

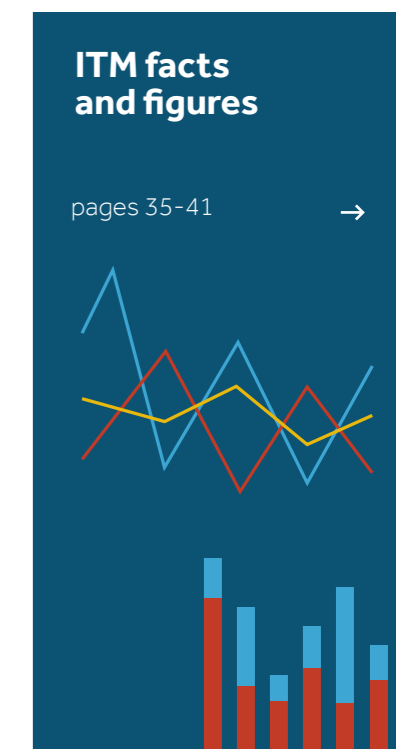
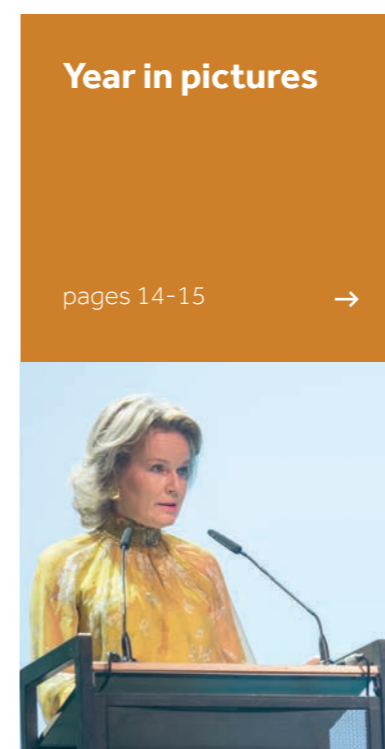
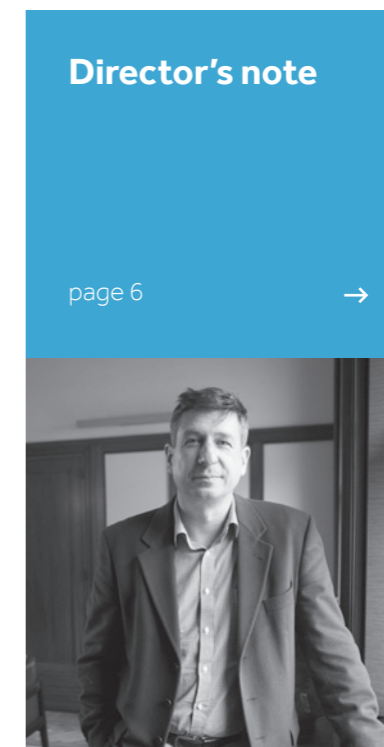
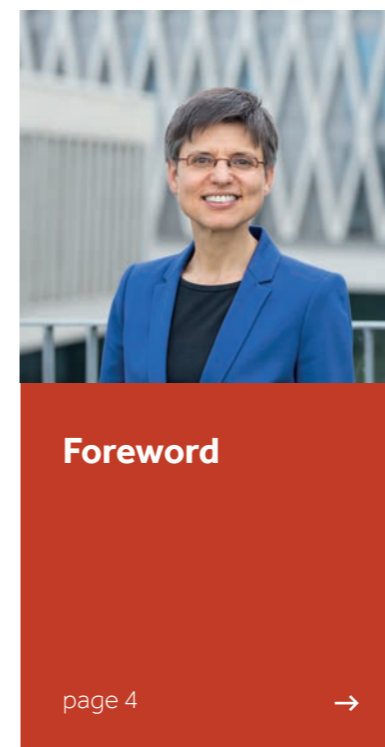
ANNUAL REPORT 2019

Global Science for Health Worldwide



INSTITUTE
OF TROPICAL
MEDICINE
ANTWERP

Table of contents



Foreword by the Chair

2019, what a year! On a governance level we began with some trepidation for the transitions and new beginnings that lay before us – but through our immense collective effort, committed and resilient employees and strong institutional foundations we ensured that 2019 was full of continued achievements outlined in this report.

One of the key evolutions was the move from our formidable 24-year Director Bruno Gryseels to his successor Marc-Alain Widdowson. Along with this, it was the first full year of our new governance structure, officially introduced in mid-2018, made up of the General Council, the Board of Governors and the Management Committee. The year also encompassed the review of existing and the development of new institutional policy plans as a basis for a new covenant of support from the Flemish government. 2019 also brought with it essential recruitment processes and decisions for a new General Manager, and other key supporting functions.

As such, this year's foreword is full of thanks to the people who have contributed so diligently to the progress made

in 2019 – it is through their persistence and punctual delivery that business as usual was maintained at ITM despite the various transitions.

Firstly, thanks goes to all employees and partners for their continued dedication and commitment to ITM. You ensured continuity when leaders were often preoccupied with pressing governance priorities. Particular thanks goes to those who took on pivotal management roles ad-interim and who helped immeasurably to ensure organisational stability.

From here, my gratitude extends to our new governing bodies. Happily, the first full year of the new structure saw many organisational improvements and rising mutual trust among members. With the General Council, I am particularly

pleased that we now have a structurally embedded way to gather the insights of this very diverse group – their varying perspectives are essential for ITM's ability to answer particular and real healthcare needs of our globalised world.

I am also extremely grateful and impressed by the relentless and professional commitment of the Board. It's a privilege to preside over this highly multifarious group of experts. What has touched me most is the genuine attachment, even 'love' for ITM, where despite their other exacting professional commitments, they always made time for the many extra meetings and decisions.

And to finish, on behalf of the whole of ITM I want to thank Bruno Gryseels and Marc-Alain Widdowson. Firstly

Bruno, whose great legacy means our Institute has the strong foundations necessary for Marc-Alain to now take on the challenges ITM faces in our current tumultuous world.

And I am very pleased to report that Marc-Alain has proved he is up to these challenges through his impressive performance in his first five months. I would like to thank him for learning with such impressive speed and for accomplishing so much in such little time (and all this with a smile while moving a family to a foreign country). Besides helping to deliver our new policy plans in a very tight deadline and making remarkable progress in a new and quite complicated policy context, he created an immense amount of good will through his personal connection with staff and stakeholders

including his official representation of ITM in Belgium and abroad.

We are all pleased to feel this new force join the Institute: one that promises to bring cohesion to ITM and drive us well into a new era with full confidence. A new era that I'm sure will see the Institute reach and outperform its goals of furthering research, education and services in the science of tropical medicine throughout the world.

Cathy Berx

Governor of the Province of Antwerp
Chair of the Board of Governors of ITM



Director's note



2019 has been quite a year for ITM and quite a year for me. It is one that will be marked in my life story as the year I started a journey to a new country and new position, as Director of ITM in Antwerp and filling the shoes of my predecessor, Bruno Gryseels.

The timing of my start in mid-August was fortuitous as the summer break meant a relatively quiet landing. Almost too quiet as there were few people to help me get up to speed, but I realise now that this gave me the chance to discover ITM in an unbiased manner and on my terms in these early days.

My first task was to meet and get to know the staff of ITM and students – the people that actually make ITM, well, ITM. This gave me the chance to exchange ideas and connect with my colleagues and partners. I learnt a great deal in those days. While getting to know the Institute however, I

was very aware of the looming deadline to submit new 5-year institutional plans to determine the direction of the Institute – these were due six weeks after I started. This meant that I had to quickly apply what I was learning in order to finalise the plans started by my predecessor. I was supported by the expertise of seasoned ITM colleagues, and together we reviewed and finalised the 2020-2024 strategic institutional and departmental policy plans.

The policy plans have been approved and act as the basis for our new covenant of support from the Flemish Government. As we all know, this good news is the result of work that goes far beyond written policy plans. It is the result of decades of work by ITM as it has evolved into a modern institute specialising in the areas of scientific research, professional and academic education and service provision – both in Belgium and in

our partner countries. And 2019, despite the changes at the helm, has continued to be a year of evolution and achievement.

To mention a few of these achievements we have seen: ITM-partnered research in the middle of the hot zone in DRC, we've received initial accreditation for a new Master in Tropical Medicine and launched a health application for travellers. Not forgetting, of course, our thought-provoking ITM Colloquium 'Connecting the Dots' opened by the Queen of the Belgians in October. Thank you to everyone at the Institute and our partners for making these achievements a reality.

Along with these, we have also our challenges. Our physical infrastructure will need to evolve to best support the Institute and in 2019 we saw the retirement of several professors in addition to Bruno. We are

entering a period where we will lose a generation of other professors and senior staff and with them their expertise over the next few years.

