

# Evaluation 2014 Be-Cause Health

Final report

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## Acronyms

BCH	Be-cause health
BTC	Belgian Technical Cooperation
Ch.	Chapter
CNCD	Chronic non-communicable diseases
COP	Community of Practice
DAC	Development Assistance Committee
DG-D	Directorate-General for Development Cooperation and Humanitarian Aid
DGDC	Directorate-General for Development Cooperation (former name of DG-D)
DRC	Democratic Republic of Congo
ECTMIH	European Conference on Tropical Medicine and International Health
EU	European Union
FABAC	Forum des Acteurs Belges Actifs en RD Congo
FESTMIH	Federation of European Societies for Tropical Medicine and International Health
FTE	Full-time equivalent
GA	General Assembly
GRAPPA-Santé	Groupe de recherche d'appui à la politique en santé
HC4ALL	Health Care for All
HHA	Harmonization for Health in Africa
HRH	Human Resources for Health
HW4All	Health Workers for All
ITM	Institute of Tropical Medicine
LogFrame	Logical Framework
MASMUT	(Belgian Platform for) Micro Assurance in Health / Health Mutualities
MMI	Medicus Mundi International
MSF	Médecins Sans Frontières (Doctors Without Borders)
OESO	Organisation for Economic Co-operation and Development
PIC	Programme indicative de coopération
PCC	People Centred Care
POPDEV	(Belgian Platform for) Population and Development
QUAMED	Quality Medicines for All
SC	Steering Committee
SDH	Social Determinants of Health
SHP	Social Health Protection
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
UNFPA	United Nations Population Fund
WG	Working group
WHA	World Health Assembly
WHO	World Health Organisation

## Executive summary

*This second external evaluation of Be-Cause Health (BCH) has been done 5 years after the first evaluation exercise. In the period between both evaluations, BCH saw a substantial expansion of its activities and has consolidated the mechanisms of its internal functioning. At the same time, evolutions took place in the international context of development aid and global health. The evaluation aimed at assessing to what degree these internal and external developments have impacted the mission, goals and role of the platform and whether the mechanisms of internal functioning could still be improved. More in particular, the evaluation analysed the relevance, efficiency and effectiveness of BCH and also looked at a number of specific organisational aspects. The main findings of this analysis are summarised below:*

**Relevance.** *The fact that BCH still exists and keeps expanding 10 years after its creation, while it mainly depends on the voluntary contributions of its members, is perhaps the best indicator for the fact that it responds to an existing need. The main reasons why organisations and individuals join the platform are to be better informed about evolutions in the sector, to identify opportunities for networking and collaboration with others and to be able to exchange knowledge and information. Through the activities it organises and the networking environment it creates, BCH has to a large degree been capable to adequately satisfy these expectations.*

*One of the central questions of the evaluation was whether the existing mission and vision of BCH remain relevant in view of the recent expansion and on-going external evolutions or whether an update would be required. It was found that the core elements of vision and mission are still considered relevant by a majority of members and correspond relatively well with how BCH is functioning in practice. The formulation of the mission could however be further improved to make it even more consistent with reality. Furthermore, more reflection might be needed on the role BCH wants to play in the South. As a platform of Belgian actors, BCH has in principle no mandate to directly intervene in the South. Establishing linkages with the South is therefore best done through its member organisations, many of which are operational in the field. Being involved as a Belgian platform in the (co-)organisation of seminars in the South should remain possible, but the role of BCH should be supportive and facilitating rather than implementing. Substitution should be avoided.*

*A majority of members consider it important that platform members subscribe a (minimal) common vision and most think that the Health Care for All (HC4All) declaration is still a good basis for the vision of BCH. A weakness of the present vision is however that it is too long and complex to be useful as a unifying platform document. Formulating a shorter and powerful vision statement would therefore be the first challenge. A further reflection on the need to integrate new international concepts and insights in the vision statement could be an interesting exercise, but is not seen as a priority at present.*

**Effectiveness.** *Over the past 5 years, BCH has made significant progress with regard to all four expected results listed in its logical framework: (1) a representative and well-functioning platform; (2) influence on policy-making; (3) exchange of information and knowledge, and (4) improved complementarity and collaboration.*

*The platform is functioning well, keeps growing and can claim a relatively strong degree of representativeness for the Belgian sector of international health and development. There are 10 working groups, around 50 member organisations and more than 100 individual members; the annual seminars attract more than 300 visitors per year; the reflection process that followed the 2009 external evaluation led to the formulation of the internal regulations that consolidate several aspects of the internal functioning of BCH. Communication mechanisms have been restructured and improved and are mostly positively evaluated by members. Coordination and/or collaboration with other Belgian networking initiatives (e.g. MASMUT, PopDev, ...) and with some international networks (FESTMIH, MMI) has been strengthened. A number of concrete outputs have been produced (e.g., the charters, a large number of workshops and seminars, inputs to the national and international policy debate, ...) that allow member organisations to increase the effectiveness of their own activities and operations.*

Despite these many achievements, a number of challenges for the future remain. For example, having a real influence on policy-making remains difficult; several Belgian actors with linkages to international health (hospitals, individual health experts, ..) are not member of the platform yet; external communication by the WGs remains weak at present and possibilities for cooperation with international networks have not fully been explored.

**Efficiency.** BCH is efficiently managed and coordinated by the secretariat and steering committee. Communication and overhead costs are low compared to results produced. Positive is the fact that activities and budget are managed in a relatively flexible way, which allows the platform to develop in an organic way and to respond to new opportunities and ideas when they arise. The dynamics of the WGs differ from one WG to another and also vary over time. WGs that invested in planning and defining priorities (something that not all WGs do) considered this a useful exercise that positively influenced the WG dynamics and functioning afterwards.

**Specific organisational aspects.** The evaluation analysed the following aspects related to the internal functioning and organisation of the platform: membership, structure, dealing with representativeness in advocacy, the statute of BCH and visibility. For several of these aspects important steps forward have been made during the past few years. E.g., in 2011 different membership categories have been introduced (voting v. observing, organisational v. individual members), allowing a better management of membership. The internal regulations published in January 2014 clarify several aspects of internal functioning that were previously unclear, such the characteristics of the different membership categories; tasks and responsibilities of the different actors in the platform; the process of WG creation and management and the procedure to follow when engaging in advocacy.

Some inconsistencies and ambiguities however remain. The internal regulations (e.g. on advocacy and policy advice, on membership, ...) are not always consistent and clear and do not always correspond with how the platform is operating in practice. The membership system is not optimal yet, e.g. it is not very logical that several actors that are amongst the most active members of BCH do on paper only have an observer status. Another concern should be the growing gap between those who are active in the WGs and those who are registered as members on the mailing list of BCH. According to some members, the growing number of WGs in BCH (presently 10) is a problem, as it could lead to fragmentation and duplication of efforts. The evaluation however found that it is better not to limit the number of WGs, but to stimulate inter-WG exchange and improve external WG-communication in order to avoid fragmentation. Also internal feedback on achievements and results could be further improved.

The statute of BCH, as a 'project' in the DGD-ITM framework agreement, has mainly produced advantages so far (such as institutional support from the ITM, security of financing, ...). The strong institutional dependency on the ITM and financial dependency on DG-D might however become risk factors for sustainability in the longer run. Feasible alternatives are however not easy to find.

**Conclusion and recommendations.** In many respects, BCH can be seen as a unique and successful networking experience, both at national and international level. Over the past 5 years, the platform has managed to keep growing and to consolidate itself. One of the main challenges for the coming years will be to keep this expanding and dispersing network activity somehow together, as growing fragmentation could weaken the internal and external image as well as the overall dynamics of the platform. Based on the findings of the evaluation, the following recommendations have been formulated:

- (1) To review the mission text so that it better reflects the actual functioning of BCH;
- (2) To formulate a short, powerful vision statement and value statement;
- (3) To establish a checklist of criteria to be used when (co-)organising seminars in the South;
- (4) To revise the existing membership categories, criteria and related advantages;
- (5) Not to limit the number of WGs but to further stimulate inter-WG exchange and cooperation;
- (6) To improve communication between the WGs and the platform as a whole;
- (7) To further clarify the guidelines for advocacy and representativeness;
- (8) To improve internal communication on achievements and results;
- (9) To increase the external visibility of the platform (incl. documenting and sharing best practices and lessons learned);
- (10) To further invest in establishing linkages with networks at international level;
- (11) To keep looking for additional possibilities for external funding and/or co-financing of activities;
- (12) To prepare and implement an action plan for the follow-up of the recommendations of this evaluation.

# 1. INTRODUCTION

## 1.1 Introduction

Be-Cause Health (BCH) is a Belgian multi-actor platform, founded in October 2004, that brings together individuals and organisations involved and interested in international health and healthcare. Since its creation, BCH has received financial support from DG-D through its inclusion as a project in the framework agreement signed between DG-D and the Institute of Tropical Medicine (ITM) in Antwerp. The ITM also hosts the secretariat of BCH.

A first external evaluation of BCH has been done in 2009. This evaluation resulted in a series of recommendations at operational and institutional level, which to a large extent have been implemented in the years that followed.

The present evaluation follows 5 years after the first one. The terms of reference of this evaluation have been prepared by the BCH steering committee. One of the main expectations towards the evaluation is that it would contribute to the reflection on the relevance of the vision, mission and role of BCH, in view of the recent expansion of the platform and the evolutions that are taking place in the international context of development aid and global health.

## 1.2. Evaluation scope and objectives

The evaluation covers the period 2010 - 2014. The objectives of the evaluation are formulated as follows in the Terms of Reference (ToR)<sup>1</sup>:

- To assess whether internal and external developments have impacted the mission and goals of the platform;
- To review the role of the platform in the context of the Belgian and international Development Cooperation in the health sector in the South;
- To examine the present functioning of the platform (what has worked and what could be improved);
- To examine the effect of the expansion of the last few years.

The ToR furthermore list a number of evaluation questions, linked to the OESO-DAC evaluation criteria of relevance, efficiency and effectiveness. There are also some evaluation questions related to specific aspects of the internal organisation of the platform. The evaluation questions will not be repeated here, but will briefly be presented at the start of each corresponding chapter.

## 1.3. Methodology

The evaluation has been implemented between May and October 2014, according to the methodological proposal that had previously been prepared by the external consultant. This methodological proposal outlines the different steps of the evaluation process and furthermore lists a number of **guiding principles** for the evaluation approach, which can be summarised as follows:

- **An approach adapted to the characteristics of a platform.** A network or platform differs in various aspects from a 'traditional' organization, in the sense that it largely operates in an informal way and for much of its activities and results depends on the voluntary contributions of independent members. Success of the network cannot simply be analysed in terms of how well

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<sup>1</sup> See annex 8.

everything has been executed as planned, but depends on how much the network has been able to stimulate the organic and dynamic process of networking and how this has led to concrete results. These specific characteristics of a network have been taken into account both in the evaluation approach and in the formulation of recommendations:

- ✳ In terms of the **evaluation approach**, we made implicitly use of a network model based on 'generic network qualities'<sup>2</sup> when preparing evaluation tools such as surveys or interview guidelines. Furthermore, a combination of different data collection methods was used, to give as many as possible BCH members the chance to participate in the evaluation process and to be able to take their different expectations and points of view into account. Some of these data collection methods also stimulated joint reflection and discussion amongst platform participants.
- ✳ In the **formulation of recommendations** (Ch. 8) the focus will be on recommendations of which we believe they can further boost the dynamics of the platform, without making internal processes too stringent and without making unrealistic demands to network members who contribute to the platform on a voluntary basis.
- **The evaluation as an input for learning and improving.** Investing in an evaluation only makes sense if the results of it can contribute to the process of internal learning and improving. Moreover, the evaluation itself can already be set up in such a way that it becomes an integral part of the learning process. Learning has been stimulated by including both backward looking and forward looking questions in the surveys and interviews, and by having much attention for the identification and analysis of explaining factors. Furthermore, there has been a reflection session with the steering committee and with WG-presidents halfway the evaluation process. In October 2014, on the occasion of the celebration of the 10<sup>th</sup> anniversary of BCH, there was a broader reflection moment involving a larger group of members of BCH.
- **To build further on the results of the previous evaluation.**

### Steps in the evaluation process

The evaluation took off with a **start-up meeting** with the staff of the BCH secretariat, the president of BCH, a representative of DGD and the external evaluator. During this meeting, expectations for the evaluation were clarified, the methodological proposal was discussed and a number of decisions were taken regarding the practical organisation of the evaluation (timing, persons to be interviewed, etc.). There was also a first reflection on some of the key evaluation questions.

The start-up meeting was followed by the phase of actual data collection. A combination of different methods of data collection has been used:

- **Desktop review:** a number of key documents were analysed at the start of the evaluation process, including the BCH website, the 2009 evaluation report, the BCH internal regulations and annual activity reports. Additional documents have been analysed as the process advanced, in function of newly appearing information needs. The principal documents analysed are listed in annex 2.
- **Members' survey:** an extensive online survey, available in French and Dutch, has been sent to all members (voting and observing) of BCH. The survey focussed on the results, the role as well as the internal functioning of BCH. In total, 247 members have been invited to participate in the survey; of which 56 finally completed the questionnaire (response rate of 23%). This is considered a good result, taking into account that the member list also includes many names of

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<sup>2</sup> Generic network qualities: factors that are known to influence and determine the quality of the network dynamics

actors that are only marginally involved in BCH. Conducting the members survey gave a useful insight in the (diverse) opinions of the broader group of platform members.

- **Interviews:** compared to the 2009 external evaluation, the present evaluation has given higher priority to data collection tools that allow involving larger groups of members (the members survey, Delphi survey, ...), which implied that the number of interviews had to be kept rather limited. Still, these interviews have been important, both from an informative point of view and because they allowed an in-depth exploration of specific aspects related to the functioning of the platform. In total, 13 persons have been interviewed<sup>3</sup>, including the staff of the BCH secretariat, the BCH president, members and former members and representatives of external networks with which BCH is cooperating. The interviews had a semi-structured character.
- **Delphi survey:** the Delphi technique is a survey method that is entirely organised via email. In a number of consecutive rounds, short surveys consisting of open questions are sent to the participants by mail. From round 2 onwards, participants also receive a compilation of the results of previous rounds and new survey questions might build further on these results. Through this iterative process it is possible to gradually build up conclusions that are approved by all participants. In the evaluation, a Delphi survey has been done with 5 different working groups of BCH<sup>4</sup>. There were 3 survey rounds. Questions mainly focused on the dynamics of the WGs as such and on the relationship between the WGs and BCH. In the last survey round, a number of questions related to the overall structure and functioning of BCH have been included. The response to the Delphi survey varied from one WG to another and from one survey round to another. In total, 52 different responses have been received (spread over 5 WGs and 3 survey rounds), which allowed getting a good insight in the dynamics and success factors of the WGs.
- **Reflection sessions with the Steering Committee and with WG-presidents:** on July 10<sup>th</sup> 2014, during a SC-meeting to which also the presidents of the WGs had been invited, a participatory reflection took place, which focussed on progress made with regard to the recommendations of the 2009 evaluation. Following the session with the SC, there was a second reflection session with 6 WG-presidents. Timelines were drawn of the history of each WG, which then formed the basis for a joint reflection on WG dynamics.
- **Fishbowl discussion:** the fishbowl discussion was organised on the occasion of the celebration of the 10<sup>th</sup> anniversary of BCH, on 16<sup>th</sup> October 2014. Although this anniversary celebration was in the first place a BCH event rather than an evaluation activity, the decision was taken to make a link with the on-going evaluation process. At the start of the event, the external consultant presented some preliminary findings of the evaluation. A number of 'provocative statements' regarding the future development BCH were then presented to the participants, who discussed these statements in 3 parallel working groups using the fishbowl technique. The principal results of the fishbowl discussions were briefly presented and discussed in a concluding plenary session.

The combination of these data collection methods allowed involving different internal and external stakeholders at various moments in the evaluation process. An overview is given in Table 1 (next page).

The final results of the evaluation are presented in this report. A draft version of the report has been presented to the steering committee for comments and validation. Comments received have been integrated in the final version of the report. In February 2015, the main findings, conclusions and recommendations of the evaluation have been presented to the BCH General Assembly.

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<sup>3</sup> The list of interviewees has been discussed during the start-up meeting.

<sup>4</sup> The following WGs have been included in the Delphi survey: Access to Quality Medicines, Human Resources for Health, Chronic Non-communicable Diseases, Social Determinants of Health, Sexual and Reproductive Health and Rights. These 5 WGs have been selected during the start-up meeting.

	Start-up meeting	Members survey	Delphi survey	Interviews	Refection session	Fishbowl discussion
(all) BCH members		X		X		X
BCH secretariat	X	X		X	X	X
BCH president	X	X	X	X	X	X
DG-D	X	X	X	X	X	X
Steering Comm.		X			X	X
WG presidents		X	X	X	X	X
WG members		X	X	X		X
External actors				X		X

Table 1: Stakeholders reached through the different data collection methods

#### 1.4. Contents of this report

The remainder of this report consists of 7 chapters. Chapter 2 contains a brief description of the activities and structure of BCH, information that will be used as reference material in the chapters that follow. The actual evaluation findings and analysis will then be presented in the chapters 3 to 6, following the different evaluation criteria listed in the ToR: relevance (Ch. 3), effectiveness (Ch. 4), efficiency (Ch. 5) and specific organisational aspects (Ch. 6). The conclusions of the evaluation will be presented in Ch. 7, the recommendations in Ch. 8.

The detailed evaluation agenda and the list of documents consulted are included in the annexes 1 and 2. In the annexes 3 to 6, the detailed results of different data collection methods will be presented: the results of the members survey (annex 3), the Delphi survey (annexes 4 and 5) and the reflection session with the SC (annex 6). A detailed summary of the activities implemented by BCH in the period 2010 – 2012 (copied from the 2012 progress report) is presented in annex 7. Finally, annex 8 contains the terms of reference of the evaluation.

## 2. SHORT DESCRIPTION OF BE-CAUSE HEALTH

*This chapter provides a short overview of the antecedents and main characteristics of BCH. It is meant as an introduction for readers less familiar with BCH, and as a refresher for those more actively involved in the platform. The information provided in this chapter will be used as a point of reference for the analysis that will be presented in the chapters that follow.*

### 2.1. History and evolution of BCH

#### Antecedents: the period 2004 – 2009

BCH had its first General Assembly on October 11<sup>th</sup> 2004, which also became the moment on which the platform was officially launched. The idea of creating a platform of Belgian actors involved in international health and health care already existed longer. Especially the Health Care for All (HC4All) conference, in October 2001, had fostered the idea of creating a nationwide network. This conference, organised by the Belgian Development Cooperation and the ITM of Antwerp on the occasion of the Belgian presidency of the European Union, had been a big success. It had been attended by Ministers and Health Directors of the 15 African partners countries of Belgium, as well as by representatives of the EU, EU member states, international bodies, NGOs, the pharmaceutical industry, researchers and experts in international health. At the end of this conference the HC4All declaration – prepared by a ministerial working group – has been ratified and signed by the participants. Until now, the HC4All declaration forms the basis for the vision of BCH (see Ch. 3.3).

From the beginning, the ITM has been found willing to support the new platform. Be-Cause Health was included as a project in the on-going framework agreement (2003 – 2007) with DG-D<sup>5</sup>. This made funds available for organising networking activities such as an annual seminar. The ITM also agreed to host the secretariat of BCH. This situation remains unchanged till now. BCH still gets the majority of its funding from DG-D through the ITM-DG-D framework agreement<sup>6</sup> and the BCH secretariat is still hosted by the ITM.

2005 was the first year of actual operation of BCH. The steering committee and general assembly started to have regular meetings, the website was launched and the BCH secretariat started to diffuse sector information to those who were on the platform mailing list. At the end of 2005, the first BCH annual seminar was organised, on Human Resources for Health. In 2006, the first two working groups were created: the working group ‘Human Resources for Health’ (which would give follow-up to the results of the annual seminar) and the working group ‘Access to quality Medicines’.

2007 has been a busy year for BCH. On the demand of DG-D, BCH prepared a concept note for the new DG-D policy paper on health and healthcare. The preparation of this concept note implied a long and intensive process of joint reflection and member consultations. Also in 2007, the medicines working group had started working on a ‘Charter for the quality of medicines, vaccines, diagnostic products and small medical material’<sup>7</sup>. The charter was finalised in 2008 and was signed by 20 organisations. Till now it is considered one of the major achievements of BCH in terms of outputs.

In 2009, the year in which the first external evaluation took place, BCH was reaching about 200 mailing addresses linked to around 50 organisations. Three new working groups had been created in 2009 (the WGs ‘Sexual and Reproductive Health and Rights’, ‘People Centred Care’ and ‘Democratic Republic of Congo’), bringing the total number of working groups to 5.

<sup>5</sup> This was possible because the framework agreement foresaw a budget for ‘network activities’.

<sup>6</sup> The present framework agreement covers the period 2014 – 2016.

<sup>7</sup> In the remainder of this report referred to as the ‘medicines charter’

## Major evolutions between 2010 and 2014

The period between 2010 and 2014 has been characterised by two major evolutions:

1. There has been a **substantial expansion** of the platform, not only in terms of working groups (the number of WGs has doubled from 5 to 10) but also in terms of members, activities, the expansion to actions in the South, the intensification of external networking, etc.
2. Internally, 2010-2014 has been a period of further **consolidation and streamlining of the functioning of the platform**.

