

INTERNAL REGULATIONS 2.0

UPDATE 2023

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1. Vision and mission

1.1. Mission

Art. 1 Be-cause health is a **pluralistic open platform and network**, providing a place for exchange and capitalisation of knowledge and scientific evidence on global health. Be-cause health advocates for a more effective Belgian contribution to global health policies, the international policy debate based on the right to health and healthcare for all, and on the acceptance of reality as a complex, adaptive system influenced by multiple determinants. **The network stimulates mutual trust, understanding and cooperation between stakeholders involved in global health and that are actively engaged in Belgian development cooperation.**

1.2. Vision

Art. 2 Be-cause health members strive for the **right to health and healthcare for all** by providing an equitable access to excellent quality, responsive health services for all, and in particular the most vulnerable people, embedded in strong, resilient, and sustainable health systems.

1.3. Our values and principles

Art. 3 Based on a **rights-based approach** to health and healthcare, Be-cause health values a constructive dialogue in an open and learning stimulating mind-set, guided by **creativity and innovation, equity, justice, inclusiveness, autonomy, solidarity, and ownership.**

Art. 4 **Members, whether individuals or organisations, non- or for-profit, are not to use the Be-cause health network to pursue commercial or political self-serving interests.**

2. Membership

Art. 5 As an open and pluralistic network, Be-cause health membership is open to both organisations and individuals involved in global health. The diversity of these stakeholders gives the platform its strength and ensures qualitative results for a **more effective Belgian contribution to global health policies** and the international policy debate based on the right to health and healthcare for all.

Art. 6 The **conditions for membership** are (1) endorse the vision and mission of Be-cause health and the principles of the Health(Care) for All declaration; (2) be active in and/or have an interest in cooperation with low- and middle-income countries (LMICs) and in combating global poverty and inequality; (3) to show an interest in what is happening in Belgium in the field of global health; and (4) be actively engaged within at least one of the thematic or ad hoc Be-cause health working groups.

2.1 Types of members

Art. 7 In general, we can distinguish **three categories of membership.**

1. **Individual members:** everyone who meets the conditions for membership, can become a **member in personal capacity.** **Every 4 years** individual members are asked to renew their membership.
2. **Member organisations:** organisations that meet the conditions for membership, can become members. Member organisations support the representativeness, the dynamics, and the more formal engagements of the network. An active engagement and participation of their staff in the network is expected. **Every 4 years** member organisations are asked to renew their membership.
3. **Observing members:** donors as well as federal and regional ministries are observing members **without voting rights.**

2.2 Procedures for membership approval

Art. 8 The distinct types of membership come with **different procedures for membership approval**.

2.2.1 Individual membership

Art. 9 Everybody who wants to become a member in personal capacity registers by contacting [the Be-cause health secretariat](#). By applying the candidate member accepts the conditions for membership.

Art. 10 Candidate members are asked by [the Be-cause health secretariat](#) about their motivation and interest in one (or more) of the permanent or ad hoc working groups. Afterwards, the relevant working group coordinator contacts the candidate member for a short introductory conversation during which mutual expectations are discussed.

Art. 11 Individual membership is not submitted to the Steering Committee for acceptance. New members are invited, however not obliged, to present themselves to the General Assembly, and will be informed of this possibility.

2.2.2 Organisational membership

Art. 12 Candidate member organisations apply for membership by contacting [the Be-cause health secretariat](#). By applying the candidate member organisation accepts the conditions for membership.

Art. 13 After application, the Be-cause health Coordinator contacts the legal or mandated representative of the candidate member organisation for a short introductory meeting during which mutual expectations are discussed. Candidate members are asked to submit a short **letter of motivation to the Be-cause health secretariat** and conduct an ethical self-screening.

Art. 14 If the organisation agrees to further pursue its membership, its candidacy (including the short letter of motivation and ethical self-screening) is presented to the Steering Committee. An **Ethical Commission** within the Steering Committee evaluates, within 30 days after application, the membership candidature based on the compliance with the vision, mission, values, and principles of Be-cause health. For this the Ethical Commission reviews the answers of the ethical self-screening, starts a dialogue when appropriate, and confirms to the Steering Committee if the application process can proceed. If the application is accepted, the Steering committee refers the candidacy to the General Assembly during which the mandated representatives present their organisation. The **General Assembly** endorses or declines the membership of the candidate organisation.

