



Evaluation of Be-cause health

Strategic Planning of Be-cause health for FA5 of ITM

2/2/2021

Report of the workshop

Introduction

2021 is a planning year for Be-cause health (BCH). A new funding cycle with the Belgian Directorate General for Development requires a new five-year plan. To prepare this, an external evaluation was organized by BCH and implemented by hera (www.hera.eu). A workshop was organized to present the results of this evaluation and to launch the planning exercise.

The whole steering committee, the coordinator, ITM and DGD, as well as a number of key stakeholders of BCH were invited. Between 20 and 25 participants thus held a virtual and interactive workshop on February 2nd, 2021. They gathered in Zoom for plenary and breakout sessions. The meeting relied on the MIRO platform for the exchange and capture of information.

A team from hera (www.hera.eu) supported the workshop technically.

The figure below describes the agenda of the workshop. After a short introduction and technical instructions, the main results of the hera evaluation were presented and discussed. The strategic framework of Be-cause health, its changing external forces and its four expected results were discussed through post-it's in plenary. The activities were discussed in two successive breakout sessions. Conclusions were presented in plenary and a short evaluation of the workshop itself concluded the meeting.



1. External evaluation of Be-cause health by hera

René Dubbeldam and Marieke Devillé presented the results and recommendations of the external evaluation of Be-cause health. They will include their presentation and the ensuing discussion in the report of the evaluation.

They will come back with the overall results during the BCH General assembly of March 9th, 2021.

The four main recommendations of the evaluation are presented below.

KR 1 – Adaptation of the Objectives of BCH

- *Adapt and expand the Antwerp Declaration.* Include (e.g.) climate impact on health, health security.
- Discuss whether the existing four results need to be refined or require greater focus (*work for the workshop*).

KR 2 – Strategies to achieve the goals

- Develop a *communication / advocacy strategy*. Clarify the roles and responsibility related to advocacy between BCH Coordination and WGs
- *Innovate.* Use innovative systems (social media, digitalization) to improve participation, learning and sharing.
- *Rejuvenate and become more inclusive.* Attract more young professionals from diverse backgrounds, including the South to participate in the platform.
- *Ask BCH member organizations* to identify young professionals to become active in WGs.
- *Consider broadening participation in the BCH platform*, for example involve the private sector (pharmacy companies, etc.) to participate in policy debates.

KR 3 – Organizational aspects

- *Foster BCH.* Be aware that BCH is quite unique.
- *Do not institutionalize* BCH. Keep it as a *platform* for discussion. Remain pluriform.
- Keep BCH *Belgian*.
- Keep BCH *lean*. No need for substantial additional financial inputs. Member's voluntary contributions are fostering the identity of BCH.
- *Keep ITM* as host of BCH.
- Keep the current *governance structure* but review how working groups can be more/better interconnected.
- Reassess the *membership profiles* (voting, non-voting) – respondents unclear about what member profile they have

KR 4 – Outreaching, networking

- Use *innovative methods* to connect to people or organizations outside of the platform (social media, digitalization).
- *Annual seminars and workshops* are a good way for connecting the platform members and could also be used for more actively engaging the South.
- Consider *analyzing the functioning of different working groups* to learn about more effective ways of organizing working groups and sharing lessons learned among WGs
- Consider developing strategies to *attract young professionals from the South* in platform activities

The main discussion points were about:

- The functioning of the working groups, which are perceived by some as too stand alone. On the other hand they collaborate very actively for the annual conferences.

- The membership of BCH is perceived by some as too old, too male and too Western. Working group members are often younger and female though, but all are not registered as members. Attracting participants – and thus potential members – in the South has started very successfully in 2020 through the virtual meetings.
- The call to involve the private sector has been heeded since a long time. The experience of BCH is however quite negative, as the values of the HC4All declaration are usually not shared by private for profit actors.

2. Introduction of Magalie Schotte

Magalie is introduced by Elies Van Belle. She will be the coordinator of BCH from March 1st, 2021.