Most of these evolutions will be analysed in more detail in the following chapters, especially in the chapter on effectiveness (Ch. 4). Below, we just give a short descriptive overview of the major evolutions that took place:

### A) EXPANSION OF BCH

- **Members:** as mentioned above BCH reached around 200 mailing addresses in 2009. At that time, no distinction was made between different membership categories. The mailing list included both actors that were very active in the platform and others who had maybe just participated in a seminar. The mailing list has been entirely renewed from October 2011 onwards. By April 2014, it contained 374 email addresses, divided over 4 mailing lists<sup>8</sup> (voting members, observing members, individual members and actors who do not consider themselves member but wish to receive the newsletter 'Be-Cause Health Matters'). Between October 2011 and now, there have been new member subscriptions every single month (with an average of 12 subscriptions per month in 2013), which indicates that the number of members continues to grow.
- **Working groups and activities:** apart from the WGs that already existed in 2006 ('Human Resources for Health', 'Access to Quality Medicines', 'Sexual and Reproductive Health and Rights', 'People Centred Care' and 'Democratic Republic of Congo'), 5 new WGs have been created between 2010 and 2014:
  - ✳ Social health protection (2010, with MASMUT);
  - ✳ HIV/Aids (2010);
  - ✳ Social determinants of health (2011);
  - ✳ Chronic non-communicable diseases (2012);
  - ✳ Addressing complexity (2014).

As the WGs that existed in 2009 continue to function today, there are now 10 WGs in total. The increase in the number of WGs automatically led to an expansion of the number of activities organised in the framework of BCH.

- **Activities in the South:** till 2009, BCH had not been directly present in the South (apart from a meeting of Belgian NGOs in Kinshasa organised by the WG-DRC). From 2011 onwards, BCH started to co-organise regional seminars in African countries, each time with the involvement of different WGs. There have been 3 regional seminars so far: in Rwanda (with the Ministry of Health of Rwanda, the 'Ecole Santé Publique' of Kigali and BTC), in DR Congo (with the ministry of health of the DRC, BTC and Ambabel) and in Senegal (with, amongst others, the Community of Practice on Health Service Delivery and the HHA network).
- **External networking:** before 2010, there had been exploratory contacts with a number of other Belgian platforms and networks that were working on issues related to international health and health care, e.g., MASMUT, the WG on HIV/Aids coordinated by Sensoa and the Belgian platform on Population and Development (PopDev). With all these platforms coordination has been strengthened; some have been integrated in BCH. MASMUT contributed to the organisation of

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<sup>8</sup> See chapter 4.1.1. for the exact numbers of members on each mailing list and chapter 6.1. for a discussion on the different membership categories.

the BCH annual seminars of 2009 and 2010 and had a number of joint meetings with the BCH-WG on social health protection. In 2010, the existing WG on HIV/Aids was integrated in the new BCH-WG on the same topic. In 2012, PopDev partially merged with the WG on SRHR<sup>9</sup>. This gradual integration of existing networking initiatives in BCH leads to more coherence in the Belgian landscape of international health and makes that duplications of efforts can be avoided.

At international level BCH became more active in FESTMIH, the Federation of National Societies of Tropical Medicines and International Health<sup>10</sup>. The president of BCH became member of the board of FESTMIH. Linkages have also been strengthened with Medicus Mundi International (MMI). In 2013, the annual BCH seminar on complexity has been co-organised with MMI.

## **B) FURTHER CONSOLIDATION AND STREAMLINING OF THE FUNCTIONING OF THE PLATFORM**

Following the 2009 external evaluation, the SC discussed the main recommendations and their implications for change, based on which ‘follow-up fiches’ have been developed per topic. This process led to elaboration of the BCH ‘**internal regulations**’, which were approved by the General Assembly in January 2014. The internal regulations describe and clarify several aspects of the internal functioning of the platform, including membership, the structure of the platform, the functioning of the SC, GA and WGs, tasks and responsibilities, communication mechanisms, etc. Amongst others, the following changes or clarifications have been made compared to the former way of internal functioning, all contributing to the further consolidation of the platform:

- A distinction is made between different membership categories: voting members, observing members and members in individual capacity;
- The guidelines for the functioning of WGs have been clarified. WGs can now also make use of standard formats for planning and reporting;
- The tasks and responsibilities of the secretariat and the SC have been clarified;
- Rules for advocacy and representativeness have been established;
- The website has been renewed (in 2011 and 2012) and the mechanisms of communication at platform level have been revised. The former system of sending mails to members whenever there was something to announce, was replaced by the introduction of two types of newsletters: the ‘Monthly Update’ with news and announcements, and ‘Be-Cause Health Matters’, a bi- or tri-annual newsletter that focuses on a specific theme or event.

## **2.2. Internal structure**

### **General Assembly**

The general assembly (GA) is open to all voting and observing members of BCH. It meets once or twice a year<sup>11</sup> and is the highest decision-making body in BCH. The GA ratifies strategic decisions and procedures proposed by the SC and elects the president and SC members.

### **Steering committee**

The steering committee (SC) is responsible for and supervises the day-to-day activities of BCH. It presents strategic proposals to the GA regarding the platform’s priorities, internal structure, annual planning and budget, etc. The SC meets 4 to 6 times a year; one of these meetings is a joint meeting with the presidents of the working groups. The SC is composed of 6 to 11 members, including the secretary of BCH, the BCH president, a vice-president and a treasurer. SC-members are elected by the GA and have mandate of 2 years, twice renewable. The BCH president has a 4-year mandate,

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<sup>9</sup> PopDev is still existing as a separate platform, but organises its meetings jointly with the SRHR-WG.

<sup>10</sup> See also chapter 4.1.4.

<sup>11</sup> In case two GAs are organised in the same year, one is usually a ‘formal’ GA, whereas the other meeting has a more thematic focus.

once renewable. Care is taken to have a balanced composition of the SC in terms of language, gender, and representation of the different types of member organisations, so that the SC can be considered representative for the platform as a whole.

### BCH secretariat

The BCH secretariat is responsible for the day-to-day coordination of the activities of the platform. Responsibilities of the secretariat include: general network communication (website, newsletters, other mailings, ...), the preparation and follow-up of SC- and GA-meetings, the practical organisation of annual seminars and other network events, the preparation of the annual planning and progress reports, etc. The secretariat also gives guidance and support to the WGs if needed. At present, the BCH secretariat exists of a network secretary (40% FTE) and an administrative support staff (30% FTE), who are selected and contracted by the ITM in Antwerp. The ITM also physically hosts the BCH secretariat.

### Working groups

Working groups can be created by each member of BCH, as long as different members are interested to come together and join forces around a specific topic related to the mission of BCH. The creation of new working groups has to be approved by the Steering Committee.

As mentioned before, the number of BCH WGs has risen to 10 in 2014. Apart from these 'structural' working groups, several ad hoc working groups have existed over the years, mainly in view of the preparation of the annual seminars. Some of these ad hoc WGs decided to continue after the seminar was finished and thus became structural WGs of BCH. WGs can also be closed in case a majority of members agree with it. Till now, this has never been the case. Some WGs have consulted their members on an eventual closure at moments when the WG dynamics were slowing down and/or when the 'raison d'être' of the WG was no longer clear, but in all cases members opted for a continuation of the WG, sometimes with slightly modified objectives<sup>12</sup>.

The WGs come together on a regular basis, usually between 3 and 6 times a year. Each WG has a chairperson or president; some also have a secretary and/or vice-president. WGs can receive small amounts of financing as well as guidance and logistical support from the BCH secretariat, e.g. for the organisation of an event, but apart from this function relatively autonomously. Each year, WGs are expected to present a planning and report to the BCH secretariat and to give a brief presentation of their activities to the GA.

## 2.3. Activities

With the expansion of BCH, it becomes more difficult to give a comprehensive overview of the activities organised under the umbrella of the platform. Hereafter, we will just give a short description of the main *types* of activities taking place. A distinction can be made between 'general activities', organised at overall platform level, and activities implemented by the WGs:

### General activities

The following activities are organised at platform level (coordinated by the secretariat and/or SC):

- **Seminars and events**, including the annual seminars, meetings of the GA and other events such as the reflection day organised on the occasion of the 10<sup>th</sup> anniversary of BCH;

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<sup>12</sup> For instance, in case of the medicines WG it was not clear whether the WG had to continue to exist after QUAMED had been created, as a spin-off of the WG, to give further follow-up to the implementation of the medicines charter. WG members however decided to continue with the WG, be it at a lower pace and now mainly focussing on the exchange of information and experiences.

- **Communication and diffusion of information:** through the BCH website, the ‘monthly updates’ with news, announcements and linkages to relevant background information, the bi- or tri-annual newsletter ‘Be-Cause Health Matters’ and additional mails on activities and events that were not included in the newsletters;
- **The (co-)organisation of regional seminars in the South and the participation in international seminars** (e.g. ECTMIH conferences): although contributions to these seminars are mainly prepared through the WGs, the secretariat and SC play a coordinating role;
- **Advocacy.** Also advocacy mainly takes place through the WGs (see below). Some advocacy is however taken up or coordinated by the secretariat/SC. For example: the organisation of meetings with each new minister of development cooperation to present the platform and its concerns; in 2009 a letter – with a background note and concrete proposals for policy formulation – was presented to the minister of development cooperation on the occasion of the upcoming Belgian presidency of the EU, with contributions from different BCH WGs.
- **The publication and diffusion of platform-wide technical documents:** some important technical products prepared by one or several WGs are brought to the level of the platform with the support of the BCH secretariat and SC, e.g. the charters on medicines and human resources, or the note on Universal Health Coverage.

### Activities of the working groups

The activities of the WGs vary from one WG to another, depending on the objectives of the WG and the phase of life of the WG (e.g. new WGs usually need some time to define their priorities and orientation. The focus is then mainly on internal reflection and exchange. In later stages, most WG start to work towards concrete outputs – a charter, an event, a position paper, .... It is not uncommon to see a certain slowdown of the WG dynamics after this output has been produced, till the WG finds a new priority to work on).

Virtually all WGs invest in the **exchange of information, experiences and best practices** among their members. Information exchange mainly takes place during the WG meetings. Most WGs have also created a virtual space, on the BCH website or using other tools such as ‘dropbox’, where relevant documents and outputs are brought together. In case of the WG CNCD, much effort has been done to involve southern actors (especially experts on diabetes in the DRC) in the information exchange. Some WGs occasionally invite external speakers to their meetings to further strengthen the process of learning and exchange.

Other activities led by the WGs include: involvement in the preparation of the annual or regional seminars; the organisation of (smaller) seminars and workshops; presentations at international conferences; the preparation of the charters (WGs on medicines and HRH); follow-up of the implementation of the charters (WG on HRH); advocacy and the formulation of position statements; sensitisation; civil society strengthening (WG on DRC); etc.

In recent years, there has been an increase in the number of joint meetings organised between two or more WGs.

## 3. RELEVANCE

In the ToR, the following evaluation questions are formulated with regard to ‘relevance’:

- Does the functioning of BCH fulfil the needs of its members and observers, specifically DGD?
- Are the activities and outputs consistent with the mission, objectives and the HC4All declaration?
- Are the mission, objectives and the HC4All declaration still relevant or is an update required? Are the basic principles of the platform explicit enough? What are those principles; what is missing?
- Has BCH made a difference/change to health policies and interventions of the Belgian development cooperation?

The second and third question deal with the mission and vision of BCH. The relevance of the mission, including its consistency with existing activities and outputs, will be discussed in Ch. 3.1; the vision in Ch. 3.2. Chapter 3.3 will then look at the correspondence with the needs and expectations of members of the platform. The last evaluation question is an effectiveness rather than a relevance question and will mainly be dealt with in Ch. 4 on effectiveness. A brief analysis of the relevance of BCH for Belgian policy formulation and implementation will be integrated in the analysis of the mission of BCH (Ch. 3.1).

### 3.1. The mission and role of Be-Cause Health

**Definition:** A **mission statement** is a concise description of an organisation’s core business and purpose. It answers the questions: what are we doing, how, for whom and why? In some cases, the mission statement also lists the principle values the organisation is standing for.

BCH doesn’t have ‘mission statement’ in the strict sense of the word (i.e. a document or text called the ‘mission of the platform’). However, all elements of what would be the mission are described on the BCH website under the headers ‘who are we’ and ‘goal’: see box 1.

#### Box 1: The present mission of BCH (source: BCH website)

##### Who are we?

Be-cause health is an informal and pluralistic platform, which is open to institutional and individual members committed to the right to health for all.<sup>13</sup>

##### Why?

The main objective is the strengthening of the role and the effectiveness of all actors in the Belgian development cooperation to make quality health care accessible worldwide.

##### How?

We try to reach this through mutual agreement, coordination, and activities that go beyond organisations.

##### With whom?

Be-cause Health wants to build a bridge between the academic world and actors in the field.

##### With which results?

- A greater influence on international health policy.
- A better exchange and circulation of scientific and technical knowledge.
- An important progress in the field of complementarity, synergism and cooperation.
- A better anticipation to the needs identified by actors in the South.

<sup>13</sup> Followed by a short description of the types of actors participating in the platform

The website text (box 1) gives an accurate description of the nature of BCH, how it works and what it wants to achieve. The fact that BCH, 10 years after its creation, still exists and keeps growing, also shows that the existence of a multi-actor platform with such characteristics responds to a need and is thus relevant. The phrase ‘BCH wants to build a bridge between the academic world and actors in the field<sup>14</sup>’ is perhaps too limited, as in practice BCH is building bridges between many types of actors, in all directions. The section “who are we” gives in this respect a better idea of the different types actors brought together by the platform.

The relevance of the main objective, “to strengthen the role and the effectiveness of all actors in the Belgian development cooperation to make quality health care accessible worldwide”, is indisputable. This objective responds to a demand of members, corresponds with the principles of the HC4All declaration and should in principle also lead to a better response to the needs of final beneficiaries in the South.

In case it would be decided to also keep a common vision and to update the existing vision text (see Ch. 3.2 for an analysis of this issue), it would be logical that possible accent changes in the vision (e.g. some suggest to put ‘universal coverage’ at the centre of the vision, instead of ‘access to health care for all’) would also be taken over in the formulation of the main objective. This however doesn’t mean that the current objective would not be relevant.

According to the results of the members’ survey, a large majority of members believes that the present goal and expected results of BCH remain relevant: see figure 1, left graph. When asked whether the goal and expected results also correspond with what BCH is actually doing, answers are more diverse (right graph). Especially the first (“influence on international health policies”) and the fourth (“a better anticipation to needs expressed by actors in the South”) expected result give rise to discussion. Not only are not all members convinced that these results are fully in line with the present activities of the platform, there is also some discussion on what the role of BCH *should* be with regard to policy influencing and responding to the needs of the South. In the following paragraphs, the different expected results will be analysed separately. We will start with the two expected results that cause less debate and that therefore will be discussed together.

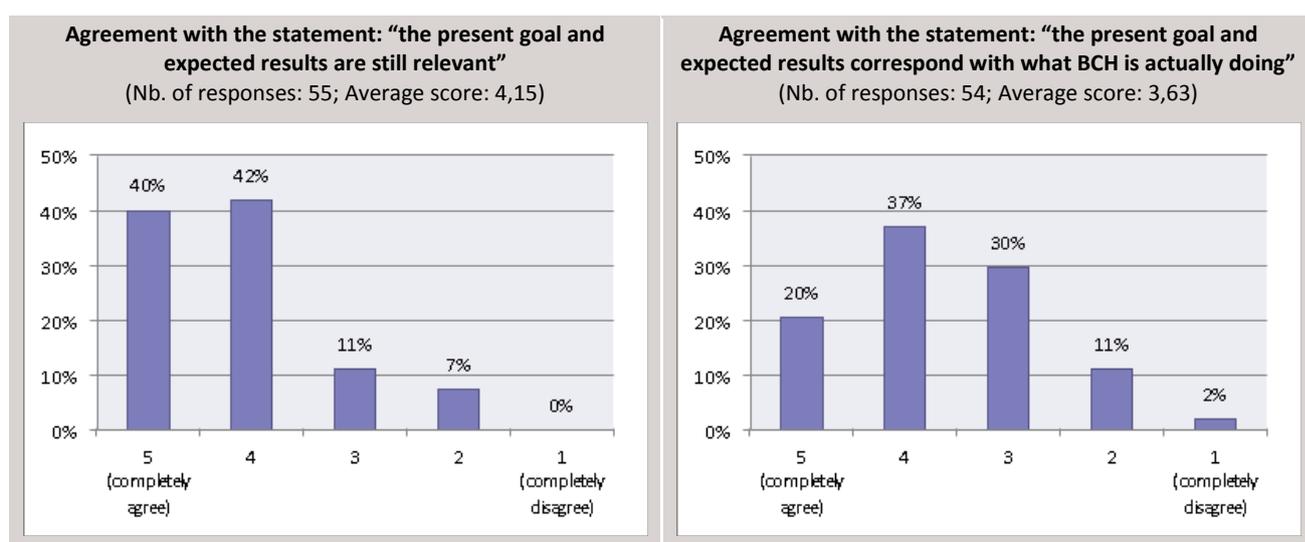


Figure 1. Opinion of BCH members on the relevance of the present goal and expected results  
(Source: members’ survey)

<sup>14</sup> “Actors present in the field” would be a more accurate description.

### 3.1.1. Expected results ‘a better exchange and circulation of scientific and technical knowledge’ and ‘an important progress in the field of complementarity, synergism and cooperation’

Creating opportunities for exchange of knowledge and information is at the core of many activities BCH is doing. Information exchange takes place at the seminars, during WG meetings, through the diffusion of information via the website and newsletters, etc. This coming together of actors and exchange of knowledge and information almost automatically leads to more synergy, complementarity and collaboration in the sector. By establishing linkages with external actors and networks, more complementarity and synergy can be created even beyond BCH.

There is no doubt that stimulating and facilitating exchange, complementarity and cooperation is highly relevant and that this is a role BCH should continue to play. It is also fully in line with the main goal of “strengthening the role and the effectiveness of all actors in the Belgian development cooperation to make quality health care accessible worldwide”.

Some BCH members rightly remark that the exchange of information is in practice not limited to ‘scientific and technical knowledge’ only (as now formulated in the expected result), but that the exchange of ideas, experiences, sector information, ... is equally important. A somewhat broader formulation would make this expected result more complete and better corresponding with reality.

### 3.1.2. Expected result ‘a greater influence on international health policy’

As such, having a greater influence on international health policies is a relevant objective: strong international policies can create much more impact in the field than what Belgian NGOs, public health schools and other development actors can achieve on their own. Policy influencing is also in line with the HC4All declaration, which emphasises the role of the international donor community in achieving the target of access to quality health care for all.

Although policy influencing is thus relevant in itself, the question can be asked whether it is a role that can/should be taken up by a multi-actor platform like BCH, and if yes, how BCH should take up this role. Opinions are very divided in this regard: whereas a small group of members believes that BCH should not do advocacy at all, others think that the present advocacy efforts do not go far enough yet.

#### IS POLICY-INFLUENCING A ROLE THAT SHOULD BE TAKEN UP BY BCH?

In practice, BCH has been engaged in policy-influencing – in the broad sense of the word<sup>15</sup> – almost since its creation. As described before, the platform has played an important role in the process leading to the preparation of the new DG-D policy note on health and health care in 2007. Most other DG-D policy notes related to international health that have been written in the years that followed<sup>16</sup> have been prepared in consultation with BCH, mainly through the WGs. The SRHR-WG has initially been established to give follow-up to the implementation of the DG-D policy note on SRHR. More concrete examples of the engagement of BCH in policy influencing will be given in Ch. 4.1.

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<sup>15</sup> Discussion is possible on what is to be meant by ‘policy-influencing’, ‘advocacy’, etc. In this document, we make no real distinction between ‘policy-influencing’ and ‘advocacy’, and see both terms in the broad sense of the word, i.e. including all types of activities that aim at participating in the policy debate and/or defending specific positions in this debate, whether or not specific lobby targets or objectives have been defined.

<sup>16</sup> The following DG-D policy notes related to health issues have been written since 2007: The right to health and healthcare + addendum; the Belgian Development Cooperation in the Field of Sexual and Reproductive Health and Rights (+a folder on this policy note in different languages), the Belgian contribution to the fight against HIV/AIDS worldwide, Belgium and the Millennium Development Goals (Policy note in view of the UN High Level Plenary Meeting, New York 20-22 September 2010).

Overall, policy influencing is mainly done through the working groups, and so far has mainly focused on Belgian development policies or on positions taken by the Belgian government in the international policy debate (e.g. the letter written to the minister of development cooperation in 2009 on the occasion of the upcoming Belgian presidency of the EU). Only in a few cases, policy influencing directly targeted international policies or institutions, e.g. in 2009, 2010 and 2011 policy positions were presented to the WHA in Geneva.

In a broader sense, BCH contributes to the international debate on health policies by making presentations at international conferences, or by organising reflection workshops and seminars to which government representatives are invited. Also the charters that have been prepared, on medicines and on human resources, can be seen as a form of policy influencing, as the aim of the charters is that both governments and organisations would change their policies accordingly.

Despite being involved in policy influencing, BCH is not a lobby platform in the strict sense of the word. Not all members are interested in advocacy and few members joined the platform mainly to be able to influence policy making (see Ch. 3.3). Some BCH members active in advocacy will rather make use of the bigger international networks in which they participate to influence international health policies than to expect this from BCH. From the results of the 2009 evaluation, it became clear that BCH members do also not give a mandate to the secretariat and/or SC to do advocacy in name of the platform (as is usually the case in a lobby network).

Rather than being a lobby platform, BCH is a network **providing a platform** to Belgian actors in international health that want to come together and join forces to reach a common objective. This might (and probably *should* – given the relevance of it) include policy influencing, if there is a common demand for it. As BCH is an open and informal platform, care should however always be taken not to falsely present policy statements prepared by a group of members as being automatically supported by the platform as a whole. This brings us to the discussion on representativeness, which will be further analysed in the following paragraph:

#### THE ISSUE OF REPRESENTATIVENESS

The issue of policy influencing v. representativeness is since long an discussion point within BCH: to what degree can BCH, a multi-actor platform bringing together different types of organisations and individuals with diverse points of view, take position or present policy statements in name of the platform as a whole, thus in name of its members? Recurrent tensions related to BCH publicly taking position in the policy debate has been one of the reasons why MSF – an important actor in international health in Belgium – has decided to withdraw as a member of the platform.

