External Evaluation Report

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Executive Summary

Background information

ESTHER Switzerland (ESTHER CH) is a network that engages Swiss hospitals and other health institutions in effective and sustainable North-South partnerships. Since 2011, Switzerland is a member of the ESTHER Alliance for Global Health Partnerships (EA), shares its vision and contributes to implementing the EA strategic framework 2015-2020. The ESTHER CH Secretariat was first hosted by the University Hospitals of Geneva (HUG) and then, in 2016, awarded to the Institute of Social and Preventive Medicine (ISPM) in Bern. The Programme's donor, the Swiss Agency for Development and Cooperation (SDC), is also a member of the ESTHER CH Steering Committee. The current phase runs with an extension from February 2016 – October 2019 and with an overall budget of approx. 1,6 Million CHF. During this phase, a total of 12 grant and 7 start-up projects were funded in three rounds of calls. While the thematic focus was defined to be Sexual and Reproductive Health and Rights including HIV/AIDS, there was no limitation as to the geographical scope. "Southern" partner institutions could come from any low- and middle-income country.

The external evaluation

An external evaluation was to undertake a comprehensive and external assessment of the ESTHER CH Programme (period under evaluation: beginning 2016 to end of 2018) and to guide the development of a possible next phase. The evaluation report, ending with a SWOT-analysis and main conclusions, covers the following key areas of findings:

1. Partnership building
2. Benefits, added value and outcomes
3. Positioning in the Swiss context
4. Sustainability and donor dependency
5. Programme management and governance
6. Toward a future ESTHER Switzerland approach

The evaluation was conducted between November 2018 and March 2019 by a team composed of Claudia Kessler (PHS Public Health Services) and Alexandra Nicola (IAMANEH Switzerland).

Summary of main findings, conclusions and recommendations

ESTHER CH has been well established as a programme to foster institutional North-South health partnerships (IHPs) along the principles of the ESTHER Alliance for Global Health Partnerships. Mechanisms, instruments and governance structures set up are well performing. The Programme was effective in supporting IHPs. Most of these partnerships pre-existed the ESTHER funded projects, but many could be further expanded (both in terms of involving additional partners or moving to new thematic fields of cooperation) and, following the EA charter, all were aligned with the ESTHER principles of partnerships and thus could further strengthen the quality of the partnership collaboration.

Main strengths and areas for improvement identified in this evaluation can be summarised as consisting of:

Strengths:

- Operational programme management and project support
- Governance structure
- Links between ESTHER CH and SDC
- North-South institutional health partnerships with great commitment
- Collaborative ties between ESTHER CH, SDC and the EA
- Organisation of exchange meetings, particularly the annual forum

Areas for improvement that should be addressed in future:

- Strategic outlook and directions
- Profiling, external communication and marketing
- Fundraising
- Reporting
- Visibility of the Programme in the Swiss health care system
- Visibility of the results of ESTHER CH

While ESTHER CH is as a programme still in its infancy, overall it has achieved the goals set for this phase. ESTHER CH succeeded in bringing different worlds closer together: that of research and health systems actors, that of Swiss actors in international cooperation and Swiss health care actors, and institutions from "the North and the South". The Programme fills a gap in Switzerland and has a unique position which should be further sharpened and communicated externally in future. It has a high potential for involving additional Swiss health care actors in IHPs, including actors who have no prior experience or would not otherwise engage in international cooperation and actors who without ESTHER CH would not necessarily comply with collaboration principles, as defined by the EA. The Programme thus contributes to strengthening the "Swiss comparative advantage in health".

Still much remains to do in coming years. Important issues that will have to be addressed include, amongst others, the questions on whether to place the focus rather on the project or on the partnership level and how far to go in terms of aiming for health systems strengthening.

Priorities for a next phase will have to include:

- Developing a strategy to clearly position ESTHER CH
- Adapting and further developing the approach based on the recommendations of this evaluation
- Strengthening external communication and marketing
- Strengthening fundraising to diversify funding sources and contribute to the sustainability of the Programme

Introduction

ESTHER Switzerland (ESTHER CH) is a network that engages Swiss hospitals and other health institutions in effective and sustainable North-South partnerships. ESTHER partnerships strengthen the capacity of the health workforce and institutions to provide quality health services for people in low and middle-income countries, with a focus on universal health care coverage and strengthening health systems. ESTHER CH promotes institutional health partnerships (IHPs) through knowledge generation, sharing best practice, collaboration, and advocacy and is an active member of the ESTHER Alliance for Global Health Partnerships (EA).

Switzerland, through the Swiss Federal Department of Foreign Affairs, joined the ESTHER Alliance for Global Health Partnerships (then called European ESTHER Alliance) in 2011. Switzerland is actively engaged in the implementation of the EA strategic framework 2015 – 2020, the essence of which is presented in the graph in annex 5. ESTHER CH shares the EA's vision: a world in which advances and practices in health are shared equitably within and between countries, and where everyone has access to quality health services.

To accomplish its mandate ESTHER CH is mainly active in[1]:

- Managing a grant scheme including larger implementation grants and smaller start-up funds
- Promoting the IHP approach among Swiss and low- and middle-income countries (LMIC) health institutions
- Liaising and coordinating with other global health stakeholders in Switzerland
- Operating within and collaborating with the ESTHER Alliance

ESTHER CH's mission, its main activities and the organisational set up and governance are described in detail on the website, in the Project Document and in the annual and semi-annual reports provided to the Steering Committee and to its donor, the Swiss Agency for Development and Cooperation, SDC.

Towards the end of the extended ongoing phase (Feb 2016 – Oct 2019), an external evaluation of the Programme was commissioned in 2018. The objective of the evaluation is to undertake a comprehensive and external assessment of ESTHER Switzerland and to guide the development of a possible next phase of the Programme. The evaluation covered the majority of the phase, notably the period between February 2016 and January 2019. The mandate is further specified in the Terms of Reference[2].

