

# Be-cause health hera evaluation '14-'20 Management Response Steering Committee

## Contents

Introduction.....	2
Management Response and action plan – template.....	1

## Introduction

The management response (MR) is an integral part of the evaluation process. While it comes after reception of the final evaluation report, this does not mean it should be seen as an end point.

Rather, it is a document in which we identify how to take the recommendations from the report further to improve our future work. The MR serves to identify clear actions related to each recommendation, linked to a specific timeline and responsibilities.

Through the MR we aim to ensure recommendations are used for future interventions. It is a **learning tool to improve** our way of working at operational level and to inform our strategic decision making.

In this tool the Be-cause health (BCH) steering committee (SC) indicates whether it accepts, partially accepts or rejects a specific recommendation and why.

Besides giving information about the acceptance by the SC of each recommendation, the MR also includes a brief overall appreciation of the report, a brief judgement about its quality and a timeframe for follow-up.

## Management Response and action plan

<b>Editor of the management response</b>	<i>Magalie Schotte</i>	<b>Date</b>	<i>11 May 2021</i>
<b>Other stakeholders involved:</b>	<i>Steering Committee BCH Working Group coordinators BCH General Assembly BCH</i>		
<b>ACTION PLAN TO BE REVIEWED ON</b>	<i>Steering Committee BCH Summer 2022 Steering Committee BCH Summer 2023 Steering Committee BCH Summer 2024 Steering Committee BCH Summer 2025 Steering Committee BCH Summer 2026</i>		
<b>ACTION PLAN FINALISED ON</b>	<i>December 2026</i>		

<b>Title of Report</b>	<i>Evaluation of be-cause health – Evaluation report March 3 2021</i>		
<b>Date of Report</b>	<i>March 3 2021</i>	<b>Time Period of the Project</b>	<i>October 2020 – February 2021</i>
<b>Partner institutions involved</b>	<i>The BCH GA requested the SC to conduct an evaluation of the functioning and activities of the network. SC drafted the TOR. Hera was responsible for the methodology which was agreed upon with the SC. Hera was contracted to implement the independent evaluation. The evaluation engaged members of all stakeholder groups: silent and active members, working groups, general assembly, steering committee donor agency and partners in the global south.</i>		
<b>Name of Evaluator(s)/Researcher(s)</b>	<i>Hera Hera provided the following consultants: René Dubbeldam, Marieke Devillé and Leo Devillé</i>		
<b>Summary</b>	<i>(approx. 0.5 – 1 page) The Be-Cause health (BCH) Platform requested hera to carry out an independent evaluation of past performance, as of 2014. This evaluation would help to formulate new goals and strategies for a possible Fifth Framework Agreement (after 2021) between the Directorate General for Development Cooperation (DGD) and the Institute of Tropical Medicine (ITM) – the host of BCH. The evaluation was carried out from October 2020 to February 2021.</i>		

The evaluation assessed the four main result areas of BCH, i.e. a) sharing of knowledge and (field) experiences; b) learning; c) influencing; and d) coordinating. Furthermore, the evaluation assessed the performance of BCH according to the evaluation criteria (as per TOR), i.e. relevance; effectiveness; efficiency; coherence; as well as organisational aspects.

The methodology included:

- (i) Review of relevant documentation;
- (ii) Structured interviews with 21 key-informants (KII);
- (iii) An online questionnaire among BCH members (received by 270 members; 40 replies);
- (iv) A social network analysis among 15 Steering Group- and Working Group members (12 replies); and,
- (v) The co-organisation of an online (Zoom and Miro) planning workshop with BCH members to provide inputs for the future BCH strategic planning.

