

Minutes General Assembly 15 February 2016

List of attendance: see annex 1.

1. Approval minutes 19/02/2016

The minutes are approved unanimously.

2. Election Steering group

An election of new members is organised as Jessica Martini & Steven Lauwers both stepped down. There are three new candidates who present themselves shortly: Aline Labat from ULB, Eva Kayitesi from HERA and Peter Eerens from Living Health Systems. All three candidates are eligible as they will assure the right balance of representation and the maximum of possible members of the steering group is 11.

All three candidates are elected as new members of the Steering group. The new composition is the following:

Karel Gyselinck – President
Lut Joris – Coordinator
Elies Van Belle - Memisa (2012)
Dirk Van Braeckel – ICRH (2013)
Wim Vande Voorde – Sensoa (2013)
Anselme Mubeneshayi – Iyad (2014)
Sara Van Belle – ITM (2015)
Peter Eerens - LHS
Eva Kayitesi - Hera
Aline Labat – ESP-ULB
Ignace Ronse – DGD (observer)

3. Follow-up evaluation

Adaptations Vision & Mission (see annex 2)

An update and revision of the vision and mission of Be-cause health was one of the recommendations of the 2014 evaluation. The Steering group prepared a new text, with information on vision, mission, values & principles, structure. A few suggestions are put forward and agreed upon:

- Put information on vision first;

- Second sentence of mission: reformulate as “between all stakeholders involved in Belgian development cooperation”;
- Bring the last sentence of the mission text forward as second sentence;
- Add ‘ownership’ to values and principles.

Adaptations Internal regulations (see annex 3)

Another recommendation of the evaluation was the revision of the system of membership. This involves a change of the Internal Regulations, for which the secretariat prepared a proposal.

Comments of the participants:

- In French the wording ‘Comité de pilotage’ should be used,
- The category ‘Friends of Be-cause health’ is unclear and should be better defined. The Steering group will reformulate this third category.
- To consider: defining what it actually means to be a member of Be-cause health.

All proposed adaptations of the Internal Regulations are approved.

4. Realisations 2015 (see annex 4)

Lut gives an overview of the main activities and realisations of the platform in 2015, with a focus on the follow-up of the evaluation, support to workshops on fragile states & non communicable diseases, the publication of the first public annual report (2014), participation and organisation of two sessions at ECTMIH 2015 and organisation of input to the new strategy note on health.

The coordinators give an overview of the activities and plans of the different Working groups:

- WG Non Communicable Diseases: the members held a reflection and exchanged on the topics of educating patients, mental health & primary health care. They co-organised the workshop on NCDs with the ITM. And they gave expert advice on the NCD module of the new strategic note and to the protocol of action research of BTC Benin.
- WG Human Resources for Health: this working group mainly worked on a comparative study on HRH policy and plans in 8 partners countries and exchanged with the following projects: Health Workers 4All - HURAPRIM - Joint Action HWF.
- WG People Centred Care: became inactive in 2015 and mainly exchanged information and publications via e-mail.
- WG Social Determinant of Health: this group organises its meetings with the North-South Working Group of the Action Platform on Health & Solidarity. They published three policy briefs on [Access to Medicines](#), [Decent work and trade agreements](#) and [Universal Health Coverage](#). A [video](#) was produced on the links between free trade and health (partly funded by Be-cause health). The group organised a workshop on the links between Trade and Investment Agreements and health. The group also provided input for the campaign of 11.11.11 on social protection. This campaign will be launched In March 2016.
- WG SRHR & HIV: the group organised a seminar on SRHR in the post-MDG era in November. Fact sheets were produced on several topics and these will be finalized and distributed in

2016. A proposal was made to produce an e-tutorial on SRHR, an online learning tool for different stakeholders, like for instance the Belgian diplomats. This will be taken up more concretely in 2016. The WG has also given input to the new strategy note.

In 2016 this WG will organise a seminar or debate on SRHR and stigmatisation and probably also a joint workshop on SRHR with colleagues from the Netherlands.

- WG Quality of Medicines: this group mainly focused on 2 or 3 meetings to exchange on specific topics. At the end of the year Tine Demeulenaere stepped down as chair. Raffaella Ravinetto will take over as from April 2016. She will explore opportunities for the WG and Quamed to work together and be complementary to each other. 10 years ago, the annual seminar of Be-cause health treated access to and quality of medicines. It would be interesting to see what the situation is after 10 years.
- WG Social Protection: Several thematic meetings were held with external speakers on: the post-2015 era & the SDGs with Jacques Mader (Swiss Development Agency), UHC with Gorik Ooms & Koen Tavernier (11.11.11), the social security system in Thailand with two Thai medical doctors, discussion on the financing module of the new strategy note. Plans for 2016 are the finalisation of input for the strategy note and a country analysis of UHC in Senegal. If possible, a second country analysis will be made. A workshop is also planned, possibly on the regulation of the health care services including the private sector.
- WG Complexity: this group mainly focused on the organisation of a workshop in collaboration with COTA on Change & Complexity. The workshop was well attended and gave the working group new inspiration. They organised a meeting on the follow up of the workshop and this will provide new input for activities in 2016. The collaboration with COTA will be continued.
- WG DRC: Preparations were made to organise a new kick off meeting, but due to the overloaded agenda of the president the meeting was postponed.

