, research into AI images and antibiotics in food, World AIDS Day and travel medicine. The main media outlets were Het Laatste Nieuws, Gazet van Antwerpen, Het Nieuwsblad, La Libre Belgique and VRT. The majority of the coverage had a neutral sentiment (82%).

7.9.3. Social media

In 2025, ITM managed four active social media channels: LinkedIn, Facebook, Bluesky and Instagram. The total number of followers rose by 40% to over 39,000. The average engagement rate was 11.93% across all channels, an increase of 72% compared to the previous year. In total, we published 579 posts, 17% more than in 2024, averaging 1.6 posts per day. The breakdown by channel was: Facebook – 123 posts, Instagram – 244 posts and LinkedIn – 206 posts. The total number of impressions rose by 89% to 1.17 million.

7.9.4. Online communication and web platforms

The number of users of the ITM website fell slightly by 1.2%, from 225,675 in 2024 to 222,973 in 2025. We published 63 articles, improved the educational module, migrated the print brochure *'Welcome to Antwerp'* for incoming students to the website, and published the gender and inclusion policy for 2025-2030.

The travel medicine website www.wanda.be had 181,011 users in 2025, a decrease of 15.33%. At the same time, the number of users of the app rose sharply. With 38,639 users in 2025, this represents an increase of 12.5% compared to 2024 (34,345) and of 141.84% compared to 2023 (15,977).

In 2025, we began migrating the Wanda app to a new model to improve its performance. This process will continue into 2026. In parallel, we will review the design and structure.

Other achievements included the development of the new Be-cause Health website (public contract), the website for the Colloquium 2025, a joint communication campaign with VLIRUOS and ARES on academic international cooperation, the third Test2Know study, and a paid advertising campaign on Meta and Google to promote the Clinical Trial Site's flu vaccination study.

7.9.5. Newsletter

The number of subscriptions to our monthly external newsletter rose from 6,775 to 7,655.

7.9.6. Internal communication

For internal communication, we used Snippets, Tropbox, ITM Mail, the information screens and various internal events. We sent out 18 Snippets, which were opened by an average of 61% of recipients. The click-through rate to Tropbox and other sites was over 37%.

7.9.7. Events and venue hire

The year began with the introduction of our new Executive Director, Özge Tunçalp, followed by a visit from teachers at Thomas More as part of their Connect Days. At the end of January, we commemorated Armand Van Deun with the inauguration of the Van Deun Room. Internal events, such as the annual New Year's event, ITM Meets and the farewell ceremony for former Director Lut Lynen, also brought colleagues and partners together.

In addition, ITM hosted several large-scale events, including the EMCA conference, the annual ITM Colloquium, the opening of the academic year and the interdisciplinary arts event *Microbes that Matter* (in collaboration with the University of Antwerp and Ghent University). During Economic Development Day, we welcomed more than fifty attachés to a specially organised ITM innovation fair.

Thematic and partnership events were also part of the programme, such as a presentation with Enabel as part of the Global Maritime Forum and fundraising activities including visits from the Order of the Prince and Servas International.

In addition, we supported various units in organising events, such as the webinar series *A Date with Science*, the launch of a series of workshops on health & migration, initiatives by the SHE Department, ITM Meets, the ITM New Year's party and onboarding days for new employees.

Throughout the year, we welcomed numerous diplomatic and international delegations, including the ambassadors of Cuba and India, representatives from the SICA countries and the Chinese Centre for Disease Control and Prevention, as well as international partners such as SUMHS, the Ordre des Pharmaciens du Burkina Faso and the Regional Director of WHO Africa. These visits provided opportunities for the exchange of expertise and strengthened our international collaborations.

Public engagement remained a key pillar of our communication activities. During Open Gardens Day, we opened our gardens to the general public and introduced visitors to the *Stille Wateren* heritage project. At the Nerdland Festival, together with the AT&P and Immunology units, we reached over six hundred children and their parents with an interactive stand. During Antwerp Pride, we provided visitors with information on sexual health, and on Science Day we highlighted our sleeping sickness research. During Open Monument Day, 2,000 visitors learnt more about our history and work.

We also hosted the King Baudouin Foundation as part of Boost for Talent, a programme that encourages vulnerable young people to continue their studies. We also took part in *Baas van Morgen*, in collaboration with JINC, where a young person spent a day working as director of ITM, thereby gaining an insight into our operations and career opportunities within science and health.

In total, in 2025 we organised more than fifty guided tours for a wide range of audiences, from policymakers and international partners to educational institutions and associations.

7.9.8. Fundraising

Fundraising saw steady growth once again.

The number of donors (household donors) rose to 120 donor families. Income from private donations amounted to €84,096, partly thanks to two large donations of €24,500 each.

Following on from previous campaigns to promote the ITM funds (the Marleen Boelaert Study Fund, the Armand Van Deun Scholarship Initiative, etc.), we will be putting the Heritage Fund in the spotlight in 2025. This resulted in the *'Stille Wateren'* campaign and participation in the Heritage Challenge organised by the Royal Institute for Cultural Heritage (KIK-IRPA).

We facilitated the receipt of two bequests, generating a total income of €146,000. Participation in philanthropic networking events (such as the KBS Antwerp Support Council gala evening) also yielded a provisional contribution of €11,693.

In addition to fundraising income, revenue must be added from participation in the Antwerp Diner charity gala 2025, prize money from academic awards, proceeds from venue hire and the sale of ITM merchandise.

8. Appendices

8.1. Abbreviations

Abbreviation	Meaning
Afrafra	French-speaking Africa and vulnerability
African CDC	African Centre for Disease Control
AHRI	Armauer Hansen Research Institute
AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial resistance
ARES	Académie de Recherche et d'Enseignement Supérieur / Academy of Research and Higher Education
ATS	Administrative and Technical Staff
AUHA-STUVANT	Antwerp Student Services Association
BCCM	Belgian Coordinating Collection of Microorganisms
BELAC	Belgian Accreditation Body
BICMINS	Building Institutional Capacity at the National Institute of Health
BPKIHS	B.P. Koirala Institute of Health Sciences
CAB	Conformity assessment body, accredited by BELAC and recognised by the CCB.
CABU-EICO	Improving antibiotic use and infection prevention through behavioural interventions in villages in the DRC and Burkina Faso
CATT	Card Agglutination Test for Trypanosomiasis
CC-ORG	Crisis cell organisation
CD4	Cluster of Differentiation 4
CDC	Centre for Disease Control (in this case: Chinese Centre for Disease Control and Prevention)
CEA-PCMT	African Centre of Excellence for the Prevention and Control of Communicable Diseases /Centre d'excellence africain pour la prévention et le contrôle des maladies transmissibles
CEPSA	Centre of Excellence for Pharmacovigilance in Southern Africa
CERRHUD	Centre for Research on Human Reproduction and Demography (Benin) / Centre de Recherche en Reproduction Humaine et en Démographie (Benin)
CHoNGeTSa	Raising awareness among young people about STI testing in Zambia

CIOMS	Council for International Organizations of Medical Sciences
CNCI	Category Normalised Citation Impact
CNFRSR	National Centre for Training and Research in Rural Healthcare, Guinea
CPBW	Committee for Prevention and Protection at Work / Comité voor Preventie en Bescherming op het Werk
CRSK	Kimpese Health Research Centre / Centre de Recherche Sanitaire de Kimpese
CRUN	Clinical Research Unit of Nanoro
CTU	Clinical Trials Unit
DAT/VL	Direct Agglutination Test for visceral leishmaniasis
DGD	Belgian Development Cooperation
DI-MOB	Improving strategies for preventing the spread of epidemics through the integration of socio-spatial characterisation of human mobility, environmental typology
DISSCo	Distributed System of Scientific Collections
DNA	Deoxyribonucleic Acid
DNDi	Drugs for Neglected Diseases initiative
DRBS	Dynamic Risk Management System
DVTD	Department of Veterinary Tropical Diseases
EAIE	European Association for International Education
ECTMIH	European Congress on Tropical Medicine and International Health
EDCTP	European & Developing Countries Clinical Trials Partnership
Eg	Severity = (number of days of incapacity for work × 1,000) / number of hours of exposure per year
EMCA	European Mosquito Control Association
ENSP	National School of Public Health / École Nationale de Santé Publique
EPD	Electronic Patient Record / Elektronisch Patiënten Dossier
EPHI	Ethiopian Institute for Public Health
ESP	School of Public Health / École de Santé Publique
ESR	European System of National and Regional Accounts
FA5	Framework Agreement 5
FAGG	Federal Agency for Medicines and Health Products / Federaal Agentschap voor Geneesmiddelen en Gezondheidsproducten

FAVV	Federal Agency for the Safety of the Food Chain / Federaal Agentschap voor de Veiligheid van de Voedselketen
Fg	Incidence rate = (number of accidents × 1,000,000) / number of hours of exposure per year
FIND	Foundation for Innovative New Diagnostics
FO**D**	Federal Public Service / Federale Overheidsdienst
FRIS	Flanders Research Information Space
FTE	Full-time equivalent
FWO	Flemish Research Fund / Fonds Wetenschappelijk Onderzoek
GAMBIT	Interrupted transmission of Gambian HAT in the Democratic Republic of the Congo
GDPR	General Data Protection Regulation
HAT	African trypanosomiasis
HFSP	Human Frontier Science Programme
HI4A	Health Innovations for All
HIV	Human immunodeficiency virus
IATI	International Aid Transparency Index
ICASA	Independent Communications Authority of South Africa
IMTAvH	Alexander von Humboldt Institute of Tropical Medicine / Instituto de Medicina Tropical “Alexander von Humboldt”
INHEM	National Institute of Hygiene, Epidemiology and Microbiology / Instituto Nacional de Higiene, Epidemiologia y Microbiologia
INRB	National Institute of Biomedical Research / Institut National de Recherche Biomédicale
INS	Instituto Nacional de Saúde
INSP	Institut National de Santé Publique
IPH	Instituto Pedro Kourí
IPK	Instituto Pedro Kourí
IRB	Institutional Review Board
ITM	Institute of Tropical Medicine
JINC	Young People INCorporated / Jongeren INCorporated
KBS	King Baudouin Foundation / Koning Boudewijnstichting
KCE	Federal Centre for Healthcare

KIK-IRPA	Royal Institute for Artistic Heritage / Institut Royal du Patrimoine Artistique Koninklijk Instituut voor het Kunstpatrimonium/Institut Royal du Patrimoine Artistique
KPI	Key Performance Indicator
KRL	Clinical Reference Laboratory / Klinisch Referentie Laboratorium
LMIC	Low and Middle Income Countries
LIMS	Laboratory Information Management System
LNO²	Learning Network for Educational Support Staff
LRM	Reference Laboratory for Mycobacteria / Laboratoire de Référence des Mycobactéries
Meta	Meta Platforms (the company behind Facebook and Instagram)
MI	Monitoring indicator
MMS	Malaria Molecular Surveillance
MRC	Medical Research Council
MSCA	Marie Skłodowska-Curie Actions
MST	Medical Social Team
NGO	Non-governmental organisation
NHRC	National Health Research Council
NIH	National Institutes of Health
NIMPE	National Institute of Malariology, Parasitology and Entomology
NIPH	National Institute of Public Health
NRC	National Reference Centre
NTD	Neglected tropical disease
NVAO	Dutch-Flemish Accreditation Organisation / Nederlands Vlaamse Accreditatie Organisatie
NS	North-South
OD	Operational objective
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
ORT	Outbreak Research Team
PCR	Polymerase Chain Reaction
PDP	Product Development Partnership
PNLTHA	National Programme for the Control of Human Trypanosomiasis / Programme National de Lutte contre la Trypanosomiase Humaine

