

# BE-CAUSE HEALTH ANNUAL REPORT 2016



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# BE-CAUSE HEALTH 2016 IN PICTURES

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## Séminaire

La santé : une marchandise ?  
Les dangers d'une commercialisation des soins de

2



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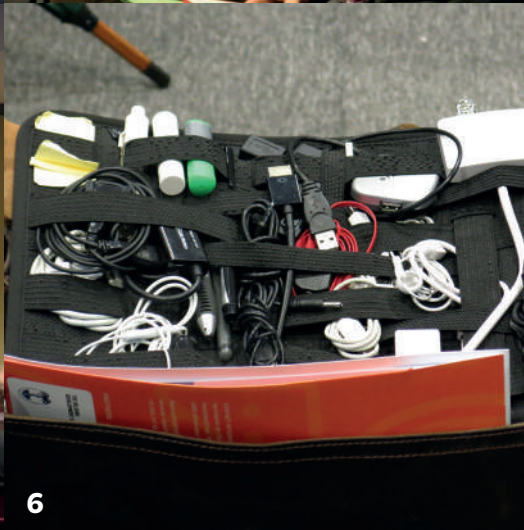
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- 1 Josy Wong, Health Workers Union -Manilla, Philippines
- 2 Campaign poster of "Social Protection for all", seminar co-organised by FOS, and G3W and social partners

- 3 Annual General Meeting, February 2016
- 4 Bruno Meesen, ITM, Annual seminar: Health 2.0: Are we ready to go digital?
- 5 Karel Gysels, BTC-CTB, Annual General Assembly
- 6 Toolbox Workshop Digitalising

- 7 Be-cause Health Logo
- 8 Paul Bossyns, BTC-CTB, at 4th Global Symposium on Health Systems Research, Vancouver





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# PREFACE

## JE SUIS BE-CAUSE HEALTH

2016 has been a challenging year. On the 22nd of March, in the week of the BCH annual “Health 2.0: Are we ready to go digital?” conference, Brussels was hit by a terrorist attack. For security reasons, the conference could no longer take place at the Egmont Palace as planned. Nevertheless, thanks to the efforts of the BCH secretariat and the organising task-force, we managed to hold the conference - a ‘light version’ - at BTC the day after, in the presence of many ‘die-hards’. No bomb could stop us: “Je suis Bruxelles!”

For BCH members, 2016 was also challenging as Non-Governmental Actors (ANGs) submitted their strategic plans to to DGD. Meanwhile BTC was plunged into a transformation process which will lead to a new organisation called ‘Enabel’



**Karel Gyselinck**

President Be-cause health

from 2018 onwards. On top of that, the sector of international cooperation was hit by severe budget cuts. Nevertheless, the Be-cause health members stayed committed to the network. They managed to complete a lot of activities as shown further in this report. No reformer could stop us: “Je suis Be-cause health!”

May I express my sincere thanks to you all for your commitment towards our platform in the past year. Please keep up your hard work, including for the upcoming international European ‘ECTMIH’ conference which will be held in Antwerp in October 2017. And to those, who, for many reasons, have been less active in the platform in 2016, we issue this invitation with a smile : “**Vous êtes aussi Be-cause health!**”

## ABOUT BE-CAUSE HEALTH

Be-cause health is a pluralistic open platform, providing a place for exchange and capitalisation of technical knowledge and scientific evidence on international health and development cooperation and its application in the field. Be-cause health assures a more effective Belgian contribution to global health policies and the policy debate, based on the right to health & health care for all, and on the acceptance of reality as a complex, adaptive system influenced by multiple determinants. The platform stimulates mutual trust, understanding and cooperation between all stakeholders involved in Belgian development cooperation. It strengthens the transformational competences of its members such as flexibility, teamwork and leadership.