Art. 15 Following **organisations**¹ (including their foundations, trust organisations, etc.) are **de facto excluded** and will never become member of the platform, however they can be invited to participate in the Be-cause health working groups or activities:

- Private for-profit pharmaceutical companies;
- Private for-profit health care institutions;
- Private for-profit health insurance companies;
- Private for-profit construction companies;
- Private for-profit commercial software developers
- Private for-profit health medical equipment or supplies business;
- Political parties;
- Banks or financial institutions;
- Enterprises linked to manufacturing of and/or investing in weapons, petrochemical industry, mining, extraction and food, beverage or other products recognized as deleterious to health (e.g., highly processed food and beverages, tobacco, pesticides, breast feeding substitute powder milk, etc.).

¹ Companies that offer their products and/or services as open source public goods can apply for membership.

2.2.3 Observing members

Art. 16 **Donors** that meet the conditions for membership are by default observing members during their period of funding of the platform Be-cause health.

Art. 17 **Federal and regional Belgian ministries** that meet the conditions for membership are by default observing members.

2.3 Procedure for termination or exclusion of membership

Art. 18 Membership of Be-cause health can be terminated by the member itself, or by the General Assembly.

Art. 19 At any point in time a member (individual member and member organisation) can choose to **terminate its membership**. For this the member contacts [the Be-cause health secretariat](#) and the member is withdrawn from the members list.

Art. 20 **Every 4 years** a member (individual member and member organisation) is asked to renew its membership. If a member does not renew its membership, the member is withdrawn from the members list.

Art. 21 Individual members that renew their membership, stay member for the next 4 years.

Art. 22 When a member organisation chooses to renew its membership, the **Ethical Commission** of the Steering Committee assesses if there have been incidents during the last 4 years of membership and/or if the member has made any relevant changes with an impact on the eligibility of the membership. If so, the commission reviews the ethical screening, starts a dialogue when appropriate and informs the Steering Committee if the **membership is still eligible**. If the ethical screening must be reviewed, the same screening procedure as for membership approval is applied (see Art. 14). In case the membership is assessed to no longer be eligible, the Steering Committee transfers the advice of the Ethical Commission to the **General Assembly**. The General Assembly endorses or declines **the exclusion of the member** organisation.

Art. 23 In the case there is a complaint about **ethical misconduct** of a member, the Ethical Commission assesses if the complaint is justified. If so, the Commission conducts an ethical screening of the member, starts a dialogue when appropriate and informs the Steering Committee if the **membership is still eligible**. If not, the Steering Committee can decide to **suspend the member** until the decision on an **exclusion of the member** is taken or not by the **General Assembly**.

3. Organisational structure

3.1. General Assembly

Art. 24 The General Assembly consists of **all individual members and** mandated representatives of **member organisations** (including observing members).

Art. 25 The General Assembly validates (or rejects) **strategic decisions and procedures** proposed by the Steering Committee (structure and priorities of the network, election of the Steering Committee Chair and members, internal procedures, annual plan, and budget, etc.).

Art. 26 All interested parties can participate in the General Assembly. All individual and member organisations (except the observing members) have **voting rights**. Decisions are taken **by consensus**. If consensus cannot be reached, decisions are taken **by simple majority** of those present.

Art. 27 The General Assembly gathers **at least once a year**. The invitation and preparatory documents are sent out at least one week before the Assembly.

3.2 Steering Committee

Art. 28 The Steering Committee consists out of **11 Be-cause health members**, elected by the General Assembly, and the Be-cause health Coordinator.

Art. 29 The Steering Committee is presided by a **Chair**. A **Treasurer** is appointed by the Steering Committee from the elected Steering Committee members. **An Ethical Commission is formed within the Steering Committee, consists of minimal 3 members of the Steering Committee (including the Be-cause health Ombudsperson) and is chaired by the Ombudsperson.** The **Be-cause health Coordinator** is automatically a member of the Steering Committee. For a detailed description of the different Steering Committee roles see Art.62 - Art.91.