PrEP	Pre-Exposure Prophylaxis
PUCE	Pontifical Catholic University of Ecuador / Pontificia Universidad Católica del Ecuador
Q1	First quarter
QI	Qualitative Indicator
RAG	Risk Assessment Group
RBC	Rwanda Biomedical Centre
RIZIV	National Institute for Health and Disability Insurance / Rijksinstituut voor Ziekte- en Invaliditeitsverzekering
RNA	Ribonucleic Acid
RNAi	RNA interference
RO	Research Office
SD	Standard Diagnostics
SERVAL	Seasonal R21 mass vaccination for the eradication of malaria
SICA	Sistema de la Integración Centroamericana
SOFI	Structural Research Funding Programme / Structureel Onderzoeksfinanciering Programma
SPH - MUCHS	School of Public Health – Makerere University College of Health Sciences
SPS	Serviço Provincial de Saúde de Tete
SS	South-South
Stroghat	Stop the transmission of Gambian human African trypanosomiasis
SUMHS	Shalamar University of Medical and Health Sciences
TB	Tuberculosis
TropEd	Network for Education in International Health
TT&P/AT&P	Toegepaste Technologie & Productie / Applied Technology and Production Unit
UAntwerp	University of Antwerp
UCL	Catholic University of Louvain / Université Catholique de Louvain
Ghent University	Ghent University
UMSS	Universidad Mayor de San Simón
UOP	University of Pretoria
UR/CHUK	Centre Hospitalier Universitaire de Kigali, University of Rwanda
UWC	School of Public Health, University of the Western Cape

UZA	University Hospital Antwerp / Universitair Ziekenhuis Antwerpen
Vlaio	Flanders Agency for Innovation & Entrepreneurship / Vlaanderen Agentschap Innoveren & Ondernemen
VLIR	Flemish Interuniversity Council / Vlaamse Interuniversitaire Raad
VLIRUOS	Flemish Interuniversity Council – University Development Cooperation / Vlaamse Interuniversitaire Raad – Universitaire Ontwikkelingssamenwerking
VLUHR	Flemish Universities and Colleges Council / Vlaamse Universiteiten en Hogescholen Raad
VSG	Variant Surface Glycoprotein
VSGO	Flemish Medical Students' Council / Vlaams Geneeskundig Studentenoverleg
VWM /SHE	Dienst Veiligheid, Welzijn en Milieu / Safety, Wellbeing and Environment Service
WANETAM	West African Network for TB, AIDS and Malaria
WEWIS	Department of Labour, Economy, Science, Innovation and Social Economy / Departement Werk, Economie, Wetenschap, Innovatie en Sociale Economie
WHO	World Health Organisation
WHO	World Health Organization
WOAH	World Organisation for Animal Health
WVV	Companies and Associations Act / Wetboek Vennootschappen en Vereningingen
ZAP	Independent Academic Staff / Zelfstandig Academisch Personeel

8.2. List of tables

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8.4. Balance Sheet & Profit and loss

8.4.1. Balance Sheet

	2025	2024	2023	2022	2021	2020
ASSETS						
Fixed assets	26.903.043	27.737.429	27.023.552	27.708.430	28.396.435	29.365.282
Intangible fixed assets	**238.910**	**3.260**	**16.301**	**29.342**	**0**	**0**
Tangible fixed assets	**26.664.133**	**27.734.169**	**27.007.251**	**27.679.088**	**28.396.435**	**29.365.282**
Land and buildings	25.482.388	25.076.083	25.821.545	26.474.174	27.254.290	27.780.984
Plants, machinery and equipment	3.604	2.280	5.663	11.076	20.749	21.638
Furniture and motor vehicles	753.449	263.502	552.877	855.485	864.288	1.158.434
Leasing	0	0	0	0	0	0
Assets in course of construction and payments on account	424.692	2.392.304	627.166	338.354	257.108	404.226
Financial fixed assets					**0**	**0**
Current assets	41.217.477	41.278.363	40.140.397	39.607.950	37.266.442	35.195.301
Stock and orders-in-progress	**3.251.439**	**3.097.236**	**2.707.588**	**1.725.267**	**2.050.254**	**1.580.511**
Stock	52.550	52.550	52.550	52.550	52.550	334.259
Orders in progress (projects in progress)	3.198.888	3.044.685	2.655.038	1.672.717	1.997.704	1.246.252
Debtors due in one year or less	**5.987.345**	**6.269.394**	**4.649.671**	**6.460.973**	**4.980.089**	**2.474.229**
Trade receivables	5.033.796	4.821.895	4.419.741	4.798.077	3.213.713	2.366.953
Other debtors	953.549	1.447.499	229.930	1.662.896	1.766.376	107.276
Investments	**2.469.216**	**2.469.216**	**2.469.216**	**2.469.216**	**2.480.371**	**2.480.371**
Cash and bank balances	**28.707.854**	**28.518.492**	**29.725.183**	**27.432.971**	**26.588.798**	**26.748.907**
Prepayments an accrued income	**801.625**	**924.025**	**588.740**	**1.519.524**	**1.166.930**	**1.911.283**
TOTAL ASSETS	**68.120.520**	**69.015.792**	**67.163.949**	**67.316.380**	**65.662.877**	**64.560.583**
LIABILITIES						
Capital and reserves	36.239.886	34.871.556	29.297.966	31.021.400	30.636.875	28.964.857
Funds of the foundation	**3.773.236**	**3.773.235**	**345.712**	**345.712**	**345.712**	**345.712**
Revaluation surpluses	**11.891.000**	**11.891.000**	**11.891.000**	**11.891.000**	**11.891.000**	**11.891.000**
Earmarked funds	**7.280.221**	**6.941.713**	**6.049.293**	**6.657.011**	**6.137.497**	**6.223.548**
Profit (Loss) brought forward	**12.169.514**	**11.060.917**	**10.063.846**	**11.088.169**	**11.131.763**	**9.282.301**
Capital grant	**1.125.915**	**1.204.690**	**948.115**	**1.039.509**	**1.130.903**	**1.222.296**
Provisions	0	-0	-0	251.636	286.503	387.467
Provisions for liabilities and charges	**0**	**-0**	**-0**	**251.636**	**286.503**	**387.467**
Provisions for pensions and similar obligations	0	0	0	434	28.051	103.025
Other provisions	0	-0	-0	251.202	258.452	284.442
Debts	31.880.634	34.144.237	37.865.984	36.043.344	34.739.499	35.208.259
Creditors due in over one year	**4.414.379**	**5.196.788**	**5.963.745**	**6.706.820**	**7.426.845**	**8.192.185**
Financial debts	4.414.379	5.196.788	5.963.745	6.706.820	7.426.845	8.192.185
Creditors due in one year or less	**26.103.653**	**27.838.291**	**30.147.955**	**27.286.641**	**25.157.775**	**25.228.926**
Creditors becoming due within one year	782.408	766.957	743.075	720.025	765.340	763.911
Trade payables	2.469.354	2.893.312	4.563.757	4.103.982	3.240.702	2.650.432
Received advanced payments (project funding)	17.495.752	18.612.205	19.569.176	16.692.797	17.069.499	17.924.805
Debts in reference to taxes, salaries and social contributions	5.143.747	5.418.224	5.118.448	5.309.038	3.871.496	3.751.586
Various debts	212.392	147.592	153.499	460.800	210.738	138.192
Accruals and deferred Income	**1.362.602**	**1.109.158**	**1.754.284**	**2.049.882**	**2.154.879**	**1.787.148**
TOTAL LIABILITIES	**68.120.520**	**69.015.792**	**67.163.949**	**67.316.380**	**65.662.877**	**64.560.583**

8.4.2. Profit and loss

	2025	2024	2023	2022	2021	2020
Operating income (+)	**73.115.188**	**71.701.032**	**67.822.767**	**63.554.644**	**62.513.794**	**52.331.241**
Turnover	21.055.232	20.478.847	19.867.043	18.195.378	15.778.176	16.328.828
Work and services in progress (additions +, withdrawals -)	11.600.093	11.355.039	12.289.685	8.946.607	16.996.229	5.828.446
Member fees, funds, legacies and subsidies	26.360.160	25.911.758	24.317.743	24.122.056	22.360.649	23.187.787
Other operating income	14.099.703	13.955.388	11.348.297	12.290.603	7.378.740	6.986.180
Operating expenses (-)	**70.990.057**	**70.112.828**	**69.429.479**	**63.220.911**	**60.529.527**	**50.317.409**
(Cost of) goods for resale & raw materials	3.275.126	3.446.302	7.321.431	7.329.812	9.318.518	6.454.373
(Cost of) goods and services	22.123.468	21.794.338	18.381.607	16.993.380	15.417.966	11.783.594
Personnel expenses	44.102.190	43.782.560	42.769.071	37.667.094	34.556.026	31.889.450
Depreciation and impairments on fixed assets	1.316.763	1.051.261	1.211.420	1.199.052	1.252.901	1.218.758
charges (additions +, withdrawals -)	48.251	-6.312	-293.183	-19.158	-111.941	-1.265.154
Other operating expenses	124.259	44.679	39.132	50.731	96.057	236.388
Operating profit (loss)	**2.125.131**	**1.588.204**	**-1.606.711**	**333.733**	**1.984.267**	**2.013.832**
Financial income (+)	***267.780***	***501.443***	***210.220***	***567.972***	***144.431***	***122.375***
Revenue from current assets	107.957	212.380	130.908	2.468	1.781	1.216
Other financial revenue	159.823	289.063	79.312	565.504	142.650	121.159
Financial expenses (-)	***944.774***	***200.155***	***234.737***	***425.785***	***357.851***	***329.423***
Costs of debts	180.532	205.388	228.435	240.272	263.538	286.080
Other financial costs	764.242	-5.233	6.302	185.513	94.313	43.343
Profit (Loss) from regular company activities	**1.448.137**	**1.889.492**	**-1.631.229**	**475.920**	**1.770.847**	**1.806.784**
Exceptional income (+)	***0***	***0***	***470***	***0***	***20***	***0***
Write-back of amortisations and depreciations on fixed assets	0	0	0	0	0	0
Other exceptional income	0	0	470	0	20	0
Exceptional expenses (-)	***1.033***	***0***	***1.282***	***0***	***7.455***	***159.519***
Exceptional amortisations and depreciations on fixed assets	0	0	0	0	0	0
Other exceptional expenses	1.033	0	1.282	0	7.455	159.519
Profit (Loss) of the financial year	**1.447.104**	**1.889.492**	**-1.632.040**	**475.920**	**1.763.412**	**1.647.265**

8.5. KPI list

A three-pronged approach is used to assess progress towards achieving the objectives:

1. A set **of key performance indicators (KPIs)** will be established, with data required to meet a minimum threshold either annually or at the 2030 evaluation. The results of these multi-year measurements will serve as input for the five-yearly evaluation in 2030. To smooth out the effects of extreme positive or negative outliers, as is customary in comparable scientific institutions, three-year averages (comprising the year of the evaluation and the two preceding years) will be used in the annual assessment.

2. The performance of the preceding calendar year will be **assessed qualitatively** (**QIs** – Qualitative Indicators) by monitoring a number of best practices in research, education and scientific, medical and societal services throughout the policy period. The impact achieved by ITM in scientific, social and economic terms will be reported through impact stories in ITM's annual report.

3. ITM monitors certain data annually (**MIs – Monitoring Indicators**) and reports on this in the ITM annual report, taking into account policies such as 'gender diversity', etc. This collected information will also be used in the five-yearly evaluation in 2030.

