

Minutes General Assembly Be-cause health

09 June 2021 - Online

Attendees: see [Annex 1](#)

Elies Van Belle, Chair of the platform, opens the General Assembly with a welcoming word.

Annex 2: [Presentation of the General Assembly](#)

1. Welcome & introduction - Elies Van Belle

Elies welcomes all members who attend the online meeting.

She gives a short overview of the challenging year 2020. Despite the difficulties posed by the COVID-19 measures and the unfortunate illness of the coordinator, a lot was done in 2020. First of all the 2017-2021 evaluation of Be-cause health is concluded and an interesting workshop took place last February. The results of both are on our agenda.

Elies thanks Xavier who, as an interim coordinator, succeeded to keep the Be-cause health network functioning well. Since the 1st of March we have a new coordinator. She will present herself later.

On the agenda we'll discuss the planning of 2021 and the drafting of the upcoming five year strategic framework of Be-cause health, which is a small part of the Framework Agreement 2022-2026 between ITM and DGD.

2. Introduction new Be-cause health coordinator - Magalie Schotte

Magalie introduces herself briefly and thanks Xavier for his patience during the hand-over. Magalie is the new coordinator of Be-cause health since the 1st of March. She is looking forward to collaborate with the Be-cause health members.

Magalie has quite some experience in the sector of international cooperation, first at Oxfam-Wereldwinkels and later at the provincial administration of East-Flanders. The thread through her career is working with volunteers and within global partnerships. Magalie feels the urge for the sector to transform, to find a new terminology to frame the kind of collaboration we have with our partners. Be-cause health provides a great model to put these equal partnerships to the centre of our work.

Health care is not at the core of Magalie's field of expertise, so she will be listening to you and be learning from you.

Magalie will contact many among you to have an introductory meeting and does a warm call to any member who wants to meet her or has an interesting idea, remark, question, ... to contact her via mschotte@itg.be or **0032 476 62 11 50**.

3. Approval minutes GA 18 June 2019: see [annex 3](#)

The minutes are approved by the General Assembly.

4. Report of activities in 2020 - Xavier de Béthune

Xavier, interim coordinator of Be-cause health, gives an overview of the activities done in 2020.

A pre-print version of the year report 2020 is ready, and will be published on the Be-cause health website when finalized.

Meeting with new Minister of Development Kitir

Be-cause health had a positive meeting with Minister Kitir. Her policy declaration fits well with the activities of Be-cause health.

COVID-19 survey

The survey was launched at the beginning of the COVID- epidemic, and the results are published on the Be-cause health website. It could be interesting to do a second round in 2021.

Working groups

Working groups remained active through digital tools like Zoom, Skype, The planned international travelling could not take place. The online meetings had the positive side-effect of participants from all over the world joining the working groups. (For instance, about 5 people from outside Belgium are participating at this GA.)

- Sexual and Reproductive Health and Rights (SRHR)
 - o Update and evaluation of the Body and Rights e-tutorial
- Digitalisation
 - o Well attended E-health academies (participant numbers increased)
 - o Bi-annual prize for digitalization innovation in development went to health (e-glasses with a.o. Memisa)
 - o Last topic: mutual insurances
- DR Congo
 - o Preparing a survey on the availability and use of opioids in hospital care in DRC
- Access to quality medicines
 - o General working group
 - o Subgroup on the commitment of several Be-cause health members to procure qualitative medicines for their programs ('22-'26)
- Determinants of international health
 - o The launch of a new strategic framework for the working group
- Mental Health
 - o Preparation of a conference on 'mental health in French speaking Sub-Saharan Africa' (14-15/06/2021)

Evaluation

The results and recommendations of the evaluation will be discussed later in this meeting.

Coordination

2020 was a difficult year for the coordination. The former coordinator Pol De Vos fell sick and had to be replaced. Xavier stepped in as an interim coordinator and thanks everyone for the help, support during the last year. All planned 2020 meetings of the GA and SC were held. The budget overview of 2020 will be discussed later in this meeting.

Conclusion

2020 was a very active year although COVID measures prevented us from meeting each other in real life.

Xavier thanks Nathalie for her support behind the scenes.

5. Year plan 2021 see [annex 4](#) - Xavier de Béthune

Be-cause health is a network, the year plan is flexible and not written in stone. Please share during the coming months any good ideas or suggestions.

