

Progress through partnership



15th ANNIVERSARY

RGHI Rotterdam Global Health Initiative



Welcome

Fifteen years ago, a dedicated group of driven global health researchers at Erasmus University Rotterdam took the initiative to join forces across Schools and disciplines. This allowed them to work together and more effectively address complex global health challenges. Over time this Rotterdam Global Health Initiative (RGHI) increasingly realized that these challenges must be solved together, through equitable exchanges with experts from the communities who live those challenges. Today the RGHI has grown into a vibrant community of over 350 members working across more than thirty low- and middle-income countries (LMICs).

With this 15th anniversary overview we celebrate RGHI members by showcasing their academic excellence, impactful teaching, and strong link to society. Early career researchers from low- and middle-income countries that have joined RGHI bring an in-depth understanding of local contexts and norms. That results in creative, innovative scientific research and teaching. A level of innovation that would not have been reached without involvement and leadership of researchers from LMICs. RGHI actively supports early career researchers by strengthening their network (the academic speed dating is one of my favorites!) and puts these researchers into the spotlight through various awards including the Best Poster, Best Pitch and Best Image Award. RGHI also annually selects a few early career researchers for a travel grant to do field work or to join us here in Rotterdam.

RGHI's work links to Erasmus University Rotterdam's strategy, calling on us to be globally connected and locally embedded. To create positive societal impact through excellence in research and teaching for a Healthy Society with Accessible and Affordable Healthcare. We take being an engaged university literally through our work with experts in LIMCs, collaborating on knowledge generation and co-creating innovations. In doing so, RGHI helps drive smart, inclusive solutions to meet the demand for health care.

We mark this anniversary at an interesting time for global health. Earlier funding models are being questioned. Leadership is shifting to the countries and communities most affected. We see this as proof that we have been moving in the right direction over the last fifteen years. The future of global health will be built by broad, equal coalitions, and RGHI hopes to keep offering expertise that these coalitions value and need.

To everyone who has been part of this journey: thank you. Here is to the next fifteen years of learning, partnering, and progressing together.



Dr. Igna Bonfrer
Director, Rotterdam Global Health Initiative



About the Rotterdam Global Health Initiative

The RGHI is an interdisciplinary academic network dedicated to global health research and education, initiated by Erasmus University Rotterdam, which has evolved into a vibrant community of international partners. The network is led and funded by Erasmus School of Health Policy & Management (ESHPM), the International Institute of Social Studies (ISS), the Department of Public Health at Erasmus Medical Centre (Erasmus MC), and the Erasmus School of Economics (ESE). Current collaborations involve researchers, policymakers, non-governmental organizations, healthcare providers, and patient representatives across more than 30 low- and middle-income countries. The outstanding research and education delivered by RGHI members inform evidence-based policy on social determinants of health and health system reform.

Vision

Addressing the social determinants of ill-health and ensuring access to high quality health care for all worldwide.

Mission

Through equitable partnerships across low- and middle-income countries, we contribute to good health as well as accessible and quality health care, informed by excellent interdisciplinary research and education.

Where our partners are based



Governance and structure

Management Team



Igna Bonfrer PhD
Director
Erasmus School
of Health Policy &
Management



Tanja Houweling PhD
Erasmus MC,
Department of Public
Health



Prof. Matthias Rieger
International Institute of
Social Studies /
Erasmus School of Health
Policy & Management



Robert Sparrow PhD
International Institute
of Social Studies



Carlos Riumallo Herl PhD
Erasmus School of
Economics



Amalia Hasnida PhD
Erasmus School
of Health Policy &
Management

Leads



**Vivienne Sserumaga
Mulema**
Scientific
Communication



**Zemzem Shigute
Shuka PhD**
Grant acquisition



**Ninza Mwenesongole
- van Houte**
Scientific
Communication

Professional Services



Patricia van Loo-Kemp
Marketing &
Communications Adviser



Caroline Verboom
Secretary



Alizia Kamani
Strategic
Communications Adviser

Steering Group



Prof. Maarten IJzerman
Chair
Erasmus School
of Health Policy &
Management



Prof. Sake de Vlas
Erasmus MC,
Department of Public
Health



Prof. Owen O'Donnell
Erasmus School of
Economics /
Erasmus School
of Health Policy &
Management



