External Evaluation Be-Cause Health

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Résumé (Français)

L'évaluation externe de la plateforme Be-cause health (BCH) qui a été élaborée dans le courant de l'année de 2009 avait comme but de " fournir des recommandations – sur base d'une analyse de la pertinence, de l'efficacité et de l'effectivité de la plateforme – sous la forme des constatations, conclusions et recommandations ». Ces éléments devraient permettre au réseau d'améliorer ses activités et sa manière de fonctionner dans le futur. L'évaluation s'est concentrée sur trois grandes questions ou thèmes : 1) le rôle que joue BCH et devrait jouer dans le contexte belge et dans le secteur de la santé internationale ; 2) la qualité du fonctionnement interne de la plateforme ; et 3) les résultats atteints par le réseau jusqu'à ce jour.

De septembre 2009 à janvier 2010, des entretiens ont eu lieu avec un nombre important de membres de la plateforme, tant néerlandophones que francophones, liés à différents types d'organisations (ONG, institutions universitaires, services gouvernementaux, CTB, centres de recherche ou encore membres individuels).

Les résultats préliminaires de l'évaluation ont été présentés pendant l'Assemblée Générale du 25 janvier 2010. Durant cette assemblée, une enquête courte écrite a également été réalisée auprès des personnes présentes, celle-ci ayant permis de vérifier si certains résultats des interviews pouvaient être généralisés.

Le chapitre 2 du rapport d'évaluation donne un court aperçu des buts de BCH, de la structure interne (membres, assemblée générale, groupe pilotage, secrétariat et groupes de travail) et des activités les plus importantes. Cette information est également disponible sur le site web de BCH (voir http://www.be-causehealth.be/becausehealth). Dans ce même chapitre, la mise en place de la plateforme est également décrite. Selon beaucoup d'acteurs, la genèse de la plateforme a été permise grâce au fait qu'au sein du secteur belge de la santé internationale, il existait, depuis longtemps, une tradition de coopération et de coordination au sein d'un intérêt commun pour la santé internationale. Suite à l'organisation de deux séminaires qui furent une réussite, le sentiment d'unité et de solidarité autour de ce thème fut renforcé. BCH a été officiellement créé pendant la première Assemblée Générale qui a eu lieu le 11 octobre 2004.

Constatations et analyse

1) Des résultats atteints

L'accord-cadre conclu entre le DGCD et l'IMT décrit les résultats que BCH espère atteindre via son fonctionnement. Ces résultats sont : (1) La plateforme est opérationnelle et représentative du secteur ; (2) des acteurs belges ont plus d'influence sur la politique internationale concernant les questions de santé ; (3) il y a une meilleure circulation de l'information et un échange de connaissances techniques et scientifiques ; et (4) il y a une meilleure complémentarité, synergie et coopération entre les organisations représentées par les membres de BCH et entre les activités des plateformes diverses existantes.

La plupart de ces résultats ont été atteints. Actuellement, BCH compte environ 200 membres appartenant à une cinquantaine d'organisations ; il y a un groupe de pilotage dynamique qui se réunit régulièrement et qui pousse le fonctionnement de la plateforme ; BCH donne régulièrement des avis politiques au gouvernement belge, tant de manière informelle que formelle (par exemple, en 2007, une note conceptuelle a été établie pour la note stratégique de la santé du DGCD ; en 2009, une lettre a été envoyée au ministre de la coopération au développement avec des recommandations dans le cadre de la présidence belge de l'UE en 2010) ; L'information est diffusée régulièrement aux membres ; 5 groupes de travail sont actifs et se réunissent autour de thèmes concrets ; des contacts avec d'autres plateformes belges qui sont actives sur des thématiques proches existent.

BCH a contribué au « renforcement du rôle et l'effectivité de la coopération au développement belge dans le cadre de sa contribution au renforcement de la santé internationale et à l'accès généralisé à la santé » (i.e. le but spécifique de la plateforme). L'exemple le plus souvent cité dans ce cadre est la charte pour la qualité des médicaments (et autres matériels médicaux), qui a été préparée par le Groupe de Travail Médicaments et qui a été signée entre-temps par 20 organisations membres. Différentes organisations sont actuellement en train d'appliquer de manière pratique cette charte et celle-ci a également été distribuée aux organisations du sud et au sein des réseaux dans lesquels les membres sont actifs.

Un point à corriger est que les moyens de communication électroniques pourraient encore utilisés plus activement afin d'améliorer la communication interne et la distribution de l'information (par ex mettre à jour plus fréquemment le site web, utiliser un forum de discussion web …). Des différents acteurs sont en outre d'avis que la plateforme devrait encore être plus élaborée si elle veut être pleinement représentative du secteur de la santé internationale en Belgique.

En premier lieu, l'on pense pour ce faire concerner davantage les acteurs du quatrième pilier, le secteur privé, des acteurs basés dans le Sud et des membres individuels.

La coordination avec d'autres plateformes belges pourrait être encore plus importante qu'elle ne l'est actuellement. Cependant, une intégration totale ou une fusion avec les plateformes existantes ne semble cependant ni opportune, ni réalisable pour l'instant.

2) Le rôle de BCH

Le rôle que BCH joue et pourrait jouer au sein du secteur de la coopération au développement belge a été analysé au travers de la perception des membres interrogés et il en ressort un large consensus. Selon eux, BCH devrait se charger des rôles suivants : (1) fournir de l'information aux membres ; (2) faciliter le networking / réunir des acteurs ; (3) fonctionner comme une cellule de réflexion pour le secteur ciblé ; (4) promouvoir et faciliter des actions conjointes ; (5) influencer la politique ; et (6) augmenter la visibilité du secteur. Le premier rôle – fournir de l'information – est atteint pour beaucoup de membres ; en même temps, il est cependant important que cet apport d'informations se traduise en actions concrètes (rôles 4 et 5) afin que la dynamique de la plateforme soit maintenue. L'évaluation montre également qu'il y a un besoin de clarification et de communication quant aux objectifs et aux stratégies de la plateforme. Ces objectifs et stratégies semblent actuellement peu disponibles, et interprétés de manière erronée chez un nombre non négligeable d'acteurs.

Des points d'interrogation sur le rôle de BCH ne concernent en fait pas les différents rôles en eux-mêmes, mais plutôt la manière avec laquelle BCH les met en pratique. Notamment, concernant l'influence au niveau politique, il existe des différentes visions (dialogue avec le gouvernement ou suivi externe critique de la politique?). La grande diversité des acteurs au sein de la plateforme semble compliquer l'influence au niveau politique, dans le sens qu'il est difficile d'atteindre un consensus général sur des thèmes concrets. De plus, la majorité des membres attendent que BCH influence davantage la politique. Dans l'avenir, le défi consistera surtout en l'usage de la large représentativité de la plateforme comme une force et comme un point de départ pour influencer la politique, plutôt que de la voir comme un facteur contraignant. Ceci exige entre autres que des arrangements clairs soient faits quant à la représentativité et la légitimité de BCH, et que les limites concernant l'influence au niveau politique soient reconnues. Les groupes de travail pourraient être préférables pour remplir ce rôle parce qu' un plus petit groupe d'acteurs pourrait se concentrer sur certains thèmes politiques et un consensus pourrait être atteint plus facilement.

3) La qualité du fonctionnement interne de la plateforme

Les mécanismes actuels du networking (le groupe pilotage, les groupes de travail, les séminaires …) sont considérés comme adéquats par les membres de la plateforme. Ces mécanismes permettent normalement une bonne dynamique, bien que celle-ci varie au cours du temps et est différente selon les groupes de travail. Une bonne définition des objectifs des groupes de travail – faisant suite aux attentes des participants – et l'établissement conjoint d'un plan d'action auront une influence positive sur les activités de ceux-ci. Actuellement, tous les groupes de travail n'ont développé un plan d'action, et il y a aussi des différences entre les groupes de travail concernant la distribution des tâches au sein des groupes, l'adaptation des résolutions, le suivi. Au niveau de BCH, le document de planification le plus important est le cadre logique repris dans l'accord-cadre entre la DGCD et l'IMT. Le suivi du fonctionnement se passe surtout d'une manière informelle pendant les réunions du groupe pilotage ; de temps en temps, des rapports de suivi sont également établis. Un défi consiste à traduire les documents de planification et de suivi actuels en instruments de travail qui sont aussi utilisables pour la communication interne. Aussi, le lien (faible à ce moment) entre les plans généraux et les plans des groupes de travail pourrait être renforcé dans le futur.

Le secrétariat BCH joue un rôle important dans la facilitation, la stimulation et la coordination du networking entre les membres. Le rôle repris par le secrétariat est fortement apprécié par les membres.

Néanmoins, le personnel alloué au secrétariat (équivalent d'un 30 % ETP) semble insuffisant. Cette situation a des répercussions sur des tâches telles que la mise à jour du site web, la systématisation de la communication.

Actuellement, BCH dépend considérablement du secrétaire de BCH (qui est un des fondateurs de BCH) et ceci peut représenter un risque pour le futur de la plateforme.

De plus, le fait que la plateforme dépende complètement du financement de la DGCD – via l'accord-cadre de l'IMT – rend la durabilité de la plateforme sur le long terme incertaine. Si le financement de la DGCD ou le soutien actuel de l'IMT (l'accord-cadre et la mise à la disposition du personnel pour le secrétariat) disparaissait soudainement, il n'est pas certain que la plateforme puisse survivre, malgré une volonté des organisations membres fortement liées à BCH.

Des décisions au sein de BCH sont surtout prises au niveau du groupe pilotage, et au niveau des groupes de travail concernant les thèmes relatifs à ceux-ci. Des décisions importantes sont ratifiées par l'Assemblée Générale. Selon la plupart des membres, la prise de décisions se déroule d'une manière transparente et démocratique. Néanmoins, la transparence et l'ouverture à la prise des décisions doivent rester un point d'attention pour le futur. Pour les présidents des groupes de travail, la limite de leurs responsabilités n'est pas claire, notamment dans le cadre de contacts avec le secrétariat ou le groupe de pilotage, et il y a une demande d'assistance dans ce domaine.

Les membres de BCH participent aux activités de la plateforme de manière différente. Il y a un petit groupe de membres très actifs, des membres qui participent plutôt sporadiquement aux activités et enfin des membres qui choisissent d'être spectateurs. De semblables différences d'engagement sont normales dans une plateforme large, bien que l'on doive veiller constamment à ce que le noyau actif ne soit pas trop restreint et fermé à de nouveaux membres désireux de s'impliquer davantage. Un défi important persiste dans un engagement plus important des acteurs du Sud quant au fonctionnement de la plateforme. Des acteurs dans le Sud peuvent être inclus sans problème dans les listes de diffusion d'information et pourraient aussi être plus impliqués dans certains groupes de travail. La stimulation du networking dans le Sud (par ex comme cela se passe en ce moment au RD Congo) pourrait avoir du succès dans des cas exceptionnels. Vu qu'il y ait cependant en général peu de demande dans le Sud pour une coordination plus forte entre des acteurs belges, il serait trop ambitieux de vouloir développer une coordination Sud-Sud.

La visibilité de BCH est relativement importante au sein du secteur belge mais limitée à l'extérieur. Les membres demandent surtout que BCH renforce ses relations avec des organisations et des réseaux internationaux.Ceci est difficile car il n'y a pas ou peu d'organisations internationales existantes comparables à BCH. Actuellement, l'on cherche à harmoniser d'un point de vue externe à partir de certains groupes de travail de BCH, une initiative qui mérite certainement plus de stimulation et d'extension dans le futur.

Recommandations

Sur base de l'analyse ci-dessus, les recommandations suivantes sont formulées dans le rapport:

1) L'amélioration des mécanismes pour la communication interne et l'échange de l'information. Ceci peut se traduire par les mesures suivantes : mieux tenir au courant les membres du progrès des groupes de travail, distribuer régulièrement une lettre d'information, tenir à jour le site web, utiliser un forum de discussion électronique pour l'échange entre les membres, développer un plan de communication qui indique quelles informations doivent être envoyés à qui, quand….

2) La clarification et la communication de la mission, la vision, les buts et les stratégies de la plateforme.

3) La clarification du rôle que BCH veut jouer dans le domaine de l'influence de la politique et l'élaboration d'un protocole pour manier les aspects de légitimité et de la représentativité.

4) Le renforcement des mécanismes pour la planification et le suivi, tant pour la plateforme dans son entièreté (meilleur usage pour les rapports de suivi) que pour les groupes de travail (élaborer des plans d'action, le suivi et l'application de ceux-ci).

5) Le renforcement du secrétariat BCH, entre autres, par le recrutement d'une personne supplémentaire qui serait responsable pour la communication, l'entretien du site web, la lettre d'info, etc.

6) La clarification des mécanismes de la création des groupes de travail : en formulant des critères clairs et en étant particulièrement attentif dans la phase du lancement des nouveaux groupes de travail (attention pour les attentes et l'input potentiel des différents membres ; la clarification de l'objectif du groupe de travail ; l'élaboration d'un plan d'action…)

7) L'organisation d'un atelier annuel pour les coordinateurs des groupes de travail, pendant lequel des sujets divergents pourraient être abordés sur la gestion des groupes de travail.

8) L'augmentation de la visibilité de BCH, entre autres, via la publication d'une brochure et la préparation de la plateforme aux forums internationaux.

9) La clarification et l'extension du portfolio des membres : la promotion accrue de BCH chez des membres potentiels, la publication de la liste des membres sur le site web, éventuellement l'introduction des niveaux des membres différents (membre 'complet' vs membre 'associé'). Une attention particulière doit cibler l'adhérence des acteurs basés dans le Sud.

10) La stimulation de la participation des acteurs du Sud dans les débats et les activités, aussi au niveau des GT. Cependant, ceci est seulement possible si aussi les mécanismes pour la communication électronique sont renforcés.

11) Améliorer les contacts et les échanges avec des autres organisations et des réseaux belges et internationaux. Ceci se passe préférablement sur une base thématique, à partir des groupes de travail. Autrement, la relation avec les plateformes belges peut être renforcée, par ex par l'échange des plans d'action.

12) L'accroissement graduel de l'autonomie financière et institutionnelle de BCH, la diversification des sources financières (projets, co-financement par les membres, éventuellement la demande d'une cotisation de membre…), la création d'un bureau séparé pour le secrétariat BCH.

Samenvatting (Nederlands)

De evaluatie van het Be-cause health (BCH) platform die in de loop van 2009 werd uitgevoerd, had als doel om, "op basis van een analyse van de relevantie, efficiëntie en effectiviteit van het platform, elementen aan te leveren – in de vorm van bevindingen, conclusies en aanbevelingen – die het netwerk in staat moeten stellen om haar toekomstige activiteiten en manier van werken zo goed mogelijk richting te geven." De evaluatie concentreerde zich op drie grote vragen of thema's: 1) de rol die BCH speelt en moet spelen in de Belgische context, in de sector van internationale gezondheidszorg; 2) de kwaliteit van het interne functioneren van het platform; en 3) de resultaten die totnogtoe werden door het platform. Tussen september 2009 en januari 2010 werden interviews uitgevoerd met een groot aantal leden van het platform, in beide landsdelen en verbonden aan diverse organisaties (NGOs, universitaire instellingen, overheidsdiensten, BTC, onderzoekscentra en individuele leden). De voorlopige bevindingen van de evaluatie werden voorgesteld tijdens de Algemene Vergadering van 25 januari 2010. Tijdens deze Algemene Vergadering werd verdere ook een korte schriftelijke enquête afgenomen bij de aanwezigen, op basis waarvan kon worden nagegaan in hoeverre bepaalde resultaten van de interviews al dan niet veralgemeend mochten worden.

In hoofdstuk 2 van het evaluatierapport wordt een kort overzicht gegeven van de doelstellingen van BCH, de interne structuur (leden, algemene vergadering, stuurgroep, secretariaat en werkgroepen) en de belangrijkste activiteiten. Deze informatie is ook voor een groot deel terug te vinden op de website van BCH (zie http://www.be-causehealth.be/becausehealth). Verder wordt in dit hoofdstuk ook gepeild naar de ontstaansgeschiedenis van het platform. Volgens veel actoren werd het ontstaan van het platform mogelijk gemaakt door het feit dat er binnen de Belgische sector van internationale gezondheid reeds lang een traditie van samenwerking en coördinatie bestaat; en door het aanwezig zijn van een sterke school rond internationale volksgezondheid (hetgeen gevoel van eenheid en verbondenheid creëert). Aan het begin van dit decennium werden bovendien een tweetal succesvolle seminaries georganiseerd, die de vraag naar coördinatie en eenheid verder versterkten. BCH werd officieel opgericht tijdens de eerste Algemene Vergadering, die plaats vond op 11 oktober 2004.

Bevindingen en analyse

1) Bereikte resultaten

In het raamakkoord dat werd afgesloten tussen DGOS en het ITG wordt beschreven welke resultaten BCH via haar werking hoopt te bereiken. Deze resultaten zijn: (1) Het platform is operationeel en representatief voor de sector; (2) Belgische actoren hebben meer invloed op het internationale beleid rond gezondheidskwesties; (3) er is een betere circulatie en uitwisseling van technische en wetensschappelijke kennis; en (4) er is een betere complementariteit, synergie en samenwerking tussen de organisaties vertegenwoordigd door de leden van BCH en tussen de activiteiten van de verschillende bestaande platforms.

Deze resultaten werden grotendeels bereikt. Op dit moment bereikt BCH een 200-tal leden verbonden aan een 50-tal organisaties; er is een dynamische stuurgroep die regelmatig samenkomt en die de werking van het platform vooruit stuwt; er wordt op regelmatige tijdstippen beleidsadvies aan de overheid gegeven – vooral op informele wijze, maar geregeld ook op een meer formele manier (vb. in 2007 werd een conceptnota gemaakt voor de DGOS strategienota gezondheid; in 2009 werd een brief naar de minister voor ontwikkelingswerking gestuurd met aanbevelingen in het kader van het Belgisch voorzitterschap van de EU in 2010); er wordt op regelmatige basis informatie verspreid naar de leden; er zijn 5 werkgroepen actief waarbinnen leden samenkomen rond concrete thema's; en er zijn contacten met andere Belgische platforms actief rond aanverwante thema's. BCH droeg bij tot het "versterken van de rol en effectiviteit van de Belgische ontwikkelingssamenwerking in haar bijdrage tot het versterken van de internationale gezondheidszorg en veralgemeende toegang tot gezondheid" (i.e. de specifieke doelstelling van het platform). Het meest geciteerde voorbeeld in dit kader is de charter voor de kwaliteit van medicijnen (en ander medisch materiaal), die werd voorbereid door de Werkgroep Medicijnen en die ondertussen door 20 lidorganisaties werd ondertekend. Verschillende organisaties zijn momenteel op zoek naar manieren om de charter effectief naar de praktijk te veratlen; de charter werd ook verspreid naar organisaties in het zuiden en binnen de netwerken waarbinnen de leden actief zijn.

Een verbeterpunt is dat elektronische communicatiemiddelen nog actiever zouden kunnen worden ingezet in functie van een effectieve interne communicatie en informatieverspreiding (vb. het sneller up-to-date houden van de website, het gebruik van een internet discussieforum …). Verschillende actoren zijn bovendien van mening dat het platform nog verder dient te worden uitgebreid indien het ten volle representatief wil zijn voor de sector van de internationale gezondheidszorg in België. Daarbij wordt in de eerste plaats gedacht aan het sterker betrekken van actoren uit de vierde pijler, de privé-sector, actoren die gebaseerd zijn in het Zuiden en individuen. Ook kan de coördinatie met andere Belgische platforms nog sterker worden uitgebouwd. Een volledige integratie of fusie van de bestaande platforms lijkt echter voorlopig niet wenselijk en haalbaar.