Xavier presents the year plan 2021.

In 2021, Be-cause health wants to reach 4 results: sharing (working groups and communication), learning (conferences, seminars, stimulate learning and sharing in partner countries), influencing (on COVID, SRHR, development of policy tools, update of the Healthcare for All declaration) and coordination (focus on network and membership management).

The coordinators of the different working groups present their plans for 2021:

Sexual and Reproductive Health and Rights (SRHR) - Marlies Casier

- Regular meetings that bring together different actors (government, NGOs, academic world, ...) who share information and volunteer to take things in hands
- here evaluated the e-tutorial and concluded that it is a very qualitative and useful tool with a large uptake. However, there are many opportunities to reach more / other target groups (eg. DGD staff, diplomats, ...)
- Based on the evaluation, the update of the Body and Rights e-tutorial is started (launch is foreseen in May)
- Work on the integration of HIV in SRHR and health (the “hidden pandemic”)
- Warm call to present interesting research on SRHR in the working group meetings
- Follow-up with [ANSER](#) (research network that tries to bridge the gap between “what we know” and “what we are supposed to be doing”)

Access to quality medicines - Raffaella Ravinetto

- Switched to online modalities (positive side effect makes the network more inclusive; more people participated from outside Belgium)
- General working group Access to quality medicines:
 - o focus on the access to qualitative medical products (inter alia on COVID), based on scientific research findings

- mix of technical and advocacy / policy issues, based on operational research (field activities)
- advocacy on equity of access to quality COVID-19 vaccines
- some individual (young) new members bring in fresh, new ideas and insights
- Confidential group on the commitment to procure quality medicines:
 - confidential meetings: sharing of successes and challenges between Belgian members who signed the commitment in 2017
 - From 2022 on: commitment will be binding
 - new members (e.g. Light for the world) bring new energy
- Synergy with the DRC working group on access to opioids, shows that synergies across working groups can arise when there is a specific issue to collaborate on
- Implementation of a visual checklist for screening the quality of medicines
- Focus on the French speaking actors (workshop in French)
- For gender balance, the working group could be expanded with more men
- Access to quality medicines / health products becomes a hot topic

DR Congo - Anselme Mubeneshayi Kananga

- Working group based on geography, with members being Belgian actors (NGOs, associations, universities, ...) that work in DRC
- Work in synergy with the working group Access to quality medicines on a survey of the usage of opioids in institutions in DRC supported by Belgian actors
 - in collaboration with the Hub Santé in Kinshasha
 - March: draft of the protocol for the survey
 - June: survey
 - end of 21: results of the survey will be shared in a restitution meeting

Researchers in Global Health – Health Policy and Systems - Elisabeth Paul and Dimitri Renmans

- Organisation of 3 or 4 webinars (topic: methodology) open for all members interested (this will be communicated early enough to the Be-cause health secretariat so all members can be invited to join)
- Once possible, the organization of a network event on
 - grant writing
 - performance based financing
- Regular newsletters (every three months)

Mental Health - Xavier de Béthune (on behalf of Willem van de Put)

- Organisation of an online Mental Health Conference (14 and 15 June)
 - 95% of the speakers have confirmed
 - promotion has started
 - focus on community based, first line activities on mental health
 - focus on the French speaking part of sub-Saharan Africa

Determinants of international health - Jasper Thys

- The working group was relaunched in 2020, a lot of new members joined
- Organisation of learning sessions (April and June) on the objectives of the working group (new strategic framework)
- Support or facilitation of a session during the annual Be-cause health conference

Digitalisation - Stefaan Van Bastelaere

- 26 of March '21: Stefaan invites everyone to the “celebration” of the 5-year existence of the working group during a seminar (with the same speakers as 5 years ago) to follow-up on the issues of the seminar and new technologies of '16
- Organisation of E-health academies (one session every semester)
 - o March 'New technologies: follow-up'
 - o June 'Digital in the desert' (Niger)
- Working group could diversify with more female members
- Several members from the private sector join the working group

