

Present: 30 participants - see attachment 1 for the attendance list

0 Review of the minutes of 15th Feb. 2016: The minutes of the last General Assembly have been approved without remarks.

Note : follow-up action recommended in those minutes on governance from previous AGA remains valid and will be taken up in 2017: “The category ‘Friends of Be-cause health’ is unclear and should be better defined. The Steering group will reformulate this category.(...) To consider: defining what it actually means to be a member of Be-cause health.” (minutes AGA2016)

Renewal of the steering group (See attachment 2) : The principles on which the composition of the steering group is based are shared: the steering committee is composed of 8 to 12 elected people who exercise their office personally. Mandates are valid for 2 years – renewable. Four (4) out of the twelve(12) Steering group members are on their third term and should ideally be replaced by new members. In addition, the mandate of the chair of president of Be-cause health – held by Karel Gyselinck(BTC-CTB) is ending this year. Within the steering group a new chair/president needs to be appointed.

There is a **call for members** to put their candidature forward to become part of the steering group. In addition, ideally for each SG member there is a person who can replace him/her when absent. There are still some vacancies. At the AGA, Anne Fromont(ULB) expressed her interest to replace Aline Labat (ULB) when absent.

1 Validation new member organisations (See attachment 2):

Presentation of COTA by director William Van Dingenen: COTA initiates and facilitates individual and collective learning processes with actors of social change from different sectors. He affirms – in response to question raised – that COTA is a ‘non-profit’ asbl and subscribes the Be-cause health vision text. COTA is already active for a longer time within the Working Group on Complexity and has worked on concrete results. At the end of this introduction, COTA is approved as a new member organisation of Be-cause health.

2 Presentation of Be-troplive (See attachment 2):

Belgian Platform on Tropical Animal Health & Production, Be-troplive is presented by Leen Claes. The funding by DGD to Be-trop Live within the framework agreement with ITM is ended. Nevertheless there is a willingness to continue. A steering group of Be-troplive was renewed end of 2016, with individual members and as a representative from their organisation. The new chairman is Koen Vantroos working at Vétérinaires sans frontières / Dierenartzen zonder grenzen (SF / DZG). In 2010, Be-troplive organised a joint seminar with Be-cause health. There is a willingness to continue to work together with Be-cause health on joint topics such as One Health, Zoonosis, or antimicrobial resistance (AMR). The question of potential membership to Be-cause health will be presented at the steering group of Be-troplive.

3 Realisations 2016

Tim Roosen – coordinator BCH presents platforms’ general realisations in 2016.
See attachment 2.

Working groups active in 2016 presented their activities :

- Working group Access to quality medicines : Presentation by Raffaëlla Ravinetto(ITM).
See attachment 2.
Raffaëlla became the new chair of the working group in 2016 and replaced Tine Demeulenaere (Damiaan Foundation). Three meetings (June-Sept-Jan 2017), were held with a core of 15-20 active participants from different member organisations. The core remains to track pharmaceutical quality assurance, and draft recommendations on funding and purchasing of medicines.
- Working Group on Social Determinants of Health - SDHs: Presentation by Liesbet Van Geel, fos. See attachment 2.
The group on SDH works in synergy with North South Working Group Action Platform Health & Solidarity; 6 meetings were held in 2016 (2-monthly). Within a campaign “Santé” a seminar on the commercialisation of health was held, a series of 3 brochures developed and a lunch debate held on “Free trade and the impact on the Social Determinants of Health”.
- Working Group on Complexity: Presentation by Vicente Pardo - AEDES: See attachment 3
A key document/analyse is developed in 2016 called « Change and Complexity » based on inputs of the workshop and debate organised in Brussels, 15th Oct. 2015.
A reflection started around the recent publication/book « Development cooperation as learning in progress » edited by IMT-Antwerp, including BTC-CTB authors. The working group includes the publication as a reference document and promotes it.
A new focus / task (2016-2017) is chosen to work jointly on the theme of «Monitoring & evaluation of Change » as a learning tool (outil d’apprentissage) within a paradigm of complexity. A first exchange and presentation was held on the implementation/use of monitoring & evaluation of change at 2 related NGOs.
- Working Group HRH : Short note by Stefaan Van Bastelaere, BTC-CTB
This working group has been passive throughout 2016. They contributed to the module on HRH for the strategy note. For the rest, no other real activities have taken place in 2016. In March 2017, Remco van de Pas presented a case study on HRH in Guinea which triggered renewed interest from Belgian (BCH) stakeholders. There is renewed interest to continue reflecting and working on the issue of Human Resources for Health. Contact Stefaan for more information – or to be added onto the mailing list of the group.
- Digital 4 Development (Technologies, E-health): Short note by Stefaan Van Bastelaere, BTC-CTB. After the seminar on digitalization beginning 2016, no formal working group was created yet, but there have been exchanges and activities on the subject led by BTC, in support by Be-cause health. At the end of 2016, a 2-day workshop took place at the Palais d’Egmont, Brussels. For 2017; the idea is to organise in the second half of the year 2 ‘E-health Academies’ of one day each.
- Working Group SRHR/HIV: Presentation by Dirk Van Braeckel, ICRH (UGent)
An active group – holding several internal meetings – provided input into the strategy note Right to Health & module SRHR; organised a seminar on SRHR & Stigma, and held a joint meeting with Dutch counterpart Share-Net. A follow-up meeting is planned for 2017. In addition, 3 policy briefs were developed: Link with HIV, Gender, Youth -> these will be translated into infographics in 2017. An E-tutorial Body and Rights is produced: targeting diplomats and development aid staff in the field but open to everyone else: it was led by a consortium in the SRHR group, including SENSOA committed to produce the E-tutorial and

