

Minutes General Assembly Be-cause health

18 June 2020 - Online

Elies Van Belle, President of the platform, opens the General Assembly with a welcoming word and the marking of the 15 years' anniversary of Be-cause health.

Annex 1: [Presentation of the General Assembly](#)

1. Welcome & introduction, role of the platform in the COVID-19 crisis: what has been done - expectations by Elies Van Belle

Elies welcomes all members who attend the online meeting. She gives also a short introduction on the COVID-19 crisis and what Be-cause health has been doing. There is a specific [page](#) on the website where some information has been shared. Information that members still want to share, can still be sent to the secretariat.

The second action that has been made, which was discussed with the federations, DGD and the umbrella organisations of the different NGOs and institutional actors is a spreadsheet that has been started with an inventory, an overview of all interventions in the field related to the COVID-crisis regarding the development cooperation in health and in which country. [See the table here](#). The idea is to come to a good cooperation and a good synergy, and to keep this overview updated in the hope this is useful to the different actors.

The question is raised if there are other ideas in which BCH can help to make a difference in this crisis. Ideas can always be shared with Elies or the Be-cause health secretariat.

Statutory part

2. Approval minutes GA 14 March 2019: see [annex 2](#)

The minutes are approved by the General Assembly.

3. Approval accounts 2019 & proposed budget 2020 by Anselme Mubeneshayi Kananga: see [annex 3](#)

Anselme as treasurer of Be-cause health gives an overview.

Additional information: The budget for the conference has been taken out of the first version, the decision was taken to delay the conference to the beginning of next year due to the uncertainty to be able to organise events in big groups in the fall and we think it is not a good idea to have it online. Also the budget for the representation at international conferences, esp. the international conference on Health Systems Research in Dubai which has also been delayed, has been taken out.

The budget of Be-cause health is part of the bigger framework agreement between ITM and DGD. The budget for this five year's agreement can be used until the end of 2021, and it has been agreed to use the budget regarding these activities at a later stage. What will be done,

is an external evaluation of Be-cause health by the end of this year as this will be a good opportunity to learn and to get good recommendations in view of the formulation of the strategies and the activities for the next five year programming of the platform.

We call on anyone in the working groups to launch good ideas for publications, learning tools, webinars, consultants, translation, renting rooms, for which there is a budget.

It has always been an issue that there is a consistent budget for the working groups but not much expenses are made as other budgets, also from other member organisations, are being used and the costs are relatively low.

The budget is approved by the General Assembly.

4. Election new members Steering Committee: Xavier de Bethune, Daniela Chicicci

Xavier De Bethune is a Medical Doctor by training and has a Master in Public Health. He has had a lot of experience in the DRC, Guinea-Conakry and Mali. He has worked several years in academic work for ITM, and for the Belgian Development Cooperation, the CM in Quality of Care in Belgian hospitals for 15 years and has been Health Director of Médecins du Monde Belgium. Since the 1st of Feb, he is retired. He still wants to continue and to help foster our common goals.

Xavier will follow up the working groups on Access to Quality Medicines, Digitalization and the DRC.

Daniela Chicicci works at ULB-Coopération and follows up health projects, mainly in DRC. She has a master in public health and project management. She has been active as co-organizer of the last two Be-cause health conferences in 2018 & 2019. She has given a lot of input in the past. She feels she has an interesting network to reach different kinds of institutions and feels it enriching to follow the platform and the different working groups.

Daniela has been following the universities a lot, so she will follow up the working group on Research in Health Policy & Systems. There is also the possibility of joining the working group on the DRC.

Xavier and Daniela are both approved as new steering committee members by the GA.

5. Proposals for new member organizations: Handicap International by director Erwin Telemans

HI has changed its name but is apparently still Handicap International in Belgium. Erwin is the director for HI Benelux. HI still carries the two names as it is difficult for branding. It is still Handicap International in francophone countries, also in Belgium, and now Humanity

and Inclusion in anglophone countries.

HI started in the early 1980s to improve access to rehab services for persons with disabilities. The annual budget is about 200 million Euros. It is a federal structure with 8 organisations, of which Belgium is one. HI gained quite a lot of authority when it earned the Nobel Prize together with other organisations around advocacy for banning land mines. The Belgian organisation was created in 1986. Erwin Telemans himself just returned from a career in Africa of 24 years. His passions are access to quality health care and innovations including prosthetic devices using 3D technology and the usage of drones in the field of mining.

Questions:

- In which countries is the Belgian part of HI active: DRC is a very important country, Rwanda, West-Africa, countries in Latin America and in Asia. Basically a global presence.
- What are the funding sources? The big bulk comes through institutional funding, and esp. DGD for the Belgian side. In Belgium, there is also a big part that comes from approx. 50.000 private donors.
- How are the drones used? To map the risk zones for mines. The drones have made it easier to situate the risk zones. The next step is to use them for sending the signals of where the mines are identified. There is a successful pilot project in Chad. This has sped up the clearing of land that can be given back to the communities.
- What is the today coverage of activities, the scope of the work? HI is for instance working on sexual violence in Rwanda. In the early 1980s, it started with the fitting of prosthetic devices alone, but it developed towards promoting inclusion and addressing the needs of the most vulnerable, with a focus on persons living with disabilities which is the core work of HI. HI works on inclusion in education, employment and access to health, and does a lot of advocacy around these topics.
- What could you contribute to Be-cause health and which working groups are you interested in? With an experience of 24 years battling for access to quality health care, Erwin has a particular interest in access to quality health care, development in Low and Middle Income countries, quality and accountability.