All indicators are assessed against the Key Performance Areas (KPAs). These are the result areas based on the Flemish Government's objectives regarding innovation and science policy.

8.5.1. Summary table: Education

		Result 2025
E-SO1 - Maintaining the excellence and relevance of ITM's educational portfolio		
OO1. Build on the self-evaluation and recommendations for the further development of ITM's accredited master's programmes		
QI: Description of new initiatives and changes to the existing portfolio.		See page 9
KPI: Student satisfaction	Target: At least 90% of Master's students are willing to recommend the programme to others.	98% (N = 65, response rate = 58%)

OO2. Successfully continue the implementation of the reformed postgraduate certificate programmes.		
KPI: Student satisfaction	Target: At least 90% of postgraduate students are willing to recommend the programme to others.	98% (N = 65, response rate = 58%)
OO3. Align the teaching portfolio with changing expertise and needs.		
QI: Description of new initiatives and changes to the existing portfolio.		See page 9
KPI: Alumni Satisfaction	Target: At least 90% of Master's and postgraduate alumni state that what they learnt in the programme is relevant to their current or future professional activities.	100% (N = 65, response rate = 58%)
KPI: Study impact for recent alumni	Target: an average score of over 3/5 on a 5-point Likert scale, indicating that, one year after graduation, alumni state that the skills they acquired have helped them to make an impact in their field of work	4/5 (N = 50, response rate = 48%)
OO4. Develop a coherent policy and programme for microcredentials.		
QI: Description of the policy and its implementation		See page 9
E-SO2 - Further strengthening our educational provision by building on partnerships		
OO5. Fostering and developing mutually beneficial partnerships for education within ITM and with Flemish, Belgian, European and international partners.		
MI: Number of education-related partnerships		See page 10
OO6. Strategically developing a diverse range of educational collaboration activities tailored to evolving research expertise and societal needs		
QI: Description of new educational partnerships.		See page 10
E-SO3 - Attracting students who can make an impact in the field of health		
OO7. Increasing the visibility of ITM education in Belgium, Europe and the rest of the world.		

KPI: ITM student population	Target: An average of 70 new students per academic year across all Master's programmes, calculated as an average over three academic years.	66 in the 2024-2025 academic year
	Target: At least 50 postgraduate certificate students per academic year, with a targeted annual growth of 10%.	51 in the 2024-2025 academic year, representing a 6% increase compared to the previous academic year
MI: Number of certificates awarded		58
OO8. Increase the diversity of the candidate pool		
KPI: Diversity in ITM student population	Target: Achieve a gender balance across all Master's programmes, with no more than 70% of the same gender.	56% women and 44% men
	Target: to have students from at least three continents in each MSc programme, with a minimum of 10% of students from each of these continents.	See Table 5 on page 14
E-SO4 - Provide an environment for lifelong learning that meets the learning needs of professionals		
OO9. Investing strategically in innovative teaching and learning methods		
Qualitative: a description of the most significant changes and steps forward in teaching and learning methods		See page 15
OO10. Developing a structured professional development policy and provision for teaching staff		
Qualitative: a description of the professional development policy		See page 15
MI: number of teachers making use of the professional development provision		See page 15
OO11. Further strengthen the administrative back office(s) for education		

Qualitative: a description of the most significant changes and steps forward in the back office.	See page 15

8.5.2. Summary table: Research & Innovation

		Result 2025
SO1 - Pursuing excellence and relevance in ITM research [IDEAS]		
Scientific excellence, Valorisation, Entrepreneurship, Financial leverage, Infrastructure		
OD1: ITM's institutional research plan is operational and results in high-quality research with scientific impact		
Scientific excellence		
Qualitative indicators		
• Examples of ITM research published in top journals with links to press releases. We aim to publish original research articles in top journals every year and bring the results to the attention of the general public.		Reporting from 2026
• Progress with ITM's 'publication and dissemination policy'. Impact factors are a traditional measure of a journal's 'importance', but they can be limited in assessing the impact of an individual publication. Among other things, the rise of open access has led to discussion about how the impact of research can best be measured. ITM is keeping a close eye on this debate and translating developments into an appropriate 'publication and dissemination policy' which it will also share with the other partners in the Flemish and international ecosystem.		Reporting from 2026
• Illustration of how the 'state-of-the-art research infrastructure' has contributed to scientific excellence.		Reporting from 2026
Quantitative KPI	Target	
Proportion of publications in Q1 journals.	At least 50% of all ITM publications;	58.61% of ITM publications in Q1 journals. See KPI-1 on pages 100-110

To measure the scientific excellence of ITM publications, we aim to publish at least 50% of ITM publications in Q1 (*first quartile)* journals*;* this represents the top 25% of journals within the subject category to which the peer-reviewed journal belongs. Furthermore, we aim to maintain a total of no fewer than 300 scientific publications per year. If the publication and dissemination policy (see above) indicates that the indicators and targets no longer align with current debate and developments, these will be adjusted.	At least 300 scientific publications per year	331 publications
Percentage of peer-reviewed publications with a CNCI (Category Normalised Citation Impact) of at least 1.5, i.e. those cited 1.5 times more frequently than the global average for all publications of the same type, published in the same year and within the same scientific field. To measure scientific impact, we use the 'Category Citation Impact' (CNCI), an indicator that can be applied to any publication indexed in the Web of Science via Clarivate Services. The CNCI is a neutral indicator that allows the scientific impact of a publication to be measured in the year of publication, normalised for discipline and document type. If the publication and dissemination policy (see above) indicates that the CNCI or the target values for the CNCI no longer align with current debate and developments, the indicator and the target values will be adjusted.	At least 20% of all ITM publications have a CNCI of at least 1.5	23.93% of ITM publications. See KPI-2 on pages 110-114
OD2: The translation of research and innovation results into benefits for society is maximised ('knowledge valorisation')		
Valorisation		Objective not included in the WEWIS 2025 Covenant Reporting from 2026
Qualitative indicators		

- Progress reporting on the evolution from an 'IP policy' to a 'Global Access & Impact Policy': a policy ensuring that knowledge and innovations are available at an affordable price to those who need them, particularly vulnerable populations worldwide. With this policy, ITM aims to play a pioneering role in the Flemish and international ecosystem.

- We aim to proactively screen ITM research portfolio within the framework of 'Health Innovations for All' (HI4A) for innovation potential.

- Examples of ITM advice to 'global health' related organisations (e.g. EDCTP3, Teams Europe, WHO, HERA) or exemplary examples of policy documents and/or guidelines based on ITM research.

- Science communication: illustration of and follow-up on cases demonstrating how the scientific and societal added value of ITM research is communicated to the general public and policymakers.

- Monitoring of collaborations with non-academic partners (NGOs, companies) and the results of these collaborations.

- Progress of P^3 – a new groundbreaking multi-perspective research model that integrates pathogens, patients and populations into a single framework for sustainable impact. This approach links breakthroughs in laboratories, clinical expertise and population-level insights, so that science is translated into solutions and innovations for people in Flanders and worldwide.

- Description of the long-term *impact stories* (in the final evaluation, cf. Long-term qualitative indicator).

Quantitative KPI	Target
Number of national, regional and global policy documents/ memos/ guidelines based on ITM research	Baseline 15 per year, increasing to 30 by 2030
Proportion of co-authorship with non-academic partners in peer-reviewed journals	50% of all publications

We monitor the number of co-authorships with non-academic partners because we assume that if we publish jointly, the research results will be disseminated and implemented more quickly by the non-academic partners. We aim for 50% of our publications to be published with non-academic partners.

OD3: Research results and data are shared fairly with researchers and society at large, whilst always taking into account research ethics and integrity, data protection and confidentiality, intellectual property, and requirements regarding *benefit-sharing* ('Open Science').		
Valorisation		Objective not included in the WEWIS 2025 Covenant Reporting from 2026
Qualitative indicators • Monitoring of the activities of the ITM *data access committee*. Quantitative KPIs • As they will be determined within the framework of the Flemish Open Science policy.		
OD4: The leverage effect of the research grant from the Flemish Government results in the award of competitive research funding		
Financial leverage		
Qualitative indicators • Overview and number of awarded and ongoing competitively awarded research proposals by external funding agencies (e.g. Horizon Europe, FWO, EDCTP3, ...).		77 ongoing projects. See overview list on pages 121-125
Quantitative KPI	Target	
Acquisition of external competitive research funding This also includes funds acquired from the 2nd, 3rd and 4th funding streams, as well as the equivalent funding for FWO PhD fellows/postdocs	The reported figure must be at least €17.4 million in 2026, €19.1 million in 2027, €20.8 million in 2028 and €22.6 million in 2029 and 2030	€19.3 million
SO2 - Attracting and nurturing excellent researchers [PEOPLE]		
Talent, Scientific excellence, Infrastructure		
OD5: Investing in attracting, circulating and nurturing talent		

Scientific excellence, Talent, Infrastructure		
Qualitative indicators		
• Reporting on the recruitment of professors in line with the 'ZAP succession plan'.		See page 23
• Description of progress within the framework of the Gender Equality & Inclusion Action Plan 2025-2030.		Reporting from 2026
• Mapping the career paths of ITM graduates (including PhD holders) with a view to creating a 'research, innovation and impact' network (at the final evaluation, cf. Long-term qualitative indicator).		Reporting from 2026
Quantitative KPI	Target	
Number of ongoing (cumulative) competitively awarded 'research career' grants. These include, for example, FWO early-career mandates, FWO postdocs, MSCA PhD fellows, doctoral training networks, MSCA postdoctoral fellowships, HFSP, EMBO, ERC grants, Seal of Excellence, visiting PhD fellowships, etc.	Baseline 20/year, increasing by at least 2 every 2 years to reach 30 by 2030	28
Number of PhDs awarded to PhD students who have conducted their research in collaboration with ITM	Base 15/year, increasing by at least 2 every 2 years to 19 in 2030. At least 85 PhDs awarded in the period 2026-2030	27 PhDs. See KPI-5 on pages 116-119
MIs		
PhD pass rates and duration of PhD programmes		Average duration: 4.3 years Median: 48 months
S03 - Establishing and strengthening synergistic partnerships [CONNECTION]		
Collaboration, infrastructure		
OD6: Foster and develop synergistic research collaborations/programmes within ITM and with Flemish, Belgian, European and international partners		

Collaboration		
Qualitative indicators • Collaboration within Flanders and globally within the framework of P³ – a new groundbreaking multi-perspective research model that integrates pathogens, patients and populations into a single framework for sustainable impact.		Reporting from 2026
Quantitative KPI	Target	
Number of 'productive' collaborations with partners A 'productive' collaboration is defined as at least 10 joint 'research outputs' per year with a specific partner. In addition to 'research publications', datasets, study protocols, software code and joint training of early-career researchers are also considered 'research outputs'.	With 20 partners	35 partners. See KPI-6 on pages 120 and 121
MIs		
Number of partnerships in Flanders and worldwide (with research partners, NGOs, industry)		See page 24

8.5.3. Summary table: Medical Services and Reference Laboratories

		Result 2025
MS-SO1 - We strive for quality and patient-centred care.		
KPI: Patient satisfaction	Target: Based on the patient survey, at least 90% of our patients would recommend our medical services to friends and family members.	Net Promoter Score of 82
Qualitative	Description of improvements in patient care	See page 32