Prof. Ruard Ganzevoort
International Institute
of Social Studies



Teaching

Members are involved in teaching in courses on global health at Masters and Bachelor level. At Masters level we teach among others the courses Global Health Economics (ESHPM), Global Health and Sustainable Development (ESHPM), International Health Law (ESHPM) and coordinate the Global Population Health track in the international Eu-HEM programme. At Bachelor level, we teach Impact Evaluation (ISS), Global Challenges in Health & Behavior (ESHPM) and coordinate the Minor

Global Health (Erasmus MC). Members of the RGHI supervise Master students and some of the successful projects have been published in scientific journals. Furthermore, PhD students supervised by RGHI members are working on a wide range of themes in global health while based at the International Institute for Social Studies, the Department of Public Health at Erasmus MC, the Erasmus School of Economics and Erasmus School of Health Policy & Management.

Awards

RGHI creates opportunities for researchers, especially those early in their career, to present their work and to be recognised for it. Over the last five years RGHI has awarded the Best Pitch Award, Best Poster Award and Travel Awards, and Best Image Award. Below an overview of the Travel Grant winners in the two most recent rounds.

RGHI Travel grant winners 2026

- Phuong Cao Tran Le | University Of Economics Ho Chi Minh City, Vietnam
- Oumaima Alaoui | African Institute for Research in Economics and Social Sciences and University Mohammed VI Polytechnic, Morocco
- Yohanes Andika Tjitrajaya | Parahyangan Catholic University, Indonesia



Phuong Cao Tran Le



Oumaima Alaoui



Yohanes Andika Tjitrajaya



RGHI Travel grant winners 2025

- Yuxiao He | Erasmus MC / Deltares / IHE Delft
- Vivienne Sserumaga Mulema | Erasmus School of Health Policy & Management
- Anandita Bardia | Erasmus School of Economics

Research Projects

With our network of over 350 members, many diverse projects are running all over the world, and particularly in LMICs. A few examples.

1 Project

Mobile Health Support for Tuberculosis (TB): Understanding patients and what affects their treatment and recovery

Equitable partnerships to fight TB: To help tackle the world’s stubbornly high tuberculosis burden, RGHI researchers (Matthias Rieger, Sean Richardson, Hedwig Blommestein, Tsepang Khumalo, Camren McAravey, Eddy Van Doorslaer) have collaborated for many years with Ronelle Burger at Stellenbosch University, the AURUM Institute as well as societal stakeholders and government, local communities including nurses and patients. Results have fed into decision-making on TB in South Africa among actors like departments of health and the Gates Foundation. This RGHI collaboration has led to several exchanges of staff and students over the years, combining both research, teaching and societal impact.

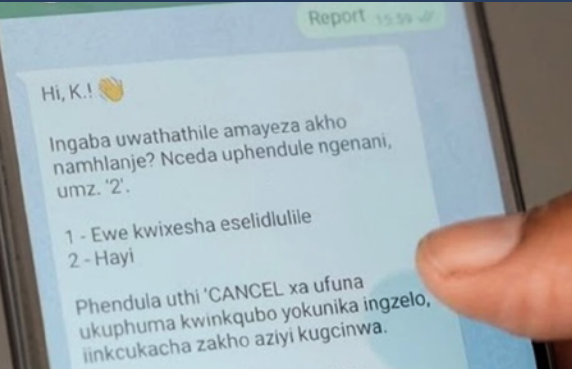
Mobile health interventions for TB: Despite being highly treatable, tuberculosis is a major cause of death and disability worldwide, primarily affecting those living in poverty. Approximately 300 000 individuals develop active TB each year in South Africa. Despite largely adequate healthcare coverage and no costs associated with seeking treatment, the country’s TB treatment success rate is significantly below global standards. A major reason for this is nonadherence to treatment driven by behavioural factors such as uncertainty, forgetfulness, and fear of stigma. South Africa has seen a substantial increase in smartphone ownership in the last decade, particularly among low-income individuals, which presents an opportunity to design mobile health interventions to address issues facing those living in poverty.