# NETWORK ORGANISATION

## Steering committee 2016

### **Karel Gyselinck – President,**

Belgian Technical Cooperation, BTC-CTB

### **Lut Joris / Tim Roosen – Coordinator(s),**

Institute of Tropical Medicine, Antwerp, ITM

### **Aline Labat (NEW)**

Ecole de Santé Publique – Université Libre de Bruxelles, ULB

### **Anselme Mubeneshayi Kananga**

International Youth Association for Development, IYAD

### **Dirk Van Braeckel**

International Centre for Reproductive Health, ICRH

### **Elies Van Belle**

Memisa

### **Eva Kayitesi (NEW)**

Hera

### **Ignace Ronse**

Directorate General Development Cooperation, DGD (Observer)

### **Peter Eerens (NEW)**

Living Health Systems

### **Sara Van Belle (NEW)**

Institute of Tropical Medicine, ITM

### **Wim Van De Voorde**

Sensoa

## Coordination team

In the 2nd half of 2016, Lut Joris started a new role as coordinator of the federation of Belgian ‘institutional stakeholders’ in development – FIABEL. The network has benefited of her leadership for a long time, and we hope she will remain a close friend of Be-cause health.

Tim Roosen joined Be-cause health in October 2016, as new network coordinator. He previously worked in a coordination role at Action for Global Health, an EU CSO platform, and has worked in development cooperation on Decent Work and Health. Within ITM, Nathalie Brouwers continues to support the coordinator. As a BCH team we can thus facilitate and support the many network and working group activities. The network coordinator works in close cooperation with the steering group and working group leads.

## Partnership and alliances

On a European level, Be-cause health is a member of the European federation of Tropical Medicine – FESTMIH.

Through BCH member organisations and BCH working group activities, we work with the following European networks and alliances:

- Medicus Mundi International – MMI (Geneva);  
and related Geneva Health Hub
- SHARE-NET, Dutch SRHR platform, Netherlands;
- European Alliance for Asset Management

Be-cause health is linked to Belgian thematic networks and groups within and beyond health, such as:

- ANSER – Academic Network for Sexual and Reproductive Health and Rights Policy
- Be-troplive – Belgian platform on tropical animal health and production
- Educaid – Belgian platform on education and development
- Gezondheid & Solidariteit platform/ Plateforme d’action Santé & Solidarité
- QUAMED – Expert working on access to quality medicines

*“Een deel van mijn taken als projectleider in Kenia, Ethiopië, Oeganda, Zambia of Senegal bestond erin fora, netwerken of andere coördinatiestructuren te ondersteunen die op volksgezondheid gerichte interventies dienden te bevorderen. Eenmaal in België vond ik als bestuurslid bij het Be-cause health netwerk de plek waar ik een dergelijke bijdrage kon leveren.”*

Peter Eerens – Living Health Systems



# NETWORK EVENTS & ACTIVITIES

25<sup>th</sup> March | **Health 2.0:**  
**Are we ready to go digital?**

For the annual seminar, a one day version of the planned two-day seminar on digitalisation and health took place on the 25th of March. Up to a 120 participants joined us in the discussion. On this topic, BCH brought together a panel of international experts from different partner countries across Africa. As key note speakers, we were privileged to learn from Alain Bernard Labrique - Faculty Directory at Johns Hopkins, and Marieke Huysentruyt, Oksigen Lab & Stockholm School of Economics.

In addition, digital tools and M-health applications to empower patients and households were presented. Many rich interventions and ideas were shared at the conference.



Alain Bernard Labrique - Faculty Directory - Johns Hopkins Bloomberg, USA

**The seminar concluded  
with a set of recommendations :**

**Future digital investments** should be in line with the values and the health system vision promoted by Be-cause health; they must be **inclusive** and contribute to an **equitable** access of all users to quality health services.

Promote **good practices** identified by other communities and coalitions already committed to an inclusive development of e-health in LICs;

- through active **involvement of the end users** in the design and implementation of the e-health solution.
- avoid 'silo applications', aim at being part of **(integrated)** broader national and regional health information platforms.

**Build a supportive ecosystem:** linking both Development Cooperation and Digital agenda (as minister De Croo holds both portfolios) in Belgium and in the 'Global South'. **Strengthening of communities of digital stakeholders** → e-health projects, investments, education & skills development.

**Monitor & Learn:** we need evidence of effectiveness and cost-effectiveness and an appropriate agenda of implementation research (why it works or not, how it works, for whom, etc.).