MI	Result of BELAC audit	See page 32
	Number of complaints (and the proportion of admissible complaints, and complaints resolved after mediation)	24
MS-SO2 - We maintain and strengthen our clinical and laboratory expertise in our specialist areas of travel advice, tropical infectious diseases, HIV/STIs and outbreak management.		
KPI: Ensuring top-quality expertise	Objective: to have at least two senior national experts for each discipline	See page 32
MS-SO3 - We remain the undisputed centre of excellence in the fields of travel advice, tropical infectious diseases, HIV/STIs and outbreak management.		
KPI: Agreements with ministries on health	Objective: We will retain all five agreements with the Flemish and Federal governments regarding our medical reference roles	See page 33
KPI: Agreements as a national reference centre	Objective: We will maintain all four agreements with Sciensano as the NRC	See page 33
Qualitative	Description of significant changes in our role within the national and international landscape	See page 33
MI	Number of consultations Number of visits to the ITM website Number of visits to Wanda Number of incoming calls Number of media appearances	See Tables 18 and 19 on pages 32 and 33
MS-SO4 - We create the right context and conditions to achieve our strategic goals for medical services.		
Qualitative	Implementation of a new electronic patient record system for our clinic	See page 33
Qualitative	Ensuring compliance with healthcare regulations	See page 33
Quality	Development of a future-proof clinic in the Masterplan Buildings	See page 33
MI	Financial Results of medical services	See page 33

8.5.4. Summary table: International cooperation with LMICs

			Result 2025
IC-SO1 - Promote equitable partnerships through long-term institutional collaboration based on a capacity-sharing strategy.			
OO1. We utilise opportunities for collaboration in the fields of research, education and service provision to society with institutional partners.			
MI-1.1: Capacity-sharing partnerships on track			88% (15/17)
MI-1.2: National partnerships in a fragile context			84%
MI-1.3: Joint publications with LMIC first/last author			51%
MI-1.4: New projects with LMIC partners			0
KPI: Opportunities for collaboration with institutional partners	2030	Number of partners from LMICs contributing to the Productive Partnerships (KPI8) doubled in five years. (Baseline: 2)	Baseline: 2
IC-SO2 - Increasing the societal impact of international collaboration.			
OO2. We invest in future generations of scientists from LMICs			
MI-2.1: Grants completed by recipients in LMICs			172
KPI: Investing in future LMIC scientists	Annual	Access to and scholarships for ITM education for the next generation of scientists from LMICs guaranteed at least at the same level, evolving in line with the educational provision. (Basis: 5-year average of 140/year based on current educational provision)	171

OO3. The expertise of ITM and its partners informs the policies of Flanders, Belgium, the EU and member states in LMICs on health and international cooperation.		
MI-3.1: Input from ITM experts for policy advice		46
MI-3.2: LMICs with policy engagement of partners		11
KPI: Expertise that has an impact on health and cooperation policy in LMICs	Annual Qualitative reporting on the most impactful policy work in partner countries and/or multilateral policy processes	See Table 20 on page 35

8.5.5. Summary table: Management and Organisation

		Result 2025
SO5 – Strengthening the overall coherence, efficiency and effectiveness of ITM policy by investing in research and management platforms within the organisation or through strategic partnerships.		
OO1: Strengthening professional and effective management. In doing so, we set ourselves the ambition to consistently deliver professional and effective services in support of ITM's core tasks at various levels within the organisation.		
QI	One story per year about the successful implementation of cross-departmental initiatives in support of the core tasks	See page 72
OO2: Creating an inspiring, motivating and safe environment for every individual, enabling them to develop and contribute to ITM's vision, mission and objectives.		
KPI	Student support satisfaction surveys (target > 90%).	90%
KPI	Satisfactory patient survey (target > 90%)	Net Promoter Score of 82
KPI	All members of the line management have completed the leadership programme within 18 months of their appointment to a managerial role.	See page 60. In total, 95% of employees have completed the programme
QI	One action from the wellbeing action plan is highlighted annually in ITM's annual report.	See pages 61 and 68

MI	Number of staff members, diversity (gender, nationality), turnover, in accordance with legal provisions, e.g. social balance sheet	513 staff members. See page 58
MI	Number of reports to the student ombudsman	0
MI	Monitoring indicators in accordance with welfare legislation and national quality standards (incidents, complaints, breaches, etc.)	See pages 67 - 70
OO3: creating an optimal environment for ITM's core activities through efficient, sustainable and effective management of our resources.		
MI	Annual budget plan and annual financial report	See page 61 + Annex 8.4
QI	Annual report on the progress of the ITM Masterplan Buildings	See page 64
QI	Two case studies of successful software system implementations and new IT developments	See pages 72
MI	Implementation of energy measures: #/total number Sub: aid granted in € and %	See page 69
MI	Carbon footprint: Implementation of energy measures and effect on CO_2reduction (tonnes/eq)	See page 69
OO4: Ensuring a safe and sustainable working environment by integrating robust health and safety practices and promoting environmental responsibility in all activities.		
KPI	Number of cybersecurity incidents with a direct impact on the continuity of our core activities (target = 0)	0
MI	Modal shift (commuting patterns)	See page 69
MI	Trend in the number of kilometres travelled by air and impact on CO_2 emissions (ABC principle)	See page 69
KPI	Number of environmental/biosafety incidents with potential environmental consequences (target = 0)	0
OO5: Improve ITM's quality management system and ensure compliance with relevant legislation, regulations and policies.		
KPI	The number of critical audit findings that directly affect the continuity or the accreditation/certification status of our core activities. (target = 0)	0
QI	At least one story per year about the successful implementation of improvements in the learning environment, risk management or data management.	See pages 66-67

QI	One success story about a research project involving partners from low- and middle-income countries that was reviewed by the IRB to ensure ethical compliance, local approvals, community involvement and fair collaboration.	See page 30-31
QI	Document one success story demonstrating the added value of an accredited laboratory activity or test for the ITM's research or service provision (reference tasks).	See page 30-31
MI	Number of CWI reports	0 reports. See page 65
MI	Number of IRB applications	See page 31

8.6. Appendices: Research

8.6.1. Summary lists of Key Performance Indicators for the 2025 research

8.6.1.1. KPI-1

Web of Science publications in Q1 journals

1. Abbew ET, Laryea R, Kwakye AO, Poku YA, Obiri-Yeboah D, Lynen L, et al. Treatment outcomes of multi-drug-resistant and rifampicin-resistant tuberculosis with and without isolation of nontuberculous mycobacteria between 2018-2021: A retrospective cohort study in Ghana. Plos Neglect Trop Dis. 2025;19(7):14.
2. Abera A, Monsieurs P, Pareyn M, Beyene D, Tasew G, Aroni-Soto A, et al. Genomic characterisation of Leishmania tropica in cutaneous leishmaniasis, Somali Region, Ethiopia, 2023. Emerg Infect Dis. 2025;31(7):1483-6.
3. Abera A, Tadesse H, Beyene D, Geleta D, Belachew M, Djirata EA, et al. Outbreak of cutaneous leishmaniasis amongst militia members in a non-endemic district under conflict in the lowlands of the Somali Region caused by Leishmania tropica, Eastern Ethiopia. PLoS Neglected Tropical Diseases. 2025;19(7):15.
4. Agbodjavou MK, Asefa A, Avahoundje EM, Benová L, Birabwa C, Bonane JK, et al. Improving complex health systems and lived environments for maternal and perinatal well-being in urban sub-Saharan Africa: the UrbanBirth Collective. J Glob Health. 2025;15:15.
5. Alenichev A, de Laat S, Hann M, Kingori P, Grietens KP. The ethics of global health communication in the artificial intelligence era: avoiding poverty porn 2.0. Lancet Glob Health. 2025;13(11):1803-4.
6. Ali R, Alonga J, Biampata JL, Basika MK, Berry IM, Bisento N, et al. Tecovirimat for Clade I MPXV Infection in the Democratic Republic of Congo. New England Journal of Medicine. 2025;392(15):13.
7. Aljadeeah S, Hafez S, Abbara A, Chatty D. Refugees and asylum seekers in Europe need a rights-based approach to the issue of return: insights from the case of the Syrian displacement. BMJ Glob Health. 2025;10(8):4.
8. Aljadeeah S, Hosseinalipour SM, Khanyk N, Szocs E, Traianou A, Tomas A, et al. Healthcare provision for displaced people in transit: Analyses of routinely collected data from INTERSOS clinics at the Ukrainian border with Moldova and Poland. Journal of Migration and Health. 2025;11:8.
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12. Amatya B, Pandey P, McGuinness SL, Grobusch MP, Muhi S, Leder K, et al. GeoSentinel Analysis of Antimicrobial Resistance Patterns in Travellers' Diarrhoea. JAMA Netw Open. 2025;8(12):15.
13. Ardizzoni E, Mulders W, Fuertes MD, Hayrapetyan A, Mirzoyan A, Faqirzai J, et al. Phenotypic and genotypic resistance to bedaquiline in patients with multidrug-resistant tuberculosis—experiences from Armenia. Antimicrobial Agents and Chemotherapy. 2025;69(5):13.
14. Asefa A, Beñová L, Marchal B, Hanlon C, Millimouno TM, Asfaw M, et al. Unravelling the link between the mistreatment of women during childbirth and postpartum depression: a prospective longitudinal study in Ethiopia and Guinea. EClinicalMedicine. 2026;91:11.
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17. Babah OA, Benová L, Larsson EC, Hanson C, Afolabi BB. Is an improvement in anaemia and iron levels associated with the risk of early postpartum depression? A cohort study from Lagos, Nigeria. BMC Public Health. 2025;25(1):13.
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8.6.1.2. KPI-2

Proportion of peer-reviewed publications cited 1.5 times more frequently than the global average for all publications of the same type, published in the same year and within the same Web of Science research domain (N = 78 or 23.93%)

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8.6.1.3. KPI-3

See text of the annual report, page 20.

8.6.1.4. KPI-4

Number of current (cumulative) ITM FWO postdoctoral fellows and grants, MSCA (personal grants), HSFP, EMBO or ERC grants, Seal of Excellence, etc.: 28 FWO postdoctoral fellows (14)

1. Snobre, Jihad (VUB, ITM), Omics Data Integration to Predict Drug Resistance in Mycobacterium tuberculosis, 1 November 2021-31 October 2025
2. Kraußer, Lena (University of Antwerp, ITM), Laboratory and bioinformatics innovations towards culture-free whole genome sequencing of Mycobacterium tuberculosis for clinical care, 1 November 2021-31 October 2025
3. Wuyts, Ellen (University of Antwerp, ITM), Molecular basis for the potency and selectivity of DNDI-6690, a promising lead for the development of novel anti-leishmanial drugs, 1 November 2021-31 October 2025
4. Sauve, Erin (University of Antwerp, ITM), An investigation into the mechanisms of Plasmodium vivax chloroquine resistance (PvCQR): a transcriptomic/transgenic approach, 1 November 2021-31 October 2025

5. Cuella Martin, Isabel (University of Antwerp, ITM), Curbing rifampicin-resistant tuberculosis in Rwanda and beyond, 1 November 2021-31 October 2025
6. Molenaar, Jil (University of Antwerp, ITM), 'Effective coverage' of facility-based deliveries: exploring the relevance and feasibility of a global health indicator from the bottom up, 1 November 2022-31 October 2026
7. De Kesel, Wim (University of Antwerp, ITM), Sylvatic cycle of arboviruses in African wildlife, 1 November 2022-31 October 2026
8. Delgado, Dalia Díaz (University of Antwerp, ITM), Determining the role of tryptophan-rich antigens during *P. vivax* reticulocyte invasion using a functional transgenic *P. knowlesi* model and P. *vivax* ex vivo assays, 1 November 2023-31 October 2027
9. Op de Beeck, Hannah (University of Antwerp, ITM), A novel plasmonic nanoparticle amplified photoelectrochemical detection platform for dengue diagnosis (DeNPec), 1 November 2023-31 October 2027
10. Verstraeten, Rita (Ghent University, ITM), Improving insights into the impact of human mobility on dengue epidemiology through mathematical modelling, 1 November 2024-31 October 2028
11. Goossens, Emilie (UHasselt, ITM), Human disturbance, biodiversity loss and the dynamics of snail-borne parasites, 1 November 2024-31 October 2028
12. De Cleene, Witse (UAntwerp, ITM), Unravelling the molecular basis for the recognition of human basigin by Plasmodium vivax tryptophan-rich antigens, 1/11/2024-31/10/2028
13. Danel, Niki (University of Antwerp, ITM) Unravelling antibody-VSG interactions and early VSG expression patterns in the context of human African trypanosomiasis diagnosis, 1 November 2025-31 October 2029
14. Wouters, Janne (University of Antwerp, ITM) Investigation into the induction, localisation and maturation of skin-resident memory T cells in human immunity following yellow fever vaccination strategies, 1 November 2025-31 October 2029.