Our randomized control trial examines the impact of a WhatsApp based treatment support platform designed to target specific behavioural barriers to adherence on treatment success among patients at clinics in the Western Cape province in South Africa. It has been supported by funders like the Gates Foundation and the Erasmus Trustfonds.

Local communities and RGHI: The following quotes are from two patients interviewed after being involved in the pilot phase of the project:

“The app helps, it feels like someone is interested. I was very depressed and had lost a lot of weight, and now I am looking much better...”

“Taking them on my own... I did have that thing... For instance, I would be busy until it is late... and then have to wake up early to take them. Until I put the app on my phone. Whenever I hear it ring, I would know it is ten and I have to take my pills.”



Learn more about promising pilot findings: Richardson S, Vorster P, Burger R, Rieger M, Conversational mHealth Platform Designed to Support Tuberculosis Treatment Adherence in Low-Income South African Patients: Pilot Cohort Study, JMIR Form Res 2026;10:e85242.

2 Project

“You really have to have local partners... and you have to develop everything together”

Experimental policy research on food environments in Indonesia

Interview by Vivienne Sserumaga Mulema

Margarita de Vries Mecheva’s work focuses on dietary transitions and the experimental evaluation of policy tools to address childhood obesity in low- and middle-income countries. One of her recent projects took place in Indonesia, a country undergoing rapid transition towards highly processed foods. There, she collaborated closely with local partners from Indonesia’s National Research and Innovation Agency (BRIN) and the SMERU Research Institute to test a promising but under-evaluated policy measure: interpretive nutritional labels, or “traffic light” labels, similar to Nutri-Score in Europe.

Together with BRIN researchers Puguh Prasetyoputra (economist) and Rika Rachmalina (nutritionist), Margarita designed two linked experiments. The first was an online experimental supermarket that mimicked traditional food outlets where mothers typically shop. Each mother was given a virtual budget based on what she would usually spend on food in a week. Half of the participants saw products with “traffic light” labels indicating healthfulness; the other half saw the same products without labels. To ensure realistic choices, mothers could win a food hamper containing the items they had “purchased” online, delivered to their homes the following day.



The second experiment recreated a traditional snack vendor stall at schools as an experimental snack booth. Again, half of the children encountered labelled snacks, and half did not. This parallel design allowed the team to examine how the same “nudge” – interpretive labels – worked for both caregivers and children in a real-world setting.

The study took place in Central Bogor, Bogor City, in West Java Province, selected for its surrounding socio-economic conditions and relevance to local food environments. Puguh and Rika obtained the necessary permits from the municipality and the local district education office, coordinated pilots, recruited field staff, and handled logistics. Rika led the evaluation and labelling of locally available products for both the online supermarket and the snack booth. Margarita and her partners jointly analysed the data and prepared reports for the funding bodies.

The findings were striking: “traffic light” labels significantly shifted purchasing behaviour towards healthier options for both mothers and children. Boys and already overweight children appeared particularly responsive to the labels. In other words, a relatively simple, low-cost policy tool demonstrated measurable impact in a setting where experimental evidence on such interventions is still scarce.