The evaluation was to answer questions that can be grouped under seven key areas with relevance to the OECD DAC evaluation criteria[3] as follows:

1. Partnership building
2. Benefits, added value and outcomes
3. Positioning in the Swiss context
4. Sustainability and donor dependency
5. Programme management and governance
6. Toward a future ESTHER CH approach

[1] Source: Terms of Reference for this evaluation

[2] Available on request from the project manager

[3] http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

The report concludes with a summary of main strengths, weaknesses, opportunities and threats (SWOT) followed by overall conclusions.

Main methodologies applied for the external evaluation

The evaluation is based on the following methods:

- Analysis of key documents (both at the level of the Programme as well as at the project/partnership level) and the websites of ESTHER Switzerland and the ESTHER Alliance for Global Health Partnerships
- In-depth face to face group interviews and follow-up exchanges with SDC, ISPM and HUG
- Ten in-depth interviews with selected key-stakeholders (all by telephone, skype or WhatsApp; with one exception conducted face to face)
- Consideration of the results of previous work of the main evaluator (mainly the mandate for SDC regarding the "Swiss comparative advantage in health" and the recently conducted external evaluation of Medicus Mundi Switzerland)

The evaluation process

The interview partners were identified together with the client, to represent a wide mix of different stakeholder groups, including the contractor, the donor, the ESTHER Steering Committee, implementing partners from the North and from the South, including NGO partners, and the EA. Respondents were selected to represent both recipients of small start-up funds and larger grants covering a diversity of countries and continents. Preference was given to projects which were already concluded in order to have reports available and to allow drawing first conclusions on the sustainability beyond the end of the ESTHER funding. These selection criteria led to an overrepresentation of projects funded in the first round. Even though some of the instruments have been adapted in later rounds, this should not be considered a true limitation for the evaluation: interviewees directly represented a total of 4 start-up fund and 9 full grant projects, leaving at the time of evaluation only one start-up fund and 3 grant projects of the 2017 round which could not be analysed in more depth. The lead evaluator is confident that the information that could be obtained gives a solid base for the evaluation and for the recommendations issued.

Based on the Terms of Reference and agreed upon during an inception meeting with ISPM and SDC a list of main evaluation questions was developed, as shown in annex 4. As the stakeholder groups were quite distinct, the main evaluation questions had to be transformed into eight different questionnaires. The list of persons interviewed is presented in annex 3. A total of 26 persons provided information to the evaluators. Three of the group interviews (with SDC, ISPM, HUG) were conducted by Claudia Kessler, all other interviews by Alexandra Nicola. The interviews were conducted in the moths of December 2018 and January 2019 and tape-recorded with the consent of the respondents. The transcripts were evaluated by the lead evaluator.

Findings from the different sources were triangulated and interpreted on the background of the lead evaluator's professional experience as public health expert both nationally and internationally.

The lead evaluator and main author: Claudia Kessler is a medical doctor, specialised in international public health with more than twenty years' experience working in LMIC as well as in the Swiss health system. She has been a senior advisor to SDC in health for many years and just recently completed a mandate, analysing how the "Swiss comparative advantage in health" could be strengthened by making better use of Swiss-based expertise. She has conducted a number of evaluations (e.g. for Medicus Mundi Switzerland in 2018 and previously for high level development agencies, such as WHO, GIZ and others).

The assistant evaluator: Alexandra Nicola is a programme manager for Sexual and Reproductive Health at IAMANEH Schweiz. She has over ten years of experience in the field of international health with particular focus on Sexual and Reproductive Health and Rights including HIV/Aids prevention and control. She has been involved in the design, conception and implementation of various qualitative and quantitative operational research studies in assignments with the Swiss TPH and Population Services International and within mandates for the Global Fund to fight AIDS, Malaria and Tuberculosis, the World Bank and others.

ESTHER Switzerland and the evaluators hereby would like to express their gratitude to all the stakeholders who contributed to this evaluation by sharing information and highlighting possible fields of action for the future.

Findings, lessons learned and recommendations

Comment of the lead evaluator: findings[4] are illustrated with selected testimonials received during the interviews. Names are only indicated where it seems relevant. Selected passages and statements were authorised by the person who provided the information. While testimonials usually reflect individual statements, they were selected to represent views shared by several respondents.

Findings in the first two chapters are illustrated with selected good practice examples at the project level. It should be noted, that these examples represent a selection – other projects could be mentioned as well. The so-called "*critical remarks*" reflect an interpretation of the evaluators, based on feedback received in the interviews and the analysis of documents. They represent areas for improvement in view of a next phase.

Lessons learned are highlighted throughout the text as **LL.**

A selection of main recommendations (highlighted in blue) is presented at the end of each chapter. Recommendations are based on the findings and represent the interpretation and conclusions of the evaluators. They were formulated based on the assumption, that there will be a next phase of ESTHER CH funded by SDC.

1. Key area: Partnership building

Main evaluation questions: *How effective was ESTHER Switzerland in building equal and needs-based institutional health partnerships? How did the group of involved institutions evolve?* → **DAC-criteria: effectiveness**

Background information

ESTHER CH's main activity is the support of institutional health partnerships and the twinning of Swiss hospitals, universities, laboratories, research institutions with partners in the South. Partnerships are guided by the EA Charter for Quality of Partnerships. The vision and values of the Swiss Programme are presented on its website.

