

Minutes Annual General Assembly Be-cause health, 2 March 2018

Espace Jacquemotte, Rue haute, Brussels, from 9h15 till 13h30

Participants : see list attached (Annex 1)

Agenda : see final version attached (Annex 2, Ppt: Annex 3)

1. Word of welcome by Karel Gyselinck, President

Welcome to the Annual general assembly of Be-cause health. This is a special edition as it will be the last general assembly Karel will chair as president of the platform. Today we elect new steering committee members and elect a new President of the platform.

2. Approval minutes 2017

There are no comments or corrections raised by members present at the AGA. The president declares the minutes of 2017 as approved.

3. Realizations 2017

(see ppt, Annex 4 – presented by Tim Roosen, Karel Gyselinck)

Be-cause health working groups and the overall platform made progress to achieve its objectives of

- a dynamic network, representative of Belgian stakeholders;
- contributing to Belgian's international policy on health cooperation;
- knowledge development and capitalization;
- synergy and collaboration amongst members.

Hereby some of the highlights of 2017 achievements:

1. Knowledge development and capitalization within working groups

- [launch of an e-tutorial on sexual and reproductive health and rights, called **Body & Rights**](#). (Working group - WG SRHR)



[Click](#) to see the trailer on Body&Rights

- Digital health academy sessions
- Debate on Private and public health delivery – WG SDH/11.be
- Meeting on standardization of biomedical material and infrastructure
- Webinar on SOCIEUX+ (Social Protection expertise)

2. Knowledge development and capitalization via seminars and international fora

- **Seminar Nov. 2017** : [Reproductive health supplies: a question of availability, quality and affordability](#) (WG Medicines + WG SRHR);
- **Round table Dec. 12th – UHC day**: a [Round table on Universal Health Coverage in fragile settings](#) presenting a literature review by ITM: [Multi-Disciplinary Evidence on Coordination](#)

[and Health Systems Strengthening \(HSS\) in Countries under Stress](#), and a [Study of ACROPOLIS/ULB on governance in fragile settings](#);

- A 'strategic' **reflection on health cooperation**, prior to ECTMIH, was held at ITM jointly with Medicus Mundi International on 16/10/2017: [Health cooperation beyond aid - a reflection on relevance, legitimacy and effectiveness of global health cooperation](#)
- **ECTMIH** – European Congress on Tropical Medicine, Antwerp Oct. 2017
Be-cause health members, around 35, participated and co-organized 18 different sessions – see an [overview](#) available on our website.

3. Policy advise

- We added reflections and text amendments (incl. at the previous general assembly) to the final versions of the “Strategic consensus note on the Right to healthcare”
- The WG Medicines actively contributed to the preparation of the “[declaration d’engagement / commitment](#)” of Belgian actors for quality of medicines, signed 26 Oct. 2017
- Recommendations on Reproductive Health Supplies were captured from the Nov. seminar and shared with the cabinet of minister De Croo as well as shared via DGD with diplomatic posts/missions.

Conclusion/To do : Capture better these contributions, content of sessions and take-away messages in a leaflet or publication of Be-cause health (cf. “BCH Matters publications”).
Suggestion to add this on the planning and 2018 budget line foreseen for documentation.

4. Financial reporting 2017 – Budget 2018

The expenses of 2017 and budget 2017 (of the ITM project funding as well as of the Belgian society of Tropical Medicine – FESTMIH) are presented by Dirk Van Braeckel – see ppt attached (Annex 5).

Questions/corrections for clarification:

- Advocacy & consultation activities are withheld in the budget 2018: not limited to ‘consultation and research’ – this will be corrected by adding the wording of ‘advocacy’.
- Budget for ‘documentation’ such as the printing of workshop reports or briefings will be withheld in 2018, and instead of being included within the budget line “Develop communication messages” as proposed; – this will be corrected.
- In addition to the operational budget of €50.000 presented to the general assembly, the DGD project funding to ITM also includes a financial support for an FTE Coordinator of the platform. ITM contributes to Be-cause health well beyond this project funding for one FTE, in particular through the work of Nathalie, as well as the support by colleagues at finance and other departments. For information.

Reflections

There is a considerable budget left over from 2017 - €24.742. The expenses of 2017 were lower due to less participation and activities at international fora due to the efforts oriented towards ECTMIH. A considerable budget of €10.000 allocated to working groups was nearly unspent: events co-organized by working groups (Medicines, SRHR, Digitalisation) were co-sponsored and hosted by partner organizations (DGD, ENABEL, WHO, UNFPA, ...) and an event to launch the Global Health Watch report postponed to 2018.