For Margarita, this is precisely why experimental approaches matter in global health policy: to generate rigorous evidence on whether widely promoted tools actually work in contexts that differ substantially from those in which they were originally developed. She emphasises that “experimental study is all about planning. Everything should be planned, documented and pre-registered.” Equally central is the way the work is organised: “*You really have to have local partners, local collaborators, and you have to develop everything together because they know this unique knowledge of the context that you may not be so aware of.*”



Beyond academic outputs, the project also invested in accessible dissemination. Parents received letters explaining key findings and suggesting concrete next steps, while children were engaged through a short, engaging video shared via schools. Infographics developed in collaboration with the International Institute of Social Studies in The Hague helped translate results for non-academic audiences and policy stakeholders.

The collaboration with BRIN and SMERU continues. The team is now seeking funding to return to school vendors in Indonesia to explore how to encourage them to offer healthier options for children. The aim is to build on experimental evidence and co-develop practical, context-sensitive strategies that can sustainably improve food environments around schools.



3 Project

How local scientists are shaping health equity

Interview with Dr. Zemzem Shigute Shuka, Associate Professor in Global Health and Development at the International Institute of Social Studies (ISS). By Sarah Njoroge.

How can the discipline of Development Studies contribute towards the goal of equitable global health?

‘Health and poverty are interconnected issues. Untreated illness perpetuates a vicious cycle of poverty, by impacting an individual’s ability to work and ultimately affecting income and consumption, consequently exacerbating, and reinforcing health risks. The vicious cycle, in turn, has broader implications for a country’s development and economic growth. By critically analyzing this interconnectedness and providing empirical evidence, we contribute to policy discussions aimed at addressing the link between health, income and development.’

In which projects are ISS researchers currently involved at RGHI?

‘We’re deeply involved in a project on Community-Based Health Insurance (CBHI) schemes in Ethiopia, aligned with the RGHI. Our team rigorously analyzes implementation, drawing policy insights and closely collaborating with government stakeholders. Despite social health insurance being in its early stages, our research provides crucial baseline evidence and ongoing monitoring. The government’s uptake of our policy recommendations validates our impact. Additionally, my affiliation with a university in Ethiopia allows me to contribute to



evidence-based discussions and developments of local-level interventions targeting health, like the community-based health insurance developments example, the health extension workers and the Health Development Army.'

What is your role as a researcher when working with various stakeholders?

'As a researcher, I'm deeply invested in the social impact of my work. Having been involved in implementation of government led development programs, I've firsthand experienced challenges and drawbacks. This background informs and motivates my research efforts, particularly as someone who is Ethiopian. My insider perspective facilitates trust and openness within the community, ensuring that our contributions are seen as coming from within rather than outside sources.'

Is it difficult to encourage people to enrol in the community-based health insurance?

'Initially, enrollment in the scheme was around 40%, but lessons from the pilot phase led to improvements before scaling up. While making the scheme universal and mandatory has been considered, affordability isn't a barrier. However, the scheme has limitations on where healthcare can be accessed in Ethiopia, with a tiered system from primary to tertiary care. Despite initial hesitancy, there was demand for the scheme due to high out-of-pocket expenses. Earlier healthcare financing relied heavily on user fees and donor contributions, leading to unreliability. Mass awareness campaigns and leveraging adverse selection tactics helped boost enrollment, demonstrating demand for schemes to reduce out-of-pocket costs and improve healthcare access.'

Have you seen positive results from this project?

'Our research findings show a significant improvement in healthcare utilization that can be attributed to the implementation of the CBHI scheme. Initially the scheme was piloted in 13 districts found in four regions. The scheme has now expanded to 1011 schemes in all over the country, benefiting over 55% of the country's population. This expansion demonstrates the positive impact of increased healthcare access. In addition, healthcare financing reform implemented in the country allows reinvestment of the financial resources obtained from the scheme in healthcare quality, creating a virtuous cycle of improvement. While universal access remains a goal, these steps represent progress, and I'm proud to have contributed to evidence-based improvements in scheme design.'

How has the multidisciplinary approach enhanced RGHI's goals to ultimately reduce health inequalities?