2) De rol van BCH

Verwant met de analyse van de bereikte resultaten (en hoe deze door de leden van het platform worden geconcipieerd), is de analyse van de rol die BCH speelt en zou kunnen spelen binnen de sector van de Belgische ontwikkelingssamenwerking. Er is bij de leden een relatief grote consensus hieromtrent. Volgens hen moet BCH de volgende rollen op zich nemen: (1) Het verstrekken van informatie aan leden; (2) het faciliteren van netwerking / bijeenbrengen van actoren; (3) functioneren als een denktank voor de sector; (4) het promoten en faciliteren van gezamenlijke actie; (5) beleidsbeïnvloeding; en (6) het verhogen van de zichtbaarheid van de sector. De eerste rol – het verstrekken van informatie – komt voor velen op de belangrijkste plaats; tegelijk is het echter belangrijk dat deze informatieverstrekking samen gaat met concrete actie (rollen 4 en 5) opdat de dynamiek van het platform behouden zou blijven. Uit de evaluatie blijkt verder dat er nood is aan een verdere verduidelijking en communicatie rond de doelstellingen en strategieën van het platform. Deze doelstellingen en strategieën staan momenteel nergens gepubliceerd, en bij een aantal actoren blijken nog steeds misvattingen te bestaan betreffende de missie en strategieën van het platform.

Vraagtekens rond de rol van BCH hebben echter niet zozeer betrekking op de verschillende rollen op zich, maar op de manier waarop deze best door BCH in de praktijk worden gebracht. Vooral rond beleidsbeïnvloeding bestaan er verschillende visies (dialoog met de overheid of kritische externe opvolging van het beleid?). De grote diversiteit aan actoren binnen het platform blijkt bovendien de beleidsbeïnvloeding te bemoeilijken, in de zin dat het moeilijk is om rond concrete thema's een algemene consensus te bereiken. Tegelijk verwachten vrijwel alle leden dat BCH effectief een rol zou spelen in beleidsbeïnvloeding. Naar de toekomst toe zal de uitdaging er vooral in bestaan om de brede representativiteit van het platform aan te wenden als sterkte en uitgangspunt voor de beleidsbeïnvloeding, eerder dan het te zien als een complicerende factor. Dit vereist onder andere dat duidelijke afspraken worden gemaakt rond het omgaan met representativiteit en legitimiteit, en dat de beperkingen ivm wat mogelijk is op vlak van beleidsbeïnvloeding worden erkend. Beleidsbeïnvloeding rond concrete thema's vertrekt best vanuit de WG, waar met een kleinere groep actoren op bepaalde beleidsthema's kan worden ingezoomd en waar makkelijker een consensus kan worden bereikt.

3) De kwaliteit van intern functioneren van het platform

De huidige mechanismen van netwerking (de stuurgroep, werkgroepen, seminaries …) worden als adequaat beschouwd door de leden van het platform. Deze mechanismen zorgen gewoonlijk voor een goede dynamiek, hoewel deze dynamiek varieert in de tijd en verschillend is tussen de werkgroepen onderling. Een goede definiëring van de doelstellingen van de werkgroepen –aansluitend bij de verwachtingen van de deelnemers– en de gezamenlijke opmaak van een actieplan, heeft een positieve invloed op de werkgroepactiviteit. Op dit moment hebben niet alle werkgroepen een actieplan ontwikkeld, en zijn er ook verschillen tussen werkgroepen betreffende de manier waarop wordt omgegaan met taakverdeling, opvolging en bijsturing. Op niveau van BCH is het belangrijkste planningsdocument het logisch kader dat is opgenomen in het raamakkoord tussen DGOS en het ITG. Opvolging van de werking gebeurt vooral op informele wijze tijdens de stuurgroepvergaderingen; van tijd tot tijd worden ook opvolgingsverslagen opgemaakt. Een uitdaging bestaat erin om de huidige plannings- en opvolgingsdocumenten effectief om te vormen tot werkinstrumenten die ook bruikbaar zijn voor interne communicatie. Ook de (momenteel zwakke) link tussen de algemene plannen en de werkgroepplannen kan naar de toekomst toe verder worden versterkt.

Het BCH secretariaat speelt een belangrijke rol in het faciliteren, stimuleren en coördineren van netwerking tussen de leden. De rol die opgenomen wordt door het secretariaat wordt door de leden sterk gewaardeerd. Zwakkere punten zijn dat het secretariaat momenteel onderbemand lijkt (in theorie één 30% FTE staff) waardoor vooral praktische taken zoals website-onderhoud en systematische communicatie soms onder druk komen te staan. Een mogelijk risico naar de toekomst is dat BCH momenteel relatief afhankelijk is van de

secretaris van BCH (die één van de oprichters van BCH was). Samen met het feit dat het platform financieel volledig afhangt van DGOS-financiering – via het raamakkoord met ITG – maakt dit dat de duurzaamheid van het platform op langere termijn onzeker is. Indien de DGOS-financiering of de huidige ondersteuning van het ITG (het raamakkoord en het ter beschikking stellen van personeel voor het secretariaat) plots zouden wegvallen, dan is het voorlopig onzeker of het platform effectief zou kunnen blijven voortbestaan; ondanks het feit dat veel lidorganisaties zich gedurende de voorbije jaren sterk met BCH verbonden zijn gaan voelen en het ook belangrijk vinden dat dit initiatief in de toekomst zou kunnen worden verder gezet.

Beslissingen binnen BCH worden vooral genomen op stuurgroepniveau, en op werkgroepniveau voor werkgroep-gerelateerde thema's. Belangrijke beslissingen worden geratificeerd door de Algemene Vergadering. Volgens de meeste leden verloopt de beslissingsname op een transparante en democratische manier. Niet alle leden zijn het echter met deze stellingen eens, hetgeen aangeeft aan dat de transparantie en openheid van besluitvorming ook in de toekomst een aandachtspunt moet blijven. Voor werkgroepvoorzitters is het niet altijd duidelijk tot waar hun verantwoordelijkheden reiken en wanneer verwacht wordt dat ze de stuurgroep of het secretariaat zouden contacteren; er is vraag naar een duidelijkere begeleiding op dit vlak.

De leden van BCH participeren met verschillende gradaties van intensiteit in de activiteiten van het platform. Er is een kleine groep heel actieve leden, er zijn leden die eerder sporadisch aan activiteiten deelnemen en tenslotte leden die ervoor kiezen om vooral passief vanaf de zijlijn toe te kijken. Dergelijke gradaties van betrokkenheid zijn normaal in een breed platform, al moet er blijvend over gewaakt worden dat de kleine actieve kern niet teveel vooruit gaat lopen en dat er voldoende openheid blijft bestaan naar nieuwe actoren die tot de actieve kern toe willen treden. Een bijzondere uitdaging ligt in het sterker betrekken van Zuidelijke actoren bij de platformwerking. Actoren in het Zuiden kunnen zonder problemen opgenomen worden in elektronische communicatieketens en zouden ook sterker betrokken kunnen worden bij de werking van bepaalde werkgroepen. Het stimuleren van netwerking in het Zuiden (vb. zoals momenteel gebeurt in R.D. Congo) kan succes hebben in uitzonderlijke gevallen. Gezien er echter in het Zuiden over het algemeen weinig vraag bestaat naar een sterkere coördinatie tussen Belgische actoren onderling, zou het te ambitieus zijn om van Zuid-Zuid coördinatie een veralgemeende ambitie van het platform te willen maken.

De zichtbaarheid van BCH is relatief groot binnen de sector In België maar beperkt daarbuiten. Vanuit de leden is er in het bijzonder een sterke vraag dat BCH haar relaties met internationale organisaties en netwerken zou versterken. Een moeilijkheid hier is dat er weinig of geen internationale organisaties lijken te bestaan die qua samenstelling vergelijkbaar zijn met BCH. Op dit moment wordt er gezocht naar externe afstemming vanuit enkele van de werkgroepen van BCH, een initiatief dat zeker verdere stimulering en uitbreiding verdient in de toekomst.

Aanbevelingen

Op basis van de bovenstaande analyse worden in het rapport de volgende aanbevelingen geformuleerd:

1) *Verbeteren van de mechanismen voor interne communicatie en uitwisseling van informatie. Dit kan onder andere de volgende maatregelen inhouden: leden beter op de hoogte houden van vooruitgang van de werkgroepen, regelmatig verspreiden van een nieuwsbrief, up-to-date houden van de website, het gebruik van een elektronisch discussieforum voor uitwisseling tussen de leden, het ontwikkelen van een communicatieplan dat aangeeft welke informatie op welk moment naar wie verstuurd moet worden…*
2) *Verduidelijken en communiceren van de missie, visie, doelen en strategieën van het platform.*
3) *Verduidelijken van de rol die BCH wil spelen op vlak van beleidsbeïnvloeding en het opmaken van een protocol voor het omgaan met aspecten van legitimiteit en representativiteit.*
4) *Versterken van de mechanismen voor planning en opvolging, zowel voor het platform in zijn geheel (beter gebruik van de voortgangsrapporten) als op niveau van de werkgroepen (het opmaken van actieplannen en die ook gebruiken voor opvolging en bijsturing achteraf).*
5) *Verder versterken van het BCH secretariaat, onder andere door een extra persoon aan te werven die verantwoordelijk zou zijn voor communicatie, het onderhoud van de website, de nieuwsbrief, etc.*
6) *Verduidelijken van de mechanismen voor de creatie van de werkgroepen: door duidelijke criteria te formuleren voor de oprichting van nieuwe werkgroepen en door bijzondere aandacht te besteden aan de opstartfase van nieuwe werkgroepen (aandacht voor de verwachtingen en mogelijke inbreng van de*

verschillende leden; het verduidelijken van de doelstelling van de werkgroep; het opmaken van een actieplan…).

7) *Organiseren van een jaarlijkse workshop voor werkgroepcoördinatoren, tijdens dewelke uiteenlopende zaken rond het beheer van werkgroepen aan bod kunnen komen.*
8) *Vergroten van de zichtbaarheid van BCH, o.a. via het uitgeven van een brochure en het voorstellen van het platform op internationale fora.*
9) *Verduidelijken en uitbreiden van het ledenpakket: verdere promotie van BCH bij potentiële leden, het publiceren van de ledenlijst op de website, eventueel het introduceren van verschillende lidmaatschapsniveaus ('volledig' lid v. 'geassocieerd' lid). Speciale aandacht moet gaan naar het aantrekken van actoren die gebaseerd zijn in het Zuiden.*
10) *Stimuleren van de deelname van Zuidelijke actoren in de debatten en activiteiten, ook op WG-niveau. Dit is echter enkel mogelijk indien ook de mechanismen voor elektronische communicatie verder worden versterkt.*
11) *Aandacht blijven hebben voor contacten en uitwisselen met andere Belgische en internationale organisaties en netwerken. Dat gebeurt best op een thematische basis, vanuit de werkgroepen. Daarnaast kan de relatie met Belgische platforms verder versterkt worden, vb. via het uitwisselen van jaarplannen.*
12) *Geleidelijk verhogen van de financiële en institutionele autonomie BCH: het diversifiëren van de financieringsbronnen (projecten, co-financiering door leden, eventueel het vragen van een lidmaatschapsbijdrage …); het creëren van een afzonderlijk kantoor voor het BCH secretariaat.*

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Acronyms

BCH	Be-cause health
BTC	Belgian Technical Cooperation
CEMUBAC	Centre scientifique et medical de l'ULB pour ses activités de coopération
Ch.	Chapter
CM	Christian Mutualities
DGDC	Directorate-General for Development Cooperation
ENRECA	Enhancement of Research Capacity
FESTMIH	Federation of European Societies for Tropical Medicine and International Health
FGS	Federal Government Service
FTE	Full-time equivalent
GA	General Assembly
HERA	Health Research for Action
HIVA	Higher Institute for Labour and Society (Dutch acronym)
ICHR	International Centre for Reproductive Health
INTAL	International Action for Liberation
ITM	Institute of Tropical Medicine
MASMUT	(Belgian Platform for) Micro Assurance in Health / Health Mutualities
MSF	Médecins Sans Frontières (Doctors Without Borders)
PIC	'Programme Indicatif de Cooperation' (Indicative Cooperation Program)
SC	Steering Committee
S&RHR	Sexual and Reproductive Health and Rights
TA	Technical Assistant
ToR	Terms of Reference
ULB	Free University of Brussels (French acronym)
ULG	University of Liège
UZG	University Hospital of Ghent (Dutch acronym)
WG	Working group
WG-DRC	Working group – Democratic Republic of Congo
WG-HRH	Working group – Human Resources for Health
WHA	World Health Assembly
WHO	World Health Organisation

1. INTRODUCTION

1.1. Background of the evaluation

Be-cause health is a Belgian pluralistic platform for international health and healthcare, founded in October 2004. The platform brings together different types of organisations – academic institutes, NGOs, government services, research centres, etc. – and individuals involved in international healthcare and active in a Belgian context.

The platform is financed by DGDC, through the framework agreement[1] signed between DGDC and the Institute of Tropical Medicine – ITM – of Antwerp. The ITM also hosts the secretariat of Be-cause health. The platform was initially integrated in the Second Framework Agreement, covering the period 2003 – 2007, and then again included in the Third Framework Agreement, running from 2008 to 2010.

In its strategic plan for the period 2008 – 2010, Be-cause health foresaw to organise an "external evaluation of the relevance and effectiveness of the platform" in the second half of 2009. This evaluation falls under the first result of the logical framework of Be-cause health, formulated as "the platform Be-cause health is operational and representative for the sector".

Prior to the external evaluation, the Be-cause health Steering Committee conducted an internal evaluation in the second half of 2008. This evaluation provided a first insight in the strengths and weaknesses of the platform; as perceived by the Steering Committee members. It also identified a number of issues to be analysed more in-depth and at a broader scale. These formed the basis for the elaboration of the Terms of Reference of the external evaluation, in the first semester of 2009.

1.2. Evaluation objective and main evaluation questions

Evaluation objective

In the Terms of Reference, the **evaluation objective** is formulated as follows (see Annex 2):

"Based on an analysis of the relevance, efficiency and effectiveness of the Be-cause health network, the evaluation should provide elements – in the form of findings, conclusions and recommendations – that should enable the network to optimally orient its future activities and way of functioning".

This means that the evaluation has in the first place an objective of "**learning**" and "**policy and strategy improvement**": based on lessons learned from past experiences, elements should be provided that can be used for future planning and for permanent quality improvement of the platform. Additionally, the evaluation has an "**accountability**" objective, in the sense that the results of the analysis will be usable to render account to the different actors involved, including the financing government and the members of the platform.

[1] A multi-annual co-financing agreement, determining the strategies of co-operation in medical, veterinary and scientific training, capacity strengthening, research and joint management.

Evaluation questions and criteria

In line with the objective presented above, the Terms of Reference formulate **three central questions** which should be answered by the evaluation. These are:

1. What is the **role** that Be-cause health is playing in the sector of international healthcare in the Belgian context? How should this role further evolve in the future?
2. What are the strengths and weaknesses related to the way in which the platform is **internally functioning**? How could the internal dynamics of the platform and the involvement of members further be strengthened?
3. Which **results** have been achieved so far? How do the different (internal and external) actors judge the importance of these results?

To answer these questions, the evaluation analysed the functioning of platform on the basis of the standard **evaluation criteria** of relevance, efficiency, effectiveness, impact and sustainability. For each of these criteria, a non-exhaustive list of more **detailed evaluation questions** has been developed in the terms of Reference (see Annex 2). In accordance with the network-character of Be-cause health, these questions refer both to the outputs and results produced by the platform and to the quality of internal networking between the platform members.

1.3. Methodology

The external evaluation was realised between June 2009 and February 2010. In June 2009, a methodological proposal has been developed on the basis of the Terms of Reference, which was then further discussed during a meeting with the chairperson, vice-chairperson and secretary of Be-cause health. The methodological proposal outlined the different steps of the evaluation process and also formulated a number of **guiding principles** for the evaluation approach. These principles can be summarised as follows:

- Using an approach adapted to the "learning" and "improvement" objectives of the evaluation, amongst others by:
  - Having attention for the process of ownership creation throughout the evaluation process. This was done by organising a meeting with the Steering Committee at the start of the evaluation to discuss the evaluation questions and methodology, and by presenting and discussing the preliminary evaluation results with the members of the General Assembly;
  - Conducting the interviews in such a way that learning and reflection would be stimulated. During the interviews, the focus was not uniquely on 'data collection', but there was also room and attention for discussion and reflection on the past results and future development of the platform.
- Adaptation to the methodology to the specific nature of the Be-cause health platform. A platform cannot be evaluated in the same way as a 'traditional' organisation. Success of a platform should not only be analysed in terms of activities and results, but also in terms of the degree to which members effectively did manage to work together in an active and satisfactory way.
- Building further upon the results of the internal evaluation.

In September 2009, an introductory meeting was held with the Be-cause health Steering Committee. During this meeting, the methodology and approach were further discussed and expectations with regard to the evaluation were clarified.

The actual data collection took place in two phases. A first set of encounters was organised in September 2009, during a period in which several Be-cause working groups were having their meetings. Some working group meetings were attended by the evaluator; there was a group discussion with the members of the working group on 'sexual and reproductive health and rights'; and some first individual interviews took place in the margin of these working group meetings. During the same period, relevant background documents on the Be-cause health platform were analysed (website, planning documents, publications …).

A second, longer phase of data collection took place from November 2009 to January 2010. During this period, a larger number of individual and group interviews were organised with a wide range of stakeholders. There was also a workshop with BTC technical assistants, who were visiting Belgium in the framework of the 2009 Be-cause Health seminar on Universal Coverage (November 26th 2009).

The interviews were semi-structured. An interview checklist has been developed on the basis of evaluation questions formulated in the Terms of Reference; this checklist was slightly adapted for each interview, in function of the specific characteristics of the different respondents. The interviewees have been selected on the basis of a shortlist prepared by the Be-cause health secretariat and validated by the Steering Committee. A number of criteria were used in order to obtain a varied and balanced sample of respondents, including: language, the type of member organisation and the level of involvement in Be-cause health. Furthermore, it was made sure that the sample included at least one member of each active working group. In a limited number of cases, it has been possible to arrange meetings with several persons from the same organisation, including with staff less actively involved in the activities of Be-cause health.

Some interviewees were contacted as 'external actors': as representatives of other Belgian platforms (Masmut, Platform for Health and Solidarity) or of government institutes (Bruxelles-Wallonie[2]). However, the persons representing these platforms or institutes proved also to be member of BCH, which made that these interviews focused both on the complementarity and coordination between BCH and other actors, and on membership of BCH as such.

In total, 24 persons have been interviewed, belonging to 18 different organisations: 5 academic institutes, 5 NGOs, 2 government services, BTC, 2 research centres, 1 mutuality and 2 individual members. Fourteen of them were Dutch-speaking, ten were French-speaking.

The preliminary findings and recommendations of the evaluation have been presented and discussed during the BCH General Assembly of January 25th 2010. During the same General Assembly, a short written questionnaire has been presented to the participants. The results of this questionnaire have been used to validate and complete the initial results of the interviews and have been fully integrated in this evaluation report.

More detailed information on the methodology followed is presented in the Annexes: the detailed evaluation agenda –including the list of stakeholders interviewed– in Annex 1, the Terms of Reference of the evaluation in Annex 2, the format of the written questionnaire presented to the General Assembly in Annex 3, and a summary of some results of this questionnaire in Annex 4.

[2] Other external actors contacted were the Cabinet of the Minister of Development Cooperation and the FGS Public Health, but due to circumstances these interviews were repeatedly postponed and finally had to be cancelled.

1.4. Contents of this report

In chapter 2 a summary will be given of the characteristics of the Be-cause health platform, including a short historic overview, an overview of the activities realised so far, a description of the internal structure of the platform and a summarised presentation of the different working groups.

The principal evaluation findings are presented and analysed in the chapters 3 and 4. Chapter 3 focuses on the first and the third evaluation question – related to respectively the role of Be-cause health and the results achieved so far (the answers to both questions appear to be closely related). Chapter 4 will deal with the second evaluation question, related to the quality of internal functioning of the platform.

The principal conclusions of the analysis will be presented in chapter 5, on the basis of which a number of recommendations will be formulated in chapter 6.

