



# 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
- 15.15h: 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
- 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-0gIQmPn2IbBWkfWaUNp7dzBX34/edit?usp=sharing>



# **Approval minutes GA 14 March 2019**

## **Annex 1**



# **Approval accounts 2019 & budget 2020**

## **Annex 2**

## Overview expenses 2019

| REVENUES 2019                         | RECEIVED           |
|---------------------------------------|--------------------|
| DGD FA4 ITM project (operating costs) | € 50.000,00        |
| Due amounts 2017 - 2018               | € 32.400,27        |
| <b>Total</b>                          | <b>€ 82.400,27</b> |

| EXPENSES  | BUDGET      | REALISED    | % of EXPENDITURE |
|---|-------------|-------------|------------------|
| Network management - Steering group   | € 1.035,45  | € 1.378,39  | 133%             |
| External evaluation of Body & Rights  | € 12.000,00 | € 13.733,50 | 114%             |
| Advocacy and consultation activities - research   | € 500,00    | 0           | 0                |
| Develop communication messages – website, publications : annual report, programme booklet conference                      | € 5.000,00  | € 2.649,59  | 53%              |
| Development of new learning tools   | € 8.000,00  |             | 0                |
| Representation of Be-cause health expertise at international fora : ECTMIH & HSR conference (September/October Liverpool) | € 10.000,00 | € 3.700,35  | 37%              |
| Annual conference Urban Health 16 October 2019  | € 25.864,82 | € 33.054,68 | 128%             |
| Working group activities and events: ICAB – WG Digitalisation, DRC conference   | € 18.000,00 | € 3.569,49  | 20%              |
| Stimulate cooperation in Global South: Palliative care congress (via IYAD vzw)  | € 1.000,00  | € 5.500,00  | 550%             |
| Total expenses 2019   |             | € 62.986,00 |                  |
| Total budget operating costs 2019   | € 82.400,27 |             |                  |
| Balance 2019 (operating costs)  | € 18.814,27 |             |                  |

| Expenses 2019 ex-BaTM (Belgian Assoc Tropical Medicine) | Amount - €    |
|---|---------------|
| Urban health conference hotel invoice                   | 1.320,00      |
| FESTMIH G.A. London 10-11.1.2019                        | 377,26        |
| Credit note FESTMIH fee 2018 (incoming)                 | -1.000,00     |
| Rectification hotel conference 2018                     | -149,00       |
| Overdue invoice LEF 2017 (e-tutorial Body & Rights)     | 217,80        |
| <b>Total Expenses 2019</b>                              | <b>618,18</b> |
| Initial funding level 01/01/2019                        | 17.143,49     |
| Remaining funds - Budget 2020                           | 16.446,23     |

## Budget 2020

| INCOME  | RECEIVED    |
|---|-------------|
| DGD FA4 ITM project 2017-2021 / 2020 allocation | € 50.000,00 |
| DGD FA4 project balance 2019                    |             |

potentieel: € 18.814,27

| BUDGET 2020   |             |             |
|---|-------------|-------------|
| <b>Result 1 : SHARING of knowledge and (field) experiences</b>                              |             |             |
| Mobilization in <b>working groups(WG)</b> or communities of practice.                       |             |             |
| 1.1 Working groups & thematic seminars  | € 14.000,00 |             |
| Development, publication of <b>communication</b> messages                                   |             |             |
| 1.2 Communication (website, newsletters, annual reports)                                    | € 4.000,00  |             |
| <b>Result 2: LEARNING (and Co-development)</b>  |             |             |
| 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  |             |
| <b>Result 3: INFLUENCE (provide policy advise on global health)</b>                         |             |             |
| 3.1 Mobilization of expertise for policy advise on Belgian health cooperation policies      | 0           |             |
| 3.2 Development, lay-out of policy briefs, recommendations                                  | 0           |             |
| <b>Result 4 : COORDINATION (Governance and management)</b>                                  |             |             |
| 4.1 <u>Network management</u> - Steering group 4-6 meetings annually, General Assembly      | € 1.000,00  |             |
| <b>TOTAL</b>  |             | € 43.000,00 |

| budget 2020 BaTM - FESTMIH            | Expected expenses |
|---------------------------------------|-------------------|
| FESTMIH                               | € 500,00          |
| Annual membership fee 2020 to FESTMIH | € 1 000,00        |
| <b>TOTAL</b>                          | € 2 000,00        |
| Remaining funds - 01/01/2019          | € 16.446,23       |
| Remaining funds - 01/01/2020          | € 14.446,23       |