Health care Financing see [annex 5](#) - Martinus Desmet

- During the General Assembly of June 2020, the idea for a new workgroup on financing was launched. Several Be-cause health members showed interest in this topic
- It is quite surprising that Be-cause health never had a working group on health financing, the 3rd component of 'resources' in the health sector (next to human and material resources)
- Specific objectives of the working group:
 - o basic concepts and constituent elements
 - o governance issues
 - o operational programming and donor strategic orientation
 - o explore linkages / complementarity with the other agendas and working groups (Universal Health Care (UHC), Social Protection, DRC)
- Way forward:
 - o Be-cause health members can suggest specific topics
 - o modes of operation: basic training and experience exchange / study and policy level?
 - o an invitation email will be send to all members of Be-cause health to see who is interested in participating in and / or take the lead in the working group

Questions:

- Elisabeth is interested in joining the working group on financing. However, there is an overlap with other working groups (social protection, health systems, UHC). Should the overall working group on UHC disappear?
 - o for the moment, the working group on UHC is dormant
 - o health financing can be a separate working group (cf. human resources or access to qualitative medicines)
 - o financing is a health system building block, so it makes sense to have a working group on it

- the broad objectives in the working group on financing have to be addressed through concrete topics. These topics cannot be addressed in an broad, overall UHC working group
- Christine Leyns is calling in from Bolivia. She used to be a member of the working group People Centered Care. It is interesting to approach this broad issue (UHC) from concrete areas (financing, people centered care, ...). For instance, the quality aspect of care / people centered care is very important. This aspect of care is very valid and necessary in the region Christine is working in with indigenous people. Could the working group People centered care be revitalized?

Working groups are not suppressed at any time. However, when the interest of the members in a working group diminishes, working groups can go “dormant” (sleeping). Anybody (from inside or outside the network) can activate a “dormant” working group. Contact the coordinator if you want to revive a group.

- Freddy Moens adds in the chat that he is interested in joining the working group on financing.

6. Approval expenses 2020 and proposed budget 2021 see [annex 6](#) - Anselme Mubeneshayi Kananga

Anselme as treasurer of Be-cause health gives an overview of the expenses of 2020 and the proposed one for 2021.

The budget of Be-cause health is part of the bigger framework agreement between ITM and DGD. The annual budget is 50.000 EUR (operational budget) and 1 FTE (coordinator). The COVID–19 pandemic has limited the level of expenses in 2020. Most activities of Be-cause health could not be organized, except the activities that were online and the Body & Rights e-tutorial that was updated.

Some of the activities (annual conference) will be held in 2021. We hope we can meet in real life, so we foresee some budget for seminars and other activities of the working groups. A budget for educational tools on Climate Change and Health and on the renewal of the Body and Rights e-tutorial is foreseen. Be-cause health wants to explore information gathering for new subjects (e.g. on Climate Change and Health).

There is also a balance on the former Belgian Association of Tropical Medicine (BATM) budget (for FESTMIH related expenses).

Discussion:

Jan Coenen (ITM) explains that the budget for this five year’s agreement (2017-2021) can be used until the end of 2021. If the GA approves the budget, the remainder of the cumulated budgets 2019 and 2020 will be returned to ITM, as it is the final year of the Framework Agreement 2017-2021. The same goes for the budget 2021. It is important to inform ITM on time, so the funds can be used for other projects.

Tine Demeulenaere agrees in the chat to return the balance if ITM can put it to good use.

Martinus points out in the chat that we will need to use good arguments (beyond COVID19 impact) for DGD for the under- and overspending, in order to secure future DGD funding.

Karel Gyselinck (FESTMIH) clarifies the fee system of FESTMIH. In 2020, FESTMIH didn't ask its annual membership fee (since they were working on a new system of fees), for 2021 the fee is only 500 EUR because of the online conference 2021 (registration is much lower). However the new fees system could higher the membership fees to 2.000 EUR a year. The fee is used to finance the FESTMIH activities (working groups, advocacy issues and the biannual ECTMIH conference).

Karel informs the participants that the [call for abstracts](#) for the [ECTMIH conference 2021](#) on 'Global challenges in health, migration and equity' is still open (the extended deadline is 9 April). So please, if you are interested, the conference is a great opportunity to share your experience and findings at an international platform.

Ignace suggests that it can be interesting to use the balance to have an opportunity to have a sharing of ITM on the other activities funded by DGD to the Be-cause health members. Be-cause health will take this up with the coordination and Jan.

Marlies wonders if 10.000 EUR will be sufficient for the organization of the conference. Even for an online meeting you can work with an external bureau, have to pay the keynote speakers, The decision has to be made (at the steering committee) if Be-cause health wants to hold an online conference if a real / blended one is not possible. If the conference is not organized, than the balance of 10.000 EUR is high.

