EVALUATION OF BE-CAUSE HEALTH

EVALUATION REPORT

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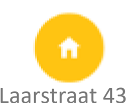
hera@hera.eu

www.hera.eu


Laarstraat 43

B-2840 Reet

Belgium

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ABBREVIATIONS

BCH	Be-Cause Health
CSO	Civil Society Organisation
D4D	Digital For Development
DC	Development Cooperation
DEVCO B4	European Commission's technical Health Unit
DGD	Directorate General for Development Cooperation
DRC	Democratic Republic of Congo
ECTMIH	European Congress on Tropical Medicine and International Health
EDD	European Development Days
Enabel	Belgian Federal Government's development agency
EU	European Union
FBO	Faith-based Organisation
FESTMIH	Federation of European Societies for Tropical Medicine and International Health
FPS	Federale Overheidsdienst Buitenlandse Zaken (Federal Public Service Foreign Affairs)
FTE	Full-time Equivalent
GA	General Assembly
GDPR	General Data Protection Regulation
HCA	Health Care for All declaration
HIV	Human Immunodeficiency Virus
HPSR	Health Policy and Systems Research
HRH	Human Resources for Health
ICRH	International Center for Reproductive Health (University Ghent)
IDS	Institute for Development Studies (University of Antwerp)
ITM	Institute of Tropical Medicine (Antwerp)
KII	Key Informant Interview
LF	LogFrame – Logical Framework
LIC	Low-Income Country (ies)
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
QA	Quality Assurance
QUAMED	Quality Medicines for All organisation
PPP	Public Private Partnership
SDG	Sustainable Development Goal(s)
SENSOA	Flemish Expert Center on Sexual and Reproductive Health and Rights
SG	Steering Group
SNA	Social Network Analysis
SRHR	Sexual and Reproductive Health and Rights
SWOT	Strengths, Weaknesses, Opportunities & Threats

TL	Team Leader
ToR	Terms of Reference
UCL	Université Catholique de Louvain
UHC	Universal Health Coverage
ULB	Université Libre de Bruxelles
UNAIDS	Joint United Nations Programme on HIV/AIDS
VUB	Vrije Universiteit van Brussel
WG	Working Group
WHA	World Health Assembly
WHO	World Health Organisation

EXECUTIVE SUMMARY

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.

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 cohere**nce, 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.

The **key recommendations** (for the Steering Group and/or the BCH Coordination) of the evaluation team are:

1. Assess whether the vision, objectives and result areas of BCH need to be updated

The Antwerp Declaration (2011), focusing on equitable and sustainable health systems, is still valid as the basis for the BCH vision. However, there is a need to update the declaration, by including new global health priorities such as e.g.: climate and health; population and demographics; health security; health financing and organisation of complex health systems; global migration and health; humanitarian aid and health; adolescent health; and social protection. In line with an updated vision, based on the updated declaration, there may be a need to reformulate the logical framework of BCH.

2. Clarify roles in advocacy of the BCH platform and WGs

Outline in the BHC 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.

3. Continue the current BCH Governance structure

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 (see further). Keep the current 'lean and mean' BCH Coordination – this setup has proved to be highly efficient and effective.

4. Promote communication between Working Groups

Facilitate and promote exchange between WGs, when considered relevant and of added value. Consider the use of SharePoint to facilitate sharing between WGs.

5. Continue and enhance engaging in the Policy Dialogue with DGD

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.

6. Invite and involve senior managers of member organisations

Ensure that managers of BCH member organisations are also involved in BCH discussions, especially when preparing important BCH products.

7. Promote diversity, inclusion and learning of the BCH platform by promoting inclusion of young professionals and experts from the global south

Request current (young) participants in WGs to register as BCH members. Request member organisations to also delegate young professionals to participate in BCH. Make use of the virtual conference modalities and innovative online applications (such as Miro) to involve more experts from the global south.

8. Keep membership records up-to-date

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.

9. Continue strengthening internal and external communication (see also recommendation 4)

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.

1 PURPOSE OF THE INDEPENDENT EVALUATION

The Be-Cause Health (BCH) General assembly (GA) requested the Steering Group (SG)[1] to conduct an evaluation of the functioning, achievements and added value of the platform and to link the results to an analysis of and – if needed – a review or confirmation of the vision and mission of Be-cause health, and to formulate recommendations for the future. Timing is timely since the fourth Framework Agreement (2017-2021) between the Directorate General for Development Cooperation (DGD) and the Institute of Tropical Medicine (ITM) is coming to an end. Evaluation findings would contribute to defining the BCH programme under the new five-year framework agreement (2022-2026) with DGD.

The evaluation builds on the previous evaluation reports, with a focus on the implementation period 2017-2020. However, given that the latest evaluation dates to 2014, the evaluation has, for part of the analysis, included the period 2014 to 2020.

As per the terms of reference (TOR, see ANNEX 1), the evaluation has a twofold purpose, including **learning** to improve BCH work and maintain its relevance, and **be accountable** to its members.

Its focus is to:

- assess whether internal and external developments have impacted the mission and goals of the platform;
- review the role of the platform in the context of the Belgian and international development cooperation in health;
- examine the present functioning of the platform (what has worked and what could be improved); and,
- examine the evolutions in the size and nature of activities of the platform over the last few years.

As per TOR, the evaluation would assess the standard OECD evaluation criteria including relevance, effectiveness, efficiency and coherence, as well as some organisational aspects including membership and statute. The evaluation questions defined in the TOR were organized in an evaluation matrix (see ANNEX 2).

hera was contracted by BCH to implement the independent evaluation. The present report outlines the evaluation findings. Section one of the report summarizes the **purpose** of the evaluation. The **evaluation approach and methodology** (including limitations) are briefly described in section two. We refer to the inception report for more detailed information on approach and methodology. Section three covers the **context and development** of BCH. The main evaluation **findings**, **conclusions** and **recommendations** are discussed in respectively section four, five and six.

[1] In some documents the SG is called Steering Committee. As per ‘huishoudelijk reglement’ we use the term Steering Group (SG) across the document.

2 EVALUATION APPROACH AND METHODOLOGY

The evaluation combined qualitative and quantitative data from different sources, including:

- **Document review**: BCH annual reports, BCH newsletters, BCH charters, BCH publications, BCH tools, BCH website, BCH social media, BCH evaluation reports, BCH internal regulations, ITM lessons learned, DGD programme scoring and Logframe, legal documents (see ANNEX 7 for the list of documents).
- **Key informant semi-structured interviews** (KII) with DGD (2), ITM (3, including the BCH coordinator ad interim), BCH SG (5), BCH WG coordinators (6), and a selection of some additional member organisations (3; 4 KII). A total of 21 individual online KIIs, including representatives from 11 member (or observer) organisations. The list of interviewees is presented in ANNEX 8.
- **An online questionnaire**, focusing on the main evaluation questions and with the purpose to get the perception on key issues from a wider group of BCH members, was tested and agreed with BCH secretariat members. It was sent by the BCH secretariat to 273 BCH members[2],[3] of whom 270 received the email. The survey remained online for about two months and reminders were sent. It was filled out by 40 people, which represents a response rate of 43 percent of those who opened the email (92) and 15 percent of those who received the email (270). The results of the general survey are presented in ANNEX 3. The questionnaire is presented in the inception report.
- **Social Network Analysis (SNA)** included a specific online survey targeted at 15 Steering Group (SG) members and Working Group (WG) coordinators as well as an analysis of a sub-set of questions from the main survey. The response rate to the specific SNA survey was acceptable at 11 of 15 respondents (73%). The aim of the SNA was to get a better understanding of how the members involved in the platform interacted and collaborated. The SNA was applied in two different ways: first, the overall engagement and interaction of the members of the platform were analysed based on the general online survey results. Next, a more specific online survey was developed for the steering group members and working group coordinators to gather information on how they interact and appreciate the different structures that make up the platform. The results of the SNA, as well as the online questionnaire used, are presented in ANNEX 4 and ANNEX 5.
- Preliminary findings and recommendations were presented and discussed in an interactive online planning workshop (02/02/2021), attended by 22 BCH members. The workshop was supported by hera and used the Miro platform for managing the discussions and ensuring engagement by all participants. The main purpose was to brainstorm on future BCH priorities.

Information collected from different sources was triangulated and is the basis for the findings, conclusions and recommendations presented in this report.

The full methodology is presented in the inception report. Implementation of the evaluation mostly followed the agreed calendar. The SNA was postponed to January 2021 and the workshop to discuss the evaluation results was moved from 9/12/2020 to 2/2/2021 and transformed partially into a planning exercise. Limitations were mainly the relatively low response rate to the general survey (and the uncertainty of the representativeness of the respondents).

GDPR procedures were fully respected. Survey results were kept anonymous. Consent to use the provided information in the analysis was obtained from each respondent. All interview recordings were agreed with

[2] The evaluation team received a list of 273 individual members. However, it is not clear whether all working group participants are included in the list received. A completed version of the Logframe (26/06/19) as well as the Annual report 2016 refers to 479 individual members and 50 member organisations (including a few as observers).

[3] Consent to use the information provided was obtained from each respondent.

interviewees and will be destroyed after completing the assignment. All citations of opinions presented in this report are anonymous, unless agreed by the interviewee.

The following deliverables are specified under this contract:

- A final report in English, including an executive summary
- A meeting with the BCH SG to present the key findings
- Participation in/moderation of a joint reflection session of BCH in March 2021 (date to be determined), during the GA.
- Dissemination of results through several webinars.

3 CONTEXT – DEVELOPMENT OF BE-CAUSE HEALTH

3.1 THE BCH PLATFORM

In 2004 Be-cause Health (BCH) was established as an 'informal and pluralistic platform' to connect individual and institutional members involved in Belgian development cooperation, to discuss and advocate international health issues and to conduct common initiatives[4]. There are currently more than 30 member-organisations[5] (government [DGD], semi-public [Enabel], academia, NGOs/FBOs, research institutions, consultancy companies, sickness funds, student associations, 4th pilar / diaspora) and more than 250 individual members. Its scope of contacts is larger through the BCH website (200 users), newsletter (615 contacts) and social media (Facebook 401 followers; 615 users; Twitter 123 followers)[6]. The platform receives financial support from the Belgian Development Cooperation (DGD), as part of the framework contract between ITM and DGD[7]. The scope of work is substantial; there are several working groups (WG) on a wide variety of themes – some more active than others, while others were ended because they achieved their expected results. The number of active WGs during the period under review varied between four and seven[8]. In addition, there are some thematic expert groups and/or documentation available[9]. Participation in the working and thematic groups is voluntary and not remunerated. Member organisations commit to make their staff available for BCH activities.

The governance structure of BCH is described in its internal regulations ('*Huishoudelijk reglement'*/'Réglement d'Ordre Intérieur', January 2016). The General Assembly (GA) meets one or two times a year and validates the strategic decisions of the SG, including annual plans, budgets, election procedures, etc. The SG (representing members from different constituencies)[10] meets four to six times a year and is in close contact with the coordinators of the WG. Some WG coordinators are part of the SG. The members of the SG are active in one or more WG. Each BCH member can initiate a WG. The WGs work based on agreed Terms of Reference (TOR); the WG coordinators hold a list of WG members. Each WG presents an annual

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[4] Source: South Research, External Evaluation BCH, April 2010. "In the beginning of the years 2000, following the Healthcare for All Conference (leading to the Antwerp Declaration), 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 DGD), 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".

[5] Source: BCH annual report 2017 and 2019.

[6] Source: data for 2019; completed version of the Logframe (26/06/19).

[7] The platform is financed by DGD, through the framework agreement signed between DGD and ITM. The ITM also hosts the secretariat of BCH. 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 2016; and the Fourth Framework Agreement (2017-2021).

[8] Source: Logframe (version 29/06/19). Working Groups address areas such as: human resources for health (HRH), sexual reproductive health & rights (SRHR), access to quality medicines, determinants of international health, mental health, e-health/digitalisation, DRC (diaspora) and research in global health, health policy and systems.

[9] For example, on Universal Health Coverage (UHC), social health protection, people centred care, chronic NCD, complexity and DRC.

[10] The SG is currently composed of representatives of the following organisations: Memisa, Sensoa, ITM, ULB, Enabel, one independent member (who happens to act temporarily as the coordinator), DGD (Observer)

plan to the SG by the end of each calendar year. The languages used in meetings are Dutch, French, and English. Products are produced in one or more of the three languages, depending on the target group.

The above 'layered' organisational structure (GA / SG / Coordination / WGs) was developed over the almost two decades that BCH exists and seems to fit the organisation and scope of activities well. The current structure is in place since 2004, when BCH was created.

The pluralistic composition of the SG is also represented in its leadership or presidency. Since inception three presidents have (wo)manned the chair, from three different constituencies (consultancy company; semi-public organisation; NGO). The function of president is voluntary. Coordination (including secretariat) is remunerated and is currently equivalent to approximately 1.25 FTE , up from 1/3 FTE before 2010[11].

In 2020, Covid-19 has influenced the context, also in organisational terms. BCH has become more virtual, allowing for a larger audience to participate (and potentially for more frequent meetings when needed). For example, field workers of member organisations and local partners can now participate in the activities.

3.2 BCH VISION AND MISSION

As indicated in the TOR, the global objective of BCH refers to the vision of the Antwerp Declaration on health care for all[12,13]. "*BCH aims at equitable access to good quality responsive health services for all, and in particular the most vulnerable people, embedded in strong, resilient and sustainable health systems.* It is recognized on national and international level for its expertise in these matters."

The BCH Vision, as per Logframe, is "*to support DGD in the formulation, implementation and follow-up of policies in the field of international health development, including coordination of Belgian stakeholders and raising public awareness"*.

Its mission (or specific objective) is formulated as follows: "*BCH ensures a more effective Belgian contribution to global health policies and the policy debate based on the right to health and healthcare for all, and on the acceptance of reality as a complex, adaptive system influenced by multiple determinants. The platform stimulates mutual trust, understanding and cooperation between all stakeholders involved in Belgian development cooperation. It strengthens the transformational competences of its members such as flexibility, teamwork and leadership"*.

In addition, the BCH website lists some BCH **values** based on a rights perspective to health and healthcare as follows: constructive dialogue in an open and learning mind-set; creativity and innovation; equity; autonomy; solidarity; and ownership.

In 2014-2016, the **strategic objectives** (as found in the annual reports for 2014-2016) were the following:

1. BCH is an efficient and dynamic network, representative of Belgian actors active in the field of international health (reformulation of result 4 / coordination?)
2. The Belgian actors contribute effectively to the international policy of Belgium and to international policies related to health (reformulation of result 3 / influence)

[11] Source: South Research, External Evaluation BCH, April 2010. Currently the 1.25 FTE combine 1 FTE for the coordinator (foreseen under the BCH budget) and approximately 0.25 FTE for the secretary (pooled from different ITM sources).

[12] https://www.itg.be/files/docs/DEC16-11EN.pdf

[13] The Declaration is explicitly referred to on the BCH website (About us / vision and mission)

3. BCH not only assures a good diffusion and exchange of knowledge and good practices among its members, but also assures a capitalisation of experiences in the field (reformulation and combination of results 1 and 2)
4. BCH promotes complementarity, synergy and collaboration among Belgian actors involved in international health and other national and international health networks

There was no strategic plan for 2017-2021 available to the evaluation team. However, the Terms of References (TOR) of the evaluation refer to the following objectives of BCH, which we assume are the revised strategic objectives:

"BCH aims at strengthening the role and the effectiveness of the actors of the Belgian development cooperation to make quality health care accessible worldwide and has set four intended results:

- A greater influence on international health policy;
- A better exchange and circulation of scientific and technical knowledge;
- Important progress in the field of complementarity, synergy and cooperation; and,
- A better anticipation to the needs identified by actors in the South

To achieve the above objectives, BCH has developed a Logical Framework of objectives (Logframe) in which its activities are organised in **four main result areas** as follows:

Result 1: SHARING of knowledge and (field) experiences

Belgian development actors are connected as a Belgian health community and share field experiences, research findings, and updates on health cooperation development and research.

1.1 Mobilization and networking experts in (thematic) WGs and/or communities of practice
1.2 Management, publication, and further development of communication messages

Result 2: **LEARNING (& CO-DEVELOPMENT)**

Belgian health actors (BCH members) strengthen knowledge and capacities based on shared (scientific) knowledge, insights, and innovations. Members obtain better access to learning at national and international level.

2.1 Annual Be-cause health conference

2.2 Thematic WG seminars

2.3 Participation at international fora

2.4 Networking with Belgian, EU and international actors & platforms

2.5 Stimulate learning and cooperation in Global South

Result 3: INFLUENCING

BCH provides policy advise to Belgian policy makers (incl. DGD) with an effective Belgian (BCH member) contribution to global health policies and the policy debate based on the right to health and healthcare for all.

3.1 Mobilization of expertise for policy advise on Belgian health cooperation policies

3.2 Elaboration, publication and further development of policy tools

3.3 Networking with Belgian, EU and international actors & platforms (or: Influence international actors and policy makers)

Result 4: COORDINATION

Strengthen the governance and management of BCH

4.1 Network management

4.2 Membership management

Result four is supporting the other three results. Managing the network to support sharing, learning and influencing. Results one and two are somewhat overlapping. Sharing information may result in learning or be done with the aim to provide learning opportunities.

These result areas overlap explicitly with the strategic objectives of ‘greater influence on policy’, ‘better exchange and circulation of knowledge’ and ‘complementarity, synergy and cooperation’. However, it is unclear how the activities aim to achieve the objective of ‘a better anticipation to the needs identified by actors in the South’.

Interestingly, the annual reports do not refer to the four result areas and neither to the values of BCH.

3.3 EXTERNAL EVALUATIONS 2010 AND 2014

Since its creation BCH organised two external evaluations, one in 2009/2010 and one in 2014. In the table below we present the synthesis of the main recommendations of both evaluations. We listed them in two groups: a) recommendations that cover similar areas or issues (and therefore suggest that these areas continued to require attention by BCH management over the lifetime of BCH (or at least up to 2014); some of these recommendations are still valid today; and b) other specific recommendations that cover different areas or issues in both evaluations.

Table 1. Synthesis of main recommendations from the 2010 and 2014 evaluations

Recommendations 2010	Recommendations 2014
Recommendations covering similar issues or areas	
(2) To work on the formulation of the mission, vision, objectives and strategies of the platform, and to communicate these to members	(1) To review the mission text so that it better reflects the actual functioning of BCH (2) To formulate a short, powerful vision statement and value statement
(3) To clarify the role of BCH in policy-influencing and to establish a protocol with guidelines on legitimacy/representativeness issues	(7) To further clarify the guidelines for advocacy and representativeness
(1) To improve mechanisms of internal communication and information exchange	(6) To improve communication between the WGs and the platform as a whole (8) To improve internal communication on achievements and results
(8) To increase the visibility of the platform	(9) To increase the external visibility of the platform (incl. documenting and sharing best practices and lessons learned)
(11) To have continued attention for contacts and exchange with other Belgian and international organisations and networks	(10) To further invest in establishing linkages with networks at international level
(9) To clarify and expand membership	(4) To revise the existing membership categories, criteria and related advantages
(6) To clarify the mechanisms of WG creation (rather than putting a limit to the maximum number of working groups)	(5) Not to limit the number of WGs but to further stimulate inter-WG exchange and cooperation
(13)To gradually Increase the (financial and institutional) autonomy of the platform	(11) To keep looking for additional possibilities for external funding and/or co-financing of activities
Recommendations covering different issues or areas	
(4) To strengthen the mechanisms of planning and follow-up (5) To further strengthen the BCH secretariat (7) To organise an annual workshop with WG coordinators, for instance, to discuss issues such as the communication with the SG, guidelines for policy-influencing	(3) To establish a checklist of criteria to be used when (co-)organising seminars in the South (12) To prepare and implement an action plan for the follow-up of the recommendations of this evaluation

Areas that continued to require attention in 2014 include: the formulation of vision and mission; BCH representativeness related to (amongst others) policy advice and advocacy; internal communication; external visibility; international networking or linkages; membership rules; the functioning of the WG (and inter WG exchange); financial resources / autonomy. The 2014 evaluation report is no longer available on the BCH website. In the 2014 Annual Report the evaluation is referenced (one paragraph).

4 FINDINGS

4.1 THE FOUR MAIN RESULTS OF BCH

This chapter is structured around the four key 'results' of BCH, i.e. 'sharing', 'learning', 'influencing', and 'coordinating' as per Logframe (see **ANNEX 6**) and presented in Section 3.2 .

Sources for the findings include deskwork, interviews, the general survey, and the SNA survey. Contributions from the planning workshop of 2 February 2021 were not integrated in this report (apart from the section on recommendations and **ANNEX 9** with the results of the MIRO board).

4.1.1 RESULT 1: SHARING OF KNOWLEDGE AND (FIELD) EXPERIENCES

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.

The main BCH tools for 'sharing' among BCH members are the working groups, website (themes, working groups, events, news), social media, newsletters, annual reports, and publications.

4.1.1.1 Working Groups

Currently, the following BCH Working Groups are active – i.e. with regular meetings, updated information on the website, regular outputs (see www.be-causehealth.be):

- Access to Quality Medicines
- Sexual and Reproductive Health and Rights
- Determinants of International Health (also called social determinants of health)
- Digitalisation (also called e-health)
- Mental Health
- Researchers in Global Health, Health Policy and Systems

Over the last five years, the dynamics of the WGs fluctuated. In 2016, there were four active WGs (SRHR, Medicines, Social Determinants, HRH). In 2017, a new WG on E-health was created, and the WG on HRH became silent. Late 2018 / early 2019, two more WGs were created, one on DRC and one on mental health. In 2020, the WG 'Determinants' was revitalized. This dynamic depends on several factors: availability of dynamic coordinators, windows of policy opportunities, achievement of results, etc.

The SNA highlighted that members who participated in the online survey are more active in four of the seven working groups, these are the WG on SRHR, WG on Access to Quality Medicines, WG on Digitalisation and HRH and WG on Mental Health. The working group on Mental Health, however, received a much lower appreciation compared to the three other WG when asked about the ability of the working group to achieve their goals. According to some interviewees and some respondents to the survey, the role and TORs of the WGs are not always clear. The website provides two lists of working groups, a shortlist with (presumably) the active WGs and a longer list with many other WGs (which either were formally closed or have become silent). It is however not clear from the website which WGs are active or not (minutes of meetings are not uploaded). Furthermore, according to some interviewees, there is not much interaction between WGs outside of (the preparation of) the Annual conference. Most BCH members consider the Annual Conference as the (best) opportunity to ensure interaction between WGs and WG members. Notwithstanding some obstacles, most BCH members consider the WGs as a most essential tool and deliverable of the platform. The overview below shows that the outputs of the various WGs is considerable. Information on the website mostly goes back to

2016, but not for all WGs. The deliverables highlighted below are recent examples and are not a complete list of outputs from the WGs.

1. WG - Access to Quality Medicines

This group is coordinated by a dedicated ITM staff, expert in pharmaceuticals. The group is meeting regularly since 2016. There were biannual formal meetings, including an international event in Oxford (September 2018), and a meeting on 'Belgian Commitment to Universal Access to quality medicines' (November 2017), where the declaration of commitment was signed by the Belgian Minister of DC. In 2018, there was another workshop in Brussels with a large BHC attendance and external partners about the supply of and access to quality assured medicines. Between WG meetings interesting information on policy issues and events has been shared with all WG members.

The WG is already active since 2007. One of the early 'products' was the (BCH) Charter on Medicines (2008[14]). The work of the WG is intimately connected with the work of the ITM, and with QUAMED (https://www.quamed.org/).

2. WG - Sexual and Reproductive Health

The NGO / member-organisation Sensoa (https://www.sensoa.be/) is coordinating this WG. The WG wants to facilitate the implementation of the policy note on SRHR (2007) and this in the broader framework of the Belgian health policy note. Towards this end, the WG aims to develop tools on SRHR and HIV which can be used in the different phases in the cycle of development programmes. It has been very active with regular meetings and webinars (e.g. six WG meetings in 2019-2020). For example, in 2015, the group reflected on SRHR in the post-2015 era[15] . In 2018 it organized a seminar on Public Private Partnerships (PPP) for Reproductive Health – 'What does it take to succeed?'. In 2020, several webinars were organized, e.g. on: anti-gender movements and covid-19 response; covid-19 and its impact on global SRHR. The WG developed a series of information sheets about topics related to SRHR, in particular about Gender, Young People and HIV. Probably the most important product of the WG was the E-tutorial "Body and Rights"[16] which seeks to provide easy access to information on SRHR for anyone who is interested. It is, for example, used to inform candidates in Belgian Diplomacy on SRHR during their induction days. The E-tutorial was recently evaluated and is currently being updated.

3. WG - Determinants of International Health

The WG started off by preparing the 2011 conference 'Will our generation close the gap? Comprehensive and innovative strategies to address social determinants of health' and remained operational until 2018 (although two WG meetings were also organised on 2019). In May 2020, it was revitalized, with the arrival of a duo of coordinators from VivaSalud and Memisa. In 2020, several events were organized, e.g. a webinar on inequalities (November 2020), a webinar on 'Framing matters – an alternative to the language of development, aid and charity' (June 2020). The WG is especially focusing on issues outside the health sector that impact on health, including political factors. Advocacy on these issues is a key aspect of the WG agenda.

4. WG - Digitalization

This WG is led by an experienced BCH member, staff from Enabel and, reportedly, has a somewhat volatile character in term of membership which is open and brings a wealth of ideas. Its existence proofs that there is a great need to share knowledge in this area. The WG started as an 'informal' group to help prepare the

[14] With this commitment, Belgium was the first donor country to commit itself to guaranteeing the quality of medicines at the level of cooperation with other governments, both in its development cooperation and in its humanitarian programmes.

[15] BCH newsletter 10, 2015.

[16] Launched on the eve of the international conference on Sexual and Reproductive Health and Rights - She Decides in Brussels. This is a trilingual website (in English, French and Dutch) with an online course on Sexual and Reproductive Health and Rights. ()

annual seminar ‘Health 2.0: are we ready to go digital?’. The political climate about digitalization was favourable, under former Minister of Development Cooperation. Since 2016, the WG organised also other events such as the “D4Health Academy” in 2017, (with Bluesquare, Philips medical systems, Open Clinic GA), and regular thematic meetings ‘E-Health Academy’. It also works on digital tools for nurses in low-income countries (LIC). An average of three WG meetings per year was held in 2017, 2018 and 2020. It also supports the biannual D4D ‘Digital for Development' prize (by Museum of Tervuren and DGD).

5. WG - Mental Health

This WG is coordinated by a senior ITM staff with ample experience with mental health in complex, fragile settings. Reportedly, this recent group is still finding its way to establish itself. Two meetings were held in 2019. One important issue is to address how ‘primary’ mental health can be integrated in ‘primary’ care in LIC. Another issue for debate is the space that should be given to those who ‘believe’ in less conventional methods of mental health. In 2018, prior to the formal start of the WG, two lunch seminars were organized at Enabel around mental health in LIC settings in Rwanda (with Dr Achour Mohand) and in Guinée Conakry (with Dr. Abdoulaye Sow).