Having such a high balance / budget left of 2017 raises following reflections incl. opportunities:

- It is positive from the perspective of the sustainability of the network that partners make

considerable 'in-kind' contributions, to help cover the cost of the venue, travel of speakers, ...
- It is a concern / potential threat to have an underspending as it could indicate a weak spending capacity of the project/platform. This could be used as an argument to cut the operational budget in the future.

Several suggestions are made on how to use at best the available funds of 2017:

- Invest in the sustainable development / growth of the platform, including to coach groups with less capacity but highly relevant themes such as Non-Communicable Diseases, UHC, Financing for health;
- Invest in coaching efforts and support to working groups to improve the efficiency of (technical) meetings and aim for better outcomes;
- Invest in research and tool development that is useful across or inter- working groups and/or the whole of the platform;
 - Foresee grants for BCH members to attend international fora identified (HRS2018 – Liverpool; MQPH – Oxford, ...)
- Explore working with/reaching out to regional (African) platforms; support members to work in synergy at country level (RDC, Guinee, ...) ; build on the “common / collective learning” that is included or promoted within the common strategic frames – CSCs/GSKs cf. FIABEL
<https://www.fiabel.be/nl/bibliotheek> <https://www.fiabel.be/fr/bibliotheque>

Conclusion:

The SC/secretariat will consider the above made suggestions to propose a new allocation of funds available. SC will consider whether to launch a call of proposals for additional events, investment, research or another activity.

In addition, the secretariat will communicate with working groups to finetune the expected costs for 2018 – without being too modest nor greedy. The Steering Committee can hence do a review of the expense level in September 2018, to adjust budget vs expected costs of events, and make a suggestion to reallocate funding towards other or new activities.

5. Presentation and election of new member organizations

Note with regards to individual membership requests:

In the course of 2017, 32 new individuals signed on to become member. The following 20 people have been accepted as member: Jan Verhaegen; Bram De Vos; Océane Vancolen; Van Daele Bart; Gert-Jan Wijnant; Willem van de Put; Brecht Gyselinck; Klara Leroy; Robert Colebunders; Ellen Velkeneers; Don Jethro Mavungu ; Dimitri Renmans; Yann Bourgeois; Accoe Kirsten; Issa DJIBRIL; Tom Bosschaerts; Olivier Grégoire; Geert Vanneste; Binta Sako; Samantha Hobro. These individual requests include health & cooperation professionals and students based in Belgium, as well as Belgian's working abroad in health cooperation. The rejected requests concern individuals who are not of Belgian nationality and not resident on Belgium - living/working abroad. They are however withheld/proposed to be kept informed about our activities via the newsletter mailing list.

Three organizations have presented their willingness to become member organization of the platform Be-cause health:

Vzw Cavaría – read more @ <https://www.cavaría.be/>

Vzw ODAH – read more @

http://4depijler.be/organisatie/4depijler/northern_uganda_village_health_outreach_project

Vzw Mama na Mtoto – read more @ <http://mamanamtoto.org/>

Cavaria – short introduction by Eva Declerck

Çavaria is the Flemish umbrella network of more than 120 associations, in providing support, training to assist the LGBT community. Çavaria works via political lobby, via dialogue and cooperation with civil society organizations, informs and engages via campaigns. Çavaria would like to join the platform and in particular those groups working on universal health coverage, sexual reproductive health and rights and on mental health. Çavaria is mainly financed through public (Femisch Gov.) funding.

ODAH – short presentation by Lentel Van de Cauter, Brecht Gyselinck

ODAH vzw (Organisation for development and health) supports the annual organization of NUV-HOP (Northern Uganda Village Health Outreach Project): a project organized by medical students of Belgium together with medical students of Manchester, UK and (Northern) Uganda. The aim of the project is to assist Ugandan fellow students in providing medical assistance (promotion, prevention) in Northern Uganda and seek a peer exchange.

NUV-HOP members are as students also member of BeMSA – Belgian Medical Student Association.

Mama na Mtoto

Edward Rwagasore who sent the request for membership could unfortunately not be present during the general assembly meeting. The vzw/asbl Mama na Mtoto which means MOTHER and CHILD in Swahili (Kiswahili) language, is based in Lommel and works in Rwanda with healthcare centers and local leaders to implement the country roadmap calling for the improvement of available maternal and children's health care. In addition to health, the vzw/asbl works in Rwanda for improving access to education for children.

Conclusion : Vzw Çavaria and vzw ODAH/NUV-HOP are both accepted as new member organization by the members present at the AGA. Vzw Mama na Mtoto is invited to represent at the next AGA and its representatives and colleagues are invited meanwhile to take part in joint work whether via a working group and/or participate at network activities.