Martinus raises the idea that there could be a question to ITM to do some operational research in a setting were different Belgian actors are involved. This research was not done yet.

Xavier welcomes every suggestion to use this balance, however he points out that the balance should be used before the end of the year. A research is thus no longer feasible for 2021.

Martinus agrees and suggest that ITM could use the balance to explore what is needed to do this kind of research in the future.

Elies invites everyone to vote on the budget, being aware of the fact that the budget stays flexible and can be adjusted during the year, based on urgent issues or great opportunities.

The budget is approved by the General Assembly.

7. Election new members Steering Committee: Ignace Ronse, Félix Vanderstricht, Béatrice Futshu Ilondja and Laure Speecke

The steering committee members: Elies Van Belle (Memisa), Marlies Casier (SENSOA), Xavier de Béthune (retired), Thérèse Delvaux (ITM), Aline Labat (ESP – ULB), Stefaan Van Bastelaere (ENABEL), Magalie Schotte (Be-cause health) and an observer of DGD. Anselme Mubeneshayi

Kananga (IYAD vzw) is leaving, because his mandate (after 6 years) ended. He will stay on as coordinator of the working group DRC.

We now have 4 candidates for 4 vacancies. In the SC there is a balance between the different stakeholders (NGOs, mutual insurances, syndicates, individuals, government, ...). According to the internal regulations we only need a consensus on the 4 candidates.

Ignace Ronse is the former observer of the Be-cause health network for DGD. He has experience in Africa and Latin America and worked for the WHO. Now he is retired. He wants to continue and to help foster the common goals of Be-cause health. Priorities for Ignace as a member of the SC of Be-cause health are:

- Constructively support DGD
- Strive towards a societal consensus
- Support Be-cause health as a tool (durability, functionality and specificity)
- Influencing and coordination

Félix Vanderstricht presents his candidacy on behalf of ULB-Coopération. He follows up health projects, mainly in DRC. ULB-Coopération matches academic capacities (in cooperation with ULB) with the field work of the NGOs. He has a master in philosophy and has been involved in the NGO sector for over 15 years. He has been an active member of many steering committees (ACODEV – the francophone federation of development cooperation in Belgium, MasMut - independent mutual insurances of Belgium).

Béatrice Futshu Ilondja has experience in new innovating concepts as ‘Maison de solidarité des diabétiques au Congo’ (MSDC) and ‘Insulin for life Belgium’. These projects are run by Belgian nurses on a voluntary base, without external funding. They reach in Kinshasha over 1.200 patients. Before she came to Belgium, she worked in DRC as a director of Bureau des Oeuvres Médicales and thus knows the institutions in DRC. She is a nurse in first aid in Belgium. So she can be the bridge between DRC and Belgium and wants to bring this knowledge into the network.

Laure Speecke is new at the GA of Be-cause health. She worked for ENABEL and since two years for the Christian Mutual Insurance (CM) in Belgium. CM works in Eastern Europe, Central and West-Africa with mutual health organisations in close collaboration with We Social Movements (WSM). She represents the CM in MASMUT and in the DGD decent work strategic working group (inter alia on social protection). Her goal is to keep the scope on health broad (demand and supply side). She wants to be a bridge figure between Be-cause health and the DGD decent work strategic working group and MASMUT.

Ignace, Felix, Béatrice and Laure are approved as new steering committee members by the GA. Welcome!

8. Evaluation by hera: results and recommendations see [annex 7](#) - Leo Devillé

Leo, the CEO of hera, presents the results of the Be-cause health evaluation on behalf of the hera-team (René Dubbeldam, Marieke Devillé and Elfried Klarenbeek).