6. WG - Research on Global Health, Health Policy and Systems (GH & HPSR).

This WG is coordinated by two researchers, one from ULB/ESP & ULiège, and one from the University of Antwerp / Institute for Development Policy (IDP). Membership is individual rather than institutional. In December 2018, a proposal was made to describe the purpose of a Belgian Network of researchers in Global Health. The WG started in 2019 with a pilot phase as there was a felt need among Belgian researchers to exchange views on research methods and to have frequent exchange sessions to share and learn from each other, and foster collaboration. Membership criteria are being Belgian and being involved in research. The overall objective of setting-up a Belgian Network of Researchers in Global Health (GH) is to contribute to the quality and visibility of GH & HPSR (health policy and systems research) performed by Belgian actors. Outputs of the WG include publication lists of papers by Belgian researchers; and a first newsletter produced in June 2020.

The group currently brings together people working at the University of Antwerp (UA), Université Libre de Bruxelles (ULB), Vrije Universiteit Brussel (VUB), Ghent University (ICRH), the University of Liège, the Université Catholique de Louvain (UCL), the Institute of Tropical Medicine (ITM), Enabel, NGOs and individual experts and consultants.

7. Other WGs

Apart from these six active WGs, there are also various expert groups around ‘themes’, e.g. HRH, People Centered Care, DRC, Social Health Protection, chronic non-communicable diseases, ‘complexity’, and, Universal health Coverage. For most of those themes a WG was established earlier on and after completion of the set tasks, WG activities stopped (or became silent) but specific expertise remains available within BCH (or its member organisations). The themes, reference documents and external links remain accessible through the BCH website. Some of the WGs, such as DRC, are still active. We discuss two themes, DRC and HRH (other information is available on the BCH website).

(i) WG - DRC

This WG is coordinated by the coordinator of a 4th pillar association, who is also SG member, with a DRC background. This group brings together Belgian NGOs and cooperation stakeholders with individuals, the so-called “fourth pillar” initiatives and groups. The WG started already in 2011 and wanted to ensure that the health sector would be represented again in the official Belgian development cooperation with the DRC (as a result of the Mixed Belgian-Congolese Commission’s 2010-2013 activities, the health sector had been excluded from the priority sectors of the bilateral cooperation between the DRC and Belgium). In 2011 and 2012, the WG organized two seminars: 1) a regional seminar on strengthening Health Services in the three Great Lake countries DRC, Burundi and Rwanda (2011); and (2) a workshop on health systems financing (2012). Currently, the WG is ‘rather silent’ (quote by a member). However, in 2019, the BCH WG facilitated

an important encounter between a DRC delegation and the Belgian Government, where opportunities for collaboration in the health sector, including health and rights issues, were discussed[17].

(ii) WG - HRH

This WG was established before 2010 and has been coordinated by several senior Belgian public health experts. An important output was the Charter on Human Resources for Health (23 May 2013), based on the WHO Code of Practice on the international recruitment of Human Resources for Health (63th WHA, May 2010). After another proactive participation in an international event (ECTMIH, 2013, Copenhagen), the momentum for the WG faded. Reportedly, this WG "is currently sleeping" (quote by WG member); some interviewees indicated that, considering the importance of the HRH topic, this is unfavourable and that efforts should be made to get the WG operational again.

The evaluators did not look in detail at the other thematic groups. However, from the interviews and from the survey it appears that there is quite some interest among BCH members to revitalize some of these themes, e.g. on non-communicable diseases. The evaluation team understood that revitalizing a group cannot simply be enforced and the initiative should come from within BCH or at the occasion of a specific request for expertise. The dynamics of WGs are indeed not predictable – and this dynamic profile should probably remain, for WGs to be most productive when relevant or needed. As indicated, the conditions for revitalizing a WG are inter alia: availability of a dynamic coordinator; policy windows; possibilities for concrete action; etc.

4.1.1.2 Website and social media

The BCH website (www.be-causehealth.be) is well structured and provides access to a large scope of information. The active WGs use the site to announce new events (e.g. regular meetings, upcoming seminars, ECTMIH upcoming congresses – call for abstracts, etc.) and to provide relevant links to other sites and documents (including BCH documents such as annual reports, newsletters, SRHR info-sheets and infographics, Consensual note on health), tools, news items. The various member organisations – especially ITM - make use of the website to announce upcoming events, vacancies, etc.

On average, there were 200 website users per year over the past five years, which is limited. Most likely, a substantial number of users are BCH members. Its coverage or use beyond BCH is not known, but likely quite small.

Perhaps surprisingly, the results of the BCH member survey indicated that the (internal) use of the website is quite low. 27 out of 34 respondents indicated that they only used the website sporadically or never. Nevertheless, those respondents who expressed an opinion (n= 25-30) indicated that the website had relevant, informative, and timely material.

While the website announces upcoming internal and external / international events, it only sporadically provides minutes or feedback of such key events (annual seminars, important WG webinars, etc)[18]. While links are provided to the presentations made at such events, there is most often no 'take home' message of decisions made at the end of the event; on lessons learnt; or feedback on the usefulness of the event.

The website is also not complete. For example, when searching for 'annual seminar', only three references pop up (annual seminars of 2013, 2014 and 2016).

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[17] Newsletter 'BCH matters', nb 12, RDC (16/17-12/2019). Agir ensemble afin de renforcer le droit à la santé dans la République Démocratique du Congo

[18] The 'Be-cause health matters' publications (see the Resources section of the website) contain the reports of the annual seminars.

4.1.1.3 Social Media

From the generic survey it appears that the use of social media (Facebook, Twitter, other) by BCH members is very limited. 26 out of 34 respondents indicated not to use social media on a regular basis.

However, routine information collected by the former BCH Coordination in 2016-2019 indicated that the numbers of users of social media are considerable (e.g. 373 and 401 Facebook followers in 2018 and 2019; 108 and 123 twitter accounts in 2018 and 2019). With the (potential) influx of younger professionals, the use of social media is likely to increase, which may create further opportunities for increased sharing of information beyond the current BCH members.

4.1.1.4 Newsletters

The BCH coordination publishes newsletters on a regular basis. For example, in 2020, 12 newsletters were produced. The newsletters are used to announce important upcoming international events (e.g. ECTMIH congress; webinar), dates of WG sessions or BCH seminars (save the dates, etc), interesting deliverables of various WGs, etc. to ensure that BCH members remain well informed. This medium also provides some opportunity to keep abreast of what other WGs are doing.

Among the 34 respondents of the general BCH survey, the majority (30 out of 34) indicated to use the newsletter (sometimes, or often). Most found the newsletters useful (28 out of 29). The evaluation team agrees that regular, short newsletters (with the appropriate references and weblinks) are a powerful tool to further support a large platform such as BCH, share information across the pool of members and stimulate interest.

4.1.1.5 Publications

For several interviewees, it is not quite clear as to whether BCH is supposed to produce scientific publications. Obviously, publishing relevant scientific experiences in global health is crucial. The question is, however, whether scientific publications should be made under the umbrella of BCH, which is not a scientific organisation. Scientific publications are de facto made under the responsibility of individual or academic members – not under the umbrella of BCH. But BCH promotes the visibility of interesting papers, e.g. by making links to relevant publications on the BCH website.

Typical BCH publications include: brochure ECTMIH, one chapter in the 2017 Global Health Watch report, BCH annual reports, reports on the annual conferences, reports on the numerous webinars and other events, 'BCH Matters'. Production of BCH matters is however quite irregular[19].

4.1.1.6 Overall perceptions about 'sharing' in BCH

From the general survey (see ANNEX 3), most respondents consider the 'sharing' role of BCH as relevant (33 out of 36 respondents agree or fully agree). The 'sharing' role of BCH also meets most individual and/or corporate expectations (25 out of 30 respondents). Survey respondents (20/24) felt that BCH has achieved acceptable results particularly in terms of 'exchange and circulation of scientific and technical knowledge'. However, one fourth of respondents did not feel capable of assessing the BCH performance in this area. Among the 37 respondents to the survey, nine said that an update of the formulation of the sharing role would be needed.

From the SNA it appears that cross-fertilization among WGs is limited ("working in silo's"), and that perhaps some opportunities for collaboration are lost. For example, there is expertise in some WGs (e.g. Research) that could be made available to some other WGs.

[19] Three newsletters in 2011, two in 2012, three in 2013, one in 2014, two in 2015, two in 2019.

Sharing the *vision* of BCH was also addressed in the survey. Among 35 respondents, only 18 indicated that they were familiar with the 2001 Antwerp Declaration on Health Care for All – the basis of the BCH vision; and 17 indicated they only know it a little (10) or not at all (7). This shows perhaps that some thought could be given to revisit the BCH 'vision'. Various interviewees indicated that the Declaration is still mostly relevant; however, new elements – climate and health, rights and health – could get a more prominent place in the formulation of the BCH vision.

4.1.2 RESULT 2: LEARNING

Learning: Belgian health actors (BCH members) strengthen knowledge and capacities based on shared (scientific) knowledge, insights and innovations. Members obtain better access to learning at national and international level.

The BCH work output through various working groups, thematic expertise and sharing modalities discussed under Result 1 (sharing) is the main basis for learning by BCH members and WG participants. Results one and two (sharing and learning), as reported by several interviewees and discussed again during the February workshop, are difficult to separate. In addition to the activities cited under 'sharing', other main BCH activities at present include annual conferences, participation in international (global health) conferences, and organisation of thematic seminars.

4.1.2.1 Annual conferences

The annual conferences have been major events, with many participants from Belgium and abroad. The following were organized since 2014 (source: BCH annual reports)

Table 2. Annual conferences organized by BCH (2016 to 2020)

YEAR	THEME	NO. PARTICIPANTS
2014	Putting people at the heart of development. SRHR in the post-2015 era[20]	220 participants
2016	"Are we ready to go digital? "[21]	120 participants
2018	Health and Education. 'Stronger Together'. Organizers: ICRH, Plan, Sensoa, VVOB. [22]	Over 250 participants
2019	"Taking the urban turn". (urban health, equity, eco-health, safety in the city, urban planning)[23]	Over 200 participants; 24 international speakers

Overall, the BCH members find this 'tool' most essential, to keep the organisation together. Conferences are essential to share, learn, and communicate. WG coordinators are of the opinion that these conferences are a key tool - and perhaps the only one (considering efficiency reasons) - to exchange experiences (also between WGs; and with the Global South) and to identify opportunities for collaboration. For BCH members, this BCH tool is considered essential and should be maintained. The organisation of these events was

[20] Annual report 2014

[21] Annual report 2016

[22] Annual report 2018.

[23] See also: . See also annual report 2019.

reported to be of good quality by key informants, where Belgian actors and foreign experts had opportunities to exchange ideas about relevant issues.

4.1.2.2 Organization of, and participation in international events, regional seminars, round tables and webinars

When asked, 18 out of 40 respondents of the BCH survey indicated that 'participating in national and international events' was the most important BCH activity. Over the last five years, the most important events (apart from the annual conferences) are listed in Table 3.

Table 3. List of national, regional and international seminars (2014-2020)[24]

Year	Event
2021, January	Determinants of International Health: Second learning session on Access to Covid19 vaccines and technologies
2020, December	ITM Alumni seminar: Corona in the World; Guatemala, understanding context through rumours tracking"
2020, November	Determinants of international health. 'Health inequalities and covid19'.
2020, September	Parliamentarians for the 2030 Agenda
2020, September	'Terug naar af?". Webinar organized on Covid 19 and its impact on the sustainable health agenda
2020, June	Framing Matters – an alternative to the language of development, aid and charity
2020, June	MGF and 'santé mentale'
2020 May	No time to waste - anti-gender movements and the Covid19 response
2019, December	'Agir ensemble' - DRC
2019, October	Third Congress on Palliative Care, DRC
2019 April	E-health academy – tools and country case studies
2018, December	Inspiration day of diaspora and NGO's on Women's Rights and Health
2018, October	40 years after Alma Ata: PHC (Antwerp, ITM)
2018, October	Health Systems Research Symposium (Liverpool)
2018, June	Spotlight on Health and of Adolescent Girls. EDD panel on what Europe can do to help confront the challenges in developing countries (18 June 2018).
2017 October	10th European Congress on TM and IH (ECTMIH). Antwerp. BCH presented on 'digitalization', 'social determinants of health', 'non-communicable diseases' .
2016, September	Health Cooperation beyond aid (MMI)
2016, August	50 años de cooperación Belga en Región Andina
2016, February	Roundtable health models in the South, alternative interventions
2015, October	8 October | Workshop Non-Communicable Diseases
2015, September	Regional Seminar DRC Palliative care (BCH supported IYAD)
2015, September	ECTMIH 2015. BCH sessions on Mental Health & Complexity
2015, February	Roundtable Health System Strengthening in Fragile Settings
2014, October	Expert network meeting on Ebola
2014, June	Debate Intermediary Cooperation Programme DRC – Belgium

This list highlights that BCH has participated in a large and diverse number of conferences.

[24] The list is not complete as the 2017 annual report is missing and the record for 2020 is still incomplete.

4.1.2.3 e-Tutorial

On the eve of the international conference on Sexual and Reproductive Health and Rights - She Decides in Brussels, the E-tutorial "Body and Rights" was launched by the then Minister of Development Cooperation. (www.bodyandrights.be). The free online tool was developed by Be-cause health for diplomats, employees of the FPS Foreign Affairs, Foreign Trade and Development Cooperation, Enabel, NGOs and all other stakeholders who are active in development cooperation and foreign policy. It was evaluated in 2019 and was found to be of good quality. It provides a comprehensive - although not exhaustive - introduction on SRHR. It is an entry-level course which addresses SRHR from the perspective of human rights and within the framework of the Sustainable Development Goals (SDGs). The tool is easy to access and navigate.

This is a strong example of a quality product developed by BCH with a specific aim for promoting learning and ensuring SRHR principles are better embedded in Belgian cooperation projects.

4.1.2.4 Findings from the survey and interviews

The survey confirmed that the 'learning' result of BCH is very much appreciated. Among respondents, 34 out of 37 found the 'learning' BCH activities most relevant ('agree'+ 'fully agree'). 22 among 30 respondents indicated that BCH does what it is supposed to do. However, eight only agreed to some extent (and seven did not know). This may indicate the need to review the 'learning' objective/result, as some BCH members seem to expect more or a different output. Out of 29 respondents only seven indicated that this was not necessary, while 22 felt that this was necessary, at least to some extent (10), agreed (10), fully agreed (2). Interestingly (and understandable as this can be accessed elsewhere), 'to get more access to scientific work' was considered the least important reason for joining the platform. On the other hand, and this may be the 'main reason of being 'of the BCH platform, 'to get new insights, based on joint discussion and exchange' got the highest score (see ANNEX 3).

The membership of FESTMIH gave rise to some discussion during the evaluation. Some questioned the relevance of the membership, and others presented strong opinions in favour.

FESTMIH (https://festmih.eu/) (founded in 1994) is the platform for European Societies for Tropical Medicine and International Health. The vision of FESTMIH is to create a world of 'equity in health'. BCH is prominently presented on the webpage, as one of the members. Other members are from; Austria, Croatia, Finland, France, Germany, Ireland, Italy, Norway, Portugal, Spain, Sweden, Switzerland, Chechia, Netherlands, United Kingdom. The evaluation team feels that BCH membership of FESTMIH remains crucial for various reasons. The global health discussions feed the BCH platform with necessary outside information, and the Belgian Government benefits from this membership, given that BCH, as a member of FESTMIH, can provide additional relevant policy-oriented information to decision makers within DGD on global health issues. In other words, BCH both contributes to and learns from FESTMIH.

BCH also participates in the ECTMIH congresses (European Congress on Tropical Medicine and International Health). The 10th Congress was held in Antwerp (2017; health in [r]evolution, environment, migration, technology, empowerment) and was referred to in this report. The main survey indicated that most (22/34) of the respondents knew that BCH is part of FESTMIH, while 12 respondents indicated they did not know. In the qualitative comments, respondents said that this membership is not widely advertised within BCH and it is therefore not known to be an added value. Those who commented on the added value of the FESTMIH membership were very appreciative and that it contributes to a wider international recognition. According to one respondent, BCH should be more active as FESTMIH is one of the windows towards more international exposure and collaboration.

The evaluation team is of the opinion that BCH should carefully foster its membership position in FESTMIH for the reasons given above.

4.1.3 RESULT 3: INFLUENCING

BCH provides policy advise to Belgian policy makers (incl. DGD) with an effective Belgian (BCH member) contribution to global health policies and the policy debate based on the right to health and healthcare for all.

4.1.3.1 Influencing Belgian development cooperation health policy

The BCH ambition is to be influential in debates around global health policies, social protection, the right to health (care) and Universal Health Coverage. Over the review period, concrete activities included: participation in policy debates, participation in the World Health Assembly, the formulation of policy briefs, factsheets, outcome documents and recommendations of seminars, conferences, and e–tutorials. Its scope of influence is broader than only Belgian policy makers, but examples provided above also confirm important support to and influencing of Belgian development cooperation. Major highlights of 'Belgian policy influence' are summarized in the following table.

Table 4. Examples of Belgian development cooperation policy influenced by BCH

Year	Policy
2020	**Strategy note "Recht op Gezondheid" (The right to health) – SRHR module (under development)**
2018	DGD / BCH: Consensus over richtlijnen voor duurzame steun aan geïntegreerde gezondheidszorgsystemen (Consensus for guidelines on sustaining integrated health care systems)
2017	Commitment to Quality Assurance for Pharmaceutical Products (French & Dutch signed version) between DGD and the actors involved in the implementation of programmes including the purchasing, storage, distribution and/or control of pharmaceutical products
2016	Roundtable: Belgian strategy note 'The Right to Health' – Development of thematic modules. BCH directly contributed to developing the strategy note

A clear example of influencing Belgian international health policy (see table above) was the session in April 2016, where 46 BCH members joined the DGD to discuss a nearly final draft version of the 'Public strategy note on the Right to Health'. BCH contributed to six key areas, i.e.: - Sexual Reproductive Health & Right – SRHR; Financing Universal Health Coverage; Quality of Medicines; HRH; NCD; and, Communicable - Infectious & Neglected Diseases.

The WGs play an important role in 'influencing' through the specific deliverables they produce and the co-working. As was shown above, they have participated in a large and diverse number of (international) conferences.

During the past years, specific influencing activities included work with UNAIDS (through the WG SHRH) and Quamed (through the WG on access to quality medicines). Typical influence activities included: exchange meetings and visits; policy briefs, factsheets, joint reflection exercises, joint submission to international events and conferences. As explained earlier, other WGs also 'influenced' international debates, through international seminars and webinars.

4.1.3.2 Findings from surveys and interviews

The survey among BCH members showed that most respondents score the relevance of 'influencing' as high (28 of 35 agree or fully agree; but seven agree only to some extent). More importantly, there is some controversy about the effectiveness of this activity: 17 out of 30 respondents (57%) only 'agreed to some extent' as to whether BCH operates in conformity of expected results, while seven 'didn't know'). Based on the above survey results and the discussion below on the advocacy role of BCH, there may be a need to revisit the expected results in this area and the associated activities.

Political influencing by BCH over the last few years is particularly interesting, considering the Belgian politics in Development Aid. Some interviewees pointed at the specific period of the Minister of Development Cooperation from October 2014 to December 2018. During this period, there was less interest by the Belgian Government for broad health systems related issues; however, much focus was put instead on SRHR, and on innovative issues such as Digitalization. Some BCH WGs thrived during this period (e.g. WGs on SRHR and Digitalization), while others had more difficulties keeping connected with Government. At the same time, within DGD the technical capacity (basically in terms of human resources) was gradually being phased out. Today, DGD does no longer have experienced medical / public health staff. In conclusion, during recent years influencing Belgian policies on international health became more of a challenge. Currently, talks are held with the new Government to seek opportunities for a broader approach of supporting policy development in global health, based on the BCH values.

The former BCH Coordinator (ITM staff) played an important role in liaising between BCH and DGD. Later, he became official liaison officer between the two parties. He was seconded by ITM to DGD for providing policy support and is appreciated by DGD. Considering that the technical expertise within DGD on global health is decreasing, this set-up has shown many advantages (as acknowledged by most informants).

During interviews, it appeared that among BCH members there is some diversity about the advocacy role of the BCH platform (at 'corporate' level) and of the individual WGs. While one interviewee expressed a strong view that BCH should focus more on 'values' and less on technical issues, the majority of members felt that typical and specific advocacy issues should remain with the WGs. It was felt that BCH as a whole – and the BCH Coordination - should facilitate the WGs in this specific advocacy role based on the common 'vision' of BCH and refrain from adopting a strong activist position.

4.1.4 RESULT 4: COORDINATING

Strengthen the governance and management of BCH

At present, a coordinator and the SG manage the BCH platform (membership and activities). Strategic planning documents and a set of internal regulations guide the management. Governance structures and BCH budgets are discussed in section 4.2.3.

During interviews and in the surveys, BCH members were asked about the appropriateness of this – rather meagre – financial resource (on average € 50,000 per year) to manage the platform. There is overall agreement that the coordination should remain lean. Most BCH members attach great importance to the 'independence' of BCH as a critical and constructive partner of the Government – increasing Government subsidies would not be in line with this ideology. Also, DGD (ex) staff members agreed with this principle. Most if not all BCH members feel that the voluntary in-kind contributions provided by the members is a most important precondition for the wellbeing of the Platform and for its sustainability.

Respondents to the general survey were asked if they believe the composition of the membership structure is representative for the sector, if the composition of the membership is sufficiently diverse and if the role of observing and voting members is clear. Most respondents (20/34) believe the composition is representative and 19/34 also find the membership sufficiently diverse. However, there is less clarity on the role of observing versus voting members with 9/34 members indicating they disagree with the statement on clarity of membership profiles.

When asked about the governance structure, again many respondents (13 or 14/34) were not able to respond to the question. Most of those who were able to respond, find that the roles of the SG and other governance structures are clear and that they meet the needs of the platform. Also, the BCH coordination is perceived as 'doing a good job' and to sufficiently consult its members. More details on BCH governance and organisational aspects are discussed in section 4.2.3.

4.2 EVALUATION QUESTIONS

This section addresses the evaluation questions as per TOR. These evaluation questions were regrouped under 5 headings: relevance; effectiveness; efficiency; coherence and organisational aspects. Some of the findings were already discussed under the former section. We refer to section 4.1 where relevant.

4.2.1 RELEVANCE

TO WHAT EXTENT DOES BCH FULFIL THE NEEDS OF THE INDIVIDUAL MEMBERS AND MEMBER ORGANISATIONS AND OBSERVERS / FUNDERS?

ARE THE ACTIVITIES AND OUTPUTS OF BCH CONSISTENT WITH THE PLATFORM'S MISSION, OBJECTIVES, AND THE DECLARATION HEALTH CARE FOR ALL?

DO THE PLATFORM'S MISSION, OBJECTIVES AND THE DECLARATION HEALTH CARE FOR ALL NEED TO BE UPDATED?

HAS BCH MADE A DIFFERENCE/CHANGE TO HEALTH POLICIES AND INTERVENTIONS OF THE BELGIAN DEVELOPMENT COOPERATION?

HOW DOES THE PLATFORM REMAIN RELEVANT IN A RAPIDLY CHANGING GLOBAL HEALTH ENVIRONMENT?

Both the general survey and the KII's confirm that Be-cause Health (BCH) fulfils the needs of the individual members, member organisations and observers / funders.

"Within BCH, there is much 'confidence' between the members. BCH is a 'lubricant' for joint alliances - for collaboration. This is an important Belgian gain".

Membership is very diverse, and there are various interests and views on the added value of BCH. For example, academic institutions are eager to have an exchange on scientific information and field experiences.

"Networking and exchange among Belgian researchers and informed NGOs is very important. Contact with the NGO field is crucial for researchers". "BCH is very useful for the [name of university]. Students are always welcome to attend the annual conference of BCH. Field experience by BCH members is welcomed by students -it is a learning experience".

NGOs are interested to have BCH as an opportunity to reinforce their advocacy for their cause. Government (and Embassies) is eager to collaborate with BCH. And, individual BCH members are expecting to remain connected with global health, through the various BCH activities (Conferences, WGs, webinars, newsletters). It appears that these mixed positions and expectations are a most welcome ingredient for a dynamic and unique platform. In short, relevance of BCH is not in question. Key stakeholders are keen to debate on the future of the platform.

This was also confirmed by the respondents to the general survey, as indicated in table 5, for the four main result areas of BCH.

Table 5. Respondents' ratings of the relevance of the result areas (N=37)

	Sharing	Learning	Influencing	Coordinating
1. Disagree	0	0	0	1
2 Agree to some extent	2	3	7	8
3. Agree	11	13	9	8
4. Fully agree	23	21	19	17
MEDIAN	**4. Fully agree**	**4. Fully agree**	**4. Fully agree**	**3. Agree**
Don't know	1	0	2	2

The survey respondents largely agree that the four results areas are still relevant. There is more disagreement on the results areas of influencing and coordinating, where respectively seven (19%) and nine (24%) respondents only agreed to some extent or even disagreed. We refer to section 4.1 for more discussion on relevance of the four result areas. However, most of the survey respondents agree at least to some extent

with the suggestion that the results areas could be updated. Reasons provided for the need to update result areas are quite different by respondent (and sometimes very specific). The most common denominator seems to be a need to clarify the objectives ('what should be achieved') under the different result areas, rather than changing them. Also, in the February workshop some participants felt that the two first result areas (sharing and learning) largely overlap.

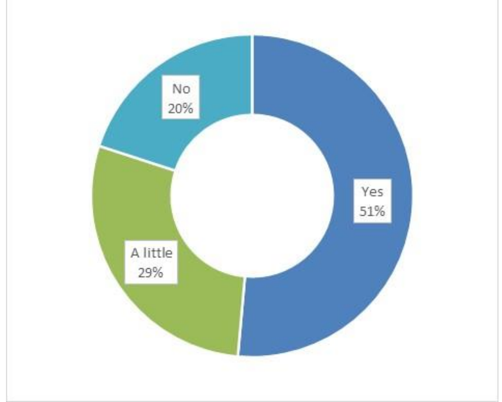
An important advantage of BCH is that *"…knowledge is available on practical implementation of field activities".* In other words, theoretical concepts are 'tested' with practical insight of field experiences.

As discussed in section 4.1, the activities and outputs of BCH appear consistent with the platform's mission, objectives, and the (Antwerp, 2011) Declaration on Health Care for All. But not all survey respondents are familiar with the Declaration.

Respondents were asked to indicate how familiar they are with the Health Care for All Declaration (or Antwerp Declaration) which forms the basis for the BCH vision. About half of the respondents (18) were familiar with this declaration, while another 10 indicated they knew it 'a little'. Seven (7) respondents were not familiar at all.

Table 6. Respondents' awareness with the Health Care for All Declaration (N=35)

Familiar with Antwerp Declaration	# responses
Yes	18
A little	10
No	7
Total	**35**



The respondents largely agreed that BCH members should have a common vision and that the Health Care for All Declaration remains relevant for BCH's vision. The current vision is also considered sufficiently clear by most respondents. However, not everyone agrees that the vision is sufficiently known by the BCH members and some believe that it should be updated.

Indeed, the platform's mission, objectives and the Declaration Health Care for All may need an update in a rapidly changing global health context. According to many BCH members, some important global health issues do need more attention, e.g. health financing and organisation of complex health systems; climate change and health; global migration and health; humanitarian aid and health; adolescent health; health security (including control of pandemics; global vaccination policies; social protection policies [Liverpool conference 2019]). Although the BCH platform responds to recent developments in global health and is sometimes asked to provide specific input to strengthen health policy (e.g. SRHR), which is also confirmed by the evolution of themes taken up by WGs, it would benefit from regularly aligning its overall vision with recent or upcoming global health priorities.