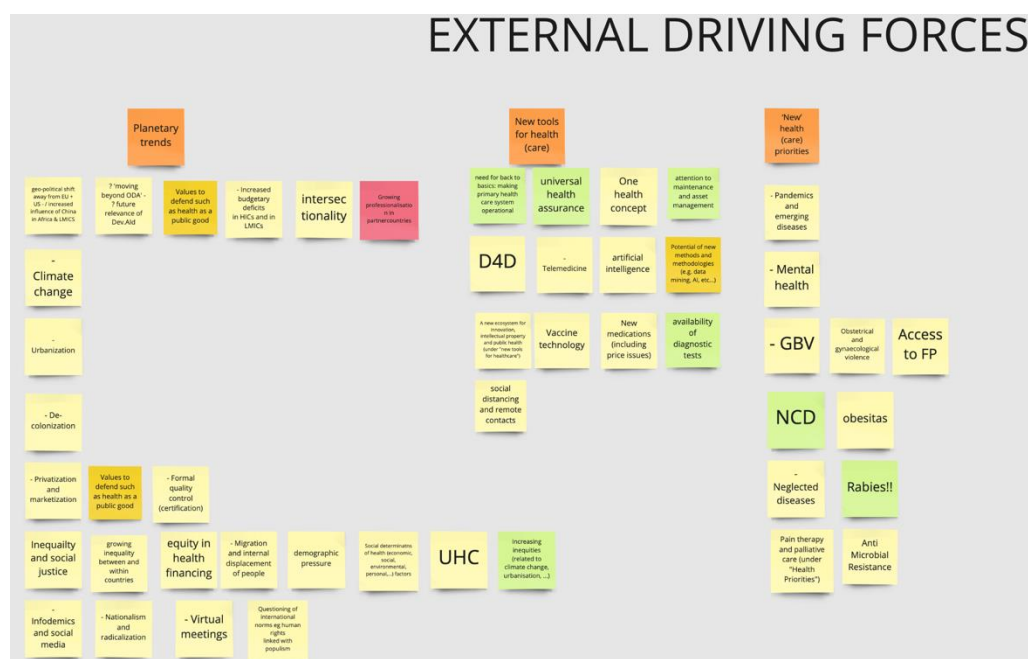
3. Planning workshop for FA5 of ITM

After the presentation of the evaluation, the workshop shifted to planning. A brief reminder of the strategic framework of BCH was presented.



The workshop then proceeded with the identification of changes external to BCH, that could or should determine priorities and choices for the next 5 year period. A brainstorming session allowed to capture the following elements.

a. External driving forces



Planetary trends

General factors

- Geo-political shift away from EU + US - / increased influence of China in Africa & LMICS
- ? 'moving beyond ODA' - ? future relevance of Development Aid
- Values to defend such as health as a public good
- Increased budgetary deficits in HICs and in LMICS
- Intersectionality
- Growing professionalisation in partner countries

Climate change

Urbanization

De-colonization

Privatization and marketization

- Formal quality control (certification)

Inequality and social justice

- Growing inequality between and within countries
- Equity in health financing
- Migration and internal displacement of people
- Demographic pressure
- Social determinants of health (economic, social, environmental, personal,...) factors
- UHC
- Increasing inequities (related to climate change, urbanisation, ...)

Infodemics and social media

- Nationalism and radicalization
- Virtual meetings
- Questioning of international norms eg human rights linked with populism

New tools for health (care)

System wide tools

- Need for back to basics: making primary health care system operational
- Universal health assurance
- One health concept

Digitalisation for development

- Telemedicine
- Artificial intelligence
- Data mining

Innovations

- Vaccine technology
- New medications (including price issues)
- Availability of diagnostic tests
- A new ecosystem for innovation, intellectual property and public health

Social distancing and remote contacts

Attention to maintenance and asset management

'New' health (care) priorities

Pandemics and emerging diseases

Mental health

SRHR

- GBV
- Obstetrical and gynaecological violence
- Access to FP

NCDs and obesitas

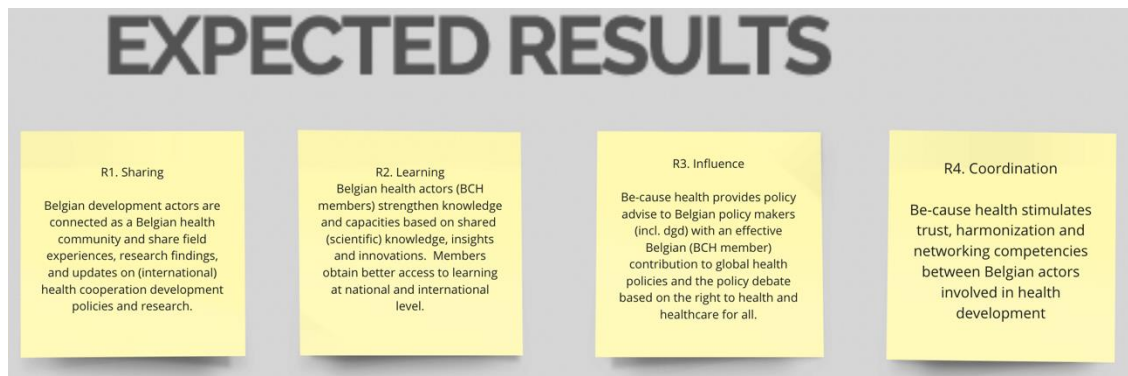
Neglected diseases (rabies)

Medicines

- Pain therapy and palliative care
- Anti Microbial Resistance

4. Results of Be-cause health

All participants contributed ideas about the relevance and the needed evolutions of the results in the strategic framework of BCH.



