Annual General Assembly

18 June 2020
Agenda

14-15h: statutory part
• 14h: Welcome - Introduction – role of the platform in the COVID19 crisis: what has been done - expectations by Elies Van Belle
• 14.15h: Approval minutes GA 14 March 2019
• 14.20h: Approval accounts 2019 & proposed budget 2020 by Anselme Mubeneshayi Kananga
• 14.30h: Election new members Steering Committee: Xavier de Bethune, Daniela Chinicci
• 14.45h: Proposals for new member organizations: Handicap International by director Erwin Telemans

15-16.30h: thematic part
• 15h: Feedback on major events 2019 & presentation year report by Tim Roosen
• 15.45h: Presentation “Knowledge document Health” by Isabelle Wittoek, DGD (DO.1): Development Cooperation and Humanitarian Aid – Results
• 16.10h: Plans & proposals for the future by Elies Van Belle
Welcome – Introduction
Role of the platform in the COVID-19 crisis
by
Elies Van Belle

More information:
https://docs.google.com/spreadsheets/d/1ofjL0mnteZUNsa3k-0glQmPn2IbBWkfWaUNp7dzBX34/edit?usp=sharing
Approval minutes GA 14 March 2019

Annex 1
Approval accounts 2019 & budget 2020

Annex 2
### Overview expenses 2019

<table>
<thead>
<tr>
<th>REVENUES 2019</th>
<th>RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGD FA4 ITM project (operating costs)</td>
<td>€ 50,000,00</td>
</tr>
<tr>
<td>Due amounts 2017 - 2018</td>
<td>€ 32,400,27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>€ 82,400,27</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>BUDGET</th>
<th>REALISED</th>
<th>% of EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network management - Steering group</td>
<td>€ 1,035,45</td>
<td>€ 1,378,39</td>
<td>133%</td>
</tr>
<tr>
<td>External evaluation of Body &amp; Rights</td>
<td>€ 12,000,00</td>
<td>€ 13,733,50</td>
<td>114%</td>
</tr>
<tr>
<td>Advocacy and consultation activities - research</td>
<td>€ 500,00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Develop communication messages - website, publications: annual report, programme booklet conference</td>
<td>€ 5,000,00</td>
<td>€ 2,649,59</td>
<td>53%</td>
</tr>
<tr>
<td>Development of new learning tools</td>
<td>€ 8,000,00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Representation of Be-cause health expertise at international fora: ECTMIH &amp; HSR conference (September/October Liverpool)</td>
<td>€ 10,000,00</td>
<td>€ 3,700,35</td>
<td>37%</td>
</tr>
<tr>
<td>Annual conference Urban Health 16 October 2019</td>
<td>€ 25,864,82</td>
<td>€ 33,054,68</td>
<td>128%</td>
</tr>
<tr>
<td>Working group activities and events: ICAB – WG Digitalisation, DRC conference</td>
<td>€ 18,000,00</td>
<td>€ 3,569,49</td>
<td>20%</td>
</tr>
<tr>
<td>Stimulate cooperation in Global South: Palliative care congress (via IVAD vzw)</td>
<td>€ 1,000,00</td>
<td>€ 5,500,00</td>
<td>550%</td>
</tr>
<tr>
<td><strong>Total expenses 2019</strong></td>
<td><strong>€ 62,986,00</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total budget operating costs 2019</strong></td>
<td><strong>€ 82,400,27</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance 2019 (operating costs)</strong></td>
<td><strong>€ 18,814,27</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expenses 2019 ex-BaTM (Belgian Assoc Tropical Medicine)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount - €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban health conference hotel invoice</td>
<td>1,320,00</td>
</tr>
<tr>
<td>FESTM1H G.A. London 10-11.1.2019</td>
<td>377,26</td>
</tr>
<tr>
<td>Credit note FESTM1H fee 2018 (incoming)</td>
<td>-1,000,00</td>
</tr>
<tr>
<td>Rectification hotel conference 2018</td>
<td>-149,00</td>
</tr>
<tr>
<td>Overdue invoice LEF 2017 (e-tutorial Body &amp; Rights)</td>
<td>217,80</td>
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<tr>
<td><strong>Total Expenses 2019</strong></td>
<td><strong>618,18</strong></td>
</tr>
<tr>
<td>Initial funding level 01/01/2019</td>
<td>17,143,49</td>
</tr>
<tr>
<td>Remaining funds - Budget 2020</td>
<td>16,446,23</td>
</tr>
</tbody>
</table>
## Budget 2020

### INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>Expected expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGD FA4 ITM project 2017-2021 / 2020 allocation</td>
<td>€ 50,000.00</td>
</tr>
<tr>
<td>DGD FA4 project balance 2019</td>
<td>potentieel: € 18,814.27</td>
</tr>
</tbody>
</table>

### BUDGET 2020

#### Result 1: SHARING of knowledge and (field) experiences
- Mobilization in working groups (WG) or communities of practice.
  - 1.1 Working groups & thematic seminars: € 14,000.00
- Development, publication of communication messages
  - 1.2 Communication (website, newsletters, annual reports): € 4,000.00

#### Result 2: LEARNING (and Co-development)
- 2.1 Annual be-cause health conference (venue, catering, technical support, travel speakers)
  - € 0
- 2.3 Participation at international fora (ECTMIH, HSRS, ...)
  - € 0
- 2.5 Stimulate learning in Global South (exchange meeting / visit in partner country)
  - € 2,000.00
- 2.6 Learning tool (update e-tutorial Body & Rights)
  - € 13,000.00
- 2.7 External evaluation be-cause health
  - € 9,000.00

#### Result 3: INFLUENCE (provide policy advise on global health)
- 3.1 Mobilization of expertise for policy advise on Belgian health cooperation policies
  - 0
- 3.2 Development, lay-out of policy briefs, recommendations
  - 0

#### Result 4: COORDINATION (Governance and management)
- 4.1 Network management - Steering group 4-6 meetings annually, General Assembly
  - € 1,000.00

### TOTAL

€ 43,000.00

### budget 2020 BaTM - FESTMIH

<table>
<thead>
<tr>
<th>Description</th>
<th>Expected expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>FESTMIH</td>
<td>€ 500.00</td>
</tr>
<tr>
<td>Annual membership fee 2020 to FESTMIH</td>
<td>€ 1,000.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>€ 2,000.00</td>
</tr>
<tr>
<td>Remaining funds - 01/01/2019</td>
<td>€ 16,446.23</td>
</tr>
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<td>€ 14,446.23</td>
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Election new members
Steering Committee
Election new members Steering Committee

Xavier De Bethune

Daniela Chinicci, ULB Coopération
New member organization:
Handicap International

Erwin Telemans, Director
Thematic part
Feedback on major events 2019 & presentation year report
Annex 3

https://issuu.com/becausehealth/docs/itm_jaarverslag_2020_interactief
AGIR ENSEMBLE AFIN DE RENFORCER LE DROIT À LA SANTÉ DANS LA RÉPUBLIQUE DÉMOCRATIQUE DU CONGO

Compte rendu du Séminaire sur la santé en République Démocratique du Congo – RDC et de la table ronde sur la Couverture Sanitaire Universelle en RDC

16 - 17 décembre 2018, Bruxelles
Working groups presentations overview of activities of 2019 Plans & Proposals for 2020
Working group Determinants of International Health
Determinants of international health

Co-chairs: Marijke Ceyssens (Memisa) & Jasper Thys (Viva Salud)
Active members: Liesbet Lemmes, Platform Gezondheid en Solidariteit, Christiaan Roberti, Michelle Debaene, fos, Ramahatasani, Bram De Vos, Ellen Verryt, ...