Art. 30 To ensure continuity, each member (including the Chair) has a **substitute** to take over their tasks in their absence. Each Steering Committee member keeps its substitute informed on the functioning of the Steering Committee and makes mutual arrangements to attend and follow-up the Steering Committee meetings and activities. **Substitutes are welcomed to join the Steering Committee meetings. The duos share 1 vote in the Steering Committee.** Substitutes are proposed by each Steering Committee member to and validated by the Steering Committee. **The substitute of the Chair must be a member of the Steering Committee.**

Art. 31 The composition of the Steering Committee respects the **diversity** of the Be-cause health members: 2 representatives of academic institutions, 2 representatives of NGOs, 2 representatives of public institutions, **2 representatives of member organisations from a LMIC**, 2 representatives of another kind of member organisations and 1 individual member. **People from the LMIC-diaspora community in Belgium are pro-actively encouraged to apply. The gender balance of the Steering Committee is 50/50 (if the number of members is even), or 60/40 (if the number of members is uneven).** **The Be-cause health secretariat will make reasonable accommodation to enable persons with disabilities to be member of the Steering Committee.** The **permanent Working Groups** are represented as much as possible in the Steering Committee.

Art. 32 The Steering Committee is responsible for and supervises the **day-to-day operation** of the network, which is delegated to the Be-cause health Coordinator. It makes strategic proposals to the General Assembly on, amongst other things, the network structure and priorities, internal procedures, annual plan, and budget. During each meeting feedback is given on the Working Group activities. The Steering Committee also discusses proposals for external communication and views on policy. **The Steering Committee can decide to consult the members for certain decisions during the General Assembly, through e-mail or via the closed Be-cause health LinkedIn group.** When consultation takes place through e-mail or via the closed **Be-cause health LinkedIn group**, a clear question with deadline for reply, is formulated by the Steering Committee. Those who do not answer, are assumed to agree with the proposal or with the majority.

Art. 33 Within the Steering Committee decisions are taken **by consensus**. If consensus cannot be reached, decisions are taken **by simple majority** of those present (members of the Steering Committee or their substitutes). In between meetings decisions can be taken through e-mail. For this purpose, a clear question with deadline for reply, is formulated by the Steering Committee member that asks the question. Those who do not answer, are assumed to agree with the proposal or with the majority.

Art. 34 The Steering Committee gathers **minimal 4 times a year** (2 online and 2 hybrid meetings), depending on the needs. One of these meetings is a yearly common meeting with the Working Group Coordinators. The invitation and preparatory documents are sent out at least one week before the meeting.

3.3 Working Groups

Art. 35 The **main tool** for Be-cause health to reach its objectives are the Working Groups. They get together on a regular basis, organise a workshop or an event, share analysis, write (policy) papers, produce tools, etc. according to the opportunities and challenges that arise, and always linked to the mission and vision of Be-cause health.

Art. 36 A Working Group can be created by each Be-cause health member. The **terms of reference** (TOR) for the Working Group are drafted by the Working Group and discussed by the Steering Committee. The Steering Committee approves or rejects the formation of a Working Group. The **coordination** or co-ordination of the Working Groups must be assured by one or two BCH members, who inform the BCH secretariat of their activities and invite the BCH coordinator to participate in the meetings.

Art. 37 Working Groups are **open to all** (Be-cause health members and non-members) wanting to **actively engage in**, and **participate regularly** in the Working Group, and in **contributing to the objectives** of the Working Group. It is up to the coordinator of the Working Group to accept the participation in a Working Group. The Be-cause health secretariat will make reasonable accommodation to enable persons with disabilities to participate in the Working Groups.

Art. 38 In general, we can distinguish **two types** of Working Groups: the **permanent Working Groups** which hold regular meetings; and the **ad hoc Working Groups**, which are created in preparation of a specific outcome (e.g., a tool, an event, or a more technical output) and are dissolved afterwards.

Art. 39 A Working Group may establish **a subgroup** or an **ad hoc task force** that brings together the stakeholders involved according to specific needs or goals, in accordance with the Working Group TOR, objectives and action plan. Thus, the subgroup becomes a “temporary activity” of the Working Group.

Art. 40 **Joint Working Groups** with other networks are possible. In this case a common TOR is drafted by the participating networks.