But with challenges come opportunities. I aim for us to pivot as an Institute towards what we want to achieve in the future. To pivot well, we have to maintain our strong anchor points: that of our depth of expertise in tropical medicine, our reputation as a trusted partner across the world and the fact that we have many exceptional people who are experienced at doing what I call 'hard science in hard places'.

With these as our anchor, I aim to bring increased dynamism and flexibility into the Institute by welcoming new talent with the right expertise to take on the health challenges we all face in our globally interconnected world. These challenges include

the effects of climate change, migration, risks to global health security linked to emerging and re-emerging diseases and outbreaks, vaccines, rising antimicrobial resistance, questions of disease elimination and the development and maintenance of sustainable health systems.

One other area I will also be looking at is how we can leverage our reputation and scientific expertise more effectively across countries and the globe, through strengthening and expanding partnerships to better contribute to research on public health problems. We aim to make our education flexible and modular with the goal of an "open campus", and to better connect our extensive and vibrant alumni network both to provide career opportunities, but also to stimulate collaborations.

I look forward to tackling these ideas to-

gether in 2020 with all of the ITM staff and our partners, working on one mission to use science to help people live healthier lives or as our policy plans state: "Global Science for a Healthier World".

Lastly I want to thank Cathy Berx, the Board of Governors, the General Council and Bruno for all the support during the last few months, and of course all at ITM who have been very patient and understanding as they get used to a new director.

I look forward to an exciting 2020!

Marc-Alain Widdowson

Director

ITM under the lens

Pathogens, Patients, Populations = P³

Our three scientific departments focus on Pathogens, Patients and Populations (P³) and all contribute to our four core tasks of research, education, medical services and development cooperation. Supporting Services ensures optimal all-round functioning of the Institute.



Our institutional partners

FOR A FULL LIST OF OUR PARTNER ORGANISATIONS, PLEASE REFER TO PAGE 33

LATIN AMERICA

- Bolivia ●
- Cuba ● ●
- Ecuador ●
- Peru ● ●

AFRICA

- Benin ● ●
- Burkina Faso ● ●
- DRC ● ●
- Ethiopia ● ●
- Guinea ● ●
- Ivory Coast ●
- Morocco ●
- Mozambique ● ●
- Senegal ●
- South Africa ● ●
- Uganda ●

ASIA

- Cambodia ● ●
- India ●
- Indonesia ●
- Nepal ●
- Vietnam ● ●

LEGEND

- Institutional capacity building supported by Belgian Development Cooperation
- Institutional capacity building supported by Flanders
- Alliance of education and exchange

ITM and six partner institutes celebrate 20 years of fruitful collaboration



DENGUE CAMPAIGN
WORKER MILAYDIS
ASKS IPK RESEARCHERS
A QUESTION



INRB DIRECTOR
JEAN-JACQUES MUYEMBE WITH
ITM DIRECTOR
MARC-ALAIN WIDDOWSON



LABORATORY WORK
IN BENIN



NIMPE OFFICER COLLECTS BLOOD
SAMPLES IN A VILLAGE
IN NINH THUAN PROVINCE, VIETNAM



DR DALILA MARTINEZ
FROM IMTAVH TREATS
A PATIENT WITH
LEISHMANIASIS

In 2019, ITM celebrated the 20th anniversary of the 'ITM-DGD Framework Agreement', a capacity strengthening programme funded by the Belgian Directorate-General for Development (DGD). Within it, ITM is responsible for a comprehensive programme that includes medical, veterinary and scientific training, and research and capacity building. In the current 4th Framework Agreement we collaborate with 18 partner institutes in ten countries around the globe. In five of those countries the partnerships began 20 years ago.

In the **Democratic Republic of the Congo (DRC)** our long-standing partner is the Institut Nationale de Recherche Biomédicale (INRB). Together we are striving to eliminate sleeping sickness by 2030 and we have pioneered research in antibiotic resistance. In addition, there are ongoing projects in the fields of vector control and One Health.

In **Cuba**, two institutions, the Instituto Nacional de Higiene, Epidemiología y Microbiología (INHEM) and the Instituto de Medicina Tropical Pedro Kourí (IPK)

honoured our collaboration. Our greatest achievements are our joint studies on tuberculosis (TB) and dengue. In the fight against dengue, we developed a community participation project that was an eye-opener for the government, leading to health policy reforms and innovative disease control approaches.

We also celebrated a 20-year partnership with the Laboratoire de Référence de Mycobactéries (LRM) in **Benin**. Thanks to continuous support and training from ITM, LRM has become a well-functioning lab network for the diagnosis of TB and Buruli ulcer. LRM even became the first World Health Organization (WHO) supranational reference laboratory in West Africa.

ITM also collaborates with the National Institute of Malaria, Parasitology and Entomology (NIMPE) in **Vietnam**. Hand in hand, we generated evidence for better disease control approaches and we have strengthened research capacities in biomedical sciences, epidemiology and medical anthropology in order to support national control efforts for malaria and cysticercosis.

Our ally in **Peru** is the Instituto de Medicina Tropical "Alexander von Humboldt" (IM-TAvH). Together, we strengthened the capacity for research on leishmaniasis, malaria, TB and HTLV-I. Over time, this included the implementation of PCR-techniques, which allow scientists to amplify small DNA samples to enable detailed study.

Event highlights



60th Colloquium: Connecting the Dots, 9-10 October

ITM's annual colloquium gathered nearly 400 participants from 70 countries, including many of our alumni, who also presented their research. The conference was opened by Her Majesty the Queen of the Belgians. What are the health challenges in a world that is changing faster than ever due to factors such as globalisa-

tion, migration and global warming? Over the course of two days, scientists and policymakers discussed this question and made connections in search of solutions. These rich discussions have also greatly informed ITM's plans of working towards a sustainable policy plan: by integrating sustainability in our research, education and service delivery, we as an Institute commit to a future that is ecologically, economically and socially sustainable.

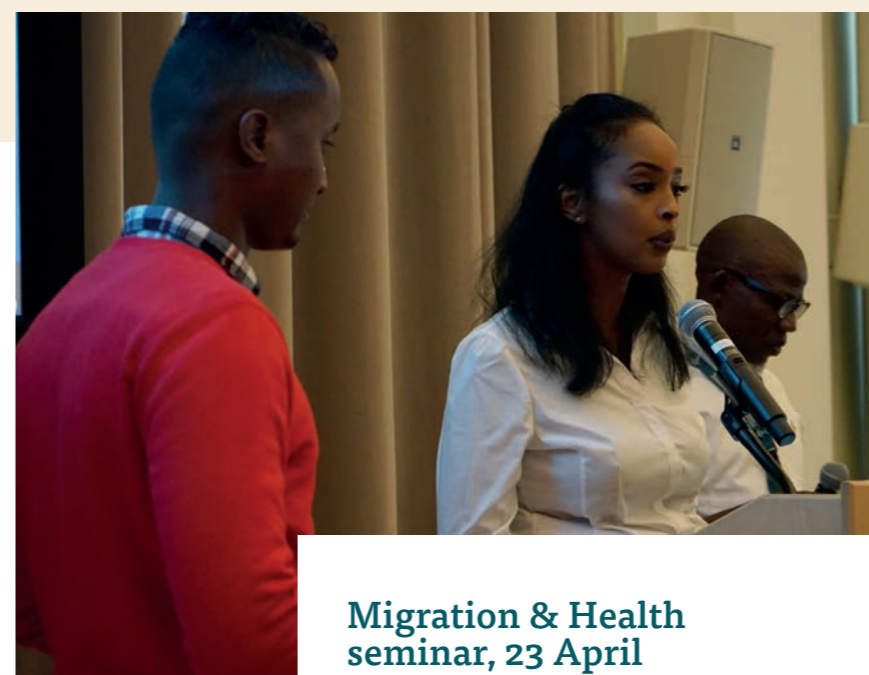


Visit of Congolese President, 18 September

During the visit of Congolese President Félix Tshisekedi, the longstanding collaboration of ITM and its Congolese partners in the fields of research and education was

highlighted, most prominently our project on sleeping sickness, funded by the Gates Foundation, which aims to eliminate the disease by 2030. The visit was part of a state visit to consolidate ties between DRC and Belgium. The presidential delegation was welcomed by the Minister for Development Cooperation Alexander De Croo, the Ant-

werp governor Cathy Berx and the Director of ITM, Dr Marc-Alain Widdowson. The president received a short demonstration by Nicolas Brebonne and Jakke Van Den Abbeele, of the tests that are used to detect sleeping sickness and of tsetse flies.



Migration & Health seminar, 23 April

Over 150 experts gathered at ITM just after Easter for a seminar on migration and health, co-organised by our Institute and the Centre for Migration and Intercultural Studies (CeMIS) of the University of Antwerp. Migrants and ethnic minorities have different health needs,

which are influenced by their legal and socio-economic situation, which sometimes puts health systems, policies and practices in host countries to the test. During the event, academics, service providers and policy makers thought about current gaps in research and practice, and about future research needs, priorities and obstacles. Several recent newcomers shared their first experiences with the Belgian health care system.