Activities 2020

➢ **Webinar** Health Poverty Action ‘guidelines on Framing Matters – reflections on development aid – Friday 19/06/2020 – 10h30

➢ (11.11.11 WG covid request) **reflection note** on COVID-19– focus on ‘intersectionality’ + socio-economic impact of COVID-19
Working group Digitalisation – Stefaan Van Bastelaere, Enabel
Better use of data and information

The Belgian development cooperation invests in the tools and policies needed to use real-time data to produce actionable insights for development actors, and thus to increase their impact. Equal attention is given to ‘open data’.

Digital for inclusive societies

The Belgian development cooperation promotes digitalization to optimize democratic rights and equal access to basic services such as health and education.

Digital for inclusive and sustainable economic growth

In line with its policy priority to promote inclusive and sustainable economic growth, the Belgian development cooperation supports interventions that turn digitalization into more employment and better social protection.

https://www.enabel.be/sites/default/files/strategienota_d4d_0.pdf

www.digitalprinciples.org
Going digital in health development programs – WG Digitalisation BcH

Setting the scene:
- Digitalisation has become an essential part of healthcare provision and management. Digitalisation 4 Development is now an integral part of all health interventions in developing countries for all development actors.
- It contributes to all pillars of the health system: it contributes to better quality of services, better finance management, better management of human resources, qualitative and timely health information, evidence-based decision making.
- In March 2016 Be-cause Health organized the international conference on ‘digitalization and eHealth’.
- Since then, multiple E-Health initiatives have been developed by various members or the WG Digitalisation, including academic and private actors.
- Burundi, RDC, Peru, Guinea, Benin, Senegal, Rwanda, Niger, Burkina Faso.
Going digital in health development programs – WG Digitalisation BcH

Activities 2019:
- the main activities of the WG were:
- The organisation of eHealth academies (April – November 2019)
- Connecting members (60 persons in the WG)
- Keeping the digital pulse by sharing information on topics, events, innovations

https://www.enabel.be/sites/default/files/strategienota_d4d_0.pdf

www.digitalprinciples.org
Going digital in health development programs – WG Digitalisation BcH

Planning 2020 & budget:
- Organisation of eHealth academy in April, July and December (30 participants): 3 * 650 € : 1950 E
- Contribution in HSG Dubai (waiting for approval of individual presentation);
- Continue connecting and sharing

https://www.enabel.be/sites/default/files/strategienota_d4d_0.pdf

www.digitalprinciples.org
Working group Mental Health – Willem van de Put, ITM
MENTAL HEALTH WORKING GROUP: since February 2019

• Exchange information on local and global development in mental health
• Advocate for Global Mental Health
• Provide a platform for multisectoral actions and discussions

Meetings Feb-Apr-June-Sept-Nov 2019, Feb-April 2020 - - - interrupted by

SARS-CoV-2
MENTAL HEALTH WORKING GROUP: activities until now

Presentations and discussions on

Integration of mental health in health systems and primary care in Guinea, in Rwanda

A vertical-horizontal or ‘perpendicular’ approach to mental health in low income countries

Continuing the momentum of international conferences on mental health needs in crisis and low income settings: an international conference in Brussels on 11 June 2020. Cancelled....

SARS-CoV-2
MENTAL HEALTH WORKING GROUP: activities to follow

Have a mix of ‘zoom’ meetings on specific focus point, and face-to-face (network) meetings 2 x per year

Focus on both Global, European and National context

Keep updating ourselves and our society on the status of mental health care: in terms of services, integration and concepts

Keep up advocacy – keep organizing an international conference in Brussels on the need for mental health – in times of **SARS-CoV-2**
Working group SRHR – Marlies Casier, SENSOA
SRHR Working Group

- ITM
- FOS
- ENABEL
- DGD
- Le Monde Selon les Femmes
- ICRH
- BUZA Vlaanderen
- RHSC

- GAMS
- MDM
- ADRAS
- BEMSA
- UCOS
- Cavaria
- Individual experts
- SENSOA (chair)
2019 in review

Follow-up implementation of Belgium’s policies on SRHR:
- Evaluation of the e-tutorial Body & Rights by HERA
- Exchanges on updated version of Body & Rights
- Exchange on SRHR in ENABEL’s new programmes in African partner countries
- BCH conference ‘taking the urban turn’:
  Organization of 2 panels on health service delivery in mega-cities and urban slums + a site-visit to
  Sexual Assault Referral Center (SARC)

