

# BE-CAUSE HEALTH MATTERS: REFLECTIONS ON 10 YEARS OF BE-CAUSE HEALTH

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**10** Ten years ago ITM and DGD stood at the cradle of a new-born network they named Be-cause health. This Belgian platform gathered a range of stakeholders (policy makers, public and private stakeholders, civil society organisations and research institutes), all involved or interested in healthcare in development cooperation. Their objective was to strengthen the role and effectiveness of Belgian development cooperation to make quality healthcare accessible in the South.

That small network has now become a full grown teenager. The first question is whether this teenager may keep his birth right. Is what we do as Be-cause health relevant? In any case its core-activity - public discussion and interactive reasoning - embraces the longstanding tradition practised by the ancient Greeks: democracy, which can be defined as government by discussion. However, this public discussion is not the privilege of Western tradition.

*Moghul emperor, Akbar the Great, who lived in Agra in the 16th century, already organised intercommunity & interreligious discussions based on two principles: first the acceptance of plurality and secondly dialectic commitment.*

Today, continued investment in these initiatives might not be a bad idea in a world of increasing polarisation, violence and terrorism, increasing time pressure, and mechanistic bureaucracy inspired by management by fear.

The second question might be even more relevant: is our teenager really prepared for adolescence, a period in life where searching the right balances is particularly important? For the next 10 years, Be-cause health needs to balance three major challenges.



**Abu'l-Fath Jalal ud-din Muhammad Akbar,**  
popularly known as Akbar I - 15 October 1542 - 27 October 1605

He was the third and one of the greatest rulers of the Mughal Dynasty in India. Akbar himself was a patron of art and culture. He was fond of literature, and created a library of over 24,000 volumes written in Sanskrit, Hindustani, Persian, Greek, Latin, Arabic and Kashmiri, staffed by many scholars, translators, artists, calligraphers, scribes, bookbinders and readers. Holy men of many faiths, poets, architects and artisans adorned his court from all over the world for study and discussion.

# 1 **The first challenge:** *The balance between respect for diversity of opinions within Be-cause health and the power of a common drive and coherent vision.*

A long-standing discussion within Be-cause health is about whether the network should be neutral or engage in advocacy, whether it should act as a platform or be a movement, whether it should have a vision or only a mission. Perhaps asking these questions is more important than answering them.

In any case, absolute neutrality is an illusion because Be-cause health's mere existence reflects a vision on society: as stated above, Be-cause health is an expression of democracy. It also illustrates a vision on societal development by learning, whereby we learn from field experiences to nourish the public debate and make better national/international policies which in turn will eventually influence practice (learning loops).

But should Be-cause health go beyond that? What about the 'Health Care for All' Declaration, the reference document for the founders of Be-cause health? What with the Be-cause health concept note that constituted the basis of the DGD's Health Policy Note? And, without being dogmatic, what with the heritage of the so-called Belgian school embracing a broad perspective and understanding of health systems? Are the principles behind all this still a common denominator that can inspire us all beyond our diversity?

What is the way forward in a pluralistic environment such as Be-cause health? Could it be having respect, listening to each other, engaging in an authentic dialogue and trying to reach an understanding or agreement at the deepest possible level? Or in pragmatic terms: achieving a deeper understanding between two members is a good start, achieving it within a working group is better, achieving it as a network is half a miracle.

# 2 **The second challenge:** *The balance between dynamics and achieving concrete results.*

Dynamics in a network are crucial. Maybe it could even be considered as a goal in itself for a network. There are four dimensions to this:

**1°** Confronting diverse ideas and experiences is at the core of networking. This process yields creativity and dynamism which constitute an added value in itself. '*Net-werken, dat is net werken*'. The word 'diversity' is important here: the strength of a network is related to its diversity. Each network has to watch out for a diminishing diversity in effective involvement of members. A network should not become an exclusive club with a limited number of members taking charge of the process and gradually leaving others behind.

**2°** Another way of looking at the Be-cause health dynamics is considering it as a SWAp<sup>1</sup>, involving all stakeholders directly or indirectly involved in Belgian Development Cooperation, whether they are members or not. Before preaching the good word elsewhere, should we not clean in front of our own doorstep and experience the day-to-day 'muddling through' linked to the complex processes of a SWAp? Do we still have sufficient voluntarism to continue investing in a longstanding process of constructing reality together or are we satisfied, in times of decreasing budgets, with executing virtual plans in a linear and bureaucratic way? If we are not willing to put in the necessary effort and time, what can we expect from our partners? If we do not identify ourselves with that role model and invest in it, what will happen with the credibility of Belgian Cooperation?