19 highlights of 2019



New app 'Wanda' offers travellers real-time health information

ITM's travel clinic is what our Institute is mainly known for in Belgium. More than 20,000 people visited our travel clinic for travel advice and vaccinations in 2019 and our travel medicine website reaches about 450,000 hits a year. As more people carry a smartphone, we developed an app that focuses on travel health and keeps travellers informed about the health risks at their destination. Wanda is user-friendly

and contains up-to-date information that's also on our website. Most of the information is also available when a phone is not connected to the internet and we can send targeted messages in case an outbreak occurs. Wanda is free, and available in Dutch, French and English. Alongside the app, our travel medicine website also got a makeover.

Dr Patrick Soentjens and Dr Mieke Croughs from the travel clinic have been the brains behind the app. "Wanda is easily accessible and the information is to the point. This way, we hope to reach even more

travellers", says Dr Soentjens. Dr Croughs adds: "When abroad, people don't always know where to find reliable information. Wanda enables us to accompany people during their trip."

Wanda provides general information that applies to everyone. Before their trip, travellers can consult the app, for example to check which vaccinations they need to get. When something happens during the trip, they can consult the app to find out what to do next. It's then up to the traveller to take any further steps necessary.



Fighting non-Typhi *Salmonella* on all fronts

In sub-Saharan Africa, *Salmonella* is the most common cause of invasive and highly fatal bacterial infections such as bloodstream infections. Especially young children and people with a weakened immune system are at risk. Invasive non-Typhi *Salmonella* (iNTS) infections have a higher case fatality rate than malaria and are estimated to cause more than 75,000 deaths per year. Adequate antibiotic treatment is challenging in resource-limited settings and antibiotic resistance is on the rise. Therefore prevention and the development of a vaccine are crucial to contain non-Typhi *salmonella*.

ITM researchers coordinated a study describing a novel *Salmonella* Typhimurium line, part of the non-Typhi *Salmonella* family, which originated in the DRC and which has unseen levels of antibiotic resistance, hampering effective treatment. According to scientists from ITM, Institut Nationale de Recherche Biomedicale in the DRC, Cambridge University and the Wellcome Sanger Institute in the UK, this is the first time *Salmonella* Typhimurium causing bloodstream infections has emerged as 'Extensively Drug Resistant (XDR)'. This means that the options to treat severe infections by XDR strains are becoming scarce. The study was unique as researchers were bringing together ten years of surveillance on bloodstream infections in hospitals in

the DRC and in-depth biological research on the genome of the bacteria for which they applied cutting edge technologies.

In addition, ITM researchers are taking part in a research project for the clinical development of an innovative vaccine against invasive non-Typhi *Salmonella* in sub-Saharan Africa. The Vacc-iNTS consortium consists of 12 partners from eight different countries including four iNTS disease-endemic countries, namely Kenya, Malawi, Burkina Faso and Ghana. Together they aim to advance the rapid development of a vaccine, which is urgently required due to difficult diagnosis and increasing antibiotic resistance.

3

Taking a global approach towards exotic mosquito-borne diseases

The burden of mosquito-borne diseases such as malaria, dengue and Zika worldwide is immense. Over the years, ITM scientists have focused on surveillance, control and multidisciplinary research in the field of vectors including mosquitoes. This encompasses vector ecology, vector control and vector-borne outbreaks to combat these diseases. In 2019 two main mosquito-monitoring projects were in the spotlight: MEMO in Belgium and EntoCAP in Nepal with each project mutually benefitting from expertise and knowledge exchange.

The Monitoring Exotic Mosquitoes in Belgium (MEMO) is the project, started in 2017, that monitors the introduction of exotic mosquitoes in Belgium. Together



with their partners, ITM is screening up to 21 at-risk places throughout Belgium where exotic mosquitoes are most likely to enter the country. In 2019, the species was once again found at various parking lots along the motorways in our country: the monitoring activities indicated that tiger mosquitoes like to 'hitch a ride' to Belgium via motorways from places where they have settled, such as Germany and France. The project is financed by the Flemish, Walloon and Brussels authorities and the FPS Public Health, Safety of the Food Chain Safety and Environment within the framework of the National Environment and Health Action Plan (NEHAP).

EntoCAP, funded by the Bill & Melinda Gates Foundation and partnered by ITM and the National Health Research Council

in Nepal, aims to enhance the entomological capacity for combating vector-borne diseases in Nepal. With the large dengue outbreak in Nepal in 2019 with more than 10,000 cases reported, this study is proving very relevant. Technically, EntoCAP will develop entomological infrastructure and implement an on-site DNA barcoding for monitoring mosquitoes in Nepal. In March 2019, 30 health professionals including medical doctors were given entomological training in Nepal and 270 more will follow in 2020.

Through the joint entomological training of health science students and medical professionals, the further aim is to spread our expertise on vector-borne diseases into the public health sector.

Arrivals and departures

In the past year, ITM has said farewell to devoted retiring professors and has welcomed new scientists who are bringing fresh perspectives and extensive tropical disease expertise into the Institute.

2019 marks the appointment of three new full professors. Professor Koen Vercauteren as new Head of Unit of Clinical Virology has taken the lead in setting up this new unit. As the new Head of Unit of Maternal and Reproductive Health, Professor Lenka Beňová is focusing on labour, childbirth and postnatal care in Africa, and on improving the understanding of reproductive and maternal health. Professor Eric Florence, who has been leading the HIV/STI Clinic for a long time, also became the Head of the Unit of HIV Care in 2019.

We would also like to express our warm appreciation to the retiring dedicated professors: Bruno Gryseels, our former Director of 24 years, Guido Vanham, Head of the

Unit of Virology, and Katrien Fransen who was Medical Unit Head of the HIV/STD Reference Laboratory.



Research



Scientific progress in the fields of tropical medicine and international health is at the heart of our Institute's academic mission. ITM conducts scientific research, delivers advanced education and training, and provides medical, scientific and societal expert services. In 2019 our researchers published 311 articles in top scientific journals – pinnacles of their excellent work in the field, with patients, and in laboratories.

ITM's research activities range from basic to operational research and ultimately all aim to tackle important health challenges. Our particular focus is on lower resourced settings and vulnerable populations. We work in close partnership with our longstanding partners across the world, which contributes to our culture of creativity and innovativeness, and allows us to explore questions that may otherwise go unanswered.

311
articles in top
scientific journals

31
new international
research projects



5

ITM recommends international standards for genome sequencing technology in tuberculosis

In 2019, a group of ITM and international researchers described the advantages and risks of modern genome sequencing technology in the detection of *Mycobacterium tuberculosis*, the bacterium that

causes tuberculosis (TB). The researchers offered a set of recommendations for international standardisation in clinical care and public health.

The diagnosis, treatment and tracking of TB are currently done through various techniques. These could all be replaced by whole genome sequencing (WGS). However, there is a risk that with no clear consensus and lack of international standards,

the widespread use of WGS technology can lead to data and processes without harmonisation, comparability and validation.

ITM's research on tuberculosis is world-renowned. Our Institute has the largest public collection of TB strains for research. Tuberculosis is a bacterial infection that kills around 1.6 million people each year, making it one of the top ten causes of death worldwide.

6

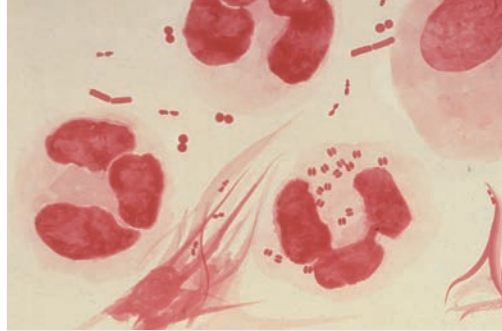
Optimising PrEP care in Belgium and beyond

The impact of an HIV infection on an individual's life, family and society is enormous. Pre-exposure prophylaxis or PrEP, is very effective in preventing HIV infection by using antiviral drugs. Since 2012 it has been introduced in many countries, including in Belgium in 2017, to strengthen HIV prevention measures. ITM is partnering on two PrEP studies.

Firstly, in 2019, ITM and the University of Antwerp set up the FWO-funded Promise project that will run until 2022. Over the next years, researchers will study how PrEP rollout can be optimised for maximum impact on HIV and sexual health. Uptake and use of PrEP in Belgium will depend on how individuals and certain communities engage with this new prevention measure: namely men having sex with men (MSM)

and people with migrant backgrounds. Furthermore, ITM commits to informing the development of approaches for the self-management of PrEP and to involving family physicians to help simplify the PrEP care model.