Hosting mandates via BOF UAntwerp (1)

1. Martina Ceconi, started in 2024 (BOF 3 years: UA - Kevin Arien, Peter Delputte - ITM Kevin Arien)

VLAIO-Baekeland (1)

1. Bouckaert, Johanna (ITM, University of Antwerp), Peptide-based Diagnostics for Re-emerging Flaviviruses of Significant Public Health Concern, 1 February 2023 → 31 January 2027

FWO postdocs (11)

1. Asefa, Anteneh (ITM), Is mistreatment of women during facility-based childbirth an independent risk factor for postpartum depression? A mixed methods prospective study in Ethiopia and Guinea, Junior, 1/10/2022-30/9/2025 + 'Review of pregnancy and perinatal mental health issues in women with HIV for an HIV-free generation (REVISE study)', Senior, 1/10/2025-30/9/2028
2. Negreira, Gabriel (ITM), Revealing the molecular mechanisms and adaptive role of aneuploidy plasticity in *Leishmania spp.,* 1/10/2023-30/9/2026
3. Van Dijck, Christophe (ITM), Mpox, a tale of two epidemics: unravelling differences in disease expression and transmission between Europe and Central Africa, 1 October 2023-30 September 2026
4. Daems, Elise (University of Antwerp, ITM), A novel rolling circle amplification-mediated photoelectrochemical detection methodology for arboviruses (ArboSense), 1 October 2023-30 September 2026
5. Aljadeeah, Saleh (ITM), Resilience of pharmaceutical systems and access to essential medicines in conflict-affected regions: the case of antibiotics in northern Syria, 1/11/2024-31/10/2027
6. Meulenaere, Katlijn (ITM), A single-cell sequencing approach to understand P. vivax gene regulation at the epigenetic level, 1 October 2024-30 September 2027
7. Macharia, Peter (ITM), Precision identification of maternal health vulnerability in sub-Saharan African conurbations using advanced geospatial approaches, 1 October 2024-30 September 2027
8. Ingelbeen Brecht (ITM), Guiding community-based antimicrobial resistance control in low-resource settings: attribution of household sources of resistant bacteria and the impact of improved antibiotic use, 1/9/2025-31/8/2028

9. Jansen, Daan 'Unravelling the role of sexual transmission in monkeypox evolution', 1/10/2025-30/9/2028
10. Rotsaert, Anke, Promoting HIV prevention: understanding and improving pre-exposure prophylaxis (PrEP) use among pregnant and postpartum women, 1/10/2025-30/9/2028
11. De la Fuente, Irene Molina, Unravelling ACT resistance mechanisms in Africa: genetic and phenotypic insights 1/10/2025-30/9/2028

HORIZON MSCA Postdoctoral Fellowship - European Fellowship (1)

1. Alenichev, Arsenii, AIrbrush: a transdisciplinary value-sensitive study of biases and stereotypes in AI-generated Global Health images, and their significance for science and society, June 2024-May 2026

8.6.1.5. KPI-5

Number of PhDs awarded to doctoral candidates who conducted their research in collaboration with ITM

Department	Service	Title	Date of defence
Department of Public Health	Unit of Eco-Epidemiology	Minani Salvator. A quantitative and qualitative risk assessment of pig-related parasitic zoonoses in Burundi. Supervisors: Prof. Dr Katja Polman (ITM), Dr Chiara Trevisan (ITM), Prof. Dr Sarah Gabriël (Ghent University), Prof. Anastasie Gasogo (University of Burundi), Dr Jean Bosco Ntirandekura (University of Burundi)	11 December 2025
Department of Public Health	Unit of Complexity and Health	Bello Kéfilath. Improving primary healthcare in Benin: From an exploration of primary care physician practices towards a policy framework. Supervisors: Prof. Dr. em. Bart Criel (ITM); Prof. Dr. em. Jan De Lepeleire (KU Leuven); Prof. Dr Djimon Marcel Zannou (University of Abomey Calavi, Benin); Dr Ludwig Apers (ITM)	9 December 2025
Department of Biomedical Sciences	Unit of Entomology	Castillo Vielma Sofia. Behavioural ecology and spatial dynamics of Anopheles coluzzii swarms. Supervisors: Prof. Dr Ruth Müller (ITM), Prof. Dr Florian Muijres (Wageningen University)	30 October 2025
Department of Public Health	Unit of Maternal and Reproductive Health	Opeyemi Rebecca Akinajo. Beyond Effectiveness: Implementation Factors Influencing Uptake of IV Iron for Anaemia in Pregnancy in Nigeria. Supervisors: Prof. Lenka Benova (ITM), Prof. Kristi Sidney Annerstedt (Karolinska Institutet, Sweden), Prof. Bosede Afolabi (University of Lagos, Nigeria), Prof. Aduragbemi Banke-Thomas (London School of Hygiene and Tropical Medicine, UK)	24 October 2025
Department of Biomedical Sciences	Unit of Mycobacteriology	Cuella Martin Isabel. Integrated approaches for diagnosis and regional transmission control of rifampicin-resistant tuberculosis in Rwanda. Supervisors: Prof. Dr Bouke de Jong (ITM), Prof. Dr Leen Rigouts (ITM/University of Antwerp), Dr Jean Claude Semuto Ngabonziza (Rwanda Biomedical Centre)	23 October 2025

Department of Biomedical Sciences	Unit of Helminthology	Hoang Quang Vinh. Fascioliasis in North-central Vietnam: Insights into Epidemiology, Risk Factors, and Community Knowledge, Attitudes, and Practices. Supervisors: Prof. Dr Steven Callens (Ghent University), Prof. Dr Bruno Levecke (Ghent University), Dr Veronique Dermauw (ITM)	23 October 2025
Department of Biomedical Sciences	Unit of Mycobacteriology	Krausser Lena. A molecular approach to leprosy: Advancing diagnostics and RNA stability and exploring host susceptibility and potential reservoirs. Supervisors: Prof. Dr Bouke de Jong (ITM), Prof. Dr Annelies Van Rie (University of Antwerp), Dr Sofie Braet (ITM)	9 October 2025
Department of Public Health		Kombate Goutante. Towards effective malaria control among high-risk populations in sub-Saharan Africa. Supervisors: Prof. Dr Rick (D.E.) Grobbee (Utrecht University), Prof. Dr Marianne (M.A.B.) van der Sande (ITM/Utrecht University), Dr André Soubeiga (University of Ouagadougou)	7 October 2025
Department of Clinical Sciences	Unit of HIV & Tuberculosis	Jouego Tagne Christelle Geneviève. Impact of diagnostic delays and short treatment regimens on outcomes of rifampicin-resistant tuberculosis patients in Cameroon. Supervisors: Prof. Dr. Em. Lut Lynen (ITM), Prof. Dr. Tom Decroo (ITM), Prof. Dr. Emmanuel André (KU Leuven/UZ Leuven), Dr. Palmer Masumbe Netongo (Université de Yaoundé I, Cameroon)	7 October 2025
Department of Public Health	Unit of Socio-ecological Health Research	Ruwanpura Varunika Sonani Hapuwatte. Introducing new policies for the radical cure of P. vivax malaria in Asia-Pacific countries: Global recommendations, evidence uptake, policy processes, stakeholders and contextual factors influencing policymaking. Supervisors: Prof. Dr. Koen Peeters (ITM), Prof. Dr. Kamala Ley Thriemer (Charles Darwin University, Australia), Prof. Dr. Ric N. Price (Charles Darwin University, Australia), Prof. Dr. Caroline A. Lynch (London School of Hygiene and Tropical Medicine, UK)	16 September 2025
Department of Biomedical Sciences	Unit of Mycobacteriology	Snobre Jihad. Bedaquiline resistance in *Mycobacterium tuberculosis*: mechanisms and preventive strategies. Supervisors: Prof. Dr. Bouke de Jong (ITM), Dr. Oren Tzfadia (ITM), Prof. Dr. Ronald Buyl (Research Centre for Digital Medicine, VUB)	5 September 2025
Department of Biomedical Sciences	Unit of Mycobacteriology	Souleymane Tiemogo Mahamadou Bassirou. Tuberculosis (TB) and Rifampicin-Resistant (RR) TB Management in Niger: Challenges and Innovative Strategies. Supervisors: Prof. Dr. Bouke de Jong (ITM), Prof. Dr. Leen Rigouts (ITM/University of Antwerp), Prof. Dr. Tom Decroo (ITM), Prof. Dr. Saïdou Mamadou (Abdou Moumouni University of Niamey, Niger), Prof. Dr. Eric Adehossi (Abdou Moumouni University of Niamey, Niger)	3 September 2025

Department of Public Health	Unit of Mycobacterial Diseases and Neglected Tropical Diseases	Roy Lalita. Entomological evidence to support visceral leishmaniasis elimination in Nepal. Supervisors: Prof. Dr Epco Hasker (ITM); Prof. Dr Guy Caljon (University of Antwerp); Dr Wim Van Bortel (ITM); Prof. Dr Narayan Rai Bhattarai (B.P. Koirala Institute of Health Sciences, Nepal)	2 September 2025
Department of Public Health	Unit of Reproductive & Maternal Health	Birabwa Catherine. Urban health systems and maternal health: Examining data quality, mortality trends, care-seeking pathways, and referral dynamics in Kampala City, Uganda. Supervisors: Prof. Dr Lenka Benova (ITM), Prof. Dr Josefien van Olmen (University of Antwerp), Dr Peter Waiswa (School of Public Health, Makerere University, Uganda), Prof. Dr Aduragbemi Banke-Thomas (London School of Hygiene and Tropical Medicine, University of London, UK)	25 August 2025
Department of Clinical Sciences	Unit of Clinical Virology	Vujkovic Alexandra. Decoding antiviral immunity through sorted T cell receptor repertoire sequencing. Supervisors: Prof. Dr. Koen Vercauteren (ITM), Prof. Dr. Pieter Meysman (University of Antwerp), Prof. Dr. Kris Laukens (University of Antwerp)	2 July 2025
Department of Biomedical Sciences	Unit of Molecular Parasitology	Heeren Senne. Parasite evolution through the lens of unique microbial alliances. Supervisors: Prof. Dr Jean-Claude Dujardin (ITM), Dr Frederik Van den Broeck (ITM/KU Leuven), Prof. Dr Philippe Lemey (KU Leuven)	1 July 2025
Department of Clinical Sciences	Unit of HIV & Tuberculosis	Gils Tinne. Implementation and outcomes of the advanced HIV disease care package in settings with a high HIV/TB burden. Supervisors: Prof. Emeritus Dr Lut Lynen (ITM), Dr Tom Decroo (ITM), Prof. Dr Erika Vlieghe (University of Antwerp), Dr Klaus Reither (Swiss Tropical and Public Health Institute, Switzerland)	30 June 2025
Department of Clinical Sciences	Unit of Clinical Immunology	De Vrij Nicky. Exploring antigen presentation and T cell recognition in leishmaniasis. Supervisors: Prof. Dr Wim Adriaensen (ITM), Dr Bart Cuypers (ITM), Prof. Dr Kris Laukens (University of Antwerp)	18 June 2025
Department of Public Health	Unit of Complexity and Health	Bosongo Samuel. Capacity building for senior management teams in health districts in the era of provincial health administration reform in the Democratic Republic of the Congo: A realistic assessment. Supervisors: Prof. Dr. Bruno Marchal (ITM), Prof. Dr. Yves Coppieters (ULB), Prof. Dr. Faustin Chenge (University of Kisangani)	5 June 2025
Department of Public Health	Unit of Sexual Health including HIV	Babah Ochuwa Adiketu. Anaemia and iron deficiency anaemia during pregnancy in Nigeria: Risk factors, treatment options and impact on maternal and perinatal outcomes. Supervisors: Prof. Dr Bernadette Hensen (ITM), Prof. Dr Elin C. Larsson (Karolinska Institute, Sweden), Prof. Dr Claudia Hanson (Karolinska Institute, Sweden),	15 May 2025