In 2014 BCH included a chapter on ‘advice, advocacy and position taking’ in its internal regulations (January 2014). Amongst others, the regulations state that technical advices and policy proposals should always mention the names of the subscribers (in case they are presented by a WG) or contain a phrase saying that BCH cannot commit its members (in case the initiative comes from the secretariat). These new guidelines in the internal regulations should clarify and solve the problem of representativeness. In practice some ambiguities however remain (see Ch. 6.3. for a further analysis).

#### RELEVANCE FOR BELGIAN POLICY FORMULATION AND IMPLEMENTATION

For DG-D, the existence of BCH – a platform that brings together NGOs, universities, labour unions, and in which also public and semi-public actors are represented – facilitates the process of consulting civil society with regard to the formulation and implementation of sector policies. In 2007, DG-D was a demanding party for organising the process of sector-wide consultation in preparation of the new health policy note. As mentioned above, BCH-WGs were also consulted for the formulation and/or follow up of other health policy notes.

DG-D has an observer status in BCH. DG-D health experts actively participate as an observer in the SC and in most of the WGs. Most BCH members see this possibility of permanent dialogue and interaction with DG-D as an opportunity, as it allows to present and discuss concerns directly with actors at policy level and to be kept informed about government policies. Moreover it creates possibilities for joint reflection and working on alternatives.

For advice on DG-D policies in the health sector, DG-D has created its own advisory body, called the 'Health and Development Network'<sup>17,18</sup>. This platform is composed of representatives of BTC, the ITM and the Belgian public health schools. Since 2013, also the secretary of BCH is participating in the health and development network, which has created an additional entry point for bringing in BCH concerns in the debate on policy formulation and implementation.

## CONCLUSION

Based on the discussion presented above, it can be concluded that policy influencing *is* relevant and is a role for BCH - in the sense of offering a platform to members who want to join forces to influence policies – as long as due care is taken not to falsely claim or to create the perception that the policy positions presented would be representative for the platform as a whole.

At present, the expected result related to policy influencing is formulated as “a greater influence on international health policy” (cf. mission text on the website). Putting the emphasis on ‘international policies’ is probably too ambitious compared to what BCH is realistically able to achieve. It also doesn’t correspond with existing advocacy efforts, which so far have mainly focused on Belgian development policies (and to a lesser degree on inputs from the Belgian government in the international policy debate). In the 2014 – 2016 framework agreement, the expected result related to policy influencing has been reformulated as “Belgian actors make an effective contribution to international Belgian policies and to international policies on health issues”. This formulation – which replaces “a greater influence on policies” by “making an effective contribution to ...” and which explicitly mentions Belgian policies next to international policies, sounds more realistic and corresponds better with the existing experiences and future potential of BCH.

### 3.1.3. Expected result ‘a better anticipation to needs identified by actors in the South’

“Better anticipating to the needs identified by actors in the South” almost sounds like a relevance statement in itself, so relevance – with regard to the needs of the target groups, the HC4All declaration, ... - is not the question here. Still, a lot of discussion if possible on this expected result. According to the results of the members’ survey, it is the respected result of which BCH members think it least corresponds with what BCH is doing in practice. Of the four expected results in the mission text, it is the only result that does not come back as a result in the logical framework in the framework agreement, which also means that no specific indicators for success have been formulated. In the logical framework 2014-16, ‘better responding to the needs of actors in the South’ is reflected in activity 3.7 (i.e. “to search and promote exchange with partners in the field”), which falls under the expected result of ‘guaranteeing a good diffusion and exchange of knowledge and information and a capitalisation of experiences in the field’)

In practice, several BCH actors refer to the regional seminars that have been co-organised by BCH in recent years when thinking about activities corresponding with the fourth expected result. However, even then it can be questioned whether ‘a better anticipation to needs identified in the South’ is the best way to express the output that can be expected from organising or participating in seminars in

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<sup>17</sup> In Dutch: ‘Netwerk Ontwikkeling en Gezondheid’ (NOG); in French: Réseau Développement et Santé (RDS).

<sup>18</sup> BCH would not be the appropriate actor to take up this role as ‘official’ advisory board, as it cannot claim to speak in name of the whole sector.

the South. In case it would be decided to keep an expected result referring to the linkages with the South (see also analysis below), a reformulation might be considered.

Perhaps more than as a expected result, ‘anticipation to the needs of the south’ reads like a **transversal principle** that the platform and WGs should try to respect when planning or implementing their activities. In the internal regulations of BCH<sup>19</sup>, the link with actors in the field is both expressed as a transversal principal and as referring to the support given to regional initiatives: see box 2.

**Box 2: ‘Link with actors in the field’ (source: BCH international regulations)**

- Transversal attention: each WG is supposed to have attention for the link and cooperation with actors in the field.
- To the extent possible (in terms of planning and financing) regional initiatives such as workshops and seminars are supported and organised.

Irrespective of the formulation of the result (or transversal principle), the question remains what *should be* the role of BCH in terms of establishing linkages with the South and how this role is taken up at present. In practice, linkages with the South are not only established through the organisation of seminars in the South, but also via the member organisations of BCH and via the direct involvement of southern actors in activities of BCH. A summary is given in the following paragraphs, each time including a short analysis in terms of relevance:

**LINKAGES WITH THE SOUTH THROUGH BCH MEMBER ORGANISATIONS**

The role of BCH in the South has been discussed during the fishbowl discussions of October 16<sup>th</sup> 2014 and in the Delphi survey with the WG on CNCD (see annex 4). In both cases, the conclusion was that linkages with the South should in the first place be established through BCH member organisations. In contrast to BCH, (many) members are directly active in the field and maintain regular contacts with their southern partners. BCH does on the contrary not have the mandate, means and resources to become an implementing actor in the health sector in the South. BCH members can act as a bridge between what lives in the South and the activities of BCH in Belgium.

Concretely, they can take up this intermediary role by sharing field experiences and concerns of southern partners during WG meetings and other BCH activities, and by taking these experiences and concerns into account when, for instance, priorities are defined or policy statements are formulated. Other ways of establishing linkages between North and South through the member organisations include: to ask southern partners for additional information and opinions on topics being discussed in the WGs, to invite them to BCH seminars, to diffuse relevant BCH publications (e.g. the charters) in the South and vice versa, etc. WGs should stimulate and support their members to make these connections with the South, for instance, by foreseeing time for partner consultations or by having WG outputs translated in different languages (e.g. the folder on SRHR, prepared by the SRHR-WG and DG-D, has been translated into English, French and Spanish for diffusion in the South).

The evaluation could not measure to what degree BCH-members are actually taking up this bridging role between the platform and the South, and to what extent this has influenced the activities and outputs of BCH so far. What is sure is that it happens at least implicitly (the concerns and opinions of many members are influenced by what they experience in the field) and that there is often room for the exchange of concrete field experiences during WG-meetings. There are also examples of WG outputs that have been diffused in the South through the member organisations.

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<sup>19</sup> The link with the South is described under “relationship with other networks” in the internal regulations.

## **(DIRECT) INVOLVEMENT OF SOUTHERN ACTORS IN BCH**

A number of southern actors (universities, research centres, government services, NGOs and individuals) are on the mailing list of BCH as an observing member<sup>20</sup>; others are included on the mailing lists of the WGs. Particularly the WG on CNCD has strongly invested in establishing a mailing list of southern experts in non-communicable diseases<sup>21</sup> for information and document exchange. BCH furthermore takes care to invite southern actors to the annual seminars. These are open to students at Belgian public health schools, and some members invite representatives of their southern partners to the annual seminar.

Despite these efforts, the direct involvement of Southern actors in BCH remains limited. This is to a certain degree logical, given the fact that BCH is in the first place a platform for exchange and collaboration between Belgian actors. It could even be questioned whether it is useful for southern actors to be an observing member of BCH (as is now the case). As explained above, maintaining linkages with the south is best done through the member organisations. These contacts can then eventually lead to concrete collaborations or exchange on specific topics (such as the present efforts undertaken by the WG on CNCD to directly exchange information with experts in the South). It can furthermore be interesting for Southern actors to be kept informed about activities and topics through BCH, and vice versa, to share their results and agenda with members of the Belgian platform. At present, southern actors who are on the BCH mailing list as an observer receive the newsletter 'Be-Cause Health Matters', but – in theory<sup>22</sup> – do not receive the Monthly Updates, which could however contain relevant information for them as well and/or give them a platform to make certain announcements.

## **PARTICIPATION IN OR COORDINATION OF SEMINARS IN THE SOUTH**

As described in Ch. 2.1, BCH has been co-organiser of 3 regional seminars between 2011 and 2013 (Rubavu 2011, Kinshasa 2012, Dakar 2013). Most BCH members who took part in the seminars, consider them as having been highly successful. Nevertheless, there is some debate on whether BCH should keep organising such regional seminars in the future.

The main discussion point is whether BCH, a Belgian platform with no direct representation in the South, is in the right position to organise such regional seminars. There is a clear risk of substitution (i.e. taking over the role of local entities or international actors present in the country), especially when the initiative for the seminar comes from BCH<sup>23</sup>. The fact that an 'external' actor would be organising a seminar in a southern country becomes even more sensitive when the main theme of the seminar could be politically sensitive (cf. the seminar in Rwanda was on strengthening health systems in Rwanda, Burundi and the DRC; the seminar in the DRC on the financing and quality of health services and health care in the DRC and the seminar in Senegal on universal health coverage in Africa).

Although the past seminars have thus been positively evaluated by their participants, some BCH members (including DG-D) believe that BCH has gone beyond its mandate when organising these seminars and that more care should be taken before taking such initiatives in the future. Especially the seminar in the DRC, where BCH invited the Ministry of Public Health to be co-organiser of the seminar, has provoked some internal criticism, as the seminar would have brought the Belgian

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<sup>20</sup> Non-Belgian organisations cannot become voting member of BCH.

<sup>21</sup> For now mainly experts on diabetes in the DRC

<sup>22</sup> As will be explained in chapter 6.1., some actors with an observer status that are very active in the platform (e.g. DG-D) do receive the Monthly Updates, in contrast with what is written in the internal regulations,

<sup>23</sup> In case of the past 3 seminars, BCH has been co-organiser, next to local actors or international actors active in the country: BTC + the public health school of Kigali in Rwanda; the Congolese Ministry of Public Health in the DRC and the international network HHA in Senegal. In case of the first two seminars, it was however obvious that the initiative had initially come from BCH.

development cooperation in the DRC in a difficult position towards the Congolese government (whose ownership over development policies should be respected according to the principles of the Paris and Accra declarations) and towards the international donor community in the country (with which Belgium is expected to harmonise its interventions).

From the results of the reflection held on 16<sup>th</sup> October 2014 and from the interviews, the following conclusions can be drawn (which seem to be supported by a large group of members):

- In principle, BCH should not play an implementing role in the South. Implementation of activities in the South is in the first place the task of members of BCH. BCH can however play a supporting and facilitating role, e.g. support members to coordinate their activities in the field;
- Participation in seminars in the South should remain possible. Such seminars can/should create a mutual added value. Participating members of WGS can use the results of the seminar as an input to increase the relevance of their activities in Belgium. Moreover, the seminars allow to establish relevant contacts with southern experts and organisations working in the field.
- BCH should however not be the initiator of regional seminars; the seminars should respond to a need expressed by actors in the South and the demand should always come from the South.
- Linking up with existing initiatives (i.e. seminars organised by national actors and/or international donors or networks represented in the region) is to be preferred over organising a southern seminar as a Belgian-based platform.
- Only if specific conditions are fulfilled (e.g. a clear demand from the South, no local entity that can take up the organisation of a regional seminar, a clear link with the mission and activities of BCH, ...), BCH could accept to become co-organiser of a regional seminar. Also then, the role of BCH should be supportive and facilitating (sharing experiences and know-how, providing inputs, ...) rather than implementing.
- Care should be taken when connecting the name of BCH to a seminar, especially if the topic of seminar has a strong political dimension.

### 3.2. The vision of Be-Cause Health

**Definition:** A **vision statement** is an aspirational description of the future the organisation wants to (help to) construct in the medium to longer term. It is the ultimate goal that would be achieved if the issue important to the organisation would be completely and perfectly addressed. In some cases, a further distinction is made between the **external vision** and **internal vision** of the organisation. The external vision describes the future the organisation wants to help to create for its final target groups; the internal vision describes how the organisation would like to see itself in an ideal future.

The vision of BCH is described on the BCH website<sup>24</sup> and is linked with the HC4All declaration (see Ch. 2.1). The vision text on the website summarises the main ideas and concepts of this declaration and furthermore gives a description of the main existing challenges related to international health and health care, and of the role Belgian actors can play. There is a link to the HC4All declaration.

To rally behind the principles and general terms of the HC4All declaration is presently one of the conditions for membership of BCH<sup>25</sup>. Central in the HC4All declaration is the recognition of **access to health care as a fundamental human right**. Access to health care for all should furthermore be seen as the highest priority on the agenda of international health and development (“whereas health for all is the ultimate goal, accessible, efficient, adequate and equitable health care for all is the most urgent need for improving global health, fighting diseases and reducing poverty”). The declaration formulates a number of concepts and principles on how to realise this goal of health care for all, and

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<sup>24</sup> <http://www.be-causehealth.be/en/about-us/vision.aspx>

<sup>25</sup> Candidate members have to send a written confirmation to the BCH secretariat that they have read and approved the membership conditions and the HC4All Declaration.

calls on national governments, international organisations and all agencies and individuals concerned with health and development to subscribe these principles and to accept them as a common agenda behind which all stakeholders can unite and join forces.

The results of the survey show that a majority of BCH members believes that it is important that members subscribe a (minimal) common vision: see figure 2. Most also think that the HC4All declaration is still a good basis for the vision of BCH. The statement that the present vision would be out-of-date and should be renewed receives relatively little support. There is however still room for improvement: opinions are divided on whether the present vision is clear and concrete enough; and there is doubt on whether the vision is presently sufficiently known by members of the platform<sup>26</sup>.

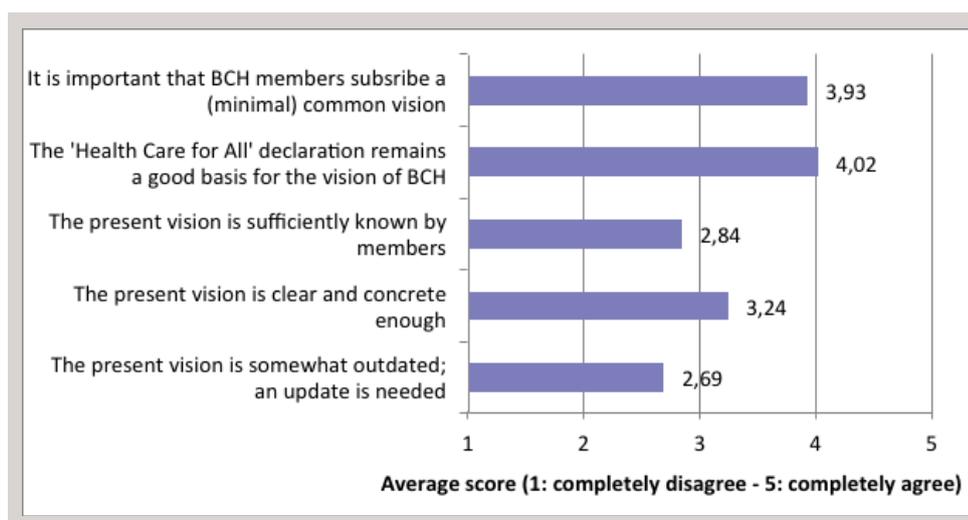


Figure 2. Opinion of members on the vision of BCH<sup>27</sup> (Source: members' survey)

The question whether or not the vision should be updated and how was also asked during the interviews. It was however difficult to get clear opinions and proposals in this regard. Although there seems to be a certain consensus that a minimal common vision is needed, the formulation of the 'vision' is not a major issue of concern for many platform members. Some members agree that a discussion on the vision would be an interesting reflection exercise, but at the same time stress that it is not the biggest priority and that not too much time should be spent on it. When members *did* formulate recommendations to further improve the vision, these recommendations usually refer to the integration of some new concepts and developments in the sector of health and development in the vision text (e.g. 'Universal health Coverage'; the results of the Paris, Accra and Busan conferences on aid effectiveness; the recognition of the importance of social determinants of health; etc.).

Perhaps a major weakness of the vision of BCH – independent of its contents – is that the present vision text is very extensive (1,5 page on the website, not including the 3 pages of the HC4All declaration). This makes it difficult for members to know the vision well, and as such limits its usefulness as a unifying and guiding network document. Ideally spoken, a vision text should be a **short statement** (1 paragraph), which is appealing, energizing and recognisable, which gives identity to the platform and behind which members can unite. Reference could eventually be made to an external document such as the HC4All declaration, but the statement in itself should short and

<sup>26</sup> The lower score for "the present vision is sufficiently known by members" (fig. 2) is mainly caused by the fact that 49% of respondents gave a "neutral" score for this statement (i.e. a score of 3 on a scale from 1 to 5); 30% gave a 'negative' score of 1 or 2; 22% gave a 'positive' score of 4 or 5.

<sup>27</sup> Members were asked to indicate on a scale from 1 (completely disagree) to 5 (completely agree) to what extent they agreed with the statements presented.

powerful. If the vision is formulated as a short statement, the discussion on its exact contents should also become easier.

Together with their vision and mission statements, some organisations also specify the **values and principles** that guide them in their activities. These values can be part of the mission statement, of the vision statement<sup>28</sup>, or can be formulated as a separate '**value statement**'. Such a value statement could be useful for BCH, as it would allow presenting a number of common guiding values and principles in a simple and organized way, without needing to integrate everything in the vision text.

At present, BCH does not have an **internal vision text** (i.e. a visionary statement of what the platform should ideally look like). Together with the external vision, such an internal vision can be a powerful instrument to create clarity – both internally and externally – on the identity and direction of the platform.

### 3.3. Correspondence with member expectations

The best indicator for the fact that BCH responds to the needs and expectations of its members is that the platform, 10 years after its creation, is still functioning and keeps expanding. There is a good attendance at the annual seminars and general assemblies; the number of members keeps growing; and many members are active in one or more working groups. Only a network that responds to existing needs and that manages relatively well to meet these needs can be successful to this extent.

The results of the member survey show that members have high and diverse expectations towards BCH: see Figure 3<sup>29</sup>. The strongest expectations relate to the desire to network with others, to exchange knowledge and information and to create opportunities for collaboration. Another strong expectation is to be kept informed about evolutions in the sector and about seminars and events that are on the agenda. Additional reasons to join BCH include: to have an influence on policy-making, to share one's own research results and to be able to strengthen the organisation's partners in the South<sup>30</sup>.

By organising network events such as the seminars and workshops, diffusing information through the website and newsletters and by giving a platform to members who want to work together on specific topics of common interest, BCH creates the right conditions and an dynamic space for responding to the expectations listed in Figure 3 (next page).

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<sup>28</sup> If integrated in the mission statement, the values are the principles along which the organisation *is presently working*; if integrated in the vision statement, they are the values along which the organisation *intends to work*.

<sup>29</sup> Respondents were asked which expectations they had when they decided to join BCH and to indicate how important these expectations were (on a scale from 1 to 5).

<sup>30</sup> The slightly lower average scores for these expectations are mainly explained by the fact that they may not be relevant for all members of the platform. E.g. a member without southern partners will not have the expectation to 'strengthen its partners in the South'.

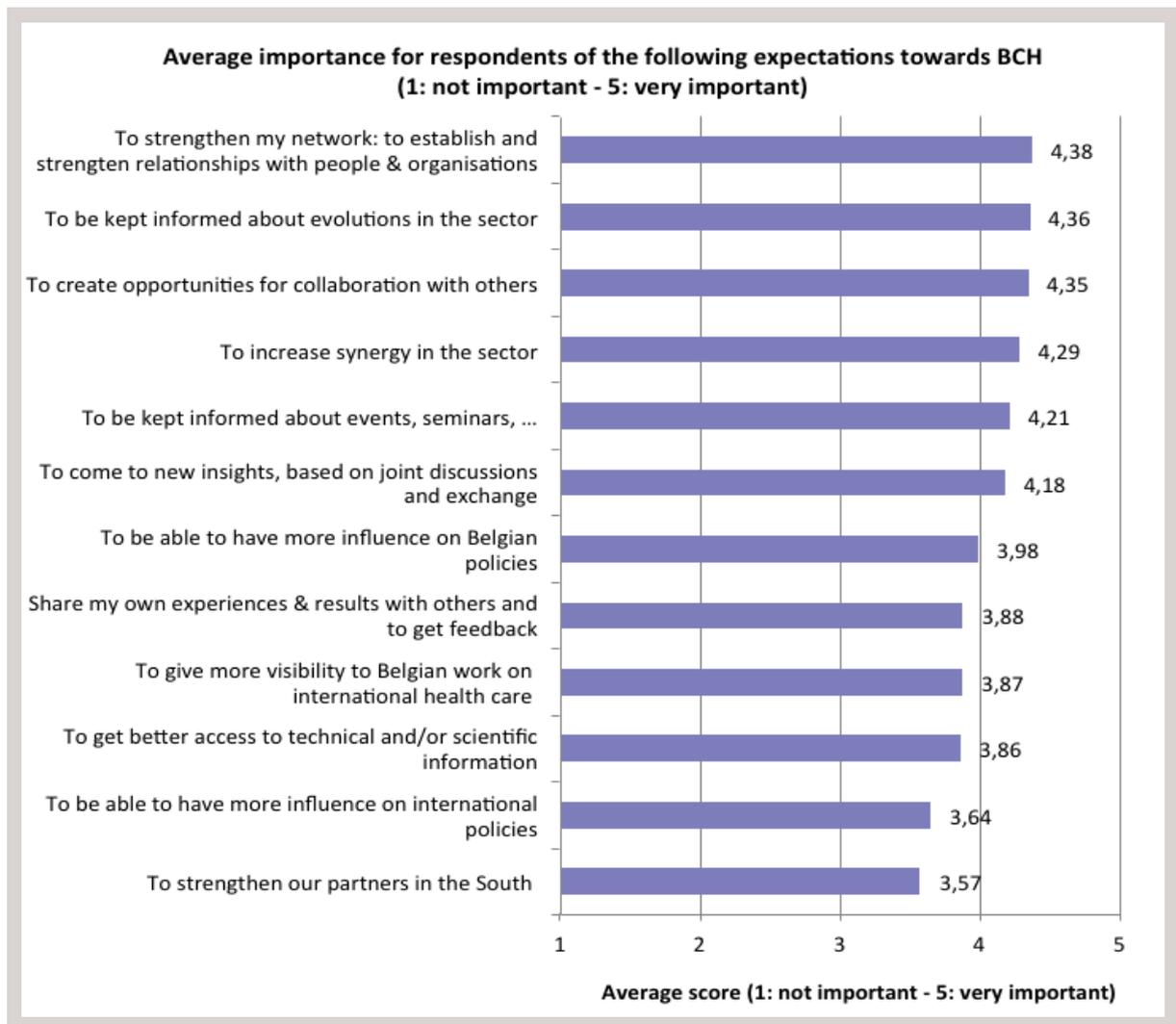


Figure 3. Expectations of BCH members towards BCH (Source: members' survey)

## 4. EFFECTIVENESS

This chapter is structured along the 3 evaluation questions related to effectiveness that are formulated in the ToR:

- To what extent are goals and objectives of the network met?
- What were major achievements of network in the last couple of years?
- To what extent has the response to the recommendations of the 2009 evaluation been successful?