Lut thanks all chairs, secretaries and members actively involved in the working groups, as they form the core of the network. Some working groups face continuity problems, so she also calls on everyone to take up specific tasks in a working group where possible.

Ignace also wishes to say a word of thanks on behalf of DGD. He lists a few interventions where Be-cause health and the WGs have been very helpful: answering parliamentary questions, developing charters and policy briefs, interactions with international organisations (esp. the WG SRHR on finding consensus within UNAIDS and WHO), input for the discussion within WHO on quality of medicines and quality control.

5. Financial overview 2015

Dirk Van Braeckel (treasurer) gives an overview of expenditures of 2015 (see annex 5). Main costs were:

- Support of the working groups which included budget for the seminar of the WG SRHR, support to produce the video of the WG Social Determinants and payment of a speaker to participate in a meeting of the WG Social Protection;
- Participation in the ECTMIH conference;
- Support to the regional seminar of IYAD on palliative care in Kinshasa;
- Publications, including the annual report and Be-cause health Matters.

Dirk also explains that in the planning it was decided not to organise a seminar in 2015, but to redirect this funding to organise a seminar in 2016. He also explains that staff costs are not included in this budget, but are covered by ITM separately.

A proposal is made to make an overview of a few years to be able to compare expenses and possibly link them to the indicators.

6. Planning and budget 2016 (see annex 6)

Again, for 2016, Dirk presents the proposed budget and highlights the main proposed expenditures:

- Participation in international fora: participation to the Vancouver conference on health systems research;
- Annual seminar on *Health 2.0: Are we ready to go digital?*;
- Website, which will be renewed;
- Working groups: choice to keep the budget at 9.000€, although only 3 working groups have requested funding;
- E-tutorial: proposed project of the WG SRHR. The steering group suggests to use the surplus of 2016 to partly fund this initiative;
- For the regional seminar a budget is planned, but no concrete proposals yet.

Lut shortly presents the main activities for 2016:

- Annual seminar *Health 2.0: Are we ready to go digital?* on 24 & 25 March 2016 in Palais Egmont;
- Organise a meeting to have a final discussion on the new strategy note on health, in collaboration with DGD;
- Advocacy initiatives, like the follow-up of the sector reform. As there was mention of dropping mention of the sectors in the law on development cooperation, a letter to minister De Croo was prepared. The participants agree with the content of the letter. It will be sent to the minister once it is clear if the law will be changed on this topic. Furthermore, there might be a – theme-driven - role to play for Be-cause health in the formulation of the ‘Gemeenschappelijke Strategische Kaders’ or ‘Cadres Stratégiques Communs’;
- Participation in the conference on Health Systems Research in Vancouver from 14 till 18 November 2016;
- A new website will be launched soon, hopefully by the end of March;
- Preparation and next planning for the next 5 years.

A few questions are raised on the e-tutorial. This e-learning tool on SRHR was proposed by the WG SRHR as a study showed that key actors of Belgian development cooperation know very little of the related policy note and its priority issues. The idea is supported by the cabinet of Minister De Croo and DGD (strategic committee). The Steering group of Be-cause health agreed to use the probable surplus of the budget, but states that to handle this correctly we will have to work with TOR, a tender and at least 3 proposals.

7. Process strategy note on health

DGD started working on the document in 2015 and started forwarding different modules to Be-cause health at the end of September, the start of October 2015.

Some modules have already been finalized in collaboration with the working groups, i.e. the ones on medicines and SRH(R). Other modules, on financing for health and non-communicable diseases, have been discussed but are not yet consolidated. As there are no working groups on communicable diseases and universal health coverage, input was also asked from ITM and others. These still need to be finalized.

A consensus version should be ready by March 30th so as to have them translated and sent to the diplomatic posts to also get input from staff abroad. The final deadline for the note is the 30th of June 2016.

Ignace once again thanks the working groups for their constructive input.

8. ECTMIH 2017 (see annex 7)

Bruno Gryseels, Director of ITM, presents the state of play on ECTMIH 2017, as ITM will take the lead – in collaboration with Be-cause health – to organize this bi-annual congress of approximately 1500 participants. ITM has the legal and fiscal structure to take up the related responsibilities and is thus the formal organiser.

The conference will take place from the 17th till the 20th of October in the new Meeting & Convention Centre at the zoo of Antwerp. The working title of the conference is [(R)evolution in Health and the four main themes will be Migration & Demography, Climate & Ecology, Science & Technologies and Political Adaptive Social Systems. Be-cause health will be part of the organisational and scientific committee and members are invited to present their candidature. Please contact the secretariat of Be-cause health if you would like to be involved in the organisation.