*More evidence on  
'what works, how  
and why it works,  
for whom' is needed*



#### April 2016 | Roundtable:

#### Belgian strategy note 'The Right to Health' – Development of thematic modules

Up to 46 BCH members joined the Belgian Directorate-General for Development (DGD) to discuss a nearly final draft version of the public strategy note on the Right to Health. The previous DGD Strategy on health already dated from 2008.

Throughout 2016 (starting already in 2015), BCH members actively contributed (and developed) specific themes of the strategy note. Members' input was gathered through thematic working groups, and presented to DGD. By way of outcome, BCH members thus provided input to the 'core text' of the strategy and developed a total of six (6) thematic modules :

- Sexual Reproductive Health & Right - SRHR (update of 2007 version) & HIV (update of 2006 version)
- Financing Universal Health Coverage (2012)
- Quality of Medicines
- Human Resources for Health
- Non-Communicable Diseases
- Communicable - Infectious & Neglected - Diseases (in development)

#### November 2016 | International Conference: Health Systems Research Symposium, Vancouver



A Belgian delegation including ITM, BTC and other Be-cause health members contributed to the 4th

Global Symposium on Health Systems Research, held in Vancouver. BCH co-organised two sessions - one on complexity and one on stewardship:

- Engaging with complexity in health policy and systems research; QCA, participatory action research and systems thinking; experience from projects in Spain, India and Africa:
- Developing distributed stewardship through health service user platforms experience in facilitating stewardship through health platforms.

Throughout the symposium BCH engaged - with the support of the ITM department of public health - young researchers known as 'Emerging Voices'.

#### February 2016 | Roundtable:

#### Health models in the South, alternative interventions

On the 15th of February, BCH invited Mr Ivan Zahiños of Medius Mundi Catalunya to join BCH members at the Annual General Assembly. After watching 'A Luta Continua', a documentary on the problems and challenges of the health system in Mozambique, BCH members reflected on what each stakeholder does best in support of the development of healthcare and healthcare systems in the South.

#### August 2016 | Regional Seminar:

#### 50 años de cooperación belga en región Andina



Be-cause health took advantage of a regional meeting (August 2016) hosted by the Bolivian Minister of Health and BTC, to bring together Belgian development stakeholders. With the announced end of bilateral aid to the region, it was an opportunity to reflect on 50 years of Belgian development cooperation in the region. Moreover, the Belgian stakeholders collected lessons learned, challenges and opportunities, and highlighted the achieved results. The seminar concluded with concrete recommendations to the Belgian authorities and a call for a public debate on the role of Belgian aid in the region.

#### September 2016 | International Conference: Health cooperation beyond aid



Be-cause health participated in the "Health cooperation beyond aid" conference organised by Medius Mundi International - MMI. Held in Berlin in September 2016, it comprised a joint reflection on "Doing-Development-Differently - DDD". The paper entitled "Health cooperation: its relevance, legitimacy and affectiveness as a contribution to achieving universal access to health" was discussed and published afterwards as a 'DDD manifesto' by MMI.

# HIGHLIGHTS WORKING GROUPS

## Sexual and Reproductive Health and Rights

| How the Netherlands and Belgium promote SRHR worldwide

The BCH working group on SRHR joined their Dutch colleagues of Share-Net and both looked at obstacles, challenges and lessons learned in promoting SRHR. The Netherlands opts to promote SRHR worldwide by putting emphasis on advocacy. It therefore builds the capacity of local 'SRHR Alliance' partners to formulate a response to the opposition to SRHR and influences policy change in favour of Women's Rights at local and national level. This difference in strategy of 'advocating' versus 'mainstreaming' SRHR is an interesting learning point for Be-cause health.

## Stigma and SRHR

In addition, the SRHR working group organised a lively seminar on the 10th of November 2016, on **'Improving our understanding of the impact of stigma on the right to sexual and reproductive health'**. Stigma is a powerful, though often invisible, barrier that keeps people from seeking services that can improve their health or even save their lives. The workshop addressed stigma surrounding young people's sexual behaviour and sexuality; women seeking family planning services, including medical and legal abortion services, as well as infertility problems - largely unattended in the global health debate.

