



## **FINAL EVALUATION**

# **ITM Belgium Programme 2017-2021 funded by DGD**

**Policy support, academic capacity strengthening  
through education & scholarships and sensitization  
of the general public**

**Evaluation period: January – June 2022**

**Final report - 30<sup>th</sup> of June 2022**

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# Table of contents

<b>LIST OF ABBREVIATIONS</b> .....	<b>2</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>3</b>
<b>1. INTRODUCTION</b> .....	<b>7</b>
<b>2. THE PROGRAMME AT A GLANCE</b> .....	<b>9</b>
OUTCOME 1 .....	9
OUTCOME 2 .....	9
OUTCOME 3 .....	10
<b>3. METHODOLOGY AND APPROACH OF THE EVALUATION</b> .....	<b>11</b>
EVALUATION FRAMEWORK .....	11
EVALUATION PROCESS .....	12
DATA-COLLECTION METHODS PER OUTCOME .....	15
ETHICS AND SAFEGUARDING .....	16
LIMITATIONS OF THE EVALUATION .....	16
<b>4. EVALUATION OF THE OECD-DAC CRITERIA</b> .....	<b>18</b>
SCORING MECHANISM.....	18
OUTCOME 1 – ACADEMIC CAPACITY FOR HEALTH IS STRENGTHENED THROUGH IMPROVED QUALITY IN EDUCATION AND ACCESS TO POSTGRADUATE EDUCATION AND TRAINING. ....	18
OUTCOME 2 – BELGIAN AND GLOBAL POLICIES FOR BETTER HEALTH ARE SUPPORTED THROUGH COLLABORATIVE KNOWLEDGE PRODUCTION, MANAGEMENT AND ADVOCACY .....	29
OUTCOME 3 – THE GENERAL PUBLIC IS BETTER INFORMED ABOUT TROPICAL MEDICINE AND INTERNATIONAL HEALTH TOPICS .....	46
<b>5. TRANSVERSAL ASPECTS</b> .....	<b>57</b>
COHERENCE BETWEEN OUTCOMES.....	57
GENDER .....	57
ENVIRONMENT .....	58
<b>6. CONCLUSIONS</b> .....	<b>59</b>
<b>7. RECOMMENDATIONS: KEY SUCCESS AREAS AND CRITICAL AREAS FOR IMPROVEMENT</b> .....	<b>63</b>
SCHOLARSHIPS.....	63
ALUMNI INVOLVEMENT .....	63
POLICY SUPPORT .....	63
GLOBAL CITIZENSHIP EDUCATION .....	66
<b>OTHER THEMATIC RECOMMENDATIONS</b> .....	<b>66</b>
THE CONCEPT OF COLLECTIVE IMPACT TO IMPROVE NETWORK PERFORMANCE .....	66
MONITORING AND EVALUATION.....	67
ANNEX - INCEPTION REPORT FINAL EVALUATION ITM – SUBMITTED AS A SEPARATE DOCUMENT .....	68

## LIST OF ABBREVIATIONS

AFRAFRA	Francophone Africa & Fragility” network
BCH	Be-cause Health
LMIC	Low- and Middle-income Countries
DGD	Directie-Generaal Ontwikkelingssamenwerking en Humanitaire Hulp - Directorate-general Development Cooperation and Humanitarian Aid
FA4	(ITM-DGD) Framework Agreement 4 (2017-2021)
IHP-Network	International Health Policies Network
ITM	Institute of tropical medicine
JSF	Joint Strategic Framework
MPH	Master of Science in Public Health
OECD-DAC	The Organisation for Economic Co-operation and Development – Development Assistance Committee
PhD	Doctor of Philosophy
QUAMED	Quality medicine for all
SC	Short Course
SRHR	Sexual and Reproductive Health and Rights
TEL	Technology Enhanced Learning
TM&IPH	Tropical medicine and international public health
ToC	Theory of Change
ToR	Terms of Reference
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

## EXECUTIVE SUMMARY

This report presents the main findings, conclusions and recommendations of the final evaluation of the Belgian part of ITM's DGD funded multi-year programme 2017-2021, which also includes outcomes in 10 partner countries; internally referred to by ITM as the 4<sup>th</sup> framework agreement (FA4). The assessment is conducted by C-lever.org.

The scope of the evaluation covers the three Belgian outcomes within the programme.

- SO1: Academic capacity for health is strengthened through improved quality in education and access to postgraduate education and training.
- SO2: Belgian and global policies for better health are supported through collaborative knowledge production, management and advocacy
- SO3: The general public is better informed on tropical medicine and international health topics

The first purpose of this evaluation is for ITM to account to its donor DGD and provide a neutral appreciation of ITM's performance based on all OECD-DAC criteria and a number of transversal topics. In addition, this evaluation supports internal learning at ITM about good approaches to leverage research findings in support of policy and practice, about lessons learned in education / scholarships and about effective outreach to the general public and specific target audiences.

### Methodology

As requested by ITM, the evaluation made best use of and leveraged any data, information, documentation, analysis and insights that were already available. To bridge key information gaps, additional data collection was conducted through key informant interviews, focus group discussions and targeted data collection.

For outcome 2, the evaluation team applied an outcome harvesting approach to complement available data and insights. Through a contribution analysis the evaluation team analysed how and to what extent the ITM programme has contributed to the harvested outcomes. It is crucial to not only look at the positive effects of the programme, but also to analyse possible negative side effects of the programme.

### Overview performance

The table below provides an overview of the performance of the 3 outcomes for all 5<sup>1</sup> OECD-DAC evaluation criteria. To a large extent, the external evaluation confirms the self-assessment done by ITM during the annual performance monitoring exercise.

The 3 outcomes have a very comparable level of performance taking into account the specificities of each outcome. For all 3 outcomes, the criteria relevance, efficiency and effectiveness were evaluated as 'very good', with scores 'A' or 'A-'. The criteria impact and sustainability score slightly lower, but still good, with scores 'B+' or 'B'. This indicates that long term sustainable change for each of the 3 outcomes cannot be taken for granted, despite efforts of ITM to improve sustainability.

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<sup>1</sup> At the time of drafting the programme, the criterium coherence was not part of the OECD/DAC criteria yet and is thus not taken into account.

Outcomes	Relevance	Efficiency	Effectiveness	Impact	Sustainability
Outcome 1	A	A	A	B+	B
Outcome 2	A-	A-	A-	B+	B+
Outcome 3	A	A-	A-	B	B

**Outcome 1: Academic capacity for health is strengthened through improved quality in education and access to postgraduate education and training.**

ITM addresses this outcome by offering – scholarships for – quality education, and by creating an Alliance which facilitates mobility and joint education initiatives for partners and alumni.

ITM’s educational activities are highly **relevant**, as students learn relevant and useful skills for their professional practice and capacity to add value in the fields of public health and tropical medicine worldwide. ITM’s outreach, the diversity of the programme participants and increased opportunities for peer-learning are factors that contributed highly to the relevance of the programme.

The **efficiency** of the outcome is also evaluated as very good. The use of hybrid and online education strategies to adapt to the changing context of travel restrictions, using the online forums to motivate alumni networking and presentation of their work all contribute to the cost-effectiveness of this outcome.

Despite the influence of the COVID-19 pandemic, the **effectiveness** of the outcome is demonstrated by strong performance in access, quality of education and learning outcomes for master and short courses; while the DGD supported PhD scholarship programme yielded its first results. Overall, the scholarship programme is producing the expected outputs, which contributes to reaching the specific objective. In the educational collaboration with partners, ITM observes a shift from joint course development initiatives to staff / lecturer exchange and towards more online or virtual interaction. The development (both quantitatively and qualitatively) of both types of collaboration is a promising dynamic process.

ITM generates impact by contributing to the development of competencies and skills of their students to act as agents of change within their organisations and as individuals. Especially within their work environments, students can generate impact when passing on their new knowledge to colleagues and implementing mind-set or process changes within their organisations. In addition, the network built with other students and lecturers supports the use of knowledge within new systems.

Finally, the **sustainability** of outcome 1 is still good but remains limited by several factors. The ambition of mobilising additional sources of co-funding for scholarships could not be reached; partner institutions and students have difficulties to secure partial co-funding from other sources for their studies at ITM. Even if the number of co-funded scholarships increased slightly in 2021, capacity strengthening in international and global health at ITM will stay highly dependent on DGD scholarships. On the other hand, the enhanced offer of hybrid/online courses by ITM and the Alliance projects, aimed at fostering long term sustainable collaborations and continued capacity strengthening of alumni, contribute to sustainability.

As a key recommendation, the evaluation team advises to further improve the effectiveness of ITM’s Alumni platform, among others by facilitating informal channels of communication.

**Outcome 2: Belgian and global policies for better health are supported through collaborative knowledge production, management and advocacy**

During the first few years of the 2017-2021 programme, ITM's "policy support" struggled to maintain its **relevance** in a context marked by temporarily reduced political interest in global health and by a diminishing number of health experts - which also meant a diminished attention for health issues - within DGD. In response, ITM succeeded in broadening its target audience and providing policy support to other sections of DGD, the Ministry of Foreign Affairs and the Ministry of Health on highly relevant topics of the international health agenda. With the outbreak of the COVID-19 pandemic, the policy support and expertise provided by ITM regained its relevance in full force, not only for DGD but for the Belgian government as a whole.

The **efficiency** of the outcome is evaluated as very good as well. Primarily the adequate use of strategic partnerships with complementary actors and in networks, as well as the attention for leveraging and upcycling existing resources (existing research, networks, IHP newsletter, etc.) as policy input can be cited as factors that foster both the efficiency and the cost-effectiveness of policy support by ITM.

The **effectiveness** of outcome 2 is equally evaluated as very good. The expected outputs are achieved and of good quality, and also the specific objective (outcome) is reached. The policy support role of ITM has further outgrown the ad hoc responses to policy requests and continued to evolve into a more permanent advisory role to DGD and the Belgian government, which increases the effectiveness of the policy support work. However, there is little evidence that the policy support actually leads to effective policy measures or change. A more systematic monitoring of effectiveness in terms of policy decisions and in terms of policy outcomes is recommended.

The **impact** of policy support is generally difficult to measure and ITM's monitoring system has not focused on policy outcomes or change. Nonetheless, ITM has some strong assets that positively contribute to its potential for generating impact; such as globally recognized expertise and a worldwide network of health professionals. Stakeholder feedback indicates that ITM's policy support does have a solid impact at the Belgian national policy level. Nonetheless, many consulted stakeholders also agree that the overall impact of Belgium on the global health agenda remains below its potential; which is also limiting the final impact of ITM's policy support.

Lastly, the basic conditions for **sustainability** of outcome 2 are fulfilled. The programme generated sufficient knowledge transfer and capacity development within DGD, even if some parts of the policy support work remain dependent on individuals that cannot easily be replaced in case of unforeseen unavailability. Furthermore, there is still some room for improvement with regard to the applied strategy for sustainability, linked to the policy support work being effectively translated into policy.

The recommendations formulated to improve the performance of ITM's policy support are not only addressed to ITM but also target DGD and the Belgian Government. Recommendations are centred around responsive policy support, monitoring the (long term) effects of ITM's policy support and leveraging the extensive network and experience of ITM while broadening its policy support and advocacy work.

It is important to acknowledge that the demand and need for international health policy work increased significantly, while the internal capacity (public health specialists) for such work within DGD / Ministry of Foreign Affairs and within the Ministry of Health reduced significantly and structurally in the past years and decade. ITM, including the extensive pool of experts in its network, is well-suited to fill this gap. However this would require additional funding since the budget for policy support in the 2022-2026 programme did not increase compared to the previous programme and since ITM is already overstressing its policy support capacity under the current funding arrangements.

### **Outcome 3: The general public is better informed on tropical medicine and international health topics**

While outcome 3 is not a traditional global citizenship education programme, the programme is still fully in line with the Belgian government's development education strategy paper (DGD) and with the common strategic objectives C.1 and C.3 of the JSF Belgium 2017-2021. As such, the outcome is evaluated as highly **relevant** at the start of the programme. The COVID-19 pandemic made the outcome even more relevant by offering pertinent information on global health to a wide target audience.

The **efficiency** of the outcome is evaluated as very good. Primarily the adequate use of strategic partnerships with complementary actors and attention for digital solutions and the willingness of ITM to assure flexibility during the programme implementation phase can be cited as factors that foster the cost-effectiveness of the outcome.

Based on the indicators, the **effectiveness** of the outcome is evaluated as very good as well. However, it is worth noting that there is only one outcome indicator and while it is a good indicator to monitor if the general public is better informed on tropical medicine and international health topics, the indicator is insufficiently suitable for measuring the direct and indirect effects of the programme for the target audiences and beneficiaries and to truly assess in what way the Belgian public is better informed.

Measuring the **impact** of global citizenship education actions requires a specific methodological approach (a longitudinal approach, identification of sustainable changes at collective and individual level) that significantly surpasses the scope of this evaluation. However, a couple of indications for impact could be identified. Given the increase in reach of ITM's communication activities, there might be an important impact on the perception of the pandemic at the level of the general public. Since there are no monitoring data available, no conclusive statements can be made to this point.

Overall, the conditions for the financial and technical **sustainability** of outcome 3 are fulfilled. The programme generated sufficient knowledge transfer and capacity development. However, there is still room for improvement with regard to the applied strategy for sustainability in general and more specifically regarding embedment of the activities aimed at secondary schools in existing organisations.

Considering that outcome 3 will not be prolonged in the DGD programme 2022-2026, recommendations related to the development education component of the programme focus on ways for ITM to increase sustainability of results and outputs achieved under the 2017-2021 programme. Recommendations include (continued) collaboration with strategic actors inside and outside the sector of global citizenship education to capitalise on the tools and content developed within this programme and for ITM to reconsider its role and the role of other academic actors in Global Citizenship Education in Belgium.

## 1. INTRODUCTION

The scope of the evaluation covers the three Belgian outcomes of ITM's DGD funded multi-year programme 2017-2021; internally ITM refers to the programme as the 4<sup>th</sup> framework agreement (FA4) between ITM and DGD. The 'Belgian' programme, with its 3 outcomes, is part of a larger scientific capacity strengthening programme, which has academic capacity strengthening of institutions and individuals at its core.

The purpose of this evaluation is twofold.

For ITM to account to its donor DGD and provide a neutral appreciation of ITM's performance, for all outcomes related to the Belgian programme on all DAC criteria and a number of transversal topics.

To encourage internal learning at ITM about good approaches to leverage research findings in support of policy and practice, about lessons learned in education / scholarships and about effective outreach to the general public and specific target audiences.

Two basic principles to guide the evaluation process were agreed upon by ITM and C-lever.org.

1. Maximising involvement of stakeholders: ITM staff, partner institutions, students, alumni, target groups. For an overview of the stakeholders involved for each outcome, we refer to chapter 3 – 'Methodology and approach of the evaluation'.
2. Making best use of, and leveraging already available data, information, documentation, analysis and insights.

The below table recapitulates the 3 specific objectives (SO), also labelled as 'outcomes', to be reviewed. For several of these outcomes, or underlying result areas, specific (partial) evaluations had been conducted already; the related findings have been reviewed and where used for this overall and final evaluation. As to specify the expected focus of this final evaluation, ITM had assigned different weights to the outcomes and related results prior to the start of the evaluation process. This is shown in the table below.

<b>SO1: Academic capacity for health is strengthened through improved quality in education and access to postgraduate education and training.</b>		
Result 1.1 Improved quality in postgraduate education through collaboration and exchange	+	Outcome 1 has been evaluated in 2020-2021, with exception of the effectiveness of the alumni network and the Alliance for Education in Tropical Medicine and International Public Health.
Result 1.2 Improved access to postgraduate education through a scholarship programme	+	
<b>SO2: Belgian and global policies for better health are supported through collaborative knowledge production, management and advocacy</b>		
Result 2.1 Relevant advice on international and global health policies is formulated for DGD and other Belgian actors in a concerted way	+++	<p>The policy support and expert advice given to DGD is a key focus area for this final evaluation assignment.</p> <p>A specific evaluation of the Be-Cause Health network was already conducted in 2020-2021.</p>

Result 2.2 Relevant scientific knowledge is jointly disseminated at national and international level through scientific events	++	Consider the impact of COVID-19 and potential effects of digital shifts.
Result 2.3 Belgian development actors are connected with the global health community and collaboratively provide input to international/global policy processes	+	The Emerging Voices initiative was evaluated in 2021
<b>SO3: The general public is better informed on tropical medicine and international health topics</b>		
Result 3.1 The Belgian public and citizens in partner countries have received information about ITM projects on key tropical medicine and international health topics	++	The activities under the DGD funded programme are only a minor part of ITMs full communication activities.
Result 3.2 The Belgian public has received information about new ways of North South collaboration ("Switching the Poles")	++	

In order for the evaluation report to respond to the legal requirements to which ITM needs to adhere for DGD, all OECD-DAC criteria have been assessed for all outcomes, plus a number of transversal topics across outcomes. The evaluation process ran from January until June 2022.

## 2. THE PROGRAMME AT A GLANCE

The following chapter provides a brief overview of the 3 outcomes that constitute the Belgium programme 2017-2022 of ITM.

### OUTCOME 1

**Outcome 1: Academic capacity for health is strengthened through improved quality in education and access to postgraduate education and training.**

Outcome 1 on academic capacity strengthening includes scholarships for training at ITM and the constitution of an Academic Alliance with institutional partners from the South. This Alliance is built up gradually as a platform for joint activities including student and staff exchange, global fellowships, quality assurance, curriculum development and digital learning.

**Budget:** € 17.618.773,36

**Result 1: Improved quality in postgraduate education**

- Management of an Alliance for education in tropical medicine and international public health (TM&IPH) with partners
- Mobility of educational staff and students
- Development and/or implementation of joint courses or training workshops
- Exchange on quality assurance in higher education
- Networking with ITM alumni

**Result 2: Improved access to postgraduate education through a scholarship programme**

- Management of a scholarship programme  
Including: PhD sandwich scholarships, sandwich post-doctoral fellowships to develop academic and scientific leadership at a partner institution during the first years after graduation, Master scholarships, Short course scholarships, support master programmes or expert short courses jointly developed with and at Alliance member institutions, with (partial or full) scholarships, support for individual training

### OUTCOME 2

**Outcome/Specific objective 2: Belgian and global policies for better health are supported through collaborative knowledge production, management and advocacy**

Outcome 2 focusses on policy support to DGD and other Belgian and global actors. ITM experts offer specific expertise in DGD's designated health related priority fields, and support networks of actors at national (Be-cause Health) and international (International Health Policy) level.