'International collaboration enriches research by connecting theoretical knowledge with real-world experiences. Partnerships with local researchers provide invaluable insights, while multidisciplinary collaboration ensures a comprehensive approach to complex issues. By combining public health expertise with economic evaluation, we strengthen the evidence base and highlight the importance of collaboration across disciplines and with local partners.'

Ultimately, how do you see this collaboration continuing?

'Collaboration enhances the solidity of evidence, especially in multidisciplinary analyses like health inequality. Despite its seeming simplicity, health inequality requires nuanced analysis across various dimensions. Personally, I aim to broaden my research beyond Ethiopia, exploring health disparities in other Sub-Saharan African and other countries in the global south. Additionally, I want to compare health inequalities between the global south and north, recognizing that such disparities exist worldwide. Through multidisciplinary

collaboration, both internally and externally, I aim to strengthen research efforts and contribute meaningfully to addressing global health disparities.'



4 Project

"Mandela's Children" unveil the root causes of inequality in South Africa

How have children and their health been developing in South Africa since the end of Apartheid? The Birth to Thirty (Bt30) study has been following 3,273 newborns from Soweto–Johannesburg since 1990, the year Nelson Mandela was released from prison. Often referred to as "Mandela's Children", this is the largest and longest-running birth cohort of its kind in Africa.

Despite formal political change, inequalities remain deeply entrenched. Bt30 data show that a small group is thriving, while many black children still face poorer health, lower educational attainment, limited employment opportunities, and greater exposure to violence. As researcher Sara Naicker from the Centre of Excellence in Human Development puts it: "Where you are born plays a significant role in determining your future outcomes."

From child survival to child flourishing

Historically, global child health research focused on mortality. Today, researchers ask a broader question: what makes a healthy and flourishing child? Early Child Development looks not only at physical health, but also at social-emotional, motor, and cognitive development. This is where the Research for Health Impact in Africa (RHIA) programme comes in. The Department of Public Health at Erasmus MC (Dr. Tanja A.J. Houweling) and the DSI-NRF Centre of Excellence in Human Development at the University of the Witwatersrand (Dr. Sara Naicker and Prof. Linda Richter) jointly use Bt30 data to understand how early childhood and family environments shape health and opportunities over time. The programme is supported by the D.P. Hoijer Fonds, a named fund at the Erasmus Trustfonds.

Long-term collaboration with local partners

Bt30 was founded by, among others, Prof. Linda Richter, who remains closely involved to this day. Many of the original staff are still working with the cohort, and some of the participants



have now become parents or even grandparents. This long-term engagement has created strong relationships and deep trust with the communities involved. For Erasmus MC, working with local partners is essential. Bt30 offers far more than a rich dataset: South African researchers bring contextual knowledge, insight into social and political realities, and close ties to the participants and policy environment. Tanja, whose work focuses on socioeconomic inequalities and the intergenerational transmission of (dis)advantage, emphasises the value of this collaboration: *"We are fortunate to work with Sara and Linda, who bring invaluable expertise on early child development and on-the-ground knowledge, and who can offer essential context to the data."* The partnership is genuinely two-way. While Erasmus MC contributes statistical and methodological expertise, South African partners ensure that analyses remain grounded in local realities and relevant to national policy debates. Together, they translate scientific findings into practical recommendations for ministries and local stakeholders.

Systems mapping: a key tool

One of the key methods used in RHIA is systems mapping. Researchers jointly build a visual "map" of all the factors that influence child development – from education systems and social protection to housing, urban design, and healthcare. This helps to understand how advantages and disadvantages are transmitted across generations, and where policies can make a difference. Sara explains: "A lot of people are living below the poverty line. We hope to contribute to breaking the cycle. That is what we try to do with systems mapping." Tanja adds that there are no simple switches to flip, but mapping helps researchers and policymakers from different disciplines work together and move beyond their usual boundaries.