Let's try to be original, and to develop original reflection on neglected "niche" relevant to global health, rather than on issues which are high on agenda of anybody else. Let's focus on neglected needs in global health. [survey respondent]

BCH has on several occasions influenced the Belgian international health policies, either through specific WG outputs or through continuous policy dialogue. See section 4.13 on 'influencing' for an overview and concrete

examples. The Charter on Medicines was an important landmark. Another recent BCH 'product' was 'Body and Rights'[25]. Also, BCH contributed to the 'She decides' policy of the former Government[26].

4.2.2 EFFECTIVENESS

WHAT WERE THE MAIN ACHIEVEMENTS OF BCH SINCE 2014? (SEE SECTION 4.1)

TO WHAT EXTENT WERE BCH GOALS AND OBJECTIVES MET?

HOW HAS THE PLATFORM ADDRESSED THE RECOMMENDATIONS OF THE 2014 EVALUATION (E.G. ON COMMUNICATION, NETWORKING, FINANCIAL INDEPENDENCE, VISIBILITY)? AND WHERE THESE ADJUSTMENTS SUCCESSFUL?

WAS BCH EFFECTIVE IN TERMS OF ADVOCACY?

ARE THE INTERNAL REGULATIONS CONCERNING ADVOCATING IN THE NAME OF BCH CLEAR?

TO WHAT EXTENT IS DIVERSITY OF OPINIONS WITHIN THE NETWORK AND BCH WORKING GROUPS SAFEGUARDED? HOW IS THIS REFLECTED IN THE FINAL ADVOCACY MESSAGES?

WHAT HAS BEEN THE 'REACH' OF NETWORK-WIDE EVENTS (BOTH INTERNAL AND EXTERNAL)? (see section 4.1)

4.2.2.1 Main achievements

Section 4.1 lists the main outputs of BCH. As indicated, these were many and of high quality, including well attended annual conferences; thematic seminars; proactive membership of FESTMIH; co-production of important charters and specific products, such as Body and Rights, and others. A variety of topics have been addressed, including Palliative care, Mental health in a PHC context, SRHR, quality medicines, adolescent care, people centred care, chronic NCD, social determinants of health, social protection, data management, digitalization and e-health, complexity, research in global health, etc.

Whether BCH goals and objectives were achieved is a question not easy to answer, as several versions of the 'logical framework' exist and goals and objectives (as well as result areas) are not always presented in the same way (e.g. Logframe(s), annual reports, website, ToR of the evaluation). See section 3.1 for a short presentation of different sets or phrasing of objectives and results. As per agreement with BCH coordination, we used the version of the Logframe, outlining the four main result areas (sharing, learning, influencing and coordination) for the evaluation.

***Mission**: BCH ensures a more effective Belgian contribution to global health policies and the policy debate based on the right to health and healthcare for all, and on the acceptance of reality as a complex, adaptive system influenced by multiple determinants. The platform stimulates mutual trust, understanding and cooperation between all stakeholders involved in Belgian development cooperation. It strengthens the transformational competences of its members such as flexibility, teamwork and leadership.*

While the above mission statement is a challenging one for a voluntary platform with a limited budget, BCH invests time and effort to live up to its mission. As indicated, the list of outputs is large. In section 4.1.3 we highlighted how BCH has influenced Belgian development cooperation policy in health. Through its links with other international networks, such as ECTMIH / FESTMIH, and its active participation in international events and conferences, it is likely that BCH has also contributed to international brainstorming on health priorities. Measuring the potential effect is beyond the scope of this evaluation.

The impact on 'better knowing each other', collaboration between member organisations and individuals, creating an equal level playing field between different organisations to discuss health priorities and consider

[25] Body & Rights" is an e-tutorial on sexual and reproductive health and rights (SRHR). This initiative was taken by the SRHR work group of BCH, in which BTC/ Enabel DGD, ITM, ICRH/Ugent and Sensoa have actively. The latter developed the e-tutorial.
[26]

complementarity and synergy (when opportunities arise) is an important result of the platform. Teamwork is the basis of BCH functioning; and several BCH members, (amongst others) through their work for BCH, have gained skills in leadership and global health[27]. This was highlighted by several interviewees and the survey confirmed the overall satisfaction by respondents on how BCH 'behaves'.

Survey respondents agreed that the platform operates according to the results of 'sharing' and 'learning' but were less confident about the result areas of 'influencing' and 'coordinating'.

Table 7. Respondents' ratings of extent to which the BCH platform operates against the expected results (N=37)

	Sharing	Learning	Influencing	Coordinating
1. Disagree	0	0	0	1
2 Agree to some extent	5	8	17	11
3. Agree	16	16	8	11
4. Fully agree	9	6	5	7
MEDIAN	**3. Agree**	**3.Agree**	**2. Agree to some extent**	**3. Agree**
Don't know	7	7	7	7

See section 4.1 for more detailed discussion of how effective BCH has implemented the four results.

Some BCH members were doubtful about the necessity of having a Logframe, since BCH is a (voluntary) 'platform', and not a 'project'.

When asked about the extent to which BCH is achieving results across its objectives, survey respondents felt that BCH has achieved acceptable results particularly in terms of 'exchange and circulation of scientific and technical knowledge' as well as creating 'complementarity, synergism and cooperation'. The opinions of respondents were more divided when assessing the results obtained in terms of 'influencing international health policies', with 11 respondents choosing 'limited results', while 12 choose 'acceptable results'. There is stronger agreement, however, that BCH has not performed as well when it comes to anticipating the needs identified by actors in the South.

Table 8. Survey respondents' ratings on BCH achievements (n=34)

	Influence on international health policy	Exchange and circulation of scientific &technical knowledge	Complementarity, synergism and cooperation	Anticipation of needs identified by actors in the South
1. No results	0	0	0	0
2. Limited results	11	4	6	13
3. Acceptable results	12	16	14	8
4. Excellent results	0	4	5	0
MEDIAN	**3. Acceptable results**	**3. Acceptable results**	**3. Acceptable results**	**2. Limited results**
Don't know	12	10	9	13

A constraint for the policy dialogue between BCH and DGD is that the technical capacity on global health within DGD has decreased over recent years. Although the expectations of Government (DGD) and BCH about global health priorities are not always in line, there is wide consensus that the NGOs in development cooperation ('het middenveld') should keep an important 'say' in policy development. "*That worked and led to the formulation of Strategy Notes*". Policy support to DGD may become even more needed in the future.

[27] Some examples are: a) a previous BCH coordinator who is providing policy support to DGD; b) a previous BCH president who chaired the ECTMIH conference.

While most respondents believe that BCH is well known within the sector of international health development in Belgium, it is much less well known outside the sector in Belgium. If this is considered a priority for BCH, advocacy strategies may have to be developed to achieve this.

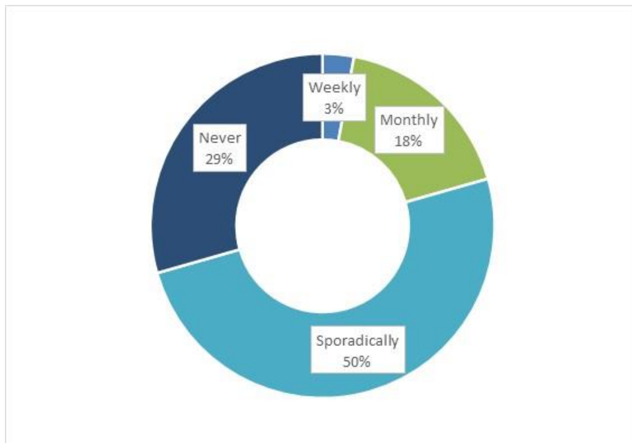
Table 9. Survey respondents' rating on visibility of BCH (n=34)

	BCH is well known within the sector of international health development in Belgium	BCH is well known outside the sector of international health development in Belgium
1. Totally disagree	1	7
2. Agree to some extent	5	11
3. Agree	12	4
4. Fully agree	10	1
MEDIAN	**3. Agree**	**2. Agree to some extent**
Don't know	6	11

4.2.2.2 Advocacy & communication

As discussed in section 4.1.1 on 'sharing', BCH has developed several means for advocacy, sharing information and communication. Products, knowledge, and insights are shared within and outside of the platform through a variety of modalities (website, social media, newsletter, annual reports, publications). BCH members who responded to the survey are overall satisfied how BCH shares information. Some members would like to see more interaction between working groups. While the BCH newsletter is much appreciated and used (within the platform), sharing outside of the platform remains a challenge, given the limited number of users of the website (and to some extent also social media).

Figure 1. Survey respondents' use of the BCH website (n=34)



There is however some discussion within the platform about the role of the (upper-level) BCH platform versus the working groups on advocacy. Should BCH as an organisation express firm opinions, on behalf of its members? Or should that be the responsibility of the WGs? From the interviews, it appears that most members feel that the BCH platform should remain 'neutral' (as opposed to 'more activist'), while the WGs should be given the liberty to advocate on specific items. One interviewee expressed the opinion that "*BCH is not an NGO-platform, and it is not a lobby organisation. BCH is meant to influence national policies on health and development.*" Others feel that statements 'in the name of BCH' should be avoided, unless there is unanimous agreement. In the opposite case, it would be good to indicate different opinions within the platform, when presenting a product or advocacy message that carries the label of BCH. This may also apply when WGs undertake advocacy, in case not all WG members are in agreement. One of the strengths of the platform is its diversity (in terms of member organisations), which is likely to enrich its deliverables but may also constrain full consensus on concepts and principles. This diversity should be nurtured and remain transparent rather than different opinions being hidden.

4.2.2.3 Implementation of the 2014 recommendations

The 2014 evaluation listed 12 recommendations. A number of recommendations have been addressed while some require still further efforts from BCH, if still considered relevant. The recommendations and their 'status' are presented below.

(1) To review the mission text so that it better reflects the actual functioning of BCH

(2) To formulate a short, powerful vision statement and value statement

As indicated the mission, vision have been reviewed and do sufficiently reflect the actual functioning of BCH. The vision based on the HCA Declaration (as well as the Declaration) would require updating to take into account recent and upcoming health priorities (see section 4.2.1).

(7) To further clarify the guidelines for advocacy and representativeness

This remains an issue as discussed above.

(6) To improve communication between the WGs and the platform as a whole

(5) Not to limit the number of WGs but to further stimulate inter-WG exchange and cooperation

As discussed, this is an area where opinions differ. Inter WG sharing and communication is mostly limited to annual seminars, website, and newsletters. Many survey respondents feel that more interaction between WGs is needed (see also section 4.2.3.2). And some interviewees confirmed this could benefit sharing and skills development. Others feel this is too cumbersome to implement in practical terms and would prefer to continue the current set-up / dynamic. It should be noted that BCH members are kept up-to-date of WG activities if they consult the newsletter and website and/or participate in the annual seminar. There is no barrier to contact a WG coordinator to have specific information on WG developments. Specific inter WG contacts may however be important if it brings added value in the expertise or experience required to achieve specific deliverables.

(8) To improve internal communication on achievements and results

(9) To increase the external visibility of the platform (incl. documenting and sharing best practices and lessons learned)

From the survey it is obvious that respondents are not always comfortable to comment on results achieved by BCH, as they are not fully aware. However, annual reports document achievements and results from BCH in the specific year. Annual BCH seminars provide the opportunity to present achievements. Newsletters were initiated post 2014, with success, to improve internal communication. As indicated, it would be good to streamline communication on specific objectives and result areas to ensure a common and agreed presentation across all media (Logframe(s), annual report, website, TOR, etc.) This would strengthen and valorise the knowledge about and visibility of BCH achievements. Visibility was discussed above.

(10) To further invest in establishing linkages with networks at international level

This was mostly achieved as discussed elsewhere in the report.

(4) To revise the existing membership categories, criteria and related advantages

The evaluation did not address this in detail. But from the general survey it was clear that part of the respondents do not know what type of member they or their organisation is (voting, not voting, observer). This seems to be an area that requires further attention.

*(3) To establish a checklist of criteria to be used when (co-)organising seminars in the Sou*th

The evaluation team is not aware whether this recommendation was acted upon.

(12) To prepare and implement an action plan for the follow-up of the recommendations of this evaluation

The evaluation team is not aware whether this recommendation was acted upon.

4.2.3 EFFICIENCY

IS BCH OPERATING EFFICIENTLY?

IS BCH PROPERLY ORGANIZED? ARE THERE ANY GOVERNANCE ISSUES IMPEDING ITS EFFECTIVENESS AND SUSTAINABILITY?

4.2.3.1 Operations

As indicated BCH is co-funded by DGD through the framework contract DGD-ITM. As per annual reports the budget over the period under review was as follows:

Table 10. BCH annual revenue and expenditure (period 2014-2019) in Euro**

	2014	2015	2016	2017	2018	2019
DGD	47.680	47.742	59.578	50.000	50.000	50.000
Other revenue[28]	6.999	17.182	5.354	0	0	32.400
Total	**54.679**	**64.924**	**95.958**	**50.000**	**50.000**	**82.400**
Spent	**41.928**	**33.996**	**89.612**	**25.258**	**46.022**	**62.986**
Unspent*	12.751	30.928	6.346	24.742	3.978	19.414

(*) The unspent balance at year n is added to the revenues of year n+1 (for the years 2014 to 2015). The unspent balance of 2016 is not reflected in the 2017 revenue figures as it may have been returned to DGD at the end of the Framework Agreement. The unspent balance of 2017 and 2018 are reflected as part of 'other revenue' in 2019.

(**) All data are extracted from the published BCH annual reports. The annual report 2017 was not published; data for 2017 were received from BCH secretariat. Data for 2020 were not yet available.

The staff contribution provided by ITM under the DGD framework agreement, now 1.00 FTE, is not included in the above budget[29]. Also, several member organisations contribute in-kind resources (e.g. meeting space) and through voluntary staff time. The total input provided by different member organisations, in monetary terms, (largely) exceeds the limited annual operational budget, presented in table 2[30].

Main expenditure areas (above € 5,000 per year) include annual conferences, WG activities & events, external evaluation of Body&Rights (2019), representation at international events, regional seminars, developing new learning tools (2019), developing communication messages (2018), translation (2016; e.g. SRHR e-tutorial), 10th anniversary event (2014).

[28] Not all annual reports list the different sources of revenue by origin. As per AR the list included some of the following contributions: participant fees (seminars; only in 2014, 2015 and 2016); Flemish government (only in 2014); reserve 2016 of Belgian Association Tropical Medicine, FESTMIH (€23.199, only in 2017); amounts due for 2017-2018 (€32.400, only in 2019).

[29] To be noted that the combined FTE is currently 1.25 FTE (1.00 FTE for the coordinator and approximately 0.25 FTE for the secretary; the latter is however not accounted for under the BCH budget but pooled from different ITM sources).

[30] It is noted that many of the member organisations are also co-funded by DGD or the Belgian government.

Spending levels vary by year and are highly influenced by major events or deliverables which do not happen every year. Total annual expenditure varied between about € 28,703 (2017) and € 89,000 (2016). The high expenditure in 2016 is mainly explained by the production / translation of the e-tutorial SRHR (€ 35,502). The average spent per year over the period 2014 to 2019 was about € 50,641. WG annual costs (one of the main and continuous activities of BCH) varied substantially between 599€ (2017) and 11.504€ (2016)[31]. It is unclear to the evaluation team whether this reflects substantial differences in WG activity or in specific events related to WG action (e.g. organisation of a specific seminar).

Half of the survey respondents (who provided an answer to this question) agree that they or their organisations could financially contribute to the maintenance of BCH should that be necessary at some point, with 11/22 expressing their full agreement. Five respondents were less certain.

BCH operates efficiently. With a minimum external budget, the outputs are important and of quality. There is a great dedication by all BCH members to sustain the BCH platform. Some (minor) efficiency gains can be made, though. Some BCH members indicated that SG meetings are too long, and meetings can be better organized.

4.2.3.2 Organisational aspects

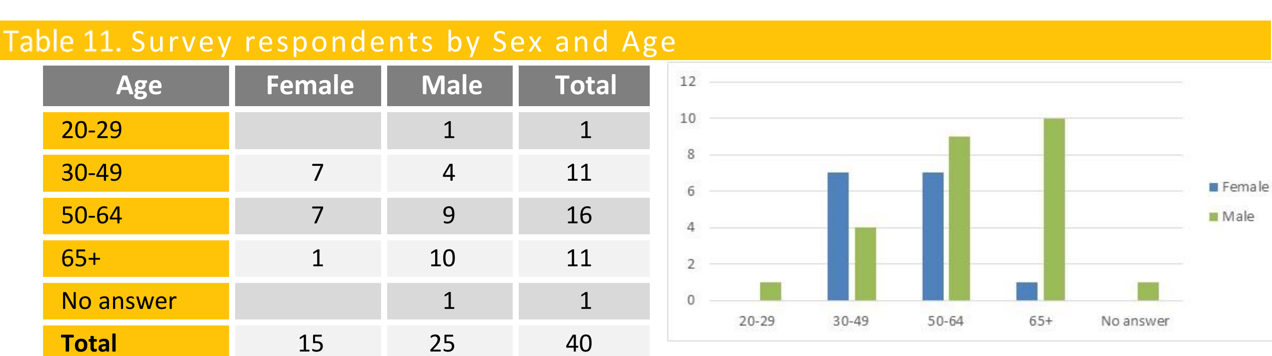
In this section we look at how members collaborate in the platform and whether the governance structure is appropriate.

Collaboration and participation in the platform

The SNA (see annex 4) has highlighted that among those who replied to the generic online survey, there is a good mix of representation from different types of stakeholders, such as academic institutions, NGO or CSOs, government institutions and individuals who are either self-employed or retired. Most of the respondents participate mostly in the annual seminars and workshops and contribute to the GA. Members have also participated in international conferences and contributed to the development of tools and documents. Participating members were more active in four of the seven working groups, these are the WG on SRHR, WG on Access to Quality Medicines, WG on Digitalisation and HRH and WG on Mental Health.

Interestingly though, the respondents who participated in the online survey were mostly (63%) male and over 50 (68%). If this reflects the profile of the active BCH members, BCH may want to address this by inviting younger professionals, which may also correct the gender imbalance. Reportedly, inside the WGs, many younger participants participate without registering themselves as members. Inviting these people to register themselves should be the first thing to do.

Table 11. Survey respondents by Sex and Age

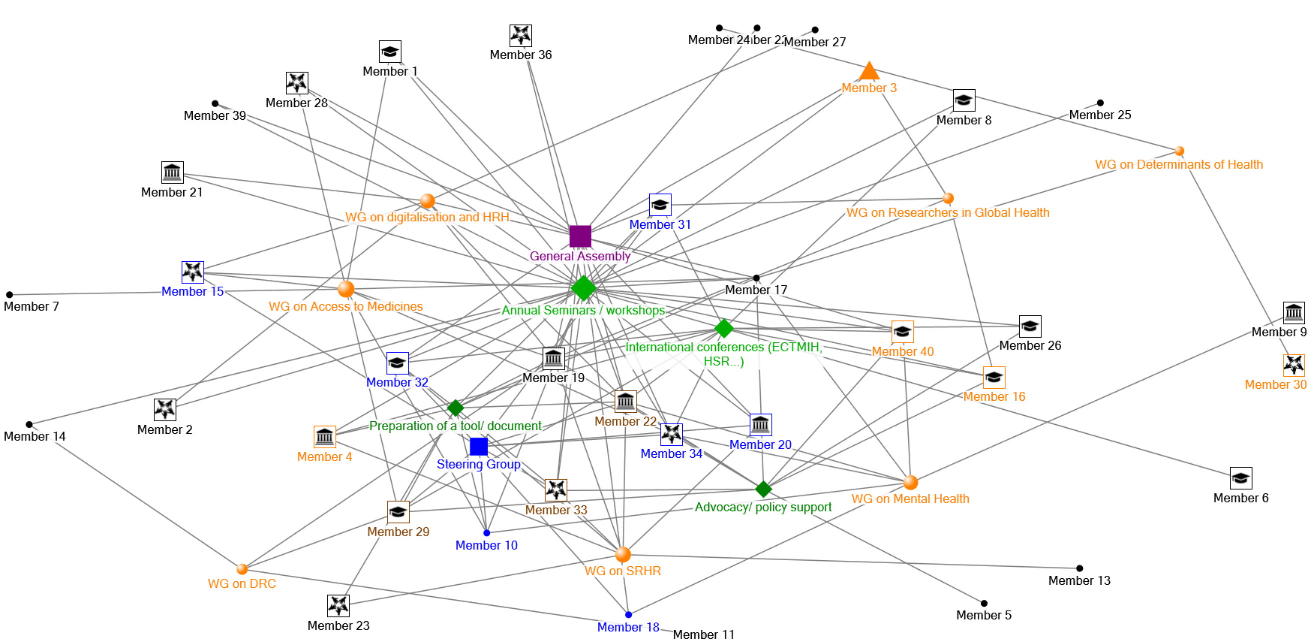


Age	Female	Male	Total
20-29		1	1
30-49	7	4	11
50-64	7	9	16
65+	1	10	11
No answer		1	1
Total	15	25	40

The figure below visualises the interaction among the members, working groups, steering group and different activities based on the generic survey results (a larger print-out is presented in annex 4).

[31] 2014 and 2019 provide lower figures (€1,164 and € 3,569). For the 3 other years WG expenses were between €10,000 to € 12,000).

Figure 2. Be-cause Health Platform engagement[32]



Type of organisation	Role of members	Structures	Activities
Government	Member of Steering Group	Steering Group	- Advocacy/policy support - Preparation tool or document
Academic	Coordinator of Working Group	Working Groups	- Annual seminar, workshop
CSO/NGO	Member of Steering Group and Coordinator Working Group	General Assembly	- international conferences

In each of the activities there is a good representation of Steering Group members and Working Group coordinators.

Governance structure

When asked about the governance structure, several respondents (13 or 14/34) were not able to respond to the question. Most of those who were able to respond, find that the roles of the SG and other governance structures are clear and that they meet the needs of the platform. Also, the BCH coordination is perceived as 'doing a good job' and to sufficiently consult its members.

Table 12. Survey respondents' views on BCH governance (n=20-22)

	The roles of the SG and other governance structures are clear	The BCH governance structures meet the needs of the platform	The coordination of BCH does a 'good job'	The BCH coordination sufficiently consults its members
Fully disagree	0	0	0	0
Disagree to some extent	5	3	1	3
Agree	12	13	13	13
Fully agree	4	4	7	6
Median	**3. Agree**	**3. Agree**	**3. Agree**	**3. Agree**
Don't know	13	14	13	12

[32] If respondents did not provide the type of organisation they work for, they are just referred to as 'member'

Respondents were less positive about whether there is good interaction between the working groups and whether BCH is good at establishing and maintaining relationships with external networks.

Table 13. Survey respondents' views on WG interaction and external relations

	The interaction between working groups is good	BCH is strong in establishing and maintaining relations with external networks
Fully disagree	4	0
Disagree to some extent	11	10
Agree	5	7
Fully agree	0	2
Median	**2. Agree to some extent**	**2. Agree to some extent**
Don't know	14	15

The more in-depth SNA on the dynamics among the SG, working groups and BCH coordination highlighted that all these structures play a specific role in the achievement of the BCH Platform goals. The SG contributes to facilitating improved coordination among the members, the WGs encourage improved sharing of knowledge, whereas the BCH coordination contributes to improved communication. SG members, WG coordinators and the ITM contribute mostly technical expertise, information and feedback, volunteers and volunteer staff as well as paid staff to the Platform.

Interestingly, SG members and WG coordinators were also not very familiar with the goals and objectives of the different working groups and were only able to judge the performance of a small number of working groups, in particular those that are coordinated by SG members.

The BCH coordination is a structure which all the SG members and WG coordinators liaise with on a regular basis. This structure is considered to have a great amount of power and involvement and contributes resources to the Platform. The same goes for the Steering Group, although a fewer number of respondents have a direct relationship with this structure. The WGs generally have a lower amount of power and involvement, except for the WG on SRHR which was seen to have a relative amount of power and also contributes a fair amount of resources. Generally, there is also little contact between the different WGs, except for members who participate in several WGs.

The evaluation finds that the governance structure of BCH is apt to its function and operations. There is no need to adapt this. Diversity among BCH members is large and this stimulates debate and reflections. As suggested by interviewees and respondents to the general survey, collaboration, and debate with the 'South' can be further enhanced. This is one of the weaker points of the platform, even though several WGs invite members from the South to participate, BCH also organises regional seminars, annual seminars are open to South students and participants. Given the Covid-19 experience, virtual WG meetings including with South participants could enhance South participation.

Furthermore, sharing and collaboration among the WGs could be further enhanced, not only in preparation of the workshop or seminars but also facilitating access to TORs, minutes of meetings and other outputs of the working groups, using a shared but protected online portal (such as for example SharePoint).

BCH is now 17 years young and, reportedly, the 'organisational learning' goes well, is based on participation and commitment of its members and should continue as it is.

ITM seems the logical institution to host the BCH. This was discussed in the previous section. As BCH members said, "ITM is essential for BCH sustainability" (in terms of financing under the DGD-ITM Framework agreement). ITM is also perceived by interviewees as the 'natural host'.

Also, it is crucial to keep DGD as an observer in the SG as one of the main objectives is to support Belgian DC health policy and to foster synergy and cooperation between Belgian stakeholders in health. DGD is, in a

sense, the prime recipient of the products and dynamics created by BCH. At the same time, the status of observer, does not pre-empt BCH to remain independent from government.

4.2.4 COHERENCE

INTERNAL COHERENCE: are there synergies and interlinkages between BCH and the interventions carried out by the members of BCH? Are the interventions and activities of BCH consistent with the relevant international norms and standards to which BCH and the Belgian government adhere?

EXTERNAL COHERENCE: Are the activities of BCH consistent with interventions of other actors in the Belgian and LMIC context? This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. Are there other networks Be-cause health is linked with or should be linked with and how?

As all member organisations work in the health sector in the south, either through research, teaching, service delivery or development projects, they bring their knowledge and experiences to the BCH table. The contributions they provide to WGs, policy support, BCH products is based on their work and 'field' experience. At the same time, they learn from other member experiences and take home some of those lessons to apply in their work. This was confirmed by interviewees. The evaluation team did not receive concrete examples of how this affected their own work.

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 we reviewed during the evaluation are consistent with international norms and standards.

The evaluation did not assess external coherence as a proper assessment whether BCH activities are consistent with work from other actors would be out of scope (in terms of resources required to provide an informed answer). However, through the review of documents we did not find any specific inconsistency, nor was it reported through the interviews with BCH members.

BCH is linked with several international networks, as documented elsewhere in the report. Given the voluntary nature of BCH and the limited resources, we believe that current involvement with external networks and fora as well as participation in international events is appropriate. One additional network or contact that could be interesting for BCH is the European network of health experts (member states) and potentially the Health Advisory Services, supporting the DEVCO/G4 unit (health, population and social protection).