### 4.1. Results achieved compared to planning

The principal planning document of BCH is the logical framework included in the framework agreement. It describes the objectives of the platform, formulates indicators for these objectives and indicates which (types) of activities will be implemented.

In the period covered by this evaluation (2010-2014), two different framework agreements have been in use: the framework agreement 2011-2013 and the framework agreement 2014-2016. The logical frameworks in these two documents have a similar structure. The formulation of the project purpose and expected results has however been slightly adapted in the logical framework 2014-2016, to obtain a better correspondence with the changing reality and actual practices of the platform: see Table 2.

Topic	Expected results: 2011 – 2013 framework agreement	Expected results: 2014-2016 framework agreement
<b>Project purpose</b>	To provide a place for dialogue to Belgian actors in international health, in order to strengthen their role and effectiveness	Strengthening the role and effectiveness of Belgian development actors to promote universal access to quality healthcare
<b>Expected results</b>		
1. A representative and well-functioning platform	ER1. The platform BCH is operational and representative for the sector	ER1. BCH is a dynamic and efficient network, representative for Belgian actors working in international health
2. Influence on policies	ER2. Belgian actors have more influence on international health policies	ER2. Belgian actors make an effective contribution to Belgian international policies and to international health policies
3. Exchange of information and knowledge	ER 3. A better circulation and exchange of technical and scientific knowledge	ER 3. BCH not ensures not only a proper dissemination and exchange of knowledge and best practices among its members, but also a capitalization of experiences in the field
4. Improved complementarity and collaboration	ER4. A better complementarity, synergy and collaboration between entities that represent the members of BCH and between the activities of different networking initiatives	ER 4. BCH promotes better complementarity, synergy and collaboration between Belgian actors concerned about international health and with other national and international networks

Table 2: Stakeholders reached with the different data collection methods

Note that the expected results 2, 3 and 4 correspond with the first 3 expected results of the mission statement (see Ch. 2.1). The first expected result refers to the internal functioning of the platform and is not included in the mission statement (where the focus is on *outputs* produced). As mentioned

in Ch. 2.1, the fourth expected result of the mission statement (“a better anticipation to the needs identified by actors in the South”) is not included in the Logical Framework, which also means that no corresponding indicators and activities have been formulated.

Overall, BCH has made significant progress with regard to all four expected results. The annual progress reports, which are based on the logical framework, show many examples of concrete results achieved for each expected result and each corresponding indicator. As the indicators used are ‘open indicators’<sup>31</sup> (i.e. they indicate the variable to be measured but do not specify a target value; an example of such an indicator is “the number of network members involved”), discussion remains however possible on whether these achievements are sufficient to be able to say that the planned objectives have been met.

The results of the member survey show that BCH members are moderately positive about the results achieved so far (see Figure 4<sup>32</sup>): they gave average scores between 2,94 and 3,49 – on a scale from 1 to 5 – to the progress made with respect to the 3 last expected results; the expected result “a greater influence on international health policies” receives the lowest average score. These moderately positive scores seem to indicate that members believe that progress has been made, but that they still see much room for further improvement.

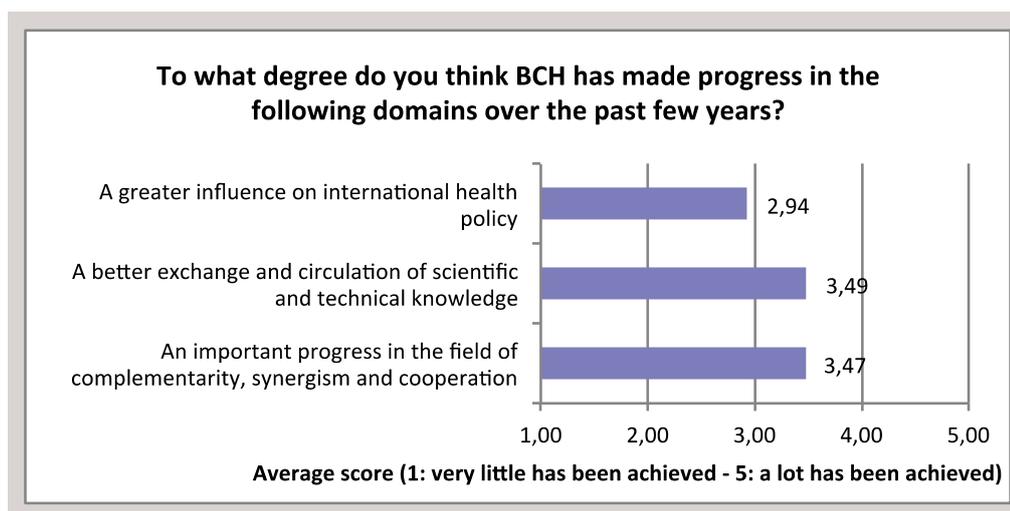


Figure 4. Opinion of BCH members on progress made in the different result domains (Source: members’ survey)

In the following paragraphs, effectiveness will be analysed per expected result: what has been achieved, what could still be improved? At the end of this subchapter, an overview table with the most important achievements (and the most important remaining gaps) will be presented. For a more complete list of outputs and achievements, we refer to the 2012 progress report, included in Annex 7.

<sup>31</sup> This use of open indicators is appropriate for a platform as BCH, as network dynamics depend to a large extent on the behaviour of independent members, on evolutions within the WGs, on the occurrence of external context opportunities, etc., and are thus always to a certain degree unpredictable.

<sup>32</sup> The survey question was based on the expected results as formulated in the mission statement. This is why the first expected result of the LogFrame, “the platform BCH is operational and representative for the sector”, is missing in the figure.

#### 4.1.1. A representative and well-functioning platform

This expected result refers to (1) the platform being operational, dynamic and efficient and (2) to the platform being representative for Belgian actors working in international health.

The goal of being operational, dynamic and efficient seems to be largely achieved. The fact that BCH, 10 years after its creation, is still functioning and keeps expanding, is a not to underestimate achievement in itself. The number of people reached through the mailing lists has increased from 200 to 379 between 2009 and 2014 (not including those who are only on the mailing lists of the WGs); there are 52 active member organisations (38 voting and 14 observing); 56 individuals have registered as a voting member of the platform; the number of WGs has increased to 10; there are regular SC meetings; around 30 members attend the yearly General Assemblies<sup>33</sup>; the annual seminars attract more than 200 participants; etc. The process leading to the formulation of the internal regulations has further consolidated the internal functioning of the platform. As a platform is in constant evolution there is always room for further improvement (see chapters 5 and 6 on efficiency and organisational aspects), but nevertheless the important achievements made in terms of being a strong and well-functioning platform cannot be denied.

With regard to representativeness, all types of actors listed on the website – academic institutes, public health schools, medical and related NGOs and study bureaus, government services, other organisations whose mandates overlap with international healthcare, individuals – are presently represented in the platform. Also mutualities became member of BCH. Amongst the observing members are a number of government services, hospitals, NGOs and individuals from the South, as well as representatives of international organisations such as the WHO, UNAIDS and the World Bank.

With around 50 member organisations (voting and observing) and with the different types of member categories represented, BCH can claim a good degree of representativeness<sup>34</sup> for the Belgian sector of international health and development. Only a couple of important actors are missing at present. The departure of MSF from the network is to be regretted, as MSF is not only an important actor in international health and development, it is also an organisation that regularly brought in a different opinion in discussions in the past.

The survey results reveal that members are moderately positive about the present diversity of membership of BCH: on a scale from 1 to 5, they give an average score of 3,47 to the 'diversity of the platform' (see figure 5, next page). Two factors might explain why this figure is not higher. First of all, it became clear from the interviews that several members believe that a number of potentially interested actors are not member of the platform yet. Especially individual health experts with linkages or interest in international health development would often not be aware of the existence of BCH. Secondly, members might not always have a clear

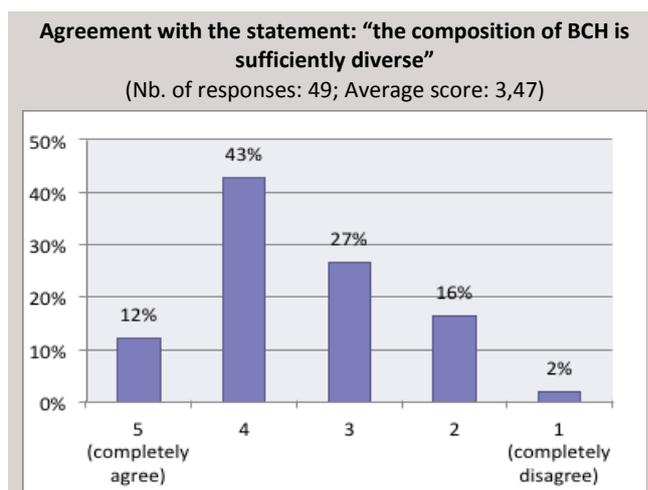


Figure 5. Opinion of BCH members on the diversity of membership of BCH (Source: members' survey)

<sup>33</sup> Participants general assembly: 32 in 2012 and 2013; 31 in 2014.

<sup>34</sup> 'Representativeness' means that the composition of the platform accurately reflects the entire sector; it does not require all actors from the sector to be member of the platform.

view on who the other members of the platform are and mainly know those who are most active in the platform and/or who are active in the WGs in which they participate themselves. Members who in the survey respond positively to the statement “I have a good picture of who the members of BCH are”, evaluate diversity of the platform on average more positively than those who say to be less aware of the composition of the platform.

#### 4.1.2. Influence on policies

Policy-making is a long and complex process, the final outcomes of which are often influenced by many factors (e.g. evolutions in the international debate, existing priorities and agreements, interests of different parties, ...) and in which many actors might be involved. As a consequence, it is difficult to objectively ‘measure’ the results of policy influencing. Even in case there *are* changes in policies, it is often not possible to say to what degree particular advocacy activities have contributed to these changes. Measurement of advocacy results is further complicated by the fact that there often is a time delay between advocacy and actual changes in policies: even when advocacy leads to increased awareness and/or changing opinions of policy makers, it might take a long time before this actually leads to visible changes in policy formulation or implementation.

In the 2014-2016 logical framework, BCH has changed the former expected result of “having more influence on international health policies” by “making an effective contribution to Belgian and international health policies”. The indicator “the number of advices followed up by Belgian authorities” has been omitted, to be replaced by “the number of advices & messages sent to governments” and “representation & participation at national meetings and encounters”. These modifications make the expected result more realistic and also easier to measure.

As mentioned in Ch. 3.1.2, policy influencing mainly takes place through the WGs (although not all WGs are involved in policy influencing) and advocacy mainly focuses on Belgian development policies and on contributions of Belgium to international health policies and programs. Some activities have been directed towards international institutions such as the WHO. WGs implement a diverse range of activities directly or indirectly aimed at having an influence on the policy debate. These include: the presentation of position statements to policy makers; concrete technical advice and informal dialogue with DG-D, the presentation of outputs and recommendations at international health conferences and the organisation of sensitisation workshops to which also policy makers are invited. In a broader sense, also the signing and diffusion of the charters can be seen as a ‘policy influencing’ activity: they aim at influencing policies and practices of both the government and other organisations, and are used as an input for presentations made at international health conferences.

Some examples of contributions made to policy-making are given in box 3<sup>35</sup> (next page). In some cases, it is also possible to give examples of how these policy-influencing activities have led to concrete changes in policies and/or practices.

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<sup>35</sup> More examples for the period 2010-2012 can be found in Annex 7.

### Box 3. Policy-influencing: examples of realisations and achievements

#### Contributions to the policy debate: examples

- Advice to and a meeting with the minister of development cooperation regarding the Belgian cooperation in the health sector in the DRC (following the decision that health would not longer be a priority sector of the Belgian cooperation in the DRC); debate with DG-D on the new PIC for the DRC on June 16<sup>th</sup> 2014;
- The WG on SRHR is particularly active in advocacy. The WG was initially created to give follow-up to the implementation of the DG-D policy note "The Belgian Development Cooperation on Sexual and Reproductive Health and Rights" and to put SRHR on the agenda of organisations and policy makers, nationally and internationally. The WG prepared several notes and letters aimed at policy influencing (e.g. letters to the ministers of Development Cooperation and Foreign Affairs on the attention given to SRHR in their policies), and organised events such as the "roundtable on SRHR in emergencies, from policy commitments to implementation" (2012);
- As a spin-off of the work of the WG on medicines, the QUAMED project has been launched (led by the ITM) to give further follow-up and advocate for the implementation of the charter on medicines;
- The presentation of policy proposals to the WHA in Geneva in 2009, 2010 and 2011; advice on primary health care, access to medicines, a code of conduct on human resources, universal coverage, ...;
- The organisation of parallel sessions at the ECTMIH<sup>36</sup> conferences in 2009, 2011 and 2013;
- Participation at the First World Conferences on Universal Social Security Systems (Brasilia, 2010) and on Social Determinants of Health (Rio de Janeiro, 2011);
- Contributions to the Global Symposia on Health Systems Research: Beijing (2012) and Cape Town (2014).

#### Concrete influence on policy-making: examples

- WGs have been actively consulted for the preparation of DG-D policy notes (see Ch. 2.3); several of their concerns are reflected in the notes;
- Increased contribution from the Belgian government to the UNFPA-program for Sexual and Reproductive health in emergencies, following awareness-raising on this issue by the WG- SRHR (2013);
- The efforts of BCH, the WG-DRC and other actors contributed to the fact that a number of interventions in the health sector were maintained in the PIC 2010-2013 and in the intermediary PIC 2014-2015 with the DRC (though it was not obtained that health would again be recognised as a priority sector);
- The charter on human resources has been signed by 20 organisations and institutions;
- Adaptation of the Belgian legislation on exportation on drugs (based on the medicines charter).

Although policy influencing has thus produced a number of concrete results so far (see box 3), several members feel that having a real influence on policy-making remains difficult. An advantage of doing advocacy under the umbrella of BCH is that it creates opportunities to enter in direct dialogue with health experts at DG-D, the cabinet of the minister of development cooperation and other policy makers and to jointly look for solutions. But this process of dialogue also creates expectations, and some members involved in advocacy feel frustrated about the difficulty to obtain that DG-D (as an institute) would take an active and committed position and to bring about real changes in policies and policy implementation<sup>37</sup>. A lesson learned by WGs that engage in policy influencing is that bringing about real change takes time and that it demands a long process of repeated and persistent advocacy efforts.

#### 4.1.3. Exchange of information and knowledge

The facilitation of information exchange is an area in which BCH has been particularly successful over the past 10 years. The diffusion and exchange of knowledge and information takes place both at platform and at WG level, through face-to-face meetings and through electronic information exchange. As mentioned in Ch. 3.1, information exchange is about more than 'technical and scientific information' only. In the 2014-2016 framework agreements the term 'technical and scientific information' is no longer used and the expected result now speaks about the 'dissemination and exchange of knowledge and best practices' and the 'capitalization of experiences in the field'.

<sup>36</sup> European Conference on Tropical Medicine and International Health, organised every 2 years by FESTMIH.

<sup>37</sup> Cf. the results of the Delphi survey for the WGs on HRH and SRHR (Annex 4).

Although a lot of information exchange presently takes place via email and the Internet (see below), having regular **face-to-face meetings** remains important to keep the network dynamics alive. BCH organises various events that allow members to come together and to exchange information, including: the annual seminars, the meetings of the General Assembly and the workshops and seminars organised by the WGs. During these events, technical and scientific information as well as concrete field experiences are presented, exchanged and discussed. Moreover, they are important networking moments, where members can get to know each other better and informally exchange information. The last 3 annual seminars have been attended over 200 participants each (BCH members and external actors).

A second important group of face-to-face meetings are the meetings of the WGs. WGs usually meet between 3 and 6 times a year; on a number of occasions joint meetings between 2 or more have been organised (see Ch. 4.1.4). The results of the Delphi survey show that 'to exchange information and experiences / to learn from each other / to be kept informed' is one of the main, if not the most important expectation members have when they decide to join a WG<sup>38</sup>. In all cases, increased knowledge and improved networking are also mentioned amongst the most important results achieved by the WG so far.

**Electronic information exchange** takes place via mail, via de BCH website, the newsletters and the Facebook page. Communication at platform level, via the website and the newsletters, is coordinated by the BCH secretariat. Over the past few years BCH has strongly invested in the improvement of its communication mechanisms: the website has been renewed (in 2011 and 2012) and two types of newsletters – the Monthly Update and Be-Cause Health Matters – have been introduced to replace the former system of sending emails to members on an irregular basis. Separate emails are still sent, but only for specific or urgent announcements not included in the Monthly Update.

The different means of communication used have been evaluated in the members' survey. According to these survey results, 83% of the members have visited the website over the past 6 months; 94% reads all or some editions of the Monthly Update (see Figure 6, upper graphs). The survey results furthermore reveal<sup>39</sup> that most members (80%) who open the Monthly Updates read them rather diagonally; 33% regularly clicks on the external links included in the newsletter and 56% does this occasionally. The newsletter 'Be-Cause Health Matters' is opened by 91% of the respondents. 24% reads all editions of this newsletter, 35% reads some editions and 32% at best has a quick and diagonal look at it (Figure 6, lower graphs). The Facebook-page is much less popular. 80% of respondents have never visited it; none of the respondents are visiting it on a regular basis.

Exact statistics about the use of the website and the newsletter can be produced by the Internet software used by the BCH secretariat. By way of example, we analysed the statistics of the Monthly Updates sent between February and May 2014. In this period, 4 Monthly Updates have been sent to on average 244 recipients (i.e. to all actors registered on the mailing list as a 'voting member' and to some of the 'observing members'). Slightly more than one third of these recipients (37,4%) did effectively open the newsletter (see Table 3). The fact that this percentage is much lower than what has been found through the members' survey (where 80% of respondents claimed to read the newsletters) is not surprising, as members who completed the survey are likely to belong to the same group as those who usually open mails coming from BCH. It is known that not all 244 persons on the mailing list are actually involved and/or interested in BCH; there might also be members who are mainly interested in particular activities such as the annual seminars or the work of one or more WGs, but who apart from that are not so interested in receiving regular newsletters. What Table 3 mainly shows is that the newsletters are still opened by around 90 persons per month, which is not a bad result at all.

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<sup>38</sup> See annex 3 for the complete results of the Delphi survey.

<sup>39</sup> Idem.

More preoccupying is the finding that only 10% of recipients, or 28% of those who actually open the newsletters, also clicks on (one or more) the links included in the newsletter. This shows that the newsletters are mainly used for a quick scan of what is going on in the platform and in the sector, but that external linkages are only opened occasionally if found particularly interesting or relevant.