		Prof. Dr Bosede Bukola Afolabi (University of Lagos, Nigeria)	
Department of Public Health		Valia Daniel. High prevalence of antimicrobial resistance in rural Burkina Faso. Assessment of risk factors for prevention and control. Supervisors: Emeritus Professor Dr Marianne van der Sande (ITM), Professor Dr Annie Robert (UC Louvain), Professor Dr Hector Rodriguez Villalobos (UC Louvain), Professor Dr Halidou Tinto (CRUN, Burkina Faso)	9 April 2025
Department of Public Health	Unit of Mycobacterial Diseases and Neglected Tropical Diseases	Cloots Kristien. Visceral leishmaniasis in the Indian subcontinent. Optimising the surveillance system for the post-elimination phase. Supervisors: Prof. Dr E. Hasker (ITM), Prof. Dr Marleen Boelaert (ITM, †), Prof. Dr Sake J. de Vlas (Erasmus University Rotterdam), Dr Epke A. Le Rutte (Erasmus University Rotterdam)	25 February 2025
Department of Clinical Sciences	Unit of Tropical Bacteriology	Mbuyi Kalonji Lisette. Invasive non-typhoidal *Salmonella* infections in the Democratic Republic of the Congo. Supervisors: Emeritus Prof. Dr Jan Jacobs (ITM), Prof. Dr Octavie Lunguya (INRB, DRC)	21 February 2025
Department of Public Health	Unit of Health Policy	Martens Monika. Scaling up integrated care for chronic diseases: Exploring perspectives on agency, processes, mechanisms and structures. Supervisors: Emeritus Prof. Dr Wim Van Damme (ITM), Dr Sara Van Belle (ITM), Prof. Dr Josefien van Olmen (University of Antwerp), Prof. Dr Edwin Wouters (University of Antwerp)	14 January 2025
Department of Biomedical Sciences	Unit of Entomology	Vanslembrouck Adwine. Ecological interactions in Aedes and Culex mosquitoes: Towards sustainable vector management in Europe. Supervisors: Prof. Dr. Ruth Muller (ITM), Prof. Dr. Herwig Leirs (University of Antwerp)	13 January 2025
Department of Public Health	Unit of Health Policy	Danhieux Katrien. Let's Get Organised! Evaluating the Implementation of Chronic Diseases in Belgian Primary Care. Supervisors: Prof. Emeritus Wim Van Damme (ITM), Prof. Emeritus Roy Remmen (University of Antwerp), Prof. Josefien van Olmen (University of Antwerp), Prof. Edwin Wouters (University of Antwerp)	9 January 2025
Department of Biomedical Sciences	Unit of Mycobacteriology	Harouna Souleymane Hassane. Innovative diagnostic and therapeutic measures to improve multidrug-resistant tuberculosis (MDR-TB) diagnosis and management in Conakry, Guinea. Supervisors: Prof. Dr. Bouke C. de Jong (ITM), Prof. Dr. Leen Rigouts (ITM/University of Antwerp)	9 January 2025

8.6.1.6. KPI - 6

Number of productive (=>10 joint publications per year) collaborations with international partners

Affiliations	No. of Web of Science documents	% of total (N = 326)	Region
University of London (N = 45) / LSHTM (N = 35) / UCL (N = 10) / UL School of Advanced Study (N = 1)	91	27.91%	Europe
University of Antwerp	78	23.93%	Europe
Ghent University (N = 30) / Ghent University Hospital (N = 16)	46	14.11%	Europe
University of California System (N = 16) / UCLA (N = 11) / UCLA SF (N = 5) / UCLA Medical Center (N = 2) / David Geffen School of Medicine at UCLA (N = 2)	36	11.04%	America
KU Leuven (N = 30) / University Hospital Leuven (N = 4)	34	10.43%	Europe
Institut de Recherche pour le Développement (IRD) (N = 16) / University of Montpellier (N = 15)	32	9.82%	Europe
Harvard University (N = 11) / Harvard Medical School (N = 8) / Harvard University Medical Affiliates (N = 9) / Harvard T.H. Chan School of Public Health (N = 3)	31	9.51%	America
University of Basel (N = 13) / Swiss Tropical & Public Health Institute (N = 12) / Swiss School of Public Health (SSPH+) (N = 5)	30	9.20%	Europe
University of Cape Town	29	8.90%	Africa
University of Oxford (N = 27) / Mahidol Oxford Tropical Medicine Research Unit (MORU) (N = 2)	29	8.90%	Europe
Utrecht University (N = 14) / Utrecht University Medical Centre (N = 11)	25	7.67%	Europe
Leiden University (N = 11) / Leiden University Medical Centre (N = 10)	21	6.44%	Europe
Institut National de la Santé et de la Recherche Médicale (Inserm)	20	6.13%	Europe
National Institutes of Health (NIH) – USA (N = 8) / NIH National Institute of Allergy and Infectious Diseases (NIAID) (N = 6)	19	5.83%	America
University of Manitoba	17	5.21%	America
Vrije Universiteit Brussel (N = 15) / University Hospital Brussels (N = 2)	17	5.21%	Europe
University of Kinshasa	16	4.91%	Africa
National Institute for Biomedical Research	16	4.91%	Africa
World Health Organization	16	4.91%	Europe
University of the Western Cape	16	4.91%	Africa
Erasmus University Rotterdam (N = 9) / Erasmus MC (N = 7)	16	4.91%	Europe
Pasteur Network (N = 7) / Institut Pasteur Paris (N = 5) / Institut Pasteur Dakar (N = 1) / Institut Pasteur de Montevideo (N = 1) / Institut Pasteur Lille (N = 1) / Institut Pasteur Cambodia (N = 1)	16	4.91%	Europe
Manipal Academy of Higher Education (MAHE) (N = 7) / Kasturba Medical College, Manipal (N = 7)	14	4.29%	Asia
Makerere University	13	3.99%	Africa
Université Paris Cité	13	3.99%	Europe
Kenya Medical Research Institute	13	3.99%	Africa
University of Barcelona (N = 5) / Hospital Clinic de Barcelona (N = 4) / ISGlobal (N = 4)	13	3.99%	Europe

Stellenbosch University	12	3.68%	Africa
Assistance Publique Hôpitaux de Paris (APHP) (N = 5) / Saint-Louis University Hospital - APHP (N = 2) / Pitié-Salpêtrière University Hospital - APHP (N = 1) / Antoine-Béclere University Hospital - APHP (N = 1) / Bicêtre University Hospital - APHP (N = 1) / Bichat-Claude Bernard University Hospital - APHP (N = 1) / Avicenne University Hospital - APHP (N = 1)	12	3.68%	Europe
University of Bern	10	3.07%	Europe
Karolinska Institutet	10	3.07%	Europe
Doctors Without Borders	10	3.07%	Europe
Muhimbili University of Health & Allied Sciences	10	3.07%	Asia
McGill University	10	3.07%	America
Johns Hopkins University (N = 5) / Johns Hopkins Bloomberg School of Public Health (N = 4) / Johns Hopkins Medicine (N = 1)	10	3.07%	America

8.6.2. Summary list of other research monitoring indicators for 2025

8.6.2.1. Number of ongoing competitively awarded research projects, including FWO, Horizon Europe, NIH... (cumulative) in 2025

Entering the project number at https://research.itg.be/ provides further information about the project. Projects started in 2025 are indicated in bold.

No.	PROJ. NO	FUNDING	RR-CASH FLOW	Acronym	DEPT.	SPONSOR	START	END
1	420018	FWO research project	2nd funding stream	PvTRAg	Biomedical Sciences	Rosanas Urgell Anna	01/01/25	31/12/28
2	420020	FWO research project (WEAVE)	2nd funding stream	THREE-G	Biomedical Sciences	de Jong Bouke	01/01/25	31/12/28
3	**420022**	**FWO research project**	**2nd funding stream**	**Guarding**	**Clinical Sciences**	**Vercauteren Koen**	**01/01/25**	**31/12/28**
4	**420023**	**FWO research project**	**2nd funding stream**	**POLSA**	**Biomedical Sciences**	**Müller Ruth**	**01/01/25**	**31/12/28**
5	**420019**	**FWO Bilateral Scientific Cooperation State of São Paulo (Brazil – FAPESP)**	**Second funding stream**	**PvRESIST**	**Biomedical Sciences**	**Rosanas Urgell Anna**	**01/01/25**	**31/12/28**
6	420027	FWO Research Infrastructure	Second funding stream	DiSSCo	Central	Van Frankenhuijsen Maartje	1/01/25	31/12/28
7	**420005**	**FWO – International Cooperation**	**2nd funding stream**	**Energise**	**Clinical Sciences**	**Jacobs Jan/Liselotte Hardy**	**01/01/24**	**31/12/26**
8	420012	FWO International Collaboration	2nd funding stream	ID-BQI	Public Health	Peeters Koen	01/01/24	31/12/26
9	420008	FWO research project	2nd funding stream	Discontinu-Cities	Public Health	Benova Lenka	01/01/24	31/12/27
10	420009	FWO Scientific Research Community	Second funding stream	CCCQ	Public Health	Van Damme Wim/Grace Ku	01/01/24	31/12/28