Close relations with participants

The Bt30 staff developed close connections with the participants, as many from the same team that started the cohort are still involved. Sara and Tanja hope the project will create more awareness of the importance of early child development. Researchers and practitioners in South Africa anticipate a policy shift, as the early childhood development portfolio has just transitioned to their Department of Education. The researchers believe integrated policies are needed, across sectors, including urban planning, social security, housing, and education, and this may be an opportune time. Sara: "For sustained improvement, this is the way forward. We feel we have a real opportunity to give input to the new plans. If these policies reflect our findings and recommendations, that would be a really big win for us."



PhD dissertations

PhD researchers affiliated to each of the four funding institutes have been leading highly societally and scientifically impactful research, a selection of recently completed theses can be found below.



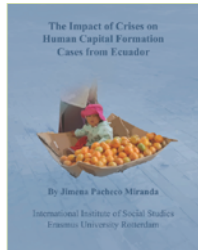
Relmbuss Fanda (2026)
Systems in between: a mixed-methods study developing and using a local pharmaceutical system approach in Indonesia



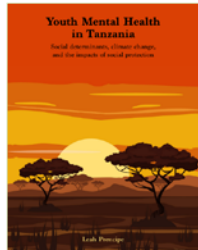
Amalia Hasnida (2025)
Bridging the interagency silos: taking a political economy perspective to tackle substandard and falsified medicines in Indonesia



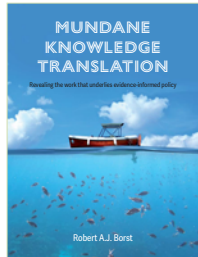
Jimena Pacheco Miranda (2024)
The Impact of Crises on Human Capital Formation. Cases from Ecuador



Leah Prencipe (2023)
Youth mental health in Tanzania: Social determinants, climate change, and the impacts of social protection



Robert Borst (2022)
Mundane knowledge translation: revealing the work that underlies evidence-informed policy





2025 Opening Academic Year



2024 Opening Academic Year



2023 Opening Academic Year



RGHI Erasmus MC seminar March 2026



RGHI ESE event March 2025



Bali iHEA July 2025



RGHI ISS event June 2025



RGHI ISS Workshop April 2024



RGHI Network events

RGHI brings together people from different career stages, from students to professors, and from different parts of the world. This creates space for new collaborations and innovative consortia involving not only researchers, but also policymakers, practitioners, and communities. Below a selection of the network events organized in the last five years.

16 June 2026	ISS	Context-sensitive approaches to measuring and scaling health interventions
4 & 5 June 2026	ESE	Global Health Economics workshop
31 March 2026	Erasmus MC	Social policies to improve child health and development in South Africa
20 July 2025	iHEA	Conference Lessons from Indonesia's strides towards universal health coverage (jointly with Indonesia Ministry of Health and World Bank)
20 June 2025	ISS	Dietary behavior of children and adolescents
14 May 2025	ESHPM	The Role of Family Support in the Well-Being of older people: Evidence from Malaysia and Vietnam
12 April 2024	ISS	Health Insurance in Sub-Saharan Africa: Implementation, Challenges, and Prospects
16 February 2023	Erasmus MC	Systems thinking for complex global health problems
24 June 2022	ISS	Research for Policy Impact
10 March 2022	ESE	Screenings and risks of CVDs in Low- and Middle-Income countries
24 June 2021	Erasmus MC	Modelling of the COVID-19 pandemic and its control, and its impact on neglected tropical disease programmes
18 March 2021	ESHPM	Motherly advice – effects of a digital patient feedback platform on quality of delivery care in India

Opening Academic Year RGHI

25 September 2025	ESHPM	Equitable partnerships in global health research
27 September 2024	ESHPM	A Decade of National Health Insurance in Indonesia
12 September 2023	ESHPM	Global health work across the Erasmus University Rotterdam



Funding for academic excellence

RGHI members around the world have successfully acquired funding to support international partnerships. This fundings comes from among others the D.P. Hoijer Fonds, United Nations Development Programme, National Health and Care Institute, NWO Merian Fund, Indonesian Government and the Erasmus Trustfonds. Below we highlight a selection of individual talent grants acquired by RGHI members.