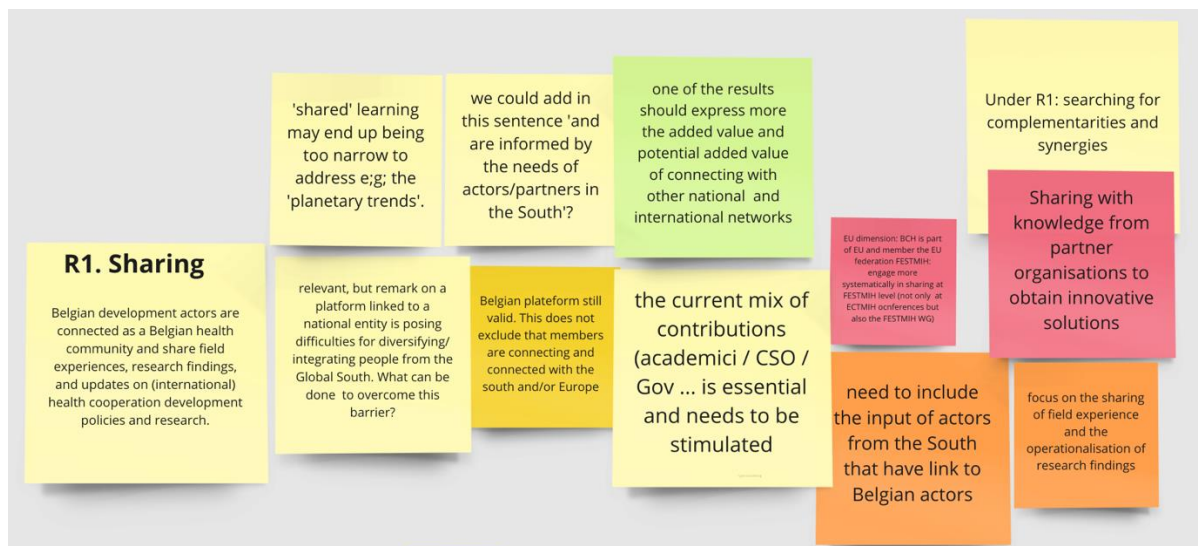
The 4 results were deemed relevant and no additional result was proposed.

The recommendations of the evaluation and the external driving forces for change were used in breakout sessions that proposed evolving and new activities for each result of BCH.

The following sections – one per result – present both the ideas about the reformulation or evolution of each result and the ensuing (new) activities.

a. Result 1 SHARING:

i. Reviewing Result 1: Sharing



Present formulation: Belgian development actors are connected as a Belgian health community and share field experiences, research findings, and updates on (international) health cooperation development policies and research.

Proposed changes:

What?

- Several people think the result is relevant. One person thinks it is too narrow, because some topics require learning specifically (f.i. some planetary trends)

With whom?

- Need to include the input of actors from the South that have link to Belgian actors
 - Relevant, but remark on a platform linked to a national entity is posing difficulties for diversifying/ integrating people from the Global South. What can be done to overcome this barrier?

- Belgian platform still valid. But...

- The current mix of contributions (academics / CSO / Gov ...) is essential and needs to be stimulated

- One of the results should express more the added value and potential added value of connecting with other national and international networks

- EU idmension: BCH is part of EU and member the EU federation FESTMIH: engage more systematically in sharing at FESTMIH level (not only at ECTMIH conferences but also the FESTMIH WG)

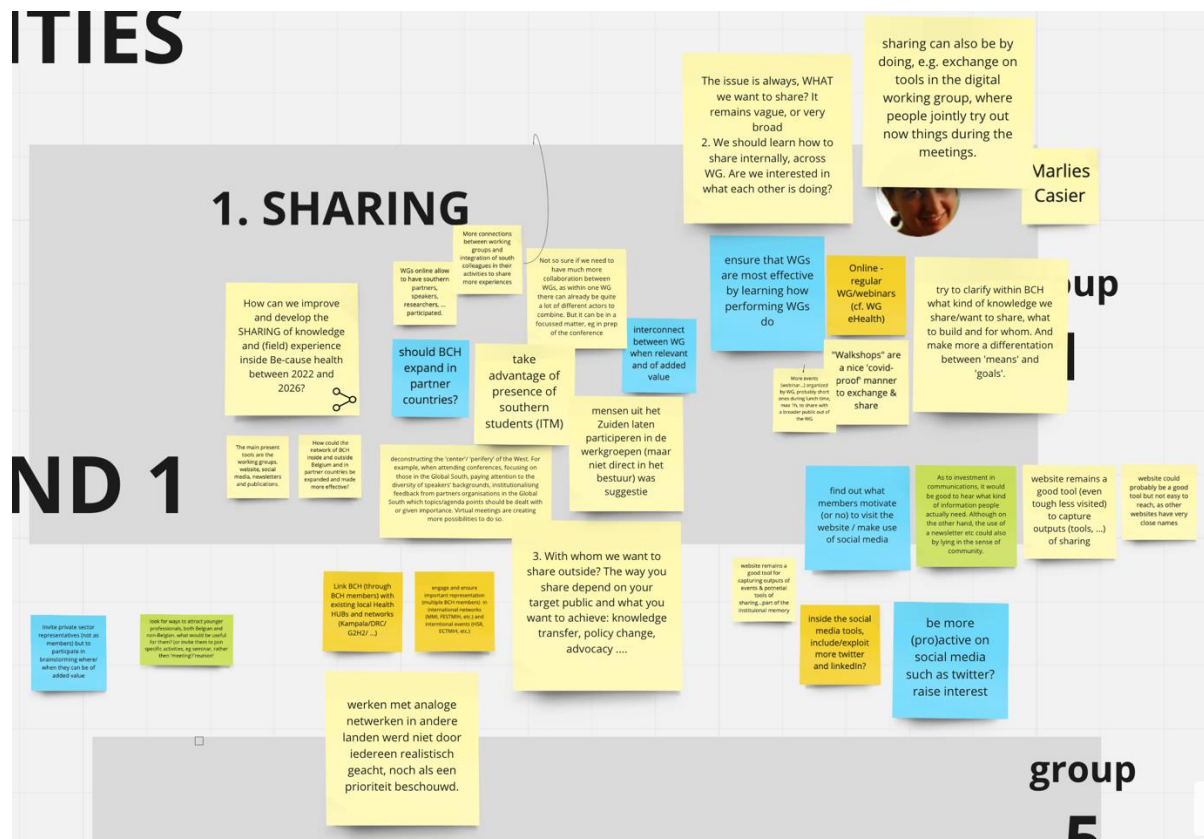
How?