In the phase under evaluation instruments and processes for submitting and evaluating proposals for the two funding modalities were developed by the Secretariat and approved by the Steering Committee. According to the guidelines which were published, proposals could include projects of institutional partners in low- and middle-income countries, with the thematic scope focusing on Sexual and Reproductive Health and Rights, including HIV and AIDS and a special focus given to the target group of adolescents. The modalities include grants (G) with budgets up to CHF 100'000.- and start-up funds (S) with budgets of up to CHF 10'000.-. The latter aim to facilitate the assessment of the potential and feasibility of a new partnership and the writing of a proposal for an ESTHER partnership project grant. A total of three rounds of calls for an overall budget of CHF 1'270'000 .- was issued. In view of the limited financial budget and time left until the end of the contractual phase, the third round invited for submitting proposals for start-up funds only. All submitted proposals for full grants that fulfilled the defined criteria were

[4] The presentation of findings in the report follows a slightly different classification logic than the one used in the questionnaires (see annex 4).

evaluated by international external reviewers[5], who conducted their work on a pro-bono basis. The Steering Committee had a control function in the grant approval process. For this phase ESTHER CH had a budget of some CHF 1'205'000.- for funding grants[6], roughly 6% of the total budget was initially allocated to start-up funds. With an extension granted both in terms of budget and duration of the phase, running from February 2016 to October 2019, ESTHER was funded with an overall budget of CHF 1'678'005.-, including the project management costs *(see budget breakdown in annex* 6).

The partnership projects were accompanied by the ISPM project manager and included intensive support, communication and coordination work.

Partnerships should be guided by the ESTHER Charter for Quality of Partnerships and should be characterized by:

- Adherence to national policies and strategies
- Developing formal agreements between twinned institutions
- Fostering equal involvement of partner institutions in project development and implementation
- Equal accountability for outcomes
- A commitment of both partners to sustainable interventions
- Equity and respect with no hierarchical relation between northern and southern institutions
- Transparency through declaration of conflicts of interest and regular narrative and financial reporting
- Adherence to ethical principles, including clearance of data collected for research purposes by the responsible Ethics Committees or Institutional Review Boards

Comment of the lead evaluator: the assessment in the following subchapters is based on information received in the interviews, but very much also relies on the analysis of documents, such as project reports and factsheets.

a. Partnerships supported in the various funding rounds

Comment of the lead evaluator: as the third round of calls was still going on during the assessment phase of this evaluation, the information in the following subchapters relates to the first two rounds of funded projects.

The table "proposals received and funding outcome" in annex 8 indicates the number of proposals submitted, the outcome and the reasons for rejection. Most rejections were based on the proposals not fulfilling the required criteria as outlined in the guidelines. The proposals submitted increased from a total of 13 in the first to 16 in the second round, resulting in a somewhat smaller proportion of funded projects as compared to the proposals submitted and a slightly higher competition. Interviewees saw this trend as a result of ESTHER CH having been better known by the time of the second call. Even so, one respondent deplored the – in his view – often limited quality of the submitted proposals.

[5] Two reviewers per proposal in the first round and three each in the second round
[6] The initial budget for funding grants was CHF 1'005'096, to which CHF 200'000 were added later in 2017.

A main purpose of a start-up is to find out if a project makes sense or not. A successful start-up could thus also lead to a well-informed decision not to conduct a project or to apply for funds from other sources. So far, the Senegal partnership[7] (managed by the University of Berne) is the only start-up fund project that later led to a full grant. Several reasons explain why not more start-up funded projects succeeded in doing so. A key reason was the fact that in view of the limited amount of time and budget left, the third round of calls, as already mentioned, did only allow for the submission of start-up fund projects. Several of the completed start-up fund projects are planning, though, to submit an offer for a grant in a next funding round.

For all accepted partnership projects, short factsheets are presented on the website. To get a better overall picture, the lead evaluator developed an overview of all projects funded by ESTHER CH in the first two rounds. The table also includes a category for the types of partners involved in the partnership constellations. The overview as presented in annex 9 starts with the grants that were further analysed in this evaluation by an interview and ends with projects not covered by an interview.

Existing versus new partnerships: all but one grant[8] and one start-up[9] fund project analysed in the interviews involved existing partnerships, most of them since many years. Several partnerships have a history of jointly managing multiple collaboration projects. Rather often, the partnerships were initially developed in the frame of joint research projects, some of them funded by the Swiss National Science Foundation (SNF/R4D). Other projects had previously received SDC funding through various mechanisms. With the help of the ESTHER funded projects, some partnerships opened up to include new partner institutions or new topics (*see chapter 2*).

The following testimonial is quite typical for several of the partnerships:

> "We have managed several collaborative projects in our long-existing partnership. ESTHER is one of them and came on top." (interviewee representing a northern institution)

The nature of funded projects: The overview in annex 9 and the factsheets on the website give a good picture about the diversity of the funded partnership projects. The given thematic focus was overall well respected. While in some projects adolescents were amongst the beneficiaries, a specified target group of adolescents did not reflect strongly in the project descriptions. Most commonly the projects involved capacity building of local health professionals and often the introduction of new technologies or new approaches to working with special target groups. The geographical coverage and the reach into the health system goes from very limited to quite far, depending on the project.

Comments of the lead evaluator: It is not part of the mandate of this evaluation to evaluate the individual projects and the methodology applied does not allow going much more in

[7] 16 S4/17G5
[8] 16 G4/Nigeria with SUPPORT as northern partner (they had contacts before, but were not an established partnership)
[9] 16 S5/ Congo DR with Profa as northern partner

depth in commenting on the individual projects. Still, an attempt will be made to highlight good practice example contrasted with some critical remarks.

Good practice: Amongst many others, one example stands out as good practice. Even though still going on at the time of evaluation, the Zambia partnership[10] (led by ISPM) is very convincing in terms of introducing country-adapted low-technology involving national expertise at the appropriate professional level: nurse-led colposcopy using telemedicine for specialist consultation that can be applied independently of the location of the patient. The project includes activities and has a realistic potential for later health systems integration (policy statements, informing national guidelines, etc.). Regional dissemination is also anticipated as the partner country guidelines have served as reference for 13 other African countries. In addition, this project has a potential for cross-fertilisation with other projects, such as for example a future partnership project in Papua New Guinea, or possibly also with others, such as the Cameroon partnership on cervical cancer prevention[11] led by HUG.