Art. 41 The Working Group secures its **own secretariat** with the support of the secretariat of Be-cause health. In January/February of each year, the Working Group prepares **an annual action plan** using the standard template suggested by the Be-cause health secretariat. In the action plan, the strategic objectives, intended outcomes and a budget proposal are formulated. The action plan is submitted to the Steering Committee. The Steering Committee considers which initiatives of the Working Groups can receive financial support. Simultaneously, using the same standard template, the Working Groups submit a (limited) **annual report** of the previous year's activities to the Steering Committee.

4. Election of the Steering Committee and Working Group

Coordinators

4.1 Vacancies and procedure for nomination

Art. 42 Vacancies for the **Steering Committee** (including the Chair) are **announced** in the Be-cause health newsletter at least 2 months in advance of the General Assembly. If there is a vacancy in the Steering Committee, Working Groups that are not yet represented, are requested by the Be-cause health secretariat to put forward a candidate.

Art. 43 A member of the Steering Committee is supported by its organisation as focal point. However, they **nominate themselves** (including for the position of the Chair). Nomination is made at least 14 days before the General Assembly by providing the Be-cause health secretariat a **written motivation**. This motivation is circulated within the General Assembly and explained orally by the candidates themselves during the General Assembly.

Art. 44 The **Treasurer** put its candidacy forward orally to the Steering Committee during a Steering Committee meeting.

Art. 45 An **Ethical Commission** is elected within and by the Steering Committee. The commission is composed of minimal 3 Steering Committee members, including the **Be-cause health Ombudsperson** who presides the commission. Candidates for the ethical commission put their candidacy forward orally to the Steering Committee during a Steering Committee meeting.

Art. 46 The **Working Group Coordinators** put forward their candidacy orally or in written to the Be-cause health secretariat. If the Working Group is not in place yet, the candidate (with the support of the Be-cause health secretariat) organises a first Working Group meeting. During this meeting the Working Group Coordinator is appointed.

4.2 Conditions for membership

Art. 47 A condition for membership eligibility of the **Steering Committee** is to be (an individual) member of Be-cause health and to be **actively engaged** in one of the permanent Be-cause health working groups and to have an expertise in global health. The members participate and take position in **personal capacity**, however considering the values and opinions of their sector and/or organisation (if applicable).

Art. 48 A condition for eligibility as **Chair** is to be an active member of Be-cause health for at least two years. Board experience and skills are an asset. The position is **personal**, a member organisation cannot take up the position as Chair.

Art. 49 A condition for eligibility as **Treasurer** is to be elected in the steering committee. This position is personal, a member organisation cannot take up the position as treasurer. Expertise in financial management is an asset for the position of treasurer.

Art. 50 A condition for eligibility as member of the **Ethical Commission** (including the **Ombudsperson**) is to be elected in the Steering Committee. This position is personal, a member organisation cannot take up a position in the Ethical Commission. A position in the Ethical Commission requires the capacity to transcend the interests of one's own organization and represent those of the platform, in line with Be-cause health's vision and mission. The Ethical Commission works independently and impartially.

Art. 51 **Working Group Coordinators** must be members of Be-cause health.

4.3 Terms of mandates

Art. 52 The **Chair's** mandate is **4 years** and is renewable once.

Art. 53 The **Steering Committee** members' mandates (including the role as Treasurer and member of the Ethical Commission) are **4 years** and renewable once. If a Steering Committee member leaves, the member's substitute takes on the rest of the mandate until replacement is agreed upon in the General Assembly.

Art. 54 The **Working Group Coordinator's** mandate is made available at least every **4 years** and is renewable unlimited in time.

4.4 Procedures for election

Art. 55 The Steering Committee and its Chair are **elected by the General Assembly**. All members (excluded observing members) present during the General Assembly can vote.

Art. 55 If the number of candidates is appropriate for the Steering Committee (including 1 candidate for the position of Chair) and the balances (see Art. 31) are respected, the General Assembly can decide **by consensus** on all candidates at once.

Art. 56 In case there are more candidates than there are vacancies in the Steering Committee, or there is no consensus in case of Art. 55, the General Assembly holds a **secret vote**. Candidates that get a simple majority of the votes of the present members (excluded observing members) are elected. If there are more candidates that get a simple majority of votes than there are vacancies in the Steering Committee, the candidates with the most votes are elected until all vacant seats in the Steering Committee are taken.

Art. 57 In case there are multiple candidates for the position of Chair, the General Assembly will hold a **secret vote**. The candidate with at least a simple majority of the votes and the most votes in total will become the new Chair.