**3°** Be-cause health is also an excellent playground to gain experience to work in a complex, changing environment and to engage and adapt through a flexible, continuous learning process<sup>2</sup>:

- By learning to move beyond the frontiers and the scope of our own individual organisations.
- By learning to overcome apparent oppositions and be more aware of our own tunnel vision and possible dogmas (moulded by personal convictions, judgments and feelings, vested institutional interests and rules or cultural beliefs), and arrive at a deeper rooted, shared understanding.
- By learning to strike the right balance between respect for the rich diversity of stakeholders/visions and the need to collaborate in a more coherent and efficient way.
- By learning from the rich experience of the stakeholders in Belgian Development Cooperation and others.

**4°** There is also the fun factor. The fun to meet engaged people of various backgrounds and visions, and to achieve concrete things together. Experiences with Communities of Practice (CoP) indicate that even in an online world periodical face-to-face meetings are important to create a relationship of trust. Fun is also important to keep voluntarism and engagement going. ‘Between the soup and the potatoes’ as we say in Belgium. We can only hope that there will be soup and potatoes left the coming years.

**5°** But apart from the dynamics (even if it has value on its own) concrete outputs are important, be it seminars, policy advice, concept notes, charters (e.g. on medicines, on recruitment of health staff in partner countries), or even paving the way for the creation of new networks such as Quamed, and many more things. Vice versa, apart from their content, such concrete outputs are vital for the dynamics within a platform.

## **3** *The third challenge: The balance between structure, control, predictability and efficiency on the one hand and spontaneity and creativity on the other.*

There is no blueprint of how a network should be organised. It may range from loose discussion groups over the internet to formal networks with clear membership criteria and a coordinating secretariat, from temporary coalitions to long-term alliances. However, two issues seem to be important:

**1°** How can we remain adaptive, i.e. within the structure of Be-cause health evolve over time in line with the changing expectations and engagement of members and the offered opportunities? The Be-cause health working groups are a good example. When the expectations, engagement and opportunity present themselves, let’s set up a group. It may increase the participation of new members. Remember the risk of diminishing diversity in effective involvement of members. But if these elements are not there anymore, let’s also have the courage to discontinue a group (temporarily or definitely). Should we not be wary of rigidly defined structures?

*Less formalised, self-organising structures will produce less predictable outcomes but might lead to more active participation, more initiatives and more creative outcomes. - Paul Thomas, 2001*

The internal regulations developed within Be-cause health over time aim at integrating learnings from past experiences, but should not be too prescriptive and leave room for flexibility in future initiatives.

**2°** Apart from being adaptive, it is important to remain open. Be-cause health’s entry point is Belgian Development Cooperation. However, should we not keep a wider perspective, a ‘grand écart’, and link with both field and international contexts and policies and the connection between the two? The work in relation to the charters and the regional conference on Local Health Systems in Senegal are good examples. As are links with other networks such as FESTMIH (of which Be-cause health is a member) or alliances with other networks or platforms without formal membership, in and outside Belgium.

## Conclusion and way forward...

In its 10th year, Be-cause health has benefited from an evaluation by South Research. The evaluation report stated that “in many respects Be-cause health can be seen as a unique and successful networking experience, both at national and international level. Over the past five years, the platform has managed to keep growing and to consolidate itself... which is an indicator that it meets an existing need.” As stated above, the report also lists a number of challenges that still remain. But nothing we cannot tackle together.

That is why we end with an invitation: join this ‘teenage-club’. Take up an active engagement in one of the working groups. Do not consider it as extra work, but as part of your core-business. If you do not find your focus, create a new group. If you do not have sufficient time, think of a punctual engagement (e.g. translation of a document, preparation of a seminar). If not, at least assure the after-care of what you learned in your own working environment.

As picked up by the Because Health haiku:

*Dialogue is on  
The cause of health is at stake  
Spirits are moving (x2)*



**Karel Gyselinck**

President of Because Health



**Annual Seminar  
28-11-2014**

Marge Berer (Reproductive Health Matters) makes a plea for investment in health systems to make sexual and reproductive health care available for everyone.



**10th anniversary  
16-10-2014**

Celebrating 10 years of collaboration by members and friends of Be-cause health.



**Evaluation  
2014**

Barbara Simaey (South Research) facilitates the focus day as a final step in the evaluation process.