**Budget:** € 4.392.500,00

**Result 1: Relevant advice on international and global health policies is formulated for DGD and other Belgian actors in a concerted way**

- On demand policy support to DGD through expert briefings and policy research
- Scientific support to Belgian policy makers

- Knowledge sharing and management support for the Be-cause Health (BcH) platform
- Scientific input and capacity strengthening in support of QUAMED, a network working on improved access to quality medicines.

**Result 2: Relevant scientific knowledge is jointly disseminated at national and international level through scientific events**

- Annual international colloquium
- Thematic seminar(s)

**Result 3: Belgian development actors are connected with the global health community and collaboratively provide global policy processes**

- Management, publication and further development of weekly digital International Health Policy newsletters
- Mobilisation and networking with global (mainly South-) experts in thematic workgroups and/or communities of practice.

**OUTCOME 3**

**Outcome 3 The general public is better informed about tropical medicine and international health topics**

Outcome 3 on Global Citizenship education and advocacy focusses on global health awareness in general, and for political and professional constituencies; the effectiveness of north-south partnerships; and includes international meetings in which scientists and experts from the South can raise their voice.

**Budget:** € 800.000,00

**Result 1: The Belgian public and citizens in partner countries have received information about ITM projects on key tropical medicine and international health topics**

- A yearly press trip to a DGD-project in a partner country
- ITM and its partner institutes engage in media relations and communication around project milestones to sensitize the general public on Global One Health
- ITM Journalist-in-residence programme for journalists from developing countries
- Communication & media training for communication staff in partner institutes

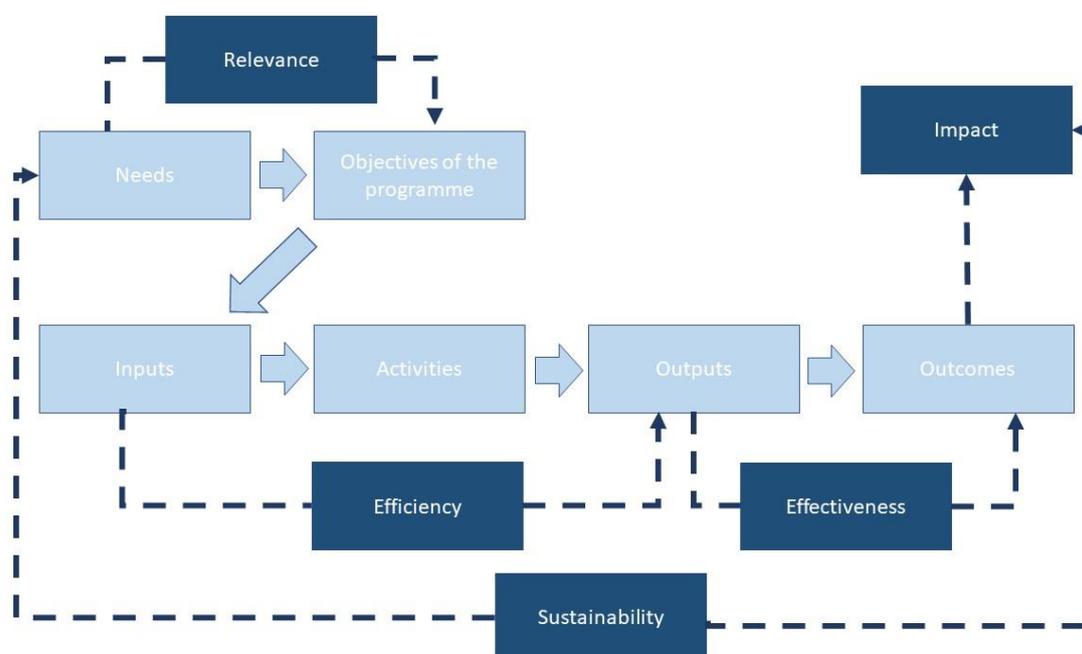
**Result 2: The Belgian public has received information about new ways of North-South collaboration (“Switching the Poles”)**

- ITM maintains a Switching the Poles website with stories about the DGD-ITM programme and changing North-South relations
- ITM organises an activity for the Belgian public aimed at raising their awareness of changing North-South relations
- ITM Journalist-in-residence programme for journalists from developing countries

### 3. METHODOLOGY AND APPROACH OF THE EVALUATION

#### EVALUATION FRAMEWORK

The figure below shows how the OECD-DAC evaluation criteria are assessed in connection with the programme's result chain.



OECD DAC evaluation criteria	Evaluation questions
<b>Relevance</b>	<ul style="list-style-type: none"> <li>- What is the relevance of the outcome, taking into account any changes that have occurred over the past years in the external context (country/partner/COVID-19 pandemic/etc.) or within the organisation (global and/or at country level, in terms of HR, institutional and/or financial)?</li> <li>- To what extent did these changes have an impact on the relevance of the intervention, and how was this handled?</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>- To what extent are inputs managed in a cost-efficient way?</li> <li>- To what extent are the intended processes and all types of activities implemented within the time envisaged?</li> <li>- How has the pandemic affected efficiency (budget reallocations, spending in timely manner, in or decreases of specific types of spending) and how could we potentially act faster in the future?</li> </ul>
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>- To what extent are the outputs achieved and of good quality?</li> <li>- What is the likelihood that the specific objective will be achieved given the progress made to date?</li> <li>- Was the manner in which outcomes adapted to the COVID-19 pandemic effective?</li> </ul>

	<ul style="list-style-type: none"> <li>- Which factors were crucial for the achievements?</li> <li>- Which factors were inhibiting to reach the expected results?</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>- To what extent has the intervention generated or is likely to generate enduring changes in systems, norms, people's well-being, human rights, gender equality or the environment?</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- What is the financial and technical sustainability of the methods, the instruments and/or materials which were developed in the context of the intervention?</li> <li>- Are the conditions met to consolidate the effects of the applied strategy also after the end of the intervention? (e.g. participation and involvement of target groups/intermediary actors, multiplication, embedding in existing organisations, creation of a support base, integration in policy etc.)</li> <li>- Do the partners (intermediate actors/multipliers/parties involved) and/or the target groups have the necessary capacities to take the initiative for the intervention and/or take responsibility for the results after the intervention?</li> </ul>

Note: the criterium coherence was not yet part of the OECD-DAC criteria at the on-set of the programme. Therefore this criterium was not taken into account when drafting the intervention strategy. Hence, it is also not assessed separately in this report.

ITM also requested to assess a number of additional evaluation questions related to transversal themes applicable to the 3 outcomes.

- 1) To what extent are gender-related or other equity-related measures implemented?
  - a) To what extent do these measures have the desired effect?
- 2) To what extent are environment-related measures implemented?
  - a) To what extent do these measures have the desired effect?
- 3) Has the intervention contributed as planned to the strategic objectives of the JSF (Joint Strategic Framework)?
  - a) To what extent are the planned complementarities and synergies realized?
- 4) Which are success stories of given policy advice leading to effective policy change and what are the corresponding lessons learnt and good practices?

## EVALUATION PROCESS

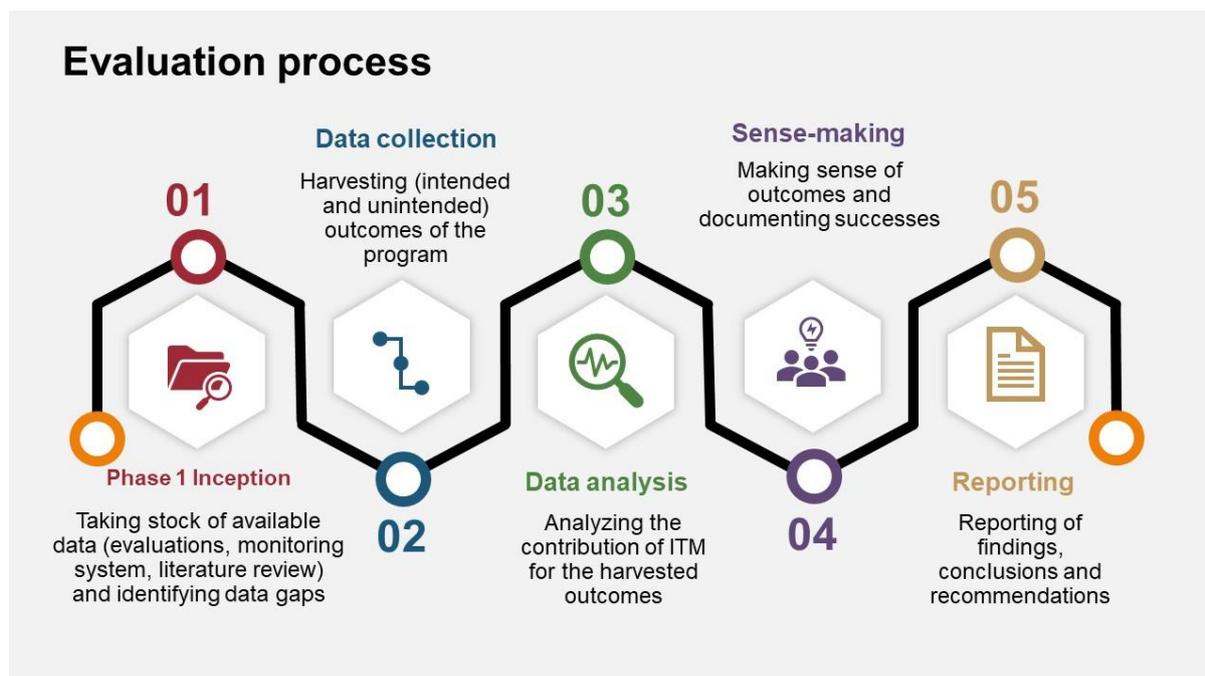
From prior experience C-lever.org has learned that evaluating policy change, sensitization interventions and academic capacity strengthening through education and scholarships demands a specific evaluation approach based on the following principles.

1. Acknowledging the complexity and volatility of change (and of the context in which change is generated or supported), by factoring in uncertainty, unpredictability and progressing insights.
2. Conducting the evaluation as a joint and interactive learning process, while still delivering the neutral and external evaluator opinion and feedback as required for the programme's accountability.
3. Analysing contribution of the programme in a multi-actor landscape, generating insights on the extent to which and how the programme, in conjunction with partner organisations and their

interventions, is generating a critical mass of complementary changes as needed to produce transformational and systemic collective impact.

4. Understanding what really matters, by jointly reviewing the significance and relevance of outputs and intermediary and final outcomes, through interviews and sense-making sessions.

The evaluation team applied these principles in an integrated evaluation process as presented in the visual below.



As requested by ITM, the evaluation made best use of and leveraged any data, information, documentation, analysis and insights that were already available. Understanding what is available and how it can be best leveraged and what information and data is still lacking to inform the end of programme evaluation was therefore the key focus of **phase 1**. This phase also comprised some initial interviews with ITM staff members. The inception report presents the findings of the inception phase together with an updated and more detailed methodological proposal.

Phase 1 included a thorough review of the following documents and data.

- Programme documentation: Programme document, Joint Strategic Framework Belgium 2017-2021
- Performance scores, lessons learned documentation, logical framework indicators, other data from the ITM monitoring system related to the scope of the evaluation
- ITM policy and strategic documents
- Evaluation reports: mid-term evaluation Education & Scholarships, evaluation Emerging Voices, evaluation Be-Cause Health and their management responses

**Phase 2** focused on additional data collection, as scheduled and agreed upon in phase one. This phase combined key informant interviews, focus group discussions, targeted data collection, etc.

Specifically for outcome 2, the evaluators applied an outcome harvesting approach to complement available data and insights. Outcome harvesting is a participatory evaluation approach aimed at retrospectively identifying changes in (relationships, policies, practices) and then work backwards to determine whether, and how, the programme has contributed to these changes<sup>2</sup>. Outcome harvesting is also a suitable approach to identify unintended outcomes of the programme and the role of the programme interventions in a complex environment and a multi-actor landscape (§4.1). As such, outcome harvesting is particularly suited to evaluate outcomes of policy support programmes as the outcomes are often not predetermined at the start of the programme and the contents of the advocacy activities depend on the evolving context in which the intervention takes place.

**Phase 3** implies the necessary analysis of collected and compiled data as required to respond to the evaluation questions listed in §2.2. In combination with the contribution analysis, the evaluation team will assist ITM in assessing both the performance of its networking and its collective impact. Contribution analysis is a methodology used to identify the contribution a development intervention has made to a change or set of changes. It is based on the recognition that it is difficult to prove attribution for many development interventions, because:

- a) there are usually many different steps between activities and eventual desired changes;
- b) external factors often influence the changes brought about through development interventions and
- c) many different development interventions can contribute to a single change, thus requiring a collective impact perspective.

Through a contribution analysis the evaluation team analysed how and to what extent the ITM programme has contributed to the harvested outcomes. It is crucial to not only look at the positive effects of the programme, but also to analyse possible negative side effects of the programme.

**Phase 4** is an important step in formative evaluations and focuses on making sense of the findings from the evaluation together with ITM staff. Identifying, vetting, objectively valuing and documenting success stories and better demonstrating and visualising the extent to which the funding provided to the programme was well used and generated good value for money also contributes to donor and stakeholder accountability.

During **phase 5**, the C-lever.org team consolidated and integrated the results of the previous phases and drafted the end report as requested in the ToR. Based on the data analysis, the evaluation team formulated answers to the evaluation questions and as well as conclusions and recommendations for the future programmes of ITM. As a concluding step, the evaluation team conducted an interactive sense-making and validation session on 30<sup>th</sup> May 2022, with key internal stakeholders across all 3 outcomes.

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<sup>2</sup> [https://www.betterevaluation.org/en/plan/approach/outcome\\_harvesting](https://www.betterevaluation.org/en/plan/approach/outcome_harvesting)

## DATA-COLLECTION METHODS PER OUTCOME

The following table provides a brief overview of the data-collection methods per outcome.

Outcome	Methods	Stakeholders	Resources
Outcome 1	<ul style="list-style-type: none"> <li>- Key informant interviews</li> <li>- Focus group</li> </ul>	<ul style="list-style-type: none"> <li>- ITM staff and representatives from ITM partner institutes relevant for Outcome 1 (Institute of Public Health – Bangalore, Universidad Major de San Simon – Cochabamba, Ecole Nationale de Santé Publique – Rabat, School of Public Health – Makerere University – Kampala) opting for partner institutes not included in the Impact Evaluation of ITM’s Educational Activities and Scholarship Programme);</li> <li>- 1 focus group discussion with alumni presenting ITM’s impact success stories</li> </ul>	Available documentation and data from the monitoring system of ITM
Outcome 2	<ul style="list-style-type: none"> <li>- Outcome harvesting survey</li> <li>- Key informant interviews</li> </ul>	Stakeholders consulted for the survey : List composed by ITM research staff, ITM’s international (research) partners, International research networks, International Health Policies Network, Francophone Africa & Fragility” (afrafra) network, DGD, Global Health organizations, cabinet of the minister of Development Cooperation, Ministry of Foreign Affairs, Ministry of Health, External research and advocacy actors, Global Health organizations, ...	Available documentation and data from the monitoring system of ITM Research policy partnership analytical framework
Outcome 3	<ul style="list-style-type: none"> <li>- Key informant interviews</li> </ul>	<ul style="list-style-type: none"> <li>- Journalists in residence</li> <li>- ITM staff</li> </ul>	Available documentation and data from the monitoring system of ITM, press clippings, EDUbox, documentary series Besmet,

## ETHICS AND SAFEGUARDING

Ethical research is underpinned by the principles of justice, beneficence and non-maleficence, essentially seeking to ensure that the evaluation activity brings about benefit and does no harm to the participants. We will abide by these ethical principles in our evaluation process.

**Ensuring confidentiality:** Any qualitative evaluation method that involves interviews implies the possible identification of the participants from the rich data obtained. We will ensure that confidentiality of the participants shall be respected, and any possibility of identification will be discussed in detail prior to the evaluation process. The confidentiality and anonymity of all respondents will be respected, throughout the evaluation and when reporting. Throughout the evaluation we will ensure that all data collection methods are constructed in compliance with GDPR and EU confidentiality regulations and ITM data processing regulations. A data processing agreement was signed between C-Lever and ITM to this extend. The data and results obtained will only be used for the realization of this assessment and not for any other purpose. Data will not be kept longer than necessary for the conduct of this assignment.

**The notion of consent:** When engaging with stakeholders (interviews, focus groups, ...), we discuss the unequal power relations, as a first point, because these power relations may impact the 'consent'. Our evaluation team will ensure that the evaluation procedures allow for a co-constructed study process that allows for maximum representation of the perspectives of the (participants) who are the key stakeholders of this study.

**Research with human subjects:** Research with human participants begins from 'a position of ethical tension', because the invited participants are being asked to take part in a study project that has not been requested by them and is not principally intended to benefit them directly, though there may be indirect benefits. In the interest on non-maleficence, all participants will be informed in detail about the objectives, methods and implication of their participation in this study. Informed consent will be sought, and care will be taken to ensure that none of the data collection techniques infringe on the psycho-social health of the participants. Additionally, participants will be clearly informed that they can withdraw consent at any point in the study process without consequence. The evaluation team will also strive to abide by other relevant international principles guiding research integrity, such as the Singapore Statement on Research Integrity<sup>3</sup>.

## LIMITATIONS OF THE EVALUATION

The findings presented in this evaluation report have to be seen in light of some limitations.

### **Time constraints:**

The final evaluation of ITM's Belgium programme had to be conducted within a limited time frame. This had an impact on the evaluation process in general and, in particular, on the number of

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<sup>3</sup> World Conferences on Research Integrity (2010). Singapore Statement on Research Integrity.  
<https://wcrif.org/guidance/singapore-statement>

respondents reached during the data collection phase. This had a considerable impact on the outcome harvesting exercise conducted for the evaluation of outcome 2. With only a limited number of stakeholders and limited time for interaction to jointly construct a narrative of change, the results from the outcome harvesting exercise need to be considered as a first step for ITM towards documenting and understanding change processes using the outcome harvesting methodology.

**Constraints relating to the heterogeneity of the object of analysis:**

The programme, composed of 3 distinct outcomes of varying scale with specific intervention logic and stakeholders involved, was complex to evaluate. Such complexity and the different methodological requirements for the outcome evaluations has repercussions on the level of coverage by the evaluation. The evaluation team tried to cover the prevailing diversity. But the selection and availability of stakeholders consulted, and the cases selected for more in-dept review, imply that these selections somehow generate a bias in the conclusions of the evaluation since only a limited number of key informants could give their views. Nonetheless, at the overall level, the evaluation team considers that the conclusions are and remain sufficiently representative for the whole outcome.

**Sub evaluations at different moments during the programme period**

Several sub-evaluations for the different outcomes were already conducted in the course of the implementation phase of the programme. While this presented the evaluation team a vast source of information extra care needed to be taken to identify and fill gaps (both in timing and scope) of the specific evaluations in order for the evaluation team to integrate the relevant findings of the already conducted evaluations in the overall final evaluation report.