Art. 58 If there are **insufficient candidates** for the Steering Committee, a call is launched towards the members present during the General Assembly to come forward and present themselves as a candidate during the meeting. If no candidates step forward, the Steering Committee is formed, following the '**principle of the empty chair**' (continue to function with less than 12 members). Also, if the balance (see Art. 31) cannot be respected, the General Assembly can decide to leave seats empty.

Art. 59 The **Treasurer** is elected within the Steering Committee **by consensus**. If consensus cannot be reached, the Treasurer is elected **by simple majority** of those present (members of the Steering Committee or their substitutes).

Art. 60 The members of the **Ethical Commission** (including the **Ombudsperson**) are elected within the Steering Committee **by consensus**. If consensus cannot be reached, the members of the Ethical Commission (including the Ombudsperson) are elected **by simple majority** of those present (members of the Steering Committee or their substitutes).

Art. 61 **Working Group Coordinators** are elected within the Working Group **by consensus**. If consensus cannot be reached, the Working Group Coordinators are elected **by simple majority** of those present during the Working Group meeting.

5. Responsibilities of the Steering Committee and Working Group Coordinators

5.1 Steering Committee

5.1.1 Steering Committee member

Art. 62 A Steering Committee member is **co-responsible** with its fellow members for the smooth running and dynamics of the network. For this purpose, they take up tasks in the follow-up of the decisions of the Steering Committee and give active input towards the various Working Groups. They act as a focal point for their sector and/or organisation (if applicable).

Art. 63 The **average time investment** for a steering committee member is **10 days per year**, however this investment may temporarily be more or less intensive.

5.1.2 Chair

Art. 64 Being the Chair of Be-cause health is a **voluntary** position. The position is **person-related** and requires the capacity to transcend the interests of one's own organization and represent those of the platform, in line with Be-cause health's vision and mission.

Art. 65 The Chair of Be-cause health **represents the network** to stakeholders, partners and other networks. The Chair communicates the network's vision and mission to third parties (national and international).

Art. 66 The Chair presides over the **General Assembly** and **Steering Committee** meetings and prepares these with the Be-cause health Coordinator.

Art. 67 The Chair is co-responsible, with the other Steering Committee members, for the smooth running and dynamics of the network. The Chair's **specific tasks** are to monitor the objective(s) of the network at a strategic level, maintain the overview of the platform and supervise the Be-cause health Coordinator.

Art. 68 The Chair is a **facilitator**, and if necessary, a mediator in case of tension or conflict between platform members among themselves and/or with third parties.

Art. 69 The **average time investment** for Be-cause health Chair is **2 days per month**, however this investment may temporarily be less or more intensive.

5.1.3 Treasurer

Art. 70 The Treasurer maintains, supported by the Be-cause health Coordinator, an overview of income and expenditure and prepares the budget and the **financial policy and strategy** of the Be-cause health network. The Treasurer's specific task is to supervise the internal procedures for allocation and control of expenses and contribute to the financial strategy of the platform.

Art. 71 The Treasurer **reports** annually on the financial situation of the Be-cause health network to the General Assembly, and on a regular basis to the Steering Committee. The Treasurer prepares these reports with the Be-cause health Coordinator.

Art. 72 The **average time investment** for Be-cause health Treasurer is **10 days per year**, however this investment may temporarily be more or less intensive.

5.1.4 Ethical Commission member

Art. 73 A member of the Be-cause health Ethical Commission (including the Ombudsperson) is co-responsible with its fellow Commission members for the **ethical screening** of (candidate) members (see Art. 22). The Ethical Commission advises the Steering Committee on the eligibility, suspension or exclusion of a member. Decisions within the Ethical Commission are taken **by consensus**.

Art. 74 A member of the Be-cause health Ethical Commission (including the Ombudsperson) is co-responsible with its fellow Commission members for the **follow-up of complaints** about the Be-cause health network and/or its members and seek solutions through dialogue.

Art. 75 The **average time investment** for a Be-cause health Ethical Commission member is **10 days per year**, however this investment may temporarily be more or less intensive.

5.1.5 Be-cause health Ombudsperson

Art. 76 The position of Ombudsperson of Be-cause health is a **voluntary** position. The position is **person-related** and requires the capacity to transcend the interests of one's own organization and represent those of the platform, in line with Be-cause health's vision and mission.