Secondly, the HIV epidemic in many African countries is far from over and new prevention strategies such as PrEP are desperately needed. Researchers from ITM, four African countries and France are collaborating on the CohMSM-PrEP project: 'Access to PrEP for MSM: Acceptability and Feasibility in Community-based Clinics in West Africa'. The project objective is to gain better insight into the added value of PrEP for HIV prevention in Africa, and focus on the acceptability and feasibility of PrEP for gay men in community-based clinics in West Africa. A total of 500 gay men using PrEP in Burkina Faso, Ivory Coast, Mali and Togo are being followed-up during the period of 2017-2020.



7

Battling antibiotic resistance for gonorrhoea

Gonorrhoea is transmitted during sex (including oral sex) without a condom and can lead to serious complications, such as infertility in women and men. The causative agent of gonorrhoea has developed resistance to every antibiotic used against it and could become untreatable. ITM is currently running two projects that carry out research into antibiotic resistance in *Neisseria gonorrhoeae*.

The Preventing Resistance in Gonorrhoea (PReGo) project aims to reduce the chance of antibiotic resistance emerging in gonorrhoea, by using an antibiotic-free mouthwash before and after oral sexual activity. We will assess if the mouthwash can be used to treat and prevent pharyngeal gonorrhoea and other sexually transmitted diseases.

ITM has also developed a gonorrhoea morbidostat: an in-vitro culture system to better understand how gonorrhoea can acquire antibiotic resistance so rapidly.





8

ITM's Outbreak Research Team in action!

Despite some unrest in the country, ITM was able to put to good use its extensive epidemic expertise in the DRC in 2019. This included the much-publicised Ebola outbreak in Eastern Congo that started in August 2018 but proved difficult to contain. ITM's multidisciplinary Outbreak Research Team (ORT) supported colleagues from our Congolese partner, Institut Nationale de Recherche Biomedicale (INRB), who, together with international partners, are fighting the Ebola epidemic. ITM and INRB also confirmed an outbreak of chikungunya in DRC last year. Together the institutes started multidisciplinary research to map out the epidemic.

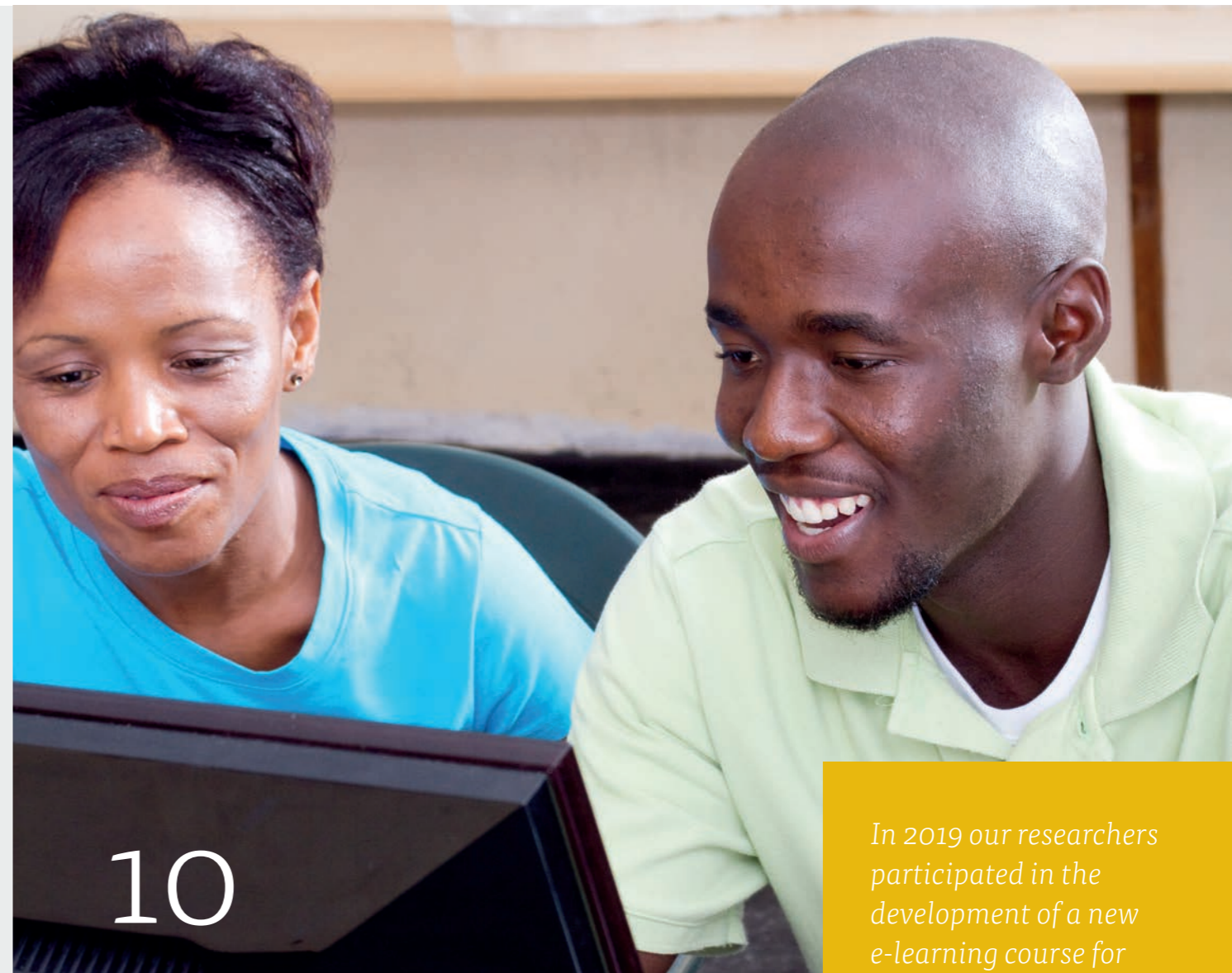
In terms of Ebola, the presence of armed

groups and the distrust of the local population towards official authorities made aid interventions complicated. ITM staff continued their research nonetheless, supporting two specific studies in 2019 in Eastern Congo. Firstly, scientists from ITM and INRB started a pilot study to examine bacterial co-infections in Ebola patients. The researchers looked at the prevalence of invasive bacterial infections and whether they play a role in the high mortality rates despite the administration of specific Ebola drugs. During the study, blood cultures were taken from Ebola patients in treatment centres in Beni and Mangina in Eastern Congo. The blood cultures were analysed in a bacteriology lab in Beni that was set up especially for the study.

The Institute was also actively involved in the PALM study in which four treatments against Ebola were tested. Within this, ITM

researchers provided advice and organised Good Clinical Practice trainings. The study was sponsored by INRB and the National Institute of Allergy and Infectious Diseases of the US National Institutes of Health.

For the chikungunya epidemic, ITM and INRB scientists created local diagnostic capacity in the INRB virology lab in Kinshasa for both human and mosquito samples. The research shows that especially the tiger mosquito (*Aedes albopictus*) was the catalyst of the outbreak. Health facilities were not fully prepared for a chikungunya outbreak and it is now crucial to further investigate patients' and health professionals' perceptions of chikungunya, as well as to pursue testing strategies that can be rolled out more widely to deal more effectively with future outbreaks of the virus.



In 2019 our researchers participated in the development of a new e-learning course for medical staff in Guinea.

9

Researching for a definitive HIV virus cure

The yearly HIV charity event Antwerp Diner handed out a check of €33,500 to ITM. With this generous contribution, ITM researchers are intensifying the hunt for hidden HIV reservoirs, which is the main



obstacle to finding a definitive cure for the HIV virus. Our scientists are trying to discover more about parts of the HIV virus

that are hiding in the body cells of people taking antiretrovirals. This study is part of worldwide research into the HIV reservoir.

Digital tools in the service of healthcare

In a rapidly changing world, using digital technologies can help improve general health care. ITM is supporting two digital innovation projects in Africa.

In addition to two existing courses on Primary Health Care and Management of Sexual and Reproductive Health Services, our researchers participated in the development of a new e-learning

course for medical staff in Guinea in 2019. This 12-week digital course on Research Methods in French fills a gap, especially for medical students in need of these methods for writing their thesis. The course was developed jointly by ITM and our Guinean partner institution Centre National de Formation et de Recherche en Santé Rurale (CNFRSR) in Maferinyah, who are now fully in charge of training healthcare professionals. The project is funded by the Belgian development agency (Enabel) and DGD.

ITM also participates in the Afya-Tek project. Afya-Tek is a consortium of partners across sectors funded by the Fondation Botnar. This particular project is a digitally enabled, responsive health system initiative in Tanzania that will work to link several health services (field healthcare workers, clinics, pharmacies) to create a biometrically enabled continuum of care. ITM is monitoring and evaluating the integration of the digital tools into the health care system.

Education

It is ITM's ambition to be a vibrant, global open campus that offers science-driven and societally relevant postgraduate training, in the field of tropical medicine and international public health.