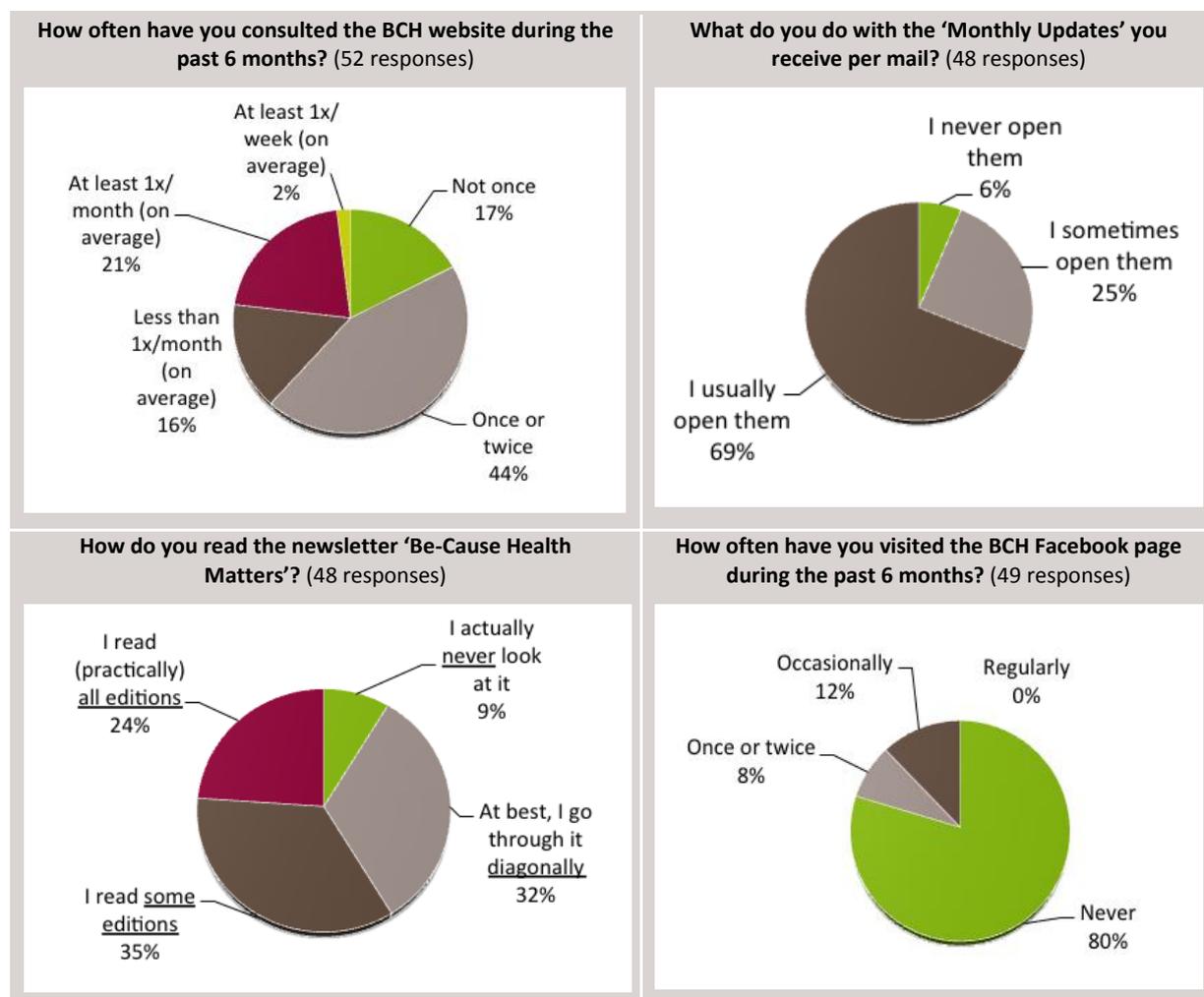


Figure 6. Use of the different communication means by survey respondents (source: members' survey)

Edition	# recipients	Nb. of recipients that opens the Update	% of recipients that opens the Update	% of recipients that clicks on one or more links
May 2014	231	79	34,2%	8,7%
April 2014	228	86	37,9%	12,8%
March 2014	257	91	36,4%	7,2%
February 2014	259	106	41,1%	12,8%
<b>Averages</b>	<b>244</b>	<b>91</b>	<b>37,4%</b>	<b>10,4%</b>

Table 3: Monthly Update, statistics (February – May 2014)

	2012	2013	Jan - Jun 2014	Average/day (2012 – June 2014)	Average/month (2012 – June 2014)
Number of sessions	5.424	7.786	2.830	<b>18</b>	<b>535</b>
Number of unique users	2.983	4.402	1.807	<b>10</b>	<b>306</b>
Pages visited	32.852	30.177	11.871	<b>82</b>	<b>2497</b>
Nb. of pages / session	6,06	3,88	4,19	<b>/</b>	<b>/</b>

Table 4: Website statistics (January 2012 – June 2014)

Statistics on the use of the website show that site has been visited on average 535 times per month, with on average 306 unique visitors per month, between January 2012 and June 2014: see Table 4. More than 50% were first-time visitors. There has been a strong increase in the number of visitors between 2012 and 2013 (+ 47,6%), after the website had been renewed in 2012. The first 6 months of 2014 saw again a slight decrease in the number of website visitors compared to the same period in 2013 (- 15,4%). Still, the statistics show that the website is frequently visited and consulted, and that it is important to keep investing in the quality of the website as an instrument for internal and external communication.

The members' survey did not only look at the frequency of use of the different communication means, but also at how members rate the quality of these instruments (for detailed graphs: annex 3). Particularly the "Monthly Updates" receive a positive evaluation from members. The quality of the website – its user-friendliness, its being up-to-date and the relevance and completeness of information on the website – is given an average score of around 3,5 on a scale from 1 to 5. This is not bad but at the same time indicates that further improvement is possible. Our own experience is that a lot of information is available on the website, but that some navigation might be needed to find and access the right documents (this is especially the case for WG-documents). The tab 'member area' is somewhat confusing, as this section of the website contains not only internal pages but also information that is open to and interesting for the broader public. A last important factor for improvement is that most of the WG-pages are not up-to-date. This is all the more important as the website is one of the most important channels through which WGs can share information with the rest of the platform and as such also attract potential new members to the WG (see also further).

Overall, 90% of respondents of the members' survey are satisfied with the frequency with which BCH diffuses information, with the quantity of information received and with the diversity of communication means used (see graph 5.10 in Annex 3). Many members would even like to receive more information from BCH (graph 5.11): 38% would like to receive more technical and scientific information; 36% more information about the WGs; 35% more information about BCH itself and 26% more news from members of BCH. It can be remarked that most of these forms of information should ideally be provided by the members themselves to the BCH secretariat, so that it can be diffused via the newsletters or the website. At present, only a limited number of members makes (spontaneously) use of this possibility to share information via BCH. Most information that is published on the website or in the newsletters is collected on the initiative of the BCH secretariat.

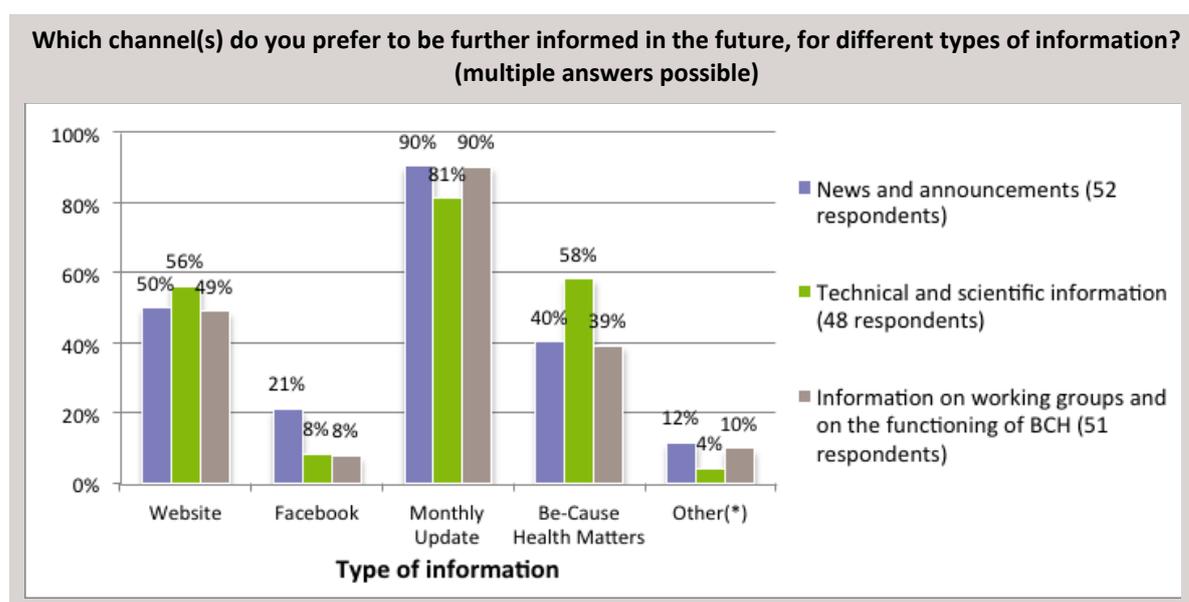


Figure 7. Preferred channels for receiving information from BCH (source: members' survey)

A last result from the members' survey with regard to communication and information exchange, relates to the preferred means of communication for receiving different types of information from BCH: see Figure 7. The figure shows that the Monthly Update is by far the preferred channel to receive all kinds of information. The website and 'BCH Matters' come in the second place. The latter is mainly considered useful for the diffusion of relevant technical and scientific information.

Electronic exchange and diffusion of information takes not only place at platform level, but also **at WG-level**. All WGs make use of email for internal communication and information sharing purposes (e.g. announcements and minutes of WG-meetings are usually sent via mail). The WG mailing lists are managed by the WG-coordinators. As many of these mailing lists include all people who once expressed interest in following the WG, there are often many more names on the list than the number of people actually participating in WG-meetings (e.g. the mailing list of the WG on SDH presently contains 121 email addresses). The WG on HRH, and possibly other WGs as well, decided in 2014 to work with 2 different mailing lists: a shorter list of active WG-members for the diffusion of internal WG information and a longer list for the diffusion of relevant background documents to a broader group of followers.

All WGs have a space on the BCH website where they can archive minutes of meetings, outputs and relevant background documents. In the past these WG pages were accessible (after login) for all registered members of BCH. Since 2012, only members who are on the mailing list of a particular WG have access to the website pages of that group. In practice, the tendency is that WGs make less and less use of the BCH website to internally share or archive information (for instance, in 2014, only 2 reports of WG-meetings have been posted on the website: one from the WG-HRH and the minutes from the joint meeting between the WGs CNCD, medicines and DRC). Several WGs have switched to other means of electronic information exchange, e.g. Dropbox, to establish a joint library of relevant documents.

The present communication mechanisms used by the WGs – a combination of email, sometimes the website and/or tools such as Dropbox – function well for internal WG-communication. External communication of and about the WGs is relatively weak however. As mentioned above, most of the presentations of the WGs on the website (accessible for all website visitors) are not up-to-date and/or provide little information about recent achievements or on what the WG is focussing on at present. Apart from announcements of events, there is also relatively little information from the WGs in the monthly newsletter. All this makes it relatively difficult for interested non-WG members to be kept informed about the work of WGs. It also reduces the possibilities of attracting new members to the WGs via BCH (while the results of the Delphi survey show that several WGs would like to further grow). External communication about the WGs is in the first place a task for the WGs themselves. The BCH secretariat can however play a facilitating role (e.g. asking WGs to provide information for the website or the newsletter).

#### 4.1.4. Improved complementarity, synergy and collaboration

Although the fourth expected result mainly refers to complementarity, synergy and collaboration with other national and international networks, complementarity and synergies are in the first place also created between BCH members as such (it could be useful to broaden the fourth expected result in this respect, as increased collaboration and synergies between members of BCH is an important goal and achievement, which is not entirely covered by the other results). Hereafter, synergies between BCH members mutually and synergies with external actors will be discussed separately.

## COMPLEMENTARITY, SYNERGY AND COLLABORATION BETWEEN BCH MEMBERS

Synergies, complementarity and collaboration **between BCH members** grow organically as a result of activities of networking, exchange and joint reflection. Most of the WGs have at a certain moment worked on concrete outputs, which can be seen as the product of the coordinated efforts of their participants. Examples include: the joint organisation of seminars, the preparation of technical advices or position statements, the development of practical tools (e.g. the HRH-WG is presently working on a matrix for follow-up of the HR charter), etc. Moreover, several members report that contacts established through BCH have led to increased collaboration and synergy in the sector, even beyond the scope of BCH as such. E.g. health experts at the ITM report they now maintain stronger contacts with NGOs working in the field.

During the past few years, there has been a modest increase in the number of **inter-WGs meetings and collaboration**. Some examples are given in Box 4. The results of the Delphi survey<sup>40</sup> show that there is a strong demand amongst WG-members for further exploring the possibilities for inter-WG exchange and collaboration. A first condition for being able to identify opportunities for inter-WG exchange is to know what the other WGs are doing. Several WG-participants that participated in the Delphi survey expect that the BCH secretariat would play a facilitating role, by bringing WGs in contact with each other and by proposing ideas for exchange and collaboration.

### Box 4. Examples of inter-WG meetings and collaboration

- **WGs SRHR and HIV/Aids:** the organisation of joint WG-meetings. Both WGs are exploring possibilities for a further integration / collaboration, in order to avoid unnecessary overlap;
- **WGs CNCD, DRC and Medicines:** inter-WG meeting on 2 October 2014, on 'Chronic non-communicable diseases and access to medicines in DRC', with the objective to share field experiences, to better understand the topic and to launch ideas for further reflection and concrete action;
- **WGs SDH and SHP:** joint organisation of the conference "Universal Health Coverage: Why health insurance schemes are leaving the poor behind?" (27<sup>th</sup> March 2014); mutual participation in meetings;
- **WGs SDH and HRH:** joint organisation of the conference on availability of health workers, in the framework of the HW4All project (1<sup>st</sup> June 2012);
- **WGs DRC and HRH:** preparation of the regional seminar in Rubavu, Rwanda (2011).

## EXTERNAL COLLABORATION AND NETWORKING

**At Belgian level**, considerable progress has been made during the past 5 years in strengthening collaboration and synergy between different existing networking initiatives in international health. As mentioned in Ch. 3.1, the former HIV/Aids group has been integrated in BCH; PopDev organises its meetings jointly with the WG on SRHR; MASMUT has participated in the preparation of 3 annual seminars and had a number of joint meetings with the WG on SHP<sup>41</sup>. The WG on medicines maintains close contacts between the QUAMED project (which was created as a spin-off of the WG).

Apart from this gradual integration / more structural cooperation between networking initiatives, there have been many ad hoc contacts with external organisations, health experts and networks. Some WGs occasionally invite external speakers to their meetings; many seminars and workshops have been organised in collaboration with external organisations and networks or as a joint initiative between BCH and one of its member organisations. Several examples are given in Box 5. Synergies are further strengthened by the fact that BCH makes announcements for activities, initiatives and publications of other organisations and networks in its monthly newsletter.

<sup>40</sup> See annex 4.

<sup>41</sup> At a certain moment, the idea existed of merging the two initiatives, but it was finally decided to keep MASMUT as a separate and independently functioning platform.

Overall, it can be concluded that BCH and the WGs make fluently and frequently use of possibilities to work together with other Belgian actors and networks. A factor contributing to this is that many members of BCH also participate in the other networks or projects, which makes that many connections and interlinkages already naturally exist. Nevertheless, this visible tendency of increasing integration of initiatives and increasing cooperation between actors is very positive, as it contributes to creating more coherence and synergy within the sector and makes that the duplication of efforts can as much as possible be avoided.

#### Box 5. Examples of (ad hoc) coordination and collaboration with external actors

##### A. At national level

- With the **WG North-South of the 'Action Platform Health and Solidarity'**: co-organisation of a series of 5 seminars on "Free trade and Determinants" in 2013-2014 (WG SDH);
- With **Be-troplive**: co-organisation of symposium 'where medics and vets join forces' (2010);
- With **MASMUT and the 'Action Platform Health and Solidarity'**: co-organisation of the annual seminar on Social Determinants of Health (2011), collaboration for the preparation of the annual seminars of 2009 and 2010;
- With **GRAPPA-Santé**: joint organisation of parallel sessions at conferences in Barcelona (2011) and Beijing (2012);
- With **MEMISA**: co-organisation of a reflection day on 'Health Care for All without health personnel?', 25<sup>th</sup> March 2014 (WG HRH);
- With the **ITM**: co-organisation of the Annual Seminar on Universal Health Coverage (2010);
- With **Oxfam**: cooperation around the brochure on the link between FTAs and health (WG SDH).

##### B. At international level

- With **FESTMIH**: participation in the Board; active participation in ECTMIH Conferences;
- With **MMI**: co-organisation of a seminar on 'Health Systems Research and NGOs' (2010); co-organisation of the annual seminar on complexity (2013);
- With the **COP on Health Service Delivery and the HHA network**: co-organisation of the regional seminar in Dakar (2013);
- **HW4All project** (in Belgium represented by MEMISA): participation in the WG on HRH; joint organisation of seminars.

At international level, some efforts have been made to strengthen contacts and collaboration with international health networks:

- BCH became more active in **FESTMIH**. In 2009, 2011 and 2013, BCH organised parallel sessions at the European Conferences on Tropical Medicine and International Health (ECTMIH), which are organised by FESTMIH. When BCH took over the legacy from the former 'Belgian Association for Tropical Health', BCH also became official member of FESTMIH (representing Belgium), and the president of BCH became member of the FESTMIH board. BCH is a somewhat atypical member of FESTMIH, as most of the other members are academic societies on tropical health. However, the conferences organised by FESTMIH provide interesting opportunities for BCH WGs to present results and establish contacts with health experts at international level. According to the former president of FESTMIH, the participation of BCH creates an added-value for FESTMIH as well. The multi-actor character of BCH is quite unique and can serve as an example for several other member associations interested in reorganizing the internal structure of their national society, or in strengthening contacts and collaboration with civil society and/or the government in the countries in which they work.
- Linkages have been established with **Medicus Mundi International (MMI)**<sup>42</sup>. In 2012, some BCH members participated in the annual meeting of MMI; in 2013, the annual BCH seminar on Complexity has been co-organised with MMI. BCH and MMI expressed mutual interest in further

<sup>42</sup> As MMI is basically an network of NGOs (while BCH is a multi-actor platform), it was decided not to become a member of MMI.

information exchange and in developing further opportunities for collaboration. A potential added value of the linkage/cooperation with MMI is the fact that MMI is in official relation with the WHO, which creates interesting possibilities for doing advocacy at WHO-level.

- The regional seminar in Dakar has been co-organised with the **COP on Health Service Delivery, the international platform HHA**, and other partners. BCH shared its expertise on organising bigger seminars with HHA and proposed a number of experts and speakers for the seminar.

Within BCH, there is interest in establishing additional linkages with other international or foreign networks and actors. A difficulty however is that few networks seem to exist that, just like BCH, have a multi-actor character, while cooperation with NGO-only or academic-only networks is only interesting for part of the members of BCH. Box 6 shows some examples of networks in other countries that – at least to some degree – make the link between NGOs and the academic world, and with which it could be interesting to explore possibilities for exchange or collaboration.

#### Box 6. Other national networks and platforms

- **Canadian Society for international health:** multi-actor network comparable to BCH, bringing together global health practitioners, researchers, educators, policy makers, and community advocates. The platform organizes an annual conference;
- **Irish forum for global health:** network of individuals with interest in global health (academics, policy makers, field workers, advocacy groups and the general public);
- **Norwegian Forum for Global Health Research:** basically a national association of public health schools; but NGOs, government actors and the student association are observers in the board and there is interest in strengthening the multi-actor character of the network;
- **Medicus Mundi Switzerland:** in contrast to other MMI-members (often bigger national NGOs), Medicus Mundi Switzerland is a network, mainly consisting of NGOs but also the society of public health schools, university hospitals and the 'Fédération des Médecins Suisses' are member. Priority themes include: sexual and reproductive health, HIV/aids and Human resources for health.

#### 4.1.5. Summary: principal achievements during the past 5 years

In Table 7 (next page), an overview is given of the principal results achieved during the past 5 years (for the 4 expected results in the LogFrame), summarising the analysis presented in the previous paragraphs.

### ER1. A representative and well-functioning platform

- ☺ Yearly meetings of the GA, with around 30 participants;
- ☺ Increase in the number of WGs from 5 (2009) to 10 (2014);
- ☺ Voting members: 38 organisations, 56 individuals; observing members: 14 organisations in Belgium, 40-50 southern or international organisations or individuals;
- ☺ 379 people reached by mail, distributed over 4 mailing lists: voting member organisations (121 email addresses); individual voting members (56 addresses); observing members (77 addresses); non-members who subscribed to the newsletter 'Be-Cause health matters' (125 addresses);
- ☺ Relatively good representativeness for the sector in Belgium; good diversity of member organisations (e.g. BTC, DG-D, ITM, public health schools, NGOs working in international health, mutualities, etc.);
- ☺ Between 4 and 6 SC-meetings per year. The intended balance between SC-members (see chapter 2.2) is largely achieved; only a representative of individual members is missing;
- ☺ Regular newsletters: monthly updates & Be-cause Health Matters;
- ☺ Reflection process in the SC on the further consolidation of the platform, resulting in the formulation of the 'Internal regulations' in January 2014;
- ☹ *Some important actors (e.g. MSF) are not a member of the network;*
- ☹ *BCH not sufficiently known yet by some groups of potentially interested members, e.g. individual health experts with linkages or interest in international health.*

### ER2. Influence on policies

- ☺ Several WGs are involved in "policy influencing" (in the broad sense of the word, thus also including activities aimed at making a contribution to the policy debate);
- ☺ Wide range of activities implemented: informal advice (dialogue with DG-D, FGS-Public Health, Cabinet of the Minister of Development Cooperation, ... during meetings and seminars); the formulation of position statements; the charters; presentations at international health seminars; sensitisation workshops, etc.;
- ☺ A number of concrete results from advocacy (cf. box 3);
- ☹ *Having a real influence on policy-making remains difficult.*

### ER 3. Exchange of information and knowledge

- ☺ Since 2011, the annual seminars have been attended by more than 200 participants per year;
- ☺ Smaller seminars and workshops organised by the WGs;
- ☺ Co-organisation of the regional seminars in Rubavu (2011), Kinshasa (2012) and Dakar (2013);
- ☺ 10 active WGs where members exchange experiences and information;
- ☺ The diversity and appropriateness of communication means (website, monthly update, Be-Cause Health Matters, occasional additional mails);
- ☺ Website: 2983 unique users in 2012; 4402 users in 2013; 1807 users between January and June 2014. More than 50% are first-time visits;
- ☺ 9 editions of 'Be-Cause Health Matters' since March 2011 (2 – 3 per year), sent to around 379 recipients;
- ☺ Monthly updates sent to around 250 members; around 1/3 actually reads the newsletter;
- ☹ *Website not always up-to-date (especially the WG-pages);*
- ☹ *Structure of the website could be further improved;*
- ☹ *Relatively low click rate for the links in the 'Monthly Update';*
- ☹ *Limited spontaneous inputs from members and WGs for the newsletters and website;*
- ☹ *Facebook-page little used; added-value not clear;*
- ☹ *Interactive functions of the website little or not used (while BCH is paying for having this option).*

### ER 4. Improved complementarity, synergy and collaboration

- ☺ BCH-members work jointly on concrete outputs and products in the WGs;
- ☺ Networking through BCH leads to more collaboration and synergy between members of the platform;
- ☺ Increase in the number of inter-WG meetings;
- ☺ During the past 5 years: integration of existing networking initiatives in BCH (WG HIV/Aids) and/or more structural cooperation (MASMUT, PopDev);
- ☺ Frequent collaboration with external actors or networks, e.g. for the organisation of seminars;
- ☺ Increased collaboration with other networks at international level (MMI, FESTMIH, HHA, ...);
- ☹ *International collaboration / exchange remains limited.*

Table 5: Overview of achievements

## 4.2. Major achievements according to members

Figure 8 shows the most important achievements according to members, based on the results of the members' survey<sup>43</sup>. The 'exchange of knowledge and experiences' comes in the first place (18 times mentioned on 93 responses), followed by the annual seminars (15x), the charters (11x) and dialogue with policy-makers/influence on policies (11x). It calls the attention that many of the achievements put forward by members refer to less tangible results, such as increased networking, increased exchange of information and more synergy, complementarity and coordination. Similar results came out of the Delphi survey, where WG-members were asked to describe the most important achievements of their WGs (see annex 4).