2. SHORT DESCRIPTION OF BE-CAUSE HEALTH

This chapter provides a short overview of the antecedents and main characteristics of the BCH platform. It is meant as an introduction for readers less familiar with BCH, and as a refreshment for readers more actively involved in the platform. The background information provided in this chapter will be used as a point of reference for the analysis that will be presented afterwards. Note that part of the information presented in this chapter is copied from the website of BCH and from the logical framework included in the Framework Agreement signed between ITM and DGDC.

2.1. Antecedents: coordination between Belgian actors in international health before BCH was established

There are different opinions on how and why the BCH platform came into being, but virtually all actors agree that BCH builds further on a long tradition of coordination between Belgian development actors in the sector of international health. The following past networking and coordination initiatives are worthwhile mentioning:

- Till the 90s, bilateral cooperation within DGDC was structured on a sectoral basis. The health sector was managed by an active and strongly united group of medical experts. Years before the formulation of sectoral strategy notes became mandatory by law (in 1997), the health sector had already prepared a sector strategy note, with a description of strategies per country and per actor. When the sectoral departments disappeared as a consequence of an internal restructuring within DGDC, the DGDC medical experts continued coordinating and formed the so-called "medical cell". In the policy note of the Belgian deputy minister of development cooperation Boutmans (2000), the medical cell was formally recognised as an organism providing input for policy formulation. Through the participation of DGDC officers responsible for programs of indirect cooperation in the medical cell, there is a link with NGOs and universities active in international health.
- Belgium is widely recognised for its strong public health school, which has its origins in developments that took place at the Institute of Tropical Medicine of Antwerp in the late 60s –

early 70s[3], and to which most present Belgian actors in the sector of international health still adhere[4]. This creates a feeling of unity and connectedness.

- Prior to the creation of BCH, there was already a "Belgian Association for Tropical Medicine", which was grouping individual experts in tropical medicine, mainly – but not exclusively – ITM staff. In the beginning of the present decade, the dynamics of this association were slowing down, which strengthened the demand for the creation of new, refreshing networking initiatives.
- Also the Belgian development NGOs active in the health sector had formed a sort of informal network, coordinated by COPROGRAM. The motive for this initiative was that health NGOs were experiencing growing difficulties in getting health projects accepted for co-financing by DGDC. The objective of the NGOs was to join forces in order to defend their cause at DGDC-level. This informal NGO network had a temporary character and has been completely absorbed by BCH when the latter was created.
- In October 2001, ITM and the Belgian government (as chairperson of the European Union) organised the "Healthcare for all" Conference. The conference was attended by Ministers and Directors of Health of the fifteen African partner countries of Belgium, directors and high-level representatives of the European Union and its member states, of UN-associated, other international and non-governmental organisations, the pharmaceutical industry, and scientists and experts concerned with world-wide health development and disease control. The participants endorsed the so-called "Healthcare for All" Declaration, which had been prepared by a ministerial working group.
- In 2004, BTC organised its first Annual Seminar, which focused on development cooperation in the health sector. The fact that this seminar attracted much more people than initially foreseen[5], including representatives of several NGOs and universities, proved that there was a strong interest in the sector for coming together, joint reflection and information exchange.

Several persons interviewed referred to existence of the strong public health school (creating unity and connectedness) and the long networking tradition as the important factors that made it possible for the BCH platform to come into being and to become a success. The success of the Healthcare for All conference, and later the BTC seminar, further triggered the demand for strengthening information exchange and coordinated action within the sector.

In the beginning of the years 2000, following the Healthcare for All Conference, there have been a number of exploratory talks with different actors involved, to explore the possibilities and interest in establishing a national informal network on international health. The ITM (who had included 'networking' as one of the strategies in its framework agreement with DGDC), was found willing to support the platform. The first general meeting of BCH took place on June 15th 2004. The second general meeting, of October 11th 2004, became the first General Assembly, where the platform was officially launched.

2.2. Objectives of the platform

The global objective, specific objectives and expected results of the platform are described as follows in the 2008-2010 framework agreement[6]:

[3] http://www.itg.be/internet/geschiedenis/IID.pdf

[4] One of the actors following a different school is MSF, which adopts a "demand-oriented" rather than an "offer-oriented" approach. Apart from this difference in focus, both approaches have many points of overlap and serve the same final goal of a better global access to health and healthcare.

[5] The first BTC seminar had a more internal focus than the seminars that would be organised in the years afterwards.

[6] Basically the same as the objectives and results formulated in the previous framework agreement (2003-2007). Changes between both framework agreements are mainly at activity level.

- **Global objective**: to improve global access to healthcare.
- **Specific objective**: to *strengthen the role and effectiveness* of Belgian development cooperation actors in their contribution to improved quality of healthcare and improved access to healthcare at global level, by *bringing actors together, coordination, and the organisation of activities that go beyond the reach of individual organisations*.
- **Expected results**:
  1. The platform BCH is operational and representative for the sector;
  2. Belgian actors have more influence on international policies on health issues;
  3. There is a better circulation and exchange of technical and scientific knowledge;
  4. There is better complementarity, synergy and collaboration between the entities represented by the members of BCH and between the activities of different existing platforms.

In summary, the objective of BCH is to strengthen Belgian development actors through networking, in such a way that the ultimate goal of 'improved global access to healthcare' can be better achieved. The focus of the platform is on information exchange and on influencing international policies. Furthermore, the platform wants to be representative for the sector and also look for coordination and complementarity with other networking initiatives existing in the country.

2.3. Internal structure

Members & General Assembly

As mentioned in the introduction of this report, BCH is open to institutions as well as to individual members. The following criteria for membership are listed on the website:

- To be active and/or have an interest in international healthcare, from the perspective of reduction of the unequal access to quality healthcare and to healthy living conditions.
- To be active and/or have an interest in cooperation with countries in the South (developing countries) and in combating poverty.
- To rally behind the principles and general terms of the 'Healthcare for All' Declaration (see above). This condition also implies involvement in what is moving in Belgium in the domain of international healthcare.

According to the information available on the website, BCH presently reaches around 200 e-mail addresses linked to about 50 organisations and institutes.

The **general assembly** encloses all members of BCH and meets twice a year. The general assembly has the 'highest power of decision', elects the steering committee members and approves the main lines of action of the platform.

Steering committee

The steering committee is responsible for the day-to-day activity of the platform. It also discusses proposals for external communication, organises member consultations when necessary and elaborates views on policy. The steering committee meets on a bimonthly basis, on average. It is composed of 8 to 12 persons (chairperson, vice-chairperson, secretary and members), elected by the General Assembly, keeping in mind the following balances:

- Representation of both national languages (at least 2 members of each language);
- Gender (at least 2 members of each gender);
- Representation of the different types of member organisations (at least two academic institutes and two NGOs, representatives of at least one government service, one other organisation and – ideally- one individual member).

The duration of the SC mandate is of 4 years and is renewable. Every 2 years, one third to half of the committee members give up their mandate for election. Once elected, the members exercise their mandate personally, though they contribute the expertise gained through their organisations.

Secretariat

The secretariat of BCH is based at the Institute of Tropical Medicine. The present framework agreement covers the salary of the secretary of BCH (one 30% FTE), a function which since the foundation of the platform has been taken up by the head of the Policy Support Unit of ITM. The secretary is supported by administrative staff from the unit (included as general 'overhead' in the Framework agreement –thus not exclusively linked to BCH). Tasks of the secretariat include: diffusion of information; coordinating the email communication between members (see 'activities'); website maintenance; external communication (e.g. with other platforms and networks); preparing the steering committee meetings in coordination with the chairperson of BCH; and giving follow-up to the working groups (the secretary of the platform presently also takes up the secretary role in two working groups).

Working groups

Over the course of the past 5 years, several thematic working groups have been created in the framework of BCH. Together with the Steering Committee meetings, the working group meetings form the heart of the networking activity within BCH. The working groups bring interested members together for joint reflection, discussion and concrete action around specific issues related to international health and healthcare. A working group can have a temporary character and be established to work towards a specific, pre-defined goal (e.g. the preparation of a BCH seminar); or can have a more permanent character, with longer-term objectives and a phase-by-phase identification of the activities to be implemented. Working groups are created to respond to an identified common interest. The demand can come from one of the members of the platform, but in this case sufficient support has to be found from other platform members before the WG can be established. The creation of new working groups has to be approved by the Steering Committee and confirmed by the General Assembly. Each working group has a chairperson and secretary, sometimes a vice-chairperson and vice-secretary. In practice, at least one of these persons is member of the steering committee. Although this is not compulsory, it presently facilitates the fluent communication between both levels of the platform structure.

The following working groups have been active within BCH:

- Access to quality medicines;
- Human Resources for Health;
- Sexual and Reproductive Health and Rights;
- People-centred care and community orientation;
- Democratic Republic Congo;
- Ad hoc working groups (amongst them systematically the WG preparing the annual conference).

Some of these groups started-up in the preparation phase of the annual conference and continued afterwards in order to assure the 'after-care' related to the implementation of some of the recommendations of the conference.

The objectives and core activities of these groups will be briefly described in the following chapter.

2.4. Activities

A distinction can be made between 'general activities', taking place at the overall level of the platform, and activities implemented by the working groups.

General activities

- **BCH seminars**. Since 2005, BCH yearly organises a seminar, open to the broad public, around a specific issue related to international health and healthcare.
- **Website.** The renewed BCH website (http://www.be-causehealth.be/becausehealth/) contains basic information on the platform, the working groups and seminars; minutes of the General Assemblies; links to relevant documents; links to websites of member organisations and relevant external actors; a subscription form for new members; etc.
- **Email communication.** The BCH secretariat regularly sends information (background documents, information on internal and external seminars and events, invitations for member consultations, etc.) to the member mailing list. There are additional mailing lists per working group and for communication between the steering committee members.
- **Policy-influencing.** Activities of policy-influencing relate to the second expected result of the BCH logical framework: ''Belgian actors have more influence on international policies on health issues''. Policy-influencing is partially done through the activities of some of the working groups (see below). The following policy-influencing processes are the most prominent ones mobilising the network as a whole:
  - Preparation of a concept note for the new DGDC policy paper on health and healthcare[7]. This note was prepared in 2007, on the demand of DGDC, and implied an intensive process of joint reflection and member consultations within BCH.
  - Advocacy on the occasion of the Belgian EU presidency[8] (which will take place in the second half of 2010). In 2009, BCH decided to use the upcoming presidency of the European Union as an occasion for throwing some of its main concerns and proposals in the policy debate. A letter has been sent to the minister of development cooperation, with a background note and concrete proposals for policy formulation on health systems strengthening (with inputs from the working groups 'Human Resources for Health' and 'Sexual and Reproductive Health and Rights') and on the quality of medicines (prepared by the working group 'Access to Quality Medicines'). The steering committee and several working groups are presently discussing the possibilities of organising additional advocacy activities in the framework of the EU presidency.
- **Meetings of the General Assembly.** Apart from being the 'highest power of decision' of the platform, meetings of the General Assembly are an interesting networking opportunity for the members of the platform. Moreover, General Assembly meetings are often combined with other activities, e.g. the organisation of an exposé by an invited external speaker.

[7] http://www.be-causehealth.be/becausehealth/uploads/20080131_149741106_cadreconceptuelcooperationsanté.pdf
[8] In fact, the will be a trio presidency, with Spain and Hungary the two countries that will share the presidency with Belgium.

Activities of the working groups

The working groups come together on a regular basis (the frequency of meetings differs from group to group and can also vary over time, e.g. more frequent meetings when a certain deadline is approached). Depending on the issue the working group is working on, their might be in-between consultations and communication between the members, and/or individuals or small groups of members might be asked to prepare specific inputs for the next meeting (e.g. drafting a text or document).

The range of activities developed by the working groups is very broad, including: information exchange, reflection on best practices, diffusion of information, policy-influencing, the organisation of seminars, the development of joint policies, strengthening of southern actors, follow-up of policy implementation, the development of practical tools, etc. Which activities a WG is focusing on, is closely interlinked with the concrete objectives of this group and the reason why it has been established. In the following paragraphs, we will therefore briefly describe the origins and objectives of each WG, followed by a description of the activities the WG is implementing.

a) Human Resources for Health

The WG 'Human Resources for Health' (WG-HRH) group was the first permanent WG created within Be-cause health. The group was established as a result of the 2005 seminar (on the same issue) and had its first meeting in January 2006. The WG had regular meetings in the period 2006-2007, interrupted its activities in 2008, and has been reactivated in March 2009. In its strategic plan formulated in 2009, the WG states that it wants to be a "*reference group concerning Human Resources for health within the Belgian development context and feed the reflection on this theme*". There are two strategic objectives:

- To constitute an active pool for common *reflexion, exchange of experiences and capitalisation of good (and bad) practices concerning HRH*, to support in general the development policy in all its forms in Belgium.
- To *reply to certain concerns from Belgian and foreign actors and to assure the follow-up of concrete cases*.

Activities implemented in function of the *first strategic objective* include the collection and distribution of existing materials on the subject (e.g. during WG meetings or via the BCH website). Furthermore, the strategic plan foresees the implementation and sharing of case studies, supporting the DGDC in its reflection on the theme of migration and brain drain, supporting development organisations in the integration of HRH strengthening in the interventions, and supporting the partner countries in drawing up their policies and development plans in the field of HRH. In the WG meeting of January 2010, it was recognised that the initial plan had probably been too ambitious. It has been proposed that missions would be organised in 2010 to some partner countries of Belgian cooperation, in order to follow-up the implementation of national plans on HRH. However, for now there is no steering committee approval yet for the organisation of such missions (a need is felt to first define a number of clear criteria, in order to avoid that individual members would use BCH for their own activities, which is a potential risk if follow-up missions are being organised).

With regard to the *second strategic objective*, the WG is presently mainly working around the WHO draft "Code of practice on the international recruitment of health personnel". A *'reflection day'* on the Code of Conduct has been organised on January 11th 2010, in coordination with FGS-Public Health.

b) Access to quality medicines

This is another permanent working group of BCH, which had its first meeting in July 2006. The main objective of the WG is to *influence policies and practices* related to the quality of medicines in Belgium, both at government and organisation level. The quality of medicines is hereby addressed from two perspectives:

- A regulatory perspective, with a focus on pharmaceutical export regulations of European countries and their consequences for access to quality medicines in developing countries.
- An institutional perspective, with a focus on improvement of the quality assurance framework (policies and quality assurance systems) for organisations and institutions involved in the acquisition and distribution of medicines and other medical products.
- An advocacy perspective, with sensitization of actors and the general public .

In an initial stage, in the period 2006-2007, the WG did some sensibilisation on the problem of access to quality medicines; did a follow-up of existing legislations, regulatory documents and relevant scientific literature; and collected examples of concrete cases illustrating the problem. Members of the group also assisted the FGS-Health in preparing the outline for the law-proposal related to export regulations for medicines Most of these tasks were divided among members of the WG. In the meanwhile, a Task Force had been formed to organise the 2007 BCH seminar (titled "Drugs, Cure or Curse?"), which dealt with the problem of quality medicines. Another subgroup started working on the preparation of a "*Charter for the quality of medicines, vaccines, diagnostic products and small medical material*"*;* which would become one of the major achievements not only of the WG but of the BCH platform as a whole. The Charter was finalised in the first trimester of 2008. It defines a number of essential quality criteria for the purchase of health products. In the course of 2008, a significant number of BCH members subscribed the Charter (see chapter 3).

Since 2008, the WG has been giving follow-up to the charter (e.g. exchange of information on what is going on in Belgian development projects; information exchange on the ITM project to produce a 'white list of quality medicines', etc.); kept on following up other existing initiatives concerning the quality of medicines; and discussed the possibility of organising joined audits in partner countries. Another component of the work concerns advocacy: there have been meetings with the FGS-Public Health In 2009; WG-members participated in the WHA-Assembly in Geneva (May 2008); and in 2009 a proposal has been formulated to put the quality of medicines on the agenda of the Belgian presidency of the EU.

With regard to the advocacy/sensitization objective, the WG had an interview published in 'Knack' (a Flemish magazine) in 2007, about the quality of medicines. The group also developed some communication tools (PowerPoint-presentation, background documents …) that explain the issue of quality medicines. These tools can be used to give training sessions (cf. ATs CTB, Nov. 2009) or to sensitize other actors within their own professional environment.

c) Sexual and Reproductive Health and Rights

The working group on Sexual and Reproductive Health and Rights (S&RHR) was constituted in May 2009, with the objective to facilitate the implementation of the DGDC policy note on “Sexual and Reproductive Health and Rights” of March 2007. This implies the development of tools on S&RHR which can be used in the different phases in the cycle of development programs. The WG will mainly focus on the integration of sexual and reproductive health and rights in healthcare services supported by the Belgian Cooperation. Two other specific domains cited in the policy note on S&RHR, namely the 'fight against sexual violence and malpractices', as well as 'sexual and reproductive

healthcare during humanitarian crises, conflicts and peace construction', will also get particular attention.

The WG has had several meetings since May 2009. The first meetings concentrated on the elaboration of the 'Terms of Reference' of the WG, a sort of strategic plan including a formulation of the objectives of the WG and an elaboration of a draft action plan. This action plan foresees the diffusion of the policy note, sensibilisation activities, the development of a checklist on S&RHR to be used during program formulation, and scientific support to projects by S&RHR experts from the WG. In a first stage, these activities will mainly focus on projects of bilateral cooperation, though it is foreseen in the action plan that similar activities will be undertaken at the level of indirect and multilateral cooperation as well. Recently the policy note has been translated into Spanish (by one of the 'field' members of Because Health).

The WG prepared an input for the BCH advocacy on the occasion of the Belgian EU presidency (see above). The possibility of organising addition sensibilisation and advocacy activities in the framework of the EU presidency is being discussed.

d) People-centred care and community orientation

The WG 'People-centred care and community orientation' was created in February 2009. The group has been established to discuss the different concepts of 'Patient-Oriented Care', 'People-Centred Care', 'Community Participation', 'Community-Oriented Care' and related themes like the human dimension in healthcare and responsiveness to health needs. In a first stage, the WG wants to prepare an overview of existing initiatives and experience among Belgian actors in the field of people-centred care and community orientation, and of relevant resources and documents. Based on these inputs, the possibilities for concrete action will be discussed (one of the present suggestions is to organise a colloquium on people-centred care and community orientation).

The WG is still in an initial stage, defining its orientation and trying to expand its membership[9]. There have been two WG meetings in 2009, after which the process was interrupted due to problems of time availability of the WG coordinator. A third meeting will be organised in April 2010.

e) Democratic Republic Congo

The WG 'Democratic Republic of Congo' is also one of the more recent working groups within BCH. It was established around March 2009, on the demand of the Benelux Afro Center, an NGO representing the Congolese Diaspora in BCH. The objective of the WG is to strengthen the Congolese civil society active in the health sector, by looking for a stronger rapprochement between the national and international health NGOs working in the country.

The WG organised a sensibilisation conference for Belgian NGOs in D.R. Congo, on the relationship between local and international civil society. Nine NGOs participated. Recently, a second NGO meeting has been organised, with the support of 11.11.11[10]. Furthermore, the WG wrote a letter to the Belgian minister of development cooperation, expressing the group's concern about the fact that health would no longer be a priority sector for Belgian cooperation in D.R. Congo.

[9] During the first two meetings, there were only 6 to 7 participants.
[10] Umbrella organisation of Flemish NGOs.

f) Ad hoc working groups

Ad hoc working groups have principally been created for the preparation of the yearly BCH seminars. These temporary WGs are composed of BCH members with specific interest or experience in the theme of the seminar. The ad hoc WG defines the objectives and program of the seminar, prepares a background document, selects and invites external speakers, etc.