- Searching for complementarities and synergies

- Sharing knowledge from partner organisations to obtain innovative solutions

- Focus on the sharing of field experience and the operationalisation of research findings

ii. Activities 1. Sharing



1. In the Working Groups

- Online or blended meetings allow more people to participate, including people from the South.
- Organize regular online working groups
- Organize webinars, e.g. during lunch time, open for a broader public
- Invite private sector actors to engage in specific webinars/exchanges (on meaningful occasions rather than as a member of WGs)
- Think of ways to engage more young professionals in the WGs and BCH activities, e.g. by enquiring into their needs, by inviting them to webinars rather than 'réunions'/'meetings', ...
- Exchange on good practices to improve the functioning of WGs
- Discuss and try to clarify within BCH what kind of knowledge to share, what to build from and for whom. Note: a lot of sharing in the WG meetings is of an informal nature, eg on ongoing policy change, plans, ... and thus not always 'shareable' outside of the WG (which is why the Minutes are not publicly available eg)
- Sharing can also be by doing (e.g. WG on Digitalization) or through 'walkshops' (in Covid-times)

2. Between the Working Groups

Look at opportunities to share across WGs, keeping in mind that WGs already combine a diverse range of actors, interested in (sub)themes, who might not always have the interest and/or time to engage with the other WGs.

Have interconnections with other WGs when relevant and of added value e.g joint panel or workshop at the annual conference, joint webinar on interlinkages, ...

3. With external networks

-It was suggested to link BCH (through members) with existing local health hubs and networks. At the same time the feasibility of this was questioned and there was a sense that the sharing is first of all among the members of the existing platform (and at a smaller level, within the WGs).

-Engage and ensure representation of BCH members in international networks (like FESTMIH)

-Reflect on what the goals of sharing with external networks are

4. With Southern partners

-Actively engage Southern partners to participate in meetings of WGs and activities of WGs and BCH. This can help us decentralize, focus on their needs, and help us to institutionalize their feedback e.g. on what topics to give priority to.

-Engage the many young Southern Master students that participate in the annual conference, e.g. by allowing more time for exchange, valorizing their knowledge and expertise eg on local health contexts in their countries of origin, which could be through using more interactive methods during the conference sessions, but also by having (some of them) think along in the preparation of the conference/provide feedback.

5. Through BCH communication tools

a. The website

-The website, even if not so much visited, remains a good tool for displaying outputs of events, feeding the institutional memory, building the sense of community, ...

-The website is still too hard to find through google (long-lasting problem!)

-Inquire what types of information people need/look for, in order to decide on what to bring online. And what motivates people to visit the website? A lot of information is internally shared through the mailing lists of WGs – this makes the need to visit the site less big.

b. Newsletter

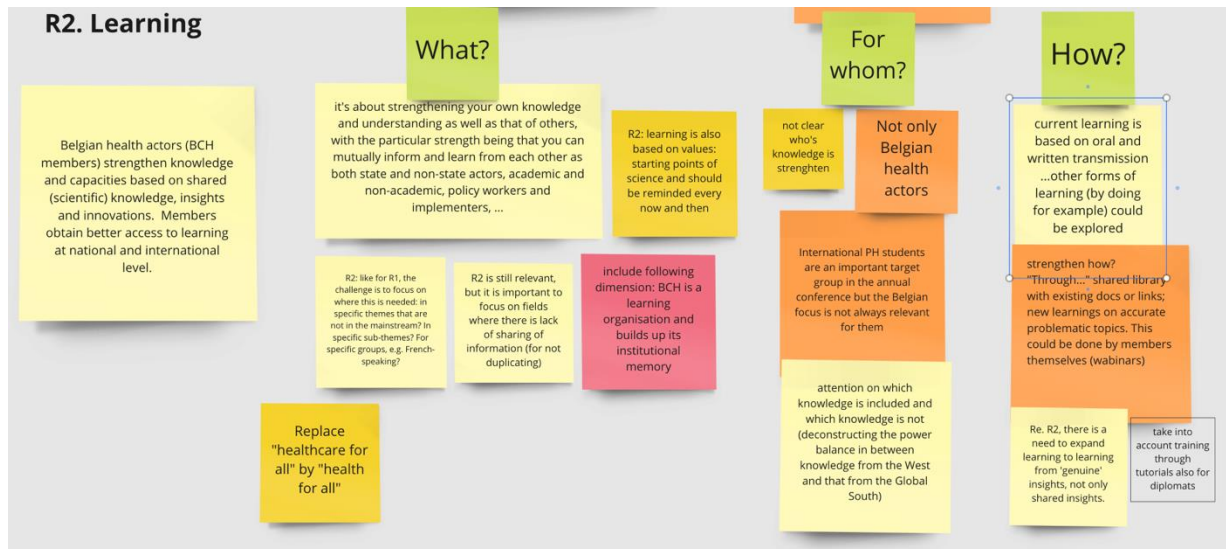
-Is good, and should be kept

c. Social media

Not discussed much. Questions raised if we need to be more (pro)active or not, eg on Twitter, as to raise interest but not discussed. Not really seen as a priority?

b. Result 2 LEARNING:

i. Reviewing Result 2: Learning



Present formulation: Belgian health actors (BCH members) strengthen knowledge and capacities based on shared (scientific) knowledge, insights and innovations. Members obtain better access to learning at national and international level.