Studying at ITM means benefitting from a setting where international students, alumni and staff co-develop participatory learning, enriched by academic, professional and socio-cultural diversity. Teaching and learning methods at our Institute are adapted to the needs and expectations of the students: flexible and blended learning, international mobility and tailored student support are at the heart of ITM's educational vision. With this approach, ITM together with its worldwide alumni, aims at playing a prominent role in tropical medicine and public health science and practice.

Every year hundreds of students and PhD researchers are trained at ITM, in expert short and postgraduate courses, advanced master's courses and doctoral programmes. To meet the increasing demand of today's students for deepening their research skills in the clinical and biomedical areas of tropical medicine, with the accreditation of the brand new MSc in Tropical Medicine in 2019 our Institute expanded its offer of Master of Science programmes to three. You can read more about ITM's new educational offer on page 25.



196
short course
students

575
students

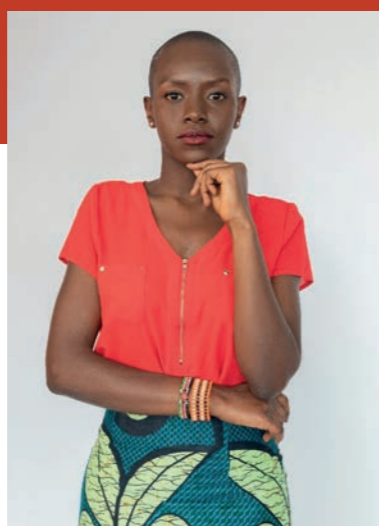
62
master's
students



11

Two talented journalists participate in our journalist-in-residence programme

In 2019, we ran the sixth edition of our 'Journalist-in-Residence programme'. It offers journalists from Africa, Asia and Latin America the opportunity to immerse themselves in the fields of tropical medicine and international health. This year we welcomed



as residents Rhoda Odhiambo from Kenya, a multimedia health and science journalist working for the BBC, and South Africa-based Munyaradzi Makoni, who works as a freelance journalist for SciDev.Net. While Rhoda concentrated on HIV, PrEP and resistance to tuberculosis medicines, Munyaradzi mainly focused on chikungunya. The initiative is part of ITM's scientific capacity-building programme in developing countries and is financed by DGD.

12

ITM launches new master's and short courses

In 2019, ITM proudly confirmed the availability of new courses for the 2020-2021 academic year. Firstly, December brought the accreditation of a new Master of Science in Tropical Medicine, and secondly we developed and put on offer a range of short courses in the public health domain.

For the new master's, we received the NVAO official seal of approval (NVAO is the Accreditation Organisation of Flanders and the Netherlands) in December. It draws from ITM's expertise in the three disciplines of public health, clinical and

biomedical sciences and offers students a hands-on and tailor-made experience. This expands ITM's Master of Science programmes to three from 2020 on – in Public Health, in Tropical Animal Health and now in Tropical Medicine.

2019 also brought 15 new short courses in public health that will be available from 2020 on. These include courses on new public health research domains such as 'Outbreak Investigation and Research', and 'Non-Communicable Diseases'. All short courses have been adjusted to run for full-time three-week periods.

Many ITM short courses in the three disciplines of public health, tropical

animal health and tropical medicine are now also available as stand-alone modules outside of master's studies. Indeed, any of these short courses can be taken as a part of any of the three master's programmes if they fit the individual student trajectory.

The new master's and short courses illustrate the increased flexibility that runs across the whole of ITM's educational offer with emphasis on a tailor-made and student-centred curriculum. By being an 'open global campus', ITM fosters international learning, based on the intense field experience of our lecturers and the worldwide institutional partner and alumni networks.



13 FWO stimulates fundamental ITM research projects

Four ITM scientists (pictured) received a postdoctoral fellowships from the Research Foundation – Flanders (FWO), which promotes fundamental and strategic basic research. Two of them focus on the Leishmania virus, a disease that is spread by the bites of certain types of sand flies. Marlene Jara is hypothesising that quiescent Leishmania parasites may be insensitive to widely used Leishmania treatments and Frederik Van den Broeck

(KU Leuven/ITM) is using evolutionary timescales of the Leishmania virus to investigate the recent evolution of its parasite host Leishmania. Lenka Beňová is examining barriers in the provision of good quality postnatal care in sub-Saharan Africa and Dimitri Renmans (UAntwerp/ITM) is aiming to develop a theory of performance-based financing.

Additionally, postdoctoral researcher Bart Cuypers received an FWO research grant. Katlijn De Meulenaere (UAntwerp/ITM) and Sigrid D'haese (VUB/ITM) started

Four ITM scientists received a postdoctoral fellowships from the Research Foundation, which promotes fundamental and strategic basic research.

their FWO strategic doctoral scholarships and Bieke Tack began her aspirant grant (KU Leuven/ITM).



14

Honorary degree for Bart Criel

Professor Bart Criel, expert in health financing and health equity, was awarded an honorary doctorate from the University of Lubumbashi in the DRC, an institutional partner of ITM. He received the honor for his extensive experience in the field of education and for his scientific support to the School of Public Health. Bart Criel was one of the driving forces behind the development of the University's Master of Public Health programme. "This title implies a certain responsibility and I will therefore continue to work relentlessly for Lubumbashi and DRC," he said.



15

Making progress towards sleeping sickness elimination

Neglected diseases are often overshadowed by 'more important' infectious diseases and receive little attention in the field of research and disease control. ITM is doing multidisciplinary research on these diseases with sleeping sickness being one of them. Sleeping sickness, which caused the same terror a hundred years ago as AIDS and Ebola today, remains active in the DRC.

ITM is conducting field research into new ways to combat the disease. The Institute is also coordinating a large-scale international project to eliminate sleeping sickness by 2030, with funding from the Belgian Development Cooperation and the Bill & Melinda Gates Foundation that started in 2017. Congolese, Belgian and international partners are working closely together to achieve this goal. The researchers focus on innovative and technological methods to detect and confirm sleeping sickness, but also on strengthening health systems. The efforts for the sleeping sickness project are a positive catalyst for other health initiatives. In 2019, the Congolese Ministry of Public Health put sleeping sickness on the agenda in the French-speaking countries of Africa. The Belgian Minister for Development Cooperation Alexander De Croo also signed a Memorandum of Understanding for placing more attention on neglected diseases in the DRC. In September, the Congolese President, Félix Tshisekedi, visited the Institute where the sleeping sickness project was extensively discussed.

The Institute developed the most widely used detection test decades ago and still produces it today, but is also developing new tests that are better suited to the changed context. ITM has an expert role in the field of diagnostics for neglected diseases and is filling an important gap in this respect.

Medical services

The polyclinic, undoubtedly the side of ITM the Belgian public knows best, is part of our Department of Clinical Sciences, which houses academic units, medical units and laboratories. In 2019 alone, 42,398 of travellers and people with HIV and sexually transmitted infections (STIs) were vaccinated and treated in our clinic.

Our accredited reference laboratories for a range of pathogens support direct patient care and diagnostics for the travel clinic, the HIV/STI clinic and external hospitals and physicians.

It is ITM's ambition to provide through its medical services top notch medical care and laboratory services in the expertise domain of tropical infectious diseases for the patients in Belgium. By conducting clinical and laboratory research, the medical services are nationally and internationally established as an undisputed reference in their niche and are uniquely placed to advise national and international health authorities and organisations.

42,398
people with HIV
and sexually
transmitted infections

48,751
vaccinations

589,391
patient sample
analyses



ITM scientists contribute to call for global access to quality medicines

Every person has the right to receive safe, good-quality medical products – but all too often, this isn't the case, as substandard and

falsified medicines are highly prevalent in many low- and middle-income countries. ITM researchers are the co-authors of the 'Oxford Statement, A Call for Global Access to Quality-Assured Medical Products', whereby more than 150 researchers, advocates and policymakers from around the

world issued a global call for urgent action. The paper appeared in The Lancet Global Health in November 2019. For many years, ITM scientists have devoted themselves to prioritising universal access to quality-assured medicines.



16

17

The Clinical Reference Laboratory is born!

The Department of Clinical Sciences inaugurated the Clinical Reference Laboratory (KRL) in December 2019, which entailed the merger of the former Central Laboratory for Clinical Biology and the HIV/STD Reference Laboratory.

This comprehensive laboratory has three focal tasks: firstly, service delivery to the ITM and other Belgian clinics as well as to partners in the South with capacity building. Secondly, acting as national



reference laboratories for infectious and tropical diseases, HIV and STDs and as World Health Organization collaborating centre for HIV/syphilis diagnostics and laboratory support. Its third task is research, in collaboration with other ITM units and external partners, or own research aimed at improving diagnostics for infectious and tropical diseases.

The new KRL is part of the Tropical Laboratory Medicine Research Group and will create a performant and sustainable environment to ensure flexibility and personal development, increase collaboration and knowledge sharing among experts and optimise the available laboratory infrastructure.