3. ACHIEVEMENTS AND ROLE OF THE PLATFORM: FINDINGS & ANALYSIS

This first chapter describing the findings of the evaluation will deal with both the first (the role of BCH in the Belgian context) and the third (results' achievement) evaluation question. Both questions are closely interlinked, as the results achieved by BCH so far prove to largely correspond to what members see as the most important roles of the platform. The chapter will start with an analysis of results achieved compared to what had been foreseen in the planning documents. Next, chapter 3.2 will analyse how these results are perceived by members of the platform. These perceptions tell a lot about what members really appreciate, what they expect from the platform and how they want the platform to further evolve in the future. As such, there is a close relationship with the analysis of the 'role' of BCH in the Belgian and international context, a theme that will be further explored in chapter 3.3.

3.1. Results achieved, compared to planning

Existing planning documents

The principal existing planning document is the logical framework of BCH, included in the Framework Agreement signed between the ITM and DGDC. The logical framework describes the objectives and expected results of the platform, which are linked with a number of objectively verifiable indicators. It also presents the activities that will be undertaken in order to achieve the results. The logical framework is regularly revised by the steering committee. Objectives, expected results and related indicators are described in a rather general and generic way (e.g. "Belgian actors have more influence on international policies on health issues'"), without a prior quantification of the indicators. As a consequence, the same results and objectives could be maintained for a relatively long period of time.

The logical framework is used as a basis for the formulation of progress reports, which are then discussed at steering committee level. The progress reports list the concrete realisations of the platform for each of the activities planned and also mention progress with regard to the indicators formulated at the level of objectives and results.

Apart from the general logical framework, most working groups have formulated their own objectives, be it without specifying corresponding indicators for success. Furthermore, some working groups – especially the WGs on 'Access to Quality Medicines' and 'Sexual and Reproductive Health and Rights' – elaborated a detailed action plan, with a list of activities, tasks and responsibilities, and – in the case of the WG on Medicines – an overview of expected outputs and future actions to be undertaken This could serve as an example of a practical format for presenting the progress of each WG.

Table 1: Overview of results achieved, compared to planning (logical framework)

Expected Result	Indicators (Framework Agreement)	Achievements
1. The platform BCH is operational and representative for the sector	Attendance at meetings of the SC and the GA	☺ SC-meetings are taking place every two months, on average. The SC is a dynamic entity and effectively takes up its role as 'motor' of the platform. The intended balance between constituents (according to language, type of organisation … - see chapter 2.3) is largely achieved. Only a representative of individual members is missing. ☺ The GA is coming together twice a year (exception: only one GA in 2009). There are 25 to 35 participants on average and a similar number of persons excused.
	Nb. of members and distribution of members according to constituents	☺ Around 200 members linked to about 50 organisations and institutes.
2. Belgian actors have more influence on international policies on health issues	Number of advices formulated	☺ According to the progress report of April 2008: 16 advices formulated (*note: it is not clear how these were measured)*. ☺ 'Formal' advice; e.g.: concept note for the DGDC health policy note; letters to the minister of development cooperation: a) Belgian presidency of the EU; b) WG-DRC. ☺ 'Informal' advice: dialogue with DGDC in SC- and WG-meetings; meetings with the WHO, the FGS-Public Health, the Cabinet of the Minister of Development Cooperation, dialogue with many actors on the Medicines Charter, etc.
	Number of advices followed up by Belgian authorities	☺ The BCH concept note has been used as an input for the formulation of the new DGDC policy note for the health sector. ☺ The Charter on quality medicines has been signed by DGDC.
3. There is a better circulation and exchange of technical and scientific knowledge	Number of participants in seminars	☺ The BCH seminars are widely attended. There are usually around 175 - 200 participants. 191 persons were inscribed for the 2009 seminar.
	Number of hits on the webpage	☺ Latest information available: 110.000 hits (April 2008). ☹ *During the second half of 2009, the website was under reconstruction and difficultly accessible.* ☹ *Members make limited use of the webpage.*
	Nb. of reactions in web discussions	☹ *No web discussions are taking place yet.*
4. Better complementarity, synergy and collaboration, between entities represented by the members of BCH and between activities of different existing platforms	Coordination meetings are taking place	☺ Working groups: coordinated action between member organisations. ☺ Members use inputs from other organisations to strengthen their own work.
	Examples of synergies and collaboration promoted by BCH	☺ BCH permits establishing new contacts. In some cases this has led to organisations establishing collaborations beyond the framework of BCH. ☺ Contacts with other platforms through individuals; contacts established by the secretariat and some WG (coordination efforts with Masmut, link between SRH WG and HIV/AIDS platform …) ☹ *Still little active coordination between the different Belgian platform initiatives, leading to parallel processes, loss of efficiency and duplication of efforts*.

Results achieved, compared to planning

In Table 1, an overview is given of the principal results achieved by BCH so far, compared to the indicators formulated in the logical framework. These achievements are briefly discussed in the following paragraphs, for each of the results of the logical framework:

1) *The platform BCH is operational and representative for the sector*

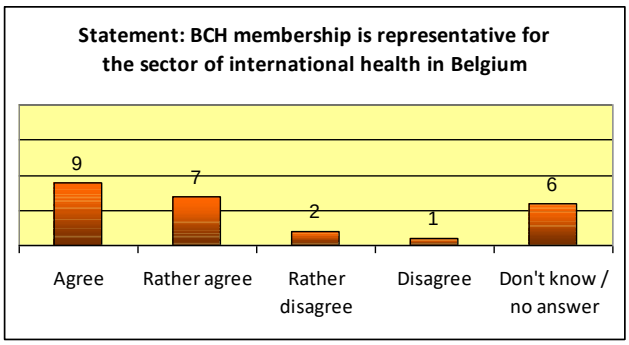
An important achievement is the fact that the platform is effectively functioning – it is driven by a dynamic steering committee, it has active working groups which are attended by a wide range of organisations, there are 25 to 30 participants at each general assembly, etc. The fact that the platform is operational might sound evident, but nevertheless is an achievement which should not be underestimated. Research learns that around 80% of networking initiatives fail, mainly because networks do not manage to create sufficient added value for their members, resulting in loss of interest and motivation, and finally causing the network to break down. In the case of BCH, in contrast, the platform is still very active five years after its creation, members remain interested, the number of active working groups is still increasing (from two to five in 2009) and there are many ideas for further development in the future.

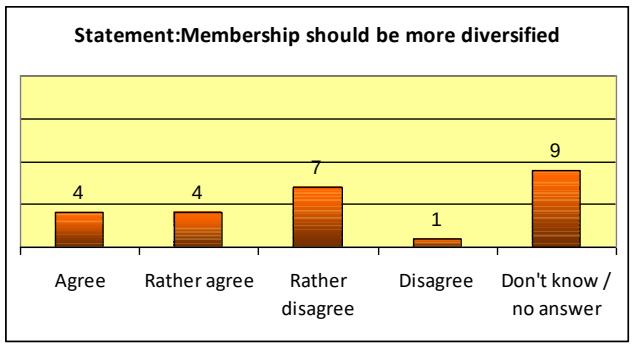
Concerning the representativeness of the platform, it could be verified that all targeted subsectors mentioned on the BCH website –academic institutes, NGOs, study bureaus, government services and individuals– are effectively represented, as are the two national language groups. Virtually all BCH members interviewed were of the opinion that BCH should also in the future remain a broad platform, bringing together all types of Belgian actors involved in international health. In this respect, some feel that membership could still be further broadened. Some –often less traditional– actors in international health could be better represented, e.g. mutualities, 'fourth pillar' organisations, individuals, private sector institutes (e.g. private hospitals working in partnership with hospitals in the South, actors from the pharmaceutical industry …), and people working in international health projects in the South supported by the Belgian cooperation. Also a (very) limited number of larger players does not seem to be represented in the platform, e.g. the Red Cross.

These thoughts on representativeness were broadly confirmed by the results of the questionnaire presented to the members of the General Assembly: see figure 1. Most respondents feel that the platform is representative or relatively representative for the sector (left graph). Nevertheless, half of the valid answers on the question whether membership should be further diversified in the future were positive (right graph). A relatively high number or respondents (9 out of 25) had no specific opinion in this regard.

A difficulty is that most members have no clear idea on who the other members of the platform are. The bigger institutions, active in several working groups and/or in the Steering Committee (ITM, DGDC, BTC, MSF, MEMISA, Action Damien, universities, …), are generally well-known, but if the website mentions that there are "200 members linked to about 50 organisations" few people have an idea of which actors are concerned. The complete list of members and/or member organisations is not publicly available at present.

Figure 1: Questionnaire results on representativeness of BCH membership (25 respondents)





2) <u>Belgian actors have more influence on international policies on health issues</u>

Of the four expected results mentioned in the planning document, the result on policy-influencing is probably the most difficult one to analyse in an objective way. Indicators in the logical framework refer to 'the number of advices formulated' and 'the number of advices followed up by Belgian authorities'. However, measuring these indicators generates a number of difficulties:

- What is an 'advice to a Belgian authority'? If only 'formal advices' would be counted, i.e. those that are written down on paper and officially presented to policy-makers, this would lead to an underestimation of reality, as policy advice is often given in an informal way, e.g. during meetings or casual encounters with policy-makers, or through the participation of DGDC in SC and WG meetings. These 'informal' advices are important but difficult to count.
- How can it be measured whether 'an advice has been followed up by Belgian authorities'? In practice, policy advice is often not immediately translated into policy documents, though policy-makers might already have changed their opinion as a result of the advocacy. Measurement is also complicated by the fact that policy advice is not always fully or literally followed up, e.g. because policy-makers have to balance between the interests of several stakeholders, also taking into account issues like international agreements, budgetary limitations, etc. Finally, it is rarely possible to establish a clear causal link between policy advice and final policy changes, as multiple other factors use to intervene in the process of policy formulation.

Because of these methodological complications, any attempt to 'quantitatively measure' the influence of BCH on national and international policies could easily result in a misinterpretation of reality. This being said, there are clear indications that BCH has effectively had an influence on policy-making. This is best illustrated by giving a number of concrete examples:

- Examples of policy advice being given:
  - The letter to the minister of development cooperation in the framework of the Belgian presidency of the EU;
  - The letter on the occasion of the Minister's decision that health would no longer be a priority sector for the cooperation in D.R.Congo (see chapter 2.4);
  - Through the permanent dialogue between DGDC and other BCH members during SC and WG meetings (DGDC is represented the SC and in most of the working groups);
  - Several encounters with the Cabinet of the Minister of Development Cooperation and with the FGS-Public Health. The FGS-Public Health participates in the WH-HRH;

- Participation of BCH members in the yearly World Health Assembly (WHA), as members of the Belgian delegation led by the Minister of health, incl. participation in the preparation of input documents for the WHA (through comments);
- Participation in a consultation of the WHO intergovernmental working group on public health, innovation and intellectual property (Geneva, 2007);
- Etc.

- Examples of effective influence on policy-making:
  - The concept note, prepared in a participatory way by BCH members, has been used as an input for the formulation of the new DGDC policy paper for the health sector. Aspects of the concept note that have been integrated in the policy paper include, for instance: the focus on primary healthcare, the attention given to human resources and the quality of medicines, etc.
  - The "charter for the quality of medicines, vaccines, diagnostic products and small medical material" has been signed by DGDC.
  - Through a simple email questionnaire (based on 3 questions), BCH members could give inputs for the formulation of the health section of 5 new 'Indicative Cooperation Programs'[11] in 2009. There were usually 8 to 10 reactions, which were taking into account in the formulation of the PIC.

Note that policy advice is mostly given in an informal way (apart from the letters to the Minister), through the participation of actors like DGDC and the FGS-Public Health in BCH meetings, and through other informal contacts with policy-makers. The nature of policy-influencing by BCH, as well as the pros and contras of government actors being member of the network, have been subject to discussions within BCH, and will be further discussed in Chapter 3.3.

It can be observed that policy-influencing has principally focused on Belgian policies so far, whereas the Logical Framework puts emphasis on 'influencing international policies'. With the participation of BCH members in the WHA and with the present actions on the occasion of the Belgian EU presidency, some first attempts are being made to shift up the policy-influencing to the international level.

3) <u>There is a better circulation and exchange of technical and scientific knowledge</u>

The circulation and exchange of information within BCH is taking place in two ways: through face-to-face meetings and through electronic information exchange. In general, BCH members are satisfied with the present mechanisms of information exchange and consider BCH as a 'point of reference for information on international health'.

The face-to-face meetings include the yearly seminars (widely attended by members as well as by external actors), the WG meetings and the SC meetings. Apart from being an important networking moment, the seminars are a venue where up-to-date technical and scientific information is diffused. During WG and SC meetings, participants share experiences and knowledge, and it is common to distribute relevant external background documents among the participants.

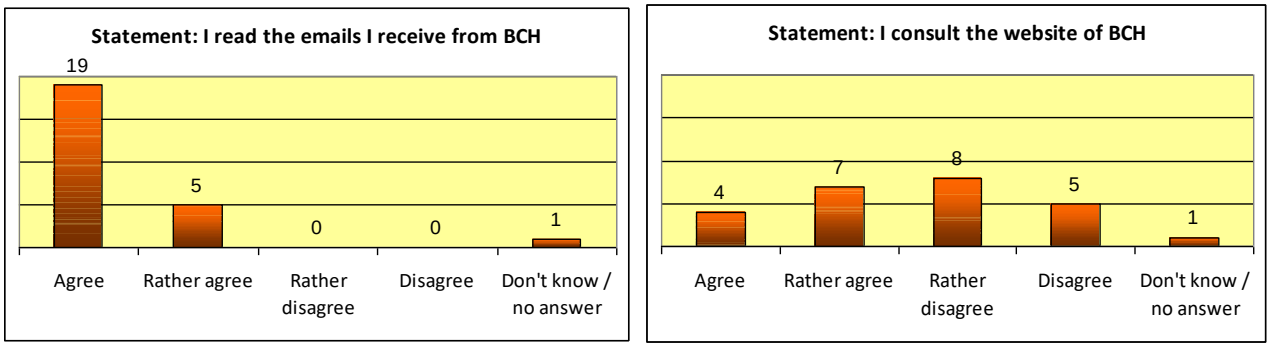
Electronic information exchange is taking place through email and through the BCH website. The secretariat regularly sends background documents to the platform members. BCH members interviewed highly appreciate this service and generally find the information useful. This is confirmed

[11] A country policy document, describing the strategies and priorities the Belgian cooperation wants to focus on in a specific partner country. The indicative cooperation program is used as a basis for the policy dialogue with the partner country, which takes place during the so-called "Mixed Commissions". The document is usually referred to by its French acronym 'PIC' or 'Programme Indicatif de Cooperation'.

by the results of the questionnaire to the members of the GA: email received from BCH is usually read (Figure 2, left graph); all respondents find this information relatively useful to very useful (graph not included); and all respondents – except one – think that the information is also relatively clear to very clear.

The BCH website provides 'orientation on health information' (links to relevant journals, website and lists of publications); the sub-pages of the working groups 'Human Resources for Health' and 'Access to quality Medicines' have links to a number of downloadable background documents. However, the evaluation showed that not all members make effectively use of the website (Figure 2, right graph). Some consider the website as not dynamic enough; information available – e.g. minutes of the WG meetings – is not always up-to-date[12]. The website certainly has a potential for further development and for becoming a more active networking instrument. Possibilities of using the website in a more interactive way, e.g. through the organisation of web discussions, have not been explored yet.

Figure 2: Some questionnaire results on information exchange (25 respondents)



4) *<u>Better complementarity, synergy and collaboration, between the entities represented by the members of BCH and between the activities of the different existing platforms</u>*

Between member organisations. Coordination and collaboration between member organisations is taking place in the framework of the BCH working groups, e.g. the development of the charter on quality medicines (WG medicines), the organisation of a reflection day on the WHO Code of Conduct on the international recruitment of health personnel (WG-HRH), the seminar for NGOs active in D.R. Congo (WG-DRC), etc. Synergies are also developed when BCH members use inputs from other organisations –received through their participation in BCH– to strengthen their own activities. The networking venues created by BCH (seminars, meetings …) give members the possibility to establish new contacts and/or to refresh old contacts. In some cases, this has led to intensified or new collaborations between members mutually, beyond the framework of BCH. For instance, the NGO 'Action Damien' –interested in the development of activities of operational research in coordination with universities or research centres– has become member of the ITM working group on Tuberculosis; the International Centre for Reproductive Health (ICHR) of the University of Ghent started a consultancy project with HERA.

Coordination and complementarity with other existing platforms. The development of synergies and the search for coordination *with other platform initiatives* is taking place to a certain degree.

[12] During the second half of 2009, the website was under reconstruction and difficultly accessible. A new version of the website is online since January 2010. The fact that several BCH members interviewed had noticed that the website was offline, shows that many still consult the website – at least sporadically; which also indicate that there is still a potential for further development.

There are a number of platforms and networks in Belgium which develop activities related to those of BCH, for instance:

- **MASMUT**: a Belgian Platform of Community Health Insurance and Mutual Health Organisations, created in 2004. Through collaboration among its member organisations and making use of their complementary expertise, the platform wants to promote the effectiveness of community health insurance and mutual health organisations in the South. Compared to BCH, MASMUT is more closed as a platform. Its 11 members –NGOs, mutualities, research centres, DGDC and BTC– are carefully selected and are all expected to actively contribute to the platform's activities. Recently a negotiation has been started-up to explore ways of closer collaboration.
- The **Action Platform "Health and Solidarity":** brings together NGOs, labour unions, mutualities and other organisations for analysis, debate and action, with the objective to promote progressive and social health and welfare policies. The platform's activities comprise policy-influencing, sensibilisation and the organisation of workshops. There are several working groups, of which the working group "North-South and Health" is the one most closely related to BCH.
- The **Belgian Platform for "Population and Development"** was established in 2000 and brings together NGOs, academics, research institutions and government actors (as observers) on issues related to population and sexual and reproductive health and rights. The platform yearly organises an international conference in preparation of annual 'Commission on Population and Development' and offers support to the formulation and implementation of Belgian cooperation and development policies.
- The **'Working Group Aids'** is an informal working group bringing together NGOs, government actors, research institutes and universities. It was created in 2003 and is coordinated by the NGO Sensoa. The working group members exchange information and experiences with regard to Aids in development cooperation. Other objectives include policy-influencing, sensibilisation and mobilisation of NGOs to integrate aids in their policies and strategies.

There are some connections between BCH and these other platforms, mainly by way of individuals simultaneously participating in the different initiatives. Most of the active members of the other platforms are also member of BCH. There is especially a strong overlap with some of the WGs of BCH. For instance, there was a strong representation of MASMUT-members in the ad hoc WG that prepared the 2009 seminar on Universal Coverage; and many participants of the BCH WG on Sexual and Reproductive Health and Rights are also member of the Belgian Platform for Population and Development. Apart from this, BCH secretariat is included in the mailing lists of most of the other platforms (except MASMUT) and vice versa. The secretariat also participates as an observer in the WG Aids and has had sporadic meetings with the secretariats of other platforms in order to explore the possibilities for coordination.

The existing overlap between the different platform initiatives, principally in terms of membership but also to a certain degree in terms of objectives (information exchange, policy influencing, joint action) and themes (issues related to international health and healthcare), automatically raises the question whether it wouldn't be better to integrate the different initiatives into one all-encompassing network. Given the fact that BCH is probably the most representative and broadest of the existing networks, integration of the other platforms in BCH would seem to be the most obvious solution in this regard. Integration would not only have a positive influence in terms of efficiency (e.g. secretariats could be integrated) but would also create more clarity for organisations and would help to further increase the visibility of the international health sector.

Platform integration would not be evident however. A first argument against integration is that the other platforms usually have a more explicit thematic focus –giving them the possibility to ask

particular attention for one specific or for a limited number of related themes–, whereas BCH is perceived as being a very broad platform which has to deal with a wide range of issues. This problem could however be overcome by making use of the mechanism of BCH working groups, which allow focusing more in-depth on a particular theme. A more fundamental difficulty is that there are some differences between the platforms in terms of their vision and angle of incidence of the work on international health. For instance, MASMUT basically follows a demand-oriented approach whereas the BCH-approach is perceived as being more offer-oriented (although this could be seen as complementary and thus rather an argument for closer collaboration than an argument against); the Action Platform "Health and Solidarity" puts social movements in the centre of the action –in contrast to NGOs, governments and research institutes.