## 4. EVALUATION OF THE OECD-DAC CRITERIA

### SCORING MECHANISM

This final evaluation aligned to the A-B-C-D scoring mechanism used for the monitoring and evaluation of DGD funded programmes through the self-assessment tool known as the ‘performance scores’.

However, we have somehow finetuned the scaling in this scoring mechanism.

- We consider that merely delivering on the set performance targets does not, in itself, merit a score A or a mention ‘very good’. For the evaluation team, a score A implies that the (sub)programme really performed very well, that it managed to overcome impediments and that it leveraged new opportunities.
- The evaluation team also considers that the A-B-C-D scoring, lacks nuance. While the score “B” is applied to reflect that the performance was “acceptable” or “rather good”, there is a tendency to quickly apply a score “A”, when the performance is (even only somehow) better than “rather good”.
- We therefor chose to add additional nuance in the scoring. This is done by inserting scores with a ‘+’ or a ‘-’; indicating that the performance is a little above or a little below the selected score, but not yet reaching the next score. We thus end up with a scoring mechanism or a performance scale that allows for 12 sub-scores, within the main 4 scores, as visualised below.

	Very good			Good			Weak			Very weak		
Score	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-

*Remark: A peer review between the different evaluators and a final overall review was used to calibrate the scoring for the 3 outcomes.*

### OUTCOME 1 – ACADEMIC CAPACITY FOR HEALTH IS STRENGTHENED THROUGH IMPROVED QUALITY IN EDUCATION AND ACCESS TO POSTGRADUATE EDUCATION AND TRAINING.

#### RELEVANCE

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
		A										
Relevance	<b>Evaluation questions</b> <ul style="list-style-type: none"> <li>- What is the relevance of the outcome, taking into account any changes that have occurred over the past years in the external context (country/partner/COVID-19 pandemic/etc.) or within the organisation (global and/or at country level, in terms of HR, institutional and/or financial)?</li> <li>- To what extent did these changes have an impact on the relevance of the intervention, and how was this handled?</li> <li>- Has the intervention contributed as planned to the strategic objectives of the JSF (Joint Strategic Framework)?</li> </ul>											
	<b>Conclusion</b>											

	<p>ITM's educational activities are definitely relevant, as students learn relevant and useful skills for their professional practice and capacity to add value in the fields of public health and tropical medicine worldwide.</p> <p>ITM's outreach, the diversity of the programme participants and increased opportunities for peer-learning enables students to also gain soft skills and practical skills, which are essential for students, educators, and employers in the fields of public health and tropical medicine. Through the wide range of courses offered at ITM and the modular structure, the educational activities are relevant to different students with different needs.</p>
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ITM's educational programme is well aligned with the Belgian government's development education strategy paper (DGD) and is aligned with the common strategic objectives C.3 and C.4 of **the JSF Belgium 2017-2021**.

JSF strategic goal C.3 aims at: *Strengthening (informing, raising awareness, raising awareness and/or mobilizing) and/or collaborating with intermediary actors with a view to a world that is just, solidarity, sustainable and no longer unequal.*

JSF strategic goal C. 4 reads: *To train fellows from the south to become change-makers in their own society (and in Belgium) with a view to a world that is just, solidarity, sustainable and no longer unequal.*

The two results under Outcome 1 respectively target the two strategic goals. The scholarship programme allows for both an academic and a strategic selection of potential change-makers. This was also confirmed during the FA4 mid-term evaluation on education and scholarships. The attractiveness of ITM educational programmes can be seen as an indicator for the quality of these selections since the quality of the participants also impacts on the quality of the exchanges within courses. For the collaboration with intermediate actors, joint educational initiatives and staff exchange are mutually beneficial processes. Both processes, requiring a strong motivation and significant time investment of involved partners, are steadily moving forward.

The findings on the scholarships mostly derive from the mid-term evaluation on the quality of education and scholarships, conducted by Syspons in 2021. The present evaluation sought to validate the findings. The DGD-funded scholarships continue to be highly relevant and aligned to what is needed for generating effective outcomes. It provides students the necessary financial resources to access education and focus fully on their studies. The relevance of the scholarship programme, providing access to face-to-face teaching and learning at ITM in Antwerp, was evaluated as very good.

In 2019-2020 the flexibility in the master programmes was increased with ample choice from simultaneously organised short courses and the possibility to study part-time, alternating periods of study and periods of work. New 5-credit short courses were developed, e.g. Outbreak Investigation & Research and Non-Communicable Diseases and more are planned (e.g. Pharmaceutical Policies, Vaccinology).

LMIC-students, as opposed to European students, prefer to follow a master programme in one year. In the first try-out of the flexible master programmes it was observed that there was an imbalance in

the choice: some courses were chosen by most master students and other courses by only very few. The latter mainly enrolled “modular” short course students.

In light of the changing context due to COVID-19, staff mobility was affected due to travel restrictions, networking with partners who prefer face-to-face interactions were affected with some people completely going off the radar, but the pandemic also normalised online communication. This allowed increased involvement of some partners. It also prompted the move to the development and application of online and hybrid modules that further contributed to the relevance of the educational programme. For instance, in Bolivia, there was a transition from high dependence on physical mobility to online learning, which led to reduced mobility costs while increasing the output in terms of outreach of the programmes and increased confidence in the use of online educational tools.

The shift to hybrid and online teaching in 2020 largely did not affect the quality of education, however, alumni did indicate that they “missed out on opportunities for peer-learning which is an important part of studying at ITM”, *ITM alumnus*.

At the level of partner institutions, ITM acts as a network facilitator that enables scientific collaborations and plays a “fundamental role in bringing equity to the table”, *representative of erstwhile Partner Institute*.

## EFFICIENCY

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
		A										
Efficiency	<b>Evaluation questions</b> <ul style="list-style-type: none"> <li>- To what extent are inputs managed in a cost-efficient way?</li> <li>- To what extent are the intended processes and all types of activities implemented within the time envisaged?</li> <li>- How has the pandemic affected efficiency (budget reallocations, spending in timely manner, in or decreases of specific types of spending) and how could we potentially act faster in the future?</li> </ul>											
	<b>Conclusion</b> <p>The efficiency of the outcome is evaluated as very good. The social return on investment of funds and appropriate channelling of the resources are clear indications of efficient financial management. The use of hybrid and online education strategies to adapt to the changing context of travel restrictions, using the online forums to motivate alumni networking and presentation of their work are also factors that contribute to the cost-effectiveness of this outcome.</p>											

The overall budget allocated for Outcome 1 was € 17.618.773,36; out of which € 15.493.773,36 was allocated for costs of operations and € 2.125.000,00 for personnel. Even though Alliance projects constituted an important part of the Specific Outcome 1 of ITM’s Belgian Programme, funding for the Alliance was limited, therefore, priority was given to former FA3 partners. Part of the budget was related to Alliance projects with/at the level of partner institutions in the South and were spent in the

South: e.g. support of Master and Short courses in the South (maximum 200.000€/year) and collaborative projects (maximum 150.000€/year). The Alliance is chiefly based on educational partnerships where alumni go back and forth to different universities; the resulting exchange of knowledge further strengthens educational outcomes, with a focus on specific projects.

The scholarships and a big part of the Alliance are perceived to be very cost-effective. The Alliance, which has grown since it was initiated in 2019 with erstwhile partners, promotes not only education but also research collaborations. Interviews stated this led to an increased mobility of teachers and enhanced research and education opportunities through ITM's connections with the Alliance.

Most of the budget was dedicated to scholarships for formal training (masters, PhD's and short courses). The attractiveness of the formal course programme still allows the selection of good students and the constitution of diverse student cohorts. Due to the COVID-19 crisis a few short courses were cancelled, while the possibility for online attendance was offered for others, but not ceased by all participants. The number of short course bursaries thus decreased.

For 2021, the cancelled "2020 short courses" were planned online and in a hybrid (combining face-to-face and online options) mode. Master students who enrolled in September 2019 and January 2020 followed hybrid teaching and learning (including periods of fully online learning during lockdowns). The number of enrolled master students was thus not affected. In 2020, a part of the scholarships budget was shifted to a new master programme (Master in Tropical Medicine) which has a focus on preparing candidates for a research career. The feasibility of the intended move towards more partially DGD-funded scholarships (whereby students find additional sponsors or self-finance part of their studies) needs to be further monitored. First findings are positive, but the new measures to support this shift have not yet been in place long enough to see longer lasting effects.

In light of the COVID-19 pandemic, costs set aside for funding mobility were redirected towards the preparation and launch of series of webinars for alumni to present and understand experiences of COVID.

There is a budget for allocation of 3 individual PhD scholarships per year, in addition to the institutional PhDs under the country specific outcomes, but based on the admission requirements, less than 3 such individual PhD scholarships may be awarded in a year. The remaining funding is then channelled towards other programmes. These PhD scholarships are regarded to be a high return on investment given that they are conducted for an intensive period directed towards a social cause. While the dependence on the DGD scholarships was raised as a point of attention, the staff and course directors express that "the stable funding contributes to improved quality of a higher education programme as we are able to select potential students on the basis of talent and knowledge, rather than on the basis of students' financial solvency".

The scholarship programme also contributes to a funding of lifelong learning through allocation of travel grants for conferences where students have been chosen to present their research, mobility grants for education etc. Alumni deem these travel grants as very useful as it enables them to present their research and work while allowing them to interact with peers from different parts of the world in person.

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
		A										
Effectiveness	<b>Evaluation questions</b> <ul style="list-style-type: none"> <li>- To what extent are the outputs achieved and of good quality?</li> <li>- What is the likelihood that the specific objective will be achieved given the progress made to date?</li> <li>- Was the manner in which outcomes adapted to the COVID-19 pandemic effective?</li> </ul>											
	<b>Conclusion</b> <p>The number of education collaboration projects with South partners developed at a slower pace than expected. A number of initiatives was put on hold or postponed due to the COVID-19 situation.</p> <p>The broadening of the definition of ITM alumnus for the award of individual PhD scholarships, to improve quality and competitiveness in the DGD supported PhD scholarship programme yielded its first results. Three strong candidates were admitted under this broader definition in 2020. ITM can thus claim that they see positive effects of the change in application criteria.</p> <p>The scholarship programme is producing the expected outputs, which will contribute to reaching the specific objective.</p> <p>Graduation rates are also as expected (above 90%). In the educational collaboration with partners, ITM observes a shift from joint course development initiatives to staff / lecturer exchange and towards more online or virtual interaction. The development (both quantitatively and qualitatively) of both types of collaboration is a promising dynamic process.</p>											

In 2020, the COVID-19 crisis led to the cancelation of a number of short courses or a shift to e-learning for others. Short course students who were in Antwerp in March 2020 were encouraged to return home just before the lockdown and to continue to follow classes online. For 6 MPH-related short courses, which were still going to start, external students were offered the possibility to shift to an online synchronous mode or postpone their registration. Half of the admitted students chose for the latter. One interviewee stated that the online mode was not an alternative for all students, because of the difficulty to free time for online learning activities while still at the workplace and sometimes having connectivity problems. Investment in equipment to visualize the presence of remote students and training of teaching staff were considered a must. In the shift to online and hybrid teaching the “flipping the classroom” method, whereby students apply knowledge obtained through self-study in a classroom setting, has been very helpful.

The definition of the term ‘alumnus’ was broadened, for the call for PhD applications in 2020, beyond ITM courses, to include (i) alumni from DGD country programme partners and (ii) ITM predoctoral candidates and (iii) strong candidates from the potential promoters’ networks. This broadened definition meant that five of the eleven applications that were submitted to the Individual PhD call fell under this broadened definition. Three of the six candidates selected by the PhD commission for a PhD scholarship made use of the broadened definition: 2 candidates with an exemption to the ‘alumnus definition’ based on a well-argued proposition of the ITM supervisor and 1 alumna from a country

programme partner institution. While the first stances show that more students are benefitting from this broadened definition, its effectiveness in the long run remains to be seen.

Overview of performance scores – as per the indicators of the logical framework

The results as formulated in the logical framework contribute to the achievement of the specific objective. The indicators of the logical framework are mainly quantitative and focus on outputs.

**Outcome 1: Academic capacity for health is strengthened through improved quality in education and access to postgraduate education and training.**

The table below present the indicators at the outcome level. The indicators identified at the results are discussed in the text below.

Indicator	Progress	Assessment
Indicator 1: Graduation rate at ITM among bursaries (in credit bearing short courses and masters) has increased	Target - Y1 (baseline): 85%; Y3: 90% or above; Y5: 90% or above Progress - Y3: 92%; Y5: 90%	The indicator score, for all years, consistently meets or exceeds the target estimated for Y5 (>90%) with an average graduation rate of 93% per year.
Indicator 2: Career development of alumni (after 3-4 years) is maintained or improved	Employability maintained in research and/or policy positions (no annual data available)	The findings (final report dated July 2021) of the FA4 mid-term evaluation “Social, Developmental and Professional Impact Evaluation of ITM Educational Activities and Scholarship Programme” confirm the career development of alumni after 3-4 years. The data show that the competencies alumni gained at ITM have helped them to add value to their professional profile and in their career trajectory.

The PhD scholarships are awarded for a period of 4 years and the monitoring data show that while over 80% of DGD bursary recipients effectively defend their thesis, they are unable to defend within this timeframe and require extension of grants to continue their study. These extensions are not provided through the DGD fund, rather arranged for by the supervisors in collaboration with the student. Graduation rates of students for other courses are above 90%, despite the shift to online and hybrid teaching methods. All of ITM’s educational activities were largely perceived as significant in developing soft skills and competencies among students of all course types in addition to the content education received in the classroom. The interactions between students and staff were identified as a crucial factor, as well as the peer interactions between the diverse cohorts of students. The idea that learning did not stop in the classroom but also took place in the course of their daily life was considered to be an important pillar of learning. This form of educational experience is deemed as particularly significant by staff and alumni for the effectiveness of such a programme, since applied sciences are not only based in theory but in learning and growing together with the goal of co-creating knowledge.

The development of a concrete alumni strategy involved discussions on how to better connect alumni, enable effective exchange of information while considering the key needs of alumni. An online alumni

platform was launched which allows for the sharing of information on jobs, research grants, call for proposals etc. with the focus on enabling career development. The platform is also intended to act as a dynamic platform that fosters joint learning through connecting people. While the launch of the platform was hailed as a positive step, alumni feel that the platform is currently rather formal and one sided in its communication strategy. Attention to enabling more informal discussion groups within in the platform and the formulation of regional/country specific alumni pages could go a long way in fostering connections between compatriot alumni.

### Result 1.1: Improved quality in postgraduate education through collaboration and exchange

Indicator	Progress	Assessment
Indicator 1: Number of collaborative and exchange initiatives & number of different partners involved	<p>Target- Y1: 15 &amp; 10 ; Y3: 30 &amp; 10; Y5: 45 &amp; 15</p> <p>2018: Number of collaborative and exchange projects: 9, Involved partners: 12</p> <p>2019: Number of collaborative and exchange projects: 12, Involved partners: 18 (ITM excluded)</p> <p>2021: Number of collaborative and exchange projects: 16, Involved Partners: 17 (ITM excluded)</p>	While the target score for Y5 has not been met, there has been a consistent increase in the number of collaborative and exchange projects and involved partners over the 5 years. The pandemic situation over 2020 and 2021 adversely impacted the activities of the Alliance.
Indicator 2: Degree of internationalisation of course programmes: teaching hours by physically or virtually mobile lecturers in the Alliance	<p>Target- Y1: Baseline Alliance; Y3: Increased min by 20%/Y1; Y5: Increased min 20%/Y3</p> <p>Y1 (Baseline): 2 mobility initiatives; Y3 (2019): 6 mobility initiatives (137.5 teaching hours); Y5 (2021): 10 mobility initiatives (35.5 teaching hours +350 facilitation hours)</p>	Incoming lecturer mobility and outbound lecturer mobility increased from Y1 to Y5. Strategic adaptation to virtual mobility during pandemic helped maintain progress of indicator score.
Indicator 3: Digital means for teaching and exchange. New joint TEL-initiatives in the Alliance	<p>Target- Y1: Baseline Alliance; Y3: Increased/Y1; Y5: Increased/Y3</p> <p>2017: 2; 2018: 3; 2019: TEL-initiatives; 2020: 6 TEL-initiatives</p>	The indicator has been met, especially with the advent of the TEL-initiative and shift to online and hybrid educational and exchange tools.

As part of the strategy to promote the quality in postgraduate education through collaboration and exchange, a joint scientific writing course was developed. Each partner brought its own experience and expertise but also gained from the course in developing skills on course development for their home universities, thus contributing to the outcome of a 'learning network'. Promoting the networking options for alumni led to a transferrable skills programme primarily aimed at ITM PhD students which has continued to foster exchange and knowledge; thus generating a secondary, unexpected positive outcome of bringing people together and generating connections among them.

## Result 1.2: Improved access to postgraduate education through a scholarship programme

Indicator	Progress	Assessment
Indicator 1: Bursaries co-funding their scholarship; % of partial/full DGD scholarships	Target- Y1 (baseline): <5%; Y3: 5-10%; Y5: 10-15%  2017: limited; 2018: approach not pursued in this year; 2019: <5%; 2021: 7% partial scholarships	The option of partial DGD scholarship is evolving and should be pursued.
Indicator 2: Gender balance: ratio of academic credits earned by female over male bursaries (SC, MA & PhD combined)	Target- Y1: 0,65; Y3: >0,70; Y5: >0,75  Y2: 0.58; Y3: 0.69; Y5: 0.33	<p>Fewer women submit PhD applications, but their chances of success are significantly higher. Despite the higher success rates by female applicants the absolute number of PhD scholarship awards to male candidates remains higher.</p> <p>The indicator measuring credits instead of number of enrolments per type of course can be improved. Since PhD students have a disproportionate high amount of credit compared to other students, their influence on the final indicator value is too high.</p> <p>Masters: <math>(900/1320) = 0.68</math>  Short courses: <math>(526/705) = 0.75</math>  PhD individual and institutional scholarships (240/240) - 2 graduates.</p>

Overall, the effectiveness of the education programme is deemed as very good and largely unaffected by the changing context. When affected, the programme implementation was flexible enough to cope with and adapt to the changes to bring about positive outcomes. This was seen for instance in the swift adaptation from face-to-face learning to hybrid and online teaching and alumni activities during the COVID-19 pandemic.

New structural sources of scholarships (stable sponsors) have not been found. The new scholarship amounts introduced in September 2019 did not cause any problems in term of adequate means for livelihood.