18

SCUBY: Scaling up diabetes and hypertension care

The 'SCUBY' project aims to improve access to quality care for vulnerable people with diabetes and hypertension in Belgium, Slovenia and Cambodia, three countries with different levels of prosperity and health care systems. SCUBY learns from best practices: researchers will compare the approach of each of the three countries and see how they can learn from each other. Based on the results, they will draw up a roadmap for improving standard care for these health problems. ITM and the University of Antwerp are working closely together in this European research project.

Development cooperation



Within our multi-year (2017-2021) framework agreement with the Belgian Directorate-General for Development (DGD), ITM is responsible for a comprehensive capacity building programme that includes medical, veterinary and scientific training, and research and capacity building. Our partner organisations range from universities and public health institutes to hospitals and disease control programmes. Last year we celebrated the 20th anniversary of our partnerships in five countries: DRC, Vietnam, Benin, Cuba and Peru. Read more about these fruitful collaborations on page 12-13. Additionally, ITM also continued its fruitful partnership with the national health institute INS in Mozambique, with support of the Flemish Government.

2019 also saw the establishment of a Development Office within ITM, with the objectives to strengthen the coherence of the programme with the research and education policy; to support ITM researchers and faculty engaged in international cooperation, science and development; to strengthen monitoring and evaluation systems for international cooperation and development activities; to consider transversal development themes (gender, integrity, innovation & digitalisation...) in international cooperation activities; and to pro-actively engage development actors and policy makers beyond health.

11
partner countries

19
institutional partners



19

Investigating improved treatment methods and vaccination

Our Clinical Trials Unit (CTU) coordinated and supported 11 trials in patients or healthy volunteers around the world in 2019. Focal points of investigation have been improving rabies and tick-borne encephalitis vaccination regimes, a schistosomiasis treatment trial involving over

700 Senegalese children and work on the Ebola virus disease including piloting clinical bacteriology care response and providing clinical training support to Ebola crisis sites in the DRC.

Since 2007, the unit has been mandated to develop and carry out clinical trials in Belgium and with its partners around the globe. In these trials, our scientists investigate new or improved treatment methods or vaccination schedules for infectious

diseases. In addition, the CTU participates in several national and international consortia and provides clinical project management support; data management support and statistical support related to the set-up, conduct and reporting of trials with special focus on the challenges met in resource-constrained settings. This includes advocacy for universally appropriate standards in global collaborative clinical research.

Sleeping sickness in the Democratic Republic of the Congo

Adrian Burton discusses the potential of fexinidazole as the first oral treatment for eradication of human African trypanosomiasis (HAT), and how this drug is particularly welcome in light of recent publications about latent carriers—humans, as well as animals.

Fexinidazole is indeed a tremendous breakthrough, and—alongside acoziborole—a potential gamechanger for elimination and possible eradication of HAT. There is an important distinction between elimination and eradication: WHO defines elimination as “reduction to zero of the incidence of disease or infection in a defined geographical area”, and eradication as “permanent reduction to zero of the worldwide incidence of infection”. WHO has targeted elimination of HAT “as a public health problem” by 2020, defined as an annual incidence of less than 1 per 10 000 individuals in 90% of endemic areas, and a global number of cases of HAT below 2000. WHO aims to achieve elimination of infection, reaching and sustaining zero cases of HAT, by 2030. This target is not equivalent to permanent eradication of the pathogen, and we are still working to achieve elimination of HAT as a public health problem—here is our perspective from the field.

ERICK M. MIAKA ET AL.

Journal highlights

Where are the Ebola diagnostics from last time?

Analysis reveals commercial tests for Ebola are too hard to come by in the current outbreak—sustain investment, urge Lieselotte Cnops, Kevin K. Ariën and colleagues.

The Democratic Republic of the Congo (DRC) is in the grip of its worst Ebola outbreak since 1976. It's the second-largest the world has seen, and could escalate into an even greater crisis as a result of conflict, political instability, poor infrastructure and socio-economic weaknesses.

The largest outbreak so far (from 2014 to 2016, in West Africa) spurred companies, including Cepheid in California^{1,2} and Altona in Germany³, to develop new diagnostics. And 14 tests have been approved by either the US Food and Drug Administration (FDA) or the World Health Organization (WHO), or both.

LIESELOTTE CNOPS ET AL.

Preexposure Intradermal Rabies Vaccination: A Noninferiority Trial in Healthy Adults on Shortening the Vaccination Schedule From 28 to 7 Days

We conducted a noninferiority trial in 500 healthy adults comparing the safety and immunogenicity of a 2-visit (days 0 and 7) intradermal (ID) primary vaccination (2 doses of 0.1 mL ID of the human diploid cell culture rabies vaccine [HDCV] at days 0 and 7) vs a standard 3-visit schedule (single dose of 0.1 mL ID at days 0, 7, and 28). All subjects in both study groups possessed a rabies antibody titer >0.5 IU/mL on day 7 following the booster dose. Following the booster dose, subjects exposed to the double-dose 2-visit ID schedule had a geometric mean titer of 37 IU/mL, compared with 25 IU/mL for the single-dose 3-visit schedule ($P < .001$). Local reactions at the injection site following primary vaccination were mild and transient.

In healthy adults, ID administration of a double dose of 0.1 mL of HDCV over 2 visits (days 0 and 7) was safe and not inferior to the single-dose 3-visit schedule.

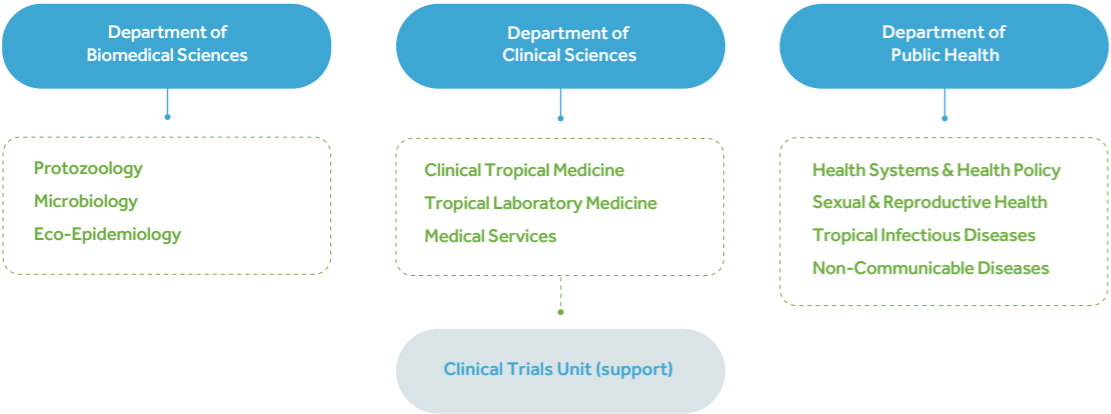
PATRICK SOENTJENS ET AL.

ITM's governance structure – an overview



ITM's research groups

The core activities of our Institute are organised in the three scientific departments. The research units are clustered in new research groups.



Our institutional partners and global alliances

- Institutional capacity building supported by Belgian Development Cooperation
- Institutional capacity building supported by Flanders
- Alliance of education and exchange

LATIN AMERICA

1	Post-Graduate Medical School, Universidad Mayor de San Simon (UMSS), Cochabamba, Bolivia	●
2	Instituto Nacional de Higiene, Epidemiologia y Microbiologia (INHEM), Havana, Cuba	○ ●
3	Instituto Pedro Kouri (IPK), Havana, Cuba	○ ●
4	Institute of Public Health, Pontificia Universidad Católica del Ecuador (PUCE), Quito, Ecuador	●
5	Instituto de Medicina Tropical "Alexander von Humboldt" (IMTAvH), Universidad Cayetano Heredia, Lima, Peru	○ ●

AFRICA

6	Laboratoire de Référence des Mycobactéries (LRM), Cotonou, Benin	○ ●
7	Clinical Research Unit of Nanoro (CRUN), including Centre Muraz, Burkina Faso	○ ●
8	Institut National de Recherche Biomédicale (INRB), Ministère de la Santé Publique, Kinshasa, DRC	○ ●
9	Programme National de Lutte contre la Trypanosomiase Humaine (PNLTHA), Kinshasa, DRC	○ ●
10	École de Santé Publique (ESP), Université de Lubumbashi, Lubumbashi, DRC	○ ●
11	Centre de Recherche Sanitaire de Kimpese (CRS), Kimpese, DRC	○ ●
12	College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia	○ ●
13	Centre National de Formation et Recherche de Maferinyah, Guinea	○ ●
14	École Nationale Supérieure de Statistique et de Economie Appliquée (ENSEA), Abidjan, Ivory Coast	○
15	École Nationale de Santé Publique (ENSP) Rabat, Morocco	●
16	Instituto Nacional de Saúde (INS), Maputo, Mozambique	● ●
17	Laboratoires de Virologie, Bactériologie et Parasitologie, Université de Dakar, Dakar, Senegal	●
18	School of Public Health, University of Western Cape (UWC), Cape Town, South Africa	○ ●
19	Department of Veterinary Tropical Diseases (DVRD), University of Pretoria (DVTD), Pretoria, South Africa	○ ●
20	School of Public Health (SPH - MUCHS), Makerere University College of Health Sciences, Kampala, Uganda	●