5 CONCLUSIONS

The evaluation of BCH shows a bright 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. DGD provides a small subsidy to ensure that the BCH Coordination runs appropriately, and basic operational costs are covered. ITM has ensured an efficient coordination of the platform over the years. Various working groups are functioning well and deliver relevant 'products' that are used by the members of BCH and Belgian policy makers.

BCH can therefore be portrayed as 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.

Relevance: Overall, BCH is a unique platform, combining a variety of different stakeholders, which enriches the internal brainstorming and deliverables. All (interviewed) BCH members appreciate BCH, as a truly Belgian platform for discussion on Belgian supported international public health as well as global health. Members agree with the common vision of 'Health Care for All' and believe the vision is sufficiently clear. 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. Also, the three main result areas (sharing, learning, and influencing), although perceived as relevant by many survey respondents, may benefit from clarifying their objectives with BCH members. To some extent sharing and learning are overlapping and could be combined in the Logframe.

Effectiveness: Overall, BCH produced several high-quality outputs in an effective way. It acts in line with its vision and mission (although some aspects may require updating as indicated above). 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. In particular, BCH seems to be less well-known outside of the health sector in Belgium. It effectively influences Belgian development cooperation health policy (which need may only increase in the nearby future) 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 (this was not further assessed by the evaluators. Survey respondents consider BCH less effective in anticipating needs identified by actors in the South. This may reflect the current mix of active BCH members and the opportunity or need to include more (consistently) input from the global south.

Sharing: BCH produces many high-quality products. Products, knowledge and insights are shared within and outside of the platform through a variety of modalities. BCH members are overall satisfied how BCH shares information. Some members would like to see more interaction or sharing between WGs. The BCH newsletter is much appreciated and used. Sharing outside of the platform remains a challenge, given the limited number of users of the website (and to some extent also social media).

Learning: BCH promotes and facilitates learning by practical work in thematic working groups, 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.

Most BCH members appreciate BCH contribution to and participation in FESTMIH / ECTMIH, although one third of respondents was not aware of this contribution.

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 (see further).

Efficiency: 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. Some (minor) efficiency gains can be made as, reportedly, SG meetings are too long, and meetings can be better organized.

Organisational aspects and governance: Members participate and contribute actively to different platform activities. BCH delivers a variety of strong and high-quality outputs at a very low cost, thanks to the voluntary contributions of member organisations and individuals. This is high value for money. BCH members foster the independence of the platform from government and are strongly in favour of the current set-up and financing. The BCH governance structure and its performance is generally appreciated by its members, although representativeness, diversity and voting rights of its membership could be optimized. Involving more the global south can only improve the quality of the BCH outputs and ensure that they respond to the priority needs of the global south. While south experts are invited in some WGs and at annual events, more could be done to involve the global south through on-line (virtual) WG meetings (as has become standard practice recently). Involving more south and young professionals would also further strengthen sharing of experiences and skills building.

Good interaction between WGs and establishing and maintaining relationships with external networks are perceived as areas where BCH could do better.

According to most survey respondents the roles of the SG and other governance structures are clear and meet the needs of the platform. Also, the BCH coordination is perceived as 'doing a good job' and to sufficiently consult its members. The governance structure of BCH is suited to its function and operations; and does not require to be changed. ITM seems the logical institution to host BCH; and it is crucial to keep DGD as an observer in the SG as one of the main objectives is to support Belgian DC health policy and to foster synergy and cooperation between Belgian stakeholders in health.

One potential future constraint is the Belgian development cooperation service. While world-wide budgets for Development Aid in health are shrinking, the technical capacity on global health within DGD has also decreased. This is a potential constraint for the ongoing policy dialogue between BCH and DGD. Currently, there is one secondment position by an experienced ITM staff member to act as interim policy support adviser. It is unclear how DGD will sustain internal health expertise. BCH may be called upon in the future to even provide more frequently policy relevant support to DGD (in tandem with the ITM adviser).

2014 recommendations: Not all 2014 recommendations have been successfully addressed. Areas that require further attention are addressed in the recommendations. They include in particular: reformulation of the mission/vision statement; clarification of procedures for advocacy (role WGs, role corporate level of BCH); improvement of communication between WGs.

6 RECOMMENDATIONS

Steering group

1. Assess whether the vision, objectives and result areas of BCH need to be updated

The Antwerp Declaration (2011), focusing on equitable and sustainable health systems, is still valid as the basis for the BCH vision. However, it would require being updated to take into account new and upcoming global health priorities and an evolving global environment, including some of the following: climate and health; population and demographics; health security; health financing and organisation of complex health systems; global migration and health; humanitarian aid and health; adolescent health; and social protection. Updating the Antwerp Declaration may require a specific WG to do so. Based on the updated declaration, BCH may consider adapting BCH vison and objectives, if found relevant. In addition, for the next framework agreement, BCH could consider merging the two main result areas (sharing and learning) in the Logframe. It may also benefit from having and using a unique set of specific objectives and result areas, to be consistently used for accountability and in its internal and external communications.

2. Clarify roles in advocacy of the BCH platform and WGs

Given the pluriform and voluntary set-up of the BCH platform, it may be difficult or sometimes impossible to find 100% consensus between member organisations about the content of policy support, strategic advice, a charter or a BCH publication. In case no full consensus can be found, it is good practice to indicate in a transparent way that product X carrying the logo of BCH does not reflect full consensus of the BCH platform (or indicate in the publication that member organisation X does not fully support the views expressed in the publication). It may be helpful for BCH to outline in its internal regulations how to deal with BCH publications, transparency, and what the authority / advocacy role is of the BCH platform (coordination) and of the respective WGs.

3. Continue the current BCH Governance structure

3.1 Continue with ITM as a 'natural' host for BCH.

3.2 Keep BCH Belgian. 'Diluting' the current vibrant dynamics by expanding membership could possibly erode the cohesion of the organisation This means that the BCH platform would maintain its objective of being a voluntary pluriform platform between main Belgian stakeholders active in health development cooperation and related health research. This should however not be a constraint to involve the global south (see further).

3.3 Clarify the membership profile with members, as many are not aware of their profile (e.g. voting member; not-voting member; observer).

BCH coordination

4. Promote communication between WGs

The SNA showed that contacts and cross-fertilization between WGs is not obvious. This was also confirmed by several interviewees and the respondents of the general survey. Some refer to 'working in silo's'. Currently contacts are mainly promoted during the (preparation of the) annual BCH seminar and some information is shared through the newsletter and annual reports. Inter-WG contacts should not be enforced (also because it requires time and opportunities to do so), but facilitated and promoted when there is added value to do so (e.g. inviting other WGs to share relevant expertise, experiences or innovative ideas). This could be facilitated by the WG coordinators regularly sharing progress and results between them, for example using a shared but password protected internet portal such as SharePoint, where all members have access to the TORs, minutes and outputs of the working groups. Also, some (less performing or less active) WGs could learn from the experience of more performing WGs about how to initiate and maintain group dynamics and

motivation This recommendation could be discussed during the next General Assembly and maybe Annual Conference.

5. Continue and enhance the policy dialogue with DGD

Continue and intensify the policy dialogue with DGD. The updating of the Antwerp Declaration may provide a good opportunity to widen the scope of the policy dialogue with and policy support to DGD. This may also require close collaboration between the ITM policy adviser supporting DGD and BCH, in order to avoid duplication and ensure complementarity and synergy.

6. Invite and involve senior managers of member organisations

Ensure that managers of BCH member organisations are also involved in BCH discussions, especially when preparing important BCH products. This will strengthen the internal 'cohesion' of the platform. It may also address the issue of representativeness of BCH members, participating as members of a specific organisation (and 'signing off' on a specific product).

7. Promote diversity, inclusion and learning of the BCH platform by promoting inclusion of young professionals and experts from the global south

7.1 Request current (young) participants in WGs to register as BCH members.

7.2 Request member organisations to also delegate young professionals to participate in BCH. This would help BCH to 'rejuvenate', prepare of the future and promote internal learning.

7.3 Make use of the virtual conference modalities and innovative online applications (such as Miro) to involve more experts from the south in the WG activities (and continue to invite south experts to participate in specific events such as annual seminars). Target groups could include: a) south experts working in 'Belgian' projects in the south; b) south experts with a specific expertise required in the WG; c) students from the south at academic or scientific member organisations.

8. Keep membership records up-to-date

Update and regularly refresh the database of BCH members, including those who occasionally collaborate with WGs. Contact 'inactive' or 'sleeping' members regularly to find out whether they want to continue their membership. Remove 'inactive' members (this applies both to the BCH platform and to specific WGs). However, consider maintaining communication with 'inactive' members in order to ensure broad sharing of BCH products and results.

9. Continue to strengthen internal and external communication (see also recommendation 4)

9.1 The responses to the general survey and the SNA survey show that some questions could not be answered by the respondents. These included questions related to overall BCH and specific WG performance and results; and participation of BCH in international platforms. Even SG members and WG coordinators were not all sufficiently informed to confirm WG performance. This suggests that internal communication and sharing could be strengthened. See recommendation 4 on the use of a shared but password protected portal for members.

9.2 Another finding concerns the sharing of BCH products beyond the Belgian health community and making BCH better known in the global health community. BCH should consider how BCH and its 'products' (charters, e-tutorials etc.) could be more known globally, used by and inspire global health community.

9.3 Increasing the use of the website and social media would help to broaden the visibility of BCH. Also, the website could be made more interactive and livelier by posting interesting information such 'take home messages ' from important events, seminars, etc.; lessons learnt or best practices; strategic plans and Logframe.

ANNEX 1. TERMS OF REFERENCE

EVALUATING BE-CAUSE HEALTH:

Learning as a basis for a new five year programme'

ABOUT BE-CAUSE HEALTH – MISSION AND VISION

Be-cause health was established in 2004 as an informal and pluralistic platform bringing together actors involved and interested in Belgian development cooperation in health through consultation, coordination and activities that go beyond individual organisations/actors. It wants to build a bridge between the academic world and the actors in the international and Belgian health community. It aims at strengthening the role and the effectiveness of the actors of the Belgian development cooperation to make quality health care accessible worldwide and has set four intended results:

- A greater influence on international health policy;
- A better exchange and circulation of scientific and technical knowledge;
- Important progress in the field of complementarity, synergy and cooperation;
- A better anticipation to the needs identified by actors in the South.

The basic vision of Be-cause health is enshrined in the Declaration Health Care for All from October 2001. Since its conception in 2004, the Belgian Directorate for Development Cooperation (DGD) finances the

Be-Cause Health (BCH) network through its framework agreements with the Institute of Tropical Medicine Antwerp. Even though funding is directed through ITM, the institute only ensures its coordination and organizes its secretariat. All activities and leadership come from within the membershiporganisations.

The annual report of 2019 () gives an overview of (pre-COVID) activities and lists the member organisations of BCH. In the figure below, a graphic representation can be seen of the BCH membership.

Since the COVID pandemic all activities have become 'virtual'.

EVALUATION BACKGROUND AND JUSTIFICATION

As the present Framework Agreement (FA4 - 2017-2021) between DGD and ITM is coming to an end, we wish to **take stock of the achievements and added value of the Be-Cause Health network**. At the onset of a new five-year framework agreement (2022-2026) with DGD, the BCH General Assembly requested the Steering Committee to conduct an evaluation of the functioning and activities of the network and to link the results to an analysis of and – if needed – a review or confirmation of the vision and mission of Be-cause health, and to **formulate recommandations for the future**.

In 2009 and again in 2014 the functioning and activities of the Be-Cause Health network were evaluated in depth. This resulted in a series of recommendations at the operational and institutional level. The present evaluation should build on these recommendation, verify whether they were implemented and assess whether they were, and are still relevant.

Between the previous evaluations and now, a lot has changed at the international level regarding development cooperation and global health. The on-going discussions on the post-2015 framework have focused on issues such as universal health coverage, equity, social determinants of health and have clearly identified strong linkages with the sustainable development goals. Furthermore, since 2008 a number of international declarations and action agendas were agreed upon looking at issues such as ownership, efficiency, harmonisation, accountability and development results, etc. Finally several changes have occurred in international geopolitics (f.i. the migration pact of 2016, She Decides, gender based violence and “me too”, access to quality medical supplies, including medicines, racism and de- colonization,…). The most recent ‘change’ is the COVID-19 pandemic and the changes in policies, in perceptions and even in network management it has provoked. All these trends have an influence on the relevance and priorities for a network such as Be-Cause Health, and as such on its mission and vision.

Therefore, they should be taken into account during the evaluation.

SCOPE OF THE EVALUATION

The present evaluation builds on the previous evaluation reports, with a focus on the implementation period 2017-2020. It should engage representative members of all stakeholder groups, including silent

and active members, working groups, general assembly and steering committee, as well as the donor agency and our partners in the global South.

EVALUATION FOCUS

Purpose of the Evaluation

This evaluation has a twofold general purpose: both **learning** in order to improve our work and maintain our relevance, and **account** to our members.

It has the specific purpose to prepare the planning of Be-cause health within the next Framework Agreement between DGD and the ITM.

The evaluation will focus on:

- the assessment whether internal and external developments have impacted the mission and goals of the platform;
- a review of the role of the platform in the context of the Belgian and international Development Cooperation in health ;
- an examination of the present functioning of the platform (what has worked and what could be improved);
- an examination of the evolutions in the size and nature of activities of the platform over the last few years.

Evaluation Criteria and questions

Specifically, in line with the former evaluations, this evaluation will address the relevance, effectiveness, efficiency and coherence as well as some organisational aspects of Be-cause health[1]. Key evaluation questions will include:

1. Relevance:

a. Does the functioning of Be-cause health fulfil the needs of its members and observers, specifically DGD and member organisations?

b. Are the activities and outputs of the network consistent with its mission, objectives and the Declaration Health Care for All?

c. Are the mission, objectives and the 'Declaration Health Care for All' still relevant or is an update required? Are the basic principles of the platform explicit enough? If so, what are the most adhered to principles and are certain aspects currently missing?

d. Has Be-cause health made a difference/change to health policies and interventions of the Belgian development cooperation?

e. How do we remain relevant and innovative in a rapidly changing global health environment?

2. Effectiveness:

a. What were major achievements of Be-cause health in the years since the last evaluation?

b. To what extent are goals and objectives of the network met?

c. Be-cause health was previously evaluated in 2014. To what extent has the response to the recommendations (e.g. communication and networking, external visibility, greater financial independence,…) been successful?

d. Two aspects require specific attention:

   i. Advocacy and representativeness of working groups: Has BCH been effective in terms of advocacy? How can the diversity of opinion within the network and within working groups be better safeguarded so a good balance can be found between the initiatives taken by working groups and the different views of member organisations ? Are the rules on advocacy as set in the internal regulations sufficiently clear?

   ii. *Reach of network wide events:* Several events were organised at the level of BCH itself. The reach of these events inside and outside of BCH should be analysed and recommendations formulated about future events and their organisation

3. Efficiency:

a. Is Be-cause health operating efficiently (timeliness, organisational efficiency, cost-efficiency, etc.)?

b. Is Be-cause health properly organised and are there any governance issues impeding its effectiveness and sustainability? Specific attention will be given to the role of the coordinator of BCH as a driving force between the members.

4. Coherence

a. *Internal coherence:* Are there synergies and interlinkages between BCH and the interventions carried out by the members of BCH? Are the interventions and activities of BCH consistent with the relevant international norms and standards to which BCH and the Belgian government adhere?

b. *External coherence:* Are the activities of BCH consistent with interventions of other actors in the Belgian and LMIC context? This includes complementarity, harmonisation and co- ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

   Be-cause health also inherited the membership of FESTMIH from the Belgian Association for Tropical Medicine, which ceased to exist, and is taking up an active role within this federation. Is this membership an added value for Be-cause health? Are there other networks Be-cause health is linked with or should be linked with and how?

5. Organisational aspects:

a. *Membership:*

   i. At this moment there are nearly no restrictions to become a member of Be-cause health. Should (other) conditions for membership be created? The internal regulations introduced different types of membership. Are the different forms of membership appropriate for the diversity of actors? Finally, are the members of BCH diverse enough to sufficiently stimulate debate and collaboration?

   ii. Certain organisations or individual staff of member organisations are not actively involved in the platform. What is the reason for this and how can this be helped?

   iii. The recent experience with virtual platforms opens up the possibility to recruit new members. Should this be planned in the future and how? In particular, is it relevant and feasible to implicate field actors and international partners in the operation of the workgroups and network-wide events?

b. *Statute:* from the beginning Be-cause health has been set up as a project within the Framework Agreement of ITM and DGD. Has this been an efficient strategy? What are the strengths and weaknesses of this arrangement and what are realisticalternatives?

c. *Organisational learning:* Would it be useful to document and disseminate theexperiences of working as an informal, pluralistic platform? And how could this best beorganised?

d. Was the *follow-up of the recommendations* about organisational aspects of the previous evaluations properly carried out? Has e.g. the internal communication improved and how?

USERS OF THE EVALUATION

This evaluation is based on an initiative of the Be-Cause Health General Assembly . It will be used first by the members of BCH and their partners abroad, and in Belgium.

ITM will use the finding to better organize its support to BCH.

METHODOLOGY

The evaluator will be required to prepare a detailed methodology and work plan which will be agreed upon with the Steering Committee. A participatory mixed-methods approach is advisable.

It is expected that the evaluation will include the following:

- Desk study reviewing all relevant documents and records related to the work of Be-causehealth;
- Interviews with key stakeholders inside and outside the network: members of the Steering Committee and the secretariat, working group presidents and members (with a focus also on absent or inactive members), observers, former members, friends of Be-cause health and related networks (like e.g. FESTMIH);
- Conduct a member survey and an organisational SWOT analysis.
- Open statement

ETHICS AND INTEGRITY

Ethics and integrity are key to our work. The contracted party will need to take into account **strict GDPR measures** and the necessary measures to ensure no harm is done in any way to participants. In the proposal a specific section is expected on how participants will be informed throughout the evaluation process (start, implementation, communication of results) and how data will be managed.

In order to be compliant to GDPR regulations, ITM/BCH will first contact BCH members to ask their permission for the contracted party to get in touch, before any personal data will be transferred.

CALENDAR AND EXPECTED DELIVERABLES

Calendar

Please note the dates below are **indicative**, and can be adapted to the workplan proposed by consultants. However, the final report should not be later than the date mentioned below. The contracted party should include a number of feedback moments with the steering committee at key points during the evaluation. Please note the budget related to this calendar should not surpass €20.000 (excl. VAT).

Item	Timing
FINAL TOR for publication	28/8/2020
Deadline questions TOR from interested parties	12/9/2020
Response to questions	17/9/2020
Submission of proposals	21/09/2020
Selection of applications and notification	
Contracting	
Inception meeting	07/10/2020
Methodology workshop (theoretical basis for inception report)	12/10/2020
Draft of inception report	16/10/2020
SC of BCH reserves one week for feedback	
Discussion of inception report	23/10/2020
Final inception report	27/10/2020
Data collection phase (quantitative + qualitative)	November – half December
Data analysis	Ongoing till end December
Presentation of preliminary results to SC	Beginning 01/2021
Finalization and submission of draft report	20/01/2021
BCH-SC reserves one week for feedback	
Submission of final report - Note: BCH-SC reserves the right to ask for various rounds of feedback to the report, if we do not feel all comments to the draft report have been sufficiently addressed or if we feel additional improvements can be made.	07/02/2021
Presentation of the final report to GA BCH	Half of March 2021
Webinar(s) or other interactive method to share results with members of BCH, workgroups and other interested parties	During March and April 2021
Transmission to DGD	End of April 2021

Expected outputs

- A final report in English of 15.000 to 20.000 words (excluding annexes) that presents the findings, analyses (including relevant elements of the SWOT analysis), documentation of good practices, and key lessons and recommendations.
- An executive summary of 1.000 words.
- A workshop with the Steering Committee of Be-cause health to present the key findings and to discuss possible interventions related to the results.
- Participation in/moderation of a joint reflection session of Be-cause health on the XXth of March (to be determinated) 2021, during the GA.

- Dissemination strategy
- Two-pagers with the main findings and recommendations per stakeholder group

ANNEX 2. EVALUATION MATRIX

The table below shows the key evaluation questions and the sources of information.

Table 1. Sample of the evaluation matrix showing the proposed structure

EVALUATION CRITERIA	EVALUATION QUESTIONS	DATA SOURCES
Relevance	To what extend does Be-cause Health (BCH) fulfil the needs of the individual members and member organisations and observers / funders?	On-line survey Key-informant interviews (KII) Document review Workshop / SWOT analysis
	Are the activities and outputs of BCH consistent with the platform's mission, objectives, and the Declaration Health Care for All?	On-line survey Key-informant interviews Document review
	Do the platform's mission, objectives and the Declaration Health Care for All need to be updated?	On-line survey Key-informant interviews Document review
	Has Be-cause health made a difference/change to health policies and interventions of the Belgian development cooperation?	Key-informant interviews Document review
	How does the platform remain relevant in a rapidly changing global health environment?	On-line survey Key-informant interviews Workshop / SWOT analysis
Effectiveness	What were major achievements of BCH since 2014?	On-line survey Key-informant interviews Document review
	To what extent were BCH goals and objectives met?	Document review Key-informant interviews Workshop / SWOT analysis
	How has the platform addressed the recommendations of the 2014 evaluation (e.g. on communication, networking, financial independence, visibility)? And where these adjustments successful	Key-informant interviews Document review
	Advocacy Was BCH effective in terms of advocacy? Are the internal regulations concerning advocating in the name of BCH clear? To what extent is diversity of opinions within the network and BCH working groups safeguarded? How is this reflected in the final advocacy messages?	Document review On-line survey Workshop / SWOT analysis Social Network analysis
	What has been the 'reach' of network-wide events (both internal and external)?	Document review On-line survey Key-informant interviews
Efficiency	Is BCH operating efficiently? (timeliness, organisational efficiency, cost-efficiency, etc.)	Document review On-line survey
	Is BCH properly organized? Are there any governance issues impeding its effectiveness and sustainability	Document review On-line survey Network analysis

Evaluation Criteria	Evaluation questions	Data Sources
		Workshop / SWOT analysis
Coherence	Internal coherence: Are there synergies and interlinkages between BCH and the interventions carried out by the members of BCH? Are the interventions and activities of BCH consistent with the relevant international norms and standards to which BCH and the Belgian government adhere?	On-line survey Key-informant interviews Document review Social Network analysis
	External coherence: Are the activities of BCH consistent with interventions of other actors in the Belgian and LMIC context? This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. Are there other networks Be-cause health is linked with or should be linked with and how?	Key-informant interviews Document review
Organizational aspects	Membership aspects: are the different forms of membership appropriate for the diversity of actors? Are members diverse enough to stimulate debate? How can active involvement of members be further enhanced? Should new categories of members be recruited?	On-line survey Key-informant interviews Social Network analysis Workshop / SWOT analysis
	How can organisational 'learning' be promoted? Documentation and dissemination of BCH experiences?	Key-informant interviews Document review Workshop / SWOT analysis
	To what extent were the recommendations in 2014 addressed? (e.g. how did internal communication improve?)	Key-informant interviews Document review

ANNEX 3. GENERAL SURVEY ANALYSIS

3.1 ON-LINE SURVEY RESULTS

The on-line survey was launched in English on November 9th 2020 with an invitation to 273 emails by the BCH coordination unit. 270 (99%) of the emails were delivered and 92 people opened the email. The survey remained online until early January 2021 and was filled out by 40 people. This represents a response rate of 43 percent of those who opened the email and 15 percent of those who received the email.

The list contains the people registered by the BCH coordination as members. It is uncertain whether this list also contains all the participants of the different working groups.

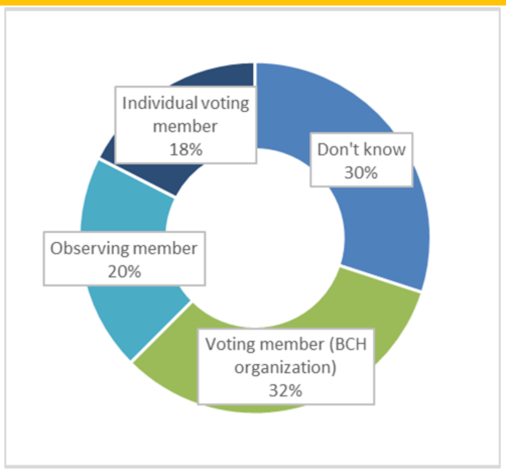
3.2 PROFILE OF SURVEY RESPONDENTS

3.2.1 TYPE OF MEMBERSHIP

Half of the respondents are voting members (either working for a BCH member organisation or individual voting member), 8 are observers and 12 do not know what their membership profile is.

Table 2. Membership profile

Membership profile	# responses
I don't know	12
Voting member working for a BCH member organisation	13
Observing member (a friend of BCH)	8
Individual voting member	7
Total	**40**

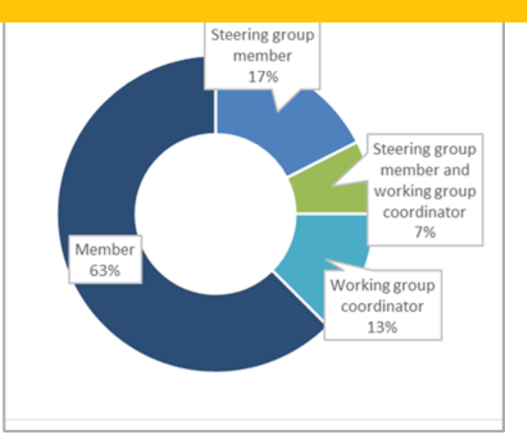


3.2.1 ROLE IN THE PLATFORM

Respondents were asked to identify if they participate in the Steering Group or act as Working Group coordinators. All 10 steering group members participated and 8 working group coordinators. Three of the steering group members are also working group coordinators.

Table 3. Role in platform

Role in platform	# responses
Steering group member	7
Steering group member and working group coordinator	3
Working group coordinator	5
Member	25
Total	**40**

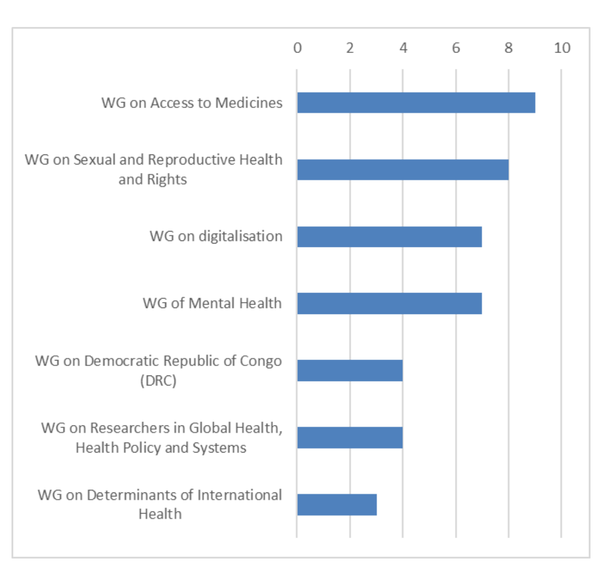


3.2.2 PARTICIPATION IN WORKING GROUPS

Respondents were asked to indicate whether they participate in any of the working groups. Several people participate in more than one working group and one fourth of the respondents (10/40) do not participate in any of the working groups. The survey respondents participated mostly in four of the seven working groups: WG on Access to Medicines, SRHR, Digitalisation and Mental Health.