Impact	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
				B+								
	<b>Evaluation questions</b> - <i>To what extent has the intervention generated or is likely to generate enduring changes in systems, norms, people’s well-being, human rights, gender equality or the environment?</i>											
	<b>Conclusion</b> ITM contributes to long-lasting connections between graduates and staff to strengthen formal and informal networks for lifelong learning, exchange and belonging. As a result, on an impact level, graduates have the potential to act as agents of change in fields of tropical medicine and public health, but this is dependent on the connections and support that they have from their organisations.											

The criterion of impact in the OECD-DAC evaluation criteria refers to: “The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects”. In terms of the expected impact as proposed in the theory of change, ‘ITM’s alumni and staff should act as agents of change that embody scientific, ethical, and professional attitudes and values, by using and transferring knowledge’.

ITM graduates use their acquired competencies in their work and add value to their work environment. The graduates mostly pass on their knowledge to their colleagues and implement changes, so that the effect of ITM extends to the organisations where graduates work. The exchange among students and staff contributes to added value by graduates in their professional practice and interactions. Specifically, this is facilitated by the close academic support and high levels of expertise of lecturers. This long-lasting support of ITM staff also supports the use of knowledge by graduates. This findings were established by the mid-term evaluation, and reconfirmed during interviews with students for this evaluation.

The sandwich PhD programmes, where the student remains connected to the home university and moves back and forth between their home university and ITM, fosters close connections in both places while helping build capacity in their home university.

ITM also strives to strengthen organisations, including partner organisations and ITM itself in their professional capacities to contribute to scientific and public discourse and practice relevant to their respective contexts – As one of the respondents stated: *“ITM facilitated the setting up of our online curriculum, right from educating us on how to set up the course, designing it and helping with the infrastructure and giving us long term support through staff visits”*. The mid-term review assessed that ITM graduates identify that they have contributed, to a certain extent, to the development of their organisations, they have helped the organisation or institution in reaching its goals more effectively and efficiently, they also helped in defining clear processes and structures in the organisation or institution. These findings were corroborated in discussions with former partner institutions, ITM staff, and alumni during this final evaluation. ITM’s system’s thinking towards health has also been deemed as very relevant and the transfer of knowledge on this approach has led to positive changes and effective development in partner organisations.

The impact of ITM’s educational programmes is considered to be high. The programme is designed to eliminate any structural barriers for people with talent. The DGD funded scholarships play a significant role in enabling this impact. Many DGD bursary recipient alumni share long-standing relationships of trust and mutual respect with ITM staff.

Alumni act as change agents, in that they contribute to the reach of the ITM educational programme; their home universities/institutions act as drivers of change by contributing to advocacy and change in local health policy; both of which are strengthened through involvement with ITM country programmes.

Students who studied at ITM experience: “a sense of personal progress from having gained knowledge from a global health network involving researchers, practitioners and educators that contributes to a sense of realism in the education programme”. The high satisfaction of students and the graduation rates, as well as the informal feedback from alumni indicate successful knowledge transfer.

**SUSTAINABILITY**

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
					B							
Sustainability	<p><b>Evaluation questions</b></p> <ul style="list-style-type: none"> <li>- How great is the financial and technical sustainability of the methods, the instruments and/or materials which were developed in the context of the intervention?</li> <li>- Are the conditions met to consolidate the effects of the applied strategy also after the end of the intervention? (e.g. participation and involvement of target groups/intermediary actors, multiplication, embedding in existing organisations, creation of a support base, integration in policy etc.)</li> <li>- Do the partners (intermediate actors/multipliers/parties involved) and/or the target groups have the necessary capacities to take the initiative for the intervention and/or take responsibility for the results after the intervention?</li> </ul>											
	<p><b>Conclusion</b></p> <p>The fact that sources of additional funding for scholarships are limited and that students have difficulties to partially self-fund their studies at ITM, (2020 comment: together with the risk of an economic recession due to the COVID-19 pandemic), doesn't contribute to financial sustainability. Even if the number of co-funded scholarships increased in 2021, capacity strengthening in international and global health will stay highly dependent on DGD scholarships.</p> <p>On the other hand, the offer of hybrid/online courses positively influenced the financial sustainability, offering students the choice to (partially or fully) follow courses from their home setting.</p> <p>The Alliance projects aimed at fostering long term sustainable collaborations and continued capacity strengthening in education. Although slow to develop, because labour intensive, the progress is evident. Academic staff exchange, developing faster and faster by adopting a virtual mode, has had a cumulative effect on capacity strengthening in education.</p>											

Capacity building remains financially dependent to a large extent on the availability of scholarships. Since the scholarships are an important element in ensuring the continued equality (access to) and effectiveness of ITM’s educational programmes, the financial sustainability may be served by guiding

alumni who could also play a greater role in mobilizing resources / alternatives sources of funding available in their country for co-financing scholarships.

Both the Alliance projects and the alumni activities, which are supported more and more effectively by virtual resources (virtual platform, webinars, virtual meetings, virtual staff mobility), significantly contribute to enhanced sustainability of the social return on investment in the scholarship programme.

In 2021, 12 alumni webinars were conducted, and alumni continued to act as external lecturers in ITM (virtual) courses. Alumni webinars and online courses enable the sharing of experiences, expertise and insights within the ITM community of alumni, students, staff and partner institutions and the wider global health community. In addition, the webinars provided during the COVID-19 pandemic had international uptake as they were integrated in a WHO list of webinars on COVID-19 including the transcription of the webinar content, for use by WHO-thematic collaborating groups, thus contributing to WHO collective info-gathering on the pandemic. Another example of sustainability of the developed materials, is the Philippines webinar which enabled the Philippine Society of Public Health Physicians (PSPHP) to positively influence a global discussion of COVID-19 effects on mothers and babies, resulting in policy uptake at national level. Feedback from webinar participants highlighted “the importance of learning from other country experiences”; “an important and motivating initiative for those of us who work in research and work with vulnerable societies. It drives us to help through science” (anonymous quotes). These online learning initiatives will definitely be further developed in the future for life-long learning.

2020 saw the launch of an online ITM alumni platform connecting ITM alumni, students and staff. The COVID-19 crisis accelerated the need for an interactive virtual communication tool and networking space, bringing together its members living and working around the globe. The platform enabled the connection with and between more than 1600 ITM community members worldwide. The platform fosters interdisciplinary exchange, the sharing of sector-related knowledge and information, and enhances social networking. In 2020, 195 job opportunities, 135 events (e.g. webinars, online scientific conferences, trainings) & 279 news & email campaigns have been shared within the community. Keeping the platform up-to-date and eliciting active participation of all are the tasks ahead.

ITM alumni also tend to come back to ITM with collaborations for new long-term partnerships. For instance, 5 graduates from the Master in Public Health, from the previous academic year, gave online lectures using their master theses as case studies for the current academic year.

Alumni mentioned that they guide and enable communication for prospective new students with ITM. The alumni expressed to appreciate the opportunities they have for continued interaction with their teachers and supervisors which they indicate contributes to their learning and experience even as they work in their home country.

Alumni, partners, students, and staff are connected through further research; and staff and students are mobilised for research and education in the context of the Alliance. All of this contributes to the further development of ITM’s idea of a global campus on tropical medicine and public health.

OUTCOME 2 – BELGIAN AND GLOBAL POLICIES FOR BETTER HEALTH ARE SUPPORTED THROUGH COLLABORATIVE KNOWLEDGE PRODUCTION, MANAGEMENT AND ADVOCACY

RELEVANCE

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
			A-									
Relevance	<p><b>Evaluation questions</b></p> <ul style="list-style-type: none"> <li>- <i>What is the relevance of the outcome, taking into account any changes that have occurred over the past years in the external context (country/partner/COVID-19 pandemic/etc.) or within the organisation (global and/or at country level, in terms of HR, institutional and/or financial)?</i></li> <li>- <i>To what extent did these changes have an impact on the relevance of the intervention, and how was this handled?</i></li> <li>- <i>Has the intervention contributed as planned to the strategic objectives of the JSF (Joint Strategic Framework)?</i></li> </ul> <p><b>Conclusion</b></p> <p>During the first few years of the 2017-2021 programme, ITM’s “policy support” struggled to maintain its relevance in a context marked by temporarily reduced political interest and by a diminishing number of health experts - which also meant a diminished attention for health issues - within DGD.</p> <p>In response, ITM managed to broaden its target audience and support other sections of DGD, the Ministry of Foreign Affairs and the Ministry of Health on a number of highly relevant topics on the international health agenda. With the outbreak of the COVID-19 pandemic, the policy support and expertise provided by ITM regained its relevance in full force, not only for DGD but for the Belgian government as a whole.</p>											

ITM’s policy support activities under outcome 2 contribute to the common strategic objectives C.1, C.3, D.1, D.2, and D.3 of **the JSF Belgium 2017-2021**.

C.1: Informing, sensitizing, raising awareness and/or mobilizing residents of Belgium for the benefit of a world that is just, solidary, sustainable and no longer unequal

C.3: Strengthening (informing, raising awareness, raising awareness and/or mobilising) and/or cooperating with intermediary actors with a view to a world that is just, solidary, sustainable and no longer unequal

D1: Strengthening the recognition of our expertise by our target groups

D2: Establish, strengthen and/or influence alliances around development-relevant themes

D3: Influencing national, European and international policy makers and private actors in favour of sustainable development and human rights

While the creation of synergies and complementarities within the JSF Belgium Framework was not self-evident under outcome 2 due to the specific role and statute of ITM , ITM aimed to maximise synergies and exchange with DGD.

At the start of the programme, the need for a continuous and even increased policy support and scientific input by ITM was underlined and reaffirmed by DGD, especially given the quickly evolving international health scene and the declining in-house expertise at DGD. Nonetheless, the first few years of ITMs 2017-2021 programme were marked by a diminished political interest in the wholistic approach of strengthening health systems. The shrinking number of health experts and less financial means for health-related themes at DGD also meant that there was less demand for and less uptake of ITM's input. This context forced ITM to refocus its policy support on new key stakeholders within and outside of DGD in order to maintain its relevance.

From 2019 onwards this was put into practice: ITM's outreach now targeted not only the health experts but also more generalist experts on social themes within DGD and experts at the Federal Ministry of Health. Thematically, the policy support focused on access to quality assured medicines, vaccine development and production, tropical medicine and international health, sexual and reproductive health and rights (SRHR), universal health coverage and global health governance. These topics are all considered highly relevant by DGD and are priorities on the current global health agenda.

With the outbreak of the COVID-19 pandemic in 2020, ITM's policy support programme regained its relevance in full force. The need for COVID-19 responses increased the demand by DGD for 'in-house' support by ITM as well as for technical briefings and research on (access to) quality assured COVID-19 vaccines and vaccine deployment strategies. The policy support within DGD reached both the health team and broader staff within DGD, as well as in the Foreign Ministry and the Belgian diplomatic posts abroad (among others the permanent representations to the WHO and the UNODC).

Once a new Belgian government was installed, in October 2020, the new Minister of Development Cooperation named "Health" and more specifically the "Reform of health systems" as one of her key policy priorities. She has very actively supported the COVAX-initiative, in which ITM (embedded in DGD) played a major role in leading the intra-Belgian coordination.

#### A policy support role in evolution

*Before, DGD used to have its own health policy team and health sector development specialists. The demand for policy support by ITM was usually rather specific and ad hoc, in combination with more in-depth scientific research. To a large extent, this DGD team has disappeared, as staff retired or left and was not replaced. So, in the course of the previous programme 2017-2021, in particular from 2019 and 2020 onwards, ITM somehow evolved into being an externalized pool of human resources for health policy support and health sector development expertise for the Belgian Federal Government.*

*This intensified an already ongoing shift to a different type of policy support, not just a case per case response to policy questions, but a more continuous support to the administration (DGD) and to the Cabinet of the Minister of Development Cooperation. Human resources and/or teams of ITM increasingly provide a more continuous support on health policy topics, including representing even more often than before the Belgian Government in Working Groups, Committees, etc., including at inter Ministry and international levels. The role thus evolved from being an 'ad hoc' external adviser to taking on more continuous roles that used to be assigned to government officials. The relationship is much more interactive and dynamic now, less a well described request for a particular policy advice, but rather a contribution to and participation in policy development and monitoring processes in a multi-actor setting. Such "shift" occurred in response to increased demand / need at DGD & related ministries (MoHealth) for that type of policy support, compared to the past. The absence of (public) health specialists within DGD (as well as within the International Department of the MoHealth) is a factor leading to this increased need for specialised policy support.*

Furthermore, with the COVID-19 pandemic and global warming, the type of expertise that is present within ITM (epidemiology, vaccination policies and practices, tropical diseases, public health management and promotion, ...) becomes crucial also for other government departments such as Foreign Affairs and Health; as well as the Prime Minister's Cabinet. The expertise requested from ITM also extended to include political economy, coordination of policy support / access to specialised health sector expertise in Belgium and internationally, facilitation of multi-actor consultation and cooperation, coordination of policy-cycle, etc. Also, the creation and managing the conditions of 'safe spaces' for evidence-influenced policy reflection and shared policy insights has become much more important.

Of course, the relevance of policy support should be measured not only by the relevance of the input, but also by the effectiveness of the policy outputs and outcomes, and the impact of the policy (as a paradigm shift or a systemic change). At these levels, there is a shared impression among several stakeholders that "there is untapped potential for more" cooperation between ITM and the Belgian government in order to increase that impact. We will discuss this under the paragraphs "Effectiveness" and "Impact".

## EFFICIENCY

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
			A-									
Efficiency	<b>Evaluation questions</b> <ul style="list-style-type: none"> <li>- To what extent are inputs managed in a cost-efficient way?</li> <li>- To what extent are the intended processes and all types of activities implemented within the time envisaged?</li> <li>- How has the pandemic affected efficiency (budget reallocations, spending in timely manner, in or decreases of specific types of spending) and how could we potentially act faster in the future?</li> </ul>											
	<b>Conclusion</b> The efficiency of the outcome is evaluated as very good. Primarily the adequate use of strategic partnerships with complementary actors and in networks, as well as the attention for leveraging and upcycling existing resources (existing research, networks, IHP newsletter, etc.) as policy input can be cited as factors that foster both the efficiency and the cost-effectiveness of the outcome.											

### Resources

The overall budget for outcome 2 was €4.392.500,00. €1.800.000,00 for operational costs and €2.592.500,00 for personnel. With regard to the cost-effectiveness of the implemented activities, in the first three years of the programme all activities were carried out as foreseen (with minor adjustments necessary to optimize the cost-effectiveness of the Be-cause Health platform, and with a smaller number of technical briefings than foreseen due to a diminished request by DGD – which was however compensated by other types of policy support activities). From 2020 onwards, budget changes were necessary due to the COVID-19 pandemic and the travel bans that drastically reduced the number of international seminars and fora. However, most of these fora were replaced by virtual events and could still be carried out.

### Budget in a changing context

*While the demand increased and diversified, the budget for policy support was not increased. Managing the articulation between evolving Federal Government demand for policy support and responses to it by ITM is a continuous role, with a policy support coordinator of ITM (Tim Roosen) based at DGD, managing the flow in combination with own roles in coordinating policy development processes, WGs, etc. Twice a year DGD and ITM hold a planning and progress discussion meeting to discuss trends in policy needs, discuss progress, and to reset / finetune priorities..*

*For the operational budget (logistical costs, travel, etc.) specific for policy support the cost allocation is clear. With respect to mobilising human resources for policy support, ITM has a basic system of time registration and cost allocation. ITM has however not adopted a detailed system of billing effective working hours; the pertinence of such approach has been reviewed in the past, but it was considered to imply more inconveniences than advantages both for ITM and DGD. Currently ITM is being funded for flexibly mobilising human resources; without budgeting in detail who should provide what support, for how many hours and at what cost, since this cannot be defined at the beginning of the programme, as policy support is offered both through scientific research, as by ad hoc advise on arising topics. Even though a justifying budget is established, in practice the funding of ITM's HR and overhead costs is more a kind of lump sum funding, with ITM succeeding in responding flexibly to increasing volatile needs and requests. ITM finds this approach best in line with the principles for sustained interactivity and policy adaptability, where the relationship is based on trust and mutual exchange.*

*Nonetheless, ITM's response to the further increasing need and demand for policy support is being hampered by the fact that the budget for this policy support has not increased in the past years, in spite of such increased needs while internal public health expertise in the Belgian Government reduced. This implies the need to further improve ITM's capacity to quantify the volume of policy support possible with a given budget and the need to demonstrate that ITM has already fully optimised and somehow overstretched the support it can provide within the given budget. In this respect interviewees indicated that up to now ITM was often able to leverage good networking relations to obtain additional inputs for policy support, without being able to fund such contributions. Furthermore the real input provided by ITM's independent academic staff surpasses the amount funded by DGD as several academic staff provide support in time not accounted for by DGD-funding and considered as part of the 'societal contribution' role of such staff. But attention is needed for not overstressing these partnerships and contributions, thus stressing the need for additional funding for policy support (or otherwise more stringent priority setting).*

### Synergies

The fact that a liaison officer of ITM is directly embedded in DGD is seen by all consulted stakeholders as a very useful and cost-effective way to foster cooperation and synergies and to improve the relevance and effectiveness of the policy support provided. Merely the International Unit at the Ministry of Health would wish for a more direct exchange with ITM (and not only indirectly, through DGD, as is the case now). ITM's policy support closely coordinates with other Belgian health actors through the knowledge-sharing platform Be-cause Health<sup>4</sup> and relies, specifically for the topic of access

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<sup>4</sup> The Be-cause Health Platform was subject to a separate evaluation carried out by HERA in March 2021, the conclusions of which can be summarized as follows:

*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*

to quality assured medicines, on the network and database of QUAMED. Furthermore, ITM itself took the initiative to start up a new international network of health professionals in francophone Africa, the Afrafra Network, based on the alumni network of ITM.