“LEF” as external partner. The E-tutorial was launched by Minister De Croo on the day before She Decides conference – See more on the tutorial on the website www.bodyandrights.be

- Group on RDC: introduction by Ndudi Phasi, BAC
The group has not been very active in 2016. In Dec. 2016, a study on mutuelles de santé in RDC was presented & shared with BCH members. Ndudi welcomes new opportunities for cooperation looking ahead.
- Group on NCDs: The group analysed in 2016 the NCD strategy of the Ministry of Health of Benin upon request of the BTC health program in Benin.

To conclude : despite the challenging context of 2016 – a year when many organisations were focused on finalising DGD framework agreement/programs, it is quite an impressive number of activities which were organised last year by BCH network members and groups.

- 4 Financial overview 2016 & budget 2017**: Dirk van Braeckel presents as treasurer of BCH the financial results of 2016. -> See attachment 2
- 5 LSHTM Study on Be-cause health (2017)**: presentation by Samuel Van Steirteghem
Proposal to study Be-cause health – How structure and process of an organization has an effect on the efficiency of the network: See attachment 2.
Taking case study of the Belgian Be-cause health network, Samuel will conduct :
- a scientific literature review on structure and organisation of likewise networks (what can be done; what works);
- In-depth interviews to collect BCH members views of how this network could be organised; addressing challenges specific to BCH ; sense evolution with and by the members
The outcome of the literate review & best-practices, as well as the outcome of the interviews are interesting for Be-cause health governance;
Timing: Final study to be presented at LSHTM in September. BCH members will be invited to take part in **interviews in March-April-May**. An invitation will be send by the BCH coordination – please contact us directly if interested to take part.
- 6 ECTMIH : Organised sessions by Be-cause health – Karel**
Why a member? Be-cause health is a member of FESTMIH, a federation of European National Societies of Tropical Medicine & International Health. This membership was inherited by Be-cause health after the discontinuance of the Belgian Society of Tropical Medicine. In most other countries, these are mainly scientific networks but the Norwegian and Irish networks have also evolved into broader networks , with an interest for Global Health
Why get involved? There is an ECTMIH congress every 2 years. It is an opportunity/entry point to discuss issues about tropical medicine, global health and international health. There is a lot of exchange on research but there are also operational exchanges from the field. In participating at the ECTMIH congress, working groups could present key messages and exchange experiences with colleagues form across Europe.
The deadline for the abstracts and for presenting organised sessions is the 1st of April. All proposals have to be submitted to the Scientific Committee by then. There are now 15 organised sessions being prepared with cooperation of BCH. It is possible that the deadline of 1st April will be extended. It is not confirmed yet that there will be a late break abstract deadline.

What will it cost? / Fees: For 3,5 days, the normal entry price rate would be 650€. As a FESTMIH member, 10% reduction is applied, thus 585€. The latest proposal for BCH members was 450€. The question was raised to use a limited amount of vouchers for a really reduced rate, but this is still to be discussed. To be continued. Consult Karel for more information.

7 Planning 2017: Presentation by Tim Roosen, Coordinator BCH (See attachment 2)

A planning exercise was held 9th Feb. 2017 with steering group and Working Group (co-) chairs to help identify activities for 2017. A detailed list is available at the secretariat.