Critical remarks: In view of the status and challenges of the national health systems in the South, it can be questioned whether some of the new technologies introduced through the ESTHER supported projects are adapted to the local needs and means. The lead evaluator is not convinced in all cases that the transferred technologies address a priority public health problem in a resource efficient way. This may later pose problems in view of an integration into national health systems. Another open question is, how far such a time-limited partnership project can make a significant change in terms of community development and even more when targeting some of the most vulnerable groups. Such issues may be better covered in collaborative projects with a long-term horizon and are traditionally funded by SDC through other mechanisms. Finally, ESTHER CH should not be used as a funding opportunity to co-fund postgraduate education for southern researchers[12], as again the Swiss system offers other mechanisms that are specialised on supporting capacity building at this level.

b. Type of institutions involved in the partnerships

As defined in the guidelines, preference was given to projects submitted by institutions such as hospitals, universities and research institutions. However, in line with the strategy of the EA, the Swiss Programme was also open to receive proposals of NGOs, professional associations or health/public health institutions, as long as ESTHER funds were not used for a double-financing of projects already funded by SDC.

The overview given in annex 9 shows that the funded partnerships well reflect this intended institutional diversity. Hospitals – amongst northern partners a majority of them at the tertiary level of the Swiss health system – represent the largest group of institutions involved both in the North and the South, followed by research institutions in the North. Many of the interviewees welcomed the fact, that NGOs could now be involved in ESTHER supported partnerships.

[10] 17 G9/Zambia with ISPM as northern partner
[11] 17/ G7, not covered by an interview
[12] an issue mainly in one of the partnerships analysed more in depth

"ESTHER is not primarily about research, but to bring things on the ground. NGOs can help to deliver and contribute in terms of support and development expertise. So it makes sense to open to NGOs. However, for the time being there is no good reason to go broader in terms of involving other types of institutions." (view of an interviewee representing a Swiss university hospital)

Two NGOs together would not constitute an institutional partnership, they are not health institutions as we understand it. But in some cases, they may be part of the model because it makes sense in a particular setting. (David Weakliam, EA)

LL: NGOs should be considered possible partner institutions, but as partners in a wider alliance with two or more institutional partners at the core.

Good Practice example: The two grants in which the NGO Solidarmed was involved can be highlighted as good practice examples of institutional partnerships where the Swiss partners included a research institution, a university and a cantonal hospital and an NGO. The NGO's expertise in development cooperation and project management complemented well the technical health expertise of the Swiss hospital partners. In addition, the NGO is active on a longer-term in the partner countries of the South and can ensure the follow-up, which will contribute to anchoring the interventions in the national health system and thus to more sustainable changes. While many partnerships involved several southern partners, some qualify more than others as including an element of true South-South partnerships. The Zambia partnership[13] (led by ISPM) or the Guinea-Conakry partnership[14] (led by the University Hospital of Berne) can be highlighted as examples with a strong element of know-how transfer between southern institutions or between countries in the region.

Critical remarks: Other examples, where the partnership was limited on the northern side primarily to Swiss based NGOs were questioned by several of the interviewees. The lead evaluator shares the views that it is not clear, what qualifies these grants as institutional health partnership as opposed to conventional development cooperation projects, that can be funded through other channels open to NGOs. In addition, one of these institutions, as the sole northern partner, had no previous experience in international cooperation. Within this organisation, the partnership was strongly driven by a collaborator with an African Diaspora background. Again, SDC has other mechanisms for involving the Diaspora in know-how transfer to their countries of origin[15].

c. Partnership quality and principles

Comment of the lead evaluator: With the limited desk-based methods of this evaluation it is not possible to objectively evaluate the level of respect of the charter principles. The interviews included a self-assessment on the main criteria of equality and needs-orientation. The following information is based on the self-assessment.

[13] 17 G9
[14] 17 G4 (partnership not covered in an interview)
[15] https://www.eda.admin.ch/deza/en/home/themes-sdc/migration/diaspora-migrant-communities.html

One interviewee representing a northern institution reported having applied the EA tool (spider web/EFFECT-tool) for assessing the quality of their partnership together with the southern partners. In answering the evaluation question on quality of partnership, this experience helped them to base their assessment on a more objective basis which included the view of the partner institution. All other interviewees responded to the respective question based on their subjective impression. None of the interviewees representing a North or South based institution raised any critical issues about the equality principle. In general, southern partners are sadly used to unequal relationships and as such very much appreciate the obvious efforts of their northern partners in the frame of the ESTHER Programme to engage in partnerships that at least aim for a maximum of equality. The following testimonial represents many voices heard:

> **LL:** The partnership is as equal as it can be, considering the inequality in access to resources and in technical know-how between the northern and the southern partners. (view of interviewees representing a northern institution)

There is a good and shared satisfaction about the quality of the partnership.

> Our role shifted from a recipient of donations to more of a partner. (view of an interviewee representing a southern partner)

The initial idea for submitting a proposal to the Programme was in all cases North-driven and came without exception from one of the Swiss institutions. Information on this funding opportunity had not reached the field level yet. Direct contacts with the ESTHER Secretariat throughout the project life were managed by the northern partners. This reflects the mechanisms that ESTHER CH applied in this phase: only proposals were accepted where the leading partner (P1) was a Swiss institution and contracts were signed only with a single Swiss institution, the P1.

Following first contacts between the northern and the southern partners, the proposal was usually jointly developed in ping pong with various degrees of co-leadership in the different projects. In some cases, the topic of the project was determined by the research interests of the northern partner only, in others it was a joint negotiation open to the needs expressed by the local partners.

Good practice examples: The start-up project in the Papua New Guinea partnership[16] (led by ISPM) or the grant-funded project in the Peru partnership[17] (led by HUG) are just two examples that could be highlighted as good practice. In both cases the needs assessment and the following discussions with the local partners led the Swiss researchers to review their initial thematic interest and ended with a partnership on a topic which represented a priority for the southern partner. Another good example is the partnership with Ifakara/Tanzania[18] (led by Swiss TPH) which builds on decades of collaboration. After winning the grant under the lead of the northern partner, the funds were fully

[16] 17 S6
[17] 17 G2
[18] 16G8

transferred to Ifakara and the southern partner had the lead for managing the project, with technical support, if needed, by the northern partner.