### The Afrafra Network

*The Afrafra (Francophone Africa & Fragility Network) aims to support health systems in French-speaking African countries in conflict and consists of an international network of local health professionals (often alumni of ITM's training courses) based in the five Sahel countries (Mauritania, Mali, Burkina Faso, Niger and Chad) as well as in Guinea, Ivory Coast, Central African Republic, Democratic Republic of Congo, Burundi, Cameroon and Benin. On the one hand, the Afrafra network allows for local partners to work and think regionally rather than locally, which is extremely relevant since all the countries in the region are facing similar safety and security threats that put the public health sector under tremendous pressure. On the other hand, ITM (and DGD) get to capitalize on one of ITM's most valuable assets (i.e. its extensive network of often high-placed health professionals and public health officials) by offering a cooperation network that also functions as a safety assurance for local partners who are often exposed to extremely dangerous situations.*

*Although the Afrafra network was only created 2,5 years ago, its members have steadily increased. New members include journalists, socio-anthropologists, students, frontline health workers, health authorities. Thanks to the obtention of a legal status for an Afrafra office in Bamako, the network is already starting a life of its own, becoming more independent of ITM. The network is systematically looking for funding possibilities for projects and its first successes here are starting to show. As a network, Afrafra has already proved its added value and effectivity in that health workers become more and more conscient of the cross-border dynamics of public health in conflict regions and gain in exchanging perspectives and adopting a regional perspective. Furthermore, the network helps to highlight the interlinkages between problems (insecurity > poverty > health problems > malnutrition, etc.) and pushes to look for more overarching approaches, in synergy with organisations such as UNICEF, WFP, agricultural institutes, etc.*

*Finally, Afrafra offers a unique network of local partners in the Sahel and neighbouring countries that have access to information and intelligence directly gathered from the field (and not filtered through political or extremist views) that might also benefit directly DGD and the Belgian Federal Ministry of Foreign Affairs (see also under "Recommendations"). As an example: a recent research project funded by ITM and carried out by Afrafra aimed at collecting information on the health systems in French-speaking countries in fragile situations. The report of this research was also shared with DGD.*

*The Afrafra network embodies the "health for peace" idea, by which peace needs to be built bottom-up through solving the most vital problems for the population first.*

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*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.*

There is no need for specific knowledge management system that capitalises the knowledge assembled or generated by ITM while responding to policy requests and needs. Often, policy briefs and advice are composed by extracting the key elements from the current state of the art in different scientific disciplines and available knowledge. While being valuable as policy support, such information does not need to be captured in an additional knowledge management system. While the more in-depth policy requests do generate new insights and knowledge, these are already being disseminated through Be-cause Health, publications, and scientific fora.

On the other hand, the IHP Network is also considered a type of knowledge management and sharing mechanism initiated by ITM.

The IHP Network

*The IHP (International Health Policies) Network, with its weekly Newsletter on global health policy that reaches over 5.000 subscribers, can also be described as a ‘knowledge management tool’. It is a unique weekly digest of the most important publications on global health policy trends. The Newsletter is specifically focused on three target groups (professionals interested in the global health agenda, in global health governance and the “health policy and systems” community). In that sense, it also constitutes an indirect policy support tool: not only does ITM’s policy support team use the newsletter as input for their policy advice, many of the subscribers to the Newsletters are themselves active within global health policy bodies.*

*Initiated as a “spin-off” of IHP Network, the Emerging Voices Network, besides its two-yearly training programme for new ‘Emerging Voices’, offers a platform through google and twitter where information and knowledge is shared, and discussions among health professionals can take place. One of the main objectives of the IHP Network (and Emerging Voices) is indeed to support researchers and health workers from the global South: offer them the possibility to acquire publication experience (through blog posts), to express their otherwise suppressed “constructively disruptive” analyses of health systems in their country, or to participate in training and capacity-building residencies organized by IHP.*

All these examples of synergies with other global health actors and in networks do contribute to the cost-effectiveness of the policy support work carried out by ITM: i.e. by sharing knowledge and resources, looking for complementarities and striving for collective impact. In addition, existing resources (e.g. QUAMED database) or resources created by other components of ITM’s activities (e.g. ITM technical and medical research, the IHP Newsletter) are upcycled to be used as tailor-made policy inputs or technical briefs for DGD and other Belgian governmental actors.

EFFECTIVENESS

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
Effectiveness			A-									
<b>Evaluation questions</b>												
- To what extent are the outputs achieved and of good quality?												

	<p>- <i>What is the likelihood that the specific objective will be achieved given the progress made to date?</i></p> <p>- <i>Was the manner in which outcomes adapted to the COVID-19 pandemic effective?</i></p> <p><b>Conclusion</b></p> <p>Vis-à-vis the performance indicators set in the programme planning, the effectiveness of outcome 2 (“policy support”) is evaluated as very good; the expected outputs are achieved and of good quality, and also the specific objective (outcome) is reached. The policy support role of ITM has outgrown the ad hoc responses to policy requests and evolved into a more permanent advisory role to DGD and the Belgian government, which increases the effectiveness of the policy support work. The expert input and “sounding board” function provided by ITM is very much appreciated by the consulted policymakers.</p> <p>However, there is little evidence that the policy support actually leads to effective policy measures or change. A more systematic monitoring of effectiveness in terms of policy decisions and in terms of policy outcomes is indeed lacking.</p> <p>In spite of the very good effectiveness of the policy support provided by ITM, there is a shared feeling among stakeholders that both the Belgian government and ITM do not yet fully leverage their joint potential.</p>
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#### Effectiveness and quality of the policy support

The policy support offered is often provided through a multi-actor co-creation process. ITM considers that there is a rather good alignment between the Federal Government actors and ITM on ambitions and priorities for the policy support work. The half-yearly planning & monitoring sessions with DGD are being used to reflect on how to further optimise policy support by ITM. DGD, having experienced a drastic reduction of its in-house expertise on health-related themes over the last years (and decades), has become increasingly dependent on the external expertise of ITM. The “hybrid partnership” that DGD chooses to have with ITM (i.e. a type of framework contract rather than relying on consultancy service contracts for each separate project or need of expertise) offers clear advantages in terms of effectiveness.

- Technical expertise: not only on ‘ad hoc’ requests but also more of a soundboard function to DGD for political ideas at Belgian, EU or multilateral level. This allows for ITM to indirectly weigh in on Belgian positioning and policymaking on the one hand, and for DGD to inform ITM of the Belgian priorities on the other hand.
- Embeddedness of cooperation: the fact that ITM has a liaison officer within DGD, who does an excellent job, is of great added value to DGD. Not only does it allow for good daily communication, but ITM’s expertise can also be directly implemented in very concrete policymaking or projects of DGD that the liaison officer collaborates on.
- Long term relationship: the experts of ITM and the policymakers can develop longstanding working relations that foster synergies and constructive dynamics. Since the programme is multiannual, it also allows for the joint organization and preparation of conferences, events, etc.
- Networks and training activities: the more permanent partnership concept allows DGD to benefit from the networks and activities of ITM in the global South, something that DGD claims to be essential to well informed policymaking (but for what it lacks internal capacity).

- More permanent advisory role to the Belgian government: ITM's policy support role has indeed outgrown the case-by-case response to policy questions to now include a more permanent almost 'in-house' advisory role to DGD and indirectly to the Belgian government (via DGD to the Ministry of Health, the Ministry of Foreign Affairs and several cabinets). ITM experts on e.g. COVID, WHO Governance or UHC also participate as scientific advisors in an "International working group on Health" that prepares and provides input for the "coormulti" meetings in which the Belgian positions are being coordinated for multilateral meetings and conferences. Occasionally, ITM even gets invited to the "coormulti" meetings itself, which is an exceptional situation as the "coormulti" is normally strictly reserved to governmental actors. The consulted stakeholders confirm that the academic and geopolitical input of ITM is very much appreciated within "coormulti". Another example is that of an ITM expert regularly attending the sessions of the Commission on Narcotic Drugs of the UNODC as part of the official Belgian delegation.

The close cooperation and coordination between ITM and the Belgian governmental actors certainly help to increase the effectiveness of the policy support. All consulted stakeholders within DGD, the Ministry of Foreign Affairs and the Ministry of Health, express their satisfaction with the qualitative content of the subject matter expert input and the valuable "sounding board" role that the ITM offers them. The two quality indicators used by ITM to guarantee the high standards of its policy support outputs (a 'process indicator' assuring expert input and peer reviewing, and an 'output quality indicator' assuring quality of used data, relevance and clarity checks and policy-oriented perspectives) are very useful in that sense.

#### Impact of the COVID-19 pandemic

With the outbreak of the COVID-19 pandemic, we do see a significant surge in policy- and technical advice and representative tasks carried out by ITM as from 2020 onwards, hereby factually increasing the effectiveness of the policy support on a day-to-day basis.

#### Unexplored potential

However, there is a prevailing impression among the consulted stakeholders that "there is room for more". Some stakeholders (at DGD, the Ministry of Health and the Ministry of Foreign Affairs) expressed a wish that the partnership with ITM would be taken a step further, beyond advocacy and exchanging ideas, towards very concrete and to-the-point policy advice or background mapping and studies that help policymakers in the decision-making process, possibly on short notice, whenever these needs arise.

Whether these ambitions are also desirable for ITM itself, and whether they are realistic under the current financial arrangements, are questions that, according to the evaluation team, need deeper exploring and negotiating between DGD and ITM (see also under Recommendations).

#### Lack of monitoring system of the actual performance of the policy support

The evaluation team also noted that there is a lack of insight, both on the side of the governmental stakeholders and on the side of ITM itself, on the actual uptake or performance of the policy support provided by ITM. The question of how this policy preparative work actually leads to concrete results or policy changes remains often unanswered. When asked about the effectiveness of the policy work of ITM, or illustrative cases of where the input of ITM made a clear difference or led to a change in policy, the interviewees don't seem to have a lot of concrete answers: *"it is really difficult to grasp whether or where ITM really weighs in"*.

It should indeed be noted that there are currently no explicit criteria or tools to assess the performance of ITM’s policy support work. There is no systematic monitoring of effectiveness or impact nor in terms of policy decisions and even less in terms of policy outcomes. Currently, an Excel table is used to register and manage the policy support request and monitor their implementation, with a kind of codification by type of demand. However, this is certainly not yet a top-notch monitoring system. In order to optimize its monitoring system, ITM could for example consider and explore the use of ‘contribution analysis’ (see ‘Recommendations’).

The effectiveness of ITMs policy support to Belgium on global health issues of course heavily relies on the uptake of the policy advice by the government and the government’s effectiveness to weigh in on the international agenda. The interviewees expressed some degree of frustration with the waning influence of Belgium within the WHO and on the international health agenda in general, and agree that a more proactive common approach of government actors (Ministry of Foreign Affairs, Ministry of Health) and ITM on some highly relevant political themes would be desirable. This perceived lack of effective policy change or impact is not to be imputed to ITM. In the following chapter “Impact” we will discuss some of the reasons why the historically influential role of Belgium (and ITM) within the international health architecture has diminished over the last years.

Nonetheless, even if it is clear that ITM depends on the policymakers to follow-up on their advice in order for their policy support to be effective, if ITM wants to weigh in more significantly on the international health agenda and have a long-term impact, it might be worth looking into other ways to broaden its “policy advice and advocacy” work, focusing on actors beyond DGD and the Belgian federal government. (See also under “Recommendations”)

#### Overview of performance scores

The results as formulated in the logical framework contribute to the achievement of the specific objective. The indicators of the logical framework are mainly quantitative and focus on outputs.

#### **Result 2.1: Relevant advice on international and global health policies is formulated for DGD and other Belgian actors in a concerted way**

Indicator	Progress	Assessment
Indicator 1: Number of expert briefings and policy briefs for DGD through ITM and/or its partners	2021: 28 , 2020: 53; 2019: 17; 2018: 16; 2017: 20	The indicator score for all years exceeds the target for Y5. The results do not follow a logical curve but are volatile which is to be expected with shifting policy needs and given changes in context.
Indicator 2: Number of Belgian contributions to international policy forums supported by ITM and/or its partners	Indicator: Yearly increase compared to baseline (= end 2017).	In 2021: at least 8 occasions at which ITM contributed to the Belgian position or represented Belgium in international forums.
Indicator 3: Active contributions to the Be-cause Health platform	Indicator: Y1: 3 – Y3: 4 – Y5:4	In 2020 the number of meetings and contributions to the Be-cause

(coordination, support, chair meetings, co-authoring policy briefs)		<p>Health platform multiplied due to the COVID-19 outbreak and largely surpassed the indicator for Y5.</p> <p>Overall, ITM secretariat facilitates 1 annual general assembly of members and 7 meetings of the Steering committee, including one with attendance of the working group coordinators.</p> <p>Up to 7 thematic working groups actively bring together numerous organisations and individuals of Belgian development cooperation, CSO and academic actors. Numerous working group meetings (average of 15 a year) foster peer exchange amongst members including cross-synergy between the different working groups.</p>
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**Result 2.2: Relevant scientific knowledge is jointly disseminated at national and international level through scientific events**

Indicator	Progress	Assessment
Indicator 1: North/South contributions to an annual colloquium involving the international scientific community	Equal contributions from North and South;	<p>In 2020, ITM supported young researchers of the global South to participate in two (virtual) international Colloquia.</p> <p>In 2021 the Department of Veterinary Tropical Diseases, Faculty of Veterinary Science, University of Pretoria, South Africa organised the 62nd Colloquium (2-3 December 2021). This second virtual edition covered emerging and re-emerging epidemics, with a special focus on neglected tropical and zoonotic diseases.</p> <p>ITM supports (emerging) young researchers of 'global south', as well as CSO staff of partner countries, to participate at the bi-annual 'Health Systems Research' symposium (virtually held in Dubai in 2021).</p>

		In addition Be-cause health platform supports Southern speakers to present at bi-annual European Conference on Tropical Medicine and International Health – ECTMIH.
Indicator 2: gender balance in contributions to a yearly colloquium /seminar involving the international scientific community	Equal contributions from men and women	In general, the policy support has a good gender balance of scientists giving inputs.  ITM annual colloquium has a fifty/fifty male-female attendance. 2021 edition gathered 536 people of which 235 female registrations.

**Result 2.3: Belgian development actors are connected with the global health community and collaboratively provide input to international/global policy processes**

Indicator	Progress	Assessment
Indicator 1: 50 IHP (health SDG era) <u>newsletters</u> a year with increasing input from/collaboration with South & 80 (facilitated) <u>blogs</u> /year	50/50 participation from ITM and partners from the South	The indicator is exceedingly met, and several types of activities are carried out to engage partners and collaborators.
Indicator 2: Number of individual global health experts involved in our global IHP activities”	Number of subscribers to the IHP newsletter and members of the Emerging Voices Google Group increase	In 2020, with 5300 newsletter subscribers and 500 EV google group members, the 5Y target was already surpassed. In 2021 the newsletter reached approx.. 5400 subscribers.

IMPACT

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
Impact				B+								
	<b>Evaluation questions</b> - <i>To what extent has the intervention generated or is likely to generate enduring changes in systems, norms, people’s well-being, human rights, gender equality or the environment?</i>											
	<b>Conclusion</b> The impact (here defined as lasting systemic change in mentalities or actual political paradigm shifts) of policy support and advocacy is generally difficult to measure and ITM’s monitoring											

<p>system has not focused on policy outcomes or change. However, some structural indicators help to predict whether impact is likely to be generated through the policy and advocacy strategy of an organisation . ITM has indeed some strong assets that might positively contribute to its potential for generating impact; such as globally recognized expertise and a worldwide network of health professionals. Stakeholder feedback indicates that ITM’s policy support and does have a solid impact at the Belgian national policy level. Nonetheless, many consulted stakeholders agree that the overall impact of Belgium on the global health agenda remains below its potential; which is also limiting the final impact of ITM’s policy support.</p>
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Thanks to the solid reputation of ITM’s unique domains of expertise within Belgium, the yearlong synergies between ITM and several Belgian governmental bodies, and the evolution of ITM’s role from an ‘ad hoc’ policy support provider to a more embedded, almost permanent adviser and sounding board to the Belgian government, ITM definitely generates impact at the Belgian national policy level.

From a more international perspective, building on its historical authority, ITM still has a globally established and recognized reputation in some specific fields (e.g. trypanosomiasis or sleeping sickness, and tropical diseases in general) and a very sound global network of health professionals (mainly in francophone Africa but also elsewhere). Moreover, an ever-increasing number of ITM alumni from the global South are now often in influential positions within their respective countries, weighing in on local, national and global policies, and can also serve as international public health policy advisers to Belgium thanks to their ITM past and thus links with Belgium. Furthermore, some of ITM’s experts or alumni still remain in influential positions within the multilateral health institutions (e.g. Hans Kluge, current DG of WHO Europe, studied at ITM), albeit less than in the past. These are all indicators that ITM’s overall work can and does generate significant impact.

On the other hand, the overall impact of Belgium – and hence indirectly of ITM – on the changing global health agenda and architecture is perceived by several stakeholders to be considerably less important than it has been and than it could be. This is due to several contextual factors and some (lack of) decisions made in recent years (non-exhaustive):

- The weight of Belgium on the multilateral health agenda has diminished over the past decades.
  - o Belgium’s reputation as prime expert on health systems has gradually diluted in recent years, and neither Belgium nor ITM seem to have refocused on new specific (long-term) priority topics / themes in which they can excel at international level.
  - o There are considerably less Belgian (ITM trained) health experts embedded at a high influential level within the international health institutions (WHO,...).
  - o The EU increasingly gains weight within the WHO compared to its individual member states.
- A lack of Belgian political interest for global health governance and a limited development cooperation budget to put health-related policy priorities into practice.
- Due to the current decolonizing global health movement, more and more weight is given to actors from the global South and less to institutions with a colonial past.

It should be noted that many ITM trained public health experts from the global south have increasingly taken up influential roles in national and international health institutions. Hence the waning of Belgian’s influence is therefor also a logical consequence of a positive impact of ITM’s contributions to the decolonisation of international health policies.

- The great pool of international health experts (with a medical background) that Belgium used to have until a decade ago is rapidly vanishing as people retire and do not seem to be replaced by a new generation of Belgian officials with a health-related background. This can be seen as a consequence of the decision taken many years ago to limit the number of medical students graduating, which inevitably leads to the majority of available health professionals choosing to work within the medical sector rather than as ‘policy advisors’ at governmental level.

Some stakeholders however think that the otherwise very positively acclaimed focus of ITM on training, networking and capacity-strengthening of health actors in the global South, has diverted the attention away from training and supporting Belgian health professionals in international and development issues.

Whatever the reasons for it, the lack of Belgian national public health experts (that became painfully evident at the outbreak of the COVID-19 pandemic) also translates into less influence at the international level.

Furthermore, the impression prevails among some of the interviewed stakeholders that there is definitely “unexplored potential” in intensifying the cooperation between ITM and Belgian Government(s), as is done in several neighbouring countries such as Germany, France and the UK, enhancing the influence and impact of both the institute as well as the government.

In conclusion, ITMs impact on the global health agenda can still be evaluated as good, with aspects rated as very good; hence a score B+. An important question, to be taken into consideration by ITM and the Belgian Government, is what needs to be done to maintain or increase the (potential) impact of Belgian international health policy, considering the rapidly changing contexts. (See some ideas about this under “Policy recommendations”).