Encourage Belgium’s international role in the promotion of SRHR
- Support for Belgium’s role in the UNAIDS PCB
- Follow-up of UN processes CSW63 and CPD52
- Follow-up of 25 year Cairo Programme of Action and preparation of Belgium’s participation in the
  ICPD Nairobi Summit (Nov 2019)
2020 plans

• Meet on a bi-monthly basis (incl. online)
• Start WGs with presentation of good practice/research/other
• Follow-up Belgium’s role in CPD
• Update Body&Rights: B&R ‘light’ and a more extensive version
• Re-launch Body&Rights (end of 2020)
• Organize joint seminar with the WG on mental health (autumn)?
• Organize panel @BCH Conference Health & Climate Change (in 2021?)
Working group Researchers in Global Health – Health Policy & Systems – Dimitri Renmans, UA
Belgian Network of Researchers in Global Health – Health Policy and Systems

BNR-GH-HPS

FR: Elisabeth Paul (ESP/ULB): Elisabeth.Paul@ulb.ac.be
NL: Dimitri Renmans (IOB/Uantwerpen): Dimitri.Renmans@uantwerpen.be
BNR-GH-HPS – A reminder

- Created in January 2019, 48 registered members
- Overall objective: contribute to the quality and visibility of GH&HPSR research performed by Belgian actors
- Specific objectives:
  - Document who is doing what and where in order to improve the knowledge of each other’s work and competences
  - Foster learning amongst researchers by peer exchange on research methods, network events and/or workshops
  - Foster scientific collaborations between researchers; peer exchange/informing on ongoing and new potential research
  - Increase the visibility of GH&HPSR products by Belgian actors; articles and/or research reports made available via a mailing list or newsletter/update
BNR-GH-HPS – Reporting 2019

- **e-survey** on the profile of the members of the network
- **3 meetings** so far:
  - Kick-off meeting on January 31st at Enabel (8 participants): discussion on ToRs and interaction modalities; presentation of the Advanced Master Global Health of the Flemish universities
  - March 26 at Enabel (6 participants): discussion of our vision of global health
  - November 18 at ITM in Antwerp (10 participants plus 3 through Skype): conference, by Prof. Bruno Marchal, on Realist evaluation & research
BNR-GH-HPS – Planning 2020

- **Newsletter** to be released quarterly so as to share the news from the network’s members and major news on global health systems and policy *(not started yet)*

- **Webinar** – probably on systems thinking *(Jean Macq to be approached) (not organised yet)*

- **Network event**, probably in **October** *(tbc)*:
  - **Morning session**: aimed at (i) presenting some tips on grant writing and networking; and (ii) fostering collaborations among the BNR’s members, though a quick presentation of each other’s research interests, followed by informal discussions over lunch
  - **Afternoon session**: seminar on “Current, realist and possibly provocative research on performance-based financing”
Working group Access to Quality Medicines – Raffaella Ravinetto, ITM
Working Group on Access to Quality Medicines

It brings together pharmacists, researchers, NGOs and other stakeholders, for sharing insights, research and field experiences.


Working Group on Access to Quality Medicines

Main objective:

The group aims at influencing pharmaceutical policies in Belgium, both at government and organisation level, and in LMICs.

To do so, we organize *internal meetings*, for sharing knowledge and experience; *public workshops*, to network and advocate with a broader group of relevant stakeholders; and we actively network with other like-minded platforms, such as IDDO and MedsWeCanTrust.
Working Group on Access to Quality Medicines

Main activities in 2019

A meeting, attended by 19 members, with focus on “pharmaceutical anthropology” and the use of social sciences and qualitative methods in research on medicines use/medicines quality/pharmaceutical systems

A meeting, attended by 18 members, with focus on a checklist for visual inspection of medicines, to be used for research and M&E activities; and including a presentation from the Access to Medicines Foundation

The development of a set of indicators to monitor the implementation of the “Belgian commitment” to quality, and to identify any challenges and mitigation measures

The analysis of a qualitative survey on the WHO pre-qualification carried out in 2018 among the ‘operational’ members of the WG and the members of QUAMED (WHO Bull)

Co-authored the Oxford Statement in Lancet GH

(https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30426-7/fulltext)
Working Group on Access to Quality Medicines

Tentative priorities for 2020/2021

Focus on capacity building for French-speaking partners (with an atelier in French in 2020?)