Critical remark: Involving a Swiss based colleague/staff member with a background in the partner country in the partnership can contribute to further strengthening the equality principle, as was for example the case in the Uganda partnership[19] (led by the University Hospital Zürich) where the operational project lead was delegated to a Ugandan colleague in the Zürich team. **LL:** It should be noted though that involving a professional with a southern background only brings a plus, if he or she brings the necessary qualifications (both in terms of technical expertise and experience in management according to the principles of international cooperation).

d. Difficulties reported

While no partnership is always about honeymoon and while intercultural relations bear particular challenges, no major difficulties were being reported both from the level of the North-South partnerships and between the ESTHER Secretariat and the partnerships. One of the panellists in the second annual forum of ESTHER CH highlighted the challenge of moving from a research partnership to a health partnership. When the partnership principles are respected, such difficulties can be overcome. And as one interviewee stressed:

LL: Trust comes with years.

The main difficulties reported were of external character and typical for any type of international cooperation with LMIC. They included challenges such as political conflict and instability in the intervention area, interruption or change in prices of necessary medical supplies, processes taking much longer than expected or difficulties in working with the local government authorities.

Conclusions and main recommendations with relevance for action

- ESTHER CH was **effective,** not mainly in *building* partnerships, but in **engaging existing partnerships in collaborations based on the ESTHER principles of quality partnerships**. The partnerships worked well, and generally reflected the scope of the intended range of topics and institutions. **LL: Opening to additional types of partners**, particularly to development NGOs, has proven effective, where these partners complemented the expertise of the lead institution.
- **LL:** The hypothesis, that a previous phase of ESTHER CH did not take off because of the lack of funding for partnership projects led SDC to include a large budget for start-up funds and grants in this ongoing phase. The experience collected since 2016 shows, that offering **funding for partnership-projects** definitely helps to attract strong partners into the Programme.
- Without being able to generalise, **(LL)** it appears that northern institutions (be it NGOs, research or services institutions) with **longstanding experience in international cooperation** engaged **more equally and in a more participative**

[19] 16 G5

way in partnership collaborations. This could be a strong argument for a request that **each partnership in future should have at least one institution on board with a long-standing experience in international cooperation**. In such a partnership constellation, Swiss health institutions with no previous record in international cooperation can be attracted into the ESTHER CH community.

- **Alliances** of institutions involved in IHP should be **based on strategical reflections with clear and complementary roles**.
- The EFFECT-tool (*see chapter 2*) should be used systematically to **monitor the criteria of equality and partnership quality**.
- **LL**: In the Swiss context of funding opportunities for international cooperation, a major **distinctive niche of ESTHER CH** is the involvement of hospitals in the partnership arrangements. Hospitals, at all levels of the health system, should also in future be included amongst the Swiss health institutions qualifying as lead institution for ESTHER CH.
- The aim of the partnership project should determine the decision which institutions to include into a partnership constellation. The following **model for partnership constellations on the Swiss side**[20] could be considered in the strategic discussions to come:
    - P1 (lead): either a Swiss hospital, a research or a training institution (such as a university or a university of applied sciences)
    - P2: if P1 does not have strong experience in international cooperation, a MUST is to associate with a partner institution being able to contribute this expertise (e.g. an NGO, Swiss TPH, ISPM, HUG or others)
    - Optional additional partners: any other health institution as mentioned in the EA strategic framework (*see annex 5*), such as health professional associations, primary care or other public health institutions
- It is recommended that ESTHER CH **should not open too widely to new types of partners** (such as for example the private sector).
- In coming phases, ESTHER CH should **further explore the potential of cross-fertilisation** between projects and could **promote South-South partnership as an element of quality** within a North-South partnership.

[20] For the southern partners, the EA strategic framework gives good guidance on the scope of possible types of partner institutions (*see annex 5*)

2. Key area: Benefits, added value and outcomes

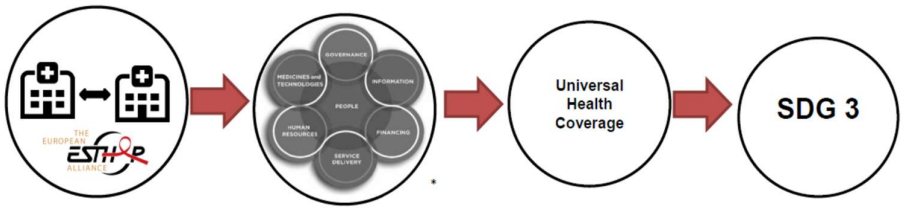
Main evaluation questions: *What is the added value and specific niche of ESTHER in Switzerland? What were major benefits and outcomes of ESTHER CH in this phase?* → **DAC-criteria: outcome** (*as a proxy of impact*) **and relevance**

Background information

The ESTHER Alliance for Global Health Partnerships, of which ESTHER CH is a member, aims at contributing to the sustainable development goals, with a special focus on SDG 3 (good health and wellbeing) and 17 (partnerships for the goals). The chain of effects of how ESTHER partnerships aim at contributing to these goals is presented in the graph in annex 5. In line with this approach, ESTHER CH supports North-South partnerships to strengthen individual and institutional capacities, reduce North/South inequalities in health and improve quality health care in LMIC. More specifically, as outlined in the Project Document (ProDoc), the Programme promises "to test innovative and new ways to improve health systems service delivery, scale up good practices and anchor them in national policies".

ESTHER CH thus aims at a health systems effects in the partner countries. Switzerland has initiated reflections in the EA on how IHPs should contribute to strengthening health systems and ensure Universal Health Coverage. The EA is currently developing a theory of change (ToC) for the Alliance. For the moment, ESTHER CH works based on the following ToC:

Theory of change [1]**:** Innovative and improved practices in health management and service delivery that are developed and tested through ESTHER institutional health partnership projects not only benefit the involved institutions but feed into local and national technical and policy discussions and decisions and thereby contribute to address systemic challenges and consequently contribute to realizing universal health coverage. Ultimately it contributes to achieving healthy lives and wellbeing for all at all ages (SDG 3).