## SUSTAINABILITY

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
				B+								
Sustainability	<b>Evaluation questions</b> <ul style="list-style-type: none"> <li>- How great is the financial and technical sustainability of the methods, the instruments and/or materials which were developed in the context of the intervention?</li> <li>- Are the conditions met to consolidate the effects of the applied strategy also after the end of the intervention? (e.g. participation and involvement of target groups/intermediary actors, multiplication, embedding in existing organisations, creation of a support base, integration in policy etc.)</li> <li>- Do the partners (intermediate actors/multipliers/parties involved) and/or the target groups have the necessary capacities to take the initiative for the intervention and/or take responsibility for the results after the intervention?</li> </ul>											
	<b>Conclusion</b> The conditions for the financial and technical sustainability of the outcome are fulfilled. The programme also generated sufficient knowledge transfer and capacity development, even if some parts of the policy support work seem to be very dependent on individuals that cannot											

	easily be replaced in case of unforeseen unavailability. Furthermore, there is still some room for improvement with regard to the applied strategy for sustainability, linked to the policy support work being effectively translated into policy.
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The conditions that must be fulfilled so that the effects of the programme can continue to exist after its end can be divided into the following categories: financial and technical sustainability, the applied strategy for sustainability and capacity development. Environmental sustainability is discussed under §7. The table below gives an overview of the extent to which these conditions were met.

Condition	Relevant elements	Assessment
<b>Financial and Technical sustainability</b>	<p>A couple of elements can be cited to illustrate the technical sustainability of the outcome.</p> <ul style="list-style-type: none"> <li>- Multi-usability and upcycling of existing resources (e.g. research, newsletters or publications feed into technical briefs for policy advice)</li> <li>- Collective use of databases (e.g. QUAMED, Be-cause Health) and digitalized knowledge management tools (e.g. the IHP newsletter)</li> <li>- Strategical partnerships and networks that strive for diversified funding and autonomy from ITM (e.g. Emerging Voices and Afrafra).</li> </ul>	Condition fulfilled
<b>Applied strategy for sustainability</b>	<p><b>Embedding in existing organisations:</b> having an ITM liaison officer directly embedded in DGD is very useful and serves the continuity of relationships, confidence and accumulated expertise. However the dependence on this liaison officer also implies some continuity risks to be further mitigated.</p> <p><b>Integration in policy:</b> ITM strives for policy measures that translate its positions and knowledge into real sustainable change (albeit the effectiveness of this depends on the actual policy measures and outcomes that are based on the policy support provided by ITM, and this is not always very clear – see above under “Effectiveness”)</p> <p><b>Creation of a support base:</b> with health-professional networks created by or linked to ITM taking on lives of their own (e.g. Afrafra, Emerging Voices).</p>	Condition partially fulfilled
<b>Knowledge transfer and capacity development</b>	<p><b>Participation and involvement of target groups and partners:</b></p> <ul style="list-style-type: none"> <li>- ITM organises training activities through the Emerging Voices initiative, a spin-off of the IHP Network.</li> <li>- ITM closely collaborates with its partners in networks and fora such as Be-cause Health, Afrafra and Quamed.</li> </ul> <p><b>Knowledge transfer:</b></p> <ul style="list-style-type: none"> <li>- Even if there is no (need for a) specific knowledge management system that capitalises the knowledge</li> </ul>	Condition mainly fulfilled

	<p>assembled or generated while responding to policy requests, the information remains easily accessible as it is either extracted from already existing and available knowledge, or afterwards disseminated through Be-Cause Health, publications, scientific fora, etc.</p> <ul style="list-style-type: none"> <li>- Some of the expertise within ITM is exclusively linked to the individual expert or researcher. As regards the policy support work, this means that the hypothetical departure or unavailability of such an expert leaves an irreplaceable gap in the policy support ITM has to offer on short term. If that seems an unavoidable risk to take for the very specific “niche” experts, it might be avoidable for the less specific, more “transversal” positions within the policy support work (such as the liaison officer, the IHP newsletter editor, etc.). For these positions, it might be worth looking into a back-up system that makes the continuity and sustainability of the work less dependent on the availability of individual persons.</li> </ul>	
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## IDENTIFICATION OF SUCCESS STORIES OF ITM’S POLICY SUPPORT

### STORY OF CHANGE 1: AFRAFRA (FRANCOPHONE AFRICA & FRAGILITY NETWORK)

**Actor:** Afrafra (Francophone Africa & Fragility Network) – *see also description of Afrafra under chapter “Outcome 2 – Efficiency”*

**Area of change:** universal access to quality health care, networking for global health policies

**Nature of the change:** slow but certain mentality shift towards cross-border and multi-disciplinary thinking about public health in conflict areas / concrete change e.g. policy support during COVID-19 crisis or care of IDPs

**Time and place:** since 2019, in Mali, Burkina Faso, other western African countries

**Contribution analysis:** The contribution of **ITM is strong**.

Even if the Afrafra network is quickly evolving towards an autonomously functioning network and the changes that take place often see no direct involvement of ITM, ITM’s contribution to the collective impact of the network is strong. The Afrafra network was originally an initiative launched and financed by ITM, is mainly based on the ITM alumni network, and is supported in its day-to-day work by a (*often more than*) fulltime person within ITM.

Many ITM alumni now have rather high positions at health authorities in their respective countries, which leverages the potential impact of the network. That a network outgrows its initial members (with new members including journalists, socio-anthropologists, students, frontline health workers,

health authorities) and acquires an autonomous way of functioning (and in the case of Afrafra even an own office with juridical status in Bamako) is a positive evolution and doesn't render the contribution of ITM less worthy.

#### **Identification of lessons learned for ITM:**

- The big and ever-growing alumni network of ITM is one of its biggest assets and should be further capitalized in global networking and cross-border cooperation and potentially in other regions
- There is a definite win-win potential between this kind of networking and policy support in Belgium (*see also policy recommendations*)

#### **STORY OF CHANGE 2: INTERNATIONAL HEALTH POLICIES NETWORK**

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**Actor:** IHP (International Health Policies) Network – *see also description of IHP under chapter “Outcome 2 – Efficiency”*

**Area of change:** international / global health policies, universal access to quality health care, networking for global health policies, decolonize global health movement

**Nature of the change:** awareness raising, behavioural and mentality change, policy change away from the “mainstream” global health governance and towards a more integrated global health movement (decolonizing global health, integrating voices from the global South, women, etc.), with more focus on issues like e.g. global health financing, access to medicines (more focus on regional manufacturing & capacity), pandemic preparedness & response (see e.g. Pandemic treaty discussions), planetary health, One Health, etc.

**Time and place:** since 2017, Africa and globally (global health governance)

**Contribution analysis:** The contribution of ITM is rather strong.

The IHP Newsletter on global health policy reaches over 5.000 subscribers and is a unique weekly digest of the most important global health policy trends and changes. Even if reforming the mainstream global health governance implies a complete paradigm shift and is a slow and difficult process, the IHP Newsletter contributes by raising awareness (including among Belgian and international highly placed global health officials) and by giving a voice to contributions from the global South (a.o. through Emerging Voices).

#### **Identification of lessons learned for ITM:**

- Awareness-raising is a slow process but benefits from an established reputation and network.
- The IHP activities have the potential to influence policy support / policymaking. (*Some policymakers indeed expressed great enthusiasm about the newsletter but highlighted that impact could even be bigger if more focused on concrete priorities that deserve policy attention.*)

**Actor:** DGD, Belgian government

**Area of change:** local vaccine production, access to medicines as policy priorities in development cooperation

**Nature of the change:** political prioritization, Belgian financing (EUR 8 million) of an mRNA-tech-transfer hub in South-Africa (+other projects supporting local pharmaceutical knowledge and production in Senegal and Rwanda)

**Time and place:** 2021-2022, Belgium and partner countries in Africa

**Contribution analysis:** The contribution of ITM is very strong.

With the outbreak of the COVID-19 pandemic, a renewed political focus emerged on the themes of access to medicines and the local production of medicines and vaccines within the broader context of Belgian development cooperation. According to DGD, ITM's expertise, policy support and networks (e.g. QUAMED) were extremely useful in this context, and ITM had and continues to have a strong influence on the policy process in this field.

One of the main Belgian "flagship" initiatives in this context, i.e. the financing of an mRNA-tech-transfer hub in South-Africa that focuses on developing a patent-free COVID-19 vaccine. This initiative, for which the Minister of Development Cooperation Meryame Kitir travelled to South-Africa herself in February 2022, could be launched thanks to the very sound and swift feedback ITM was able to give on the financing proposal. DGD acknowledges that such subject matter advice is crucial for policymakers to take decisions on risk management and due diligence when deciding whether to finance such important (but often risky) projects.

**Identification of lessons learned for ITM:**

- Alignment with and good understanding of policy priorities in quickly changing political contexts is key to having impact.
- Capability of setting the scene: i.e. analyse the problem and propose the solutions (ITM's contribution was huge because DGD lacked the expertise).
- Flexibility needed to provide quick and very concrete feedback on policy decisions, and ability to mobilize different experts on different levels very quickly.
- High added value of the networks ITM is a part of (importance of collective impact)
- Challenge: very time & energy consuming to deliver this kind of tailor-made support. Even if the financial framework with DGD covers these kinds of interventions, the visibility of the huge efforts ITM invests in it could be better (improve communication!).

OUTCOME 3 – THE GENERAL PUBLIC IS BETTER INFORMED ABOUT TROPICAL MEDICINE AND INTERNATIONAL HEALTH TOPICS

RELEVANCE

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
		A										
Relevance	<p><b>Evaluation questions</b></p> <ul style="list-style-type: none"> <li>- <i>What is the relevance of the outcome, taking into account any changes that have occurred over the past years in the external context (country/partner/Covid-19 pandemic/etc.) or within the organisation (global and/or at country level, in terms of HR, institutional and/or financial)?</i></li> <li>- <i>To what extent did these changes have an impact on the relevance of the intervention, and how was this handled?</i></li> <li>- <i>Has the intervention contributed as planned to the strategic objectives of the JSF (Joint Strategic Framework)?</i></li> </ul> <p><b>Conclusion</b></p> <p>While this outcome is not a traditional global citizenship education programme, the programme is still fully in line with the Belgian government's development education strategy paper (DGD) and is aligned with the common strategic objectives C.1 and C.3 of the JSF Belgium 2017-2021. The Covid-19 pandemic made the outcome even more relevant, especially the focus on a systemic perspective of global health (interconnectedness), as depicted for example in the documentary series 'Besmet' that was broadcasted on national television.</p>											

**Relevance at the start of the programme**

While the outcome is not a traditional global citizenship education programme, the programme is fully in line with the Belgian government's development education strategy paper (DGD) and is aligned with the common strategic objectives C.1 and C.3 of the JSF Belgium 2017-2021.

C.1: Informing, sensitizing, raising awareness and/or mobilizing residents of Belgium for the benefit of a world that is just, solidary, sustainable and no longer unequal

C.3: Strengthening (informing, raising awareness, raising awareness and/or mobilising) and/or cooperating with intermediary actors with a view to a world that is just, solidary, sustainable and no longer unequal

D1: Strengthening the recognition of our expertise by our target groups

ITM focuses its sensitizing efforts around tropical medicine and global health, as well as changing North-South relations (switching the poles) and interconnection, thereby explaining that the (right to) health of all, worldwide, is linked to one another.

**Relevance of the programme in the light of a changing context**

The main change in context that took place during the course of the programme is the COVID-19 pandemic. The pandemic made the message and sensitising activities of ITM even more relevant.

Especially the focus on a systemic perspective on the pandemic as depicted for example in the documentary series ‘Besmet’ that was broadcasted on national television. The changing context and the focus on pandemics were integrated in several of the already scheduled activities.

- Besmet documentary series: in consultation with the production company, ITM decided to incorporate the activities of ITM related to the COVID-19 pandemic as a storyline in the series.
- Earthlings and EDUbox: ITM underlined the importance to adapt its offer to the increased attention for pandemics. In their annual report of lessons learned they stated the following.

*The COVID-19 crisis turned the entire global health system upside down. The pandemic will affect our lives for years to come and will not soon be forgotten. It is strongly recommended to include pandemic related topics in one of the packages. In addition, it is important to critically review the existing packages and determine whether they could use an update.*

- Journalists in residence programme: Due to the COVID-19 crisis, the activity needed to be organised remotely in 2020 and 2021. One of the journalists that participated in 2021 stated that even though face to face interaction is to be preferred for this kind of programme, the experience nevertheless allowed him to work on his topic of investigation, exchange with others and develop other opportunities to improve his skills.

**EFFICIENCY**

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
			A-									
Efficiency	<p><b>Evaluation questions</b></p> <ul style="list-style-type: none"> <li>- To what extent are inputs managed in a cost-efficient way?</li> <li>- To what extent are the intended processes and all types of activities implemented within the time envisaged?</li> <li>- How has the pandemic affected efficiency (budget reallocations, spending in timely manner, in or decreases of specific types of spending) and how could we potentially act faster in the future?</li> </ul>											
	<p><b>Conclusion</b></p> <p>The efficiency of the outcome is evaluated as very good. Primarily the adequate use of strategic partnerships with complementary actors and attention for digital solutions and the willingness of ITM to assure flexibility during the programme implementation phase can be cited as factors that foster the cost-effectiveness of the outcome.</p>											

Efficiency is the extent to which the intervention has produced results in an economical, responsible and timely manner. In addition, the extent to which the lessons learned have been applied within the outcome and the synergy with other actors within the outcome.

## Resources

**The overall budget for outcome 3 is 800.000€.** €375.000,00 for costs of activities and €425.000,00 for personnel. With regard to the cost-effectiveness of the implemented activities:

- **EDUbox:** collaborative project with other partners. The complementarity between partners made the implementation of the intervention more cost-efficient.
- **Journalist-in-residence project:** in 2020 and 2021 remote digital editions of the programme were organised, this impacted the cost of travel and stay which made for a more cost-efficient result even taking into account that there were less (informal) opportunities for participants to exchange with ITM experts and other participants.

## Segmented activities per target group connected through a common message

The activities under outcome 3 are segmented towards specific target groups. However, the internal coherence of the outcome is assured because all activities are structured around 1 common key message on Global Health and interconnectedness. Within the scope of this evaluation, it is not possible to provide a detailed analysis of all type of activities in terms of efficiency. The evaluation team opted to focus here on one type of activity: the journalists-in-residence programme because it is an activity that evolved considerably over the course of the programme and because it is an activity that contributes to both of the results of the logical framework for outcome 3. As such the activity had a pivotal role in the programme materialising the Switching the Poles concept on which the programme was built. Other key activities such as the documentary series Besmet, the EDUboxes, ITM communication activities are covered elsewhere in the evaluation report.

Each year ITM invites one or more journalists from Africa, Asia or Latin America for a residency of several weeks. During the residency, the journalists deepen their understanding of tropical medicine and global health issues, have time to explore diverse areas or delve deeply into a single topic and have the opportunity to connect with researchers working at ITM. They are also welcomed to participate in a variety of scientific meetings, seminars and other learning experiences. During and after their stay the journalists report on topics of key concern to the target public in their home country. They are also invited to write about changing North-South relations. The journalists in residence are selected each year through a selection procedure. As with other activities, the COVID-19 pandemic affected the organisation of this initiative in 2020 and 2021, both editions were organised remotely. Applications for these editions were lower than in previous years.

Both consulted participants of the programme report that they were overall satisfied with the programme and that they would recommend it to others as a great learning experience. As main strengths, one of the respondents that visited ITM in Antwerp mentioned the exchange with and guidance from ITM researchers and the opportunity to bond with other participants of the journalists in residence programme. ITM also highlighted the importance to share the experience in the 2020 lessons learned reported to DGD.

*“We drew the lesson that it is better to have the two visiting journalists present during the same period. As seen in previous years, we noticed they often rely on each other to exchange good practices and information, and to keep each other company, which helps to cope with the new situation.”*

Even though overall satisfaction of the participants is high, a respondent having participated remotely mentioned that administration and communication with ITM in preparation of the residency and in

the aftermath did not always run smoothly. They also found that some experts were not always available to exchange.

The direct output of the journalists in residence programme is notable.

- 2021: 4 journalists took part in the online ITM Colloquium. The journalists in question interviewed a number of speakers and several other experts from ITM, and wrote 8 articles on the basis of these interviews, both for the ITM website and the media outlets in their home country.
- 2020: ITM organised a remote residency linked to the yearly ITM colloquium also organised remotely in 2020. A journalist from the Philippines was selected. She reported on the influence of the COVID-19 pandemic on mother and childcare and wrote articles for the ITM website and Philippine media.
- 2019: ITM invited two journalists-in-residence from Kenya and Zimbabwe. The journalists from Kenya focused mainly on science and health with a special focus on taboo health topics. During her time at ITM, she made a podcast and wrote articles about HIV and prep and drug resistance to TB. The journalist from Zimbabwe wrote about sustainability, climate, science and health for SciDev.Net, Reuters, etc. During his stay at ITM he wrote about the treatment of chikungunya.
- 2018: ITM invited 3 journalists from Cambodia, Indonesia and Venezuela. The journalist from Cambodia wrote for Voice of America and focused on antibiotic resistance. The journalist from Venezuela is a seasoned correspondent for SciDev.net and El Nacional, a national newspaper of Venezuela and wrote about malaria. The journalist from Indonesia is an experienced science journalist who works for CNN Indonesia. She wrote an illustrated long read about dengue, which accounts for more than 1200 fatalities per year in Indonesia.
- 2017: ITM invited 4 journalists-in-residence to Antwerp on the occasion of the European Congress on Tropical Medicine and International Health. They included a radio and TV journalist working for a pan-African health programme, whose stories about recent developments in the medical sciences have reached thousands of people across Africa. A print journalist from Zimbabwe reached people with stories about the link between environment/climate and health. A South African journalist did in-depth research for feature stories, while a journalist from Pakistan worked on a documentary on the quality of medicines.

A couple of mid to long term effects of the journalists in residence programme were also identified. Respondents state that the programme changed their perspective and encouraged them to be more confident to continue looking for opportunities and elevate their own career. Through their exposure to international experts participating journalists were able to inform communities in Belgium and in their countries about pressing health issues.

At the time of this evaluation it is not yet clear if the activity can be continued by ITM in the next years since DGD funding for ITMs Global citizenship education initiatives seized. To further improve the activity it is recommended for ITM to try to establish a connection with the journalist in residence that can continue after the programme has ended to increase sustainability of the positive results.

## The importance of flexibility

As already reported by ITM, as part of its 2020 lessons learned, ITM recognises the importance of flexibility during the implementation of the programme.

*In December 2020, the documentary series 'Besmet' (Infected) was launched, focusing on the major health challenges of the future. In consultation with VRT and Geronimo, it was agreed that ITM may use fragments from the series for educational and informative purposes. There are numerous possibilities to incorporate fragments of Besmet in the [educational] packages. Due to social developments, the packages may become somewhat outdated. It is important to set up the packages in a flexible way so that you can make adjustments along the way if necessary.*

Adopting a flexible approach allowed ITM to be responsive towards changes in the context while keeping in mind the predefined results. Ultimately this allowed ITM to produce results in an economical, responsible and timely manner.