11	425411	FWO research project	Second stream	funding	Immetasex	Biomedical Sciences	Rosanas Urgell Anna	01/01/23	31/12/26
12	426252	FWO-ERA-net	2nd stream	funding	COINCIDE	Public Health	Peeters Koen	1 June 2022	30/09/25
13	426211	FWO-ERA-net	2nd stream	funding	CABU-EICO	Public Health	Van Der Sande Marianne	1 May 2022	30/04/25
14	424207	FWO research project	2nd stream	funding	IntegrOmicsDR.MTB	Biomedical Sciences	de Jong Bouke	01/01/22	31/12/25
15	427100	FWO research project	Second stream	funding	Monkeypox virus	Clinical Sciences	Bottieau Emannuel	01/01/22	31/12/25
16	**429009**	**FWO research project**	**2nd stream**	**funding**	**River epilepsy**	**Biomedical Sciences**	**Polman Katja**	**01/01/22**	**31/12/25**
17	424208	FWO Scientific Research Community	2nd stream	funding	TB/NTM research cluster	Biomedical Sciences	de Jong Bouke	01/01/22	31/12/26
18	425410	FWO research project	2nd stream	funding	Innatebite	Biomedical Sciences	Van Den Abbeele Jan	01/01/22	31/12/27
19	424415	FWO research project	2nd stream	funding	Identification of reservoir species	Biomedical Sciences	Ariën Kevin	01/01/20	31/12/25
20	**420028**	**FWO - SBO**	**3rd stream**	**funding**	**saRplix**	**Biomedical Sciences**	**Ariën Kevin**	**25/10/01**	**29/09/30**
21	**320007**	**EDCTP3/Stellenbosch University**	**3rd stream**	**funding**	**CAD LUS4TB**	**Clinical Sciences**	**Decroo Tom**	**25/09/01**	**31/08/30**
22	320008	EDCTP3	3rd stream	funding	SAHRI Fellowship	Clinical Sciences	Decroo Tom	25/08/01	30/07/31
23	320009	EDCTP3/London School	3rd stream	funding	MAMS4CL	Clinical Sciences	Van Griensven Johan	25/08/01	29/07/31
24	**320006**	**EDCTP3/Liverpool School**	**3rd stream**	**funding**	**LASR**	**Public Health**	**Peeters Koen**	**25/07/01**	**30/06/28**
25	320004	EDCTP3	3rd stream	funding	TASP	Clinical Sciences	Tom Decroo	25 June	30/05/31
26	320005	EDCTP3/Fondation R. Follereau	3rd stream	funding	TEBULA	Biomedical Sciences	de Jong Bouke	25/06/01	31/05/29
27	420021	Nature & Forest Agency	3rd stream	funding	Pilot study: tiger mosquito in Wilrijk	Biomedical Sciences	Müller Ruth	01/02/25	31/01/26
28	420026	Nature & Forest Agency	3rd stream	funding	Fox samples	Biomedical Sciences	McCoy Ciaran	01/01/25	31/12/26
29	520006	ANRS	3rd stream	funding	PLAG-DRC	Clinical Sciences	Liesenborghs Laurens	01/01/25	30/09/27
30	330005	EC / UMC Utrecht	3rd stream	funding	IS4NCDs	Public Health	Ku Grace	01/01/25	31/12/27
31	420024	FWO - TBM	3rd stream	funding	doxyPEP	Clinical Sciences	Kenyon Chris	01/01/25	31/12/28
32	320003	EDCTP3	3rd stream	funding	Reach-out	Public Health	Benova Lenka/Machari a P.	01/01/25	31/12/28

33	**410010**	**Sciensano**	**3rd funding stream**	**MEMO 2025-2029**	**Biomedical Sciences**	**Müller Ruth**	**1 January 2025**	**31/12/29**
34	**520009**	**MRC**	**3rd funding stream**	**PARTNERS**	**Clinical Sciences**	**Liesenborghs Laurens**	**24/11/01**	**31/10/27**
35	330003	EC	3rd funding stream	CoE4SM	Public Health	Ravinetto Raffaella	24/10/15	14/10/27
36	420013	FWO - SBO	3rd funding stream	Death Care	Public Health	Peeters Koen	24/10/01	28/09/30
37	520005	MRC	3rd funding stream	CLT-protex	Clinical Sciences	Wim Adriaensen	24/09/01	31/08/26
38	330006	ECHO, via Alima-FR	3rd funding stream	Multisectoral Assistance 2	Clinical Sciences	Liesenborghs Laurens	01/08/24	30/04/25
39	320002	EDCTP3	3rd funding stream	MBOTE-SK	Clinical Sciences	Liesenborghs Laurens	01/08/24	31/01/27
40	330004	ECDC, via Avia-Gis	3rd funding stream	Vectornet3	Biomedical Sciences	Müller Ruth	01/07/24	31/10/26
41	320001	EDCTP3	3rd funding stream	SECRET	Public Health	Ravinetto Raffaella	01/07/24	30/06/27
42	520002	MRC	3rd funding stream	Cruzi grant	Biomedical Sciences	Dujardin Jean-Claude	01/02/24	31/01/27
43	**310001**	**EC / KUL**	**3rd funding stream**	**Decipher**	**Clinical Sciences**	**Koen Vercauteren**	**01/01/24**	**31/12/27**
44	**310003**	**EC / UA**	**3rd funding stream**	**Restoreid**	**Biomedical Sciences**	**Ariën Kevin**	**01/01/24**	**31/12/27**
45	330002	EACEA	3rd funding stream	CAPSTONE	Public Health	Van Damme Wim	01/12/23	30/11/26
46	410004	Federal Science Policy	3rd funding stream	BE-PIN	Public Health	Katharina Kreppel	23/12/01	27/03/01
47	310002	EC / Farbentech	3rd funding stream	e-Fabric	Biomedical Sciences	Ariën Kevin	23/12/01	30/11/27
48	317250	EC / KUL	3rd funding stream	FortifiedX	Clinical Sciences	Vercauteren Koen	01/08/23	31/07/27
49	520001	MRC	3rd funding stream	Serval	Public Health	Peeters Koen	23 July 2003	2 July 2026
50	424420	VLAIO, via Janssen Pharmaceutica	3rd funding stream	DenMark	Biomedical Sciences	Ariën Kevin	01/07/23	30/06/26
51	326201	EDCTP3	3rd funding stream	STROGHAT	Public Health	Hasker Epco	01/07/23	30/06/28
52	620008	NIAID, via RTI International	3rd funding stream	CREID	Biomedical Sciences	Selhorst Philippe	01/05/23	30/04/25
53	336240	EC via Deutsche Aids-Hilfe	3rd funding stream	CORE	Public Health	Bernadette Hensen	01/01/23	31/12/25
54	316124	EC / VUMC	3rd funding stream	YoPAAPE	Public Health	Van Damme Wim	01/01/23	31/12/27

55	426247	FWO - TBM	3rd funding stream	Injectable PrEP	Public Health	Hensen Bernadette	22/10/01	26/09/30
56	427250	FWO - SBO	3rd funding stream	Appliedx	Clinical Sciences	Vercauteren Koen	22/10/01	30/09/26
57	327260	EDCTP2/DNDi	3rd funding stream	VL-INNO	Clinical Sciences	Wim Adriaensen	01/10/21	31/12/25
58	327110	EDCTP2	3rd funding stream	SIMBLE	Clinical Sciences	Jacobs Jan/L. Hardy	01/07/21	30/09/25
59	526201	NIAID, via Washington State University	3rd funding stream	CREID-ECA	Public Health	Hasker Epco	01/06/20	31/05/25
60	327202	EDCTP2/SWISS TPH	3rd funding stream	TB-TRIAGE+	Clinical Sciences	Lynen Lutgarde	01/01/20	31/03/25
61	327111	EDCTP2/University of Cambridge	3rd funding stream	THECA	Clinical Sciences	Jacobs Jan	01/01/19	30/06/25
62	327231	EDCTP2/Oxford	3rd funding stream	ALERRT	Clinical Sciences	Van Griensven Johan	1 December 2017	28/02/26
63	620029	GHIT Fund, via RIT	4th funding stream	FLUTTE	Public Health	Hasker Epco	25/11/04	31/08/27
64	620031	Novo Nordisk Foundation	4th funding stream	HIMM 2	Public Health	Hensen Bernadette	25/10/01	31/03/30
65	620028	King Baudouin Foundation	4th funding stream	SHIFT-CL	Clinical Sciences	Pareyn Myrthe	23/06/25	30/06/27
66	620025	Gates Foundation	4th funding stream	GAMBIT-DRC	Public Health	Hasker Epco	16/06/25	31/05/28
67	620024	DMDP	4th funding stream	GAM	Clinical Sciences	Hardy Liselotte	01/04/25	31/12/34
68	620027	Gates Foundation, via INRB	4th funding stream	AEDES control	Biomedical Sciences	Müller Ruth	01/01/25	24/11/26
69	620023	BREACH	4th funding round	DoxHIV	Clinical Sciences	Kenyon Chris	01/01/25	31/12/27
70	620021	Novo Nordisk Foundation	4th funding stream	HIMM	Public Health	Kielmann Karina	24/09/01	01/04/25
71	620014	Leprosy Research Initiative (LRI)	4th funding stream	Starlep	Biomedical Sciences	Braet Sofie	01/07/24	30/06/28
72	620006	CEPI	4th funding stream	EBO BOOST	Clinical Sciences	Wim Adriaensen	23 October	27 August 2031
73	627233	King Baudouin Foundation	4th funding stream	Decent-CL	Clinical Sciences	Pareyn Myrthe	10/08/23	31/08/25
74	627117	FIND	4th funding stream	Tropicare	Clinical Sciences	Hardy Liselotte	15/05/23	31/12/25
75	629004	HFSP, via Wageningen University	4th funding stream	SWARM	Biomedical Sciences	Müller Ruth	01/07/21	30/09/25
76	627232	Dioraphte Foundation	4th funding stream	Spacia CL	Clinical Sciences	Wim Adriaensen	01/01/21	31/03/25

77	626257	Wellcome Trust, via LSTM	4th funding stream	CEASE	Public Health	Peeters Koen	01/01/21	30/11/25

8.6.2.2. Ongoing SOFI projects in 2025

SOFI 2023 TRYPTACKLE
Tackling the livestock parasite *Trypanosoma congolense* by targeting invariant surface proteins.
(Jan Van Den Abbeele, Pieter Monsieurs)
€600,000
1 January 2023-31 December 2026

SOFI 2023 CLIMB
The impact of rapid climate change on the biodiversity-health interface
(Ruth Müller, Kevin Ariën, Marco Brustolin)
€599,908
1 January 2023-31 December 2026

SOFI 2023 PrEP roll-out for female sex workers
How to optimise PrEP roll-out and HIV prevention among female sex workers in Burkina Faso?
(Bernadette Hensen, Bea Vuylsteke, Christiana Nöstlinger)
€599,993
1 January 2023-31 December 2026

SOFI 2023 AIM-CL
Antimicrobial adjuvants to restore the balance of the skin microbiota for improved outcomes in the treatment of cutaneous leishmaniasis in Ethiopia
(Johan van Griensven, Pieter Monsieurs, Myrthe Pareyn)
€599,982
1 January 2023-31 December 2026

SOFI 2023 RABISKIMM
Skin imprinting in intradermal rabies vaccination: a prioritised outcome in vaccine trials?
(Wim Adriaensen)
€599,998
1 January 2023-31 December 2026

SOFI 2023 Prevention strategies for epidemic spread
Improving disease prevention strategies for epidemic spread by integrating socio-spatial characterisation of human mobility, environmental typology and mathematical modelling in an urban system in Cuba
Veerle Vanlerberghe, Maria Eugenia Toledo (CU), Katharina Kreppel, Claudia Nieto, Dennis Perez (CU)
€600,000
1 January 2023-31 December 2026

SOFI 2025 RIVAc
RNAi-based vaccine development in the Aedes albopictus mosquito against the chikungunya virus
Koen Bartholomeeusen, Kevin Ariën, Ruth Müller, Marco Brustolin
€600,000
1 January 2025-31 December 2028

SOFI 2025 MUSE
Mpox Understanding through Study of Evolution
Koen Vercauteren, Joachim Mariën, Kevin Ariën, Tony Wawina-Bokalanga, Laurens Liesenborghs, Wim Adriaensen
€800,000

1 January 2025-31 December 2028

SOFI 2025 CLIMMAT
Impact of environmental change on mosquito immunity: implications for malaria transmission control
Maria Luísa Simões
€600,000
1 January 2025-31 December 2028