The question whether BCH is mainly becoming a 'talking shop'<sup>44</sup>, where much exchange and discussion take place but where in comparison relatively few outputs are produced, was discussed during the BCH reflection day on 16 October 2014. The outcomes of this discussion are in line with the evaluation findings that were presented in Ch. 4.1:

- There is indeed a lot of exchange, discussion and networking going on, but the added value of it should not be underestimated. It creates more synergy, complementarity and coordination in the sector; and members are strengthened by it as the exchange and networking allow them to improve the quality of their interventions.
- Although there is a lot of talking, concrete outputs have also been produced, often as a result of the process of networking and exchange. E.g. the charters, presentations at conferences, other documents prepared by the WGs, etc.

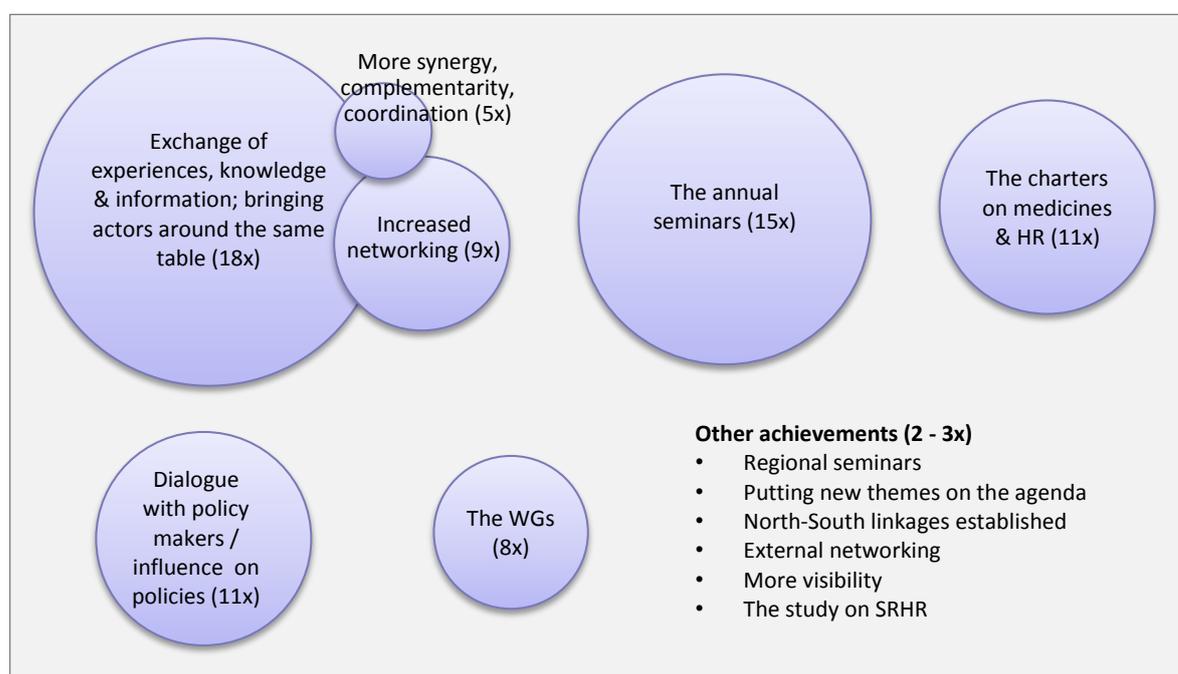


Figure 8. Major achievements according to members + nb. of times mentioned (source: members' survey)

<sup>43</sup> Members were asked in an open question to describe what they considered to be the 3 most important achievements of BCH during the past few years. In total, 93 achievements were listed (some respondents did not complete this question and others listed only 1 or 2 achievements). Figure 8 groups and summarises the different responses given.

<sup>44</sup> Dutch: praatbarak; French: parlotte.

### 4.3. Follow-up of the recommendations of the 2009 evaluation

A number of recommendations have been given in the final report of the 2009 external evaluation, which all referred to specific weaknesses and bottlenecks in the functioning of the platform that did at that time exist. A summary of the recommendations of the 2009 evaluation can be found in the first column of Table 6 (next page).

The steering committee has set up a follow-up process of exceptional quality to give follow-up to the recommendations of this first external evaluation. First, the recommendations and their implications for change were discussed at SC-level. SC-members, dividing tasks between them, then prepared follow-up fiches for several themes that had come out as priorities from the discussion. These follow-up fiches were again presented for discussion to other members of the SC. Based on the final follow-up fiches, the BCH secretariat developed the 'internal regulations', which were finalised in January 2014.

As a result of this process, concrete measures for change and improvement have been taken for most of the recommendations given in the 2009 evaluation report. One recommendation – to gradually increase the financial and institutional autonomy of the platform, amongst other by looking for additional sources of funding and by considering the possibility of asking membership fees – has been extensively discussed by the SC, but it was finally decided not to make any changes for the time being (see also Ch. 6.4).

Five years after the first evaluation, it is interesting to analyse not only whether and how the 2009 recommendations have been followed up, but also if the changes introduced have effectively led to improvement and/or if there are still weaknesses or bottlenecks that require further follow-up. A reflection in this respect has been done with SC-members and WG-presidents during the SC-meeting of 10 July 2014. The results of this reflection can be found in Annex 6. Based on this reflection with the SC as well as on other evaluation results<sup>45</sup>, Table 6 (next page) provides a summary of the present state of affairs with regard to the 2009 recommendations (i.e. the progress made and still existing areas for improvement). Most of the topics in the table are discussed in more detail elsewhere in this report. In the last column of table, reference is made to the chapters where the corresponding analysis can be found.

Overall, table 6 shows that significant progress has been made with regard to most of the recommendations formulated in 2009. The fact that there are still several possible areas for further improvement should not be seen as a weakness, but is normal for a platform that is in constant expansion and evolution.

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<sup>45</sup> After combining the results of the reflection with the SC with other evaluation results, the 'appreciation of the progress made' (2<sup>nd</sup> column in Table 6) has sometimes been modified compared what initially came out of the participatory reflection.

Recommendations 2009 evaluation	Progress made	Improvements made (+) + areas for further improvement / follow-up (X)	See chapters
1. To improve <b>mechanisms of internal communication and information exchange</b>	++	+ Communication mechanisms renewed ✗ <i>External communication WGs</i>	4.1.3 6.2
2. Work on the formulation of the <b>mission, vision, objectives and strategies</b> of the platform + communicate these to members	+	+ Internal regulations document ✗ <i>Further in-depth reflection on vision and mission needed</i>	2
3. Clarify the <b>role of BCH in policy influencing</b> and establish protocol with guidelines on legitimacy/representativeness.	++	+ Clarified in internal regulations ✗ <i>Further fine-tuning might be needed</i>	3.1.2 4.1.2 6.3
4. To strengthen the <b>mechanisms of planning and follow-up</b> (at SC and WG level)	++	+ Many WGs make workplan and budget; standard formats available ✗ <i>Weak reporting by some WGs</i>	5.2
5. Further <b>strengthen the BCH secretariat</b> (contract a part-time administrative assistant; clarify the tasks and responsibilities of the secretariat)	+++	+ Administrative support staff contracted (30%) + Tasks & responsibilities clarified in internal regulations	2.2 5.1
6. Clarify the <b>mechanisms of WG creation</b>	++	+ Clarified in internal regulations ✗ <i>Criteria not always clear yet</i>	2.2
7. Organise an <b>annual workshop with WG coordinators</b> , e.g. to discuss communication with the SC, guidelines for policy-influencing, WG planning, etc.	++	+ Annual joint meeting WG-coordinators + SC ✗ <i>Demand for even more exchange between WGs</i>	6.2
8. Increase the <b>visibility of the platform</b> (e.g. BCH brochure; be present as BCH at national and international forums on international health, ...)	+	+ More active in FESTMIH + Well-known in the sector ✗ <i>Visibility outside the sector and internationally can be improved</i>	6.5
9. To clarify and expand <b>membership</b>	++	+ Different membership categories + More members ✗ <i>Membership categories: present solution not optimal yet</i>	4.1.1 6.1
10. Stimulate the <b>involvement of south-based actors</b> and to strengthen the link with the field through operational research.	+	+ Regional seminars ✗ <i>Role of BCH in the South / role of members =&gt; to be further discussed</i>	3.1.3
11. <b>External networking</b> : continued attention for contacts and exchange with other Belgian and international organisations and networks	++	+ Belgium: integration diff. networking initiatives + Internationally: FESTMIH, MMI ✗ <i>Not pro-active enough; unexplored possibilities at international level</i>	4.1.4
12. To gradually increase the <b>(financial and institutional) autonomy</b> of the platform	/	+ Discussed by the SC; (small) registration fees annual seminar ✗ <i>Nothing fundamentally changed with regard to the juridical statute &amp; financial autonomy =&gt; is OK for now, but might again become a concern in the future.</i>	6.4

Table 6: Progress made with regard to the recommendations of the 2009 evaluation

## 5. EFFICIENCY

Two evaluation questions related to efficiency are formulated in the ToR:

- *Is BCH operating efficiently (timeliness, organisational efficiency, cost-efficiency, etc.)?*
- *Is BCH properly organised; are there any governance issues impeding its effectiveness and sustainability?*

A distinction can be made between efficiency at platform level and efficiency at WG-level:

### 5.1. Efficiency at platform level

The BCH secretariat and SC are playing a central role in planning, coordinating and following up activities organised at platform level, such as the annual seminars, the regional seminars, communication via the website and newsletters (coordinated by the secretariat), the meetings of the GA and the coordination of the WGs. The BCH secretariat (before one part-time network secretary) has been strengthened since the 2009 external evaluation and presently exists of a network coordinator (around 40% FTE) and a staff-member for administrative support (around 30% FTE). The secretariat staff is paid as ITM-staff<sup>46</sup> and can flexibly combine tasks for BCH with other functions within the ITM. Actual time investment in BCH varies throughout the year, depending on which activities are on the agenda (e.g. the period in which the annual seminar is prepared is usually more busy than average).

No particular factors have been identified that would indicate a low efficiency of the BCH secretariat or SC. Events are well prepared; communication mechanisms function well; members who contact the secretariat usually receive a swift response; etc. According to the results of both the members' survey (see Annex 3) and the interviews, BCH members are in general satisfied with the work of the secretariat; a majority is satisfied with the work of the SC<sup>47</sup>.

Apart from a number of annually returning activities that can be relatively well prepared in advance (e.g. annual seminars, communication at platform level, ...), BCH – because of its nature and because of its objectives – will always function at its best when it can work and develop in a relatively organic way. It is for example important that there is room for new ideas and proposals that come out of the WG dynamics or that are proposed by members, for being able to respond to emerging context opportunities or demands (e.g. the recent Ebola crisis in West-Africa), etc. In such a reality, 'efficiency' – in terms of making optimally use of resources to achieve intended results – is not achieved by strictly sticking to a predefined plan and budget. A too rigid approach could on the contrary block creativity and slow down the dynamics of the platform. A rigid approach would also assume that contributions of members – which are all involved in BCH on a voluntary basis – could be well planned in advance, which is not the case in practice. Efficiency in the case of BCH means leaving room for flexibility, for responding to emerging opportunities and ideas, for respecting the somewhat unpredictable rhythm followed by the WGs, ..., and then using the resources in the best possible way when concrete demands or opportunities arise.

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<sup>46</sup> In the Framework Agreement 2014-2016, the salary of the BCH secretariat staff (2x 0,5 FTE) has been made explicit, bringing the total budget for BCH to 80.000€ (50.000€ for activities and 30.000€ for staff).

<sup>47</sup> A relatively large group of survey respondents indicate that the role of the SC is not so clear to them. Most of these respondents also gave a lower score (usually 3 on a scale from 1 to 5) when asked how satisfied they are with the work of the SC.

At present, BCH manages quite well to operate in an efficient yet flexible way. This flexibility is amongst others reflected in the annual budget reports, where the actual spending per type of activity often deviates from what had initially been budgeted at the start of the year. Budget transfers can take place both between different costs items and between different budget years (within the same framework agreement). As an example, an extract from the 2013 financial report is shown in Table 7<sup>48</sup>.

The budget spent per type of activity varies from year to year<sup>49</sup>. The biggest expense items are usually the annual seminars and the regional seminars (each good for around 30% of the planned budget). Communication and overhead costs (8000€ - 10.000€ /year) remain relatively low compared to the results produced, which indicated that available resources are efficiently used. Budget items that could be made use of by the WGs – especially the ‘financing of WG-activities’ but also ‘support to local activities’ – remained largely unused in 2013. The budget line for WG activities was new in 2013 and very little WGs made use of it (partially because it was new, partially because the procedure was probably not sufficiently clear yet). In 2014 already more WG are making use of this possibility of co-financing by BCH, e.g. the series of seminars on ‘Free Trade and Determinants’, organised by the WG on SDH together with the Action Platform Health and Solidarity, has been partially financing through the WG budget line.

	Planned		Realised	
	Amount (€)	% of total	Amount (€)	% of total
Annual seminar <sup>(a)</sup>	20.000,00	29,89%	31.516,18	50,72%
Regional seminar	20.000,00	29,89%	16.800,00	27,04%
Support to local initiatives	2.000,00	2,99%	/	0,00%
Participation conferences/international fora	8.000,00	11,96%	5.602,72	9,02%
Activities working groups <sup>(b)</sup>	7.200,00	10,76%	184,09	0,30%
Newsletters; website; general functioning <sup>(c)</sup>	9.712,00	14,51%	8.037,77	12,93%
<b>TOTAL</b>	<b>66.912,00</b>		<b>62.140,76</b>	

**Comments and clarifications:**

(a): Cost of 31.516,18€ has partially been covered by a contribution from Memisa of 8184,56€.

(b): Was new in 2013; almost no WGs presented a budget proposal. In 2014, more use has been made of this budget line.

(c): Translations, banners, GA, SC, transport, ...

Table 7: Extract from the 2013 financial report

## 5.2. Efficiency at WG-level

Even more than the platform in general, WGs are entities with a highly organic way of functioning. The dynamics of the WGs, the frequency of meetings, the activities that are done and the outputs that are produced all depend on who is coming together in the WGs and what these actors are willing to do together at a certain moment. A difficulty all WGs have to deal with that there is always a tension between what WG-participants can do for the WG and the obligations they have within their own organisations.

WG dynamics are very variable. There are big differences between WGs in terms of intensity of activities and WG-dynamics also vary over time. Several WGs have gone through – or are going through – phases of low activity, then again followed by more active and dynamic periods<sup>50</sup>. Critical moments seem to be the start-up phase of the WG (when members have to find a common direction

<sup>48</sup> In 2013, the BCH budget was higher than average, thanks to an internal transfer within the Framework Agreement (20.000€) and a contribution of Memisa to the organisation of the annual seminar (8184,65€). In the period 2011-2013, the contribution of DG-D was of 40.000€ per year.

<sup>49</sup> E.g. in 2012 the cost of the regional seminar was 8.185,92€, compared to 16.800€ in 2013).

<sup>50</sup> See results Delphi survey, Annex 4

for the WG), the period after an important output has been produced, and – in some cases – the change of the WG-coordinator. Decreased activity levels have made some WGs ask the question whether the WG should be closed (e.g. PCC, Medicines). In all cases WG-participants however opted for a continuation indicating that they still saw a future for the WG in the longer run. One of the reasons to continue is often that the topic remains relevant in the international context and important for Belgian organisations, even if there is at certain times limited availability of active WG members. Long periods in which little progress is made are often discouraging and may cause members to drop out. By contrast, several WGs testify that working on concrete outputs (a seminar, a publication, ..) uses to give a boost to the WG-dynamics. However, long periods of reflection and exchange might sometimes be needed before new ideas for such concrete products or outputs can arise.

The principal success factors and bottlenecks for WG-dynamics have been identified in the Delphi survey. These factors are relatively similar for all WGs that participated in the survey and are summarised in the following table:

	Success factors	Bottlenecks
<b>Composition / members</b>	<ul style="list-style-type: none"> <li>● Commitment of the WG-coordinator</li> <li>● A number of very committed members</li> <li>● Good atmosphere, good cooperation, enthusiasm of participants</li> <li>● Multidisciplinary/inter-sectoral contributions</li> </ul>	<ul style="list-style-type: none"> <li>● Many absentees at meetings</li> <li>● Low number of active WG-members</li> </ul>
<b>Relevance</b>	<ul style="list-style-type: none"> <li>● Coherence with programs of members</li> <li>● The WG responds to a common need</li> </ul>	<ul style="list-style-type: none"> <li>● Different agendas of participants</li> </ul>
<b>Internal functioning</b>	<ul style="list-style-type: none"> <li>● Working on concrete outputs: gives boost to the WG dynamics</li> <li>● Taking time for planning and defining priorities</li> <li>● Working with task forces for particular tasks</li> </ul>	<ul style="list-style-type: none"> <li>● Sometimes long periods with little progress; often a ‘dip’ after an output has been produced</li> <li>● Maintaining linkages with the field is difficult</li> </ul>
<b>External factors</b>		<ul style="list-style-type: none"> <li>● Immobility of policy makers: demotivating factor for advocacy</li> </ul>

Table 8. WG dynamics: success factors and bottlenecks (source: Delphi survey)

One of the success factors mentioned is ‘to take time for planning and defining priorities’. At present, all WGs are requested to make an annual plan and budget and to yearly report their results to the BCH secretariat. Since a few years, they can also make use of a standard format for planning and reporting for this purpose. However, not all working groups effectively prepare an annual plan. WGs that did invest in (joint) planning see it as a positive experience. A participant of the CNCD-WG expresses it as follows in the Delphi survey: *“In 2013, our first year, we didn’t realise much else than reflecting on the objectives, activities and internal organisation of the WG. The requirement from BCH to present an annual plan was useful in this regard. These reflections took a lot of time, but it was useful because it allowed to consolidate the WG and to go a step further in 2014”*. Reflecting on priorities and making a plan might thus add to efficiency. Even then, it remains however important to leave room for flexibility.

The BCH secretariat plays a facilitating, coordinating and supporting role towards the WGs (e.g. practical and logistical support if needed, providing funds for WG activities, diffusion of information, stimulating inter-WG meetings, etc.). The decision was taken that the secretariat would no longer take up an active role as secretary of the WGs, as was sometimes the case in the past. The results of the Delphi survey show that the present support from the secretariat is well appreciated by WGs. When asked how BCH could be even more supportive to WGs in the future, ‘to launch proposals for and facilitating cross-working group cooperation’ is the most frequently mentioned suggestion. Such inter-WG cooperation cannot be forced, but in case it works might have a positive effect in terms of efficiency at the level of the WGs as a whole, as efforts get more bundled and overlap and duplications might be avoided: see Ch. 6.2 for a further discussion on this topic.

## 6. SPECIFIC ORGANISATIONAL ASPECTS

*The ToR suggest to look at the following aspects related to the internal organisation of the platform: (1) membership, (2) statute, (3) advocacy and representativeness of WGs, (4) the collaboration with external networks, (5) the follow-up of the recommendations of the 2009 evaluation and (6) the usefulness of documenting network experiences. The 3 last points have already been (or will be) discussed elsewhere in this report<sup>51</sup> and will therefore not be repeated here. Instead, we will add two new topics that came out as important from the evaluation process: (1) the structure of BCH (especially with regard to the number of WGs) and (2) visibility.*

### 6.1. Membership

#### Membership categories

The distinction between voting and observing members has been introduced in 2011<sup>52</sup>. According to the internal regulations, the following **types of membership** do presently exist:

- Organisational membership as a voting member;
- Member in individual capacity;
- Organisational membership as an observing member (also called ‘friends of Be-Cause Health’)

The first two categories are considered **‘effective’ members** of the platform. They are entitled to vote at the GA, can take up coordinating or facilitating functions in the network, have access to the member page on the website and receive the different BCH newsletters. Voting member organisations, in addition, have the right to place their logo on the website, are allowed to engage themselves for official documents and can make use of the BCH communication channels to make announcements for their activities. Observing members can participate in the GA but are not entitled to vote. They receive the newsletter ‘Be-Cause Health Matters’ but not the Monthly Updates and have no access to member pages on the website. Note that, according to the internal regulations, the distinction between voting and observing members is only made for organisational membership. Those who register in individual capacity are automatically considered voting members of the platform and can thus vote at the GA. According to the BCH Website, network participants speak and vote in a personal capacity – also if they belong to one of the voting member organisations –, but bring in expertise from within their organisations. No mention of this statement is however made in the internal regulations.