Recommendations:

- Vision and objectives make sense, however the [Antwerp declaration Health Care for All](#) could be updated and aligned with new priorities (health security, climate change, migration, social protection, from health care to health? ...). This gives an opportunity to review the vision of the platform and provide policy support to DGD.
- Draft an internal regulation for Be-cause health sign-off (responsibility of working groups / Be-cause health). Be-cause health's strength is the voluntary, pluriform network. However this variety of members make sign-off sometimes difficult.
- Maintain the Be-cause health governing structure. Keep ITM as a host, keep Be-cause health Belgian (however involve people outside of Belgium), maintain the voluntary nature. Be-cause health has a substantial outcome for a low budget.
- Clarify the profile of the members and manage the membership (keep membership records up to date). Motivate "dormant" members to become active.
- Promote communication and exchange between different working groups when opportunities for added value occur. Foresee a "place" (e.g. SharePoint) where the coordination can share progress, results and good practices of the different working groups.
- Invest in policy dialogue with and beyond DGD (in close collaboration with ITM on policy support).
- Involve senior staff of the member organisations in the working groups (facilitate sign-off).
- Invest in diversity, inclusion and learning by involving young professionals in Belgium and (young) experts from the partner countries (using online tools).
- Improve internal and external communication strategy (visibility outside Belgian health sector).
- Make the website (more) attractive. Website is not well used (although the website is excellent and complete), social media could be used more.

Discussion:

- Newsletter is well used, and members are very satisfied with the newsletter. However, in general there are still opportunities for improvement of the internal communication.
- The website doesn't appear in Google search. Apparently this is due to a bug, which has been removed. A warm call to visit [the website](#), so it hopefully will appear in the future.

Anyone interested in the full report can ask Magalie. After validation by the steering committee (30th of March), the evaluation will be published on the Be-cause health website.

9. 5 year planning: results of the strategic workshop of 2nd of February 2021 [see annex 8](#) – Xavier de Béthune

The information that was collected during the workshop is very rich, and the "brainstorm" was interactive.

- External driving forces were identified and can enrich the Health Care for All declaration
- Modifications and input for the 4 results (through break-out rooms) were collected

The strategic framework of Be-cause health 2022-26, [see annex 9](#), proposes a few changes:

- Enhance the three themes Be-cause health is working on: social protection, rights based approach and strengthening health systems
- Hera evaluation recommendations and the changing context:
 - o sharing: include the South partners even more than before (virtual channels)
 - o learning: e-tutorials, capitalize on and structure the institutional memory (keep track of outcomes)
 - o influencing: revision of Health Care for All declaration, diversify the strategy to influence Belgian policies (social media, policy reports, participation in the political debate, organize meetings, ...)
 - o coordination: proactive membership management

Discussion:

- Martinus suggests to give more attention to the recommendation of hera to look for meaningful links between the working groups in the strategic framework 2022-26
- If anyone has other suggestions or remarks, please contact Magalie

10. Annual conference on Climate Change and Health – Xavier de Béthune

Depending on the COVID-measures, we will hold a real life, blended or online conference in October / November 21. We had this week a preparatory meeting with the eco-health team of the ITG.

Two complementary chapters in the Climate Change and Health conference:

- Global policy level: climate change and health (alliances, make progress in terms of advocacy and priority setting)
- Field experiences of Be-cause health members on main factors and consequences:
 - o Food security: food production and production of cattle
 - o Disease distribution: consequence of climate change (eg. COVID)
 - o One Health: interaction between the animal and human world
 - o Migration

Since the ECTMIH Conference is fully digital, we organize the Be-cause health conference separately.

Whoever wants to join the taskforce to organize the Climate Change and Health conference, can contact Magalie, who will be coordinating the conference from now on.

11. AOB

Elies takes the opportunity to reward Anselme and Xavier with colorful flowers for all the work done the last year. Anselme has been the treasurer of the steering committee for 6 years, and Xavier who was, as the ad interim coordinator off Be-cause health, a real (x)savior.

Hannes De Keyser (DGD) presents himself and is looking forward to be influenced by Be-cause health. However due to technical issues, the presentation could not be heard. So, Hannes sent us a written presentation:

I just wanted to introduce myself briefly. Since a few weeks I have joined the former D2.3 (now D2.5) team at DGD, as a health team together with Tim Roosen and Nicolas Larsen (also new to the team). I have a background in international relations and geopolitics. In recent years, I worked thematically on the EU space program, geographically especially on (South) East Asia and China.

Congratulations on your commitment and efforts to Be-cause health - impressive! I have read the documentation on your website and through the newsletter with great interest, and look forward to further explore the Be-cause health network.

Christian Roberti adds in the chat that he enjoys the new trends of Be-cause health: involving partners of the global South and influencing Belgian policies.

Martinus thanks everyone for the smooth organization of the general assembly.

Elies thanks all participants for their presence, and she hopes to see each other at the next general assembly or any other event that Be-cause health organises.