Proposed changes:

What?

- it's about strengthening your own knowledge and understanding as well as that of others, with the particular strength being that you can mutually inform and learn from each other as both state and non-state actors, academic and non-academic, policy workers and implementers, ...
- R2 is still relevant, but it is important to focus on fields where there is lack of sharing of information (for not duplicating)
- R2: like for R1, the challenge is to focus on where this is needed: in specific themes that are not in the mainstream? In specific sub-themes? For specific groups, e.g. French-speaking?
- Include following dimension: BCH is a learning organisation and builds up its institutional memory

For whom?

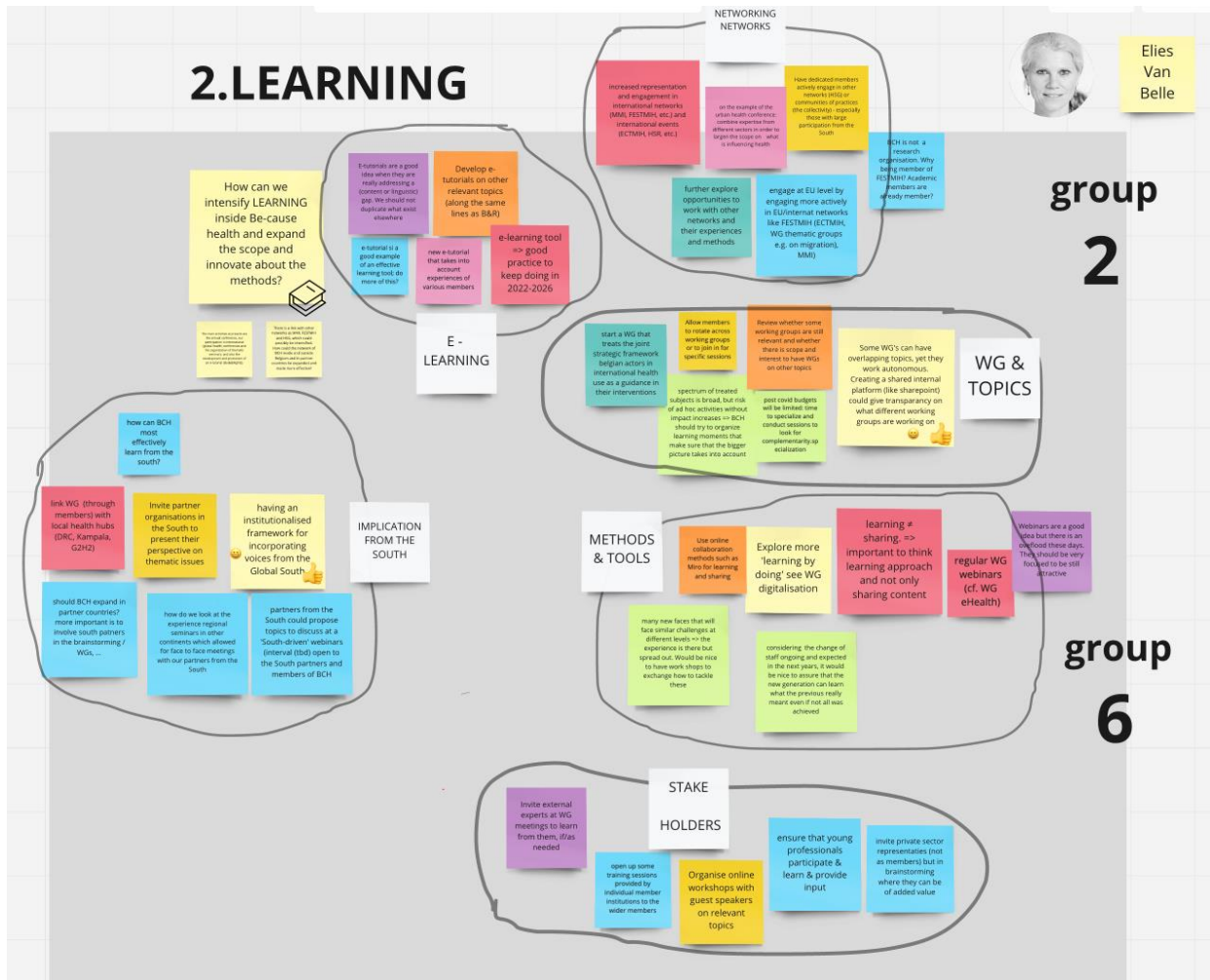
- Not clear who's knowledge is strengthened
- Not only Belgian health actors
- Attention on which knowledge is included and which knowledge is not (deconstructing the power balance between knowledge from the West and that from the Global South)
- International PH students are an important target group in the annual conference but the Belgian focus is not always relevant for them

How?