## Synergy

In order to increase its efficiency ITM opted to look for partners that could complement their scientific expertise: production companies, broadcasters and press, youth organisation JCW (Jeugd, Cultuur & Wetenschap), etc. These synergies have proven their added value for the specific activities. Synergy with other organisations of the JSF Belgium 2017-2021 was rather limited during the implementation of the programme. The programme, and more specifically the activities targeted at students could have benefited from a collaboration with a Belgian global citizenship education actor for the distribution, coaching and guidance of teachers and monitoring of effects.

## EFFECTIVENESS

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
				A-								
Effectiveness	<b>Evaluation questions</b>											
	<ul style="list-style-type: none"> <li>- <i>To what extent are the outputs achieved and of good quality?</i></li> <li>- <i>What is the likelihood that the specific objective will be achieved given the progress made to date?</i></li> <li>- <i>Was the manner in which outcomes adapted to the COVID-19 pandemic effective?</i></li> </ul>											
	<b>Conclusion</b>											
Based on the indicators, the effectiveness of the outcome is evaluated as very good. However, it is worth noting that there is only one outcome indicator and while it is a good indicator to monitor if the general public is better informed on tropical medicine and international health topics, the indicator is insufficiently suitable for measuring the direct and indirect effects of the programme for the target audiences and beneficiaries and to truly assess in what way the Belgian public is better informed.												

Effectiveness is about the extent to which the specific objective/outcome has been achieved. The outcome was formulated as follows in the programme. **The general public is better informed on tropical medicine and international health topics.**

Indicator	Progress	Assessment
Indicator 1: Estimation of public reached	Baseline: 1.000.000  2021: 2.400.000.000 potential reach (approximate number of article views ITM appeared in. Source: Meltwater)	The 2021 indicator score widely surpasses the 2021 target. This was also the case for 2020 (14.000). The pandemic and the increased attention for Global health can be cited as an explanatory factor of this result. But this does not withstand the fact that ITM effectively managed to make best use of the changing context to reach more people of the general public. Based on this indicator the outcome has been reached.

**Note:** There is only one outcome indicator on reach; while it is a good indicator to monitor if the general public is better informed on tropical medicine and international health topics, the indicator is insufficiently suitable for measuring the direct and indirect effects of the programme for the target audiences and beneficiaries and to truly assess in what way the Belgian public is better informed. Being exposed to a message does not necessarily mean that the receiver of the message is better informed. Moreover, it can be questioned whether the specific objective is sufficiently ambitious. Typical global citizenship education programmes would also include changes in the way target groups increase their understanding of a subject, change their attitudes towards the subject and take individual or collective action as a result of the intervention. While a population wide survey to gather insights to the understanding of the general public on Global Health can not be justified in terms of cost-efficiency, ITM could move towards selected mapping of effects among key targeted audiences for instance users of EDUboxes, visitors of the website.

Furthermore, ITM also did not specify how a better-informed general public in Belgium contributes to the strategic goal set out by ITM in the ToC.

*The strategic goal is improving health and health equity in the world, especially in low and middle income countries. It requires complex and evidence-based technical and societal processes, led by multidisciplinary scientists and experts in varying socio-political, cultural and economic contexts. (...) In the field of global citizenship education, the aim is to increase the awareness of the general public, politicians, professionals and other stakeholders about the importance of world-wide equitable health and the fight against tropical diseases in a global context. In addition, we aim to convey the role of scientific and technological advances as well as of strong, equitable health systems in the South and in*

*the North. Part of the efforts will gear at capacity strengthening in communication staff at our partner institutions. More generically, we will also highlight the need and the timeliness to "further shift the poles" in development cooperation and to re-invent the concepts and mechanisms of future collaboration in global health.*

The results as formulated in the logical framework contribute to the achievement of the specific objective. The indicators of the logical framework are quantitative and mainly focused on output and reach.

**Result 1: The Belgian public and citizens in partner countries have received information about ITM projects on key tropical medicine and international health topics**

Indicator	Progress	Assessment
Indicator 1: ITM press clippings on DGD projects are taken up by national and international media	2021: 23, 2020: 75, 2019: 39, 2018: 31, 2017: 68  The series 'Besmet' reached 220.000 viewers per episode – and a total market share of 8%. In response to the launch of the series, ITM also received media attention from other media outlets and appeared in 49 media outlets in total.	The indicator score for all years exceeds the target for Y5. The results do not follow a logical curve but are volatile which is to be expected within the media environment and given changes in context. The indicator scores should be monitored on a cumulative basis from year to year.
Indicator 2: Web hits on ITM's pages on development cooperation	Unique visitors: 2021: 5013, 2020: 2578, 2019: 8719, 2018: 4060, 2017: 8756	As for indicator 1, we notice a volatile pattern between years. The number of unique visitors does not correspond with the original formulation of the indicator: number of web hits. Therefore, the predefined targets for the indicator should not be taken into account. Which makes the indicator less useful to assess progress towards attaining result 1.

**Result 3.2 The Belgian public has received information about new ways of North South collaboration ("Switching the Poles")**

Indicator	Progress	Assessment
Indicator 1: Press clippings on new ways of North-South collaboration are taken up by national and international media	Press clippings on new ways of North-South collaboration  2021: 21, 2020: 17, 2019:4, 2018: 6, 2017:6	The indicator score for all years exceeds the target for Y5. The results do not follow a logical curve but are volatile which is to be expected within the media

		environment and given changes in context.
Indicator 2: Web hits ITM's pages on "Switching the Poles"	2021: 2975, 2020:1759, 2019:1269, 2018: 1362, 2017: 1119	Contrary to other indicators we notice a logical increase in number of unique web hits. The 2021 score exceeds the target for year 5. However, ITM reports a decrease in the time visitors spend on the page.

## IMPACT

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
					B							
Impact	<b>Evaluation questions</b> <ul style="list-style-type: none"> <li>- <i>To what extent has the intervention generated or is likely to generate enduring changes in systems, norms, people's well-being, human rights, gender equality or the environment?</i></li> </ul>											
	<b>Conclusion</b> Measuring the impact of global citizenship education actions requires a specific methodological approach (a longitudinal approach, identification of sustainable changes at collective and individual level) that significantly surpasses the scope of this evaluation. However, a couple of indications for impact could be identified as a result of the interventions. Given the increase in reach of ITM's communication activities, there might be an important impact on the perception of the pandemic at the level of the general public. Since there are no monitoring data available, no conclusive statements can be made to this point.											

Measuring the impact of global citizenship education actions requires a specific methodological approach (a longitudinal approach, identification of sustainable changes at collective and individual level) that lays outside the scope of this evaluation. Moreover, as already mentioned under effectiveness, indicators on change in attitudes and behaviour were not included in the logical framework for the outcome.

The multiplier strategy for impact has not been consistently applied in the ITM programme. In general, 2 type of activities can be identified: activities targeted for the general audience and activities targeted at intermediary actors. The table below provides an overview of these activities and describes the potential and indications for impact that have been identified.

Activities	Potential for impact	Indications of impact
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Targeted at general public: website, press, documentary Besmet (Switching the poles)	Moderate due to <ul style="list-style-type: none"> <li>- Scale of the general public</li> <li>- Investments needed</li> <li>- What can be expected in terms of impact for the general public for this type of intervention has not been defined</li> </ul>	<ul style="list-style-type: none"> <li>- Reach and timing (relevance in pandemic) of documentary series Besmet</li> <li>- Limited data on viewers satisfaction and effects of the series are available</li> </ul>
Targeted at intermediary actors: journalists in residence, EDUbox/Earthlings	High if conditions apply <ul style="list-style-type: none"> <li>- Activities targeted at and adapted to intermediary actors</li> <li>- Adequate selection of intermediary actors</li> <li>- Coaching and guidance available</li> </ul>	<ul style="list-style-type: none"> <li>- Satisfaction of users EDUboxes</li> <li>- Satisfaction of participants journalists in residence programme</li> <li>- Publications as a result of the journalists in residence programme</li> <li>- Limited information on the effects of the interventions</li> </ul>

The table above shows that indications for impact can be identified for both activities targeted at the general public and activities targeted at intermediary actors. Given the overall increase in reach of ITM's communication activities partly as a result of the COVID-19 pandemic, there might be an important impact on the perception of the pandemic at the level of the general public. Since there are no monitoring data available, no conclusive statements can be made to this point.

## SUSTAINABILITY

	Very good			Good			Weak			Very weak		
	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-
					B							
Sustainability	<b>Evaluation questions</b> <ul style="list-style-type: none"> <li>- <i>How great is the financial and technical sustainability of the methods, the instruments and/or materials which were developed in the context of the intervention?</i></li> <li>- <i>Are the conditions met to consolidate the effects of the applied strategy also after the end of the intervention? (e.g. participation and involvement of target groups/intermediary actors, multiplication, embedding in existing organisations, creation of a support base, integration in policy etc.)</i></li> <li>- <i>Do the partners (intermediate actors/multipliers/parties involved) and/or the target groups have the necessary capacities to take the initiative for the intervention and/or take responsibility for the results after the intervention?</i></li> </ul>											
	<b>Conclusion</b>											

	The conditions for the financial and technical sustainability of the outcome are fulfilled. The programme also generated sufficient knowledge transfer and capacity strengthening. However, there is still room for improvement with regard to the applied strategy for sustainability in general and more specifically regarding embedment of the activities in existing organisations.
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The conditions that must be fulfilled so that the effects of the programme can continue to exist after the end of the programme can be divided into the following categories: financial and technical sustainability, the applied strategy for sustainability and capacity strengthening. Environmental sustainability is discussed under §7. The table below gives an overview of the extent to which these conditions were met.

Condition	Relevant elements	Assessment
<b>Financial and Technical sustainability</b>	<p>A couple of elements can be cited to illustrate the technical sustainability of the outcome.</p> <ul style="list-style-type: none"> <li>- Multi-usability and re-usability of communication materials for other communication purposes.</li> <li>- Focus on digital communication materials that can be reused online on different channels (social media, website, etc.).</li> <li>- Strategical partnerships that exceed the duration of the programme.</li> </ul>	Condition fulfilled
<b>Applied strategy for sustainability</b>	<p><b>Multiplication:</b> EDUbox: presentation of the EDUboxes on different portals such as Klassement, the key portal site for educational materials for secondary school teachers, and through VRT, the Flemish national broadcast.</p> <p><b>Embedding in existing organisations:</b> While the EDUboxes provide teachers the necessary tools to introduce subjects of global health in the class, the EDUboxes are not part of a broader global citizenship education strategy to introduce these themes in the schools (for example by coaching or guiding teachers). They are however in line with the strategic goals set for Flemish secondary education, and developed by a team of educational experts at VRT.</p> <p><b>Integration in policy:</b> The interventions under outcome 3 are integrated into the broader, multiannual ITM communication strategy which facilitates the sustainability of the outcome.</p>	Condition partially fulfilled

	<p><b>Creation of a support base:</b> In response to the COVID-19 pandemic, Global health has found its way to the limelight. It is not clear to what extent this increased attention for Global Health topics also has widened the support base for ITM.</p>	
<p><b>Knowledge transfer and capacity development</b></p>	<p><b>Participation and involvement of target groups and partners:</b></p> <ul style="list-style-type: none"> <li>- ITM organised activities to train communication staff of partner institutes on communication &amp; media relations. Staff of partner institutions was invited to ITM to exchange on communication tools and strategy.</li> <li>- ITM closely collaborates with its partners and aligns the message in their communication to assure that the message includes their perspective.</li> </ul> <p>The journalist in residence programme is a prime example of capacity development both ways (switching the poles). The journalists were assigned to ITM staff related to the topic they were investigating. The participants of the journalists in residence interviewed for the purpose of this evaluation were satisfied with the received coaching and guidance during their residence. One of the interviewees also appreciated the opportunity to develop a professional network with ITM and other journalists.</p>	<p>Condition fulfilled</p>

## 5. TRANSVERSAL ASPECTS

### COHERENCE BETWEEN OUTCOMES

While key messages of ITM's vision: 'interconnectedness of Global Health' and 'Switching the poles' run transversally through the 3 outcomes, the external evaluation team considers that the programme is constructed from the perspective of complementarity rather than synergy. This was confirmed by ITM. Next to a shared message the evaluators did observe concrete cases of coherence between the outcomes of the Belgium programme. However, this coherence could go way beyond such "occasional" exchange of information and knowledge or collaboration. The coherence could be much stronger by systematic exchange of knowledge and experiences between outcomes. This in turn could increase overall sustainability of the programme and the potential for lasting impact.

However, there is synergy between the Alliance component and the country programmes through scholarships and mobility grants. Since the country programmes were outside the scope of this evaluation, these linkages were not specifically included in the present assignment. Looking at the use of the scholarships and mobility, we can state that a given amount of synergy between outcome 1 and the country programmes exists. The same can be said for the two other outcomes, where information flowing from the country programmes either fed into policy advice, or into ITM's external communication. There is however still room for improvement in the flow of communication between country programmes and ITM's policy offices.

### GENDER

In the course of the programme, ITM implemented a number of measures to improve gender equality evolving towards a gender mainstreaming approach.

- Gender is a selection criterium for journalists-in-residence and press trip participants;
- Message and characters in the documentary series *Besmet*;
- Content and messaging through a gender lens;
- Assuring an equal role in decision making;
- Assuring equal participation in provision of policy advice and participation to (international) fora such as the colloquium
- Gender sensitive indicators: applying a (binary) gender balance to relevant indicators . For the programme 2022-2026, ITM evolved towards a non-binary gender balance.

The presented measures cover the main components of a gender mainstreaming strategy. However, it would require a different evaluation method to assess the effects of ITM's gender mainstreaming approach. The evaluation team recognises and supports ITM's decision to move away from the binary logic on gender, which is still at the forefront of gender discourse in development cooperation despite longstanding scientific evidence and literature to the contrary. Moreover, ITM could explore the merits of an intersectional approach which would allow ITM to integrate more effectively activities centred around gender and decolonisation while creating a shared narrative with ITM's partner institutions.

## ENVIRONMENT

The integration of Environment as a transversal theme in the programme is centred around the impact of climate change on global health. The theme was covered in the documentary series *Besmet* and the developed EDU boxes and is also present in the narrative of interconnectedness put forward by ITM in its communication and global citizenship education interventions.

Specific interventions include

- Awareness raising on the impact of climate change on global health among various target groups.
- Interconnectedness as the key message of ITM's communication strategy.
- Highlight individual and collective responsibility in mitigating effects of climate change on global health.
- Shift to virtual and remote organisation of activities when possible. Experiences with digital solutions have been explored in the response to the COVID-19 pandemic for instance for the journalists in residence programme and have been evaluated satisfactory.
- ITM annually measures the CO2 footprint of all its activities via a calculation module.

Additionally, in its new five year programme a specific network was added focusing on Health, Urbanisation and Climate Change.

## 6. CONCLUSIONS

<b>Outcome 1 Academic capacity for health is strengthened through improved quality in education and access to postgraduate education and training</b>	
<b>Relevance</b>  <b>Score A</b>	<p>ITM's educational activities are definitely relevant, as students learn relevant and useful skills for their professional practice and capacity to add value in the fields of public health and tropical medicine worldwide.</p> <p>ITM's outreach, the diversity of the programme participants and increased opportunities for peer-learning enables students to gain soft skills and practical skills, which are essential for students, educators, and employers in the fields of public health and tropical medicine. Through the wide range of courses offered at ITM and the modular structure, the educational activities are relevant to different students with different needs.</p>
<b>Efficiency</b>  <b>Score A</b>	<p>The efficiency of the outcome is evaluated as very good. The social return on investment of funds and appropriate channelling of the resources are clear indications of efficient financial management. The use of hybrid and online education strategies to adapt to the changing context of travel restrictions, using the online forums to motivate alumni networking and presentation of their work are also factors that contribute to the cost-effectiveness of this outcome.</p>
<b>Effectiveness</b>  <b>Score A</b>	<p>The number of education collaboration projects with South partners developed at a slower pace than expected. A number of initiatives was put on hold or postponed due to the COVID-19 situation but – digital – alternatives were implemented.</p> <p>The broadening of the definition of ITM alumnus for the award of "individual PhD scholarships", to improve quality and competitiveness in the DGD supported PhD scholarship programme yielded its first results. Three strong candidates were admitted under this broader definition in 2020. ITM can thus claim that they see positive effects of the change in application criteria.</p> <p>The scholarship programme is producing the expected outputs, which will contribute to reaching the specific objective.</p> <p>Graduation rates are also as expected (above 90%). In the educational collaboration with partners, ITM observes a shift from joint course development initiatives to staff / lecturer exchange and towards more online or virtual interaction. The development (both quantitatively and qualitatively) of both types of collaboration is a promising dynamic process.</p>
<b>Impact</b>	<p>ITM contributes to long-lasting connections between graduates and staff to strengthen formal and informal networks for lifelong learning, exchange and belonging. As a result,</p>

<b>Score B+</b>	on an impact level, graduates have the potential to act as agents of change in fields of tropical medicine and public health, but this is dependent on the connections and support that they have from their organisations.
<b>Sustainability</b> <b>Score B</b>	<p>The fact that sources of additional funding for scholarships are limited and that students have difficulties to partially self-fund their studies at ITM, (2020 comment: together with the risk of an economic recession due to the COVID-19 pandemic), does not contribute to financial sustainability. Even if the number of co-funded scholarships increased in 2021, capacity strengthening through education in international and global health will stay highly dependent on DGD scholarships.</p> <p>On the other hand, the offer of hybrid/online courses positively influenced the financial sustainability, offering students the choice to (partially or fully) follow courses from their home setting.</p> <p>The Alliance projects aimed at fostering long term sustainable collaborations and continued capacity strengthening in education. Although slow to develop, because labour intensive, the progress is evident. Academic staff exchange, developing faster and faster by adopting a virtual mode, has had a cumulative effect on capacity strengthening in education.</p>
<b>Outcome 2 - Belgian and global policies for better health are supported through collaborative knowledge production, management and advocacy</b>	
<b>Relevance</b> <b>Score A-</b>	<p>During the first few years of the 2017-2021 programme, ITM's "policy support" struggled to maintain its relevance in a context marked by temporarily reduced political interest and by a diminishing number of health experts - which also meant a diminished attention for health issues - within DGD.</p> <p>In response, ITM managed to broaden its target audience and support other sections of DGD, the Ministry of Foreign Affairs and the Ministry of Health on a number of highly relevant topics on the international health agenda. With the outbreak of the COVID-19 pandemic, the policy support and expertise provided by ITM regained its relevance in full force, not only addressing DGD but several services of the Belgian government.</p>
<b>Efficiency</b> <b>Score A-</b>	The efficiency of the outcome is evaluated as very good. Primarily the adequate use of strategic partnerships with complementary actors and in networks, as well as the attention for leveraging and upcycling existing resources (existing research, networks, IHP newsletter, etc.) as policy input can be cited as factors that foster both the efficiency and the cost-effectiveness of the outcome.
<b>Effectiveness</b> <b>Score A-</b>	Vis-à-vis the performance indicators set in the programme planning, the effectiveness of outcome 2 ("policy support") is evaluated as very good; the expected outputs are achieved and of good quality, and the specific objective (outcome) is also reached. The policy support role of ITM has outgrown the ad hoc responses to policy requests and evolved into a more permanent advisory role to DGD and the Belgian government,