Table 4. Activity Level

How active in Platform	# responses
WG on Access to Medicines	9
WG on Sexual and Reproductive Health and Rights	8
WG on digitalisation	7
WG on Mental Health	7
WG on Democratic Republic of Congo (DRC)	4
WG Researchers in Global Health, Health Policy and Systems	4
WG on Determinants of International Health	3



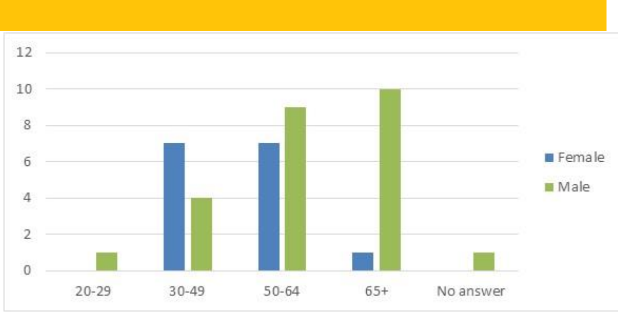
3.2.3 RESPONDENTS' AGE AND SEX

Sixty-three (63%) percent of the respondents were male, and 68 percent are aged over 50.

The low participation of the age group below 30 is understandable as most participants only join BCH after (at least) a first field experience in the south.

Table 5. Breakdown of age and sex

Age	Female	Male	Total
20-29		1	1
30-49	7	4	11
50-64	7	9	16
65+	1	10	11
No answer		1	1
Total	15	25	40



3.2.4 PROFESSIONAL BACKGROUND

Many respondents (63%) have a health background, while others have backgrounds in sociology/anthropology, management or other areas.

Table 6. Professional background

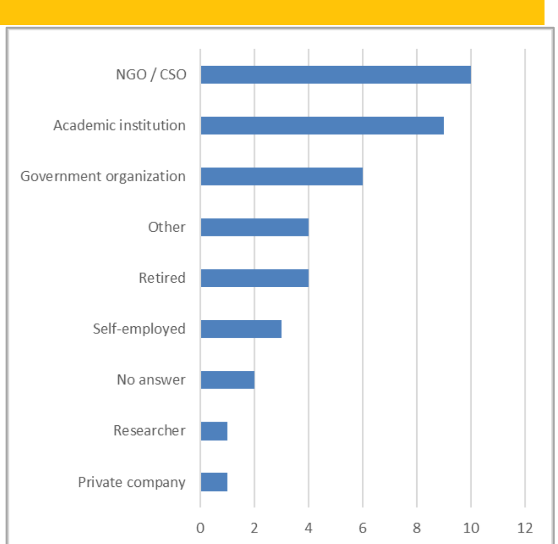
Professional background	# responses
(Para)Medical / Clinical	7
Public Health	18
Sociology / anthropology	6
Management	5
Other	4
Total	**40**

3.2.5 INSTITUTIONAL AFFILIATION OF RESPONDENTS

Twenty-six of the respondents are affiliated with an organisation, while 14 are not working for an institution and are either self-employed, retired, researchers or others.

Table 7. Institutional affiliation

Institutional affiliation	# responses
Academic institution	9
Government organisation	6
NGO / civil society organisation	10
Private company	1
Self-employed	3
Retired	4
Researcher	1
Other	4
No answer	2
Total	**40**

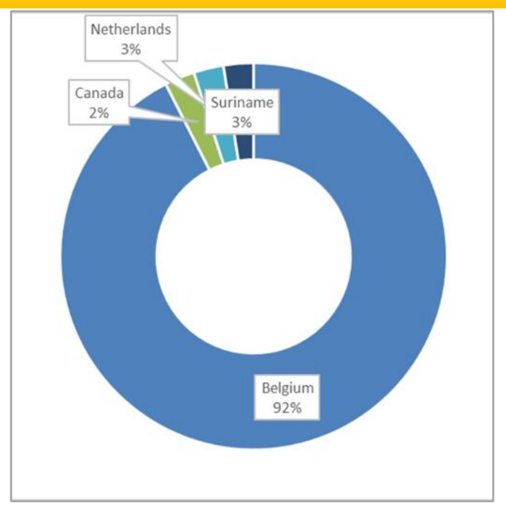


3.2.6 GEOGRAPHIC LOCATION

Large majority of the respondents are based in Belgium (%) with the remainder based in Canada, the Netherlands and Suriname.

Table 8. Geographical location

Geographic location	# responses
Belgium	37
Canada	1
The Netherlands	1
Suriname	1
Total	**40**

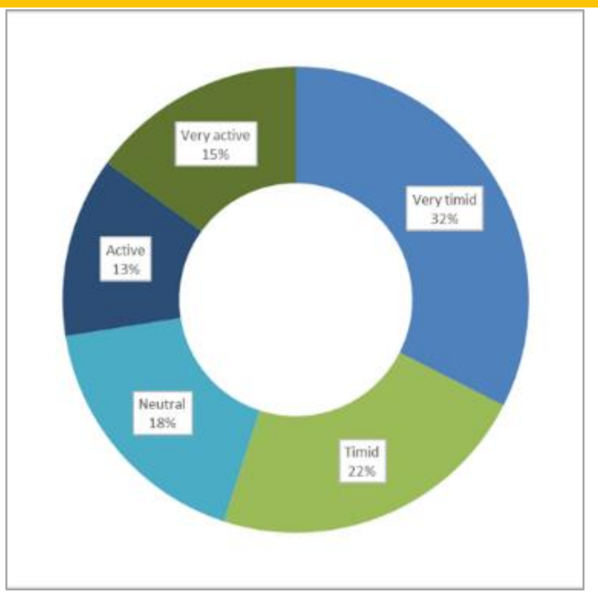


3.2.7 HOW ACTIVE AS BCH MEMBERS?

Respondents were asked to indicate how active they are in the Platform. The majority considers their participation is timid or very timid.

Table 9. How active on the BCH platform

How active in Platform	# responses
Very timid	13
Timid	9
Neutral	7
Active	5
Very active	6
Total	**40**



3.3 ANALYSIS OF SURVEY RESPONSES

Most survey questions asked for scoring responses using Likert scales from 1 to 4 to ensure the survey could be completed in less than 30 minutes. It took respondents on average 33 min to complete the survey. The respondents also had the opportunity to provide comments after each question and one third of the respondents provided additional information using the comment boxes. For all Likert scales, the individual responses were treated as **ordinal data** and the **median** was therefore calculated as summary statistic. Qualitative comments were integrated in the qualitative analysis alongside the interview transcripts.

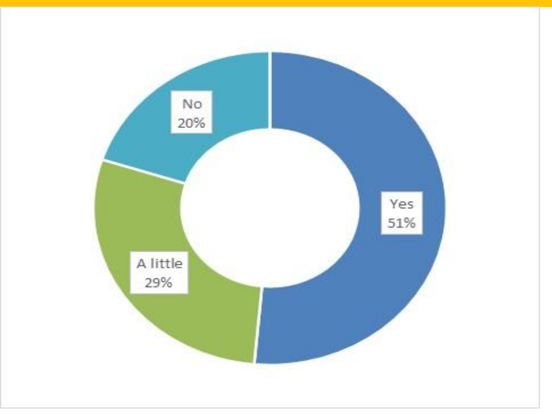
3.3.1 VISION OF BCH

3.3.1.1 Respondents' awareness with the Health Care for All Declaration *(N=35)*

Respondents were asked to indicate how familiar they are with the Health Care for All Declaration (or Antwerp Declaration) which forms the basis for the BCH vision. About half of the respondents (18) were familiar with this declaration, while another 10 indicated they knew it 'a little'. Seven (7) respondents were not familiar at all.

Table 10. Familiarity with Antwerp Declaration

Familiar with Antwerp Declaration	# responses
Yes	18
A little	10
No	7
Total	**35**



3.3.1.2 Respondents' ratings on the relevance and clarity of the BCH vision *(N=35)*

Respondents were asked to comment on five statements related to the BCH vision. The respondents largely agreed that BCH members should have a common vision and that the Health Care for All Declaration remains relevant for BCH's vision. The current vision is also considered sufficiently clear by most respondents. However, not everyone agrees that the vision is sufficiently known by the BCH members and some believe that it should be updated.

Table 11. Ratings on the BCH vision

	1.Totally disagree	2. Agree to some extent	3. Agree	4. Fully agree	MEDIAN	Don't know
BCH members should have a common vision on international health (care) development	1	14	14	2	3. Agree	4
The Health Care for All declaration remains crucial for BCH's vision	0	7	15	9	3. Agree	4
The current BCH vision is sufficiently known by its members	4	16	4	1	2. Agree to some extent	10
The vision is sufficiently clear	2	10	13	3	3. Agree	7
The vision should be updated.	7	8	8	5	2. Agree to some extent	7

3.3.2 MISSION, GOAL AND OBJECTIVES

Survey respondents were asked to comment on the relevance of the current objectives, also on the extent to which the BCH platform operates against those objectives as well as whether the objectives need to be reformulated or not.

The four key result areas of the BCH Platform are:

Result 1: SHARING of knowledge and (field experiences)	Belgian development actors are connected as a Belgian health community and share field experience
Result 2: LEARNING (& CO-DEVELOPMENT)	Belgian health actors (BCH members) strengthen knowledge and capacities based on shared (scientific) knowledge, insights and innovations. Members obtain better access to learning at national and international level.
Result 3: INFLUENCING	Be-cause health provides policy advise to Belgian policy makers (incl. DGD) with an effective Belgian (BCH member) contribution to global health policies and the policy debate based on the right to health and healthcare for all.
Result 4: COORDINATING	Strengthen the governance and management of Be-cause health

3.3.2.1 Respondents' ratings of the relevance of the result areas (N=37)

Table 12. Rating of relevance of the results areas

	Sharing	Learning	Influencing	Coordinating
1. Disagree	0	0	0	1
2 Agree to some extent	2	3	7	8
3. Agree	11	13	9	8
4. Fully agree	23	21	19	17
MEDIAN	**4. Fully agree**	**4. Fully agree**	**4. Fully agree**	**3. Agree**
Don't know	1	0	2	2

The survey respondents largely agree that the four results areas are still relevant. There is more disagreement on the results areas of influencing and coordinating, where respectively seven (19%) and nine (24%) respondents only agreed to some extent or even disagreed.

3.3.2.2 Respondents' ratings of extent to which the BCH platform operate against the expected results (N=37)

Table 13. Rating of the extent to which the BCH platform operates

	Sharing	Learning	Influencing	Coordinating
1. Disagree	0	0	0	1
2 Agree to some extent	5	8	17	11
3. Agree	16	16	8	11
4. Fully agree	9	6	5	7
MEDIAN	**3. Agree**	**3.Agree**	**2. Agree to some extent**	**3. Agree**
Don't know	7	7	7	7

Survey respondents agreed that the platform operates according to the results of 'sharing' and 'learning' but were less confident about the result areas of 'influencing' and 'coordinating'.

3.3.2.3 Respondents' ratings on whether the expected results need to be updated (N=37)

Table 14. Respondents' ratings on whether the expected results need to be updated

	Sharing	Learning	Influencing	Coordinating
1. Disagree	7	7	5	7
2 Agree to some extent	13	10	13	12
3. Agree	8	10	4	6
4. Fully agree	1	2	7	3
MEDIAN	**2. Agree to some extent**	**2. Agree to some extent**	**2. Agree to some extent**	**2. Agree to some extent**
Don't know	8	8	8	9

Interestingly, several respondents (between 5 to 7) do not believe that the results need to be updated. The large majority agree to some extent with the suggestion that the results areas could be updated.

The qualitative comments provided more details on how the above results can be interpreted. For some the results areas of BCH are very broad, which makes it difficult to disagree with and therefore remain relevant. There is however a discrepancy and lack of clarity on what should be achieved within these results areas. One respondent finds that the results need simplifying and focus on more concrete outcomes or outputs, while another one doubts whether coordination is what BCH should be focusing on. Also, while BCH talks about the right to health and healthcare, one respondent finds that it focuses too much on the supply side and not enough on the demand side. In relation to influencing, two respondents believe that BCH is not sufficiently reaching the policy makers due to a lack of clear communication strategy and capacity in advocacy.

Two comments are worth reflecting in their entirety:

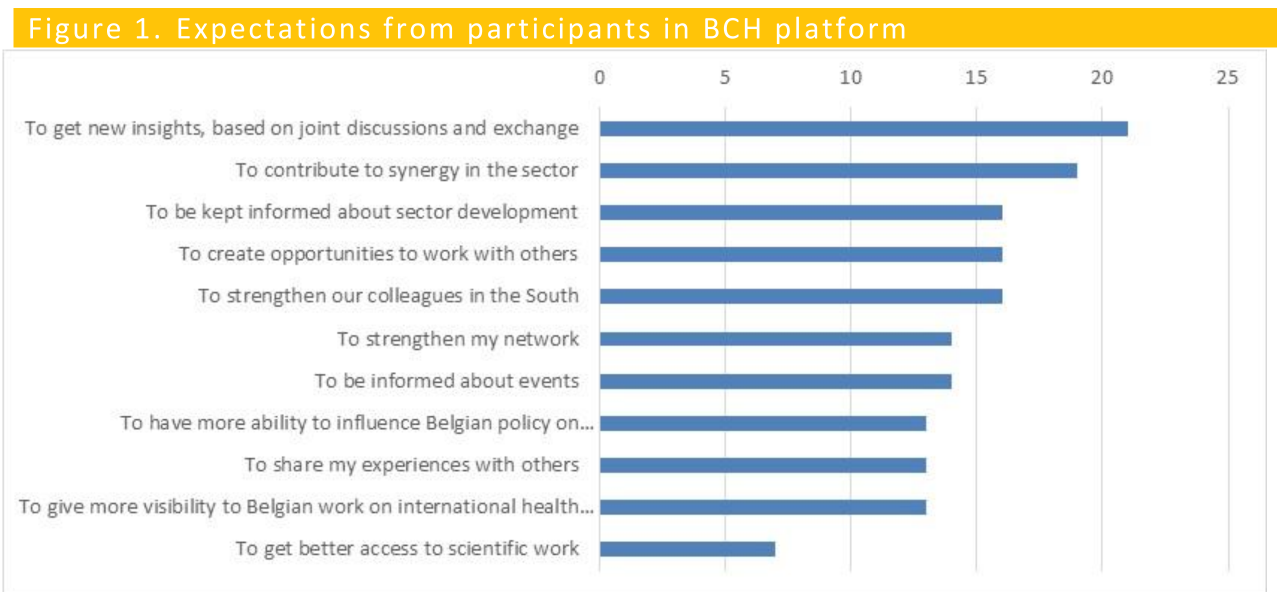
- I don't know much about BCH activities so I can't affirm anything but the little I have seen gave me the feeling that we were in quite a traditional approach, led by a strong western medical view, where "white" educated people take the role of telling partner countries what they should do. I have the feeling that the world has changed: we are not anymore in a situation where decision power and knowledge lay principally in the north. I believe a more equal approach could be adopted, giving more space to diverging views.

- BCH is a Belgian platform. It should evolve towards a more international platform. Partners in LMICs and field workers should be more active in determining the goals and activities of BCH. They should be present in the WG meetings and become even more the organizers and main speakers at the international events. The second priority is digitalization and social media. BCH should become more flexible in the use of these instruments, including in the fight against non-evidence-based information.

3.3.3 EXPECTATIONS FROM PARTICIPATION IN BCH PLATFORM

Respondents were asked what they expected from their participation in the platform and were able to provide multiple responses. The two responses that received the highest rates were ‘to get new insights, based on joint discussion and exchange’ and ‘to contribute to synergy in the sector’. ‘To get more access to scientific work’ was considered the least important reason for joining the platform.

Figure 1. Expectations from participants in BCH platform



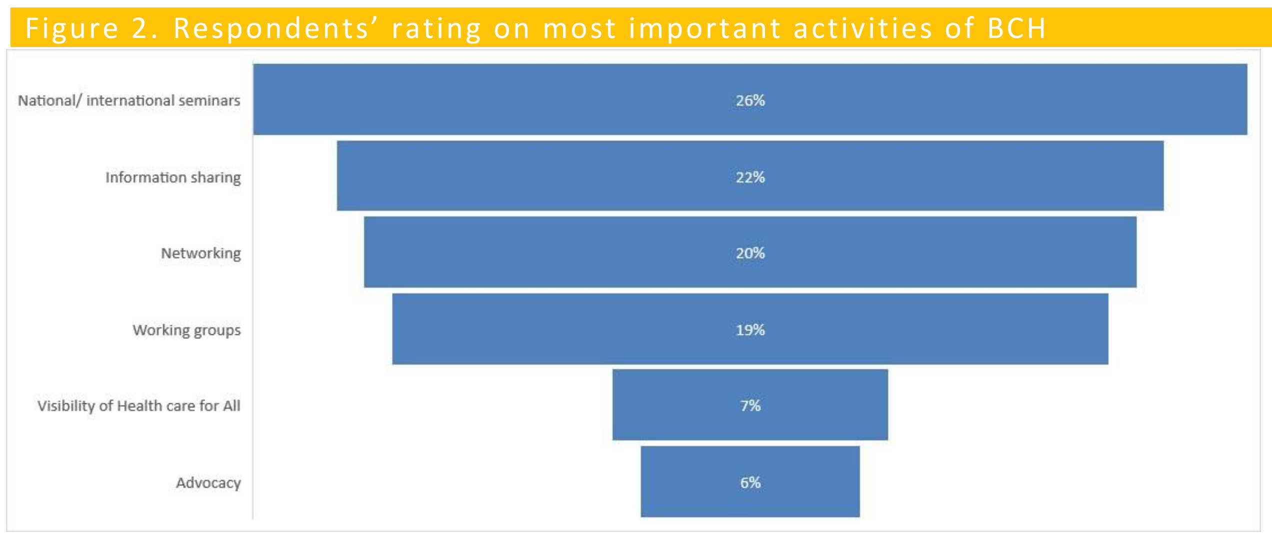
Qualitative comments confirmed that the networking is considered more important than the access to scientific information as this can be easily obtained elsewhere. Also, the actual exchanging with the partners in the South may be an expectation but is not really observed as something that is happening in reality.

3.3.4 ACTIVITIES AND ACHIEVEMENTS

3.3.4.1 Respondents’ ratings on most important activities of BCH in last five years (n= 69)

Respondents were asked to identify the BCH activities they considered most important in the last five years, from a list of six different types of activities. Respondents could select more than one option. The most important types of activities were the organisation and participation in national and international seminars/conferences (26%), information sharing (22%) and networking (20%) and the working groups (19%). Creating visibility on Health Care for All and advocacy received a much lower rating, with seven and six percent, respectively.

Figure 2. Respondents' rating on most important activities of BCH



3.3.4.2 Respondents' ratings on BCH achievements (n=34)

When asked about the extent to which BCH is achieving results across its objectives, survey respondents felt that BCH has achieved acceptable results particularly in terms of 'exchange and circulation of scientific and technical knowledge' as well as creating 'complementarity, synergism and cooperation'. The opinions of respondents were more divided when assessing the results obtained in terms of 'influencing international health policies', with 11 respondents choosing 'limited results', while 12 choose 'acceptable results'. There is stronger agreement, however, that BCH has not performed well when it comes to anticipating the needs identified by actors in the South.

It is also interesting to observe that more than one fourth of the respondents were not able to assess the performance of the BCH achievements.

Table 15. Respondents' ratings on BCH achievements

	Influence on international health policy	Exchange and circulation of scientific &technical knowledge	Complementarity, synergism and cooperation	Anticipation of needs identified by actors in the South
1. No results	0	0	0	0
2. Limited results	11	4	6	13
3. Acceptable results	12	16	14	8
4. Excellent results	0	4	5	0
MEDIAN	3. Acceptable results	3. Acceptable results	3. Acceptable results	2. Limited results
Don't know	12	10	9	13

3.3.4.3 Respondents' rating on visibility of BCH (n=34)

While the majority of respondents believes that BCH is well know within the sector of international health development in Belgium, it is much less well known outside the sector in Belgium.

Table 16. Respondents' rating on visibility of BCH

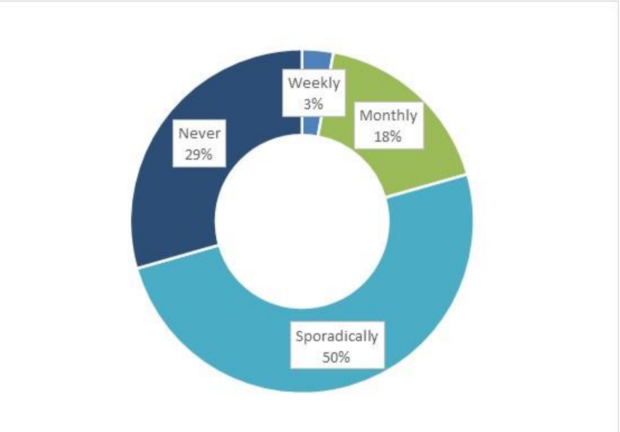
	BCH is well known within the sector of international health development in Belgium	BCH is well known outside the sector of international health development in Belgium
1. Totally disagree	1	7
2. Agree to some extent	5	11
3. Agree	12	4
4. Fully agree	10	1
MEDIAN	**3. Agree**	**2. Agree to some extent**
Don't know	6	11

Respondents were also asked if they knew whether BCH is part of FESTMIH, the majority (22/34) said they were aware, while 12 respondents indicated they did not know. In the qualitative comments, respondents said that this membership is not widely advertised within BCH and it is therefore not known to be an added value. Those who commented on the added value of the FESTMIH membership were very appreciative and that it contributes to a wider international recognition. According to one respondent, BCH should be more active as FESTMIH is one of the windows towards more international exposure and collaboration.

3.3.5 INFORMATION AND COMMUNICATION

3.3.5.1 Respondents' use and appreciation of the BCH website (n=34)

Only seven respondents use the BCH website frequently (either weekly or monthly), while most respondents use the website only sporadically (17/34) or never (10/34).



Many of the respondents consider the content of the website relevant, that it has sufficient information, is up to date and is easily accessible. However, 6/34 respondents disagree the website is accessible, and two respondents do not find it user-friendly. A large proportion of respondents was not able to respond to these questions, indicating they do not use the website. Also, one respondent mentioned that the website is difficult to find and that it does not appear easily on google when looking for it.

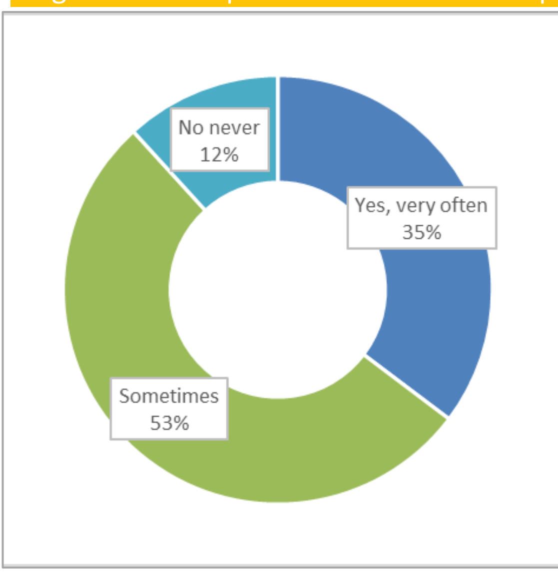
Table 17. Respondents' use and appreciation of BCH website

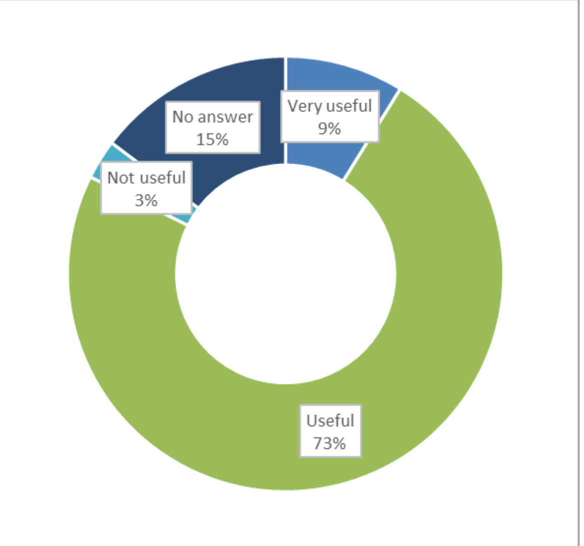
	The information on the website is relevant	The website contains sufficient information	The website is user-friendly	The website is up to date	The website is easily accessible
1. Totally disagree	0	1	2	0	6
2. Agree to some extent	7	5	8	6	5
3. Agree	12	17	10	12	12
4. Fully agree	5	1	4	1	2
MEDIAN	3. Agree	3. Agree	3. Agree	3. Agree	3. Agree
Don't know	10	10	10	15	9

3.3.5.2 Respondents' use and appreciation of the BCH newsletter (n=34)

Less than half of the respondents read the BCH newsletter regularly (12/34), while most respondents read it sporadically (18/34). Only four respondents mentioned they never read the newsletter. Asked about whether the newsletter is useful, most respondents confirmed it is useful (25/34) or very useful (3/34), while five did not answer this question.

Figure 3. Respondents' use and appreciation of the BCH newsletter

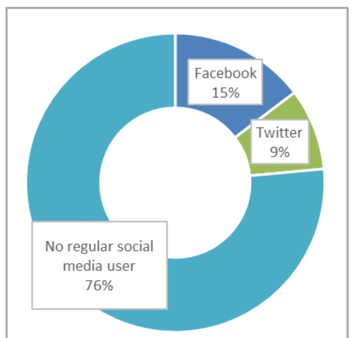




In the qualitative comments, some respondents indicated that they find the newsletter too theoretical and not useful in field work, another respondent finds that it lacks reader input, but mentions that there are other relevant channels distributing relevant information, such as the IHP newsletter.

3.3.5.3 Respondents' use of social media to obtain information on BCH (n=34)

Figure 4. Respondents' use of social media



Only eight respondents indicated that they regularly use social media platforms such as Facebook (5/34) or Twitter (3/34) to obtain information on BCH. The other 26 respondents indicated they are not a regular user of social media.

3.3.6 BCH MEMBERSHIP, FUNCTIONALITY AND GOVERNANCE STRUCTURE

3.3.6.1 Respondents' ratings about the BCH membership structure

Respondents were asked if they believe the composition of the membership structure is representative for the sector, if the composition of the membership is sufficiently diverse and if the role of observing and voting members is clear. Most respondents (20/34) believe the composition is representative and 19/34 also find the membership sufficiently diverse. However, there is less clarity on the role of observing versus voting members with 9/34 members indicating they disagree with the statement on clarity of membership profiles.

Table 18. Ratings about the BCH membership structure

	Composition of membership of BCH is representative for the sector	Composition of membership is sufficiently diverse	Rrole of observing and voting members is clear
Fully disagree	0	0	3
Disagree to some extent	2	5	6
Agree	12	15	9
Fully agree	8	4	4
MEDIAN	**3. Agree**	**3. Agree**	**3. Agree**
Don't know	12	10	12

3.3.6.2 Respondents' ratings about the BCH governance structure

When asked about the governance structure, again a large number of respondents (13 or 14/34) were not able to respond to the question. Most of those who were able to respond, find that the roles of the Steering Group and other governance structures are clear and that they meet the needs of the platform. Also, the BCH coordination is perceived as 'doing a good job' and to sufficiently consult its members.