Results can be summarized as follows:

- **Sharing:** Belgian development actors are connected as a Belgian health community and share field experiences, research findings, and updates on health cooperation development and research. Exchange between Working Groups (WGs) and sharing outside of the platform could be intensified.
- **Learning:** BCH promotes and facilitates learning by practical work in thematic WGs, providing thematic expertise, developing learning tools, organising annual seminars, roundtables, and contributing to regional and international seminars or conferences. Its output is of quality, impressive in scope given its voluntary organisational set-up, timely in the sense that it mostly responds to an acute topic or request for policy support or for thematic expertise. The BCH 'learning function' is highly appreciated by its members, not primarily for its scientific added value but for gaining new insights through discussions and exchange, which probably captures well the 'raison d'être' of BCH.
- **Influencing:** BCH has an important track record of influencing Belgian and global health policy. This support was highly appreciated by DGD and may become even more valuable in the future, given the change of technical expertise at DGD. However, many survey respondents questioned the effectiveness of this activity and an internal discussion on the role of BCH and WGs on advocacy and influencing still requires further internal discussion.
- **Coordinating:** BCH members confirm that the BCH platform is well managed. The outputs of Working Groups are diverse and of quality. The newsletter has improved sharing with BCH members. However, interaction between Working Groups could be strengthened and membership could be more diverse, including actors of the South (e.g., through new on-line modalities).

The **relevance** of BCH is undisputed among its members. Both the general survey and the KII's confirm that BCH fulfils the needs of the individual members, member organisations and observers / funders. The activities and outputs of BCH appear consistent with the platform's mission, objectives, and the (Antwerp, 2011) Declaration on Health Care for All. However, many BCH members agree that the BCH vision, mission (and the HCA Declaration) would benefit from an update to keep it in line with the rapidly changing global health environment.

As to its **effectiveness**, BCH produced several high-quality outputs. It does implement the three main result areas effectively. It shares and communicates internally and externally through a variety of modalities, some of which could be optimised in reaching platform members and beyond. It effectively influences Belgian development cooperation health policy and to a lesser extent global health policy. It ensures regular and interesting communication and collaboration between Belgian DC stakeholders in health, built on a trusted and much

appreciated platform. This may result in increased synergy, complementarity and practical cooperation between member organisations and members, as confirmed by survey respondents.

BCH operates **efficiently**. With a minimum external budget (on average € 50,000 per year), the outputs are important and of quality. There is a great dedication by all BCH members to sustain the BCH platform, also by providing voluntary monetary, time and in-kind contributions. This is high value for money.

As to **internal coherence**, BCH responds to requests for strategic work, policy support, innovative thinking. It brings together senior Belgian expertise in health, development cooperation and related research. All products reviewed during the evaluation are consistent with international norms and standards. As to external coherence, BCH is linked with several international networks. Given the voluntary nature of BCH and the limited resources, BCH's current involvement with external networks and fora as well as participation in international events is deemed appropriate.

The BCH **governance structure** is apt to its function and operations, and is generally appreciated by its members; however, representativeness, diversity and voting rights of its membership could be clarified. Involving (more) the global south could improve the quality of the BCH outputs and ensure that they respond to the priority needs of the global south. Involving more south and young professionals would also further strengthen sharing of experiences and skills building.

**In conclusion**, BCH shows a picture of a dynamic and independent organisation that unites academia, NGOs working in the 'field', government and semi-public sector, as well as consultancy companies and individual global health experts. The BCH members are enthusiastic and willing to put own time and other resources in the organisation. BCH seems a healthy and performing platform for discussion about important global health issues, among a variety of stakeholders active in Belgian development cooperation projects and research in health.

<p><b>Report Recommendation 1</b></p> <p><b>Assess whether the vision, objectives and result areas of BCH need to be updated.</b>  <i>In line with an updated vision, based on the updated declaration, there may be a need to reformulate the logical framework of BCH.</i></p> <p><b>PRIORITY ACTION</b></p>	<p><b>Management Response</b></p> <p><b>Accepted</b></p> <p>In 2001, the Institute of Tropical Medicine (ITM) in Antwerp organized a conference that resulted in a short, but powerful declaration of priorities for health care, some 20+ years after the Alma Ata declaration (1978). This text since then served as a foundation for the BCH platform. The principles of the Antwerp Declaration (2001) are still valid as the mission and vision of BCH. However, there is a need to review the Antwerp declaration by including new global health priorities. This review will result in a new Mission-Vision-Strategy document for BCH, and can serve as a base for the discussion on a new strategic global health policy note for DGD.</p>
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**Action Plan**