- Take into account training through tutorials also for diplomats
- Regarding R2, there is a need to expand learning to learning from 'genuine' insights, not only shared insights.

- Strengthen how? "Through..." shared library with existing docs or links; new learnings on accurate problematic topics. This could be done by members themselves (webinars).
- Current learning is based on oral and written transmission ...other forms of learning (by doing for example) could be explored.

ii. Activities 2. Learning



Classification of all the input in 6 categories + explanation of main thoughts:

1. Implication from the South

There is a general feeling that actors from the south/ international actors should have more input/ should be heard more and feed the content of BCH

2. Develop other e-learning tools

The e-tutorial Body&Rights is seen as a success to be replicated on other topics

3. Networking the networks

Many suggestions to increase engagement and representation in other networks; to learn from other networks and to represent BCH more formally on EU and international level

4. Methods & Tools

- To develop a proper learning method within BCH, learning is not the same as sharing and should go further than sharing content.
- To use different tools for online learning as Webinars but also as the Miro technique
- Be aware of the transition going on in which we risk to lose the knowledge from the past (“the Belgian school”); use it as an opportunity to be more inclusive but at the same time ensure that the new generation can learn what the previous really meant even if not all was achieved

5. Working Groups & Topics

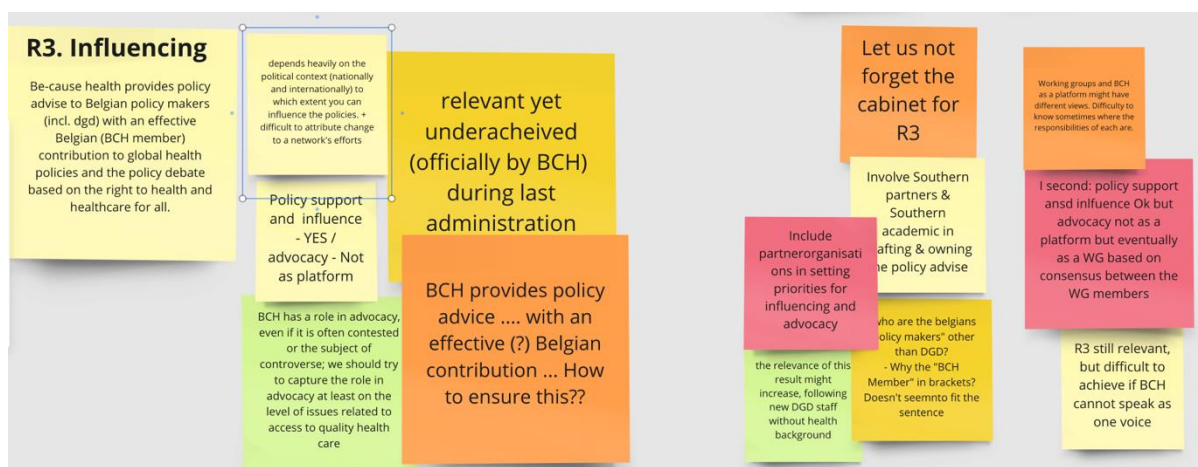
- Work on ways to ensure documentation and sharing of all the material treated in the WG
- Think of new WG on relevant topics, as a joint strategic framework; BCH should try to organize learning moments that make sure that the bigger picture is taken into account

6. Stakeholders

Involve different actors to enrich BCH: guest speakers, private sector, young professionals, training organized by individual members...

c. Result 3 INFLUENCING:

i. Reviewing Result 3: Influencing



Present formulation: Be-cause health provides policy advice to Belgian policy makers (incl. DGD) with an effective Belgian (BCH member) contribution to global health policies and the policy debate based on the right to health and healthcare for all.

Proposed changes:

What?

- Depends heavily on the political context (nationally and internationally) to which extent you can influence the policies. + difficult to attribute change to a network's efforts
- Policy support and influence - YES / advocacy - Not
- As platform, BCH has a role in advocacy, even if it is often contested or the subject of controversy; we should try to capture the role in advocacy at least on the level of issues related to access to quality health care
- Relevant yet underacheived (officially by BCH) during last administration
- BCH provides policy advice with an effective (?) Belgian contribution ... How to ensure this??

With whom?

- Let us not forget the cabinet for R3
- Involve Southern partners & Southern academics in drafting & owning the policy advice
- Include partner organisations in setting priorities for influencing and advocacy
- Who are the Belgian "policy makers" other than DGD?
- Why "BCH Member" between brackets? Doesn't seem to fit the sentence
- The relevance of this result might increase, following new DGD staff without health background

How?

- Working groups and BCH as a platform might have different views. Difficulty to know sometimes where the responsibilities of each are.
- I second: policy support and influence Ok but advocacy not as a platform but eventually as a WG based on consensus between the WG members
- R3 still relevant, but difficult to achieve if BCH cannot speak as one voice

ii. Activities 3. Influencing

3. INFLUENCING



- It is almost a rhetorical question. Can we expect BCH to be able to influence global health policies?
- Lower the ambition to "participating in the global health debate".
- If BCH aspires to global policy changes, policy briefs and fact sheets are insufficient. Need support from people who know about agenda setting, etc
- Working on public opinions in order to influence our decision makers
- Supporting a (global) movement through member and partner organisations

By whom?