Table 19. Ratings about the BCH governance structure

	The roles of the SG and other governance structures are clear	The BCH governance structures meet the needs of the platform	The coordination of BCH does a 'good job'	The BCH coordination sufficiently consults its members
Fully disagree	0	0	0	0
Disagree to some extent	5	3	1	3
Agree	12	13	13	13
Fully agree	4	4	7	6
Median	**3. Agree**	**3. Agree**	**3. Agree**	**3. Agree**
Don't know	13	14	13	12

Respondents were less positive about whether there is good interaction between the working groups and whether BCH is good at establishing and maintaining relationships with external networks.

Table 20. Respondents' opinion on BCH interaction

	The interaction between working groups is good	BCH is strong in establishing and maintaining relations with external networks
Fully disagree	4	0
Disagree to some extent	11	10
Agree	5	7
Fully agree	0	2
Median	**2. Agree to some extent**	**2. Agree to some extent**
Don't know	14	15

3.3.7 FINAL CONSIDERATIONS

3.3.7.1 Should BCH remain Belgian?

The opinions on whether BCH should remain Belgian are split. While half of the respondents (17/34) agree or fully agree with this statement, nine respondents are less clear and two totally disagree.

Table 21. Respondents' opinion on whether BCH should remain Belgian

	BCH should remain 'Belgian'
Fully disagree	2
Disagree to some extent	9
Agree	10
Fully agree	7
Median	**3. Agree**
Don't know	6

3.3.7.2 Are members willing to contribute financial resources to BCH?

Again, half of the respondents agree that they or their organisations could financially contribute to the maintenance of BCH should that be necessary at some point, with 11/34 expressing their full agreement. Five respondents were less certain and 12/34 were not able to answer the question.

Table 22. Respondents' opinion on whether they are willing to financially contribute

	I, or my organisation, are able and willing to financially contribute to the BCH platform, in case this would be needed.
Fully disagree	4
Disagree to some extent	1
Agree	6
Fully agree	11
Median	**4. Fully agree**
Don't know	12

3.3.7.3 How should BCH evolve in the future?

In the final comment section, respondents were invited to expand on their expectations about the BCH platform and in particular how they would like to see BCH evolve in the future. Many comments were provided which are summarised and grouped below:

Vision, mission and objectives

- simplify and be more concrete
- Let's try to be original, and to develop original reflection on neglected "niche" relevant to global health, rather than on issues which are high on agenda of anybody else. Let's focus on neglected needs in global health.
- As the panorama of international relations is changing rapidly, a structure as BCH is very necessary, in order to maintain a Belgian identity based on the experience gained in this field.
- Focus on Belgium is good as a starting point for int'l development - otherwise it all becomes too watered down.

- Don't forget the demand side, including accessibility
- Too much focused on public health and not sufficiently facilitating innovative research in other domains important for global health
- Please take in account Herbalism as many people in LMIC countries use it and can't afford or access "our" "regular medication". Imposing and transposing our Western vision on health and our medicines to them is still (a kind of) colonialism. A broader view/debate is more than necessary!

Working groups

- Interactions between working groups should be more fluid and strengthened
- Working groups lack a proper way of really working on something together.
- The purpose of the working groups is not very clear. I think this contributes to members coming and going and not attending regularly (including myself)
- Can the working group on neglected diseases be revived?

Membership and diversity

- Give partners a voice, other than newsletters and seminars. Make more use of online tools so that we can directly be in contact.
- I don't know your activities well enough to be in a position to make such suggestions, I am afraid. Just a general remark, if I may: what is the age average of BCH active members? Would it not be good to welcome younger members? And a second remark: how many of the BCH members are "white"? Would it not be appropriate to ensure that representatives from beneficiary countries are equally involved to make sure their voice is heard?
- Maybe be more pro-active in reaching to members and 'friends' through more direct mailings?
- Involving more colleagues from the south could provide greater exchanges.

Communication and digitalisation

- The BCH platform seems very technocratic and does not seem to be very efficient in communication.
- I see BCH evolving more and more towards an electronic platform and find a balance with F2F events. This would allow the implication of field workers of the member organisations and ideally of their local partners. Expansion to other similar networks in other countries should be searched, eg through FESTMIH. This is needed to gain some leverage to pursue the objectives of BCH: UHC, SHS, equity in health, ...
- On a quest to find valuable alternatives for online networking! (but afraid a network cannot live without physical meetings

ANNEX 4. SOCIAL NETWORK ANALYSIS (SNA)

4.1 INTRODUCTION

This Annex presents the findings of a social network analysis (SNA) of the Be-cause Health Platform (BCH). The aim of the SNA is to get a better understanding of how the members involved in the platform have interacted and collaborated. The SNA was applied in two different ways: first, the overall engagement and interaction of the members of the platform were analysed based on the general online survey results. Next, a more specific online survey was developed for the steering group members and working group coordinators to gather information on how they interact and appreciate the different structures that make up the platform. This annex introduces several key concepts which will be used throughout the document. Further, it briefly sets out the methodological approach.

Table 1 below presents key concepts which will be explored in this annex:

Table 23. Social Network Analysis glossary

TERM	MEANING	APPLICATION
Network	The relationship that exists between actors.	The Be-cause Health Platform is the network analysed in this document.
Actors	Network members that are distinct individuals or institutions.	We identified 40 actors in total.
Structures	Structures in a network are ways in which members are organised in order to steer or implement activities of the network.	Structures in the BCH platform refer to: - General Assembly - Steering Group - Working Groups - BCH Coordination
Activities	Activities are actions undertaken by the network members	BCH activities explored in the SNA include: - Support to advocacy and policy - Support to development of tool or document - Participation in annual seminars and workshops - Participation in international conferences - Contribution to working groups -
Nodes	The nodes or vertices in the network represent the Actors (network members), Structures and Activities. The colour or image of the nodes identifies the role they play in the network, while the size reflects the degree centrality (see below).	The network members are, for example, visualised by the type of organisation they represent: - Government = - Academic institute = - NGO or CSO = A legend identifying the use of images and colours is presented for each visualisation.
Edge	The edge is the relationship between two nodes and drawn as a line. The edge can be directed	The edges in our graphs are undirected as the analysis focused on obtaining a view of

TERM	MEANING	APPLICATION
	representing the flow of the relationship by an arrow or undirected, disregarding any sense of direction between the nodes.	how participants engage with the platform structures and activities.
Actor metrics		
Degree centrality	Degree centrality is defined as the number of connections a node has.	The more active members will have a higher number of degree centrality as they will display a higher number of connections.
Betweenness centrality	Betweenness centrality measures the extent to which a node lies on paths between other vertices. Vertices with high betweenness may have considerable influence within a network by virtue of their control over information passing between others.	The activities or structures with a higher betweenness centrality will be placed more to the centre of the network. In the case of BCH, these are clearly the General Assembly and the annual seminars, for example.
Eigenvector centrality	Eigenvector centrality is a measure of the influence of a node in a network. It assigns relative scores to all nodes in the network based on the concept that connections to high-scoring nodes contribute more to the score of the node in question than equal connections to low-scoring nodes.	Four members responding to the e-survey (2 representing government, 1 representing academics and 1 representing CSO) show a relatively high eigenvector centrality, indicating they are highly active in the platform.

4.2 METHODS

SNA is defined as a “distinctive set of methods used for mapping, measuring and analysing the social relationships between people, groups and organisations. SNA helps characterise relationships between organisations – including collaborations, resource exchange, information exchange, or memberships in a partnership. The nodes in the network are the actors, structures or activities, while the links show relationships or flows between them. SNA provides a visual and a mathematical analysis of these relationships. One of the core assumptions is that the patterns of these relationships have important effects on individual and organisational behaviour, constraining or enabling access to resources and exposure to information and behaviour.

For this evaluation two types of analyses were made:

1) SNA of the overall BCH platform, visualising what members contribute to the platform and in what structures they participate. Data for this analysis were drawn from the general online survey in which 40 platform members participated. More details on the type of members are described below (Section 4.3).

2) For the more in-depth analysis of dynamics of relationships in the Platform, the evaluation team proposed two options: 1) a closer look at the functioning of three working groups to understand how they operate and 2) a more in-depth look at how the SG members, WG coordinators and BCH coordination operate and collaborate. Both options are presented in Annex 2. The client decided that the second option would be more useful, and the second analysis therefore focus on the collaboration among the key structures of the BCH platform, i.e. the Steering Group, BCH Coordination and Working Groups. Data for this analysis were drawn from a second online survey in which specific questions were asked on the respective power, involvement, and reliability of these structures.

The SNA is based on a review of key documentation and two on-line surveys. The two on-line questionnaires were hosted by the Alchemer platform. The survey was launched on November 9th, 2020 and remained on-line until January 7th, 2021. It was sent out to 273 emails, of which 270 (99%) were delivered. 92 people opened the emails and 40 of these people filled out the survey, representing a response rate of 43 percent of those who opened the email but only 15 percent of those that received the email. The second survey was launched on January 7th, 2021 and remained on-line until January 17th, 2021. It was sent only to Steering Group members and Work Group Coordinators. A total of 15 people were invited to participate, and 11 responses (73%) were received.

The first survey asked, amongst others, questions about what type of organisation the member represents, whether they are part of the Steering Group, coordinate a Working Group and with what activities and structures of the platform they have been engaged with. The second survey focused more specifically on what the Steering Group members and Working Group coordinators have contributed to the platform, to what extent the different structures have contributed to the results of the platform and what aspects of the collaboration contribute to the success of the platform. It also asked questions about what structures of the platform they engaged with, how often and through what method and how they perceived their respective involvement, contribution of resources, power and reliability.

For the analysis, general questions are analysed in the form of Likert scales and presented in tables. Proportions are calculated and where relevant presented in graphs. Narrative responses and comments of survey participants were also analysed and summarised in this report. For the SNA, the NodeXL pro software from the Social Media Research Foundation was used for calculating the metrices and visualising the network.

4.2.1 LIMITATIONS

The analysis in this document is limited to the information that was provided by the respondents to the online survey. The analysis of the BCH Platform is not a full reflection of the reality because it only presents the contribution of 40 of the 273 people included in the BCH database. It does however provide a snapshot of how the most active members interact and contribute to the Platform. Also, while the second survey provided useful insights into what SG and WG coordinators have contributed to the platform and what they consider to be the more important aspects of collaboration, it did not provide many more insights into how these structures are interconnected when compared to the first survey because it was mostly the same people participating. In hindsight, a comparison between working groups may have been a more interesting exercise.

4.3 BE-CAUSE HEALTH PLATFORM

4.3.1 SURVEY RESPONDENTS

A total of 40 platform members responded to the on-line survey. The members were asked to identify what category of membership they have and what type of organisation they are working for.

Table 24. Total SNA survey respondents

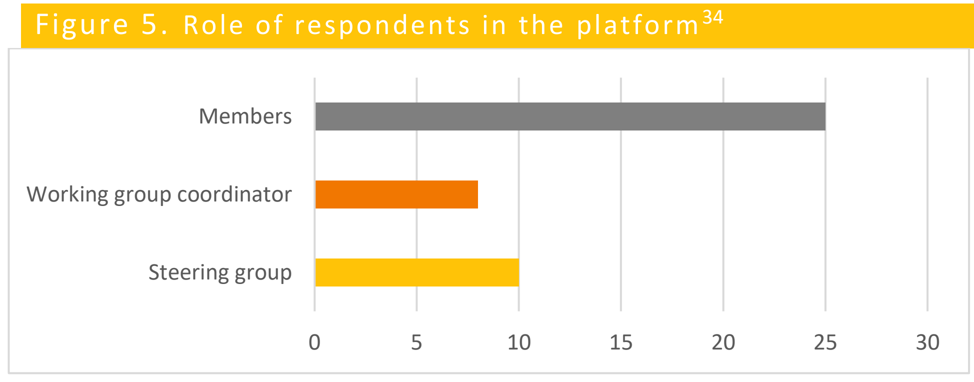
Membership type and type of organisation	Academic institution / Researcher	Government institution	NGO or CSO	Private company	Not provided	Total
I don't know	4	2	1	1[33]	4	12
Individual voting member	1	1	1		4	7
Observing member	1	2	1		4	8
Voting member working for a member organisation	5	1	7			13
Total	**11**	**6**	**10**	**1**	**12**	**40**

Half of the participating members were voting members, either representing an organisation (33%) or as an individual (17%). A third of the participating members (30%) did not know what membership type they have, while 20 percent are observing members. One fourth of the respondents represent either an academic institution or are researchers, while the other fourth represent a non-governmental organisation (NGO) or civil society organisation (CSO). Only one member identified him or herself as a private company. One third of respondents did not identify what type of organisation they work or worked for.

4.3.2 ROLE IN THE PLATFORM

Members were asked to identify whether they are sitting in the Steering Group or coordinating a Working Group. A total of ten members identified themselves as SG members, while eight coordinators of the WGs also participated. Three members identified themselves as both a SG member and WG coordinator.

Figure 5. Role of respondents in the platform[34]



[33] The private sector participant indicated not to have participated in any structure or activity of the Platform and is therefore not further considered in this analysis.

[34] One respondent can have more than one role (which explains that the total is higher than 40).

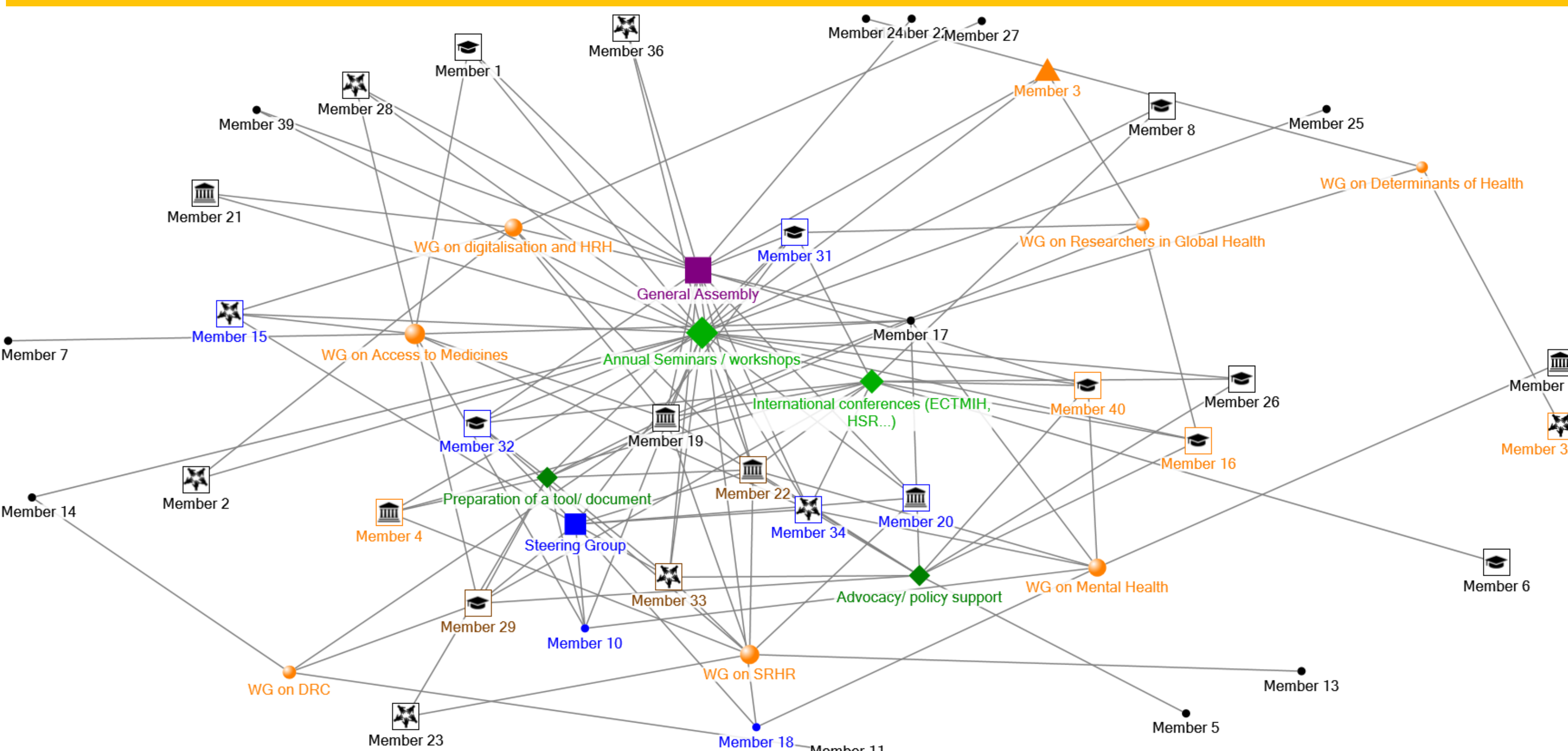
4.3.3 SOCIAL NETWORK ANALYSIS OF THE PLATFORM

All members were asked to identify with what structure (Steering Group, General Assembly, Working Groups) and activities (support to advocacy and policy, support to tool or document development, international conferences, annual seminars and workshops) they participate in or have contributed to. Figure 2 below visualises the engagement as per the responses provided.

Fifteen (15) respondents participate in the General Assembly (GA) and ten (10) in the Steering Group. Participation in the working groups varied with the highest number of participants participating in the Working Group (WG) on Access to Medicines and the lowest number participating in the WG on Determinants of International Health.

More than half (23) of the respondents have indicated that they participate in annual seminars and workshop, whereas about a third (33%) also participated in international conferences. One fourth of the members also contributed to the preparation of a tool or document, while another fourth (although with some overlap) have contributed to advocacy and policy support.

Figure 6. Be-cause Health Platform engagement[35]



Type of organisation	Role of members	Structures	Activities
Government	Member of Steering Group	Steering Group	- Advocacy/policy support - Preparation tool or document
Academic	Coordinator of Working Group	Working Groups	- Annual seminar, workshop
CSO/NGO	Member of Steering Group and Coordinator Working Group	General Assembly	- international conferences

35 If respondents did not provide the type of organisation they work for, they are just referred to as 'member'

The GA and annual seminar or workshops sit in the middle of the platform, indicating these are the structure and activity in which most of the members participate in and contribute to. This is followed by participation in international conferences, contribution to advocacy or policy support, contribution to tools or document development as well as participation in the Steering Group. The Working Groups surround the platform, with the WG on Access to Medicines, SRHR, Mental Health and Digitalisation slightly more towards the centre compared to the WG on Research for Global Health, Determinants of Health and DRC. This is also reflected in the table below, where the degree centrality and eigenvector centrality reflect the positioning within the platform.

Table 25. SNA metrices of the BCH platform

Vertex	Degree Centrality	Betweenness Centrality	Eigenvector Centrality
Annual Seminars / workshops	23	386.880	0.050
General Assembly	15	145.568	0.035
International conferences (ECTMIH, HSR...)	13	130.115	0.031
Steering Group	10	44.776	0.027
Preparation of a tool/ document	10	75.212	0.027
Advocacy/ policy support	10	93.870	0.026
Working Group on Access to Medicines	9	87.758	0.020
Working Group on SRHR	8	74.612	0.020
Working Group of Mental Health	7	69.664	0.017
Working Group on Digitalisation and HRH	7	83.152	0.015
Working Group on Researchers in Global Health, Health Policy and Systems	4	6.116	0.011
Working Group on DRC	4	53.278	0.007
Working Group on Determinants of International Health	3	95.000	0.003

The eigenvector centrality of the structures is closely linked to the number of connections and degree centrality they have. The eigenvector centrality is calculated in relation to all the connects that exist, whereas the degree centrality is the numerical count of the connections that exist with this structure. The structure or activity with the highest degree centrality also has the highest eigenvector centrality. The betweenness centrality, on the other hand, is a measure of the centrality based on the shortest path between vertices. Betweenness centrality measures the extent to which a vertex plays a bridging role in a network. Specifically, betweenness centrality measures the extent that the member falls on the shortest path between other members in the network. The more people depend on a structure to make connections with other people, the higher that user's betweenness centrality becomes. For example, the betweenness centrality of the WG on Determinants of International Health is high because it connects two members who are otherwise not connected to any of the other structures of the platform.

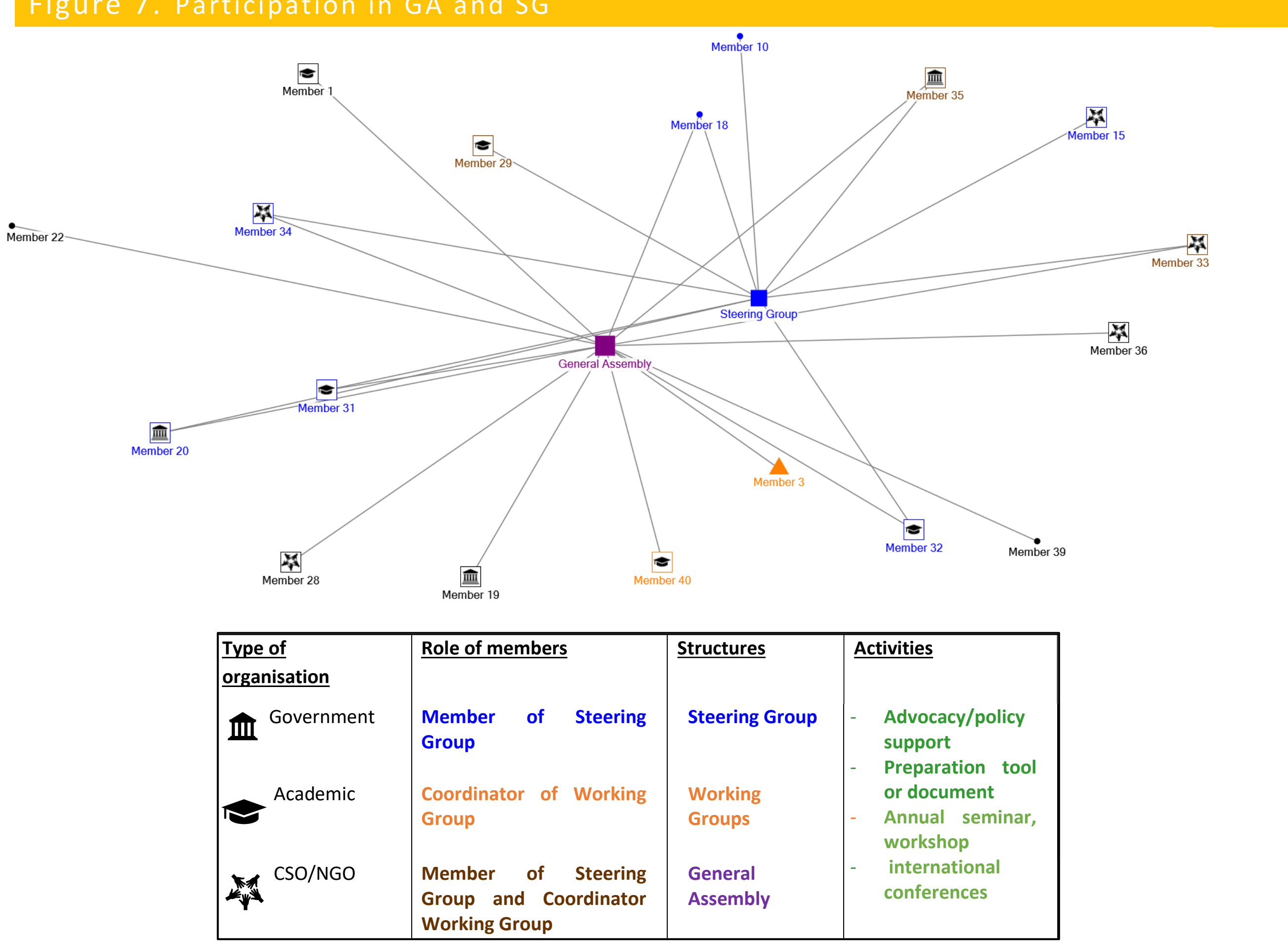
In the next paragraphs we focus on the specific structures and activities of the Platform.

4.3.3.1 Participation in General Assembly and Steering Group

When analysing the participation to the GA and SG more closely, we observe that the SG includes three representatives for CSO, three representatives of academic institutions, two representatives from government institutions and two members who did not identify the organisations they work for. The ten SG members who participated (including alternate SG members) are coloured blue and brown in the graph

below. Those that are brown are also working group coordinators. Seven of the ten participating SG members contribute to the GA and 3/10 SG members also represent working group coordinators. There are in fact four SG members who coordinate a working group but as not all of these participated in the exercise. A total of five working group coordinators confirmed to have participated in the General Assembly. The centrality of the actors displayed in the graph below is a reflection of the other structures they are connected to, but which are not displayed in the graph below. These connections are displayed in Figures 8, 9 and 10.

Figure 7. Participation in GA and SG

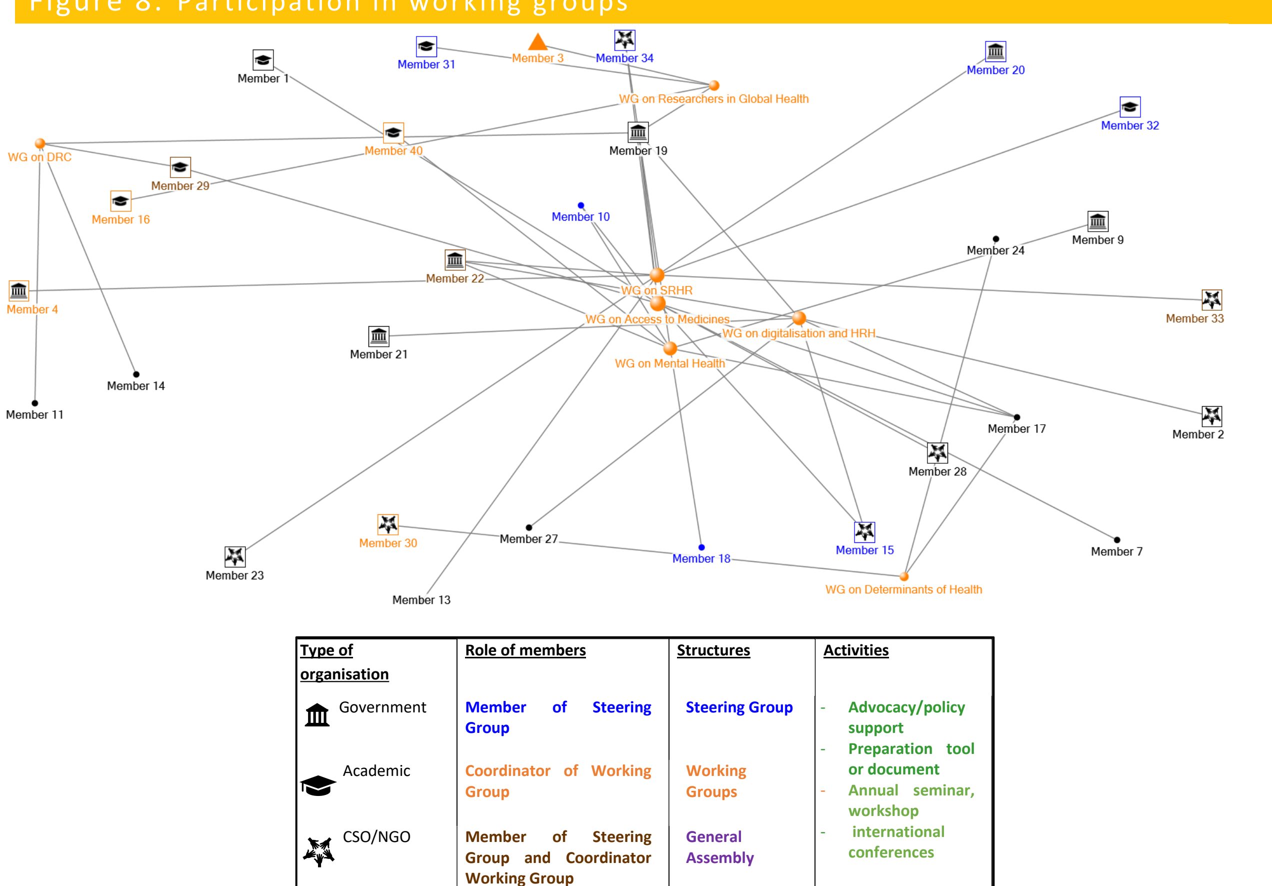


Type of organisation	Role of members	Structures	Activities
Government	Member of Steering Group	Steering Group	- Advocacy/policy support - Preparation tool or document
Academic	Coordinator of Working Group	Working Groups	- Annual seminar, workshop
CSO/NGO	Member of Steering Group and Coordinator Working Group	General Assembly	- international conferences

4.3.3.2 Participation in the Working Groups

Participants to the online survey were generally more active in four out of the seven working groups, with the WG on Access to Medicines and the WG on SRHR clearly sitting in the middle of the platform, closely followed by the WG on Mental Health and Digitalisation and HRH. All the SG members participate in one or more of the working groups, with three SG members assuming the coordination of three working groups. The type of organisations represented in the working group is also balanced with at least seven representatives from CSO/NGOs, six representatives from government institutions and six representatives from academic institutions.