ASIA

22	Sihanouk Hospital Center of HOPE (SHCH), Phnom Penh, Cambodia	○ ●
23	National Centre for HIV/Aids, Dermatology and STD's (NCHADS), Phnom Penh, Cambodia	○ ●
24	National Centre for Parasitology, Entomology and Malaria Control (NMC), Phnom Penh, Cambodia	○ ●
25	National Institute of Public Health (NIPH), Phnom Penh, Cambodia	○ ●
26	Institute of Public Health (IPH), Bangalore, India	●
27	Center for Tropical Medicine, Faculty of Medicine, Gadjah Mada University, Yogyakarta, Indonesia	●
28	B.P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal	●
29	National Institute of Malariology, Parasitology and Entomology (NIMPE), Hanoi, Vietnam	○ ●

Our reference laboratories

1

National Reference Centre for Arboviruses

2

National Reference Centre for Sexually Transmitted Diseases (*Treponema pallidum*, *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Mycoplasma genitalium*)

3

National Reference Centre for *Rickettsia* and *Anaplasma* (consortium with Koningin Astrid Militair Hospitaal – Queen Astrid Military Hospital)

4

National Reference Centre for *Coxiella burnetii* and *Bartonella* (consortium with UCL Saint-Luc et CODA)

5

National AIDS Reference Laboratory

6

WHO Testing Laboratory

7

WHO Collaborating Centre for HIV/AIDS Diagnostics and Laboratory Support

8

National Reference Laboratory for Infectious and Tropical Diseases

9

BCCM/ITM Mycobacteria Collection

10

WHO TB Supranational Reference Laboratory - Coordinating Center

11

OIE Reference Laboratory for Surra

12

WHO Collaborating Centre for Research and Training in Human African Trypanosomiasis diagnostics

13

National Reference Laboratory for Parasites (*Trichinella*, *Echinococcus* and *Anisakis*)

14

FAO Reference Centre for Animal Trypanosomosis and its vectors



www.itg.be/E/laboratories

Our figures

	2019	2018	2017
ITM IN THE WORLD			
Institutional partners	19	19	19
Reference laboratories	14	14	15
Diagnostic tests sent across the world	2,364,546	2,010,960	2,038,500
STAFF AT ITM			
Academic, scientific and medical staff	166	173	174
Administrative and technical staff	265	257	259
Male/female (M/F) ratio (%)	33/67	33/67	35/65
M/F ratio executive academic, scientific and medical staff (%)	59/41	64/34	67/33
M/F ratio academic, scientific and medical staff (%)	32/68	32/68	34/66
M/F ratio administrative and technical staff (%)	29/71	30/70	31/69
RESEARCH			
Scientific excellence and impact			
Papers in scientific journals	311	322	286
New international research projects	31	38	40
International research consortia led by ITM	7	7	6
Innovative research projects running with the support of Flanders	12	21	16
Clinical trials coordinated by ITM	11	12	16
EDUCATION			
Master			
Master students	62	69	72
Master students public health	39	46	52
Master students tropical animal health	23	23	20
Nationalities			
Belgian	1	1	1
Other EU countries	2	3	1
Non-EU countries	59	65	70
Postgraduate			
Postgraduate students	117	139	145
Postgraduate Tropical Medicine for Bachelors in Nursing and Midwifery	59	77	71
Postgraduate Certificate in Tropical Medicine and International Health	58	62	74
Nationalities			
Belgian	73	83	80
Other EU countries	27	37	44
Non-EU countries	17	19	21
Short courses			
Short course students	196	185	174
Nationalities			
Belgian	80	65	51
Other EU countries	16	13	13
Non-EU countries	100	107	110

Our figures

PhD students			
Ongoing PhD's at ITM (31/12/2019)	83	89	107
Nationalities			
Belgian	20	16	17
Other EU countries	8	11	19
Non-EU countries	55	62	72
PhD dissertations in 2019	19	30	19
Interns and master thesis students*			
Interns	117	126	119
Nationalities			
Belgian	44	51	54
Other EU countries	17	15	19
Non-EU countries	56	60	46
Master thesis students*	17	13	10
Nationalities			
Belgian	9	6	4
Other EU countries	3	4	5
Non-EU countries	5	3	1

* UNIVERSITY STUDENTS WHO HAVE WRITTEN THEIR MASTER THESIS AT ITM

STUDENTS Nationalities



Our figures

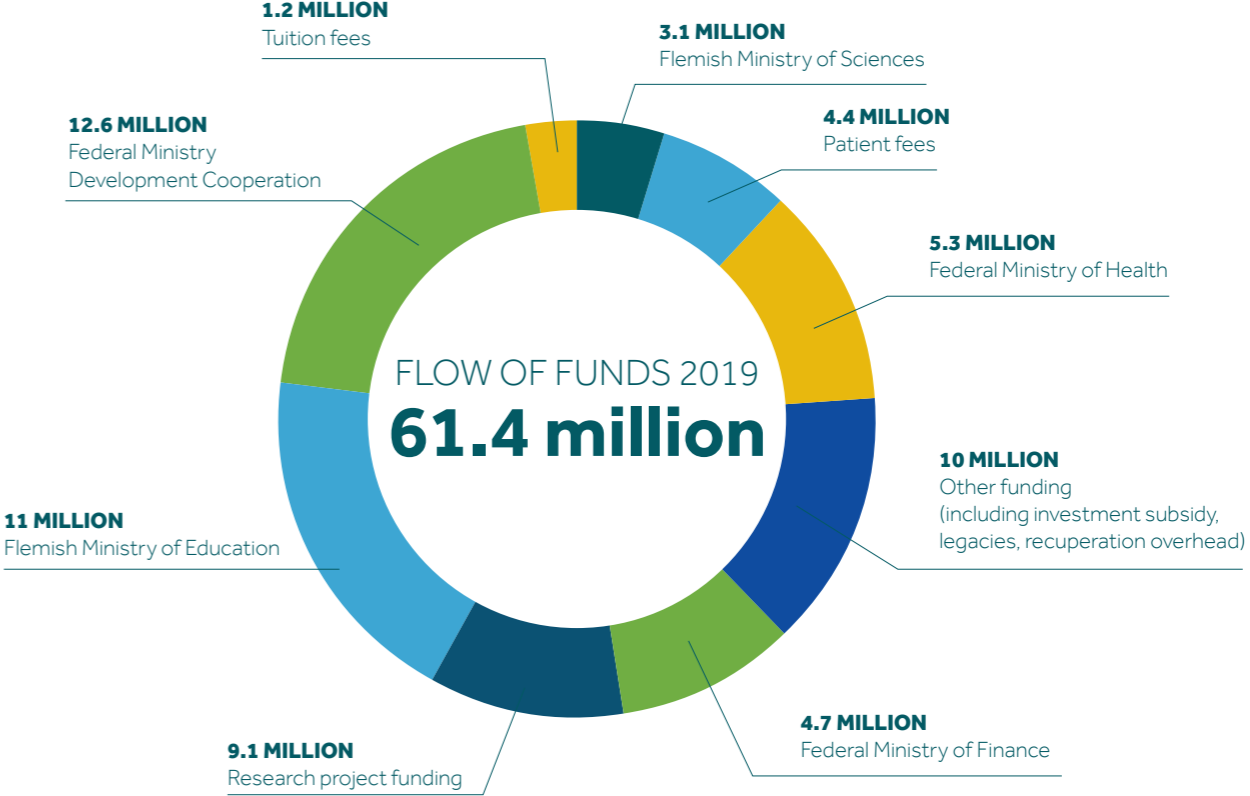
MEDICAL SERVICES			
Consultations			
Consultations in 2019	42,398	38,593	35,719
HIV (%)	14%	15%	18%
PrEP (%)	7%	6%	
STD (%)	7%	6%	6%
Pre-travel (%)	51%	51%	51%
Helpcenter (%)	8%	7%	6%
Post-travel, pediatrics (%)	14%	14%	17%
Patient samples			
Analyses	589,391 analyses for 43,480 patient contacts	592,681 analyses for 40,393 patients*	592,681 analyses for 40,393 patients*
*FIGURES FROM 2017 ONWARDS INCLUDE HIV/STD SAMPLES			
Analyses as National Reference Centre for the diagnosis of infectious and tropical diseases (CLCB)	121,047	123,204	131,305
Newly diagnosed HIV infections in the national HIV/STD reference laboratory	313	302	363
Travel medicine			
Visitors and patients for travel advice and vaccinations	21,563	19,653	18,304
Administered vaccinations	48,751	45,997	38,446
Top 5 diseases for which visitors got vaccinated (%)	1. Yellow fever 53% 2. Hepatitis A 43% 3. Tetanus & diphtheria 26% 4. Polio & pertussis 26% 5. Rabies 21%	1. Yellow fever 62% 2. Hepatitis A 57% 3. Tetanus & diphtheria 32% 4. Polio & pertussis 27% 5. Rabies 25%	1. Yellow fever 53% 2. Hepatitis A 53% 3. Polio 32% 4. Tetanus & Diphtheria 31% 5. Typhoid fever 23%
People returning from the South who came to our clinic with medical symptoms	5835	5569	6057
The most common diseases	Diarrhoea (all types): 26.52% Malaria (all types): 9.58% Skin/soft tissue infections/rash/abcess: 8.83% Animal bites/rabies PEP: 4.7% Arboviral infections: 3.45%	1. Diarrhoea (acute/chronic) 18% 2. Malaria 12.3% 3. Skin and soft tissue infection 5.3% 4. Animal bites/rabies PEP 4.6% 5. Arboviral infections (dengue/chikungunya/Zika) 2%	1. Acute and chronic diarrhoea 22% 2. Skin lesions 17% 3. Malaria 8% 4. Schistosomiasis 5% 5. Dengue/chikungunya/Zika 3%
Page views on travel medicine website	421,434	465,178	319,999
Calls to the travel phone	13,508	14,669	11,000
Infectious Diseases Ward at UZA			
Patients admitted to the Infectious Diseases Ward	347	251	241