Three roles will remain essential for Be-cause health, namely to stimulate and facilitate

=> **Joint Learning / Knowledge sharing**

=> **Policy support & Advocacy**

=> **Connection and collaboration (at national, EU and global level)**

Going forward in 2017, the following priorities for the network are identified :

I. Stimulate inter-WG exchanges and capitalisation of experiences & knowledge

II. Communicate more BCH's achievements and results

Policy briefs(SRHR), Modules (6 - strategy note), an Academy or E-tutorial : in 2017, Be-cause health will help produce and disseminate developed tools and share results of policy influence

III. Engage BCH with (European, international) networks

No specific Annual seminar has yet been identified, although at ECTMIH conference in October 2017, there will be specific BCH session as Belgian platform – content to be defined. In addition, in 2017 BCH will aim to present – in parliament if possible - a reflection on 50 years of development cooperation in Latin America – linked to a broader reflection on dev. Cooperation in Middle-Income Countries – MICs.

8 Networking Inter-Working groups : Informal opportunity to learn from other working groups – be introduced to plans 2017.

9 Belgian development policy on Global Health: slides

9.1 Update conference 'She-Decides' – 2nd of March, 2017 : presented by Cathérine Gigante, DGD, See attachment 2.

A short presentation on the origin of the Global Gag Rule and the Dutch / Belgian response followed by Sweden , Denmark and Finland, through « She-Decides » : an initiative to help manage the loss in budget – without being a new funding mechanism or 'global fund' ; it constitutes equally a platform for advocacy on SRHR and family planning.

A conference was hosted on March 2nd with over 50 countries present, as well as civil society and multilateral (UN) organisations present. A total amount of €181 million is gathered ; each donor will decide how – to whom – it will allocate funding. In addition, a 'Group of friends' of She-Decides' is created – to be further defined how it will operate in the near future.

9.2 Update on Strategy note Droit à la santé – Recht op Gezondheid, presented by Ignace Ronse, DGD. See attachment 4.

The use of the DGD Strategy note on Health of 2008 was evaluated in 2014/15 and it was found the note and successive amendments were to be updated and integrated into a new strategy note. Work began in 2015, whereby BCH members (WGs') and various stakeholders were consulted by DGD. BCH members co-drafted in 2015/16 through various thematic working groups input for a new strategy 'core-note' and developed six (6) thematic modules through working groups, namely:

- SRHR (update of 2007 version) & HIV (update of 2006 version);
- Financing Universal Health Coverage (2012);
- Quality medicines;
- Human Resources for Health;
- Non-Communicable Diseases
- Communicable Diseases / Infectious & Neglected Diseases; (in development)

The 6 modules (above) are not submitted to the Strategic Committee and are to be considered as 'living documents' – to be 'owned' and used by Be-cause health and Belgian stakeholders. A consultation or preliminary presentation of the strategy note was made in March/April 2016. The 'core-note' or general part has been further updated taking into account some of the comments made. A new final draft is sent to the Strategic Committee of DGD for final approval. Today this draft is shared and presented here at the BCH Annual General Assembly.

The Core Strategy note shared today at the AGA is still confidential and only to be presented & shared publicly once approved by the DGD Strategic Committee – expected to take place in June '17. As the review is still ongoing within the Committee, there is a small window of opportunity for AGA members to share feedback on the note.

The following points of concern, and suggestions were raised during the AGA:

Suggestion: to add an explicit reference the so-called 'Dakar declaration' in support of health districts as integrated health systems. DGD reply: this is also/already referred to within module 1

Question: Is this note to be considered a "living document"? If so, can we consider to add new developments such as the interest to address the quality of asset management/maintenance?

Response: By its nature, a strategy note should remain fixed for a certain period of time – in other words to last longer than a minister term. Thus for example the attention for digitalisation can/should be included within the thematic 6 modules and supports the implementation of the Health strategy, but without being explicitly incorporated. The Strategy note is to be seen as a document that guides on the priorities to be taken to provide the Right to Health.

Question / suggestion: The core document lists different roles of stakeholders involved. Suggestion to make explicit that this is not an exhaustive list of roles.

Questions were raised on the sole attribution of the role of health service delivery to the private sector and not the public (State) sector. There might be genuine concerns regarding the quality and efficiency of that provision but those concerns applies to both sectors. In addition, the service delivery by the public sector is a reality in many Belgian partner countries. Hence the suggestion to add explicitly the service delivery within the list.

A brief exchange on the preferred role of the State (public sector) in regulating the service delivery followed. Note of clarification / response: The strategy note is not to be read as a normative note -

General comment: The Strategy note lays out priorities for Health in Development Cooperation. However, in 2016/2017 the cooperation sector as a whole and some of its key organisations such as BTC-CTB are being reformed. What are/will be the impact of these reforms on the Belgian stakeholders engaged in implementing the Strategy on the Right to Health? A call is raised to hold a public debate or update on what the potential impact is of recent reforms. Be-cause Health as platform could host such an exchange in 2017.

Be-cause health secretariat will collect further reflections and suggestions to be shared ASAP with the Belgian DGD colleagues working on health.

Closure of the meeting around 13h00 - followed by a light lunch.