Handicap International is approved as new member organisation in Be-cause health.

Thematic part

6. Feedback on major events 2019 & presentation year report by Tim Roosen

There is an overview of the activities in the annual report on the website.

Some new working groups have been launched, amongst others on Mental Health.

The e-tutorial around SRHR has been thoroughly evaluated, see WG SRHR.

Be-cause health supported the international event ECTMIH in Liverpool in September last year. Be-cause health has supported different sessions but organised one session particularly on Social Protection, together with Enabel, Memisa, ULB and other partners.

The main focus has been the conference “Taking the Urban Turn” in October, a new theme with input from various working groups. The aim was to make a link between the health sector and urban developers. At the start, a broad range of items was identified from purely medical health and health systems perspectives towards more urban development perspectives related to road traffic, environment safety and climate change. The meeting was a success in terms of participation. The meeting was very diverse and it reached the highest number from international participants until now, with a lot of speakers from abroad and foreign students studying in Belgium from ITM and ULB and various academic partners. It also included some field visits on the first day.

A critical note was that the ambition of having various urban health topics was not reached due to the lack of speakers on urban development topics.

A positive result of the conference is that the choice was made to organise the next conference on climate change and the link with health. Also it was proposed to set up a working group on Urban health, using the conference as a starting point. The [report](#) and the [presentations](#) of the conference can be found on the Be-cause health website.

The second big event was on Health in DRC in December under the impulse of Anselme, colleagues from the WG DRC and also Enabel in Brussels and in DRC. Two events were organized which were interlinked. The Congolese Minister of Health was visiting Belgium at that time. There was a round table at DGD and a conference on the role and contribution from Belgian development stakeholders in advancing the right to health in DRC, entitled “Agir ensemble afin de renforcer le droit à la santé dans la République Démocratique du Congo “. Also [this report](#) (in French) and the [presentations](#) are made available online.

Stefaan does a call to initiate a working group on urban development, also for someone to take the lead.

Karel: There is also an urban health group at ITM. How would this be related to the working group, to avoid parallel initiatives? There is a group within ITM, under the lead of Prof. Bruno Marchal to explore and foster academic partnerships for research in this topic, this could rather be a resource group that can contribute to the BCH working group. The idea is to have a joint initiative and to broaden the objectives embedded in a specific working group, in order to have better output.

7. Working groups: overview of activities of 2019 & Plans for 2020 : Digitalisation, Mental Health, SRHR, Researchers in Global Health, Access to Medicines, Proposal new WG Health Care Financing by Martinus Desmet

See [annex 1](#) for the slides of the following working groups

- Determinants of International Health: The group works on a publication together with Viva Salud and 11.be on ‘Framing matters’, promoting the decolonization of development cooperation.
- Essential drugs: The WG is active and collaborates with Quamed. At the last meeting – with 40 participants – the A2M campaign of MSF was presented. A special topic of attention is the Commitment signed by almost 20 organisation to guarantee the quality of

pharmaceutical products in DGD funded projects. This commitment must be evaluated before the end of this year.

- Digitalisation –The presentations of the E-Health Academies are available on the [working group page](#) on the website. The last (virtual) meeting included presentations about smart glasses in DRC (Memisa), the EMR in Rwanda, data visualisation (Blue Square) and the app 'Take care for all'. Link to SPT tool from Bluesquare:
<https://play.google.com/store/apps/details?id=be.enabel.spt>
- Mental Health: The conference planned in June is postponed, without a due date yet. Link with FESTMIH online working group on Migration, Karel sends the contacts for Willem via the chat.
- SRHR – The WG is mainly concerned by the impact of COVID19 on SRHR. There is also the intention to combine every WG meeting with a small presentation on ongoing research of interest, sharing of good practices, for learning from each other.
- Researchers in Global Health – Health Policy & Systems
- DRC: The event of last year was with the view to reinforce the working group. Via the secretariat, the idea was to send everyone an e-mail at the beginning of this year to ask those interested to be part (again) in the working group, but this hasn't been taken up yet. A meeting will be proposed at the end of the year or beginning next year – depending on the state of the Covid-crisis – to bring together again the different stakeholders on DRC for further actions.
- Proposal new WG on Health Financing by Martinus Desmet: Martinus asks to launch a new working group on health financing. He has been advocating for this working group since the creation of Be-cause health for this very important subject. He will take the lead (in the beginning) and reaches out to people interested to join him. The theme is closely related to the themes Social Health Protection and Universal Health Coverage but also to the active WG on Research in Health Systems. Martinus will write a concept paper and will look for people interested in the theme. Some members show already their interest to join this new working group. After his retirement at DGD, he will take this up further with the coordinator/secretariat/Elies.

Combined meetings (virtual and physical) seem to attract more participants, with more exchange and content-wise contributions.

**8. Presentation “Knowledge document Health” by Isabelle Wittoek, DGD (DO.1):
Development Cooperation and Humanitarian Aid – Results: See annex 1**

- [Knowledge document Health in Dutch](#)
- [Executive summary of knowledge document in English](#)

9. Plans & proposals for the future by Elies Van Belle

- External evaluation of Be-cause health **by the end of this year**

- Annual conference on link between climate change and health first half next year. Stefaan proposed to change the topic to COVID19¹. Three tracks were identified for this new topic: Research, Impact on health systems and Longer term changes linked to the management of COVID19.
- For any idea for a new working group or initiative, contact Elies or the Be-cause health secretariat.

1 In the meantime, it appears that ITM will devote its (virtual) annual symposium to COVID19. It is proposed to collaborate to this in order to avoid reduplications.