For these and other reasons, integration between the platforms cannot be forced. There is presently a positive attitude towards the idea of exchanging more information between the platforms and exploring the possibilities for coordination. This should be seen as a good starting point. Some stakeholders suggest that this exchange of information and coordination would be even more systematic, e.g. by organising moments where the platforms can present themselves to each other, or by systematically sharing annual action plans in order to detect possibilities for coordination and to avoid the duplication of efforts.

Achievement of the specific objective

The specific objective of BCH refers to "*strengthening the role and effectiveness of Belgian development cooperation actors in their contribution to improved quality of healthcare and improved access to healthcare at global level, by bringing actors together, coordination, and the organisation of activities that go beyond the reach of individual organisations*. Indicator for the achievement of this specific objective are "concrete examples that illustrate the added value of the network" (source: logical framework).

The achievement of this specific objective should be seen as a continuous process, which will never be completely finalised: the platform can always keep creating added value for its members, and their will always be room for further strengthening of the role and effectiveness of Belgian development cooperation actors in international health. Nevertheless, some concrete examples can be given of added value already created by the platform during the past few years[13].

In the first place, added value for member organisations, and for the sector in general, is created through the results already mentioned above: members are strengthened through the information they get by email or during seminars, SC and WG meetings; the platform creates the possibility of doing joint activities that go beyond the reach of any individual organisation (policy-influencing, seminars, …); there has been an increased exchange of experiences, information and ideas; etc.

The added value of the platform becomes most clear when looking at the concrete products that have been produced, products that proved to be useful for the member organisations and influenced policies and/or practices in the sector. This is to a certain degree the case for the concept note prepared for the DGDC policy paper on health, which resulted in a sector policy that to a certain degree takes into account the concerns and suggestions of a wide range of actors. The best example however is the "charter for the quality of medicines", which has been signed by 20 organisations so far, including 11 NGOs, 6 academics, 2 research centres and BTC. Many of the signatories are now

[13] In fact, the fact that the platform is still active and dynamic 5 years after its creation, driven by voluntary contributions of member organisations, indicates in itself that it effectively creates an added value. If this would not be the case, members would since long have lost their interest.

looking for ways to implement the charter, have disseminated the document and its annexes (a technical checklist) within their own networks and encouraged other organisations in the North and the South to adopt the charter. For example, MEMISA distributed the charter through the NGO-networks in which it is participating and also sent it to around 60 organisations in Africa. The document has been translated into French and Spanish. The ITM has started a project aimed at elaborating a white list of good quality medicines that meet the charter's criteria.

Conclusion

When comparing achievements with planning, the balance is largely positive, meaning that the platform is effectively reaching its goals and that is playing the role it pretends to play in the Belgian context of international healthcare. Areas for further improvement concern the effectiveness of electronic information exchange, especially with regard to the use of the website, and the coordination with other existing Belgian platforms. Improvements are also possible in areas not explicitly mentioned in the planning documents, for which we refer to the analysis that will be presented in Chapter 4.

3.2. Results achieved, as perceived by platform members

When asking platform members about the results achieved by BCH so far, the following achievements are most frequently mentioned:

- The fact that the platform exists and that it effectively manages to bring actors together;
- The charter on medicines;
- The concept note for DGCG strategy paper;
- The annual seminars.

These answers broadly correspond with what has been described in Chapter 3.1. They show that the networking aspect as such (bringing actors together) is considered a first important achievement of the platform. The three other achievements frequently mentioned –the medicines charter, the concept note and the seminars– all refer to concrete products produced by the platform. A lesson that can be learned from this is that it will remain important for the platform and the working groups to keep producing some concrete outputs from time to time. These outputs create a feeling that something concrete is being achieved, keep the members motivated and provide them with concrete products that they can use to strengthen their own practices and activities.

The results of the questionnaire to members of the General Assembly confirm the results of the interviews, as can be seen in Table 2. Twenty members answered the open question on the results achieved by BCH (a detailed overview of their answers can be found in Annex 4). The four achievements mentioned above appear again on the top of the list. Additional achievements mentioned are: the improvement of donor-stakeholder communication, increased visibility of the sector and the existence of the working groups.

Table 2: Results achieved by BCH, according to the questionnaire results

Result achieved by BCH	Total # times mentioned(*)	% of all mentions
The network exists & networking is taking place (incl. improved relations among actors)	11	24%
Charter quality medicines	11	24%
Concept note for health policy paper DGDC	6	13%
Seminars	6	13%
Donor-stakeholder communication	3	7%
Visibility / being a reference point for the sector	3	7%
Working groups	2	4%
Other	3	7%
TOTAL	***45***	***100%***

(*) Each respondent could mention maximally three results.

What is interesting to see, is that different categories of members tend to emphasise different types of results. Although the number of respondents was too small to make any generalisations, the following tendencies could be identified:

- The result most frequently mentioned by NGOs and by individual members is 'the fact that the network exist'; whereas the 'charter on medicines' comes in the first place for university institutes and government actors. The seminars are the second most frequently mentioned achievement by university actors, but are less mentioned by other actors.
- Steering committee members (including ex-steering committee members) tend to focus mainly on the outputs produced: the concept note, the charter and the seminars; whereas non-steering committee members mention in the first place the fact that 'the network exists'. To illustrate this finding: the concept note is mentioned as an achievement by 63% of the SC-members but by only one person (out of 12) who has not been a member of the Steering Committee; the charter on medicines is mentioned by 75% of the SC-members compared to 42% of non SC-members. Conversely, 'the fact that the network exists and that networking is taking place' is mentioned by 67% of the non SC-members and by only 38% of the members of the SC. A possible explanation for these differences is that SC-members might have a clearer view on the outputs produced as they have been relatively more involved in the preparation of them than other members of the platform (this is especially the case for the concept note), whereas the 'fact that the network exists' might already have become such an evidence to SC members that many don't think of mentioning it as an achievement anymore.

3.3. The role of Be-cause health in the Belgian and international context; within the sector of international healthcare

The discussion on the role which BCH is playing and should play in the Belgian international health context is closely related to the discussion on the platform's achievements and results, described in the previous chapter. When synthesising the results of the interviews and of the questionnaire presented to the General Assembly (see Table 3) it can be concluded that BCH members expect the platform to play the following roles:

1. To provide information to members
2. To facilitate networking / to bring actors together

3. To be a think tank for the sector (by creating space for reflection and debate)
4. To facilitate and promote joint action
5. Policy-influencing
6. To increase the visibility of the sector

Although different members put different accents (for instance, especially smaller member organisations as well as NGOs expect the platform to facilitate access to information on international health issues; this role is less frequently mentioned by university institutes, who already seem to have good access to information through other channels), there is a relatively broad consensus amongst members on the importance of these different roles. These roles also broadly correspond with the present objectives of the platform as formulated in the logical framework and with how the platform has been functioning till now.

Despite this apparent clarity and relatively broad consensus on what should be the role or mission of BCH, there is a need for further refining and clarification. The vision/mission and strategies of the platform have not been explicitly formulated so far. The role or 'mission' of BCH is best reflected in the objectives and expected results of the logical framework, but communication –internal and external– on these objectives is weak. They are for example not mentioned on the website of the platform. The absence of readily available, clearly formulated objectives and strategies might result in unnecessary misinterpretations or false expectations by members and other actors. For instance, it could be verified that there is still some confusion on the 'identity' of BCH. Some actors interviewed were of the opinion that BCH is in the first place an NGO-network whereas others saw it as a technical platform for medical experts.

Table 3: Role of BCH, according to the questionnaire results[14]

ROLE	# mentioned as most important role	# mentioned as second most important role	# mentioned as third most important role	Total times mentioned	% of all mentions
Access to information	**6**	**10**	**2**	**19**	**30%**
- Exchange of information	*6*	*7*	*-*	*14*	*22%*
- To provide technical input	*-*	*3*	*2*	*5*	*8%*
To facilitate an promote joint action	**8**	**1**	**4**	**15**	**24%**
- Stimulate coherence and coordination	*6*	*0*	*3*	*10*	*16%*
- Joint action	*2*	*1*	*1*	*3*	*5%*
- Research	*-*	*-*	*2*	*2*	*3%*
Policy-influencing	**4**	**6**	**4**	**14**	**22%**
Networking / to bring actors together	**6**	**2**	**3**	**10**	**16%**
- Networking / to bring actors together	*6*	*2*	*1*	*9*	*14%*
- Relation with the field	*-*	*-*	*1*	*1*	*2%*
Visibility	**-**	**4**	**-**	**4**	**7%**
- Promotion / visibility	*-*	*3*	*-*	*3*	*5%*
- To be a spokesman for the sector	*-*	*1*	*-*	*1*	*2%*
Be a think tank for the sector	**-**	**1**	**-**	**1**	**2%**
- To capitalise experiences	*-*	*1*	*-*	*1*	*2%*
TOTAL	***25***	***24***	***14***	***63***	***100%***

However, existing concerns on the role of the platform do not so much refer to the main roles and strategies as such, but to the **way in which these need to be implemented**.

[14] More detailed results can be found in Annex 4.

First of all, some members accentuate the importance of maintaining a good balance between the roles of 'information exchange' and 'joint action'. Especially the working groups risk becoming a chatting place without a clear orientation if no concrete plans have been made for joint action or for product development.

But it is especially the role of 'policy-influencing' which gave rise to discussions over the past few years. On one hand, practically all members interviewed see 'policy-influencing' as a role of BCH. In the questionnaire presented to the General Assembly, 'policy-influencing' was in the Top-3 of most frequently mentioned expected roles for all subgroups of platform members (NGOs, universities, government actors, individual members and others). On the other hand, members have different visions and expectations on what policy-influencing should be and how it should be implemented. While some see policy-influencing as a permanent, constructive dialogue with policy-makers, and/or as giving support to policy-makers, others have a critical watchdog role in mind, a role that needs to be taken up by an independent civil society. Some followers of the latter tendency are of the opinion that it is not possible to effectively influence policies as long as the government (DGDC) is member of the platform, represented in the Steering Committee and in most of the working groups, including those that have policy-influencing as a major objective.

Apart from these differences in vision, policy-influencing is complicated by the multi-stakeholder character of the platform. Overall, the wide coverage of the platform is seen as one of its major strengths, but at the same time the presence of so many different actors makes it difficult to reach consensus on policy-influencing proposals. Members have different priorities and/or different points of view on many issues. Attempting to reach a broad consensus might either result in a strong attenuation of the original proposal (the largest common denominator of the different opinions present within the platform), or lead to tensions with members not agreeing with the majority's point of view.

That policy-influencing is not evident has been illustrated by the process leading to the formulation of the concept note for the DGDC strategy paper on health. Although the final concept note is seen as a major result achieved by BCH (see previous chapters), the preparation of the note has been a slow and often difficult process. An additional complicating factor here was that a large number of BCH members depend on DGDC for their financing, and thus feared that their activities could be affected by the contents of the note. In the recent preparations of policy proposals for the Belgian EU presidency, this financing factor is less intervening, and the process seems to run much more smoothly than it was the case for the preparation of the concept note in 2007.

Despite the existing difficulties and obstacles, BCH can still play an important and relevant role in the national and international policy debate, which is also what members expect the platform to do. The fact that BCH is multi-stakeholder-platform, bringing together organisations with different visions and priorities –including government actors– should be seen as a starting point when further clarifying its role in policy-influencing. The challenge lies in using this multi-stakeholder character as a strength rather than seeing it as a complicating factor for policy-influencing. Furthermore, to avoid confusion, false expectations or dissatisfaction of members, there is a need for establishing some basic rules and agreements on what can be done in terms of policy-influencing and how it should be done.

Specific attention should be given to the issue of representativeness / legitimacy. It would be useful to have a simple ‘protocol’ in this regard, which for example explains in whose name policy inputs can be presented (a WG, a list of signatories, the whole platform) and which steps have to be undertaken before a document can be published in name of the platform as a whole. Because of the multidimensional character of the platform, policy-influencing on specific issues takes best place at

working group level (as it is already the case at present), where it is easier to quickly come to a consensus among the participating organisations. Also because of the multi-stakeholder character, the platform –as a whole– is probably not the best-placed entity to act as an (official) policy advisory body or to prepare policy formulation. These roles can possibly be assumed by a working group (on the condition that WG members agree to take up this responsibility) or BCH can organise member consultations on policies being formulated, and then present the results of these consultations to policy-makers in all their diversity.

From the SC and secretariat it is expected that they take up a facilitating role in the process of policy-influencing (e.g. by organising member consultations or by stimulating the debate amongst members). In contrast to what
often happens in specialised lobby networks, and for the same reasons as those mentioned above, members do not give the steering committee or secretariat a mandate to advocate in their name without prior consultation.

4. QUALITY OF INTERNAL FUNCTIONING: FINDINGS & ANALYSIS

This second chapter on findings and analysis focuses on the quality of internal organisation and functioning of the platform. This analysis is related to the criteria of efficiency, effectiveness and to a certain degree sustainability, and will focus on number of specific considered relevant in the framework of this evaluation. The aspects that will be analysed, and that will be presented in a rather arbitrary order, are the following: the quality of planning and follow-up, the structure and dynamics of the platform, internal communication, the role of the secretariat, mechanisms of leadership and decision-making, membership and participation, external networking, visibility and sustainability.

4.1. Quality of planning and follow-up

At general platform level

As has been mentioned in Chapter 3, there is a general logical framework describing the objectives, results and activities of BCH. This is the principal planning document existing at platform level. The logical framework is regularly revised by the SC and is also presented to the GA. Most activities in the plan are described in a rather generic way, e.g. "To work in group on technical and scientific themes, identified by members" (plan 2008-2010, Act. 3.3)". More detailed information on the activities to be implemented is added where considered relevant (e.g. in the plan presented to the GA of January 2010, an overview is given of the priority areas for policy-influencing, under Act. 2.1.). There is however no action plan providing a complete overview of these more detailed activities, also linking them to the calendar.

Despite the non-existence of a detailed action plan, planning and follow-up of the platform functions relatively well. Important in this regard are the regular Steering Committee meetings, where past activities and future actions are being discussed. The SC has also produced some progress reports, which describe the different activities realised under each of the broader activities of the logical framework, with columns for the analysis of progress (a brief analysis of the realisations so far) and for the formulation of comments. What seems to be missing in the progress reports is a section on "decision-making and the planning of future actions", which would allow making a clear connection between follow-up and future planning. If such a link with planning would be included, the progress reports would become more useful as a tool for systematic follow-up and planning –in addition to

the more informal discussions already taking place at SC level. Good progress reports could also be used for internal communication and transparency purposes. To make them really useful as a working and communication tool, they would also need to be produced on a more regular basis (the last report that could be analysed already dates from April 2008).

At working group level

The quality of activity planning and follow-up varies between the working groups. The working group on Access to Quality Medicines has the most elaborated planning and follow-up framework: an action plan listing the WG's objectives and activities, with a division of tasks and responsibilities and an overview –for each activity– of the outputs produced and the future actions to be undertaken. The S&RHR working group elaborated a draft action plan, specifying activities, responsibilities and setting deadlines. The relatively new WG on "People-Centred Care and Community Orientation" is planning to further develop its planning framework during the next coming meetings; the WG-HRH has developed a strategic plan (specifying the main axis of intervention and listing potential activities to be done) but doesn't work with a detailed action plan.

In working groups, having a good system of planning and follow-up is considered important for different reasons: it obliges the WG to reflect on what it wants to realise (which helps to prevent that the group looses orientation), it creates clarity for members and it can have a strong mobilising capacity (if tasks and responsibilities are included in the action plan). Moreover, the fact that progress is documented can also have a motivating effect on the WG. Members of some WGs reported the lack of good planning as a weakness, jeopardizing the dynamics of the WG.

The link between the general level and the working group level

Each WG has at least one SC-member amongst its participants. Progress of the different WGs is discussed during SC-meetings. The link between the general level and the working group level is less visible in the planning documents and progress reports: the existence of the WGs is only briefly mentioned and only a very limited number of WG activities are effectively included in these general documents. For instance, in the logical framework 2008-2010, only two to three activities refer to the work of the working groups: Act. 4.3 "bringing together and promoting collaboration between actors in the field, especially in RD Congo" (WG-DRC) and Act. 4.4 "developing and implementing joint approaches for the purchase of medicine" (WG Medicines). This weak link between overall planning documents and WG activity is regrettable, as it is at WG level that an important part of the platform activity takes place and that achievements are being made. Not referring to the WG activities reduces the visibility given to the impact being achieved by the platform.

4.2. Structure and dynamics of the platform

The present mechanisms of networking (SC, WGs, GA, seminars …) are considered adequate by platform members. The SC and WGs are the heart of daily activity of the platform, the GA and seminars permit to regularly involve a wider group of members in the process.

The Steering Committee is dynamic; and the ambition of having a balanced SC composition and a regular renewal of members (see chapter 2.3) is largely being met. The link with the working groups is guaranteed through the participation of individual SC-members in these groups. The working groups as such can be flexibly created (as long as there is sufficient interest; and an approval from the steering committee, ratified by the GA) and closed (for instance, if tasks have been finished or if interest of members slows down). According to the results of the interviews, and confirmed by the

results of the questionnaire (see Table 4), the WG are working on relevant issues, and are sufficiently accessible to members interested in participating.

Table 4: Questionnaire results: functioning of the working groups (25 respondents)

	Agree	Rather agree	Rather disagree	Disagree	Don't know/ no answer
The issues the WG are working on are **relevant**	13	8	1	0	3
The WG are **accessible** to members who are interested	12	4	1	0	8
The WG are sufficiently **dynamic**	2	10	2	1	10

The questionnaire results (Table 4) also show that BCH members perceive the WGs as being relatively dynamic. This finding was not completely confirmed by the interviews with participants of the WGs. Dynamism varies between working groups and also over time. In general, the following factors have had an influence on the dynamism of the working groups and of the platform as a whole:

- Dynamics tend to **slow down in the period after an important output has been produced**. This has been the case for the platform as a whole in 2008, after the concept note for the DGDC policy paper had been written, and for the WG on Medicines after the finalisation of the Charter on the quality of medicines. Such fluctuations in dynamism seem to be inevitable: after having invested for a long time and having put a lot of energy in the preparation of a specific product, it is normal that the tension loosens a bit; moreover the platform or WG has to look for a new orientation after having suddenly achieved a major goal. To recover the dynamics of the group, it is important that new challenges can be identified, which can take some time. In 2009, BCH started working on the preparations of the EU presidency and several new working groups have been created, which renewed the dynamics of the platform. The working group on medicines shifted its attention to the development of mechanisms for follow-up of the Charter. At present, the WG still attracts a large number of organisations. However, some members feel that the process is going too slow and that the group hasn't found back its previous level of dynamism yet.
- Related to the previous point, it is important that working groups **have clearly identified their goals and finality**. Without a clear orientation, the working group risks to become a simple meeting place or chatting place and members will finally loose interest. As mentioned before, there are differences between the working groups with regard to the degree to which they have their objectives clearly identified.
- There has to be **sufficient ownership** of the WG's objectives by the members of the group. Low ownership is especially a risk in case working groups have been created to meet a specific demand of one member or of a small group of member organisations. For instance, the WG on 'Sexual and Reproductive Health and Rights' has been created on the demand of DGDC to facilitate the implementation of the corresponding policy note; the WG 'Democratic Republic of Congo' responds to the demand of Benelux Afro Center to strengthen civil society in D.R. Congo and to improve coordination between national and international NGOs in the country. In itself, there isn't any problem with WGs being created on the demand of one of the members (in fact, there will always have been someone who formulated the initial proposal for creating a new WG). However, during the start-up phase of the WG, it is important that the initial demand is again discussed with other WG participants, and that all have the possibility to express their own expectations and priorities, in order to come to a joined proposal, shared and owned by all WG

members. Such a preparation phase diminishes the risk of instrumentalisation of the WG by one of the members (= network mobilisation in function of individual needs, a concern that has been formulated for each of the two working groups mentioned above), jeopardising the active involvement of other members in the longer run.