* https://www.researchgate.net/figure/51848556_fig1_Figure-1-Major-interdependent-health-system-building-blocks-Reproduced-with-permission

In the logframe presented in the ProDoc, ESTHER CH highlights three specific outcomes, underlined with relevant outputs, as shown in annex 7.

Over the past years, the EA, with support from ESTHER CH, developed the so-called **EFFECT-tool**, an easy to handle self-assessment tool for monitoring and evaluation of partnerships. Based on the assessment results, partners can discuss solutions to identified issues. While it does not replace conventional M&E tools, it is an important tool to help strengthening institutional partnerships. The ESTHER annual forum 2018 included an

exercise using the EFFECT-tool. The online version was recently made available on the EA website. The EA recommends that now all members should start using this tool. When this evaluation started, the tool had not been used in one of the supported projects in Switzerland.

There is an increasing body of publications dedicated to measuring the effectiveness of IHPs, some of them presented on the EA website. While the benefits reported for both sides of the partnerships are many – as for example presented in a Swiss publication "Partnerships in global health and collaborative governance: lessons learnt from the DTHM/HUG" [2] – evidence of effects at the level of health systems is for the moment still limited, as a rapid review stated 2015 in its conclusions: "Evidence for the effectiveness of institutional health partnerships is thin both in terms of quantity and academic rigour. There is a need to better define and differentiate IHPs in order to measure and compare effectiveness across such a diverse group. Effectiveness needs to be measured at the level of individual partnerships, the bodies that facilitate partnership programmes and the level of health service delivery." [3] This can help to put the following remarks into context.

a. Benefits to southern and northern partners

Comments of the lead evaluator: in this first sub-chapter, the focus will lie on the benefits that were reported by the interview partners. Further potential benefits of IHPs are presented in the 2016 publication of Beran et al. [2]. Outcomes, which also represent benefits at the level of southern partners, will be discussed in chapter 2c.

Main benefits for southern partners mentioned:

- Funding and technical support received from northern partners
- Learning from the expertise of northern partners
- Through its emphasis on partnership, ESTHER promotes networking and helps to work more closely with national health authorities and other actors

LL: While all interviewed southern partners highly appreciated their project and partnership, the ESTHER supported projects were not considered as something unique by several of the respondents.

> It was very timely for us that the opportunity of the ESTHER-funded project came in. However, it could have been any other grant. (one of the interviewees from the South)

Main benefits for northern partners mentioned:

- Learning about other health systems and cultures, which can also contribute to a better understanding of patients with a migration background
- Exchange of personnel and capacity building both at individual and institutional level
- Learning from each other (both North-North and South-North)
- Personal enrichment
- Strengthened networks and contacts both among likeminded in Switzerland and North-South

- Swiss institutions and individual experts in a better position for contributing to international health cooperation
- Swiss institutions are supported "to go international"
- Increases visibility, reputation and credibility of Swiss hospitals as actors in international health

Reverse innovation: While benefits for the Swiss partners are many, there was no case of actual "reverse innovation" reported by the interviewees. This is in line with findings published in the literature showing limited effect of IHPs on reverse innovation beyond the effect of mutual learning [4], [5].

> Reverse innovation/impact on the Swiss health system from an 18-month project is unrealistic. (an interviewee representing a Swiss university hospital)

b. Overall added value and specific niche

Bringing research work into the health system: **(LL)** according to several interviewees, the ESTHER funded projects, perceived as an "implementation grant", allow investing in capacity building of local staff and supporting the South partners in engaging more closely with other local actors in the health system, notably the health authorities. Both is said not to be possible in the frame of conventional "research grants".

> In research projects, we work with local health staff, deviating sometimes much needed staff from their ordinary work in contexts suffering from shortage of staff and resources. The ESTHER supported project allowed us to give something back (also through investing in training and local infrastructure and equipment), and, if you want, helped to "limit the damage". You leave something there. (one of the interviews representing a northern research institution)

Strengthening the "Swiss comparative advantage in health": ESTHER offers a unique opportunity for SDC to engage actors from the Swiss health system who are not classical actors in international cooperation and who otherwise would not have taken an initiative in this sense. While Swiss health care actors also engage in partnerships without ESTHER, the Programme can contribute to northern partners complying with collaboration principles, as defined by the EA. ESTHER CH thus contributes to SDC's goal to strengthen the "Swiss comparative advantage in health". In addition, if the geographical focus of ESTHER CH remains open, the Programme allows SDC to support projects beyond the limits of defined partner countries.

> Without the ESTHER funding, it would have been more difficult to convince our Swiss hospital partner to engage in an IHP. (interviewee representing a Swiss NGO)

Bridging the gap between national and international Swiss health actors: ESTHER has the potential of bringing together experts from the national health system and the international cooperation sector. So far, this happened mostly in a smaller community of "the usual suspects" already involved in international cooperation. The following chapter will discuss further how this circle could be enlarged in future.

Without ESTHER, we would miss a sensible funding partner who cares about partners and the principles of governance. ESTHER is about bringing actors together. The meetings dedicated to the exchange of experiences and learning from others are special and I would wish more of them. (an interviewee representing a Swiss university hospital)

The only funding mechanism in Switzerland which supports twinning partnerships between hospitals and brings together research, implementation and training: ESTHER is the only governmental funding mechanism in Switzerland that supports institutional health partnership involving hospitals and the twinning of institutions. Conventional international cooperation mechanisms focus more on primary and public health, while the specific focus on the level of hospitals can be considered a niche of the ESTHER Programme. It offers a unique platform for bringing actors from different sectors (research, implementation and training) together.