The BCH website list the following **conditions for effective membership** of BCH (only the last condition is also mentioned in the internal regulations, as a minimal condition for membership):

- To be active and/or have an interest in international healthcare;
- To be active and/or have an interest in cooperation with the South and in combatting poverty;
- To rally behind the principles and general terms of the HC4All declaration.

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<sup>51</sup> Collaboration with external networks: Ch. 4.1.4; follow-up of the recommendations of the 2009 evaluation: Ch. 4.3; usefulness of documenting network experiences: recommendations chapter (Ch. 8).

<sup>52</sup> From October 2011 onwards, actors that were on the former mailing list of BCH were asked to re-register via the website and thereby to indicate whether they wanted to apply in name of their organisation (as a voting or observing member) or in personal capacity. An additional possibility was given to subscribe to the newsletter ‘Be-Cause Health Matters’ without becoming a member of BCH. The online registration system has recently been removed (to be able to have a better view on who is asking to become member of the platform). Individuals and organisations that now want to become member are requested to apply by sending a mail to the secretariat. Online registration for ‘Be-Cause Health Matters’ is still possible.

With regard to the procedure of accepting new candidatures for membership, there is also some contradiction between the internal regulations and the text on the website: according to the internal regulations, new membership applications need to be validated by the GA<sup>53</sup>; according to the website, applications for membership can be brought to the SC and GA, but this only needed in case of doubt.

### Membership categories: analysis

The introduction of different membership categories is relatively new. An advantage of the new system is that it has become clearer now who the actual members of the platform are, which is both useful for internal management purposes (e.g. to know who should be invited to the GA, who should receive the newsletters and mails, etc.) and for internal and external visibility. However, there are still some **inconsistencies and ambiguities** with regard to the definition of the different membership categories and with how membership is managed in practice. The principal bottlenecks detected can be analysed as follows:

- 1. Differences between the internal regulations / the website / actual practice**, with regard to membership categories, conditions for membership, the application procedure and the advantages related to different forms of membership. Some examples of inconsistencies between the internal regulations and the website have already been mentioned above (there are amongst others different descriptions of the membership conditions and the application procedure). The internal regulations also differ from how membership is handled in practice. For instance, in contrast with what is stipulated in the internal regulations, some of the present observing members receive the Monthly Updates and have access to the member pages on the website. Even if the internal regulations have in the first place been written as a guiding document rather than as rules to be rigidly followed, too many differences with actual practice should be avoided, as this might create confusion and cause the regulations to lose their usefulness.
- 2. The 'friends of BCH' or 'observers' are presently a very diverse category.** According to the internal regulations, organisations that want to follow BCH as an observer or cooperate with BCH on specific themes can become 'observer' or 'friend of BCH' (both are the same). In practice, this category is very diverse. It includes, amongst others, the following actors:
  - ✳ *Organisations that are very actively involved in BCH and have chosen for an observer status.* This group roughly corresponds with the 14 'observing organisations' whose logo is shown on the BCH website. It includes DG-D, which participates as an observer in the SC and in most of the WGs, and COOPAMI-RIZIV, which presently delivers the president of the WG on SHP.
  - ✳ *Non-Belgian organisations:* this groups consists of International organisations (e.g. the WHO, UNAIDS, the World Bank, ...) and organisations/institutions that are based in the south (e.g. clinics, NGOs, universities or ministries of southern countries). When non-Belgian actors show interest in joining BCH, they automatically become an 'observing member';
  - ✳ *Individuals who registered as 'observer'.* Following the internal regulations, the observer category is for organisations only. In practice however, also persons who applied as an individual are included on the mailing list<sup>54</sup> (e.g. students or health experts from the South).

Whereas the two last groups consist of actors that - for practical reasons - can only follow BCH from a distance, the first group is actually very active in BCH. An analysis of the participants at the meetings of 6 different WGs between September 2013 and August 2014<sup>55</sup> learned that of the 31 organisations that were active in these WGs during this period; nine (i.e. 29%) are 'observing members' of BCH. According to the internal regulations, these 'observers' are not considered

<sup>53</sup> New candidate member organisations can be asked to present themselves at the GA.

<sup>54</sup> For several 'observers' on the list, it is not clear whether they are participate in their own name or in name of their organisation.

<sup>55</sup> The WGs included in the analysis are: SRHR + HIV/Aids; Medicines; SHP; SDH and CNCD.

effective members<sup>56</sup> of the platform. They are thus not required to subscribe the vision of BCH, and in theory do not receive the Monthly Updates and do not have access to the WG-pages on the website of BCH. These limited obligations and rights seem to be in contrast with the important role these actors are actually playing in BCH.

- 3. There is a growing gap between those registered as member on the BCH mailing list and those who actively participate in the platform.** This has partially to do with the fact that WGs attract their own members, while there is no obligation for these WG-participants to also become member of BCH. The analysis of the participant lists of 6 WGs (cf. above) learned that around 11% of the WG-participants (excluding those invited as an ‘external speaker’ to the WG-meetings) do not belong to any of the member categories: see Table 9. More worrying however is the fact that also many staff of voting or observing members who participate in the WG are not on the overall mailing list of BCH. If also taking into account those who are not member of BCH, it is found that around 37% of the WG-participants are presently not on the mailing list: see Table 10. This implies amongst others that they do not (directly) receive the BCH newsletters or invitations for the seminars, and that they do not have access to the WG pages on the BCH website<sup>57</sup>. On the other hand, there are many actors on the mailing list (especially in the category ‘individual members’) that are in practice not active in BCH. There is thus a diminishing correspondence between the ‘members’ list’ and the actors actually involved in the platform.

Membership	Nb. of participants	% of participants
Staff of voting member organisations	47	51%
Staff of observing member organisations	22	24%
Registered as member in personal capacity	8	9%
Not a member of BCH	10	11%
Invited as external actor to the WG	5	5%
<b>Total</b>	<b>92</b>	<b>100%</b>

Table 9. Participants in meetings of 6 WGs<sup>58</sup> (Sep. '13 - Aug. '14), per membership category

Nature of WG participants	On BCH mailing list	Not on BCH mailing list	Total
Staff of voting member organisations	34	13	<b>48</b>
Staff of observing member organisations	13	9	<b>22</b>
Others	8	10	<b>18</b>
<b>Total</b>	<b>55</b>	<b>32</b>	<b>87</b>

Table 10. Participants in meetings of 6 WGs<sup>59</sup> (Sep. '13 -Aug. '14), excluding external invitees: how many are registered on the BCH mailing list?

- 4. The difference between membership categories is not always clear to members.** The results of the members’ survey show that 21% of members doesn’t know whether to be a voting or observing member of BCH; 9% even thinks not to be a member of BCH: see Figure 9. The figure is still worse if looking at ‘individual members’ only, 16% believes not to be a member of BCH, 26% doesn’t know and 26% thinks to be an observing member (while few individuals have an observer status in practice).
- 5. Need for regular updating of the mailing list.** As mentioned above, the members’ mailing list (managed by the BCH secretariat) does not entirely correspond with the actors active in the

<sup>56</sup> In this report we nevertheless use the term ‘observing members’, which in practice is also used within BCH.

<sup>57</sup> Now that the WG-pages on the website are less and less used for WG-communication (see Ch 4.1.3), there is also less need for WG-participants to register via the BCH website.

<sup>58</sup> WGs for which data are included: SRHR + HIV/Aids; Medicines; SHP; SDH; CNCD.

<sup>59</sup> Id.

platform. Another bottleneck is that, as actors on the mailing list are mentioned with their name and organisation, the list becomes easily out-dated, e.g. when people change jobs or retire. In the present mailing list, some people have ended up in the wrong category that way.

The inconsistencies and bottlenecks described above ask for a further revision/fine-tuning of the membership system and related management tools. At the same time, care should be taken not to make the system unnecessarily complex. It might be useful to start from pragmatic questions such as “for which aspects do we actually need different member categories?”; “what is the easiest way to organise this?”, etc. A number of concrete suggestions to further improve the membership system will be given in the recommendations chapter (Ch. 8).

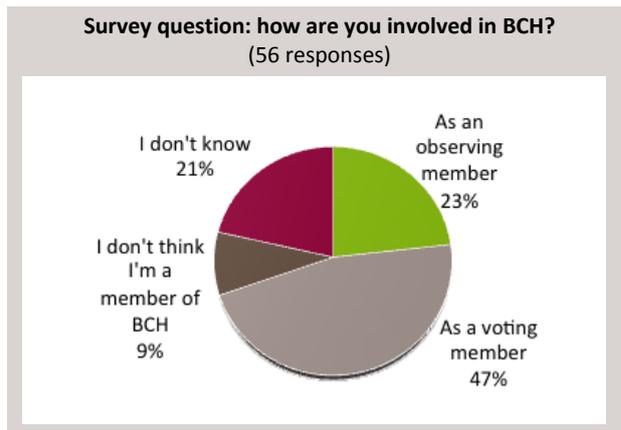


Figure 9. Survey respondents: to what membership category do they belong? (Source: members’ survey)

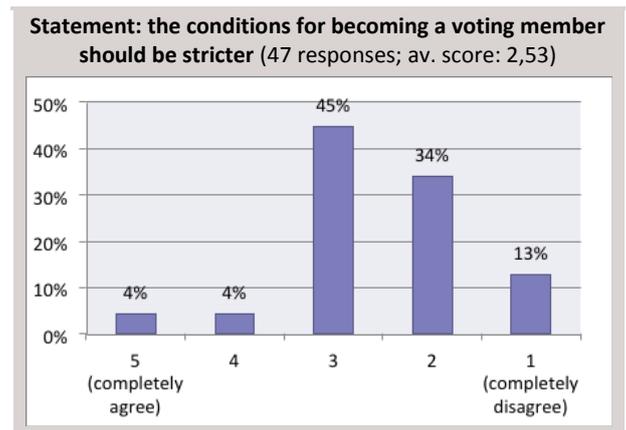


Figure 10: Opinion of members on membership conditions (Source: members’ survey)

### Conditions for membership

According to the results of the members’ survey, there is little support amongst members for making the conditions for (voting) membership stricter than they are at present: see Figure 10. There is thus a strong willingness to keep the platform open and accessible. Nevertheless, some additional conditions for membership could be considered. First of all, a condition which is not mentioned in the regulations/ on the website but which is applied in practice, is that only actors active in Belgium can become a voting member of the platform. From a pragmatic point of view, this is a valid decision, which doesn’t exclude non-Belgian actors from still receiving information/invitations or from cooperating with BCH on concrete activities. Secondly, it could be considered to demand a minimal participation in BCH for being recognised as an ‘effective member’ of the platform (e.g. minimum 1 WG-meeting and/or GA-meeting and/or seminar over a 2-year period). Such a condition could help to maintain a certain coherence between membership and actual participation in BCH.

As mentioned above, the fact that there are presently no conditions for becoming an observing member of BCH seems to be contradictory with the very active involvement of some of these actors in the platform. This is something that could possibly be reconsidered.

## 6.2. Structure

Overall, there is a wide consensus that the present structure of BCH, with a steering committee, general assembly, a (small) secretariat and WGs on specific themes fits the purpose of the platform.

However, the expansion of the past 5 years has led a discussion on whether or not to **limit the number of WGs**. Opinions of members are very divided in this regard: whereas one group of members strongly believes that no limit should be put to the number of WGs; another group is convinced that 10 WGs is far too much and that reducing this number is important. The structure of the network, particularly with respect to the number of WGs, has been discussed in the Delphi survey: (see summary in Annex 5, statements 1 to 5) and during the reflection day of 16 October 2014. The results of the Delphi survey show mixed opinions of members; members who participated in the discussion on 16 October tended to support the vision that it is better no to put a limit to the number of WGs.

A strong argument for not limiting the number of WGs is that BCH should remain an open, flexible and supportive network, that provides a platform to members that want to work together on specific themes. The fact that all WGs continue to function and attract participants (notwithstanding the fact that some have gone through or are going through more difficult periods in which WG dynamics are low), shows that they still respond to an existing need of members. There is no reason to stop a WG or to prevent a new WG from being created when there is clearly still a demand for it.

Yet, as argued by those who advocate for a limitation of the number of WGs, a growing number of WGs may also lead to decreasing efficiency, coherence and manageability:

- Decreasing **efficiency**: a larger number of WGs increases the risk of overlap and duplication of efforts, especially if WGs work on closely related themes (e.g. PCC and SDH);
- A danger of **fragmentation** and **loss of coherence**. As the platform expands, it becomes more difficult for members to keep track with everything that is going on and more difficult for new members to make a choice about where and how to get involved. Having a large number of WGs may give the platform a fragmented rather than a stronger image;
- A potential problem of **manageability**. Follow-up of all WGs by the secretariat and SC becomes more difficult. It is for example no longer possible to discuss the progress of all WGs during SC-meetings (as stipulated in the internal regulations, and as also used to be done in the past when the number of WGs was lower).

Although limiting the number of WGs might not be the best solution (cf. the results of reflection on 16<sup>th</sup> October), it is nevertheless important to remain sensitive to the risks mentioned above and to undertake or support actions that could contribute to increased efficiency and coherence where possible. Stimulating **inter-WG exchange** (see Ch.4.1.4) and improving **external WG-communication** (see Ch. 4.1.3) could to an important degree contribute to creating more coherence and avoiding the duplication of efforts. With regard to inter-WG exchange, WGs prove not to be only interested in the exchange of contents, but also in exchanging experiences and best practices about functioning as a WG as such. To avoid that the number of WGs would become too big, there is also the option of creating **ad hoc WGs** around certain topics (in the past years, ad hoc WGs have for instance been created for the preparation of the annual seminars).

### 6.3. Advocacy and representativeness

As described in Ch. 3.1.2, the issue of policy influencing v. representativeness is since long a discussion point within BCH. In 2014, a chapter on ‘advice, advocacy and position taking’ has been included in the internal regulations, which should clarify the procedure to be followed when doing advocacy as well as how to deal with the question of representativeness. In the internal regulations, a distinction is made between ‘technical advices to policy-makers’ and ‘advocacy/the formulation of policy statements’. The guidelines can then be summarised as follows:

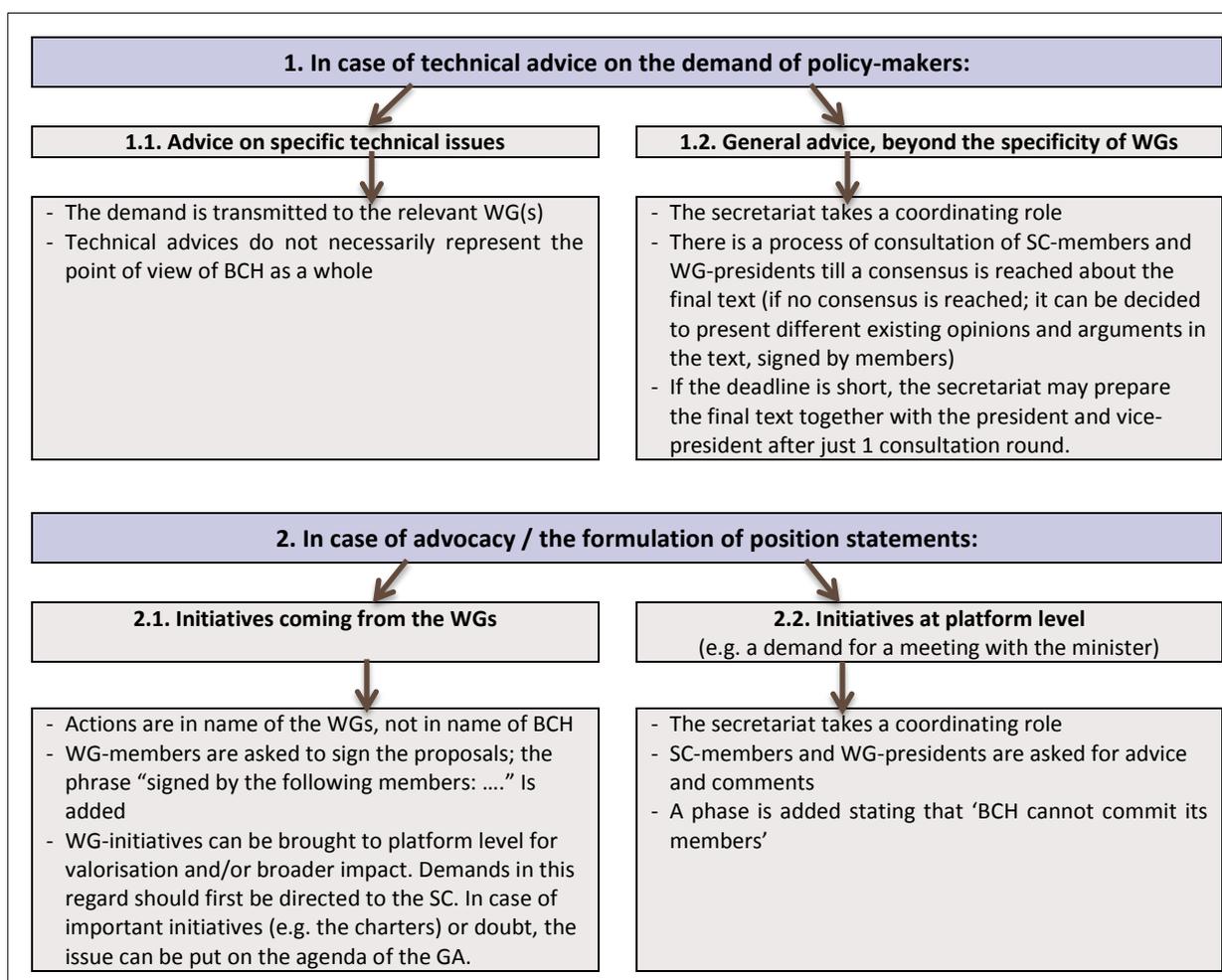


Figure 11. BCH guidelines for advocacy, advice and position taking (source: internal regulations)

The internal regulations furthermore state that BCH prefers that members position themselves, but that it is nevertheless important for BCH to be recognised as a stakeholder. Where possible, advocacy is done through the WGs.

The fact that these guidelines have been developed is an important step in the right direction. Some ambiguities and bottlenecks however still exist, especially with regard to:

- **The clarity and completeness of the guidelines in the internal regulations:** the distinction made between ‘technical advice on the demand of the government’ on one hand and ‘advocacy/the formulation of position statements’ on the other hand is not entirely clear. For instance, what if the platform or a WG gives advice to the government on its own initiative? It is also not entirely clear which types of initiatives fall under ‘advocacy & positioning’, e.g. what about signing an open letter sent out by another network? Secondly, the differences between the procedures that

apply for 'technical advice' and for 'advocacy' do not always seem to be logical. For instance, if the guidelines are strictly followed (cf. flowchart in figure 11), it turns out that disclaimers about representativeness have to be added when taking position but that this is not necessary when formulating a technical advice, or that a broad consultation process and a consensus are required when BCH presents a technical advice, but not when it takes position as a platform.

- **The implementation of the guidelines in practice:** the internal regulations are relatively new and are not always known or implemented yet by WGs. For instance, a participant in the Delphi survey stated not to be aware of the rule of listing the organisations that signed when a WG does advocacy.
- **Diverging opinions on whether BCH as a platform can take the lead in advocacy initiatives.** As not all members are consulted when initiatives go out from the BCH secretariat, an advice or position cannot be presented in name of the platform as a whole. If a disclaimer is used stating that BCH cannot commit its members, some initiatives at overall platform level should however remain possible.
- **Perception by external actors:** if a WG prepares a document, it is often not clear to the outside world whether it is written in name of a WG or in name of BCH (especially as WGs usually use the logo of BCH). Even in case the document is signed by a WG, it might still be easily perceived as being supported by the platform as a whole.

These findings demand for a further clarification of the internal regulations, as well as for good internal communication about it. Moreover, specific measures should be taken to increase clarity towards the outside world. During the SG/WG meeting of 10<sup>th</sup> July, the following measures have been proposed with regard to the latter point:

- To create a personalised version of the BCH logo to be used by the WGs, to make it clear when a document is published by and in name of the WG;
- To create a standard disclaimer for BCH, as well as an adapted disclaimer for WGs, that can be used in letters and advices. The text of the disclaimers should be included in the internal regulations.

Additional suggestions for improving the clarity of the regulations on advocacy and advice will be given in the recommendations chapter (Ch. 8).

#### 6.4. Statute of the platform

From the start, BCH has been set up as a project within the framework agreement between the ITM and DG-D. This arrangement continues until today. During the past 10 years, the inclusion in the framework agreement has offered a number of important advantages, including access to DG-D financing, security of financing for 3 periods of 3 year, and important institutional support from the ITM (salaries of secretariat staff, accommodation of the secretariat, logistical support).

However, the present statute also creates a strong institutional dependency on the ITM and a financial dependency on DG-D, which can become risk factors for the longer-term sustainability of the platform. During the last few years, BCH has been able to generate some revenues outside the framework agreement. For instance, in 2013 Memisa contributed 8184,56€ for the organisation of the annual seminars. Some funds are also generated by asking a registration fee for the annual seminar. DG-D remains the only structural funder however.

When the first external evaluation of BCH was conducted, in 2009, members saw the existing statute of the platform as unsustainable in the longer run. The evaluation then recommended to take some measures to decrease institutional and financial dependency, e.g. a diversification of the sources of funding (for instance through the co-financing of activities by member organisations; by searching funding for certain WG-projects and by considering the introduction of membership fees), and – in the longer run – to become institutionally independent as a network.

These recommendations were discussed by the SC after the evaluation. It was however decided not to make any important changes for now. There is little support within the platform for asking membership fees<sup>60</sup> (which was confirmed by the results of the Delphi survey: see figure 12); and becoming institutionally independent is not considered feasible or desirable in the short term, as becoming an institution would imply a specific formal structure and accountability mechanisms that would go beyond the voluntary commitment of the present members of the platform.

Still, the longer-term risks that were reported in the 2009 evaluation report continue to exist today, and it is likely that at a certain point in the future the statute of the platform might become an issue of internal debate again.