# **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](https://issuu.com/becausehealth/docs/itm_jaarverslag_2020_interactief)

**BE-CAUSE HEALTH ANNUAL  
REPORT 2019**



# REPORT BE-CAUSE HEALTH ANNUAL CONFERENCE 2019 TAKING THE URBAN TURN

13-16 October 2019 - Espace Jacquemotte, Brussels



[https://issuu.com/becausehealth/docs/be-cause\\_publicatie\\_n13\\_digitaal\\_v2\\_final\\_webversi](https://issuu.com/becausehealth/docs/be-cause_publicatie_n13_digitaal_v2_final_webversi)





[https://issuu.com/becausehealth/docs/bch\\_matters\\_rdc\\_16-17.12.19\\_final](https://issuu.com/becausehealth/docs/bch_matters_rdc_16-17.12.19_final)

# 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 2019, 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

## Going digital in health development programs - Belgian D4D strategy

1

### **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'.

2

### **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.

3

### **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](https://www.enabel.be/sites/default/files/strategienota_d4d_0.pdf)

[www.digitalprinciples.org](http://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](https://www.enabel.be/sites/default/files/strategienota_d4d_0.pdf)

[www.digitalprinciples.org](http://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):  $3 * 650 \text{ €} : 1950 \text{ E}$
- 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](https://www.enabel.be/sites/default/files/strategienota_d4d_0.pdf)

[www.digitalprinciples.org](http://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
- Cavarria
- 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?)

La santé et les droits sexuels et reproductifs  
sont à votre portée grâce à l'e-tutoriel  
"Body And Rights"



**Body&RIGHTS** *Tutoriel en ligne sur la santé et les droits sexuels et reproductifs*

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](mailto:Elisabeth.Paul@ulb.ac.be)

NL: Dimitri Renmans (IOB/Uantwerpen): [Dimitri.Renmans@uantwerpen.be](mailto: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 31<sup>st</sup> 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

It developed in 2008 a *Charter for the quality of medicines*, paving the way to further operational and advocacy activities ([https://www.be-causehealth.be/wp-content/uploads/2017/04/charter\\_for\\_the\\_quality\\_of\\_medicines\\_vaccines\\_diagnostic.pdf](https://www.be-causehealth.be/wp-content/uploads/2017/04/charter_for_the_quality_of_medicines_vaccines_diagnostic.pdf))

Some of our members are founding/current members of QUAMED (<https://www.quamed.org/?lang=en>), and signatories of a *Declaration of commitment with Belgian authorities* to assure and monitor the quality of medicines purchased via development cooperation (<https://www.be-causehealth.be/en/bch-news/minister-de-croo-and-belgian-actors-from-the-international-health-cooperation-sign-commitment-on-quality-of-medicines/>).

# 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](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



ROYAUME DE BELGIQUE

Service public fédéral

**Affaires étrangères,**

**Commerce extérieur et**

**Coopération au Développement**

# Results Report on Belgian development cooperation for Health (2009-2017)



KONINKRIJK BELGIË

Federale Overheidsdienst

**Buitenlandse Zaken,**

**Buitenlandse Handel en**

**Ontwikkelingssamenwerking**

# 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,
  - ✓ 12<sup>th</sup> 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 alignment on **national priorities and systems of partner country** together with UNWHO. (To a certain extent also the case for NGA's.)



# 1. Easy communicable

## « results »

- ✓ **Multilateral 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

- ✓ Gouvernmental cooperation (Enabel) = effective: project areas show better referral systems and accesibility 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, intrest 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 Coveraged.





# 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 alignment 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-existent but mostly un-documented!
- ✓ 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