The ESTHER label stands for quality: for those involved, the ESTHER label stands for quality and added prestige to their partnership. The challenge for future phases will be to make this quality label known beyond the small circle of organisations already engaged in international cooperation (*see also chapter 3*). Independently of ESTHER, many Swiss health professionals engage at an individual or institutional level in international cooperation to support colleagues in the South and contribute to reducing inequalities. Not all, however, have the necessary competence in international cooperation and project management. ESTHER can help channelling their efforts into collaborative projects of quality.

Critical remark: the evaluators agree with several respondents who stressed, that the Unique Selling Point (USP)/ the specific niche of ESTHER is not yet sufficiently clear to stakeholders, particularly when comparing ESTHER CH to other funding mechanisms.

The distinctive character of an ESTHER partnership is not yet clear, even amongst board members. (one of the board members interviewed)

LL: The distinctive profile of ESTHER CH is not yet sharp enough. In addition, the uniqueness of ESTHER is likely much stronger for the northern partners than for the southern partners.

c. Outcome at the level of the partnerships and beyond

Comment of the lead evaluator: At the moment of evaluation only 4 of the 9 grant projects analysed more in-depth had final reports available. In most of these reports, reporting focussed primarily on outputs and on the project level. Rare are reports on outcome or on effects at the level of the partnership. In addition, reports do not follow a standardised format, which additionally renders a systematic evaluation difficult. It should be stressed, that without visits to the countries and a proper evaluation at the project level, the following information on outcome is more of anecdotal character rather than strong evidence.

As mentioned before, ESTHER CH in this phase did not mainly help to *build* partnerships, it however helped to *strengthen* existing partnerships and for some of them raise their *quality* by introducing the ESTHER Charter principles. Several interviewees reported that

it helped them moving from personal or more informal contacts to a more formalised collaboration at the institutional level. As mentioned in chapter 1 several partnerships were extended to new additional institutions and opened for new topics. A contribution to strengthening the capacity of local health workers – both at individual and institutional level, in few cases also beyond the level of institutions involved– can be considered a shared outcome of the funded projects. In some cases, northern institutions reported learning from each other. Several interviewees representing southern institutions also reported on how being involved in an ESTHER partnership did help to strengthen their reputation and visibility in the national health system which in two cases reportedly led to leveraged funding or support for their work.

Selected success stories:

- Solidarmed[21] in its collaboration with the cantonal hospital of Lucerne gained experience working in the field of non-communicable diseases, which the NGO can now use in working with other countries. In exchange, the Solidarmed interviewee believes that colleagues from the Swiss hospital learned about project management and intercultural collaboration through the collaboration with an experienced Swiss NGO. In Tanzania, the partnership project resulted in the finding that gestational diabetes has a low prevalence and is thus not (yet) a public health priority. According to the interviewee, the partners at the cantonal hospital are likely to "now see themselves as actors who can make a contribution to international health cooperation".
- The cooperation in the long existing partnership between a hospital in Nepal and the Swiss hospital Limmattal[22] was formalised during a mission in March 2017 in the frame of a start-up fund. As a result of many previous years of cooperation, changes were introduced in the field of maternal health (mainly on hygiene and sterilisation) leading to increased patient trust in the hospital. Visits and hospital-based deliveries increased (from 80 in 2017 to 141 in 2018). According to the interviewee representing the South partner hospital the government became interested in the hospital and their above-average standards regarding hygiene and consequently decided to allocate a special programme to the hospital. This programme allowed the hospital to hire additional medical and cleaning staff.
- The Ifakara[23] partnership project in Tanzania benefited from unplanned synergies and cooperation with district authorities and with another donor. USAID helped to transport lab samples and provided a car and a driver, while the reagents were paid by the government. According to the final project report, through the implementation and activities of the project:
    - More than 11,000 pregnant women have been counselled and tested for HIV in the Kilombero district
    - 705 pregnant women were newly diagnosed to be living with HIV and were offered PMTCT
    - HIV testing rate of pregnant women in the district is above the target of 95%
    - Male partner testing rate is around 60%

[21] 16/G1 and 16/G7
[22] 16/S3
[23] 16/G8

- 625 HIV-exposed infants have been tested for HIV with pro-viral DNA PCR with a median turn-around time of two weeks.
- 467 infants had their EID test done before 8 weeks of life (75% of all infants tested)
- 468 HIV-exposed infants were enrolled in care during the project period

- The partnership project in Nigeria[24] (managed by the Swiss NGO SUPPORT) resulted, according to the final project report, in:
  - the Lagos State Primary Healthcare Board including the South partner organisation (AI) in a committee to formulate the reporting tools and templates for traditional healers and birth attendants (THs & TBAs) operating in the State;
  - the recognition of project milestones by the Lagos State Traditional Medicine Board with request to conduct similar trainings in other areas of the State;
  - influencing the Lagos State Government to develop a medical record system for THs & TBAs across the State.

With the given evaluation methods and considering the short interval between the assessment and the end of the funded projects, very limited evidence could be collected on health systems effects beyond the level of the southern partner institution. Several interviewees from the South reported that their communication and cooperation with the local health authorities and other actors of the health system has improved.

According to the EA strategic framework 2015-2020 quoted in the ESTHER CH ProDoc, partnerships have the potential to:

1. **Strengthening key** national and regional health **institutions**
2. **Strengthening** (medical education) **and continuing professional development**
3. Improving the quality of health service delivery
4. Building capacity in operational and implementation research
5. Building capacity in non-communicable and communicable diseases
6. Contributing to universal health coverage

In summary, one could say that ESTHER-supported partnerships in this phase certainly contributed to the first two objectives, strengthening mainly the southern partner institutions and the continuing professional development, while many partnerships also contributed to some of the other objectives. **LL:** However, the outcomes reported can in most cases not be directly/only attributed to the ESTHER funded project but should be seen as an effect of longstanding partnership collaborations to which ESTHER contributed.

The ESTHER funded project is just a step in a long walk. (statement of the ESTHER project manager)

d. Assessing outcome: at what level?