Art.77 The Be-cause health Ombudsperson **presides the Ethical Commission's** meetings and prepares these with the Be-cause health Coordinator. The Ombudsperson facilitates and mediates decisions taken by consensus by the Ethical Commission.

Art. 78 The Be-cause health Ombudsperson is **the contact person** for filing complaints about the Be-cause health network and/or its members. The Ombudsperson regularly updates the complainant on the follow-up of the complaint.

Art. 79 The Be-cause health Ombudsperson reports once a year on its activities to the **General Assembly**.

Art. 80 The **average time investment** for a Be-cause health Ombudsperson is **10 days per year**, however this investment may temporarily be more or less intensive.

5.1.6 Be-cause health Coordinator

Art. 81 The Be-cause health Coordinator is hired as a **staff member** within the International Cooperation Development Office (ICDO) at the **Institute of Tropical Medicine** (ITM) in Antwerp. The coordinator is hosted by the ITM and supported by other ITM staff in terms of Human Resources (HR), Information and Communication Technology (ICT), Communication, Accountancy, etc.²

Art. 82 The Be-cause health Coordinator is delegated by the Steering Committee for the **day-to-day management** of the network, working closely with the Be-cause health Steering Committee, its Chair, Treasurer and Ombudsperson.

Art. 83 The Be-cause health Coordinator is co-responsible with its fellow Steering Committee members for the smooth running and dynamics of the network.

Art. 84 The Be-cause health Coordinator sets up the agenda and **organizes** the meetings of the **Steering Committee** (in collaboration with the Chair) and of the **General Assembly** (in collaboration with the Steering Committee) and follows up on the resulting decisions.

Art. 85 The Be-cause health Coordinator maintains, together with the Treasurer, an overview of income and expenditure, prepares the budget and the financial policy and strategy of the network. The Coordinator proposes a **(multi-year) plan and budget** (in consultation with the Chair and the Treasurer) to the Steering Committee and follows up on its implementation.

Art. 86 The Be-cause health Coordinator is responsible for organizing **umbrella activities** such as the Be-cause health seminars, lectures, webinars, workshops, evaluations of the network, the internal and external communication, etc.

Art. 87 The Be-cause health Coordinator, in collaboration with the Chair, **represents the network** to (inter)national stakeholders, partners and networks. The Coordinator communicates the network's vision and mission to third parties (national and international).

Art. 88 The Be-cause health Coordinator **supports and facilitates** the functioning of the various Working Groups and follows up on their activities.

Art. 89 Within the ICDO of the ITM the Be-cause health Coordinator works on **policy support** in collaboration with the other policy officers at ITM, with a special attention to policy support of the Directorate-General for Development Cooperation and Humanitarian Aid (DGD) in the field of health. Within the ICDO of the ITM the Be-cause health coordinator is responsible for the **application and reporting** of the Be-cause health **funding** (mainly DGD funding).

² The ITM hosts Be-cause health and is responsible towards the donor for the grants received intended for its operation. This means that the ITM is a financial intermediary, acts as secretariat and assumes a supportive and practical role for Be-cause health. In no way does this mean that the ITM speaks on behalf of, or takes positions for the Be-cause health network.

Art. 90 The Be-cause health Coordinator holds a master's degree in a relevant field and is familiar with the **Belgian development cooperation** and **global health policy**. Experience in a coordinating role and being strong in communication and organization is a requisite.

Art. 91 The **average time investment** for a Be-cause health Coordinator is **1 FTE**.

5.2 Working Group Coordinator

Art. 92 The Working Group Coordinators are the **facilitators** of the Working Groups. They do not necessarily have to take on all the tasks mentioned in this section and can choose to delegate tasks to other Working Group members.

Art. 93 The Working Group Coordinator **manages the contact list** of the Working Group. The Be-cause health secretariat shares the Be-cause health membership requests (see Art. 10) with the Working Group Coordinator and provides the necessary contact details. Contact information of Working Group members that are not Be-cause health members is not kept available at the Be-cause health secretariat. All contact information of members and non-members is treated by the secretariat and the Working Group Coordinators according to the European privacy regulations (GDPR) and is not shared elsewhere without prior consent of the person in question. The website can be consulted for the [privacy statement](#) and the secretariat is available for questions regarding this matter.