6. External study of Be-cause health – shared analysis and reflection of members

Presentation of thesis (@LSHTM) results by Samuel Van Steirthegeem, see attached (Annex 6).

In 2017, Samuel held a number of interviews with members and made a review of key documents. In his thesis, he brings out the following findings grouped in seven themes:

1. Perceived benefit from membership
2. Overall organisation
3. Role of the secretariat
4. Working groups
5. Membership criteria
6. Control of the network and decisional process
7. Evaluation of the network

Building on the thesis results, an exchange is held with members on the roles of a multi-stakeholder platform around three key questions, with following input/reflections by members:

1. "How to get members more active within the platform?"
 - There are inevitable competing individual and organizational priorities between members. *The platform should "add value" to members.*
 - If we seek an alignment of positions, the platform could start by a (regularly updated/? annual) mapping of priorities of member (organisations).

- Support(coach) working groups (WG) to assist planning and lead technical meetings , improve the predictability of meetings, events.
 - Health development cooperation seems low in Belgium’s public budget and policy priority (with exception of some initiatives such as sleeping sickness in DRC, and a thematic approach around women’s rights - She Decides, digitalization, role of private sector): How best to respond to challenges of a changing policy landscape? *“The platform should respond to threats to health development cooperation.”*
 - Welcome new types of actors within the platform, including private sector, to broaden the scope of membership.
2. “How much does the platform functioning (decision-making) needs to be institutionalized?”
- Consider to rotate the hosting of the platform after the framework funding to ITM (2020);
 - Consider to formalize the structure of the platform but refrain of/be cautious not to make the governing/decision-making structure too ‘heavy’: *“The network should remain the cement, not a brick.”*
3. “How best to manage the diversity of opinions within the platform as well as take on a mandate to bring together Belgian actors?”
- Mandate and mission of the platform.
 - A ‘graduation’ of engagement exists that could be linked (better) to decision-making abilities of members within the platform; this graduation ranges from friends or ‘sympathisant’ who should not be bound by decision-making or positions of the platform; a core-group of decision-making members (steering group + chairs of working groups); (active) members engaged in joint platform activities and/or working groups.
 - Decisions towards joint position making could be both delegated to a core-group (steering group) as well as rely on members to vote during exceptional general assemblies.
 - The various categories/gradations of engagement could be better defined/reviewed.
 - The platform should be(come) more than only a platform of exchange: *“We should not be kept hostage by the past, by the initial set-up of the platform, and adapt the architecture of the platform for the future”.*
 - Debate further on the graduation / types of ‘societal role’ of the platform, ranging from peer exchange amongst experts on the issue; act as ‘porte-voix’ to stimulate members to engage in a societal role; become active as platform within a societal debate, ...
 - Suggestion to map the various (external) partners / partnerships of the platform and (better) define the relationships with the platform.

Conclusion/to do

Secretariat & Steering group are invited to consider

- plan activities in 2018 to respond to above suggestions made, including coaching of working groups; mapping of priorities and facilitate (potentially) competing interests and/or choose limited joint topics as platform/health cooperation community;

- to organize (more) member input and capture reflections as in the exercise made at this AGA, to foster “strategic learning”;
- to engage (more often) a “political dialogue” with policy makers (incl. cabinet De Croo) and influencers (media) and (more) engage as platform in a societal role.

7. Updates on key events of 2018

See presentation attached (Annex 7) including updates of the various working groups.

Due to time constraints, the working chairs could not present all the exciting activities planned for 2018. However a number of key dates are flagged for all to add onto your agenda as following

‘SAVE-THE-DATES:

➤ Belgian events

29 March – launch of [5th Global Health Watch](#), Espace Jacquemotte, Brussels

17 May - [Linking health and education](#), joint annual seminar BCH/EDUCAID, Egmont Palace, Brussels

5,6 June – [European Development Days](#), incl. panel on SRHR, Thurn&Taxis, Brussels

20th Nov – Seminar on Quality Medicines – 10 year Charter, venue tbc (key-note speaker : [Hans Hogenzeil](#))

➤ International Conferences:

[AIDS conference 2018](#), Amsterdam, **23 - 27 July 2018**

[Medicine Quality and Public Health– MQPH](#), Oxford, **23-28 Sept**

[5th Health System Research – HSR2018](#), Liverpool, **8 -12 October**

Other updates

- DGD Guidelines – consensus on the Right to health, presentation by Ignace Ronse, DGD
See presentation attached.