#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	MR	SC 11 May 21	Coordinator and SC	Completed	Discussion SC MR	MR
	Develop strategy for new basic text BCH	SC October 21	Coordinator and SC	Underway	Discussion SC MR	Minutes SC
	Review HC4A declaration: potential topics starting from the Alma-Ata and the HC4A declarations, a number of 'documents' produced by BCH, were reviewed	SC December 21 & January 22 GA April 22	Coordinator and SC	Underway	Review HC4A declaration	Health Care for All declaration (HC4A) (2001): Time for new insights. Preparatory and preliminary 'pièce à casser' by Xavier de Béthune  <a href="#">Declaration on "Health Care for All"</a>
	BCH conference on Climate Justice and Health Equity & start-up BCH WG Climate & Health	November '21 January – March '22		Underway	Conference Start-up BCH WG	
	Internal process decolonising global health	27 January – April 22	Coordinator and WG DIH	Underway	27/01/22 Informative workshop 'Decolonising global health' for BCH members	

					<i>Feb/March: discussion in BCH working groups about what decolonization could mean for the field of expertise of the WG GA April Exchange workshop on the results of the discussions in BCH working groups about what decolonization could mean for the field of expertise of the WG</i>	
	<i>Consultation round of stakeholders</i>	<i>April '22 – March '23</i>	<i>Coordinator and taskforce GA</i>	<i>Not started</i>		
	<i>New Mission-Vision-Strategy document for BCH</i>	<i>BCH Conference May '23</i>	<i>Coordinator and taskforce GA</i>	<i>Not started</i>		
	<i>New strategic global health policy note for DGD?</i>	<i>January '22 - ?</i>	<i>Coordinator and SC</i>	<i>Invitation new DG DGD</i>		
	<i>If necessary reformulate Loka BCH?</i>	<i>2026</i>	<i>Coordinator and SC</i>			

<b>Report Recommendation 2</b>				<b>Management Response</b>		
<i>Clarify roles in advocacy of the BCH platform and working groups. Outline in the BCH internal regulations how to deal with BCH publications, transparency, and what the authority / advocacy role is of the BCH platform (coordination) and of the Working Groups.</i>				<i>Partially accepted</i>		
				<p>The clarification of the roles is a result of a wider strategy on influencing (communication / sensitization / advocacy / lobby / policy reports and briefing / scientific publications / ... ). The informal and organic functioning of the platform is one of its strengths. The clarification of roles is subject to the discussion on what we want from the platform. We do not want it to institutionalise. We want to focuss on the results of the platform, not on the platform itself (brand Be-cause health is secondary to the output of the platform), which doesn't mean the role BCH plays in influencing can't be mentioned.</p>		
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	<i>Update (?) the communication / advocacy strategy</i>	<i>GA 23</i>	<i>Coordinator</i>	<i>Not started</i>	<i>Discussion MR</i>	



<b>Report Recommendation 3</b>  <i>Continue the current BCH Governance structure</i>		<b>Management Response</b>  <i>Accepted</i>				
		Continue with ITM as a 'natural' host for BCH. Be univocal – also in online communication - that this platform is 'Belgian'. 'Diluting' the current vibrant dynamics by expanding membership could erode the cohesion of the organisation. This should however not be a constraint to involve the global south. Keep the current 'lean and mean' BCH Coordination – this setup has proved to be highly efficient and effective.				
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	<i>Include BCH new program DGD FA5 22-26 (Budget 22-26)</i>	<i>Decembr 21</i>	<i>Coordinator BCH</i>	<i>Completed</i>	<i>BCH plurannual planning 22-26 as input FA5 ITM</i>	<i>FA5 proposal ITM</i>
	<i>New FA5 aproved</i>	<i>February 22</i>	<i>Coordinator BCH</i>	<i>Underway</i>	<i>Input BCH FA5</i>	<i>FA5 proposal ITM</i>