Our figures

Acquired HIV infections			
HIV reference center			
Patients in follow-up	3054	2976	2912
Average age	48	47	47
Nationality (%)	Europe & North America 68% Asia 4% Africa 22% Latin America 4% Unknown 2%	Europe & North America 68% Asia 4% Africa 22% Latin America 4% Unknown 2%	Europe & North America 71% Asia 4% Africa 22% Latin America 4%
Gender ratio (M/F %)	75/25	75/25	75/25
Number newly registered HIV patients	163	168	193
Helpcenter - Low-threshold centre			
Visitors	2459	2336	1686
Priority target groups At the moment of the publication the 2019 figures are close estimates	MSM: 1048 Migrants (outside Europe): 619 Commercial sex workers (CSW): 54 Clients of CSW: 276 IVDU (intravenous drug users): 20 Persons with occasional sexual contacts: 1370 Group sex: 547	MSM: 748 Migrants from high endemic regions: 864 Commercial sex workers and their partners: 30 IUVI (intravenous drug users) and partners: 80 persons with occasional sexual contacts: 1699 or multiple partners: 1076	MSM: 717 SAM: 657 People younger than 25: 445
HIV tests performed	1724	2122	2053
Newly diagnosed HIV infections	16	18	13
Swab2Know outreach programme			
Collected oral fluid tests	906	945	910
Newly diagnosed HIV infections	4	4	7

Our financials

All financial figures are in euro.



Balance sheet

ASSETS	2019	2018	2017
FIXED ASSETS	29,919,454	30,503,080	31,481,167
Intangible fixed assets	0	0	0
Tangible fixed assets	29,919,454	30,503,080	31,481,167
Land and buildings	28,500,113	28,515,396	29,306,021
Plants, machinery and equipment	66,396	80,914	93,210
Furniture and motor vehicles	849,129	1,023,523	1,448,071
Leasing	0	0	0
Assets in course of construction and payments on account	503,816	883,247	633,865
Financial fixed assets	0	0	0
CURRENT ASSETS	30,322,319	37,674,405	31,335,416
Stock and orders-in-progress	2,009,329	1,704,609	1,567,790
Stock	424,547	462,875	380,518
Orders-in-progress (projects-in-progress)	1 584,782	1 241,734	1,187,272
Debtors due in one year or less	2,561,885	2,232,607	1,859,434
Trade receivables	2,498,309	2,101,797	1,522,893
Other debtors	63,577	130,810	336,541
Investments	2,480,371	2,480,371	2,480,371
Cash and bank balances	21,390,700	29,756,325	23,304,573
Prepayments an accrued income	1,880,034	1,500,493	2,123,248
TOTAL ASSETS	60,241,774	68,177,485	62,816,583
LIABILITIES			
CAPITAL AND RESERVES	27,408,986	27,148,529	21,910,613
Funds of the foundation	345,712	345,712	345,712
Revaluation surpluses	11,891,000	11,891,000	11,891,000
Reserves	8,118,675	8,119,575	3,217,381
Profit (Loss) brought forward	5,739,908	5,387,157	5,160,042
Capital grant	1,313,691	1,405,085	1,296,478
PROVISIONS	1,472,621	2,099,551	8,874,731
Provisions for liabilities and charges	1,472,621	2,099,551	8,874,731
Provisions for pensions and similar obligations	1,099,169	1,247,979	1,036,194
Other provisions	373,452	851,572	7,838,537
DEBTS	31,360,167	38,929,405	32,031,239
Creditors due in over one year	8,956,097	9,697,083	10,415,725
Financial debts	8,956,097	9,697,083	10,415,725
Creditors due in one year or less	20,450,841	28,065,051	19,424,508
Creditors becoming due within one year	740,884	718,642	697,155
Trade payables	2,565,898	4,587,003	2,789,749
Received advanced payments on orders (project funding)	13,392,752	18,973,731	11,502,681
Debts in reference to taxes, salaries and social contributions	3,714,339	3,733,313	4,313,621
Various debts	36,968	52,362	121,302
Accruals and deferred income	1,953,229	1,167,271	2,191,006
TOTAL LIABILITIES	60,241,774	68,177,485	62,816,583

Profit & loss account

	2019	2018	2017
OPERATING INCOME (+)	55,151,368	53,129,704	54,703,022
Turnover	18,048,071	7,035,195	7,004,858
Work and services in progress (additions +, withdrawals -)	8,773,473	-3,439,145	-407,985
Member fees, funds, legacies and subsidies	14,615,889	31,927,897	30,520,673
Other operating income	13,713,934	17,605,757	17,585,476
OPERATING EXPENSES (-)	54,552,689	53,959,554	54,651,878
(Cost of) goods for resale & raw materials	7,333,046	6,013,340	4,955,856
(Cost of) goods and services	15,633,428	16,103,270	16,311,073
Personnel expenses	30,999,280	30,737,810	31,764,685
Depreciation and impairments on fixed assets	1,314,963	1,588,422	1,758,350
Impairments on current assets and provisions for liabilities and charges (additions +, withdrawals -)	-728,180	-781,808	-179,585
Other operating expenses	152	298,520	41,499
OPERATING PROFIT (LOSS)	598,680	-829,850	51,144
Financial income (+)	103,391	314,817	141,860
Revenue from current assets	3,378	3,097	3,627
Other financial revenue	100,013	311,720	138,233
Financial expenses (-)	346,759	559,805	444,734
Costs of debts	307,798	328,819	350,406
Other financial costs	38,961	230,986	94,328
PROFIT (LOSS) FROM REGULAR COMPANY ACTIVITIES	355,312	-1,074,838	-251,730
Exceptional income (+)	11,864	326,711	1,583,282
Write-back of amortisations and depreciations on fixed assets	11,864	0	0
Other exceptional income	0	326,711	1,583,282
Exceptional expenses (-)	15,325	808	0
Exceptional amortisations and depreciations on fixed assets	15,325	0	0
Other exceptional expenses	0	808	0
PROFIT (LOSS) OF THE FINANCIAL YEAR	351,851	-720,163	1,331,552

THE DIFFERENCE BETWEEN THE TOTAL INCOME ON PAGE 41 AND PAGE 39 IS DUE TO ADVANCES RECEIVED FOR MULTI-ANNUAL PROJECTS NOT BEING INCLUDED ON PAGE 41.
PLEASE FIND THE SIGNED AUDITORS LETTER CONFIRMING THESE RESULTS ON OUR ANNUAL REPORT WEBSITE: 2019.ITG.BE

Global Science for Health Worldwide

Tropical diseases, HIV/AIDS, tuberculosis and inadequate health care influence the lives of billions of people worldwide.

The Institute of Tropical Medicine in Antwerp, Belgium, promotes the advancement of science and health for all, through innovative research, advanced education, professional services and capacity building of partner institutions in the South.

For us, scientific excellence and societal impact are two sides of the same coin.

Our values

Excellence & Relevance

We strive to stand at the international forefront in key scientific domains and pursue the highest quality in research, education and services with the ultimate aim to solve actual health problems.

Integrity

We want to comply with international ethical standards and aim for critical sense, honesty and transparency in all our activities.

Fairness

We value equity, diversity, solidarity and well-being of students and employees and in partnerships.

Sustainability & Persistence

We aim for longterm progress without compromising the ability of future generations.



OUR VISION

Equal chances at a healthy life for all.



OUR MISSION

Scientific progress in tropical medicine and public health.



OUR CORE TASKS

Scientific research; higher education; medical and scientific service provision.