The DGD guidelines have been finalized and approved by DGD and Be-cause health as “consensus notes”. In follow-up to the input by the general assembly of 2017, a few minor language amendments have been made to underline the right to health and clarify various potential roles of actors within a health system. The note is publicly available online on the website of both Be-cause health and DGD:

https://diplomatie.belgium.be/fr/politique/cooperation_au_developpement/nos_activites/themes/developpement_social/sante

https://diplomatie.belgium.be/nl/Beleid/Ontwikkelingssamenwerking/Wat_doen_we/Thema/Sociale_ontwikkeling/Gezondheid

A public launch of the note is being explored within DGD, in cooperation with Be-cause health.

Eliminating Sleeping sickness project – RDC, presentation by Paul Verlé, ENABEL

A presentation was made to explain the latest developments and ‘curve’ of the sleeping sickness disease/epidemic in RDC, as well as an update of new opportunities with new developments in vector (mosquitos) control, better diagnostic and promising medicines.

Within the frame of a new project for the elimination of sleeping sickness (HAT+) started in september 2017 in collaboration between DGD, ITM and ENABEL, cofinanced by Belgian development cooperation and philanthropy by Gates foundation - BMGF.

ENABEL and ITM invite other Belgian actors (NGOs) to become a partner in the project, to sensitize key populations in three RDC focus regions/provinces and support the roll-out of the project.

Contact persons are :

Paul Verlé, ENABEL, paul.verle@enabel.be ; Marleen Boelaert, ITM – Epidemiology;

mboelaert@itg.be ;

Ignace Ronse, DGD, Ignace.Ronse@diplobel.fed.be

More information: <http://www.itg.be/E/sleeping-sickness>

8. Elections

In accordance with the procedure set by the internal regulations, a call for candidates of the steering group and president of the platform had been made public at the end of 2017, two months in advance. Candidates were checked for eligibility and have the support of the current steering group.

a. Election of new members of the steering committee

Short introduction of the following new members of the steering group, representing each one a 'category' or group as stipulated in the internal guidelines of the platform:

- Stefaan Van Bastelaere, of ENABEL (Belgian Technical Cooperation), chair of the WG digital health and WG HRH, replacement of Karel Gyselinck as of Sept. 2018
- Thérèse Delvaux, ITM, member of WG SRHR, replaces Sara Van Belle in the steering group for ITM as of March 2018; and Raffaella Ravinetto, ITM (chair of WG Medicines) will join the steering group as substitute.
- Thomas Dewaele, 4th year medical student KULeuven, and active in the Belgian Medical Students Association - BeMSA as National Officer on Capacity Building. Jointly with Joris De Keersmaecker, BeMSA Vice-President for Internal Affairs, presented as substitute of Thomas.
- Pieter Van Wolvelaer, CM Landsbond | Alliance nationale des mutualités chrétiennes; policy officer international cooperation, engaged within MASMUT, and platform Decent Work.

Conclusion: after a ballot vote, all 4 steering group members and related two substitutes are elected by the present general assembly members to take on a mandate of (max. 2 times) 3 years as of 2018.

b. Election for the presidency of the platform

One candidate - Elies van Belle - - has stepped up to respond to the call launched to replace Karel as new President for the platform. The term of the mandate of President is equal to those of steering group members, namely (max. two times) 3 years.

Elies presented the following motivation for her candidacy:

“My name is Elies Van Belle, I am a public health doctor, I work with Memisa, and I have been working in development cooperation for the last 15 years, first on the field for about 10 years with MSF and BTC (Enabel now), mainly in Africa, then from Brussels, and I am still going back to Africa regularly. I joined the steering committee of Be-cause health in 2013 shortly after I started working with Memisa, and it has been an adventure since. Not only discovering the variety of actors dedicated to health for all and determined to change things for those who don't have access to healthcare, but also discovering the value and richness of different opinions, positions and experiences. To me, Be-cause health is therefore unique in creating a space to bring together all

these different Belgian actors sharing the same vision yet all very different in their mission, and I would be very proud to preside Be-cause health in the coming years.”

Conclusion

A ballot vote elected Elies Van Belle as new president of Be-cause health, replacing Karel as of September 2018.

Elies’ inaugural speech included on behalf of the steering group words of gratitude addressed to Karel for his Presidency of Be-cause health platform the past years:

“(…) You have been guiding this network through the last six years with never ending spirit and spice, continuous dedication, energy, tolerance, and maybe most of all belief. Never short of a funny anecdote, a catchy joke, a riddle or a story, you made this venture not only deep in reflection, but also fun. So, on behalf of the steering committee, I want to thank you. You have been our guide and inspiration. But this is in no way a farewell, as you will continue to preside the steering committee for the coming months, and I’m sure we can still count on you to stay active in different working groups, seminars and other events of Be-cause health.”

9. **Miscellaneous**

No other points were raised.

10. **Closure**

The meeting is closed by the President at 1pm.