- A WG needs to have a **minimum number of participants** to keep it dynamic and alive. Before a new WG can be created, it is presently always verified whether there is sufficient interest from members of the platform. Nevertheless, some working groups are still poorly attended (e.g. the WGs DRC and 'People-centred care and community orientation'). When WG attendance is low, it could possible be useful to launch a new call for participation through the BCH mailing list.
- Finally, the dynamics of the WG depend on the role played by its **coordinator** (or a small group of leading persons). Coordinating and motivating a WG is a demanding and time-consuming task, also in-between the meetings (e.g. preparing documents, sending emails to the WG members …). The working group on 'People-centred care and community orientation' slowed down after the first two meetings, among other things because of problems of time availability of the coordinator of the group.

A question that has been asked –especially by SC members– is whether BCH should limit the number of working groups in order to keep the platform manageable. A lesson that can be learned from the analysis presented above is that it should be avoided to create new WGs too easily. However, if there proves to be a clear demand for creating a new WG, if sufficient members are interested, if some persons are willing to take up the coordinating role, and if the theme and goal of the WG have the potential to create a added value for a diversity of member organisations of the platform, there could probably be little reasons why the WG wouldn't be created.

4.3. Internal communication

In chapter 3.1, an analysis was made on the exchange of technical and scientific information within the platform (which is one of the expected results defined in the logical framework). Apart from this content-related information exchange, networking requires that there are good mechanisms of internal communication between members –e.g. on activities or meetings, the organisation of member consultations, etc.

Internal communication is mainly through email, making use of the different email lists maintained by the BCH secretariat (general mailing list and mailing lists per working group). Most members are satisfied with the mechanisms of communication. Some commented that communication could be better structured, e.g. that it is not always clear whether mails are sent in name of ITM or BCH, or that information exchange could be more systematic, e.g. there is presently no systematic communication on what is going on in the working groups.

A weakness of the present mechanisms of communication and information exchange is that they are much centralised. In absence of an interactive internet forum (see Chapter 3.1), members have little possibilities to directly interact with each other without passing through the secretariat, where the BCH mailing lists are kept. It is usually also the secretariat who takes the initiative for communicating to the platform; the secretariat receives relatively little inputs from members in this regard. As discussed before, a more active and interactive use of the website could probably help to improve the mechanisms of internal communication and information exchange.

4.4. Role of the secretariat

The secretariat plays a key role in animating, coordinating and in the implementation of the platform's activities (together with the chairperson and other members of the Steering Committee). It also takes care of the internal communication and information exchange, plays an important supporting role as secretary of some of the working groups, maintains contacts with external actors, acts as an intermediary between the platform and the ITM (important to guarantee inclusion in the framework agreement and thus have access to financing), etc.

The work done by the secretariat is very much appreciated by platform members. The secretariat is present and accessible; and its existence is considered to have been an important success factor in the development of the platform. What is also appreciated is that the secretariat, despite of being visibly present in the platform, never plays a too dominant role but effectively manages to facilitate, stimulate and coordinate networking between the member organisations.

As BCH has steadily grown over the past few years (e.g. three new working groups in 2009), the budget available for maintaining the secretariat (one 30% FTE + the possibility of making use of some of the overhead of the framework agreement) has become rather tight. In practice, the BCH secretary dedicates more than 30% of his time to the platform. Even then, some secretariat activities –especially the organisation of internal communication and website maintenances– often become under pressure due to limited time availability.

A potential risk for the future development of the network is the strong dependency on the present secretary (see also chapter 4.9 on sustainability). The secretary has been one of the initiators of the platform, and still plays a key role in keeping the networking dynamics alive. Other BCH members put full confidence in the secretariat, and for this reason feel little concerned, for example, about how the secretariat is organised. An indicator for this is that most of the members (including active members of the SC) had no idea – and didn't ask themselves the question – of how much time the secretary is in theory available for the platform[15]. Tasks and responsibilities of the secretariat have also not been put on paper. The dependency on the present secretary might work well as long as this person stays in place, but might become a weakness in the longer run (for instance, when there is a change of personnel).

4.5. Leadership & decision-making

Decision-making

Daily decision-making is principally taking place at SC level, and at WG level for more operational issues concerning the activities of the working groups. Important decisions –such as the creation of new working groups or the acceptance of new SC members– are taken by the steering committee and ratified by the General Assembly. The results of the questionnaire presented to the members of the General Assembly (see Table 4) show in the first place that a relatively large group of members had no opinion or did not answer the questions on transparency and democracy of decision-making. This might indicate that many perceive decision-making as something being done by others (the SC). Of the members that did express their opinion, about two-thirds agree with the statement that decision-making in BCH is transparent (40% agrees; 27% rather agrees); and about three-quarters feel that decision-making is democratic (41% agrees; 35% rather agrees). These results are rather positive, and correspond with what could be observed during SC and WG meetings. However, the fact that not all members feel decision-making as being transparent and/or democratic, shows that

[15] Some members think the secretariat is working voluntarily, others think it is a full-time paid job.

there is still room for improvement, and/or for better communication on decision-making procedures and results.

Table 4: Questionnaire results: Quality of decision-making in BCH (25 respondents)

	Agree	Rather agree	Rather disagree	Disagree	Don't know/ no answer
Decision-making in BCH is **transparent**	6	4	5	0	10
Decision-making in BCH is **democratic**	7	6	3	1	8

Leadership: platform level

The SC is headed by a chairperson and a vice-chairperson. The chairperson leads the SC meetings (prepared in coordination with the secretariat), watches over the overall dynamics of the platform, participates in some of the working groups and has a representative function for the platform (for instance, representing the platform in meetings with policy-makers). The first president of BCH stayed in place from 2004 till 2009; in 2009 presidency moved to BTC.

Till now, coordination and leadership of the platform have been functioning well; a majority of members are satisfied with the roles played by the chairperson and steering committee. Presidency of BCH (as well as being member of the SC) is a voluntary engagement. It is nevertheless a time-consuming task. The present chairperson dedicates around 15% of his working time to BCH: 5% to 7% goes to tasks related to the presidency of the network, 8% to 10% to other BCH activities (such as participating in working groups). This shows that it is important that the chairperson is sufficiently supported by his/her organisation to take up this responsibility (which is presently the case, but should be taken into account whenever there would be a change of presidency in the future).

Leadership: working groups

Each WG is led by a coordinator/chairperson and a secretary. As mentioned in chapter 4.2, availability and involvement of these coordinating persons is important for the WG to function well. In the past, the BCH secretariat used to actively participate in all the working groups, usually in the quality of WG secretary. When three new working groups were created in 2009, it was decided to let them function in a more autonomous way (also for feasibility and sustainability reasons). The BCH secretariat is presently not participating in the WGs on 'sexual and productive health and rights' and on 'People-centred care and community orientation'. During the interviews, coordinators of these working groups expressed a need for receiving more guidance from BCH with regard to the realisation of their tasks. At present, it is for example not always clear to what degree the WGs can make decisions autonomously or when and how the Steering Committee or secretariat have to be involved. This lack of clarity on roles and expectations is an obstacle for the optimal functioning of the WGs. The idea of organising an information/reflection workshop for workgroup coordinators has been suggested but has not been implemented yet.

4.6. Membership & participation

There is a broad consensus on the fact that BCH should remain a broad platform, open to all types of organisations and individuals involved in international health in a Belgian context. As described in chapter 3.1, members are of the opinion that BCH is presently relatively representative for the sector, although it is suggested that the platform should continue attracting new members,

especially among groups that have somewhat underrepresented till now, such as 'fourth pillar' organisations, individuals, the private sector and actors active in the South.

Till recently, it was not very clear for potentially interested actors how they could become member of the platform, whether they had to apply individually or if they could become member in name of their organisation, etc. This problem might be solved, as the renewed BCH website clarifies the conditions for membership and also offers the possibility to apply for membership online.

All BCH members are invited to the GA meetings and can become member of the working groups. In practice, not all 200 members participate with the same intensity in BCH. At the core of the platform's activity, there is a relatively small group of very active organisations, usually participating in several working groups, attending the general assemblies and often being member (or potentially interested in becoming a member) of the steering committee. Secondly, there are a number of organisations and individuals who participate in platform activities on a less regular basis (for instance, they go to some of the seminars and occasionally participate in a WG meeting), and finally there is a larger group of organisations and individuals who are only passively a member.

Having various degrees of member participation is normal and inevitable for a broad platform like BCH. Care should however be taken that the core group of active members never becomes too small or too much running ahead for the platform to loose its representativeness for the sector. At present, some members perceive the group of organisations at the centre of platform as being relatively closed and inward looking –many of these actors know each other for a long time and are largely sharing the same vision and ideas–, making it somewhat difficult for other organisations to "enter the club" and to bring new issues or ideas on the agenda.

A particular point of discussion is the participation of southern actors in BCH. In principle, southern actors –having a relationship with Belgium or with Belgian projects– can become member of BCH. At present, the number of southern members is relatively limited however. The added value BCH can have for actors based in the South has been a subject of discussion, for which no adequate answer has been found yet. Through the WG-DRC, some first links have been established with NGOs active in D.R. Congo and with the Diaspora in Belgium (southern actors residing in Belgium). The present doubts around the added value of the involvement of southern actors are well-phrased on the website of BCH: "*Partners, alumni and their organisations can become members. The conditions for acceptance were designed for this purpose. The question is primarily whether we have anything to offer them. It is advisable to involve the Diaspora. Organisations that have developed their own activities are especially interesting*."

The reason why the debate on southern actor involvement has been rather difficult till now (in the sense of not finding a clear and conclusive answer to this question), is probably related to the fact that the focus of the discussion has been very much on the possibilities of 'doing things in the South' as BCH. If taking the different 'roles' of BCH as a starting point (see chapter 3.3), advantages, disadvantages and possibilities of a stronger involvement of Southern actors become easier to understand:

- An important role of BCH (and one of the major expectations of members) is "**to provide information to its members**". Given the fact that this communication and information exchange is to an important degree taking place through email and through the website of BCH, and provided that these mechanisms of electronic information exchange will be further improved in the future (see elsewhere), there is no reason why this aspect of the platform would be less useful or less accessible to southern than to northern actors. On the contrary, for southern actors, the possibility of being included in the BCH mailing list allows them staying informed

about what is going on in the sector in Belgium and having the same access to relevant technical and scientific documents as their Belgian counterparts. At present, most southern actors depend on the information they receive from their colleagues or partners in Belgium for being informed on BCH-related issues.

- Participation in BCH activities organised in Belgium –SC and WG meetings, seminars …– is less evident for actors based in the South[16] (related to the roles of **'promoting networking'**, **'being a think tank for the sector**' and **'policy-influencing'**). However, even if they cannot be present in the meetings, it can be useful for southern actors to stay informed about the progress of these activities (e.g. on progress and outputs of working groups), to have the possibility to react, to make objections or to come up with concrete examples – based on their experiences from the field. The use of web-based discussion platform could again be useful in this regard.
- Another role of BCH is "**to facilitate and promote joint action**". At present, the only activity in the BCH logical framework directly concerning the involvement of southern actors is related to this role, in casu the promotion of joint action between actors active in the South ("*Act 4.3. To stimulate encounters and coordination between actors in the partner countries, especially in D.R.Congo*"). This form of involving southern actors is probably the most difficult one to realise. The idea behind is to extend, to some degree, the networking and coordination taking place in Belgium to the level of the partner countries. The recent seminars with Belgian NGOs organised in D.R. Congo by the WG-DRC are an example of how this can work. However, experience from other evaluations learns that actors in the South are usually in the first place interested in coordinating with actors surrounding them (i.e. organisations working with the same target group, in the same area or in the same sector). These can include local and international organisations, depending on who is active in the area, but are not necessarily Belgian actors. In many cases, Belgo-Belgian coordination as such is not felt as a priority[17]. Bringing Belgian actors around the table in partner countries can be useful on the condition there is a demonstrable common interest. This is not evident however; it can work in some cases (the seminars of the WG-DRC?) but making coordination between Belgian actors in the south a generalised objective of the platform would probably be too ambitious.
- Conversely, it could be an ambition of the platform to strive after improved **coordination between North and South**. At present, the planning documents of several working groups contain actions to be implemented in the south (e.g. promotion of the use of the charter of medicines, facilitation of the implementation of the strategy note on S&RHR, etc.). Usually, southern actors are thereby seen as 'target groups': they are actors to be sensitised, to be informed or to be given assistance[18]. Earlier involvement of southern actors in the process, preferentially already during the phase in which new products or tools are being developed, could make the later integration of these products and tools easier and more effective. Also possible is to form multi-country groups of actors (in contact with each other and with the Belgian WG through the internet), interested in participating in, for instance, a pilot phase of the introduction of a new technical instrument.

In summary, hoping that BCH could lead to improved coordination between South-based actors mutually is probably too ambitious (except from some sporadic coordinated activities), but the arguments presented above show that there are still sufficient reasons to keep on promoting

[16] Although BTC managed to invite all its TAs specialised in health to the 2009 BCH seminar on Universal Coverage.
[17] Despite the fact that this is one of the objectives of the policy note of the minister of development cooperation.
[18] Some examples of activities targeting southern actors: 1) "to support development organisations in the integration of (policies of) Human Resources strengthening in their projects, in particular by formulating a technical note for this purpose" (WG-HRG); 2) "to sensitise all stakeholders in the South on policies of purchase and distribution of medicines" (WG-Medicines); 3) "To give scientific guidance, by S&RHR experts from the working group, to projects managed by BTC" (WG-S&RHR).

membership of actors based in the South. Their presence in the network can create an added value for BCH and vice versa. Informing southern actors about the possibility of becoming member of BCH is in the first place the responsibility of their Belgium-based counterparts. During the meeting with TAs of BTC, it became clear that actors in the field hardly seem know about the objectives and activities of BCH[19]. Nevertheless, BTC ATs were of the opinion that being included in the BCH mailing list would probably be interesting for them as well.

4.7. External networking

As described in Chapter 3.1, BCH has established some contacts with related platforms operating in Belgium (MASMUT, Action Platform Health and Solidarity, Belgian Platform for Population and Development). It was found that rapprochement and information exchange with these platforms should be further stimulated in the future; integration between the platforms can however not be forced.

Apart from the contacts with related platforms, there have been sporadic contacts and coordination with other development actors, mainly at working group level, to some degree at platform level. For example:

- The WG-DRC organised its last seminar for Belgian NGOs in coordination with 11.11.11 (umbrella organisation of Flemish NGOs);
- The WG on 'Access to quality Medicines' invited a speaker from the WHO 'Good Governance for Medicines Program' –interested in a possible cooperation with BCH– to its meeting of September 2009. The WG also established a link with AEFJN;
- The 2010 BCH seminar on zoonoses will be organised in cooperation with the Be-troplive platform (a sister platform focusing on animal health and production);
- The WG-HRG coordinates with the FGS-Public Health in the reflection on the WHO Code of Conduct on the international recruitment of health personnel;
- Etc.

There are also strong linkages with the 'health policy cell' of DGDC, which gives policy support to the Minister of Development cooperation on international health issues (cf. Chapter 2.1). In 2007, this policy cell was extended with some external actors (from ITM, ULB, CTB …), all being member of BCH. Moreover, the policy cell uses to ask for inputs from BCH when felt necessary.

These examples show that external networking is effectively taking place, despite the fact that BCH has not established any 'formal' alliances with other networks or organisations so far. The agendas and minutes of WG meetings indicate that in some WGs it has become a habit to regularly share information on what other actors are doing and to also establish contacts with these actors when considered relevant –either through individual WG members or by inviting them to a WG meeting.

Several BCH members suggest that BCH would invest in liaising with other international platforms or networks. Till now, BCH remains principally a Belgo-Belgian affair. A complicating factor here is that little or no comparable multi-stakeholder platforms seem to exist in other countries or at international level. Existing international or foreign networks usually focus on one particular subsector, for instance, there are NGO networks (e.g. Medicus Mundi Internationalis, Action for Global Health, …), research networks (e.g. Global forum for Health Research, the Danish Research Network for International Health 'ENRECA Health' ….), networks of bilateral and multilateral actors

[19] This situation might be changing, as BTC has recently introduced a new internal system for communication and information exchange. Also the participation of the ATs in the 2009 seminar was positive and brought them into contact with the platform.

(e.g. International Health Partnership[20]) or associations of professionals in tropical medicine (e.g. FESTMIH[21]). There are already indirect contacts with many of these international networks through individual BCH members.

In absence of similar sister networks at international level, external networking is probably best taking place on a thematic basis. A first step is to systematically have attention for what others actors are doing on issues BCH is working on. This is exactly what some of the WGs are already doing at present, but could become a more systematic constituent of the way of working of the platform if further stimulated by the SC and the secretariat.

A potentially interesting external partner, especially for the activities in the framework of the Belgian EU presidency, is the "Global Health Europe" network[22]. This is a relatively young platform, which was created in 2008 by 30 European organisations. One of its objectives is to influence European policies on global health, for which it wants to use the successive EU presidencies as an entry point. The network has its secretariat in Geneva, but planned to open an office in Brussels in 2010.

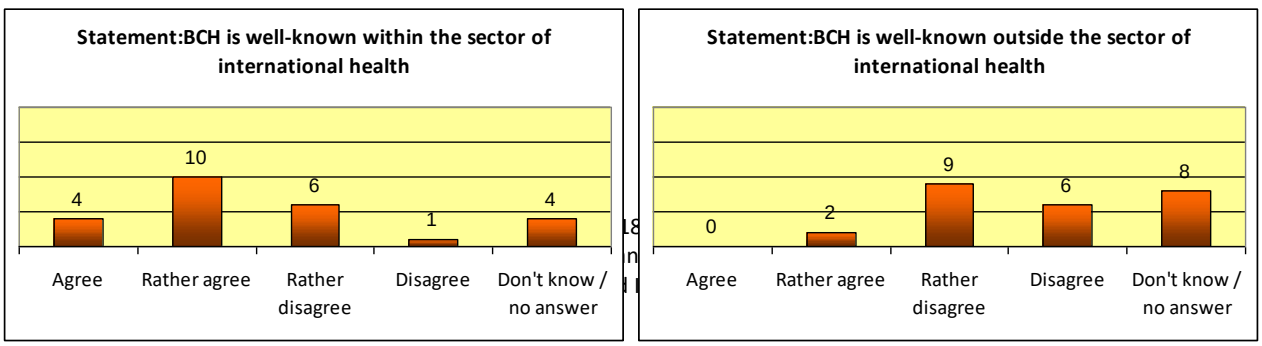
4.8. Visibility

Up till now, BCH has relatively little invested in external communication and visibility. Visibility is to some degree created through the annual seminars, or when members add a link to BCH on their own website. Mid-2009, a poster with a presentation of the platform was presented at the 6th European Congress on Tropical Medicine and International Health in Verona, organised by FESTMIH. BCH did also organise a parallel session during this congress.

At present, BCH is relatively well-known within the sector of international health and healthcare in Belgium, although several members are of the opinion that also at this level visibility could further be increased (this was a few times suggested during interviews, and confirmed by the results of the questionnaire: see Figure 3, left graph). Actors that, according the BCH members, are not sufficiently aware of the existence of the platform, are the same ones as those that were mentioned when analysing the need for further expansion of membership (see chapters 3.1 and 4.6): individuals, fourth pillar organisations, private sector entities, actors in the south, etc.

Outside the sector of international health in Belgium, BCH is not well-known: see Figure 3, right graph. Most actors interviewed find it important that visibility of the platform would be further increased. Arguments for investing in visibility include: increased credibility when participating in the international debate, more opportunities to coordinate with external actors, the possibility to serve as an example for the creation of similar platforms in other sectors or countries, the possibility to attract new members, and finally, to become more sustainable in the longer run (because of the simple fact that a platform that is widely known and acknowledged is supposed to more difficultly break down than a less well-known initiative).