Reorienting advocacy activities toward access to (controlled) medicines for pain control?

COVID19 response
Proposal new Working Group
Health Care Financing –
Martinus Desmet
Presentation of knowledge
document Health

By Isabelle Wittoek, DGD (DO.1): Development Cooperation and Humanitarian Aid - Results
Results Report on Belgian development cooperation for Health (2009-2017)
Knowledge document Health 2009--2017

Questions to be answered:
✓ Results of 9 years of Belgian Development Cooperation in Health sector?
✓ What did we learn?

However beautiful the strategy, you should occasionally look at the results.  
*Winston Churchill*

Was answering the questions possible?
✓ Rather easy for governmental cooperation.
✓ Not the case, only anecdotally, for other channels of development cooperation.
1. Easy communicable « results »

✓ Long term engagement (more than 10 years).
✓ Relative high contribution (almost international norm of 14% of total Belgian ODA to Health):
  ✓ 1,5 billion euro,
  ✓ (but) via 764 interventions,
  ✓ 12th position in top-20 Health donors.
✓ Governmental aid (28,9%) and NGA’s (27,2%) strong focus on Africa, in most fragile contexts
  ✓ 60% via bilateral aid
  ✓ 99% to 11 African countries mostly in fragile situations
✓ Governmental aid: good alignement on national priorities and systems of patner country together with UNWHO. (To a certain extent also the case for NGA’s.)
1. Easy communicable « results »

✓ Mulilateral contributions 31,1%
  ✓ Highest multilateral contribution = Global Fund to combat Aids Tuberculosis and Malaria (40%), since establishment.
  ✓ WHO: second highest (18%).

✓ European Union 12%
  ✓ Belgian contribution to total European budget = 4%.
  ✓ Close collaboration with EC/EEAS in DRC and Burundi.
  ✓ Belgium plays active role in normative work of EU council working groups. (CODEV)
  ✓ Together with EU in constituency of GF (=6% of GF funding)
  ✓ Good understanding and similar vision of EC and Belgium on health systems strengthening.
1. *Not so easy communicable results*

- Gouvernmentaional cooperation (Enabel) = effective: project areas show better referral systems and accessibility for population.
- Some very interesting cases:
  - Performance Based Finance (in Benin, Uganda, Burundi)
  - Kisantu-hospital (DRCongo)
  - Sectoral Budget Support in Rwanda
- RBF positive in Benin, Burundi and Uganda:
  - Belgium used a fine-tuned, granular, model of RBF
  - Generalized use nationally, interest of other donors too,
  - Personals’ performance and motivation improved,
  - Use of health services increased,
  - Improved quality of care,
  - Uganda made connection with national system of Health Covered. 
1. Not so easy communicable results

✓ In 2015, Belgium was moving force for getting acceptable wording on SRHR in council conclusions on gender & development, applauded by Ngo’s and still guiding EU and EU MS as text is used in EU MAF(2021-2027).

✓ RDC: Groupe inter-bailleurs Santé (GIBS) donor coordination and alignement on RDC Health policy is commendable.

BUT, BUT, BUT,…

✓ System strengthening omnipresent endeavor is difficult to measure. (indicator maternal mortality target 3.1: “By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births”) and not attributable to Belgian projects. How learning and communicating about it?

✓ Program cycle 4 years is very short. System changes take time.
2. Belgian Health Strategy

General interesting observation:

✓ Long term, consistent strong focus in Belgian health strategies (Belgium = hardliner in system strengthening).