- Always difficult to decide who signs what, when we prepare a note/advocacy: BCH as the whole platform or just individuals as it is difficult to represent every institution
- Identify what you want to influence (for specific thematic areas) and decide who takes the lead (WG or BCH coordination)
- Decide when the influencing comes from BCH network, working groups, members.
- Working groups, rather than BCH as a whole should involve an international (partner country) public

Network

- Ensure BCH has direct access to global policy debates, not only via Belgian policy makers

Topics

- Keeping health on the agenda !
- Focus on domains that are relevant for South partners and where BCH can make a difference
- Central message for influencing : access to quality health (care)
- Present BCH as institutional memory on international health development policies to the government - so it becomes a resource also when governments change

With and for whom?

- Involve partner organisations in setting priorities for policy debate
- Involve partner organisations in the advocacy activities
- Through the Belgian government
- Create opportunities to meet with the Minister to deliver important messages
- Meet authorities and minister on regular basis
- Should influencing be focused at national or international level?
- Link up with similar networks worldwide
- Link to student (medicine or health science associations) or professional health associations can help voice the message of the network/create a multiplier effect in order to put weight on the policy level.

How?

- Develop a strategy for influencing: from policy advice, advocacy, lobbying to even public campaigns
- The better BCH is organising its yearly seminar, the more it might get international attention
- Avail budget for media campaigns
- Participation in international seminars such as ECTMIH or HSG. BCH could stimulate / facilitate contributions and group sessions
- Working groups rarely reach scientific outputs (e.g. publications). Many times WG results lead to a seminar / reflection day. Are there possibilities to lift them up further?
- Methodological support can maybe come from the working group 'Researchers in global health'.

d. Result 4 COORDINATING:

i. Reviewing Result 4: Coordinating



Present formulation: Be-cause health stimulates trust, harmonization and networking competencies between Belgian actors involved in health development

Proposed changes

What?

- Stimulate "through mobilising activities/tools": fi -> by financing synergic micro-projects between different members (academic, NGOs...), by sharing scientific studies or tools or analysis in a shared library (useful for advocacies,...), by organising trainings on accurate topics,... (this answers one of the actors/members mobilisation)
- Relevant and essential. Human/inter-relational aspect of the results. Must keep. I don't know if it's correct to "stimulate competencies". Maybe remove/rephrase the "networking competencies"?
- LEARNING/Capturing network experience - cf. comment on 'institutional memory' + remaining agile & lean for the future
- Raising more awareness on the global dimension in coordination
- Still relevant: essential to bring back health in the picture
- Coordinate also synergic actions linked to emergencies problems such as Covid response

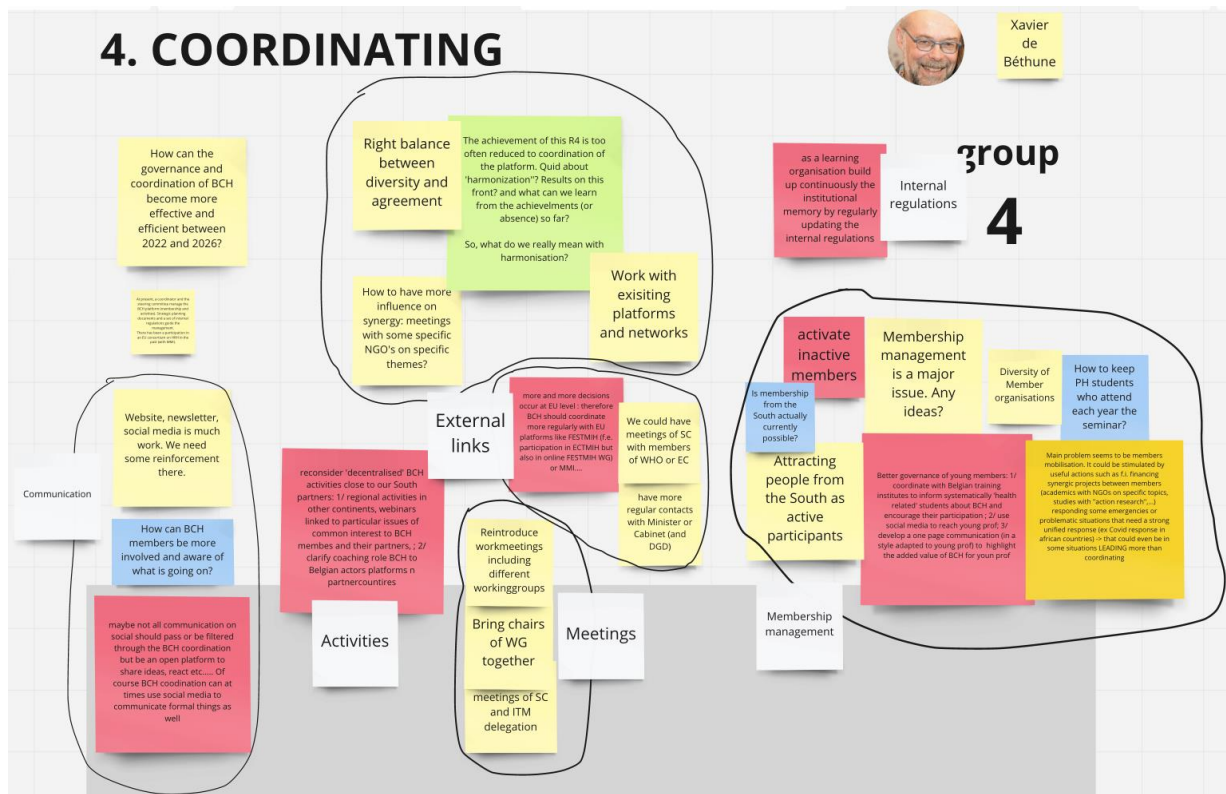
With whom?