	<p>which increases the effectiveness of the policy support work. The expert input and “sounding board” function provided by ITM is very much appreciated by the consulted policymakers.</p> <p>However, there is little evidence that the policy support actually leads to effective policy measures or change. A more systematic monitoring of effectiveness in terms of policy decisions and in terms of policy outcomes is indeed lacking.</p> <p>In spite of the very good effectiveness of the policy support provided by ITM, there is a shared feeling among stakeholders that both the Belgian government and ITM do not yet fully leverage their joint potential to weigh in on the international health agenda.</p>
<p><b>Impact</b></p> <p><b>Score B+</b></p>	<p>The impact (here defined as lasting systemic change in mentalities or actual political paradigm shifts) of policy support and advocacy is generally difficult to measure and ITM’s monitoring system has not focused on policy outcomes or change. However, some structural indicators help to predict whether impact is likely to be generated through the policy and advocacy strategy of an organisation<sup>5</sup>. ITM has indeed some strong assets that might positively contribute to its potential for generating impact; such as globally recognized expertise and a worldwide network of health professionals. Stakeholder feedback indicates that ITM’s policy support does have a solid impact at the Belgian national policy level. Nonetheless, many consulted stakeholders agree that the overall impact of Belgium on the global health agenda remains below its potential; which is also limiting the final impact of ITM’s policy support.</p>
<p><b>Sustainability</b></p> <p><b>Score B+</b></p>	<p>The conditions for the financial and technical sustainability of the outcome are fulfilled. The programme also generated sufficient knowledge transfer and capacity development, even if some parts of the policy support work seem to be very dependent on individuals that cannot easily be replaced in case of unforeseen unavailability. Furthermore, there is still some room for improvement with regard to the applied strategy for sustainability, linked to the policy support work being effectively translated into policy.</p>
<p><b>Outcome 3: The general public is better informed about tropical medicine and international health topics</b></p>	
<p><b>Relevance</b></p> <p><b>Score A</b></p>	<p>While this outcome is not a traditional global citizenship education programme, the programme is still fully in line with the Belgian government’s development education strategy paper (DGD) and is aligned with the common strategic objectives C.1 and C.3 of the JSF Belgium 2017-2021. The COVID-19 pandemic made the outcome even more</p>

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<sup>5</sup> For more information on the topic of measuring the impact of policy support and advocacy work, see the publication by Jim Coe and Rhonda Schlangen from 2019: “[No Royal Road: Finding and following the natural pathways in advocacy evaluation](#)”

	relevant, especially the focus on a systemic perspective of global health (interconnectedness), as depicted for example in the documentary series ' <i>Besmet</i> ' that was broadcasted on national television.
<b>Efficiency</b> <b>Score A-</b>	The efficiency of the outcome is evaluated as very good. Primarily the adequate use of strategic partnerships with complementary actors and attention for digital solutions and the willingness of ITM to assure flexibility during the programme implementation phase can be cited as factors that foster the cost-effectiveness of the outcome.
<b>Effectiveness</b> <b>Score A-</b>	Based on the indicators, the effectiveness of the outcome is evaluated as very good. However, it is worth noting that there is only one outcome indicator and while it is a good indicator to monitor if the general public is better informed on tropical medicine and international health topics, the indicator is insufficiently suitable for measuring the direct and indirect effects of the programme for the target audiences and beneficiaries and to truly assess in what way the Belgian public is better informed.
<b>Impact</b> <b>Score B</b>	Measuring the impact of global citizenship education actions requires a specific methodological approach (a longitudinal approach, identification of sustainable changes at collective and individual level) that significantly surpasses the scope of this evaluation. However, a couple of indications for impact could be identified as a result of the interventions. Given the increase in reach of ITM's communication activities, there might be an important impact on the perception of the pandemic at the level of the general public. Since there are no monitoring data available, no conclusive statements can be made to this point.
<b>Sustainability</b> <b>Score B</b>	The conditions for the financial and technical sustainability of the outcome are fulfilled. The programme also generated sufficient knowledge transfer and capacity development. However, there is still room for improvement with regard to the applied strategy for sustainability in general and more specifically regarding embedment of the activities in existing organisations.

## 7. RECOMMENDATIONS: KEY SUCCESS AREAS AND CRITICAL AREAS FOR IMPROVEMENT

### SCHOLARSHIPS

The financial sustainability pertaining to scholarships could be improved by guiding alumni who could also play a greater role in mobilizing resources / alternatives sources of funding available in their country for co-financing scholarships.

### ALUMNI INVOLVEMENT

While the setting up and development of the alumni platform has been well appreciated and welcomed by alumni, the platform could be more effective and have better outreach with a few additional considerations.

1. The tone of the platform could be more informal to encourage more ease of discussions between the various alumni. This could be done in the form of sub-pages designed to act as informal discussion forums.
2. Additionally, facilitating the set-up of sub-pages for alumni clusters based on specialty, region, country, etc. could encourage networking among alumni with common interests and work spheres.

### POLICY SUPPORT

#### Recommendations for ITM

3. Although the general degree of satisfaction with ITMs policy support work is very high, several stakeholders within the governmental bodies (DGD, Ministry of Foreign Affairs, Ministry of Health) expressed a **wish for a sometimes more concrete, more palpable, or directly useable kind of policy advice** (in addition to the broader policy support). This could be for instance a quick decision to carry out a certain study or mapping that would help DGD in its decision-making process, or some very concrete to-the-point policy advice on an urgent matter that is currently on the agenda. Some of the interviewed stakeholders mentioned that as policymakers in very small teams responsible for a broad range of topics, they often lack the time to translate the big amount of information that ITM provides them with (e.g. through the IHP newsletter, through general exchange of ideas, etc.) into concrete policy advice that can be of immediate use.

Of course, it is up to ITM itself to determine whether this suggestion is realistic and feasible within the current financial arrangement (see also recommendation 5).

4. Develop a **monitoring system** that tracks the **effects and impact in terms of policy decisions and outcomes** of the policy support work. Even if ITM is not setting its policy support agenda completely on its own but in concertation with DGD, looking more into the effectiveness and longer-term impact of the policy work might guide both the Belgian Government and ITM in priority- and agenda-setting on the long run, in order to achieve its own strategic objectives. One possible way would be to conduct a regular 'contribution analysis', as to better understand where the contribution of ITM and other Belgian actors made (or could make) a significant impact. Applying partnership and collective impact paradigms, such analysis helps in prioritising and focussing on areas where Belgian contribution to international health policy

mattered most and/or could be optimised. (Refer also to the specific recommendation on “the concept of collective impact to improve network performance”.)

5. **Renegotiate the budget for policy support to the Belgian Government:** Although the need and demand for policy support is constantly increasing (due to diminishing in-house expertise within DGD and to increasing policy needs due to the pandemic, climate change, etc.), the financial resources budgeted for policy support have not significantly increased for the new framework agreement (FA5 for the 2022-2026 period).

The evaluators encourage ITM to further improve ITM’s capacity to quantify the volume of policy support possible with a given budget and to demonstrate that ITM has already fully optimised and somehow overstretched the support it can provide within the given budget.

ITM, in consultation with DGD and Ministry of Health, could develop a business case for enhanced funding by the Belgian Government of policy support by ITM. An additional budget for direct policy to the Ministry of Health would make sense. Otherwise it will be essential to focus on more stringent priority setting within a scant budget.

6. **New initiatives that leverage the extensive global network of ITM,** are golden opportunities for ITM to capitalize on its existing reputation and to create actual **collective impact**. Afrafra or Emerging Voices, where ITM plays a coordinating and impulse-giving role to foster regional cooperation and create cross-border and multidisciplinary networks addressing health-related issues, are examples of ITM-networks to leverage even more in this perspective. Furthermore, the output of networks like Afrafra can then again be used to **feed into ITM’s policy support work which in turn can become more effective**. This applies not only to health issues and related policy support towards DGD, but also to the work undertaken for the bilateral and multilateral units (DGB B1.4, and DGM) dealing with the widened Sahel region within the Ministry of Foreign Affairs (MFA). This could be a win-win situation, with the MFA gaining on intelligence on the security (and public health) situation obtained directly from the ground by the local Afrafra partners, and ITM being able to put more political focus on “health” as an important aspect of foreign policy.
7. Beside the policy support at DGD / Belgian level, if ITMs strategic objective is to weigh in more significantly on the international health agenda and have a long-term impact, **it might be worth looking into other ways to broaden its “policy support and advocacy” work**, focusing also on actors beyond DGD. For instance, is a more direct cooperation with the Ministry of Health useful and feasible? Or a more “offensive” advocacy strategy directly targeting the political level (through the ministerial cabinets)? What about the regional Belgian governments: can they be usefully fed with policy input within their respective fields of competence? Being based in Belgium also means having easy **access to the EU institutions**. Since the EU is becoming an increasingly influential actor within the WHO and is gaining weight compared to its individual member states, maybe ITM could partly focus its policy support and advocacy efforts on the relevant EU bodies? And at the international level: through which networks, experts or policy fields could ITM gain direct access to more influential levels within the WHO, UNODC, etc.?

#### Recommendations for both DGD / the Belgian government and ITM

It has been commented by several external stakeholders that ITM and the Belgian Government would mutually benefit from a more proactive, intensified cooperation and in doing so, generate more effectiveness and impact at international / multilateral level. Further exploring these reflections, the

consulted stakeholders and the evaluation team came up with several ideas that might be worth considering.

8. On the one hand, if Belgium wants to regain on international influence, it might be necessary to expand **the Belgian “pool of public health experts” with a health-related background, both at national and at international level.** As the Belgian crisis management of the COVID-19 pandemic has shown, there is a serious lack of public health (crisis) experts with medical background in Belgium, embedded in different national and international institutions, that can be mobilized at short notice when necessary. This also hampers Belgium’s influence on the global health agenda and crisis management at international level. It could be worth reflecting on how Belgium can better support its existing experts within the international health architecture. In addition, ITM can disseminate its expertise more widely again, not only among health professionals from the global South, but also more among Belgian health professionals. One idea that was expressed during a stakeholder interview was that ITM should be involved in the Masters’ degree “Global Health” that is jointly organized by the 5 Flemish universities. This idea is currently being discussed between ITM and the University of Ghent.

However, the importance of re-establishing a strong Belgian “pool of public health experts with a medical background” should not be exaggerated neither. For instance more highly qualified ITM-trained public health experts from the global south could well be adopted and integrated in the pool of public health experts structurally involved in ITM’s policy support role to the Belgian Government. This would also better fit the ongoing decolonisation of global health.

9. Furthermore, **Belgium and ITM could strive to seize the momentum that currently exists on two (or more) thematic levels.**
  - i. First there is the current debate on the **reform of the international health crisis management** within the WHO, that was triggered by the outbreak of the COVID-19 pandemic. ITM has some individual experts who have excellent expertise and publish (articles with) interesting opinions about this reform. Nonetheless, the Belgian (and ITM) voice in the reform debate needs to be much louder in order to be effectively heard. Again, a strategic alliance between the Belgian government and ITM and well-thought-through priority setting could help. For instance, focusing on adopting a proactive role in the development of the “new instrument on pandemic prevention, preparedness and response”.
  - ii. Secondly, ITM has fought for years for “**health systems**” to be higher up on the global health agenda, and with success: “health systems” is now one of the three main pillars of the WHO, and probably the preferred topic of its current director general. However, now that the agenda is set, Belgium and the ITM should seize this opportunity to be much more proactive in providing input and expertise, and in doing so leverage the existing strengths and build a renewed and further enhanced reputation in this field.
10. Even in a complex political context of quickly changing policy priorities, fragmented (and sometimes rivalling) competencies spread over different ministries and government levels, declining funding for health professionals in public administrations, and decreasing development cooperation budgets in general, several consulted stakeholders within the main relevant federal government bodies seem to agree that **Belgium would benefit from a longer-term strategy or vision** to enhance its impact on the international health agenda. The

evaluators do think this could also be an opportunity for ITM, as Belgium's main subject matter expert institution and being politically independent: where the government bodies maybe lack in resources, inspiration or political will, **ITM could take the initiative to develop a new visionary strategy** that would allow both ITM and Belgium to regain its somehow waned historic influence (be it with a focus on health systems, crisis management, or some new "flagship theme" that ITM and the Belgian health system have proven expertise on (e.g. Prevention or Neglected Tropical Diseases)).

## GLOBAL CITIZENSHIP EDUCATION

Considering that outcome 3 will not be prolonged in the DGD programme 2022-2026, recommendations related to the development education component of the programme focus on ways for ITM to increase sustainability of results and outputs achieved under the 2017-2021 programme.

Despite discontinued DGD funding for this outcome 3 ITM can still be active in development education, especially since the EDUboxes that ITM and its partners have developed are a very useful and qualitative instrument for teachers to introduce, in an interactive way, complex topics such as pandemics or system thinking into the classroom. ITM has already found new partners to continue this activity, since their relevance is undisputed.

11. While higher education is one of the core components of ITM, within secondary education, ITM is more likely to take on the role of technical/scientific expert. For the pedagogical expertise in secondary education, ITM could consider working with an educational NGO active in the field of development education such as Djapo, VIA Don Bosco, Studio Globo, ... These type of actors could help ITM both with further disseminating the already developed EDUboxes and with monitoring the effects of the boxes on teachers and students. The message of interconnectedness for instance that is presented in both EDUboxes fits well within a wider evolution in the sector towards systemic thinking. In this way, the sustainability of this activity can be increased.
12. **Finding a way to integrate development education within the thematic Joint Strategic Framework Higher Education and Science for Sustainable Development (HES4SD).** While the JSF's focus is on higher education, the evaluation team estimates there is room for the actors involved: ITM, ARES and VLIR-UOS to explore what the role of these actors can be for development education in secondary schools. It is advised to work closely with actors of the thematic JSF HES4SD and the geographical JSF Belgium to increase not only sustainability of the own development education results and tools but also to pool resources and expertise to improve collective impact.

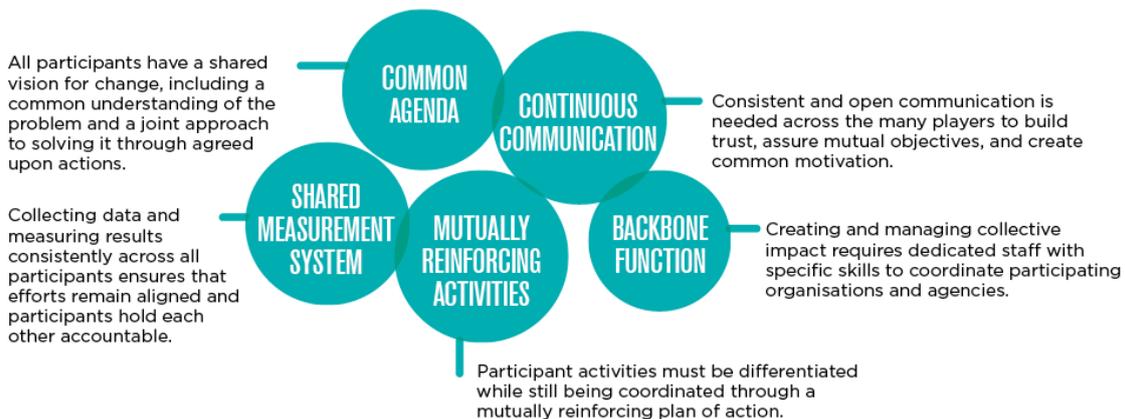
## OTHER THEMATIC RECOMMENDATIONS

### THE CONCEPT OF COLLECTIVE IMPACT TO IMPROVE NETWORK PERFORMANCE

1. Being effective and impactful through collaborations and networks is a continuous challenge for ITM. This appeared in particular when evaluating outcome 2 but applies also to outcomes 1 and 3. Therefore it is important for ITM to consciously develop its capacity and conceptual framework for both supporting and enhancing the networks it is engaged in and for optimising its own contributions in multi-actor collaboration. This is about setting clear targets and

pathways for enhancing network capacity. Concepts to plan for and assess collective efficiency, collective performance and collective impact can be used and tailored for the contexts and the themes where ITM intervenes and for the specific networks in which ITM participates.

C-lever.org uses a model for collective impact introduced by the Collective Impact Forum<sup>6</sup>. According to this model, Collective impact (CI) occurs when a group of actors from different sectors commit to a common agenda for solving a complex social or environmental problem. The collective impact model includes five core conditions.



## MONITORING AND EVALUATION

- 1) The evaluation team considers that the ITM MEAL system could be significantly improved by using a concept of (weighed) progress and results markers. To construct the progress marker framework, results from the outcome harvesting exercise conducted for the purpose of this evaluation could be taken into account.
  - For example, per result area, a weighted list of envisaged outputs and intermediate and further results could be established.
  - The target setting could acknowledge that with the resources available, it is impossible to reach all potential outputs and results. For example, while identified potential results to be pursued total a weight of 85, the realistic target could be set at a weight of 60, to be met progressively over the implementation time. It helps to acknowledge that the ambitions exceed the available resources, thus also creating flexibility to drop those results for which the conditions of success cannot be reunited or that lost their relevance and priority since the design of the programme.
  - With periodic reviews of the pathway of change, it would be possible to add results to the list or replace previous results with new results and also allocate them with a weight in comparison to the weights of the initial list.

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<sup>6</sup> Collective Impact Forum, Guide to evaluating collective impact. Learning and Evaluation in the Collective Impact Context

- The list of weighted results could be further aligned with a theory of change / pathway of change concept by indicating that certain results correspond to initial progress, with other results being targeted as follow-up progress.
  - In this way it is possible to measure progress and get a more nuanced way of measuring performance.
  - For assigning weights to results, one usually starts by selecting a result and assigning it a weight (for example 4), then all other results are being assigned a weight compared to that point of comparison.
- 2) The evaluators consider that there is still significant potential for innovating the MEAL system, adding smarter indicators and even measuring social change/impact or using simplified forms of social return on investment (SROI) analysis.
  - 3) The evaluators acknowledge that for the new programme 2022-2026, ITM has undertaken steps to innovate the MEAL system and the set of indicators. However, further efforts in doing so are still recommended.

ANNEX - INCEPTION REPORT FINAL EVALUATION ITM – SUBMITTED AS A SEPARATE DOCUMENT