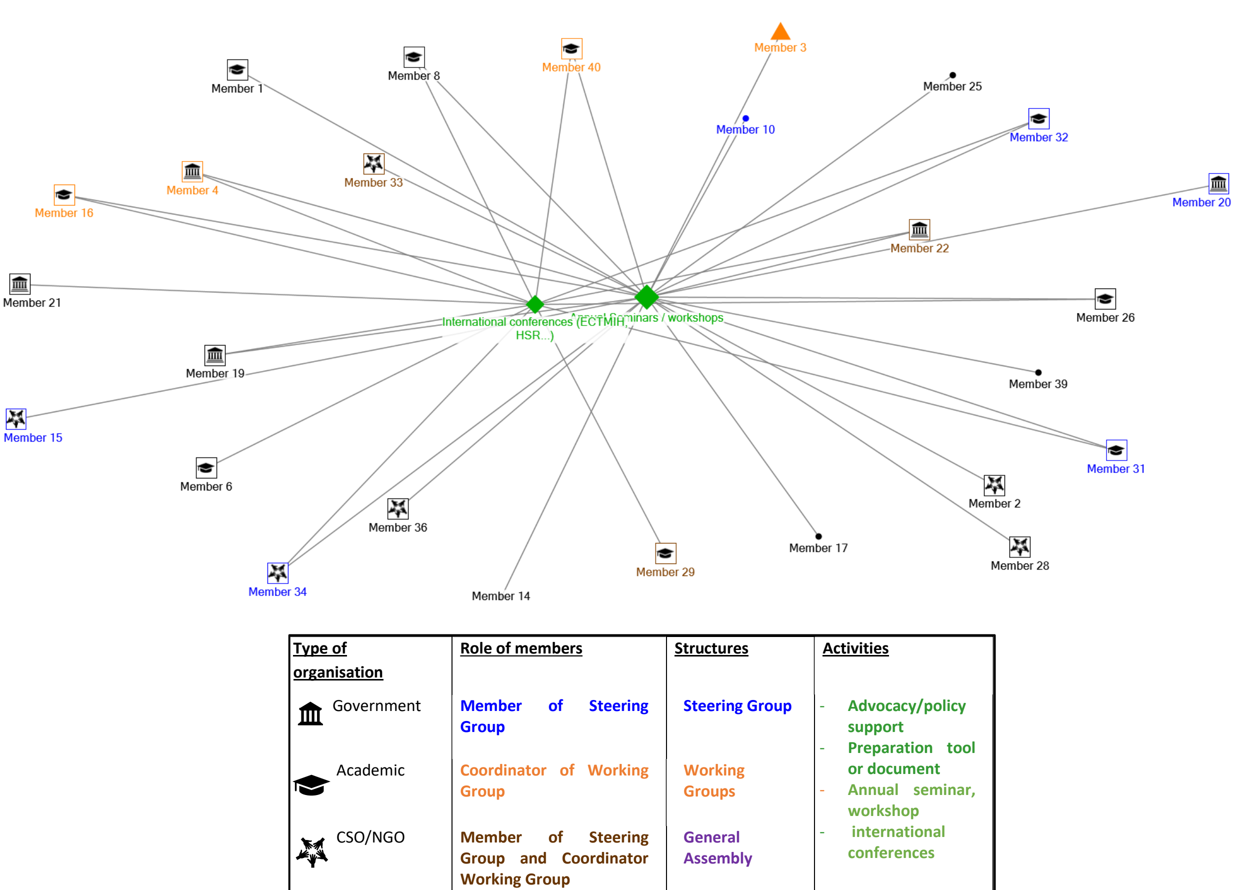
Figure 8. Participation in working groups



4.3.3.3 Contribution to annual seminars, workshops, and international conferences

Twenty-tree (23) members indicated they contributed to the annual seminars and workshops organised by BCH, including eight SG members and six working group coordinators. This is clearly a central activity of the Platform. Participation in international conferences such as the ECTMIH and HSR was also considered an important activity by 13 of the respondents. These included five SG members and four coordinators of the working groups.

Figure 9. Contribution to annual seminars, workshops and conferences



4.3.3.4 Contribution to policy, advocacy or tool and document development

A total of 15 respondents indicated to have contributed to either policy, advocacy and document or tool development. Ten respondents said to have contributed to advocacy and/or policy development, four of which were SG members, including three WG coordinators. In total half of those who participated to advocacy and policy development were WG coordinators (5/10). In terms of organisational representation, four representatives of academic institutions, two from CSO /NGOs and two from government institutions participated to these activities. Ten respondents also indicated to have contributed to a document or tool development, five of which were SG members and four (three of which also representing SG members) were working group coordinators. Five of the 15 respondents participated in both policy and advocacy as well as document and tool development, three of which were working group coordinators.

Figure 10. Contribution to policy, advocacy, or document development

Member 5
Member 10
Member 16
Member 34
Member 33
Member 32
Member 19
Preparation of a tool/ document
Advocacy/ policy support
Member 26
Member 22
Member 29
Member 17
Member 31
Member 4
Member 23
Member 40

Type of organisation	Role of members	Structures	Activities
Government	Member of Steering Group	Steering Group	- Advocacy/policy support - Preparation tool or document
Academic	Coordinator of Working Group	Working Groups	- Annual seminar, workshop
CSO/NGO	Member of Steering Group and Coordinator Working Group	General Assembly	- international conferences

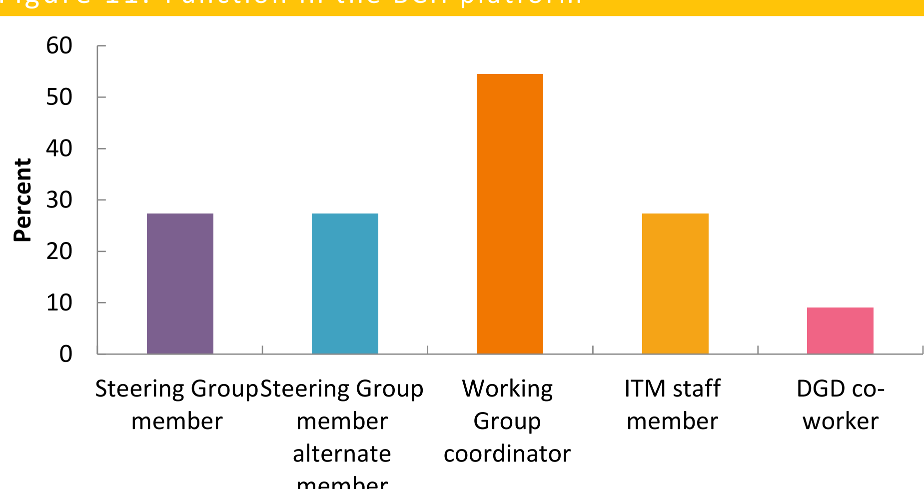
4.4 STEERING GROUP AND WORKING GROUP COORDINATORS

It is clear from the previous analysis that the Steering Group members and working group coordinators play an active role in the BCH Platform, contributing not only to the existing structures but also to the main activities. The evaluation therefore decided to look further into how the SG members and WG coordinators interact with the different structures and how they perceive that the structures are achieving their results. For this an additional on-line survey was sent out to 15 people, including 10 SG members, 8 WG coordinators (5 of which are also SG members), and 2 ITM staff members. A total of 11 responses were received, representing a 73% response rate. The evaluation team is satisfied with this response rate given the unfortunate timing as well as short timeline for filling out the responses.

4.4.1 SURVEY RESPONDENTS

The respondents were asked to identify what function they fulfil in the Platform and were able to select multiple functions.

Figure 11. Function in the BCH platform



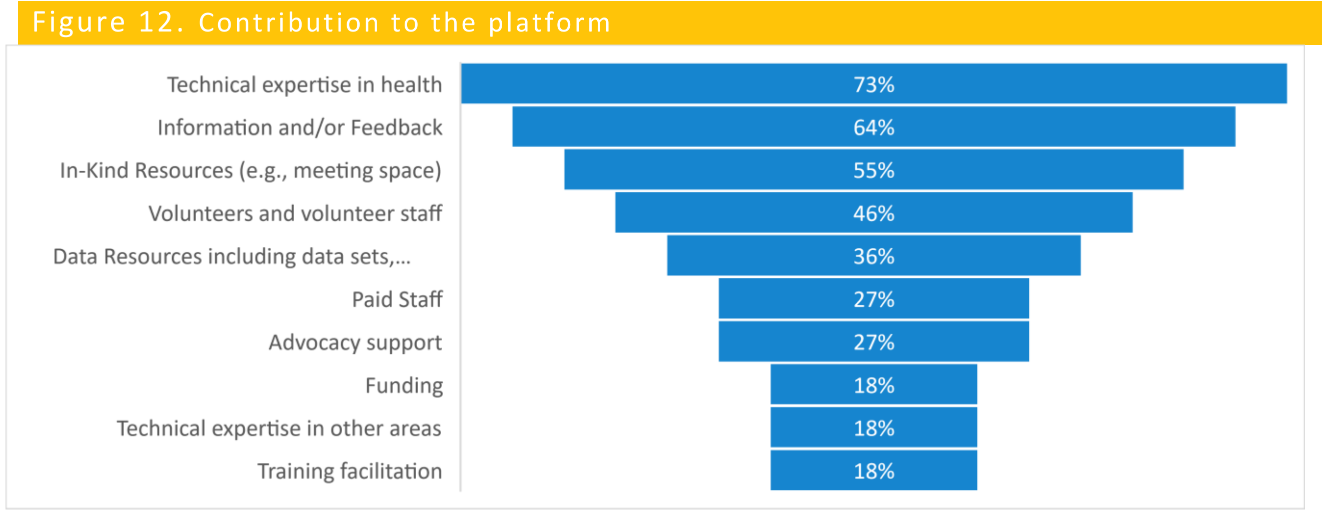
Of the six steering group members (including three alternate steering group members), three represented academic institutions, two represented an NGO or CSO and one represented a government institution. The six WG coordinators represented a total of five WG.

4.4.2 ANALYSIS OF SURVEY RESPONSES

4.4.2.1 Contribution to the platform

Respondents were asked to identify what they or the organisations they represent have contributed to the platform. The large majority indicated they contributed technical expertise, information or feedback and in-kind resources such as meeting space, for example. Three respondents said they contributed paid staff and advocacy support, while only two said they contributed financial resources. In the figure below, we provide an overview of the type of resources that were provided by all the respondents. The number of contributions totalled 45, as several respondents provided different types of resources.

Figure 12. Contribution to the platform



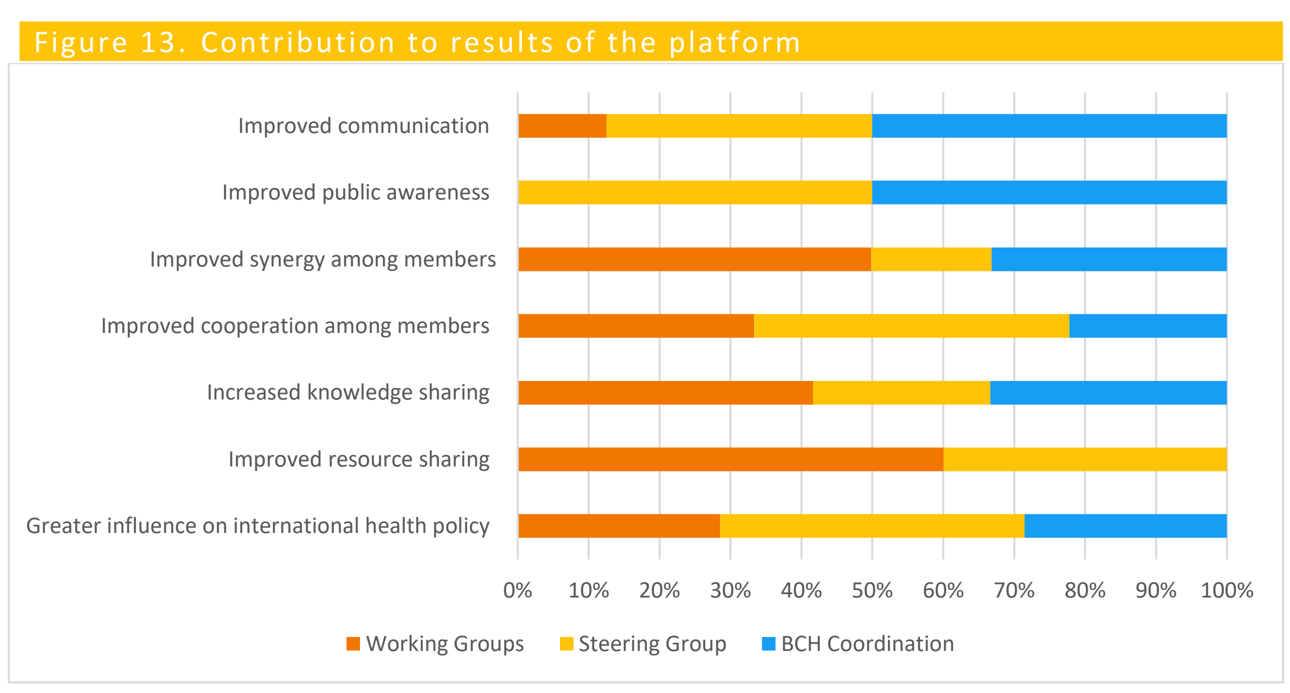
When respondents were asked about the most important contribution they or their organisation provided to the Platform (and were able to only select one option), 4/11 confirmed this was technical support, 2/11 believed it was information or feedback, 2/11 said it were volunteers or volunteer staff, 1/11 said it was paid staff and 1/11 said it was the organisation of webinars.

4.4.2.2 Contribution to the results of the platform

Respondents were asked to identify to which results they believed the different structures of the BCH platform had contributed. Please note that in this survey, one more structure was added, which is the BCH coordination located within the ITM. Respondents were asked to assess what the structure they are representing has contributed to the results of the platform. So, SG members were asked to assess the contribution of the SG, whereas WG coordinators were asked to assess the contribution of the WGs.

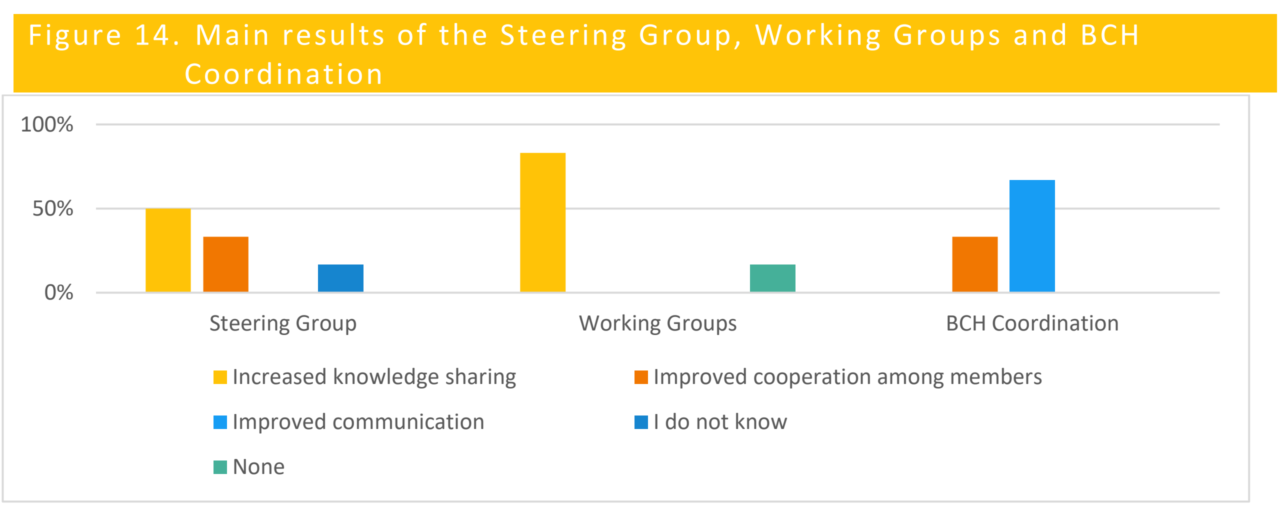
According to the responses, the steering group has mostly contributed to 'improved cooperation among the members' as well as 'increased knowledge sharing', 'greater influence on international health policy' and 'improved communication'. The working groups, on the other hand, contributed mostly to 'increased knowledge sharing', followed by 'improved synergy among members', 'improved cooperation' and 'improved resource sharing'. The BCH coordination contributed mostly to 'improved communication' and 'increased knowledge sharing'. The result of 'improved public awareness' received the lowest score overall and the working groups did not contribute to this result area, according to the respondents.

Figure 13. Contribution to results of the platform



When asked about the most important contribution of each structure, respondents highlighted increased knowledge sharing (for both the Steering Group and Working Groups), improved communication (for the BCH coordination) and improved cooperation among members (for both the Steering Group and BCH coordination). One respondent thought the working groups had not contributed to any of the results, while another one was not clear about the main result of the Steering Group.

Figure 14. Main results of the Steering Group, Working Groups and BCH Coordination



4.4.2.3 Steering Group

Respondents were asked to assess to what extent the Steering Group has been successful in steering the Platform. Just over half of the respondents (6/11) finds that the SG has been successful in steering the Platform, including four SG members. Two SG members were less positive, while three (working group coordinators) where not able to respond to the question.

Table 26. Appreciation of the Steering Group

Steering of Platform by SG	Count	Percent
Somewhat Successful	2	18.2%
Successful	3	27.3%
Very Successful	2	18.2%
Completely Successful	1	9.1%
Don’t know or not applicable	3	27.3%
Totals	**11**	**100%**

Qualitative comments provided illustrations for both the positive and less positive appreciation:

- *It really does 'steering' leaving enough space and flexibility for initiatives of members and working groups. No 'oligarchic' approach. The steering group has also a high representativity with all categories of members represented and with rotation of people at regular intervals*
- *It was less evident in 2020 due to Covid-19 and more difficult to keep a network alive*
- *From mid-2019 to mid-2020 somewhat successful because of a lack of effective coordination*

4.4.2.4 Working Groups

Respondents were asked to appreciate whether the working groups had been successful at achieving their goals and contributing to increased sharing, learning, and influencing. Interestingly, most respondents were not able to respond to this question as they were not clear or aware what the goals of each working group was for the past five years. Respondents were only largely familiar with the goals and objectives of the SRHR working group. Only two working groups were assessed as successful by at least half of the respondents (WG on SRHR and WG on Access to Medicines). Two other working groups were assessed as successful or very

successful by at least one fourth of the respondents (WG on Determinants of Health and Digitalisation and HRH). Two working groups were assessed as not successful or only somewhat successful by at least one fourth of the respondents (WG on DRC and WG on Mental Health), while two respondents assessed the WG on Researchers in Global Health as somewhat successful. One qualitative comment clarified that the WG on DRC has not been very active in the last year and that the WG on Mental Health is still new and that the outcomes are not yet very visible.

Table 27. Appreciation of the working groups

Working Groups	SRHR	Access to Medicines	Determinants of Health	Digitalisation	DRC	Researchers in Global Health	Mental Health
Not Successful							9%
Somewhat Successful			9%	9%	36%	18%	18%
Successful	9%		9%			27%	9%
Very Successful	36%	36%	18%	27%			
Completely Successful	27%	18%					
Don't know or not applicable	27%	46%	64%	64%	64%	55%	64%

The WG on complexity, UHC and Asset management were not assessed as part of this exercise as the WG coordinators are no longer active.

4.4.2.5 Aspects of collaboration

The survey also asked about what aspects of the collaboration have contributed to the success of the BCH platform. Respondents were able to select multiple options. Most felt that the exchange of information and knowledge, the bringing together of diverse stakeholders and the building of a network were the factors that have contributed to the success of the platform. Sharing of resources, collective decision-making and meeting regularly were considered less important.

Figure 15. Aspects of collaboration contributing to success of Platform

Aspect	%
Exchanging information/knowledge	091%
Bringing together diverse stakeholders	082%
Building a network	073%
Having a shared mission, goals	046%
Meeting regularly	036%
Collective decision-making	018%
Sharing resources	009%

The qualitative comments highlighted that community building in an informal way, the hosting by one of the members, different ways of organising dialogue through the annual seminars and working groups are aspects of the platform which are much appreciated. Also, the fact that it is part of a more international platform and involves different types of actors with divergent institutional goals helps to come together, share experiences, and learn from each other. Building trust among members is therefore important.

4.4.3 SOCIAL NETWORK ANALYSIS OF SG AND WG

In the second part of the on-line survey, respondents were asked to identify with what structures of the BCH platform – other than the ones in which they currently function – they have established a relationship. They were also asked to assess the relationship in terms of quality, frequency and method of engagement, their respective influence and level of involvement in the platform, the extent to which they contribute resources and are a reliable structure.

The relationships are visualised in figure 12 below. The dotted lines visualise the relationships which exist because of the current function the member has in the Platform. The full lines visualise other relationships that the SG members, WG coordinators and ITM staff have established with the other structures.

Figure 16. Steering Group, Working Group coordinators and BCH coordination

WG on Mental Health
Member 10
Member 5
Member 8
Member 6
WG on Determinants of Health
Member 7
Member 2
BCH coordination
Member 9
WG on Researchers in Global Health
Steering Group
Member 1
Member 11
Member 3
Member 4
WG on Access to Medicines
WG on SRHR
WG on Digitalisation and HRH
WG on DRC

ITM staff member
WG coordinator
Steering group member
Alternate Steering group member
Working Group
Steering Group
BCH coordination

Almost all members mentioned they had established a relationship with the BCH coordination and rated this collaboration as excellent or good. One working group coordinator and ITM staff member mentioned they had a relationship with the Steering Group and considered this relationship satisfactory. The working group coordinators have generally only a relationship with the BCH coordination besides their own role as coordinator. Two other members, one SG alternate member and ITM staff member established relationships with at least two working groups.

The communication with these structures was generally on a yearly or quarterly basis, except with the BCH coordination with whom communication often occurs on a weekly basis. The most common method of interaction prior to the Covid-19 pandemic was through face-to-face meetings (52%), followed by email (22%) and workshops (15%).

The BCH coordination and Steering Group were considered to have the greatest power to influence the overall goal of the BCH platform, with the Working Groups generally only having a small or fair amount of power. The level of involvement showed a similar assessment, except for the working group on SRHR which also received a positive assessment on its involvement within the Platform. In terms of contribution of resources, the Steering Group was assessed as bringing a great deal of resources (including human resources and information) to the Platform, followed by the SRHR working group and the BCH coordination. The opinions on other working groups were split with only the WG on Access to Medicines assessed as generating a great deal of resources by one of the respondents. Most of the structures were reliable in the sense that they follow through on their commitments, except for the working group on mental health and researchers in global health, where two respondents believed these were only fairly reliable structures.

In the qualitative comments, respondents highlighted that the Steering Group needs a strong coordination mechanism to interact and perform well. Also, it is important to promote diversity of membership in the Steering Group and include 'unusual suspects'. On the working groups, one respondent said that there are a limited number of committed people in the working groups and that it is necessary to reach out to others who are less active to ensure the commitments keep flowing. Also, the mental health working group seems to have issues with limited outputs so far. Finally, two respondents commented that the role of the BCH coordination is important to stimulate both the SG and the WGs and that this function should ideally be full-time.

4.5 CONCLUSIONS AND LESSONS LEARNED

- While the platform counts 273 email addresses of its members, only 40 members (15%) participated in the on-line survey for the evaluation. This is a small proportion and could be interpreted that only a small share of members are responsive.
- Within this proportion of more responsive members there is a good mix of representation from different types of organisations, such as academic institutions, NGO or CSOs, government institutions and individuals who are either self-employed or retired.
- The SNA applied to the first survey observed that most of the respondents participate mostly in the annual seminars and workshops and contribute to the General Assembly. These activities and structure seem to bring together a good share of the survey respondents.
- Participating members seem to be more active in four of the seven working groups, these are the WG on SRHR, WG on Access to Quality Medicines, WG on Digitalisation and HRH and WG on Mental Health. The working group on Mental Health, however, received a much lower appreciation compared to the three other WG when asked about the ability of the working groups to achieve their goals.
- Members have also participated in international conferences and contributed to the development of tools and documents. In each of these activities, however, there is a good representation of Steering Group members and Working Group coordinators.
- Steering Group members are active members in the Platform and contribute to all the activities of the platform, including the coordination of working groups.
- The SG, working groups and BCH coordination all play a specific role in the achievement of the BCH Platform goals. The SG facilitated improved coordination among the members, the WGs encouraged improved sharing of knowledge, whereas the BCH coordination contributes to improved communication.
- SG members, WG coordinators and the ITM contribute mostly technical expertise, information and feedback, volunteers and volunteer staff as well as paid staff to the Platform.
- SG members and WG coordinators are not very familiar with the goals and objectives of the different working groups and were only able to judge the performance of a small number of working groups, in particular those that are coordinated by SG members.
- The BCH coordination is a structure which all the SG members and WG coordinators liaise with on a regular basis. This structure is considered to have a great amount of power and involvement and contributes resources to the Platform. The same goes for the Steering Group, although a fewer number of respondents have a direct relationship with this structure. The WGs generally have a lower amount of power and involvement, except for the WG on SRHR which was seen to have a relative amount of power and also contributes a fair amount of resources. Generally, there is also little contact between the different WGs, except for members who participate in several WGs.

ANNEX 5. PROPOSAL FOR SOCIAL NETWORK ANALYSIS

Social Network Analysis (SNA) helps to understand how different organisations and individuals in the network have collaborated and how this has contributed to its success or lack thereof. For further information on SNA method, please read **here**.