## Social Determinants of Health |

Impact of free trade agreements (TTIP, CETA) on social determinants of health

Free trade agreements between the EU, the United States and Canada such as TTIP and CETA became part of a public and media debate. The group organised a workshop on the 17th of March 2016 to inform about the worldwide impact and potential threats of free trade agreements on the social determinants of health - SDH. In the follow up to a European demonstration in Brussels in September 2016, the working group SDH drew up a vision text on the impact of the trade agreement on the health of the communities in the South. In addition, a lunch debate was organised in October 2016, to hear health activist Josy Wong from the Philippines on the impact of trade on health in the South.

## Access to Quality Medicines |

Workshop on quality assurance for pharmaceutical manufacturers

On the 23rd and 24th of November, BCH WG and QUAMED members gathered in Brussels for a workshop on pharmaceutical quality assurance, co-organised by the DGD and Be-cause health, and attended by international experts and keynote speakers, including the Head of the WHO Pre-qualification Programme. A short outcome document of the workshop reflects the "unmet needs and opportunities". As a policy-shaping workshop bringing together key informants, it also formulates short, mid-term recommendations for governmental and non-state stakeholders involved in the funding and purchasing of medicines.



Workshop on pharmaceutical quality assurance  
by WG Access to Medicines / QUAMED



## Digitalisation | E-Health for Development - A closer look at the Belgian toolbox

In November 2016, a follow-up workshop was organised which examined concrete digital applications and 'tools' developed by academics, research centres and private companies. With a brief presentation of each tool, participants were given the opportunity to gain in-depth knowledge and hands-on experience from leading developers and implementers of each of the tools. The workshop looked at operational obstacles and the sustainability of e-health interventions, the potential impact on quality of care and challenges related to ICT capacity building.

## RD Congo | Community perception of Health insurance funds in DRC

On the 21st of December 2016, the results of a concertation with health communities in RD Congo on 'mutuelles de santé' were presented in Brussels - with the support of the Roi Baudouin Foundation. The study and exchange led by BENE-LUX AFRO CENTER - BAC captured the comments and perceptions of civil society organisations of around 10 provinces in RDC. Belgian stakeholders and Congolese diaspora, including BCH and MASMUT members, gave feedback on the study presented.

## Universal Health Coverage (UHC)

On the 8th of February, ITM hosted a workshop "Towards Universal Health Coverage to share and discuss a scoping review on UHC in Bangladesh, Cambodia, Kenya, Tanzania, DR Congo, Ghana, Peru, Senegal, Thailand and Uganda. Leading UHC expert, Joseph Kutzin - lead of the health financing policy team at WHO - introduced these findings.

The social determinants of health working group and the North-South working group of the Health & Solidarity Platform produced a series of policy briefs on the impact of international trade policies on health in the South. One policy brief specifically informs the public and policy makers on universal health coverage.

## Complexity | A new paradigm

What are principles of a new 'paradigm' of complexity and how best to use this to our advantage?

A series of seminars on 'Complexity' were held at the Institute of Tropical Medicine, Antwerp: 'Complex systems thinking in international aid and health development' (09/2016); and 'Complex causation and the case-based approach' (11/2016).

*"... for every complex problem there is an answer that is **clear, simple and wrong** ..."* H.L. Mencken

In addition, Communities of Practice as catalysts and innovators in global health and health systems gathered (12/2016) at the Institute of Tropical Medicine, Antwerp.

*"Pour le milieu universitaire dont je fais partie, c'est une opportunité de rencontrer des acteurs variés, hors du contexte académique, donnant l'occasion de se confronter avec les réalités du terrain, qu'il soit politique ou plus opérationnel, en apprenant les uns des autres. C'est donc une bonne source d'inspiration et de questionnements."*

Aline Labat et collègues de Ecole de Santé Publique, ULB

# LOOKING FORWARD TO 2017

We are pleased that within a renewed framework agreement between DGD and the Institute of Tropical Medicine Antwerp - ITM, there are funds in coming years (2017-2021) to sustain the platform coordination role. Based on the existing vision and mission of Be-cause health, three roles remain essential for the platform, 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 :

## Stimulate inter-WG exchanges and capitalisation of experiences & knowledge

Linking research, studies and field experiences brings members together, on themes such as financing for health; human resources for health, sexual reproductive health and rights, trade agreements, social protection, complexity theories, and digitalisation;

**QUALITY** is high on our agenda. An engagement on quality of medicines will be presented, and quality assurance of manufacturers remains key. Similarly, joint efforts to assess quality of medical equipment, and more broadly the management of assets is proposed by a new working group within Be-cause health.