- Coordinate with other Belgian platforms (e.g. Educate...) for certain activities
- BCH is part of FESTMIH and directly engages in global health; not only via Belgian policy makers (R3). Maybe we need a result for this type of direct presence in international settings?
- Pro-actively involve diaspora-organisations
- Getting more diversity in the platform

How?

- Could include the role BCH can play in joining forces between organisations in forming consortia
- Gaining better evidence on members and supporters of BCH
- Also coordination internationally is important, rather than merging members

ii. Activities 4. Coordinating



Communication

- Website, newsletter, social media is much work. We need some reinforcement there.
- How can BCH members be more involved and aware of what is going on?
- Maybe not all communication on social should pass or be filtered through the BCH coordination but be an open platform to share ideas, react etc..... Of course BCH coordination can at times use social media to communicate formal things as well

Meetings

- Have technical meetings of SC and ITM delegation
- Reintroduce work meetings including different working groups
- Bring chairs of WG together

External links

- We could have meetings of SC with members of WHO or EC
- Have more regular contacts with Minister or Cabinet (and DGD)
- More and more decisions occur at EU level : therefore BCH should coordinate more regularly with EU platforms like FESTMIH (f.e. participation in ECTMIH but also in online FESTMIH WG) or MMI....

Membership management

- Attracting people from the South as active participants
- Is membership from the South actually currently possible?
- Activate inactive members
- Diversity of member organisations
- How to keep PH students who attend each year the seminar?
- Main problem seems to be members mobilisation. It could be stimulated by useful actions such as f.i. financing synergic projects between members (academics with NGOs on specific topics, studies with "action research",...) responding some emergencies or problematic situations that need a strong unified response (ex Covid response in African countries) -> that could even be in some situations LEADING more than coordinating

- Better governance of young members: 1/ coordinate with Belgian training institutes to inform systematically 'health related' students about BCH and encourage their participation ; 2/ use social media to reach young prof; 3/ develop a one page communication in a style adapted to young professionals to highlight the added value of BCH for them.

Activities

- Reconsider 'decentralised' BCH activities close to our South partners:
 - 1/ regional activities in other continents, webinars linked to particular issues of common interest to BCH members and their partners, ;
 - 2/ clarify coaching role BCH to Belgian actors platforms in partner countries

Internal regulations

- As a learning organisation build up continuously the institutional memory by regularly updating the internal regulations

5. In situ evaluation of the workshop

No comments, a picture tells more than 1000 words.



Conclusions

A number of elements can be highlighted at the end of this workshop.

Be-cause health is perceived as a relevant and unique platform that relies on a set of very valid values and principles and gathering a wide array of stakeholders (NGOs, academics, CSOs, Government, private sector, ...).

BCH must nevertheless reinvent some of its features and activities to face

- a number of possible improvements identified during its evaluation and
- a set of changing elements in its context.

Improving the balance between North and South is the most cited example: make it evident for South partners to join, to promote and to organize more BCH activities and WGs.

2020 has convinced the world that electronic meetings – however frustrating – are a very useful tool to gather otherwise unreachable, but very important partners. In the case of BCH, it is clear that people working in the field in the South or in poor settings in HICs have knowledge and insights that people working in richer settings cannot have.

Yet, this does not necessarily transform BCH into an international platform. The essence is still to gather all the actors in or tied to Belgian organizations in the field of health (care) in LMICs.

The two first results, **sharing an learning**, have strong linkages. It was stated that BCH should develop a real and coherent learning strategy, to complement what can be done through sharing of knowledge and experience. E-tutorials and science based webinars are seen as complementary to the working groups. Linking with South partners and other similar or complementary networks is here also needed.

Regarding **influence**, the present formulation of that result was felt to be too ambitious, given the present diversity inside the platform. Some participants think there is a need to define more precisely the expected levels of influence and their targets. Working groups, rather than BCH as a whole, seem better placed to influence policies and practices. More scientific work inside BCH could also lead to stronger findings and more influence.

Coordinating a platform of networks is a complex matter, as can easily be deduced from the results of the Social Network Analysis done by hera. The roles and responsibilities of the coordinator must be balanced by inputs from the members and the WGs. At the same time, external links can be reinforced by her/him. Membership management needs to be looked into not only in terms of attracting young members, especially from the South and of keeping all members active, but also in terms of internal regulations and maintenance of the member's database. Social media are an almost unexploited opportunity.

One topic, the institutional memory of BCH has been cited a number of time. There is not only a need to build further on what can be framed as the 'Belgian public health school', but also to keep track of the evolutions BCH witnesses and supports since 20 years, so as to become a valid source of continuity.

The next 5 year plan should be drafted based on these elements and changes.