Figure 3: Questionnaire results on external visibility (25 respondents)



4.9. Sustainability

In the case of BCH, sustainability refers to the probability that the platform will continue existing and functioning in the longer run. From its creation in 2004 till now, existence and growth of the platform has been possible thanks to:

- The possibility of having access to DGDC-financing: through the framework agreement signed between ITM and DGDC;
- The institutional support received from the IMT: willingness to include BCH in the framework agreement, but also to host the BCH secretariat and to detach personnel to it:
- The active and facilitating role played by the present secretary and by some other key members of the SC (see chapter 4.4).

Although ownership by member organisations has grown relatively high over the past few years, especially among the small group of organisations highly involved in most of the platform's activities, sustainability does not yet seem to be guaranteed if one or more of these three factors would disappear. Especially the dependency on one single source of financing represents a risk for long-term sustainability. The only possibility to diminish this dependency on DGDC-financing would be to look for a diversification of the sources of funding.

Also the present strong dependency on the IMT might become a pitfall in the longer run (without questioning the fact that the support received from this institution has been one of the most important factors contributing to success so far), preventing the platform from further developing in an autonomous way, according to its own needs and priorities. For instance: whether of not it is possible to contract an additional person for the secretariat presently depends on the decisions that are taken by the direction of IMT with regard to the distribution of the budget of the framework agreement, whereas this is clearly a type of decision that in an autonomous platform would be taken and ratified by the SC and GA.

5. CONCLUSIONS

BCH is a unique networking initiative in Belgium, bringing a wide range of actors –NGOs, government services, universities and research centres, consultancy bureaus and individuals– around the table on the issue of international healthcare. The fact that BCH has succeeded in uniting these different actors is an important achievement in itself. No networking initiatives with a similar impact do exist in other subsectors of Belgian development cooperation.

Since the first General Assembly of October 2004, where the platform was officially launched, BCH has steadily been growing –over the last few years maybe not so much in terms of the number of members, but certainly in terms of the number of activities being developed. Especially the creation of working groups has been important in this regard. With five working groups being active at present[23], the platform has reached its maximum level of activity so far. The working groups also made it possible to actively include a larger number of members in the process, in areas corresponding with their own needs and interests.

[23] Excluding ad hoc working groups, for instance the WG that was preparing the 2009 seminar during the period this evaluation was implemented.

The platform has produced a number of interesting outputs over the past few years. An output which took a lot of energy was the BCH concept note for the new DGDC sector policy note on health, prepared in 2007 after an intense process of member-consultation. The finalised concept note is seen as a major result achieved by the platform. The process leading to the formulation of the note has been difficult however (although many saw it as an interesting learning process). A lesson that can be learned from this experience is that member consultations as such are useful but that the ambition of jointly writing concrete proposals for policy formulation is very time-consuming and not evident for a platform as BCH, grouping a wide range of different actors with diverse priorities and visions.

The most frequently mentioned achievement of the platform is the publication and signature (by 20 member organisations) of the "Charter for the quality of medicines, vaccines, diagnostic products and small medical material", prepared by the WG on Medicines. Another important achievement are the yearly BCH seminars, widely attended by platform members and external actors. Producing such concrete outputs from time to time, which are the results of joint efforts of members of the platform, is important to keep the networking dynamics alive. However, the primary expectation many members have towards the platform is that it would facilitate access to information and create space for actors to meet each other and to establish contacts. At present, BCH is seen as a major reference point for information on international health in Belgium. Nevertheless, the evaluation found that mechanisms of communication and information exchange could still be further improved.

The experience of BCH so far shows that networking is useful, that it responds to an existing demand, but that it is not always easy. There have been moments in which the dynamics were slowing down, or moments in which the orientation of the platform or of a specific WG was temporarily less clear. Yet, there is a strong demand from members for the platform to continue its activities and to further develop in the future. Major challenges for the near and medium-term future will be, amongst others, to further broaden the platform towards actors which are presently less represented (especially actors based in the South), to further develop contacts with external organisations and networks, to further strengthen the secretariat and to look for possibilities for the platform to become less one-sidedly dependent on the ITM-DGDC framework agreement for its existence. Finally, there is a need for further clarifying the strategies of the platform, and for some structuring and/or consolidation of the networking procedures and mechanisms (e.g. the mechanisms for communication, policy-influencing, and functioning of the working groups). This structuring should create more clarity for members and help to improve effectiveness, without making procedures too heavy or too formal, which can only have a positive effect on the dynamics of the platform in the longer run.

Whereas most of this evaluation focused on the results and way of functioning of BCH, it is worth mentioning the important merit this experience has had as an learning process on networking as such. This has been well-phrased in the closing speech of the 2009 BCH seminar:

"BCH offers itself as an excellent playground to gain experience to work in a complex environment, to adapt to a changing environment in a flexible and proactive way and to engage in a continuous learning process through WG, seminars, etc….. Apart from evidence-based, expertise desperately needs to be experience-based as well. BCH can help the Belgian Cooperation to progress towards becoming a role model and to gain more credibility. It is doing so in the following ways:

- By learning to move beyond the frontiers of the individual organisations and to interact with the other actors within the system;
- By learning to strike a right balance between the respect for the rich diversity of actors/visions and the need to collaborate in a more coherent way;

- By learning to overcome apparent oppositions (for instance, vertical vs. horizontal approach; free Health Care or not) and arrive at a deeper rooted shared understanding;
- By learning from field experience (it's almost 5 years the Health sector evaluation pointed out the need for better exploiting existing knowledge within the Belgian international cooperation);
- By producing concrete outputs. Apart from their content, such concretes outputs are vital for a dynamic within a platform or a sector.

(This puts us in front of a number of challenges:) Do we really accept to work in a complex environment? Are we ready to embark in a longstanding process of constructing reality together instead of trying too hard to execute virtual and ambitious plans in a linear and bureaucratic way? Are we willing to put in the necessary amount of voluntarism to make such a platform work? If each of us is not willing to put in the necessary effort and time, what can we expect from our partners?"

6. RECOMMENDATIONS

The majority of recommendations presented below, directly arise from the analysis presented in the previous chapters. For this reason, the recommendations are kept short and are not argued or explained again. Instead, each recommendation contains a reference to the chapter(s) where the corresponding findings and analysis can be found.

(1) To improve mechanisms of internal communication and information exchange (cf. Ch. 3.1; 4.3). This could include the following measures:

- To keep members informed on progress of the working groups. These communications should be brief and give an overview of the principal processes going on (the fact that minutes of the WG meetings are presently available on the website is positive, but these documents are especially useful for WG members or potentially interested members and less useful for general communication purposes);
- To send a regular newsletter to members (for instance, with general sector news, a calendar, a short overview of progress of the working groups, links to relevant documents, etc.)
- To keep the website up-to-date, e.g. with up-to-date reports, announcement of relevant events and activities, easy-to-find background information on thematic issues, etc.;
- To stimulate members to consult the website, for instance, by including links to documents on the website in emails sent to the members (rather than attaching these documents to the mail);
- To create a BCH e-discussion platform; preferentially a system which allows receiving and sending contributions directly from the personal mailboxes of the participants;
- For working groups: to systematically put relevant background documents on the website (for instance, the documents that are presently distributed during the WG meetings);
- To establish a communication plan, indicating which (types of) information have to be distributed to different groups of members, when and how.

(2) To work on the formulation of the mission, vision, objectives and strategies of the platform, and to communicate these to members (cf. Ch.3.3).

(3) To clarify the role of BCH in policy-influencing and to establish a protocol with guidelines on legitimacy/representativeness issues, taking into account the observations that have been formulated in the analysis presented in Ch. 3.3.

(4) To strengthen the mechanisms of planning and follow-up (cf. Ch. 4.1):

- At SC-level: to systematically make use of progress reports for activity follow-up; to make some small modifications in the format of the progress reports –adding a column "analysis and future actions"– so that they can become more useful as a working tool;
- At WG-level: to develop medium-term action plans (if not being done yet), and to also use these for regular monitoring and revision. The format used by the WG on Medicines –with columns describing tasks & responsibilities; outputs and future actions– is practical and useful, and could be used as an example by the other working groups.

(5) To further strengthen the BCH secretariat (cf. Ch.4.4):

- Apart from the coordinator of the secretariat, it is recommended to contract a 'networking officer', responsible for website maintenance, redaction of the newsletter, collecting information from the working groups, etc. This could initially be a part-time function (e.g. 50%);
- To put the tasks and responsibilities of the secretariat on paper.

(6) To clarify the mechanisms of WG creation (cf. Ch.4.2; 4.5):

- To clarify the criteria for the creation of new working groups, rather than putting a limit to the maximum number of working groups. The following minimal criteria are recommended:
  - The theme proposed should have a clear relationship with the vision and mission of BCH;
  - The theme should be potentially interesting for all different categories of members (NGOs, university actors, government entities, individuals, …) and offer possibilities for each of these groups to contribute to the WG dynamics on the basis of their own expertise and experience;
  - There should be a minimum number of (initial) participants.
- To give attention to the start-up phase of working groups: to share expectations of the different participants and what they want to bring in as an added in the WG; to use this as a basis for the joint formulation of WG objectives and agenda planning. This reflection excercice could be repeated in later stages, whenever a need is felt for it.
- Apart from this, it is crucial for a good dynamics that the working group sets clear operational goals.

(7) To organise an annual workshop with WG coordinators, for instance, to discuss issues such as the communication with the SC, guidelines for policy-influencing (recommendation 3), WG planning, etc. (cf. Ch. 4.5)

(8) To increase the visibility of the platform (cf. Ch. 4.8):

- To publish a BCH brochure;
- To be present as BCH at national and international forums on international health.

(9) To clarify and expand membership (cf. Ch.3.1; 4.6):

- To publish the list of members on the BCH website;
- To further promote the platform in order to attract new members;
- Special attention should be given to the promotion of BCH membership among southern actors;
- If the platform becomes bigger, it can be considered to introduce different levels of membership (e.g. full members v. associated members).

(10) To stimulate the involvement of south-based actors in the activities, also at WG-level (cf. Ch. 4.6); and to strengthen the link with the field through operational research. For stronger field involvement to be possible, mechanisms of electronic communication and information exchange first need to be further developed (cf. recommendation 1).

(11) To have continued attention for contacts and exchange with other Belgian and international organisations and networks (cf. Ch.3.1; 4.7):

- Coordination works best on a thematic basis. WGs should be stimulated to systematically have attention for what other actors are doing, in order to learn from them and or to check possibilities for exchange or coordinated action;
- To continue exchanging information with other Belgian platforms; to strengthen the relationship with these platforms, e.g. by an annual sharing of working plans or by inviting them to present their activities during BCH meetings;
- To keep on looking for possibilities to establish alliances with external actors (e.g. the Global Health Europe network);
- To develop criteria for membership of other networks (both ways).

(12) To gradually Increase the (financial and institutional) autonomy of the platform (cf. Ch. 4.9):

- To look for diversified sources funding (e.g. working groups could present projects to financing entities; or certain activities could be co-financed by member organisations);
- The introduction of membership fees should to be considered;
- In the medium term (and as the platform becomes bigger), it should be considered to create a separate office for the BCH secretariat, whether or not based in the buildings of ITM.

ANNEX 1. DETAILED EVALUATION-AGENDA

Date	Time	Activity	Participants/ persons interviewed	Organisation
16/06/09	11:00	Introductory meeting	Karel Gyselinck, chairperson Carole Schirvel, vice-chairperson Dirk Van der Roost, secretary	BTC CEMUBAC ITM
03/09/09	14:00	Meeting with the Steering Committee	Karel Gyselinck, chairperson Carole Schirvel, vice-chairperson Dirk Van de Roost, secretary Luc De Backer Jacques Laruelle Martine Vandermeulen Mit Philips Maaike Flinkenflogel Aline Honoré	BTC CEMUBAC ITM DGDC (former) DGDC HERA MSF ICHR, UZG ULG
15/09/09	09:30	Working group Reproductive Health: attendance to the WG meeting (observation) + group interview	Fabienne Richard Thérèse Delvaux Ignace Ronsse Francis Monet Wim Van de Voorde	IMT IMT DGDC DGDC Sensoa
16/09/09	13:30	Personal interview	Carole Schirvel, vice-chairperson BCH	CEMUBAC
	15:00	Personal interview	Bruno Dujardin	ULB
17/09/09	12:00	Personal interview	Luc De Backer	DGDC
18/09/09	09:30	Working group Medicines: attendance to the WG meeting (observation)	+/- 20 participants	
	12:30	Personal interview	Tine Demeulenaere	Damiaanactie
25/11/09	13:30	Workshop with ATs BTC	Dirk De Groof, Cheik Ouedraogo, Julio Pedroza, Jean-louis Ledecq, Daniël Boucart, Elies Van Belle, Willy Janssens, Christa Mayrhofer,	BTC
	15:45	Coordination meeting	Karel Gyselinck, chairperson BCH	BTC
30/11/09	09:30	Personal interview	Wim De Ceukelaere	INTAL, Platform Gezondheid en Solidariteit
	11:00	" "	Jacques Laruelle	(former) DGDC
	14:00	" "	Paul Decaluwé	AEDES
	17:00	" "	Yves Cluyskens	UZG, individ. member BCH
03/12/09	12:00	" "	Valérie Van Belle	CM
04/12/09	09:30	" "	Mimi Gerniers	Individual member BCH
	14:30	" "	Peter Persyn	MEMISA
	16:30	" "	Christian Roberti	MEMISA
09/12/09	09:00	" "	Bénédicte Fonteneau	HIVA / MASMUT
	10:30	" "	Mit Philips	MSF
	12:15	" "	Seco Gerard	MSF
	12:45	" "	Jan Boeynaems	MSF
	16:00	" "	Peter Decat	ICHR, UZG

Date	Time	Activity	Participants/ persons interviewed	Organisation
10/12/09	11:00	" "	Jean-Pierre Lahaye	Wallonie – Brux. Internat.
	13:30	" "	Paul Verlé	BTC
	15:30	" "	Karel Gyselinck (chairperson)	BTC
11/12/09	11:30	" "	Lut Joris	Sensoa
	14:00	" "	Dirk Van der Roost (secretary)	ITM
23/12/09	10:30	" "	Martine Vandermeulen	HERA
	14:00	" "	Dirk Van der Roost (secretary)	ITM
13/01/10	12:00	" "	Marleen Temmerman	ICHR, UZG
	16:00	" "	Ndudi Phasi	Benelux Afro Center
25/01/10	14:00	General Assembly BCH: written questionnaire; presentation + discussion on preliminary evaluation results	> 30 participants	

ANNEX 2. TERMS OF REFERENCE (FR.)

1. Contexte

En 2004, l'IMT a pris l'initiative pour vérifier s'il existe une base pour arriver à une meilleure communication et collaboration entre les acteurs belges dans les soins de santé au niveau international.
En octobre 2004, « Be-cause Health, la plate-forme belge pour la santé internationale et les soins de santé » a vu le jour. La déclaration « Healthcare for All » est une base solide sur le plan du contenu pour ce projet. La plateforme rassemble des institutions académiques, des ONG, des administrations publiques, des bureaux d'études et des membres individuels. Le but est de renforcer le fonctionnement des acteurs belges tant dans leur propre fonctionnement qu'en relation avec le contexte international. La plate-forme est coordonnée par un groupe de pilotage de 11 membres, choisis par l'Assemblée générale et représentatifs des différentes parties au sein de la plate-forme. L'IMT est en charge du secrétariat.

Ses principaux domaines d'activités sont:

- La formulation d'avis politiques pour le gouvernement belge et la préparation de points de vue belges dans les forums internationaux, comme à l'Organisation Mondiale de la Santé et à l'Union Européenne,
- L'échange et le transfert de connaissances et d'expériences,
- La stimulation d'une meilleure coopération interne.

Chaque année, la plate-forme travaille autour un thème clé actuel, ayant à chaque fois pour résultat l'organisation d'un séminaire annuel qui attire environ 180 participants. Chaque séminaire inspire à son tour la poursuite de l'action ainsi qu'un fonctionnement interne meilleur du secteur :

- 2005: Human Resources for Health, breaking the deadlock
- 2006: Sector wide approach, Switch to SWAP?
- 2007: Drugs, cure or curse?
- 2008: Primary Healthcare in Times of Globalisation

En 2008, une évaluation interne a eu lieu au niveau du groupe de pilotage (voir annexe 1), accompagnée par Barbara Simaeys de South Research.

Pour plus d'information: voir le dossier DGCD - IMT « Accord cadre 2003 – 2008 » (en annexe 2), et www.be-causehealth.be .

2. Le but de l'évaluation

L'évaluation a pour but de fournir des éléments (sous la forme de constats, de leçons, de conclusions et de recommandations) à partir d'une analyse sur la pertinence, l'efficience et l'efficacité du réseau Be-cause Health, qui devront permettre au réseau de donner la meilleure orientation possible à ses futures activités et à son mode de fonctionnement.
L'évaluation concerne la période 2004-2008. En autres mots, les évaluateurs prendront en compte dans leur analyse les activités exécutées ainsi que les évolutions vécues depuis sa création en octobre 2004.

3. Les questions et les critères de l'évaluation

3.1. Les questions de l'évaluation les plus importantes

Les questions les plus importantes sur lesquelles l'évaluation doit (aider) donner une réponse, sont les suivantes:

4. Quel est le **rôle** que Be-cause Health joue et peut jouer au sein de la Coopération au développement belge dans le secteur de la santé? Comment ce rôle doit-il évoluer dans l'avenir ?
5. Quels sont les points forts et faibles de la manière par laquelle le réseau **fonctionne en interne** ? Comment le dynamisme interne et l'engagement des membres peuvent-il être renforcés ?
6. Quels sont les **résultats** atteints à ce jour par le réseau ? Comment l'importance de ces résultats est-elle appréciée par les différents acteurs (internes et externes) ?

3.2. Les critères de l'évaluation

Afin de pouvoir donner une réponse aux questions suivantes, les évaluateurs se baseront sur les critères d'évaluation classiques de l'OECD-DAC. L'analyse doit particulièrement se baser sur les critères suivants :

1. **La pertinence** du réseau et des activités menées par le réseau ;
2. **L'efficience** de la manière actuelle de fonctionner ;
3. **L'effectivité, l'impact et la durabilité** des activités menées.

Ci-dessous quelques 'critères de jugement' et 'questions de recherche' sont énumérés pour chacun de ces critères d'évaluation. Cette liste de critères de jugement et de questions de recherche est indicative et sert comme ligne directive pour les évaluateurs. Elle sera encore retravaillée par ces derniers au cours de la phase préparatoire de l'évaluation. Pour la définition des critères et des questions de recherche il est important de tenir compte du caractère spécifique de Be-cause Health comme un réseau national. Les évaluateurs ne devront pas se contenter de se pencher uniquement sur la pertinence, l'efficience, l'efficacité, l'impact et la durabilité des actions élaborées, mais ils examinerons également la qualité du fonctionnement du réseau (en tant que tel comme facteur important de garantie pour la poursuite du dynamisme à long terme). Dans la liste ci-dessous sont repris non seulement des critères et des questions concernant les activités et les buts réalisés par le réseau mais aussi des critères et des questions liés à l'analyse de la qualité du réseau même.

1. La pertinence du réseau et des activités exécutées

1.1. Interne: la pertinence du réseau pour ses membres

- Quel sont, selon les membres, le rôle et les buts du réseau? Ce rôle et ces buts ont-ils évolués pendant les années passées? La vision et les buts communs dont il est question sont-ils assez clairs et portés par les membres ?
- Les buts et les priorités du réseau répondent-ils aux attentes des membres ?
- Quel est la plus-value attendue pour l'organisation elle-même ?
- Les différentes visions des membres sont-elles suffisamment prises en compte ?