## Communicate more BCHs achievements and results

Policy briefs, 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.

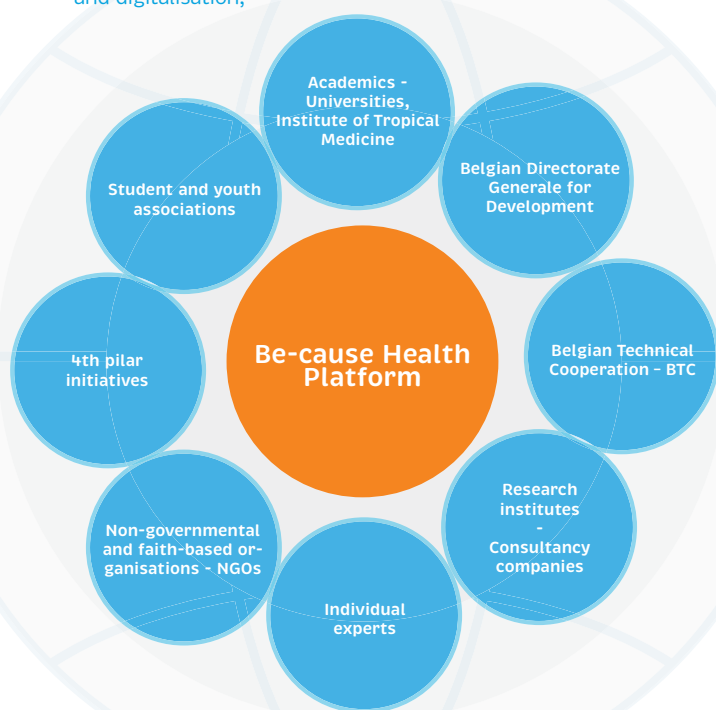
## Engage BCH with (European, international) networks

Be-cause health (BCH) continues to invest in relation building with European alliances; within Belgium, BCH engages thematic platforms such as Digital for Development, and EducAid.

A platform is as strong as its members' commitment. Together we ensure mutual trust, understanding and cooperation amongst members. Together we can maintain the Right to Health high on the agenda of Belgian policy makers and together we can assist practitioners to apply 'Health care for All' principles.

## STRATEGIC OBJECTIVES

- 1** Be-cause health is an efficient and dynamic network, representative of Belgian stakeholders active in the field of international health & healthcare.
- 2** The Belgian stakeholders contribute effectively to the international policy of Belgium and to international policies related to health.
- 3** Be-cause health not only assures a good diffusion and exchange of knowledge and good practices among its members, but also assures a capitalisation of experiences in the field.
- 4** Be-cause health promotes complementarity, synergy and collaboration among Belgian stakeholders involved in international health and other national and international health networks.