<b>Report Recommendation 4</b>  <b>Promote communication between Working Groups</b>  <i>Facilitate and promote exchange between WGs, when considered relevant and of added value. Consider the use of SharePoint to facilitate sharing between WGs.</i>				<b>Management Response</b>  <b>Partially accepted</b>		
				Facilitate and promote exchange between <b>WGs when opportunities occur</b> . Coordinator has helicopter view to detect opportunities between WGs (bilateral, eg. opiates in DRC or transversal themes, eg. mental health, ...). Information sharing and interaction between WGs is during a common SC/ WG coordinators, the GA and annual conference.		
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	<i>Sharing between WGs during GA's</i>	<i>ongoing</i>	<i>Coordinator + WG coordinators</i>	<i>underway</i>	<i>GA 21</i>	<i>Annual reports BCH</i>
	<i>Collaboration between WG med &amp; DRC</i>	<i>End 22</i>	<i>WG coordinators + ITM</i>	<i>Underway</i>	<i>Research protocol / meetings between WGs</i>	<i>Research</i>
	<i>Collaboration on annual conference</i>	<i>ongoing</i>	<i>Coordinator</i>	<i>Underway</i>		<i>BCH matters - report</i>
	<i>1 common SC / WG coordinators</i>	<i>ongoing</i>	<i>Coordinator + SC</i>	<i>Underway</i>	<i>Invitation sent</i>	<i>Report SC</i>
	<i>Other?</i>					

<b>Report Recommendation 5 <i>Continue and enhance engaging in the Policy Dialogue with DGD</i></b> <i>Continue and intensify the policy dialogue with DGD. The updating of the Antwerp Declaration may provide an excellent opportunity to widen the scope of the policy dialogue with and policy support to DGD.</i>  <b>PRIORITY ACTION</b>				<b>Management Response</b>		
				<b>Accepted</b> Engagement in policy dialogue with DGD is priority for the advocacy work of BCH.		
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	<i>Engage DGD in the working groups</i>	<i>Ongoing</i>	<i>Coordinator and coordinator working groups</i>	<i>Completed</i>		<i>Membership list WGs</i>
	<i>Engage DGD in the GA and SC</i>	<i>Ongoing</i>	<i>Coordinator and SC</i>	<i>Completed</i>		<i>Membership list SC</i>
	<i>New strategic global health policy note for DGD?</i>	<i>?</i>	<i>Coordinator and taskforce GA</i>		<i>See R1</i>	
	<i>Other?</i>					

<b>Report Recommendation 6 Invite and involve senior managers of member organisations</b> <i>Ensure that managers of BCH member organisations are also involved in BCH discussions, especially when preparing important BCH products.</i>				<b>Management Response</b>		
				<b>Accepted</b>		
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	<i>Round of introduction new coordinator senior managers</i>	<i>September 21</i>	<i>Coordinator</i>	<i>Underway</i>		
	<i>Pro-actively engage senior managers in decision making ?</i>	<i>ongoing</i>	<i>Coordinator</i>	<i>Not started yet</i>		
	<i>Other?</i>					