1.2. Les membres et l'affiliation

- Quelles sont les forces complémentaires des différents membres du réseau? A-t-on pris assez compte du rôle complémentaire que peuvent jouer les différents membres

dans le choix des thèmes, des priorités et des activités ? Qu'est-ce-qui est réalisable ?
- L'affiliation au réseau: que cela signifie-t-il pour les membres?
- La composition du réseau (diversité des membres) est-elle pertinente, tenant compte de ses buts et de ses activités? Comment la composition du réseau doit-elle évoluer dans le futur?

1.3. La pertinence des thèmes et des activités choisis

- Comment choisit-on les thèmes et les activités?
- Les thèmes et les activités choisis sont-ils pertinents: a) se rattachent-ils aux besoins prioritaires des groupes cibles finaux? b) se rattachent-ils aux tendances, aux processus et aux priorités de la coopération internationale (en général et plus spécifiquement pour le secteur de la santé)? c) se rattachent-ils aux priorités de la politique de la Coopération au développement belge ?
- S'agit-il de thèmes et d'activités auxquels le 'réseau' peut rapporter un véritable plus-value (vis-à-vis de la prise en compte de ces thèmes par les membres individuels)?

1.4. Le positionnement externe

- Quels autres réseaux et acteurs importants (au niveau belge, européen et international) sont-ils actifs dans des domaines semblables? Où se situe la complémentarité entre ces acteurs et le réseau Be-cause Health ? Y-a-t'il des possibilités pour une (meilleure) harmonisation, une coordination ou une coopération future avec ces acteurs ?
- Dans quelle mesure le rôle et les buts du réseau sont-ils connus et clairs pour des acteurs externes (décideurs politiques et autres acteurs dans le secteur des soins de santé,…) ?
- Quelles opportunités se présentent-elles dans un environnement externe du réseau (thèmes, acteurs, évolutions,…) ? Dans quelle mesure peut-il être pertinent pour le réseau d'utiliser ces opportunités ?

2. L'efficacité de la manière actuelle de travailler

2.1. La qualité de la structure interne du réseau

- La structure actuelle du réseau (secrétariat, groupe de pilotage, groupes de travail) est-elle adaptée aux objectifs et aux activités du réseau?
- Quels sont les points forts et faibles de la structure actuelle du réseau?

2.2 L'efficience de la mise en oeuvre des activités

- Les activités (voir cadre logique) sont-elles menées d'une manière efficace? Qu'est-ce qui va bien, qu'est-ce qui va moins bien ? Pourquoi ?

2.3. La coordination et le pilotage

- La taille du secrétariat est-elle adaptée à ses tâches actuelles et sa mission? Quelle sont la composition et les tâches que le secrétariat devrait avoir idéalement?
- Qu'en est-il de la qualité des mécanismes actuels de coordination et de pilotage (groupe de pilotage, assemblée générale, secrétariat,…) ?
- Y-a-t-il assez d'espace pour la participation des membres dans la formulation des décisions?

2.4. L'échangement des informations et la communication

- Les canaux adéquats pour l'échange des informations sont-ils utilisés par les membres ? Site web : dans quelle mesure est-il consulté par les membres ?
- Les canaux adéquats pour la communication externe sont-ils utilisées?

2.5. Les mécanismes de planification et de suivi

- Qu'en est-il de la qualité des mécanismes de la planification et du suivi?

2.6. Le dynamisme

- Le fonctionnement du réseau provoque-t-il suffisamment d'enthousiasme auprès de ses membres ? Quelle en est la raison ? Comment peut-on faire en sorte que le dynamisme du réseau soit garanti pour le futur ?

3. L'effectivité, l'impact et la durabilité des activités réalisées

3.1. L'effectivité des activités réalisées

- Dans quelle mesure les résultats planifiés sont-ils atteints (cf cadre logique)?
- Quels sont les facteurs responsables de la non atteinte des résultats planifiés ?

3.2. L'effet chez les membres

- Quelle a été la plus-value pour les membres de leur participation dans le réseau?

3.3. L'influence sur la politique

- Dans quelle mesure a-t-on pesé effectivement sur la politique belge? A quoi est-ce dû ?
- Quelles sont les perspectives pour pouvoir peser dans le futur sur la politique au niveau de la Belgique et au niveau international? Quelle forme de soutien à la politique et/ou de lobbying correspond le mieux aux possibilités du réseau ?

3.4. La légitimité et la reconnaissance

- Qu'en est-il de la reconnaissance du réseau a) par les membres, b) par les politiciens, comme étant une plate-forme représentative et légitime pour faire des déclarations sur la coopération au développement au sein du secteur de la santé ?
- Dans quelle mesure le groupe de pilotage a-t-il le mandat de parler au nom du groupe entier des membres ?

3.5. L'impact

Vu la jeunesse du réseau, il est trop tôt pour faire une analyse de l'impact de ses activités, dans le sens strict du mot (une plus grande efficacité des parties prenantes belges). La durée de l'évaluation ne permet non plus une vraie analyse d'impact. Dans un sens moins strict, on pourra quand même chercher les 'effets' relevant des niveaux différents :

- Quels effets ont-ils pu être provoqués par les activités (au niveau de la politique, chez les membres, au Sud,…)?: des effets positifs ou négatifs, planifiés ou non-planifiés.

3.6. La durabilité

- Quelle est (la probabilité de) la durabilité des résultats atteints et les effets? Pourquoi ? Comment et dans quelles conditions (la probabilité de) la durabilité peut être augmentée ?

4. Méthodologie

L'évaluation comprend les phases suivantes:

- Une courte période préparatoire : lecture des documents, consultation de rapports d'évaluation semblables internes et externes, entretien avec la DGCD et avec le groupe de pilotage de Be-cause Health.

- Des interviews, avec des individus ou avec des groupes (focus):
    - des parties prenantes internes: membres du groupe de pilotage, autres membres, gens sur le terrain,
    - des parties prenantes externes: DGCD, ONG médicales, institutions académiques, autres plate-formes, gens sur le terrain,
    - des parties prenantes sans relation directe avec « la Coopération au développement médicale »,
- le rapportage et la rétroinformation au groupe de pilotage et à l'Assemblée générale de Be-cause Health.

En annexe 3 se trouve une liste non-exhaustive des acteurs à interroger.

Le groupe de pilotage de Be-cause Health suivra le processus et est le partenaire de consultation pour l'évaluateur. Pendant la phase des interviews, l'évaluateur fournira aussi un rapport intérimaire.

5. Les outputs attendus

- Un rapport final de maximum 30 pages en anglais, avec un résumé d'environ 3 pages en néerlandais et en français.
- Une courte note méthodologique (2 à 5 pages) avec les points d'attention et des propositions concernant l'évaluation des plateformes de plusieurs parties prenantes.
- Une présentation en Powerpoint d'environ 20 – 30 minutes avec les conclusions les plus importantes.

6. Le schéma de temps

- réunion de départ: fin juin 2009
- étude des documents, été 2009
- interviews: septembre, octobre 2009
- rétroinformation intérimaire au groupe de pilotage, octobre 2009
- rapport final: mi-novembre 2009
- rétroinformation à l'Assemblée générale: décembre 2009

7. Le budget

Dans son ensemble, l'évaluation prendra environ 17 jours/homme.

- La préparation: 2 jours
- Les interviews: 10 jours
- Le rapport: 3 jours
- La rétroinformation et la finalisation du rapport: 2 jours

8. Le profil des évaluateurs

Un contrat sera établi avec un évaluateur individuel. Les critères auxquels l'évaluateur doit répondre sont :

- Une expérience avec l'évaluation des réseaux et en particulier des réseaux des parties prenantes différentes et ;

- Une bonne connaissance pratique du néerlandais, du français et de l'anglais.

Une connaissance de l'environnement belge de la coopération au développement et/ou du secteur des soins de santé au niveau international sont des atouts.

9. La présentation des offres

Appel: le 24 avril 2009

Présentation de la proposition de l'évaluation: le 20 mai 2009, par courrier électronique, chez
Dirk Van der Roost
Secrétaire de Be-cause health
c/o Institut de médecine tropicale
Nationalestraat, 155
2000 Antwerpen
dvdroost@itg.be

La préparation de l'évaluation continent minimalement une méthodologie développée, un schéma de temps, une description de l'expérience spécifique, le budget, le(s) CV(s) de(s) (l')évaluateur(s).

Le groupe de pilotage de Be-cause Health indiquera l'évaluateur au plus tard la première semaine de juin 09.

L'offre sera jugée sur base de:
- la qualité de la proposition et de la méthodologie (40%)
- l'expérience de(s) (l')expert(s) dans l'évaluation des réseaux et spécifiquement des réseaux de parties prenantes différentes (40%)
- le budget (20%).

10. Annexes

1 Le rapport de l'évaluation interne (en néerlandais)
2 Le dossier du DGCD (en français)
3 Une liste des acteurs à interroger

ANNEX 3. FORMAT OF THE QUESTIONNAIRE TO THE GENERAL ASSEMBLY (FR.)

1. Je participe dans Be-cause health:

	Marquez
1. Comme membre individuel	
2. Au nom de mon organisation:	
Institut universitaire	
ONG	
Entité gouvernementale	
Autre	

2. Les <u>deux dernières années</u>, j'ai participé aux activités suivantes de Be-cause health:

	Marquez
Réunions Comité de Pilotage	
Réunions groupes de travail	
Séminaires annuels	

3. Quel est , selon vous, le rôle que Be-cause Health devrait jouer dans le contexte belge:

1. (Rôle principale:)
2. (en deuxième lieu:)
3. (en troisième lieu:)

4. Indiquez dans quelle mesure vous êtes d'accord avec les propositions suivantes (BCH = Be-cause health):

	Pas d'accord	Plutôt pas d'accord	Plutôt d'accord	D'accord	Je ne sais pas / pas d'opinion
- Je lis les **emails** que je reçois de BCH					
- BCH envoie **suffisamment** d'information aux membres					
- BCH m'envoie **trop de** mails					
- L'information que je reçois est **utile**					
- L'information que je reçois est **claire**					

	Pas d'accord	Plutôt pas d'accord	Plutôt d'accord	D'accord	Je ne sais pas / pas d'opinion
- De temps en temps, je consulte le **site web** de BCH					
- Le site web est **'user-friendly'**					
- Le site web est **actualisé**					
- Le **secrétariat** de BCH suffisamment **équipé**					
- Le secrétariat est suffisamment **accessible** pour les membres					
- Les **groupes de travail** travaillent sur de **thèmes** pertinents					
- Les groupes de travail sont facilement **accessibles** aux membres intéressés					
- Les groupes de travail sont assez **dynamiques**					
- La **prise de décisions** au sein de BCH est transparente					
- La **prise de décisions** au sein de BCH est **démocratique**					
- J'ai une bonne idée de qui sont les **membres** de BCH					
- La **composition** de BCH (= les membres) est représentative pour le secteur de la santé internationale en Belgique					
- BCH devrait tendre vers une affiliation **plus diverse**					
- BCH est **connu** dans le secteur					
- BCH est suffisamment connu hors du secteur					

5. Quels sont, selon vous, les <u>trois résultats principaux</u> atteints par Be-cause health jusqu'à présent?

1.
2.
3.

6. Additions / commentaires sur ce questionnaire?

ANNEX 4. SOME RESULTS OF THE WRITTEN QUESTIONNAIRE

Note: a number of questionnaire results have directly been integrated in the main text of this report and are not repeated in this annex.

I. Characteristics of the respondents

Total number of respondents: 25

According to language:

Frans	13
Nederlands	12

According to the type of organisation:

Individual member	4
University	7
NGO	8
Government or parastatal institute	4
Other	2

According to the level of involvement in BCH:

	YES	NO
Is (or has been) member of the Steering Committee	9	16
Is (or has been) member of a working group	16	9
Participated in BCH seminaries	19	6

II. Answers to the open questions

- Open question 1: According to you, what is the role that BCH should play in the Belgian context? => See Table IV.1
- Open question 2: According to you, what are the three most important results achieved by BCH so far => See Table IV.2
- Open question 3: Additional comments and suggestions => See Table IV.3

In the Tables IV.1, IV.2 and IV.3, the answers given by the respondents have been grouped but have NOT been translated. Part of the answers are in Dutch, another part in French.

Table IV.1: Questionnaire results: the role of BCH in the Belgian context

Most important role	Second most important role	Third most important role
EXCHANGE OF INFORMATION (7x) - Informatie - Échange d'info - Échange d'informations - Info uitwisselen - Uitwisselen informatie tussen alle partners in België die zich bezig houden met ontwikkelingssam. en gezondheid - Uitwisseling informatie - Echanges en réseau pour des résultats concrets	**EXCHANGE OF INFORMATION** (7x) - Partage d'information - Uitwisseling - Uitwisseling ideeën onder de leden - Platform voor uitwisselingen - Accès à l'information - Uitwisselen en verspreiden van informatie - Renforcer la diffusion de documents importants en coopération en santé (notes sectoriels, cadre conceptuel, chartre, etc.)	**LOBBY & ADVOCACY** (4x) - Policy support - Wegen op de politieke agenda - Advocacy - Lobbying
NETWORKING / BRINGING ACTORS TOGETHER (6x) - Unir les agents qui travaillent dans la santé dans pays en développement pour des meilleurs services de santé pour tous - Fédérateur des interventions en santé publique - Cadre de concertation - Netwerken = samenbrengen en uitwisselen van expertise, België + internationaal - Netwerking, "meeting place" - Concertation des acteurs de la coopération internationale belge en santé publique	**LOBBY & ADVOCACY** (6x) - Travailler pour un législation belge et européenne qui veille à des services de santé et des médicaments de qualité - Influence sur politique de coopération belge / internationale - Specifieke thema's / concerns onder de aandacht brengen bij de Belgische overheid, vb. D.R. Congo - Conseil à la politique belge - Beleidsbeïnvloeding - Influence politique belges en matière de dévéloppement de la santé	**STIMULATE COHERENCE & COORDINATION** (3x) - Harmonization des politiques - Synergie bekomen - Économie d'échelles (afin que tout le monde ne doive pas "investir" de façon individuelle)
STIMULATE COHERENCE & COORDINATION (7x) - Coherentie Belgische actoren bevorderen - Favoriser & promouvoir la coordination des acteurs belges actifs dans les pays en voie de développement - Favoriser une aide plus coordonnée et plus efficiente des acteurs belges de la coopération - Coordination des acteurs belges - Coordinatie activiteiten - Créer des synergies - Renforcement des activités entre acteurs	**PROMOTION – VISIBILITY** (3x) - Visibilité - Netwerking –> PR - Health promotion	**TECHNICAL INPUT** (2x) - Faciliter contact avec expertise spécifique - Formation continue
LOBBY & ADVOCACY (4x) - Lobbying for global health issues - Lobbying kwaliteitsmedicijnen + HR voor overzee + HSS - Politieke agenda OS gezondheid mee bepalen - Advies naar overheid + partners	**TECHNICAL INPUT** (3x) - Technische input - Outil de réference pour questions techniques - Offrir support spécifique	**RESEARCH** (2x) - Promoten gemeenschappelijke research-activiteiten - Research
JOINT ACTION (1x) - Appuyer la signature de la Charte médicaments	**NETWORKING / BRINGING ACTORS TOGETHER** (2x) - Samenbrengen verschillende spelers - Linken tussen NGOs & universiteiten	**JOINT ACTION** (1x) - Créer des approches communs (Antwerp Declaration)
	JOINT ACTION (1x) - Gemeenschappelijke actie	**RELATION WITH THE FIELD**(1x) - Améliorer les relations avec les acteurs de terrain via ICT
	CAPITALISE EXPERIENCES (1x) - Capitaliser les expériences belges	**NETWORKING / BRINGING ACTORS TOGETHER** (1x) - Netwerking
	SPOKESMAN FOR THE SECTOR (1x) - Porte-parole	
	NO ANSWER (1x)	**NO ANSWER** (11x)

Table IV.2: Questionnaire results: results achieved by BCH so far

Mentioned first	Mentioned as second result	Mentioned as third result
THE NETWORK EXISTS & NETWORKING IS TAKING PLACE (6x) - Rassembler différentes personnes / groupes - Expertise samenbrengen - Réunir les différents acteurs belges de l'aide - Mensen samenbrengen - Uitwisselingsforum met vertrouwdheid - La communication entre la coopération belge et les acteurs de la santé (ONG, universités, médecins) dans les pays en développement (politique belge de la coopération, exportation de médicaments, etc.)	**THE NETWORK EXISTS & NETWORKING IS TAKING PLACE** (4x) - Échanger des informations entre les membres de BCH - Mise en réseau - Samen nadenken over thema's - Investering netwerking niveau België	**THE NETWORK EXISTS & NETWORKING IS TAKING PLACE (+ improved relations)** (1x) - L'amélioration très significative des relations entre les différents acteurs en santé en Belgique
CHARTER QUALITY MEDICINES (6x) - Charter kwaliteit geneesmiddelen - Signature charte des médicaments - Charte médicaments - Charter medicamenten - Charte pour les médicaments - Charte sur les médicaments de qualité	**CHARTER QUALITY MEDICINES** (4x) - Gezondheidscharter - La charte pour les médicaments de qualité, et le travail fait pour de médicaments de qualité pour tous dans les pays en développement - Charte de médicaments - Charter medicamenten	**CHARTER QUALITY MEDICINES** (1x) - Kwaliteitscharter medicamenten
CONCEPT NOTE FOR HEALTH POLICY PAPER DGCD (2x) - Input beleidsnota gezondheid - Conceptnota	**CONCEPT NOTE FOR HEALTH POLICY PAPER DGCD** (3x) - Participation au cadre conceptuel DGCD (note de politique de santé) - La contribution (cadre conceptuel en santé) à la redaction de la note finale de la politique belge en santé - Note de politique générale de la DGCD / du ministre sur la santé	**CONCEPT NOTE FOR HEALTH POLICY PAPER DGCD** (1x) - Cadre conceptuel
SEMINARS (2x) - Seminarie Universal Coverage - Relevante seminaries	**SEMINARS** (3x) - Seminarie "Universal Coverage" - Organisation de séminaires - Seminaries	**SEMINARS** (1x) - Seminaries
DONOR-STAKEHOLDER COMMUNICATION (1x) - Réseau existe et est consulté par l'autorité publique	**DONOR-STAKEHOLDER COMMUNICATION** (2x) - Communicatiekanaal naar overheid - Donor - stakeholdercoördinatie	
VISIBILITY / REFERENCE FOR THE SECTOR (1x) - Structure de réference pour la santé publique internationale	**VISIBILITY / REFERENCE FOR THE SECTOR** (1x) - Visibilité santé internationale	**VISIBILITY / REFERENCE FOR THE SECTOR** (1x) - Specifieke thema's in de aandacht brengen
	WORKING GROUPS (1x) - Les groupes de travail et leurs résultats	**WORKING GROUPS** (1x) - Werkgroepen
OTHER (2x) - Brief ivm gezondheidszorg in DR Congo - Mise en évidence des notes stratégiques et politiques		**OTHER** (1x) - Info aanbieden
NO ANSWER (5x)	**NO ANSWER** (7x)	**NO ANSWER** (18x)

Table IV.3: Additional comments and suggestions

⇨ Développer le rôle international de Be-Cause Health ⇨ Comment définit-on les objectifs de BCH aujourd'hui? Quels étaient les objectifs de BCH à la création? ⇨ Nog altijd jammer dat er nog niet meer is uitgekomen qua links NGOs - universiteiten & ITG, vb. ondersteuning operational research ⇨ Si c'est une organisation internationale français ou anglais devrait être la langue des réunions. ⇨ Plus de participation des coopérants encore sur le terrain ⇨ Modalités à définir pour les échanges ⇨ Je propose que les site reprenne régulièrement les axes de travail (invitations, PV, etc.) des groupes de travail.
⇨ Ik ben vrij nieuw en ken Be-cause Health te weinig (ik kreeg weinig mails tot nu toe) ⇨ Membre du réseau depuis trop peu de temps et ne recevant les emails du groupe que depuis quelques semaines, il me n'est pas possible de répondre à toutes les questions posées ⇨ Nouvellement arrivée -> ne pas encore une connaissance complète sur Be-Cause Health.