Problems with strategy note:

✓ System strengthening to be applied in most challenging contexts. (Africa, fragility), without taking context/lessons learned into account in the note.

✓ Other strategy notes that are relevant for Health do not translate their objectives in a health sector context. (e.g.: Gender, fragility, rights based approaches, social protection, private sector) or other way around.

✓ Strategy note is not incorporating lessons learned on issues that we have (could have) learned from e.g.: PBF, SBS, mutuelles, UHC, Gender and Health, …)
3. Belgian Health Actors

4 different channels.

✓ Belgian actors: DGD, Enabel, NGA’s,…
✓ EU is a donor in its own right! Influence in Health sector on EU is (disproportionally) high in RDC & Burundi.
✓ Multilaterals interact with Belgian actors in the field (see: GF).

Synergy and Complementarity: wishfull thinking?

✓ Not un-existant but mostly un-documentated!
✓ Knowledge document has chased cross-overs: is not only about doing things together, but also about fruitful feedback loops and learning from each other (e.g. GF) or looking for/agreeing on a joint approach (e.g. (U)HC).
3. Belgian Health Actors

Positive observations:

✓ Clear agreement on systems approach between Enabel, NGA’s, EU and WHO,

✓ Enabel is aiming for continuity in its consecutive projects (often geographic continuity, or coherent use of certain modalities such as PBF,…),

✓ Enabel/health ngo’s and Belgian academics made books and/or studies on Belgium funded health projects documenting lessons learned,

✓ *de facto* division of labour between Enabel and Memisa in the Health pyramid in RDC,…

✓ *de facto* assessable adaptation to fragile working context of bilateral projects.
3. Belgian Health Actors

Difficult issues (DGD with respect to actors):

✓ Translation of strategy into operational country strategies, done by Enabel. Strategy note makes no reference to partner countries.
✓ Health strategy not translated into a strategic results framework.
✓ Division of roles embassy-Enabel in political dialogue and exchange of needed information to embassy is unclear and minimal.
✓ Different approaches on UHC by Enabel and some NGA’s,
✓ Notwithstanding positive evaluation of current system of policy support by ITG etc., it implies also a risk of institutional weakening of DGD,
✓ Few accessible and synthetic documentation available on NGA’s, so that it is unclear what the NGA stands for and what it achieved over time.
✓ No systematic use by DGD of specific Ngo expertise in order to prepare e.g. board meetings of the GF.
4. Observations on DGD

✓ Do we know ourselves?
  ✓ Work in fragile situations. How adapting focus on system strengthening to difficult contexts? (cfr. EU policy)
  ✓ Rich field experience of all channels, appreciated but not syst. used.
  ✓ Unaware of interaction of Belgian actors in the field with multilaterals (see: GF) and thus, not “used”.

✓ Badly equipped for this exercise:
  ✓ Mostly financial follow-up.
  ✓ Absence of synthetic documentation, overarching DGD lessons learned on projects and programs. “What is DGD thinking about…?”
  ✓ Political dialogue with the partner country is not documented.

Sustainability of results is a problem:
  ✓ Timing and perspective: LT Health ambitions in ST programming (Enabel)/or no link to ST programming at all (NGA’s).
  ✓ Highly exposed to the policy of receiving country by strategic choice and use of pilot projects.
5. How to do better?

✓ Anchor up-to-date (health) knowledge and insights of Belgian Dev.Cooperation into strategy
  ✓ Via country files, keeping track of the Belgian achievements to the Health sector of our partner countries,
  ✓ Translate transversal themes into strategic Health objectives,
  ✓ Grasp influence, collaboration and impact with/of the EU in Health in a sector file.

✓ Learning
  ✓ Map expertise of NGA’s and their local partners,
  ✓ Invest in training on methodology on monitoring and evaluation,
  ✓ Produce lessons learned on successes and failures.

✓ Investing in political dialogue
  ✓ Document Political/policy dialogue with partner country over time (given our vulnerability to the policies of the country)
Plans and proposals for the future

By Elies Van Belle