Art. 94 The Working Group Coordinator contacts the candidate Working Group member for a **short introductory meeting** during which mutual expectations are discussed. Since participation in a Working Group can mean that confidential information is shared, the Working Group Coordinator must approve the Working Group members (see Art. 37). In case of any doubt, the other members of the Working Group can be consulted.

Art. 95 The Working Group Coordinator **organises** the Working Group **meetings**, sends out the invitation and books a venue or online meeting space. The Working Group Coordinator is the **chair** of the Working Group meetings. The date and the agenda for the Working Group meetings are set by the Coordinator. The minutes of the Working Group are drafted by a member of the Working Group, sent out to the Working Group by the Working Group Coordinator, and shared with the BCH coordinator.

Art. 96 The Working Group Coordinator is responsible for submitting the Working Group **annual action plan**, including the budget, and an **annual (limited) report** of the Working Group's activities to the Steering Committee, using the template provided (see Art. 41). Once a year, the Working Group Coordinator participates in a joint Steering Committee meeting and once a year the Working Group Coordinator gives a short report on the Working Group activities to the General Assembly.

Art. 97 The Working Group Coordinator informs the Working Group on the general network activities (decisions of the Steering Committee and General Assembly, umbrella activities, etc.).

Art. 98 The Working Group Coordinator informs the Steering Committee when a Working Group becomes passive.

Art. 99 The **average time investment** for a Working Group Coordinator is **10 days per year**, however this investment may temporarily be more or less intensive.

6. Sign-off procedure for partnerships with other organisations or networks

Art. 100 The Be-cause health network can link up with other (inter)national organisations or networks with the objective of creating synergies. The relevance of establishing a partnership with another organisation or network is evaluated by the **Steering Committee** on a **case-by-case basis**. The

presumed added value of the partnership for Be-cause health and its contribution to the mission, vision, and objectives of both partners will be decisive.

Art. 101 Every Be-cause health member can suggest a partnership with another network or organisation. A short letter of motivation (**partnership proposal**) is submitted to the Steering Committee at least one week before the Steering Committee's meeting. The Be-cause health's Steering Committee takes the decision whether to set up this partnership (for which they can decide to consult the members, see Art. 34) and informs the General Assembly accordingly.

7. Procedure for policy advice and advocacy

Art. 102 **Policy advice and advocacy** are core functions of the Be-cause health platform.

Art. 103 **Policy advice** can be given at any time by a Working Group and/or by the Steering Committee (for which they can decide to consult the members first, see Art. 34) at the **request** of a **government body**.

Art. 104 **Advocacy** is done at the **initiative** of a **Be-cause health** Working Group and/or of the Steering Committee (for which they can decide to consult the members first).

Art. 105 In the case of policy advice or advocacy, it is preferable that **members profile themselves**. Be-cause health can be recognized as representing the opinions of one or more of its members.

Art. 106 Bringing together the expertise of different stakeholders within Be-cause health is the added value of the network. However, that does not mean that the policy advice or advocacy messages necessarily reflect the position of Be-cause health. Although the credibility of the advice or message increases if it is taken as Be-cause health, a **consensus within the network** is **not a final objective**.

7.1 Procedure for policy advice

Art. 107 If the request for policy advice is on a **specific topic**, the request is passed on to the relevant Working Group(s) for follow-up.

Art. 108 If the request for policy advice is on a more **general topic**, that goes beyond the specificity of the Working Groups, the follow-up of the request is coordinated by the Be-cause health Coordinator. The Coordinator consults with the Chair and a **schedule for follow-up** is drafted.

Art. 109 The Steering Committee and the Working Group Coordinators are asked for their input, within a reasonable time so that **consultation** of the (Working Group) members, and the formulating of their feedback is feasible. In case the Coordinator and the Chair have doubts that the advice can be supported by all Be-cause health members, or in the case of high-impact policy advice, they can also decide to refer the request for support of the initiative to the General Assembly. The Be-cause health Coordinator drafts a **proposal** considering as much as possible the input collected. The proposal is then submitted for feedback to the Steering Committee and Working Group Coordinators with a clear timeline. If the deadline to submit the advice to the requesting government body is too short to follow this sign-off procedure, the Be-cause health Coordinator and Chair can decide on a final text without a second round of feedback.