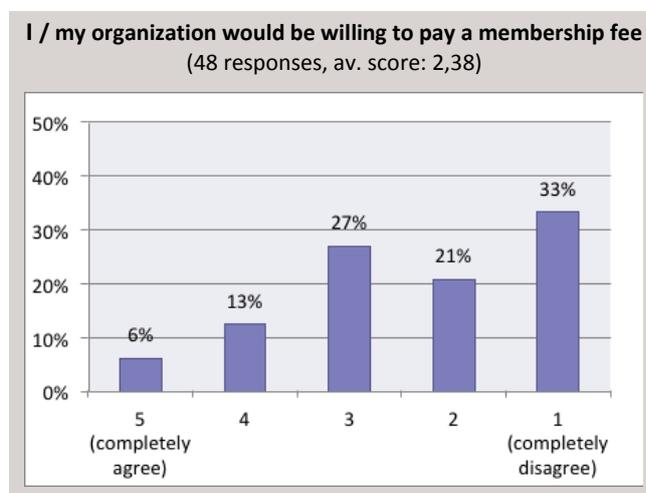


Figure 12: Willingness of BCH members to pay a membership fee (source: members' survey)

## 6.5 Visibility

According to the results of the members' survey, the Delphi survey and the interviews, many BCH members believe that the platform is relatively well known within the sector of international health and health care in Belgium, but (too) little known outside this sector (see Figure 13).

Several actors interviewed confirm that they regularly meet people in Belgium who are little or not aware of the existence of BCH but who might be interested in participating in certain activities. It concerns mainly actors with professional and/or personal interest in international health and development but who are not directly related to one of the bigger actors working in this sector. Amongst others the following actors have been mentioned during the interviews or in the Delphi survey: medical experts (doctors, specialists, pharmacists, ...), clinics and hospitals in Belgium, medical students and NGOs not strictly working in the health sector, etc.

Reasons for increasing the visibility of BCH are diverse: new members may be attracted (for BCH in general or for the WGs), it might create new opportunities for collaboration, .... But above all, it would add to the external image and recognition of BCH, which then again could become an extra factor of motivation for existing members. Visibility at national level could be increased by being more present in the media (e.g. the 'Artsenkrant', NGO-magazines, university newsletters, ...) or by making presentations at relevant seminars and conferences that are not uniquely or not strictly spoken on health and development (vb. NGO seminars).

Internationally, BCH members believe the platform is still insufficiently known by other international actors and platforms on global health and by actors in the South (including as DG-D attachés). The participation in international conferences (e.g. the ECTMIH conferences) and the organisation of regional seminars have to a certain degree increased the external visibility of BCH during the past few years, a path that can be further followed in the years to come.

<sup>60</sup> An argument often used is that members now already contribute a lot to the platform in terms of time and human resources,

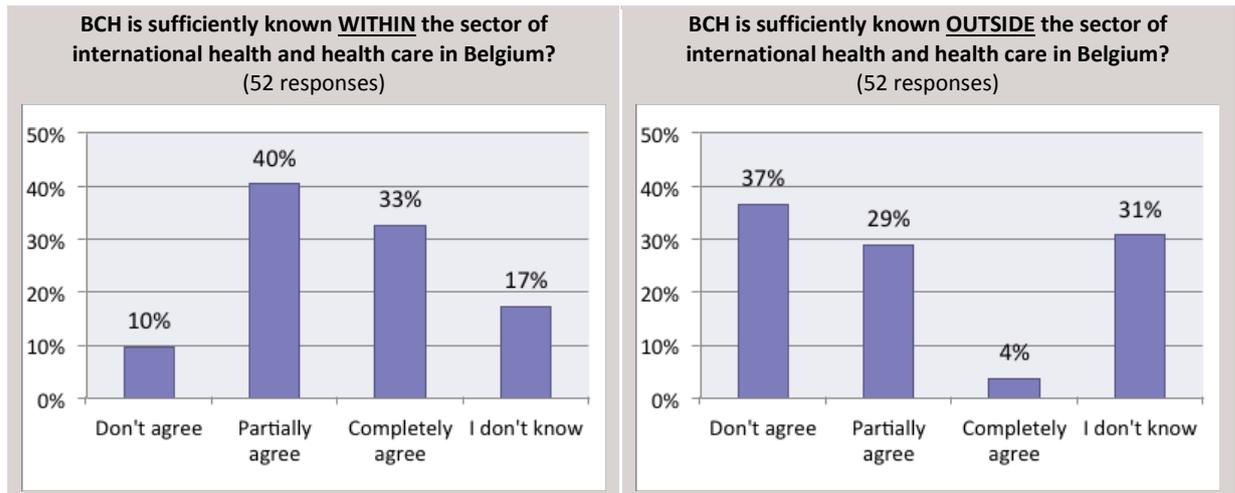


Figure 13: Visibility of BCH inside and outside the sector (source: members' survey)

Apart from external visibility, internal visibility can in some respects be improved. The Monthly Updates give a good overview of themes and activities that are on the agenda, and the newsletter 'Be-Cause Health Matters' reports on the results of annual and regional seminars, but many smaller realisations of the platform are not sufficiently reported back to members. An annual report is presently sent to DG-D, but not to members. Some reporting takes place during the General Assembly meetings. Not everybody however participates at these meetings and time available for reporting on results at the GA is relatively short.

Increased internal visibility of achievements and results (which is also related to WG-communication; see Ch. 6.2) could help to make members feel more connected with the platform and eventually attract new participants for the WGs.

## 7. CONCLUSIONS

In many respects, BCH is a unique and successful networking experience, both at Belgian and at international level. It is unique not only for being a multi-actor platform that effectively manages to bring universities, government entities, public health schools, NGOs, mutualities and other civil society actors, study bureaus and individuals around the same table, but also for being able to keep these networking dynamics alive and still expanding ten years after its creation, with a minimum of central coordination.

The period between 2009 – when the first external evaluation of BCH has been done – and 2014 has been characterised by two major evolutions: first of all, there has been a substantial expansion of the platform, in terms of the number of members, the number of working groups and activities, the establishment of some first international linkages and the initiation of regional seminars in the South. Secondly, a process of further internal consolidation took place. Communication mechanisms have been restructured and improved; different membership categories have been introduced; tasks and responsibilities have been clarified; guidelines with regard to the functioning of WGs and with regard to advocacy and representativeness have been introduced; etc. These different aspects of internal functioning have been bundled in a document with the ‘internal regulations’ of the platform, which was finalised in January 2014.

In the coming years, one of the principal challenges for BCH will to be to keep these expanding and diffusing networking activities somehow together and to watch over the unity and common identity of the platform. A worrying tendency is that there is a growing difference between those who are actively participating in the WGs and those who are registered as a member on the mailing list of BCH (and thus receive the monthly updates, invitations for the seminars, etc.).

Some platform members are also concerned about the growing number of WGs in BCH (presently 10), as this could lead to fragmentation and a duplication of efforts. The evaluation found that the number of WGs is not so much a problem. It is on the contrary positive that members are willing to bundle forces on an increasing number of themes and that BCH can offer them a platform to do so; moreover, a network functions at it best when it can grow and evolve organically. However, as platform activity is moving and expanding in different directions, it becomes also more difficult for members and outsiders to follow what is going on. Paradoxically, the image and identity of BCH as a platform could weaken as the platform becomes bigger but activity more scattered, and the group of members concerned about the platform as a whole risks to become smaller. To avoid fragmentation and disintegration, good communication on the WG-activities and results remains essential. From the side of the WGs, there is a growing demand for exploring possibilities for inter-WG exchange and collaboration, which – if successful – would diminish the risk of duplication of efforts<sup>61</sup>.

One of the central questions of the evaluation was whether the existing vision and mission of BCH are still relevant in view of the recent expansion of the platform and on-going external evolutions or whether an update would be required. It was found that the principles behind the present vision and mission are certainly still valid and correspond well with what BCH is doing in practice. The formulation of the vision and mission texts could however be improved to make them more recognisable and useful as a common reference document. This is especially the case for the vision text, which is presently rather long and complex (this was also one of the reasons why it was difficult

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<sup>61</sup> In terms of a **metaphor**, one member described BCH as an archipelago with islands that have a relatively high degree of autonomy. This is OK, as long as it remains possible for the islanders or occasional visitors to get a clear map and brochure on what is going on different islands and in the archipelago as a whole, as long as bridges or ferries are installed between islands where there is a need or demand for it, and as long as there is a kind of common cultural identity that makes the archipelago more than just a group of independent islands.

for members to reflect on the contents of the vision in the framework of this evaluation exercise). Formulating a short vision statement, possibly combined with an - also concise - value statement listing a number of principles shared by the members of BCH, is to be preferred over adding or changing certain elements in the present vision formulation.

Some of the principal strengths and weaknesses of BCH that have been identified during the evaluation process, as well as a number of opportunities and threats for the further development of the platform are summarised in Table 11 in the form of a SWOT-analysis:

Strengths of BCH	Weaknesses of BCH
<ul style="list-style-type: none"> <li>● The <b>multi-actor character</b> of the platform;</li> <li>● Being able to count <b>on a number of very active and committed members</b> who make things move forward;</li> <li>● The themes BCH is working on <b>respond to a common need</b> of members;</li> <li>● <b>Good quality network coordination</b> by the BCH secretariat and steering committee;</li> <li>● Some <b>very active WGs</b>;</li> <li>● The <b>annual seminars</b>: well-known, of high quality and widely attended;</li> <li>● The <b>number of members</b> is growing each month;</li> <li>● Good <b>linkages with the field</b> through the member organisations;</li> <li>● Good <b>internal communication mechanisms</b>: website, newsletters, ...;</li> <li>● <b>Internal regulations</b>: consolidate several aspects of the internal functioning of the platform;</li> <li>● Some first experiences with <b>inter-WG meetings</b>;</li> <li>● Other <b>Belgian networks or platforms on international health have been integrated</b> or there is good cooperation;</li> <li>● Openness for <b>collaboration with external actors</b>;</li> <li>● Membership of <b>FESTMIH</b>; collaboration with <b>MMI</b>.</li> </ul>	<ul style="list-style-type: none"> <li>● A growing <b>gap between the mailing list</b> (with platform members) <b>and those actively involved in BCH</b>;</li> <li>● <b>Membership system</b> not working optimally yet;</li> <li>● Weak <b>communication between the WGs and the platform as a whole</b>;</li> <li>● Some <b>discrepancies between the internal regulations and daily practice</b>;</li> <li>● <b>Website</b> not always up-to-date;</li> <li>● <b>Advocacy guidelines</b> need further clarification;</li> <li>● Little <b>internal feedback on outputs and results</b>;</li> <li>● Limited <b>visibility</b> outside the sector of international health and development in Belgium;</li> <li>● Further discussion is needed on the <b>role of BCH in the South</b>.</li> </ul>
Context opportunities	Context: threats
<ul style="list-style-type: none"> <li>● <b>Post-2015 debate</b>: inter-sectorial collaboration becomes more important (the multi-actor character of BCH is a strong added-value here);</li> <li>● <b>Membership of FESTMIH</b>: creates opportunities for international networking;</li> <li>● <b>2017 ECTMIH seminar in Belgium</b> (=&gt; more WGs and members can participate);</li> <li>● <b>The linkage with MMI</b>: possibilities to do advocacy at WHO-level;</li> <li>● Several <b>possibilities for networking at international level</b> (Canada, Ireland, ...) have not been explored yet;</li> <li>● Many <b>potentially interested actors in Belgium are not member of the platform yet</b>.</li> </ul>	<ul style="list-style-type: none"> <li>● The <b>high financial/institutional dependency on ITM and DG-D</b> is a risk factor for the long-term sustainability of the platform.</li> </ul>

Table 11. Summary of findings: SWOT-analysis

## 8. RECOMMENDATIONS

The majority of recommendations listed below are directly derived from the analysis presented in the previous chapters. The rationale behind the recommendations will therefore not be explained again. Instead, reference will be made to the chapter(s) where the corresponding findings and analysis can be found. Several recommendations might need to be further operationalized, which is seen as part of the follow-up process that will be given to this evaluation exercise.

### (1) To review the formulation of the mission text, so that it better reflects the actual functioning of BCH (Ch.3.1):

- Especially the formulation of the expected results is in need of a revision. In this respect, the results formulated in the 2014-2016 framework agreement correspond better with reality than those formulated in the mission text, and could be used as a starting point;
- Although the order of expected results is in theory not important, it is recommended to put 'a better exchange and circulation of knowledge' first, as this is the most 'central' expected result, reflected in a very large number of activities of BCH;
- 'A better anticipation to the needs identified by actors in the South' is best omitted as an expected result and could instead become a 'guiding or transversal principle' for the functioning of the platform (see recommendation 2). In case it would be decided to keep an expected result that refers to the link with the South, it is recommended to reformulate the present result in terms of an achievable output;
- For (internal and external) clarity purposes, it is recommended to integrate the sections 'who are we' and 'goal' on the website into one single mission text.

### (2) To reformulate the vision of BCH (Ch. 3.2):

- To reflect upon the **formulation of a short vision statement**, which should on one hand be strong and powerful but on the other hand broad enough so that it can unite the diverse group of actors that are participating in BCH. Whether or not the link with the HC4All declaration (which is still relevant to members) is maintained or whether other concepts – related to more recent context evolutions – are put central or integrated<sup>62</sup>, is something that should be further internally discussed;
- To also reflect upon the formulation of an **internal vision** for the platform (i.e. a visionary statement of what the platform should ideally be or become in the future);
- To develop a separate '**value statement**', i.e. a summary of the key values and principles that are expected to be shared by all members and guide the platform's activities;
- To see the previous points as a reflection exercise that contributes to the internal strengthening of the platform, without however spending too much time on it.

### (3) To establish a checklist of criteria to be used when organising or participating in seminars in the South (Ch. 3.1.3). The following criteria are suggested:

- The demand comes from the south;
- There is a mutual added value;
- A clear link with the mission and activities of BCH;
- Linking up with existing initiatives is to be preferred over being the organiser of the seminar. If however the above conditions are fulfilled and there is no local entity that can adequately take up the organisation of the seminar, BCH could consider to become co-organiser. Even then, its role should be supportive and facilitating rather than implementing;
- Care should be taken before connecting the name of BCH to a seminar, especially if topic of the seminar can be politically sensitive.

<sup>62</sup> Based on the evaluation results, it is impossible to answer this question.

(4) **To revise the system of membership (Ch. 6.1.).** Based on the analysis presented in Ch.6.1., the following measures are being suggested (alternatives are however possible):

- In order to obtain a better coherence between ‘membership’ and ‘involvement in the platform’, it is first of all suggested to retain only **2 categories**: ‘BCH members’ on one hand and ‘friends of BCH’ on the other hand:
  - ✳ **BCH members**: all actors willing to actively participate in the platform, thus including the present ‘observing members’ that are active in the WGs. A further distinction can be made between individual and organisational membership, and a number of organisations can still be given an observer status (which basically implies that they have no right to vote); they remain however seen as members of BCH;
  - ✳ **Friends of Be-Cause Health**: actors in the South, international organisations, and all other actors who are interested in receiving or exchanging information with BCH and with whom BCH can occasionally work together on specific themes. For communication purposes, the BCH secretariat could internally make a further distinction between (1) Belgian actors in health and development (i.e. those who could potentially become member of BCH) and (2) actors from other countries and/or other sectors.
- With regard to the **advantages related to the different categories of membership** (as mentioned in the internal regulations), the main difference with the present system would be that ‘members with an observer status’ would have basically the same advantages as other members (newsletters, taking up facilitating functions, ...), except the right to vote at the GA.
- It is suggested to give ‘friends of BCH’ the possibility to subscribe to the Monthly Updates.
- The existing **conditions for membership** (as mentioned on the website) can be maintained. If the previous suggestions are followed, these conditions would also apply for members with an observer status. Useful additional membership conditions could be: (1) being active in the Belgian context and (2) a minimal participation in BCH activities (e.g. over a period of 2 years).
- The previous recommendations ask for an **update and eventually restructuring of the BCH mailing list** (it is anyhow good to have the mailing list updated every couple of years). When updating the mailing list, it is furthermore suggested:
  - ✳ To send also an invitation for registration via the mailing lists of the WGs;
  - ✳ To ask member organisations to propose a ‘focal point’ for communication with BCH (to be used for communications directed towards the organisations; other mails, newsletters, ... can still be sent directly to the individual staff of the member organisations).
- To remove the inconsistencies between the internal regulations and the text on the website with respect to membership.

(5) **Not to limit the number of WGs but to continue to stimulate and facilitate inter-WG exchange and cooperation (Ch. 4.1.4 and Ch. 6.2.):**

- Although there is a demand for increased WG-exchange, inter-WG collaboration cannot be forced. The challenge is thus to further identify opportunities for exchange, rather than to make inter-WG collaboration a general requirement for WGs;
- To be able to identify opportunities for exchange or collaboration, WGs should be able to have a better idea of each other’s activities. Improved external WG communication can to an important degree contribute to this (see recommendation 6). The BCH secretariat - having the best overview of what the different WGs are focussing on - can play a supporting role, for instance, by making suggesting for exchange or collaboration to WG-presidents or by organising a joint WG-seminar (see next point);
- Several WG-members showed interest in organising a joint WG-seminar. The focus of such a seminar would not only be on content exchange, but also on the exchange of experiences and best practices related to WG management and operation.

**(6) To improve communication between the WGs and the platform as a whole (Ch. 4.1.3 and Ch. 6.2).** Several measures can be taken to improve external WG-communication, none of which should ask too much time from WG-coordinators or members. Also here, the secretariat should play a coordinating and facilitating role:

- To (yearly) update the WG-pages on the website. It is recommended to not only mention the history and objectives of the WG, but to also add a short description of what the WG is focussing on at present (even if not special is on the agenda except the exchange of information);
- The website pages of the WGs can be made more accessible by replacing the tab ‘member pages’ (which gives the impression that the information is for insiders only) by a tab ‘themes’ or ‘working groups’;
- It is suggested to be stricter on the requirement of annual planning and reporting by the WGs. This reporting shouldn’t take too much time from the WGs (a concise summary of achievements and foreseen priorities should be sufficient). Regular reporting could for instance be a condition for WGs to get access to financial support from BCH;
- A last recommendation with regard to WG-communication is to more systematically include information on the WGs in the Monthly Update (for example, an announcement that the webpage of a WG has been updated). WGs should furthermore be stimulated to make more systematically use of the newsletter, e.g. to launch a call for new participants, to announce that an external speaker will be invited to a meeting, etc.

**(7) To further clarify guidelines for advocacy and representativeness (Ch. 4.1.2 and Ch. 6.3)**

- The present distinction made between ‘technical advice’ and ‘advocacy/position taking’ is confusing and sometimes artificial. It is instead suggested to formulate in a general way when the internal regulations on advocacy apply (i.e. any time BCH or a WG publicly takes position or presents concrete proposals or advice to policy makers). It is not recommended to try to further specify the different forms of advocacy/advice that exist, as this could lead to a long and perhaps unnecessary discussion on concepts and definitions, while certain types of advocacy still risk to be excluded;
- Whereas the principle that position taking/advice is preferentially done through the WGs should be maintained, it would be useful to further clarify and describe the circumstances under which the secretariat can take up a coordinating role (not only for technical advice, but in general);
- To make to guidelines more clear and easier to use, it is furthermore recommended to divide the text in two sections: one general section on procedures and consultation mechanisms and a second section on how to deal with representativeness;
- With regard to ‘representativeness’, the suggestions formulated during the SC-committee of 10<sup>th</sup> July 2014 should be followed, i.e. the development and use of a standard disclaimer (a general disclaimer for BCH and a specific one for the WGs) that explains that BCH cannot commit its members; and the development of a separate logo for the WGs.

**(8) To improve internal communication on achievements and results (Ch. 6.5).** This recommendation is linked to recommendation 6 on external WG-communication. Internal communication on achievements and results can furthermore be improved by diffusing an adapted version of the annual report (based on the annual report sent to DG-D) to members of the platform.

**(9) To increase external visibility of the platform (Ch. 6.5).** The following recommendations are given:

- To document network experiences, best practices and lessons learned, and to share these (1) internally and (2) at national and international conferences and meetings. A number of examples of experiences and lessons learned can be derived from this evaluation report, as well as from the results of the Delphi survey (Annex 4). Also the organisation of a WG-seminar (see recommendation 5) would be useful for to identify, share, discuss and then document best practices and experiences. Based on these different inputs, the SC can then coordinate the process of preparing a document, folder and/or presentation that can be used for internal and external communication purposes;
- To make use of existing media and newsletters to present BCH (e.g. 'Artsenkrant', NGO newsletters, ...);
- To look for opportunities to participate in relevant (national or international) conferences or seminars that are not necessarily on health and development only;

**(10) To further invest in establishing linkages with other networks at international level (Ch. 4.1.4).**

Other (national) networks with which possibilities for exchange or collaboration could be explored include: the Canadian Society for International Health, the Irish Forum for Global Health, the Norwegian Forum for Global Health Research and Medicus Mundi Switzerland.

**(11) To keep looking for additional external funds or for possibilities of co-financing of activities by other organisations (Ch. 6.4).**

One possibility that could be explored (and for which there is a demand from some WGs) would be to look for funding of research projects coordinated by the WGs. The initiative for this should in the first place come from the WGs, but the secretariat and/or SC can eventually play a supporting role.

**(12) To prepare and implement an action plan for the follow-up of the recommendations of this external evaluation.**

For the recommendations that need to be followed up at platform level, a similar process can be followed as after the 2009 external evaluation (i.e. discussing the evaluations at SC level; defining priorities; preparing follow-up fiches for the recommendations/issues defined as priorities). It is furthermore recommended that each WG would discuss the consequences of this evaluation for its own way of functioning. Especially the recommendations related to communication and external cooperation (recommendations 6, 8, 9, 10 and 11) should at least partially be followed up at WG-level.

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