<b>Report Recommendation 7 Promote diversity, inclusion and learning of the BCH platform by promoting inclusion of young professionals and experts from the global south.</b>  <b>PRIORITY ACTION</b>				<b>Management Response</b>  <b>Accepted</b>		
				We pro-actively engage (young and female) professionals and experts from partnerorganisations, LGBTI+, youngsters and diaspora in Belgium to the BCH network. We implement a gender policy in BCH.		
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	<i>Request current (young) participants in WGs to register as BCH members.</i>	ongoing	<i>Working group coordinators</i>	<i>Not started</i>		<a href="#"><u>Internal Regulations</u></a> <a href="#"><u>Membership list</u></a>
	<i>Request member organisations to also delegate young professionals to participate in BCH.</i>	ongoing	<i>Coordinator</i>	<i>Not started</i>		
	<i>Inclusion of professionals and experts from partnerorganisation</i>	ongoing	<i>Coordinator</i>	<i>Underway</i>	<i>Make use of the virtual conference modalities and innovative online applications (such as Miro) to involve more experts from the global south.</i>	<a href="#"><u>Internal Regulations</u></a> <a href="#"><u>Membership list</u></a>
	<i>Test gender tool in BCH</i>	<i>SC's '21 and GA 22</i>	<i>Coordinator taskforce gender</i>	<i>Underway</i>	<i>Gender policy discussed in GA and SC</i>	<i>Draft tool gender policy</i>
	<i>Roll-out gender tool in BCH</i>	<i>April 22 (after GA)</i>	<i>Coordinator / SC / working group coordinators</i>	<i>Underway</i>	<i>Gender policy implemented in BCH</i>	<i>Tool gender policy</i>
	<i>Involve belgian diaspora organizations or individuals who have a connection and an affinity with global health</i>	<i>Workshop and booth Week vd 4de Pijler March '23</i>	<i>Coordinator</i>	<i>Underway</i>	<i>Reach out to 4de Pijler steunpunt" (Dutch speaking) and FASI (French speaking) Workshop and booth Week van de 4de pijler 2022</i>	<a href="#"><u>Internal Regulations</u></a> <a href="#"><u>Membership list</u></a> <a href="#"><u>Participation WS</u></a>
	<i>Involve youngsters in BCH</i>	<i>ongoing</i>	<i>Coordinator</i>	<i>Not started</i>	<i>Present BCH to medical / public health students at the start of their courses (at least during training programs at ITM)</i>	

<b>Report Recommendation 8 Keep membership records up-to-date</b> <i>Clarify the membership profile with members. Many are not aware of their profile (e.g., voting member; not-voting member; observer). Clean the registers from 'sleeping' or 'inactive' members. However, consider maintaining communication with 'inactive' members in order to ensure broad sharing of BCH products and results.</i>  <b>PRIORITY ACTION</b>				<b>Management Response</b>  <b>Accepted</b>  Many members are not aware of their profile (e.g., voting member; not-voting member; observer). We need to review the internal regulations on the member profiles before updating the membership records.		
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	Review the internal regulations and profile of members		<i>Coordinator/SC</i>	<i>Not started</i>		<a href="#"><u>Internal Regulations</u></a> <a href="#"><u>Membership list</u></a>
	<i>Aproval update internal regulations</i>	<i>GA 2023</i>	<i>Coordinator and SC</i>	<i>Not started</i>	<i>Draft coordinator</i> <i>Aproval GA</i>	<a href="#"><u>Internal Regulations</u></a> <a href="#"><u>Membership list</u></a>
	<i>Update membership records</i>	<i>ongoing</i>	<i>Secretariat BCH</i>	<i>Not started</i>		<a href="#"><u>Membership list</u></a>

<b>Report Recommendation 9 Continue strengthening internal and external communication (see also recommendation 4)</b>				<b>Management Response</b>		
				<b>Partially accepted</b>		
<i>Facilitate sharing of information with BCH members beyond current modalities such as the Newsletter. As indicated above, consider using a shared and password protected portal for members. In addition, consider how BCH and its 'products' (charters, e-tutorials etc.) could be more known globally, used by, and inspire the global health community. Improve the user- interactivity of the website to broaden the visibility of BCH. Post interesting information such as 'take home messages' from important events, seminars, etc.; lessons learnt or best practices; strategic plans and Logframe.</i>				<p>The strengthening of internal and external communication is part of a wider strategy on communication / sensitization / advocacy / lobby / scientific publications ... (see R2). The focus is on how to make the results of the network more visible (through a range of communication media with specific target groups and by pro-actively looking for collaboration with other (international) networks).</p> <p>The recommendation for a separate password protected portal for members we do not retain, since we believe it could double up the work for the working group coordinators and secretariat. We have the website as a tool for information for the members.</p>		
<b>Action Plan</b>						
#	Actions planned	Deadline	Responsible Person/Role	Implementation stage	Actions taken	Supporting documents
	<i>Update (?) the communication / advocacy strategy</i>	<i>GA 2023?</i>	<i>Coordinator</i>	<i>Not started</i>	<i>Discussion MR</i>	

Signature: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Date: \_\_\_\_\_