Art. 110 If **no general agreement** on the advice can be reached, depending on the deadline and the importance of the policy advice, the Be-cause health Coordinator and Chair decide in consensus whether to further adjust the advice until everyone agrees, to give an advice including the differing opinions and arguments of the members, or an advice that can be signed by those members in support of the advice.

7.2 Procedure for advocacy

Art. 111 Advocacy initiatives can be taken at the level of the Be-cause health Working Groups, the Steering Committee, or the General Assembly.

Art. 112 If the advocacy initiative comes from within a **Working Group**, it is taken in name of that Working Group. Working Group members that support the initiative can be asked for a **signature**. This **disclaimer** is added to the advocacy message: *"Signed by the following members of the Be-cause health working group [XXX]"*.

Art. 113 If the advocacy initiative comes from within a **Working Group**, it is taken in name of that Working Group. If **no signature** is requested from the Working Group members, the **disclaimer** is added to the advocacy message: *"This position is by no means binding all the members of the Be-cause health network"*.

Art. 114 If the advocacy initiative comes from the **Steering Committee**, the **General Assembly** or in case Working Group members conclude that the initiative needs wider support and/or impact by valorizing it at a **higher level within the Be-cause health network**, the follow-up of the initiative is coordinated by the Be-cause health Coordinator. The Coordinator consults with the Chair and a **schedule for follow-up** is drafted.

Art. 115 The Steering Committee and the Working Group Coordinators are asked for their input, within a reasonable time so that **consultation** of the (Working Group) members, and the formulating of their feedback is feasible. In case the Coordinator and Chair have doubts that the initiative can be supported by all Be-cause health members, or in the case of high-impact initiatives, they can also decide to refer the initiative to the General Assembly. The Be-cause health Coordinator drafts a **proposal** considering as much as possible the collected input. The proposal is then submitted for feedback to the Steering Committee and Working Group Coordinators with a clear timeline. If the deadline to launch the advocacy communication is too short to follow this sign-off procedure, the Be-cause health Coordinator and Chair can decide on a final text without a second round of feedback.

Art. 116 If **no general agreement** on the advocacy message can be reached, depending on the deadline and the importance of the communication, the Be-cause health Coordinator and Chair decide in consensus whether to further adjust the advocacy message until everyone agrees or to draft an advocacy message that can be signed by those members in support of the position.

8. Procedure for funding

Art. 117 Be-cause health as an informal platform has no independent legal entity. As such funding for the platform can only be applied for via one of the Be-cause health member organisations.

Art. 118 The platform receives structural financial support from the DGD as part of the six-year Framework Agreements between the ITM and the DGD.

Art. 119 The Be-cause health platform for its general operational activities can only receive funding from public donors.

Art. 120 Umbrella activities and projects organised by the Be-cause health network, and initiatives within the Working Groups which are defined in time and with a clear earmarking of the allocated budget, can be funded by private organisations, excluding the organisations as listed in **Art. 15**.

9. Complaint procedure

Art. 121 Complaints about **ethical misconduct** of the Be-cause health network and/or its members can at any time be filed with the **Be-cause health Ombudsperson** (see **Art. 76-79**), which refers the complaint to the **Ethical Commission** (see **Art. 29**).

Art. 122 The Be-cause health Ethical Commission will assess, **within 30 days** after the complaint, if the complaint is **justified** and makes sure that it has the authority to intervene. If the complaint is justified the Ombudsperson informs the complainant. And the Ethical Commission examines the complaint and seeks solutions through dialogue. The Ombudsperson will regularly update the complainant on how matters are progressing. Every complaint is treated with confidentiality.

Art. 123 After examining a complaint about **ethical misconduct** of a member, the Ethical Commission informs the Steering Committee if the **membership is still eligible**. If not, the Steering Committee can decide to **suspend the member** until the decision on an **exclusion of the member** is taken or not by the **General Assembly**.

Art. 124 After examining a complaint about **ethical misconduct** of the Be-cause health network, the Ethical Commission, on the basis of its findings that emerged from the complaint handling process or from its inquiries, the Ethical Commission issues **recommendations** to the Steering Committee to improve the functioning of the Be-cause health network.

Art. 125 The Ethical Commission, represented by the Be-cause health Ombudsperson, reports once a year on its activities to the **General Assembly**.