SOFI 2025 Be-IMPACT
Interdisciplinary Malaria Prevention and Care in Travellers
Anna Rosanas-Urgell, Charlotte Gryseels, Emmanuel Bottieau
€798,439
1 January 2025-31 December 2028

8.6.2.3. Number of clinical trials coordinated by the CTU

The total number of studies supported by the CTU in 2025 is broken down as follows:

- Clinical Studies (i.e. 'Clinical Trials' according to the ICH-GCP definition): 23
- Interventional studies: 3
- Observational studies: 4

Clinical studies:

1. **TriDoRe Niger** – *ongoing* – Novel TRiple-DOse tuberculosis REtreatment regimens: how to overcome resistance without creating more (Clinicaltrials.Gov. NCT04260477); in Niger
2. **PEOPLE** – completed – Post-Exposure Prophylaxis for Leprosy in the Comoros and Madagascar (Clinicaltrials.gov. NCT03662022); in the Comoros and Madagascar
3. **AntiCOV –** *completed* – An open-label, multicentre, randomised, adaptive platform trial of the safety and efficacy of several therapies, including antiviral therapies, versus control in mild / moderate cases of COVID-19. (PACTR202006537901307); in Ethiopia
4. **SingleR** – *completed* – A single-centre open-label non-inferiority trial to assess the immunogenicity and safety of an intradermal and an intramuscular single-visit dosing regimen of purified chick-embryo cell-culture rabies vaccine in adults. (EudraCT 2022-002367-29); in Belgium
5. **BE-PEOPLE** – *ongoing* – Bedaquiline Enhanced Post-Exposure Prophylaxis for Leprosy. (Clinicaltrials.gov NCT05406479 (phase II) and NCT05597280 (phase III)); in the Comoros
6. **HealthyFood** – *completed* – A single-blind, placebo-controlled, single-centre, randomised controlled pilot study to assess whether low-dose ciprofloxacin can induce antimicrobial resistance in Escherichia coli (EudraCT 2023-506208-18); in Belgium
7. **AIM-CL** – *in preparation* – Antimicrobial adjuvants to restore the balance of the skin microbiota for improved outcomes in the treatment of cutaneous leishmaniasis in Ethiopia (AIM-CL) (Clinicaltrials.gov NCT06695143); in Ethiopia
8. **LAI-PrEP** – *stopped before initiation* – Preparing for the new generation of long-acting pre-exposure prophylaxis (PrEP): investigating the feasibility of injectable PrEP for the prevention of HIV in Flanders (EU CT 2025-521977-14-00), in Belgium
9. **STAKE** - *ongoing* - Preventing Acquired Resistance: Strengthen TB treatment by adding Amikacin in the first treatment week of multidrug-resistant tuberculosis (Clinicaltrials.gov NCT05555303); in Rwanda
10. **EBO-BOOST** – *ongoing* – Safety and immunogenicity of Ervebo® and Zabdeno® booster vaccines against Ebola virus following previous vaccination with the Zabdeno/Mvabea® or Ervebo® vaccine- -schedule in the DRC: a mix-and-match phase II RCT (Clinicaltrials.gov NCT06126822); in the Democratic Republic of the Congo
11. **SafedoxyPEP** – *ongoing* – A pilot single-centre, open-label trial to assess the impact of doxycycline post-exposure prophylaxis on antimicrobial resistance (EudraCT 2023-507137-24-00); in Belgium

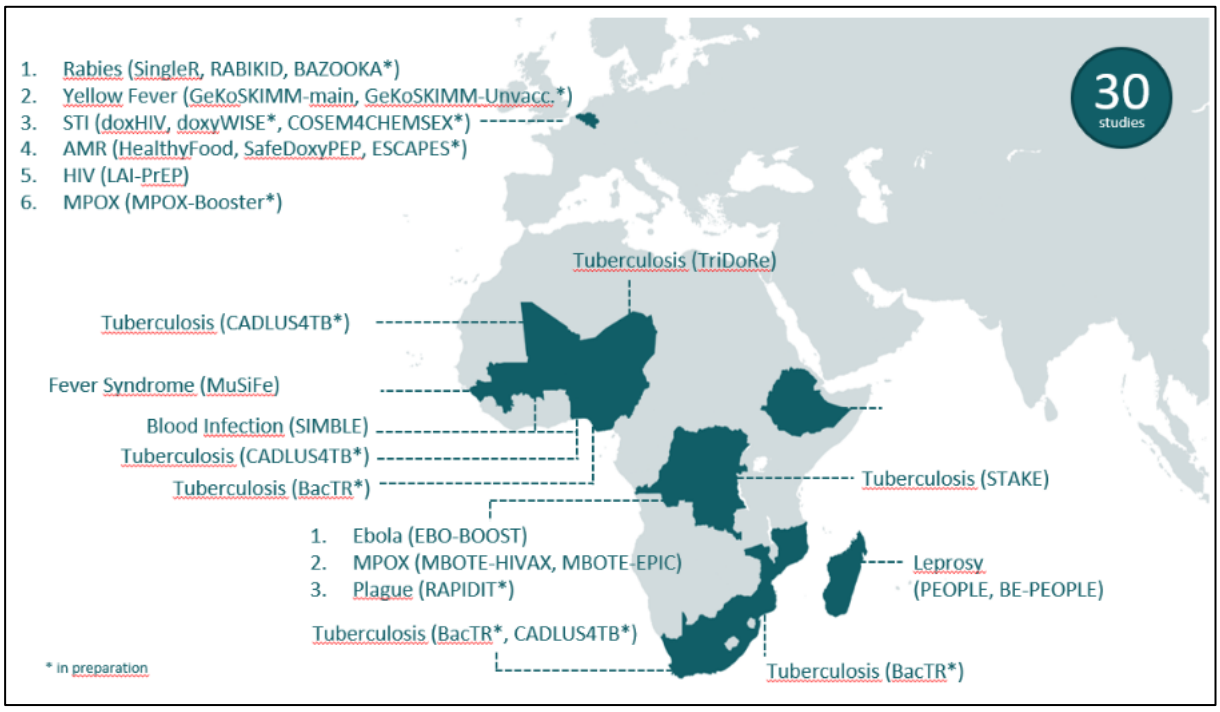
12. **RABIKID** (previously named RABIDIC) – *ongoing* - An open-label pilot study to assess pain experience and usability of different injection techniques and devices for the administration of the purified chick-embryo cell-culture rabies vaccine in children aged 4 to 10 years (EudraCT 2024-515122-89); in Belgium
13. **GeKoSKIMM (main study)** - *ongoing* - A randomised controlled trial to compare the immunogenicity and skin imprinting of intradermal, subcutaneous and intramuscular yellow fever vaccination (EU CT 2024-514154-73-00); in Belgium
14. **MBOTE-HIVAX** – *ongoing* – The Mpox Biology, Outcome, Transmission and Epidemiology Project – HIV Immunization and Vaccination Against Mpox eXposure trial (Clinicaltrials.gov NCT06839989); in the Democratic Republic of the Congo
15. **FASTPOXID2** – in preparation, objectives adapted and original study integrated into *EU consortium, name changed to MPOX BOOSTER TRIAL)* - A Phase III Randomised, Open-Label Trial of an Intradermal or Subcutaneous Booster Dose of MVA-BN Vaccine to Investigate MPXV Immunogenicity and Safety for Protection Against Mpox in a Population Primarily Vaccinated Intradermally or Subcutaneously – an adaptive protocol and a Non-Randomised Trial of a Subcutaneous Booster Dose for Those Primarily Vaccinated Subcutaneously (EU CT 2024-518007-22-00); in Belgium
16. **DoxHIV** – *ongoing* – A double-blind, multi-centre, randomised, placebo-controlled crossover clinical trial to assess the efficacy of doxyPEP in reducing the incidence of bacterial STIs among MSM and TGW living with HIV in Belgium (EU CT 2025-521153-16-00); in Belgium
17. **DoxyPEP** – *in preparation (renamed to DoxyWISE)* – preliminary title changed to: Doxycycline post-exposure prophylaxis: Weekly versus event-driven intake for STI prevention among MSM and TGW taking PrEP (EU CT 2025-524823-34); in Belgium
18. **BAZOOKA** – *in preparation* – A multicentre, open-label trial in healthy volunteers to assess the boostability of three different rabies pre-exposure prophylaxis regimens when administering a single-dose, intramuscular vaccination as simulated post-exposure prophylaxis at least five years following priming. (EU CT 2025-524765-24-00); in Belgium
19. **BacTR** – *in preparation* - Bactericidal empirical phase and drug-susceptibility testing – informed individualised phase for bedaquiline-resistant, rifampicin-resistant TB: a single-arm clinical trial (PACTR and SANCTR pending); in South Africa, Nigeria, Mozambique
20. **MAMS4CL** – *in preparation* – A multi-arm, multi-stage randomised controlled clinical trial evaluating systemic therapeutic regimens for the treatment of cutaneous leishmaniasis in Ethiopia (ClinicalTrials.gov pending); in Ethiopia
21. **COSEM4CHEMSEX** – *in preparation* – An open-label, single-centre, non-controlled pilot clinical trial to assess the efficacy of weekly semaglutide in combination with regular counselling sessions to reduce craving and use of chemsex-associated drugs (EU CT 2025-524177-16-00); in Belgium
22. **KALARECUR** – *in preparation* – preliminary title: Breaking the cycle: investigating recurrent relapses in VL-HIV co-infected patients, their role in transmission and novel therapeutic strategies (Clinicaltrials.gov pending); in Ethiopia
23. **ESCAPES (ERADICATE STAPH)** – *in preparation* – preliminary title: The development and evaluation of bacteriophage therapy for the eradication of Staphylococcus aureus colonisation (EU CT pending); in Belgium

Interventional studies:

1. **PLAGUE (RAPID-IT)** – *in preparation* – Field Evaluation of a Novel Antigen Rapid Diagnostic Test for Plague in the Province of Ituri, DR Congo (Clinicaltrials.gov NCT07174648); in the Democratic Republic of Congo
2. **CADLUS4TB** – *in preparation* – preliminary title: Computer-assisted diagnosis with lung ultrasound for community-based pulmonary tuberculosis triage in Benin, Mali and South Africa (Clinicaltrials.gov pending); in Benin, Mali, South Africa
3. **GeKoSKIMM** (unvaccinated – Healthy Control study) – *in preparation* – Baseline Assessment of Tissue Resident Memory T Cells in Healthy Unvaccinated Participants: add-on study to the GeKoSkimm trial (Clinicaltrials.gov pending); in Belgium

Observational studies:

1. **Preleish** – *ongoing* – Predicting Visceral Leishmaniasis in HIV-infected patients (ClinicalTrials.gov. NCT03013673); in Ethiopia
2. **SIMBLE** – *ongoing* – Clinical diagnostic trial in West Africa of a simplified blood culture system to improve healthcare in low-resource settings (Clinicaltrials.gov NCT05722184), in Benin and Burkina Faso
3. **MuSiFe** – *completed* – Multidisciplinary Surveillance and Investigation of Febrile Illness in Guinea (Clinicaltrials.gov NCT06122259); in Guinea
4. **MBOTE-EPIC** – completed – CROSS-SECTIONAL STUDY PROTOCOL FOR THE ANALYSIS OF MPOX CASES AND EVALUATION OF VACCINE EFFICACY USING A CASE-CONTROL APPROACH IN EPIDEMIC OUTBREAKS IN THE DEMOCRATIC REPUBLIC OF CONGO / Epidemiological and Pathophysiological Insights through a Cross-sectional survey (Clinicaltrials.Gov. Pending); in the Democratic Republic of Congo



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