# NETWORK EXPENSES 2016

REVENUES	RECEIVED	EXPECTED
DGD	€ 54.578,00	€ 54.578,00
Remainder 2015	€ 30.927,69	€ 30.927,69
Additional funds DGD 2016	€ 5.000,00**	
Participant fees annual seminar*	€ 5,353.59	€ 4.000,00
<b>TOTAL</b>	<b>€ 95.859,28</b>	<b>€ 89.505,69</b>
EXPENSES	REALISED	BUDGET
General costs	€ 1.202,46	€ 5.000,00
Participation international fora	€ 9.271,05	€ 10.000,00
Annual seminar	€ 15.353,11	€ 30.000,00
Other meetings workshops		€ 2.000,00
Website	€ 3.674,10	€ 3.000,00
Newsletters	€ 2.542,83	€ 2.000,00
Working groups	€ 11.504,27	€ 9.000,00
International networks (MMI-Paris)	€ 4.615,17	€ 1.500,00
Regional Seminar	€ 5.848,24	€ 5.000,00
Translate results (E-tutorial SRHR)	€ 35,502.00	€ 22.005,70
<b>TOTAL</b>	<b>€ 89.513,23</b>	<b>€ 89.505,70</b>
<b>REMAINDER 2016*</b>	<b>€ 6.346,05</b>	
BALANCE 2016	Assets	Liabilities
Liquid assets	€ 29.544,85	€ 6.346,05
Net assets		€ 23.198,80
Reserve ex-BVTG - FESTMIH		€ 23.198,80
	<b>€ 29.544,85</b>	<b>€ 29.544,85</b>

\* Not transferable to 2017 as this is the last year of DGD project cycle funding 2014-16. \*\* € 5,000 extra funds added for translation E-tutorial into French

# BE-CAUSE HEALTH IN NUMBERS



**10**  
**NEWSLETTERS**



**9**  
**WORKING  
GROUPS**



**50**  
**MEMBER  
ORGANISATIONS**



**479**  
**INDIVIDUAL  
MEMBERS**

## LISTED MEMBER AND OBSERVER ORGANISATIONS (DECEMBER 2016)

ACTION PLATFORM HEALTH & SOLIDARITY \* AEDES - EUROPEAN AGENCY FOR DEVELOPMENT & HEALTH \* AFRICA EUROPE FAITH AND JUSTICE NETWORK \* AMNESTY INTERNATIONAL BELGIQUE FRANCOPHONE \* ASSOCIATION BELGE DES PRATICIENS DE L'ART INFIRMIER \* ASSOCIATION POUR LE RENFORCEMENT DE L'ENSEIGNEMENT ET DE L'APPRENTISAGE EN SANTÉ \* BELGIAN DEVELOPMENT AGENCY \* BELGIAN DEVELOPMENT COOPERATION \* BELGIAN MEDICAL STUDENTS ASSOCIATION \* BENELUX AFRO CENTER \* CAP SANTÉ \* COOPAMI - RIZIV \* CROIX ROUGE DE BELGIQUE FRANCOPHONE \* DAMIEN FOUNDATION \* DEPARTEMENT INTERNATIONAAL VLAANDEREN \* ECOLE DE SANTÉ PUBLIQUE - ULB \* FPS HEALTH, FOOD CHAIN SAFETY AND ENVIRONMENT \* FOS - SOCIALISTISCHE SOLIDARITEIT \* FRACARITA \* GAMS \* HERA \* HÉLÈNE DE BEIR FOUNDATION \* INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH \* INSTITUTE OF TROPICAL MEDICINE \* INTERNATIONAL ORGANIZATION FOR MIGRATION \* INTERNATIONAL YOUTH ASSOCIATION FOR DEVELOPMENT \* KBA - FONCABA \* LA CHAÎNE DE L'ESPOIR - DE KETEN VAN HOOP \* LIGHT FOR THE WORLD \* LOUVAIN COOPÉRATION \* LUMOS UZ LEUVEN \* MÉDECINS DU MONDE \* MEDICS WITHOUT VACATION \* MEMISA \* MUTUALITÉS CHRÉTIENNES - CHRISTELIJKE MUTUALITEITEN \* LE MONDE SELON LES FEMMES \* OXFAM SOLIDARITEIT - SOLIDARITÉ \* RODE KRUIS VLAANDEREN \* ROTARY CLUBS FOR DEVELOPMENT \* ROYAL ACADEMY FOR OVERSEAS SCIENCES \* SENSOA \* SOLENTA \* SOLIDARITÉ PROTESTANTE - PROTESTANTSE SOLIDARITEIT \* SOS VILLAGES D'ENFANTS - SOS KINDERDORPEN \* THE WALKING EGG \* THIRD WORLD HEALTH AID \* ULB - COOPÉRATION \* VVOB \* WORLD SOLIDARITY

**Be-cause health  
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ANTWERP

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