Robert Borst has been awarded an NWO Veni grant for his research on healthcare collaboration between the Netherlands and the Caribbean parts of the Kingdom. His project examines how historical ties, mutual distrust, and misunderstandings affect healthcare quality and explores ways to improve cooperation. In addition, he founded the Caribbean Health Policy & Governance network in 2024.



Igna Bonfrer has received an NWO Vidi grant of up to €850,000 to study the impact of declining development aid on healthcare financing across Africa. Her project investigates how African governments adapt their healthcare systems and what these changes mean for people living with chronic illnesses, who represent around half of all patients. Using data from nearly 20,000 individuals, Igna will develop new methods to measure chronic care performance.



Carlos Riumallo Herl has been awarded an NWO Vidi grant of up to €850,000 to explore why many people do not participate in preventive screening for cardiovascular diseases despite the potential health benefits. The research focuses on how individuals perceive health risks and disease severity, and how these beliefs influence their healthcare decisions.

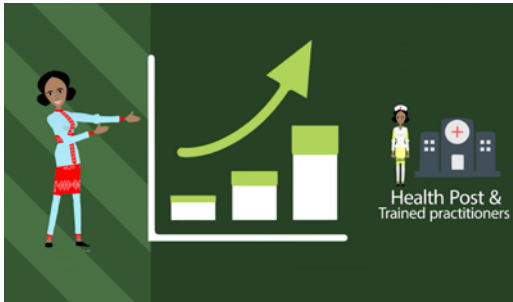
Valorization and policy impact

RGHI members are actively involved in valorization of their work through policy advice, animations, documentaries and policy briefs. For example:

Social protection programs in Ethiopia



Impact of the Ethiopian health extension programme and health development army on maternal mortality



Sharing insights with a wider audience

RGHI Scientific communicator and PhD candidate Ninza Mwenesongole - van Houte runs “The Global Health Purse” blog on LinkedIn. She offers evidence-based and accessible commentary and research on the evolving landscape of health financing in low- and middle-income countries. Her blog aims to make complex discussions more approachable for researchers, policymakers, practitioners, and all interested audiences. [Find Ninza’s blog.](#)



Ninza Mwenesongole - van Houte
PhD Candidate / RGHI Lead





Dr. Yubraj Acharya
Associate Professor of Health Policy and Administration and Demography
Pennsylvania State University, U.S.

“ What I found the most striking and refreshing about RGHI is its sincerity toward promoting global equity. During my year here in Rotterdam, I saw conscious efforts to ensure that knowledge about health systems and policies in LMICs was truly co-created and co-owned and to counter prevalent hierarchies in access to information and resources between high-income and LMIC researchers and institutions. ”



Prof. Winnie Yip
Professor of the Practice of Global Health Policy and Economics
Harvard T.H. Chan School of Public Health

“ As Professor at Harvard University, I am familiar with the outstanding work of the Rotterdam Global Health Initiative. I have had the pleasure to work and interact with several of the colleagues in Rotterdam. The focus of the RGHI towards strengthening health care systems in low- and middle-income countries through scientific evaluations distinguishes them from other Global Health groups. The robustness of their research and interdisciplinary approach adds to their unique position in the field. The scientific discipline of global health research and teaching as well as the society at large greatly benefits from their work. ”



Amalia Hasnida PhD
Member RGHI MT

“ At RGHI, early-career researchers are empowered to collaborate with international partners across diverse disciplines, promoting impact-driven research. ”



Photo credit: Robert Kroonen

“ As researcher from a low-income country, RGHI offers me opportunities for mutual learning and skill development, as well as a support system enabling me to make a meaningful scientific contribution. ”

Vivienne Sserumaga Mulema
PhD candidate / RGHI Lead



Progress through partnership

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