During the inception phase it was discussed that the SNA would be used to analyse the relationships between the Steering Group members and also with the Working Group coordinators. During the first phase of the evaluation, it has become apparent that the established working groups of the BCH platform function differently and with different levels of engagement of its members. Based on the initial findings, the evaluation team believes that it could also be useful to apply the SNA to compare the functioning of different working groups. However, as time and resources are limited, it would be best to limit the scope of the SNA.

We therefore propose the following options for the SNA:

Option 1: focus on the Steering Group and Working Group Coordinators

Purpose: to assess the functioning of the Steering Group (SG) and the relationship between the SG members and with the WG coordinators. This will provide more insights into the top-level and mid-level management of the platform. In this exercise, we can also assess how the SG members relate with the DGD and the ITM.

Participants: steering group members and working group coordinators

Method: brief online survey (see questionnaire below) or if preferred the questionnaire can also be conducted by telephone. The survey will be sent out as soon as possible and latest by Friday 8th of January. It will remain available until Friday 15th and a personalised reminder will be send by Wednesday 13th.

Option 2: focus on the functioning of the working groups

Purpose: to assess how a maximum of three working groups function and what the relationships are that exist between its members. This will provide more insight into the operations of working groups and help to identify what enables a working group to function better compared to others.

For the selection of the working groups, we have assessed the responses to the online survey as well as initial findings from the interviews and propose to investigate the functioning of three working groups as follows:

- Working Group on Sexual and Reproductive Health and Rights
- Working Group on Access to Medicines
- Working Group on Mental Health

Participants: coordinators, secretaries, and members of the three working groups. We anticipate that we will not be able to get a response from all network members but would be satisfied with a response of between 5 to 10 members for each network.

Method: brief online survey (see questionnaires below) or if preferred the questionnaire can also be conducted by telephone. The survey will be sent out as soon as possible and latest by Friday 8th of January. It will remain available until Friday 15th of January 2020 and a personalised reminder will be send by Wednesday 13th of January 2020.

Detailed questionnaires for network or working groups are provided below.

5.1 SNA QUESTIONNAIRE FOR STEERING GROUP AND WORKING GROUP COORDINATORS

Introduction:

You are invited to participate in a social network analysis exercise as part of the evaluation of the Be-Cause Health Platform which is being conducted by hera (www.hera.eu).

This social network analysis focuses specifically on the **Steering Group and its relationship with the Working Groups**. The evaluation will apply the method of Social Network Analysis (SNA) to understand how different organisations and individuals in this working group have collaborated and how this has contributed to its success. For further information on SNA method, please read **here**.

The exercise consists of filling out a very short online questionnaire, which will take only 10 minutes to fill out. For the exercise to be useful, it is important that as many members of the Steering Group as well as all Working Group Coordinators contribute.

First, you will be asked to answer several questions about what you and your organisation have contributed to the Steering Group or the Working Group. Next, you will be asked to answer questions about other members in the network. Please respond the questions reflecting on the performance of the working group between 2018 and 2020. Questions marked with an * are mandatory.

Consent:

By starting the survey, you are agreeing to participate. Your participation is voluntary, and you can stop at any time. There are no known risks to participate in this survey. All responses will remain anonymous and the information will be saved in a password protected database to be used only for the purpose of the Be-cause Health evaluation. If you have questions about your participation in the survey, please reply to the email invitation you received, or contact the administrator Marieke Devillé at Marieke@hera.eu

Please complete the survey as soon as possible and no later than Friday 15th of January.

Survey questions

Please note that the same questionnaire will be send to both the SG members and WG coordinators, but that depending on their role, they will only see the questions that are relevant to them (as we will use the skipping function)

Table 28. Survey Questions for steering group and working group coordinators

Q	Question	Response Type
1	Please identify in what function you are responding to this questionnaire	[Multiple answers possible] • Steering Group member • Working Group coordinator • ITM staff member [If Working Group coordinator] Please identify which working group you are coordinating: • Sexual and Reproductive Health and Rights • Access to Medicines • Democratic Republic of Congo • Determinants of International Health

Q	Question	Response Type
		• Digitalisation • Researchers in Global Health • Mental Health • Other – please clarify If Steering Group member, please clarify what type of organisation you represent: • Academic Institution • NGO / CSO • Government institution • Private company • Other – please specify
3	Please indicate what you or your organisation contributes, or can potentially contribute, to the **Be-cause health platform** (choose as many as apply).	1. Funding 2. In-Kind Resources (e.g., meeting space) 3. Paid Staff 4. Volunteers and Volunteer staff 5. Data Resources including data sets, collection and analysis 6. Info/ Feedback 7. Specific Health Expertise 8. Expertise other than in health 9. Community connections 10. Fiscal Management (e.g. acting as fiscal agent) 11. Facilitation/Leadership 12. Advocacy 13. IT/web resources (e.g. server space, web site development, social media) 14. Other – please clarify 15. None of the above
4	What has been your most important contribution to **the Be-cause health platform?**	The responses a respondent chooses in Q3 will populate as possible responses for Q4.
5	*[Question only for SG members]* To which expected results of the BCH platform has the **Steering Group** contributed to: (choose all that apply). *[Question only for WG coordinators]* To which expected results of the BCH platform has the **Working Group** you coordinate, contributed to: (choose all that apply). [To ITM staff members] Which of the	Greater influence on international health policy • Improved resource sharing • Increased knowledge sharing • Improved cooperation among members • Improved synergy among members • Better identification of needs from actors in the South • Improved public awareness • Improved communication

Q	Question	Response Type
	following expected outcomes do you believe the BCH Coordination has contributed towards?	• Other – please clarify
6	*[Question only for SG members*] Which is **the Steering Group's** most important outcome so far? *[Question only for WG Coordinators*] Which is the **Working Group's** most important outcome so far? [To ITM staff members] Which is the BCH Coordination's most important contribution to the outcomes?	The responses a respondent chooses in Q5 will populate as possible responses for Q6.
7	*[Question only for SG members*] How successful has the **Steering Group** been at steering the BCH network? *[Question only for WG Coordinators*] How successful has the **Working Group** been at reaching its goal as set out in the Terms of Reference of the Working Group?	[single choice] • Not Successful • Somewhat Successful • Successful • Very Successful • Completely Successful • Don't know or not applicable
8	What aspects of collaboration contribute to the success of the BCH platform? (choose all that apply)	1. Bringing together diverse stakeholders 2. Meeting regularly 3. Exchanging info/knowledge 4. Sharing resources 5. Informal relationships created 6. Collective decision-making **7.** Having a shared mission, goals **8.** Other – please clarify
10	Please identify with which structures of the Be-cause Health Platform you have established a regular relationship between 2018 and 2020.	[multiple choices] • Steering Group • Working Group on Access to Quality Medicines • Working Group on Determinants of International Health • Working group on Digitalisation and HRH • Working group on DRC • Working group on SRHR • Working group on Mental Health • Working group on Researchers in Global Health • BCH Coordination

Q	Question	Response Type
11	How do you rate the relationship with these structures? *Note: Questions 11-18 are relational questions, meaning that the respondent will answer each question about the person they selected in Q10.*	[single choice] • Excellent • Good • Fair • Poor • Very poor • Don't know/Not applicable
12	How frequently did you work with these structures on issues related to **Be-cause Health**?	[single choice] • Once a year or less • About once a quarter • About once a month • Every week • Every day • Don't know
13	What was the main way of interaction during the whole evaluation period (2018 to 2020)?	[single choice] • Phone call • Face-to-face meeting • Email • Workshop • Virtual meetings (Zoom, Teams, Skype etc) • Don't know
14	To what extent did these structures have power and influence on the overall goal of the BCH platform? **Power/Influence: The structure holds a prominent position by being powerful, having influence, success as a change agent, and showing leadership.*	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know
15	What has been the level of involvement of these structures? **Level of Involvement: The structure is strongly committed and active in the partnership and get things done.*	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know
16	To what extent did these structures contribute financial resources? **Contributing Resources: The structure brings financial resources to the activity.*	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know

Q	Question	Response Type
17	To what extent did these structures contribute other resources, such as information or human resources? **Contributing Resources: The structure brings resources to the activity like information, or other resources.*	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don’t know
18	How reliable was the structure? **Reliable: This member is reliable in terms of following through on commitments.*	(single choice] • Not at all • A small amount • A fair amount • A great deal • Don’t know
19	Is there anything else you would like to highlight about the functioning or performance of the **Steering Group**? Is there anything else you would like to highlight about the functioning or performance of the **Working Group**? Is there anything else you would like to highlight about the functioning or performance of the **BCH Coordination?**	[comment – not mandatory]

5.2 SNA QUESTIONNAIRE FOR WORKING GROUPS

Introduction:

You are invited to participate in a social network analysis exercise as part of the evaluation of the Be-Cause Health Platform which is being conducted by hera (www.hera.eu).

This social network analysis focuses specifically on the **Working Group on Sexual and Reproductive Health and Rights**. The evaluation will apply the method of Social Network Analysis (SNA) to understand how different organisations and individuals in this working group have collaborated and how this has contributed to its success. For further information on SNA method, please read **here**.

The exercise consists of filling out a very short online questionnaire, which will take only 10 minutes to fill out. For the exercise to be useful, it is important that as many members of the working group contribute.

First, you will be asked to answer several questions about what you and your organisation have contributed to the working group. Next, you will be asked to answer questions about other members in the network. Please respond the questions reflecting on the performance of the working group between 2018 and 2020. Questions marked with an * are mandatory.

Consent:

By starting the survey, you are agreeing to participate. Your participation is voluntary, and you can stop at any time. There are no known risks to participate in this survey. All responses will remain anonymous and the information will be saved in a password protected database to be used only for the purpose of the Be-cause Health evaluation. If you have questions about your participation in the survey, please reply to the email invitation you received, or contact the administrator Marieke Devillé at Marieke@hera.eu

Please complete the survey as soon as possible and no later than Friday 15th of January.

Survey questions

Table 29. Survey questions for the working groups

Q	Question	Response Type
1	Please identify the organisation that you work for	[Open ended answer]
2	How long have you been participating in the XXX working group	[single choice] • Less than a year • Between one to two years • Between three to four years • More than four years
3	Please indicate what your organisation contributes, or can potentially contribute, to the **Working Group on XXX** (choose as many as apply).	1. Funding 2. In-Kind Resources (e.g., meeting space) 3. Paid Staff 4. Volunteers and Volunteer staff 5. Data Resources including data sets, collection and analysis 6. Info/ Feedback 7. Specific Health Expertise 8. Expertise other than in health 9. Community connections

Q	Question	Response Type
		10. Fiscal Management (e.g. acting as fiscal agent) 11. Facilitation/Leadership 12. Advocacy 13. IT/web resources (e.g. server space, web site development, social media) 14. Other – please clarify 15. None of the above
4	What is your organisation's most important contribution to **the Working Group on XXX?**	The responses a respondent chooses in Q3 will populate as possible responses for Q4.
5	Outcomes of this **the Working Group on XXX** work include (or could potentially include): (choose all that apply).	[List will be changed depending on the WG] 1. Health education services, health literacy, educational resources 2. Improved services 3. Reduction of Health Disparities 4. Improved Resource Sharing 5. Increased Knowledge Sharing 6. New Sources of Data 7. Community Support 8. Public Awareness 9. Policy, law and/or regulation 10. Improved Health Outcomes 11. Improved communication
6	Which is this **the Working Group on XXX** most important outcome?	The responses a respondent chooses in Q5 will populate as possible responses for Q6.
7	How successful has your working group been at reaching its goal?	[single choice] • Not Successful • Somewhat Successful • Successful • Very Successful • Completely Successful • Don't know or not applicable
8	What aspects of collaboration contribute to this success? (choose all that apply)	1. Bringing together diverse stakeholders 2. Meeting regularly 3. Exchanging info/knowledge 4. Sharing resources 5. Informal relationships created 6. Collective decision-making **7.** Having a shared mission, goals **8.** Other – please clarify
9	Participation in the **Working Group on XXX,** has been:	[multiple choice] • Been informative only (we only exchanged information, knowledge about resources, etc.) • Improved my institution's capacity • Improved my individual capacity • Led to an exchange of resources

Q	Question	Response Type
		• Led to improved services or support • Led to new program development • Has not resulted in any systems change • Other, please clarify in the comment box • Don't know or not applicable
10	Please identify with which member in the **Working Group on XXX** you have established a regular relationship between 2018 and 2020.	[multiple choices] • Coordinator • Secretary • Vice-coordinator • …… • …… • …… • …… • …… • …… • ….. • …..
11	How do you rate the relationship with these members? *Note: Questions 11-18 are relational questions, meaning that the respondent will answer each question about the person they selected in Q10.*	[single choice] • Excellent • Good • Fair • Poor • Very poor • Don't know/Not applicable
12	How frequently did you work with these members on issues related to **the Working Group on XXX**?	[single choice] • Once a year or less • About once a quarter • About once a month • Every week • Every day • Don't know
13	What was the main way of interaction during the whole evaluation period (2018 to 2020)?	[single choice] • Phone call • Face-to-face meeting • Email • Workshop • Virtual meetings (Zoom, Teams, Skype etc) • Don't know

Q	Question	Response Type
14	To what extent did these members have power and influence on the overall goal of the network? **Power/Influence: The member holds a prominent position by being powerful, having influence, success as a change agent, and showing leadership.*	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know
15	What has been their level of involvement? **Level of Involvement: The member is strongly committed and active in the partnership and get things done*.	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know
16	To what extent did these members contribute financial resources? **Contributing Resources: The member brings financial resources to the activity.*	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know
17	To what extent did these members contribute other resources, such as information or human resources? **Contributing Resources: The member brings resources to the activity like information, or other resources.*	[single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know
18	How reliable was the member? **Reliable: This member is reliable in terms of following through on commitments.*	(single choice] • Not at all • A small amount • A fair amount • A great deal • Don't know
19	Is there anything else you would like to highlight about the functioning or performance of the working group?	[comment – not mandatory]

ANNEX 6. LOGFRAME OF BCH

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Global Objective

Be-cause health aims at equitable access to good quality responsive health services for all, and in particular the most vulnerable people, embedded in strong, resilient and sustainable health systems. It is recognized on national and international level for its expertise in these matters. **[BCH Vision**]

[ITM] To support DGD in the formulation, implementation and follow-up of policies in the field of international health development, including coordination of Belgian stakeholders and raising public awareness.

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Specific Objective – [BCH mission]

Be-cause health ensures a more effective Belgian contribution to global health policies and the policy debate based on the right to health and healthcare for all, and on the acceptance of reality as a complex, adaptive system influenced by multiple determinants.

The platform stimulates mutual trust, understanding and cooperation between all stakeholders involved in Belgian development cooperation. It strengthens the transformational competences of its members such as flexibility, teamwork and leadership.

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Result 1 : SHARING of knowledge and (field) experiences

Belgian development actors are connected as a Belgian health community and share field experiences, research findings, and updates on health cooperation development and research.

R1.1 Mobilization and networking experts and/or communities of practice.						
Indicator	# active working groups (WG)					
Type of activities: Working group meetings (venue; agenda; minutes; outcomes)	2016 Baseline 5 active WGs: - SRHR - Medicine - Soc.Det. - HRH 10 thematic expert groups - incl. complexity,	2017 4 Active WG: - SRHR - Medicine - SocDet - E-Health E-health (new) WG created	2018 4 Active WG: - SRHR - Medicine - SocDet - E-Health + Subgroup Medicine / Belgian QA	2019 6 Active WG: - SRHR - Medicine - SocDet - E-Health +	2020	2021

	DRC, UHC, Soc.Pr.; …		Commitment created + Activity with diaspora	Mental Health (new) WG + Research (new) WG ? WG DRC / diaspora		
R1.2 Management, publication and further development of **Communication** messages						
Indicator	#newsletters, # news items posted on website and social media # of followers / users (website, social media) # publications, annual report					
	2016 Baseline	2017	2018	2019	2020	2021
Website	average of 200 website users	Update of WG pages	average of 200 website users	average of 200 website users		
Social Media	420 reach newsletter # Facebook	- reach newsletter # Facebook followers Twitter account created	603 reach (288 individual member + 315 friends / 373 Facebook followers 108 twitter followers	615 reach 300 indiv +315 friends 401 Facebook followers 123 twitter followers		
Publications	1 Annual report 1 BCH Matters – seminar report	1 Annual report 2016 Overview brochure ECTMIH E-tutorial BodyandRights	1 introduction brochure			

Timing	Q1	Q2	Q3	Q4	Lead
WG SRHR WG Med. WG Soc. Det. WG Mental Health WG Research	Newsletter Jan/Feb/March + Newsflash – call ECTMIH Annual report 2018 published & send	Newsletter April/May/June + Newsflash call for abstracts Weekly facebook message Twitter Linked-in account created + BCH group	Newsletter Sept Overview brochure ECTMIH Revision of BodyandRights	Newsletter Oct-Nov-Dec BCH Matters on Urban Health Revision of BodyandRigh	Tim + Nathalie Tim + Nathalie Nathalie Tim Tim + Marlies +
Types of activities	Website management, editing & lay-out Newsletters editing & lay-out Publications: Workshop reports/'BCH Matters', introduction brochure, leaflets Communication: regular posts on website + social media (facebook, twitter and linked-in)				

Result 2: **LEARNING (& CO-DEVELOPMENT)**

Belgian health actors (BCH members) strengthen knowledge and capacities based on shared (scientific) knowledge, insights and innovations. Members obtain better access to learning at national and international level.

R2.1 **Annual Be-cause health conference**						
Indicator	# of active WG ; # (external) partner organisation(s) # of participants; gender balance/diversity of speakers					
	2016 Baseline Health 2.0: Are we ready to go digital?	2017 ECTMIH Antwerp	2018 Health and Education - Joint group BCH-Educaid	2019 Urban Health	2020	2021
R 2.2 **(working group) Seminars**						
Indicator	# of thematic seminars # of participants Institutional diversity of participants / co-organisers					
	2016 Baseline 5 workshops or seminars.	2017 3 seminars: RHSupplies (70 pers); UHC (20 pers) Beyond Aid (60 pers)	2018 3 seminars -QAMed - PPPs /SRHR - Diaspora + 2 sessions Mental health	2019 2 seminars + 2 sessions	2020	2021
R2.3 **Participation at international fora**						
Indicator	# BCH contributions (abstracts, session) to international health fora including ECTMIH (2017, 2019, 2021), HSRS, and EDD # BCH presence, incl. # BCH supported (Southern) participants					
	2016 Baseline HSG Vancouver	2017 ECTMIH Antwerp: 3 partners	2018 HSG Liverpool: 1 partner	2019 ECTMIH Liverpool	2020 HSG Dubai?	2021 ECTMIH Bergen

R.2.4 **Networking** with Belgian, EU and international actors & platforms						
Indicator	# Exchange with fellow networks (ex. FESTMIH, MMI, PHM, SHARE-NET (NL), …) joint reflection / analysis for policy influence or learning / co-development					
	2016 Baseline 1 exchange	2017 Exchange with MMI – ECTMIH + Sharenet(NL) Prize D4D	2018 PHM – global health Watch + Assembly Bangladesh Prize D4D	2019	2020	2021

2.5 Stimulate learning and cooperation in **Global South**						
Indicator	# contribution to exchange amongst Belgian actors and Southern partners and/or expertsn partner country; # contribution by Southern partners to BCH events (Annual conference or seminars)					
	2016 Baseline 2 exchanges -Regio Andina -Bangalore/India	2017 -	2018 -	2019 Kinshasa – RDC Hub Santé	2020	2021

Timing	Q1	Q2	Q3	Q4	Lead
	SRHR / BodyandRights tutorial evaluation	Restitution – action plan E-health academy (April) Session on mental health in Guinée(April) Session on Nutrition (May)	Revision ECTMIH – Liverpool, Sept./FESTMIH BCH Urban Health conference	Revision Hub Santé event Kinshasa UNAIDS – Belgian event (tbc)	Tim – Marlies C. – Thérèse Delvaux Stefaan v Bastelaere(& Tim) Willem vd Put Tim – Elies Julie Steendam – Valerie vBelle Tim – Elies + taskforce leads Anselme - ? DRC WG Tim + ?

Types of activities	- organisation (venue, catering, travel) of seminar - exchange meeting / visit incl. in partner country - registration and travel to international events/conferences

Result 3: INFLUENCE

Be-cause health provides policy advise to Belgian policy makers (incl. dgd) with an effective Belgian (BCH member) contribution to global health policies and the policy debate based on the right to health and healthcare for all.

R3.1 Mobilization of expertise for **policy advise** on Belgian health cooperation policies						
Indicator	# dialogue with Belgian policy makers and influencers (dgd, cabinet, parliament)					
	2016 Baseline	2017	2018	2019	2020	2021
R3.2 Elaboration, publication and further development of policy tools						
Indicator	# policy briefings, # …					
	2016 Baseline	2017	2018	2019	2020	2021
R.3.3 Influence international actors and policy makers						
Indicator	Exchange with fellow networks (ex. MMI, SHARE-NET (NL)					
	2016 Baseline	2017	2018	2019	2020	2021

Timing	Q1	Q2	Q3	Q4	Lead
	Subgroup QA Med		Subgroup QA Med	Subgroup QA Med	Raffaella Ravinetto + Tim
	UNAIDS Taskforce	UNAIDS Taskforce	UNAIDS Taskforce	UNAIDS Taskforce - ? event	Tim + …
		WHAssembly – QA Med session			Raffaella Ravinetto (&Tim)
	Final version SRHR briefing				Tim + Marlies
			UHC HLM – NY ??		Bart Criel, + Remco vd Pas, (&Tim ?)
Types of activities	- exchange meeting / visit - development, lay-out of policy briefs, factsheets - joint reflection / analysis for policy influence - joint submission to international events/conferences				

Result 4 : COORDINATION

Strengthen the governance and management of Be-cause health

R 4.1 **Network management**						
Indicator	# Steering group (4-6) meetings; annual general assembly # Steering group members; diversity of represented groups -interests # strategies / strategic reflections					
	2016 Baseline	2017	2018	2019	2020	2021
R 4.2 Membership management						
Indicator	# individual members & member organisations # diversity in type of organisations					
	2016 Baseline 50 org (incl.observers- 479 indiv.	2017 50 org	2018 49 member + 3 observer	2019	2020	2021

Timing	Q1	Q2	Q3	Q4	Lead
	General Assembly - Feb				Tim – Elies – Nathalie
	SG April3	SG June 28	SG Sept 26	SG Nov.	Tim – Elies
	Call to renew membership	Outreach to HI, MSF, …			Tim – Elies - Nathalie
				ToR External evaluation	? SG lead
Types of activities	Steering group meetings : venue; save-the-date; agenda; minutes General Assembly : venue; save-the-date; agenda; minutes External evaluation program 2017-2021 Foster inter-working group exchanges + learning Membership management – communication				

ANNEX 7. LIST OF DOCUMENTS AND REFERENCES

AUTHOR	TITLE	DATE
BCH	Huishoudelijk Reglement	2016, January
BCH	Annual Reports 2014, 2015, 2016, 2018, 2019	2014-2019
BCH	Be-cause health Matters 1-13	2011 March – 2020 May
BCH	Body and Rights app	2017
BCH	Het recht op gezondheidszorg waarmaken voor een duurzame ontwikkeling. Consensus over richtlijnen voor duurzame steun aan geïntegreerde gezondheidszorgsystemen.	2018
BCH/WG SRHR	Info sheets (1,2,3) on HIV, Gender, Adolescents	Dates not mentioned
BCH	Antwerp Declaration	2001, October 25-26
BCH	Charter on HRH	2013
BCH	Charter on Access to Quality Medicines	2008
DGD & actors	Commitment to Quality Assurance of Pharmaceutical products	2017
BCH	Proposal of a Charter from the actors of the Belgian DC on the recruitment and the support to the development of HRH in partner countries	2012
BCH	Logical Framework BCH	2019, September
BCH	Scoring sheets 2017, 2018, 2019	2017-2019
BCH	Reports on the Annual Conferences, under ‘Past Events’ on the BCH website	2013-2019
BCH	Reports on workshops and seminars	2019-2020
Simaeys, Barbara	Evaluation BCH	2010
Simaeys, Barbara	Evaluation BCH	2014
DGD	ITM FA4 Country 11 – Belgium (Framework contract with ITM on Capacity Development).	2017
ITM	ITM lessons learned 2017, 2018, 2019	2017-2019
Belgische Kamer van Volksvertegenwoordigers	Algemene Beleidsnota Internationale Ontwikkeling	2018
Staatsblad	Koninklijke besluiten ivm gemeenschappelijke strategische kaders, niet-gouvernementele samenwerking	2020

ANNEX 8. LIST OF INTERVIEWEES

Organisation	Interviewee	Date of inteview
DGD	Ignace Ronse	13 November 2020
DGD	Martinus Desmet	16 November 2020
BCH Steering Group	Elies Van Belle	27 November 2020
BCH Steering Group	Marlies Casier	26 November 2020
BCH Steering Group	Anselme Mubeneshayi Kananga	24 November 2020
BCH Steering Group	Thérèse Delvaux	24 November 2020
BCH Steering Group	Aline Labat	27 November 2020
Instituut Tropische Geneeskunde / Institute of Tropical Medicine(ITM)	Jan Coenen	23 November 2020
Instituut Tropische Geneeskunde / Institute of Tropical Medicine (ITM)	Xavier de Béthune	30 November 2020
Instituut Tropische Geneeskunde / Institute of Tropical Medicine (ITM)	Tim Roosen	23 November 2020
WG - Access to Quality Medicines	Raffaella Ravinetto	18 November 2020
WG - Determinants of International Health	Jasper Thys	18 November 2020
WG - Mental Health	Willem van de Put	13 November 20202
WG - Research	Elisabeth Paul	18 November 2020
WG - Research	Dimitri Renmans	27 November 2020
WG - Digitalization WG - HRH	Stefaan Van Bastelaere	03 December 2020
Damien Foundation	Tine Demeulenaere	13 November 2020
Enabel	Jean van Wetter	27 November 2020
Enabel	Paul Bosseyns	24 November 2020
Enabel	Karel Gyselinck	24 November 2020
Médecins du Monde	Stephane Heymans	19 November 2020

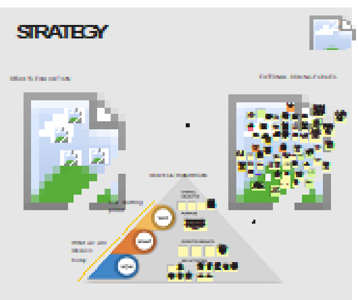
ANNEX 9. MIRO BOARD

BCH Evaluation and Planning workshop

START
HERE

INTRO

FINDINGS EVALUATION


STRATEGY

EXPECTED RESULTS
BECAUSE HEALTH

ACTIVITIES
1. SHARING
2. LEARNING
3. INFLUENCING
4. COORDINATING
5. NEW RESULTS
ROUND 1
ROUND 2
gender @BcH
what did i like today
what did i miss today
what where my aha's today
leuk interacief - bijna gezellig :)
a sticky hug?
a bit more time for discussion
miro would have liked it
Nice tool, well guided
Sticky hug to your all! With champagne hopefully.
Interactive even online, great tool for that exercise