Respondents involved as partners in the projects tend to focus more on outcomes at the project level and to a lesser extent on outcomes at the health systems level, whereas the

[24] 16/G4

Secretariat is naturally more concerned about outcomes at the Programme's level. It should be highlighted that currently there is no shared understanding amongst the Programme's stakeholders in charge of governance on the question at what level the outcome of ESTHER should be assessed: at project level, health systems level, partnership level. Several members of the Steering Committee flagged this as an issue for clarification.

> The timeline for measuring the success of a partnership is not at the end of a project. At that moment you can just measure what you delivered in terms of outputs. The effect on the partnership is at the outcome level and can only be measured after several years. It is too early to say what the outcome of ESTHER CH is. (interviewees representing a Swiss university hospital with longstanding experience in international cooperation)

Critical remarks: The evaluators would like to raise attention that the outcomes in the existing logframe are situated at the level of the ESTHER Programme (not the projects) and reflect process rather than outcome indicators. In addition, inconsistent use of terminology in the ESTHER reference documents could further have contributed to the observed lack of shared understanding. Sometimes, the term "*strengthening health services*" (one of the health systems building blocks) and sometimes "*strengthening health systems*" (a larger concept with 6 building blocks) is used.

Considering the remark above, all but one outcome as formulated in the ProDoc can be expected to be fulfilled by the end of this phase. Output 3.3, an ESTHER CH strategy, is not yet developed at the time of evaluation.

Conclusion and main recommendations with relevance for action

- There are **many benefits** to the institutions involved in ESTHER supported partnerships, both for southern and northern partners. **LL:** ESTHER thus offers a **Win-Win opportunity** for international cooperation.
- **LL: Reverse innovation** should not be considered a major benefit of IHPs.
- **LL: Main added values** of ESTHER CH include**:**
    - The potential to integrate research work in the health system
    - The contribution to strengthening the "Swiss comparative advantage in health"
    - Contributing to closing the gap between national and international Swiss health actors
    - The ESTHER label stands for quality
- The **niche of ESTHER CH** could be seen in ESTHER being the only funding mechanism in Switzerland which supports twinning partnerships, focuses on hospitals and brings together research, implementation and training.
- It should be clearer what distinguishes ESTHER from other funding mechanisms, such as R4D, SDC-mandates or IP-contracts. In the frame of developing an ESTHER CH strategy (*see chapter 6*) **defining the profile and distinctive character** (the USP) of the Programme should be one of the priorities to help positioning ESTHER.

- Many of the **outcomes** reported at the partnership level cannot be directly attributed to the ESTHER support but are a result of a long-standing cooperation. **LL:** The **specific contribution of ESTHER** at that level is mainly the link between research work and the health system and the added quality to partnerships which helped to empower southern partners. In addition, northern partners are empowered as actors for international cooperation in health.
- As documented also in the international literature, the evidence of **an effect of ESTHER supported projects on southern health systems** is weak. This said, the phase under evaluation was dedicated to setting up the ESTHER CH mechanisms. It is unrealistic to already expect too much in terms of outcomes or even impact at the partnership project or health system level.
- ESTHER CH should in future **more systematically translate the theory of change logic into practice throughout all its processes.** It should be clear, where in the ToC the Programme aims to focus its effects. Proposals and reports should give explicit information on the local embedding of the project in the national health system. The application forms, the guidance document, the review and reporting forms should all include an explicit category (or explicit question under category 9) on activities planned to contribute to health systems strengthening and on aspects related to sustainability (*as discussed in chapter 4*).
- As part of the strategic process to engage in, it should be **clarified how in future ESTHER wants to measure outcome**: at what level, at what time during or after the completion of a project, how to measure outcome at the level of partnerships, etc. The **WHO Partnership preparation package**[6] could be of help when formulating goals of ESTHER CH for future phases (*see box below*). The lead evaluator recommends to give a strong focus on measuring outcome at the partnership level and the spreading of knowledge generated (objectives 1 and 3 in the TPI model), as this reflects the distinctive added value of the Programme.

Within the WHO Twinning Partnerships for Improvement (TPI) model, three main objectives are formulated that each partnership should focus on achieving:

1. The first objective is the development of the partnership. This objective focuses on fostering a strong bi-directional partnership between health institutions.

2. The second objective is improvement through implementing effective interventions based on needs identified at the front lines of service delivery.

3. The third objective is to spread the learning and experience within the local and national health system and also beyond.

Source: the WHO Partnership preparation package [6]

- As soon as possible the **EFFECT-tool** developed by the EA should now be systematically introduced and applied in all ongoing projects. If needed, the Secretariat could offer capacity building support to heads of projects. For new projects, the use of this tool should be made a contractual requirement. Consider introducing a clause/condition in the templates for contracts to

make its use obligatory from the start so that monitoring efforts, as well as a future programme evaluation can also be based on these findings.

- A **new log frame** should be developed for a next phase, taking account of the remarks and recommendations issued in this chapter.

3. Key area: Positioning in the Swiss context

Main evaluation questions: *What are major contextual developments of relevance in Switzerland? How far did the Programme succeed in engaging actors from the Swiss health system? How successful were the communication efforts and how strong is the visibility of ESTHER Switzerland today?* → **DAC-criteria: effectiveness, efficiency, sustainability**

Background information on the current context in Switzerland

Context: SDC as the main donor to ESTHER CH bases its work and within that the support to the Programme on the following guidelines: the official messages on International Cooperation; the Health Foreign Policy; the SDC health policy and the global programme health 2015-2019 strategic framework. These provide an immediate linkage to ESTHER Switzerland, due to the mutual focus on a selection of health topics[25].

Recently, SDC has commissioned a study on the so-called "Swiss Comparative Advantage in Health" which explored, amongst others, the following questions: how could the Swiss national and international expertise in health be linked more closely? How could Swiss health experts be involved and engaged to win them as actors and advocates for international health cooperation and SDC's work? The study report flags the important potential of IHPs to strengthen the "Swiss Comparative Advantage in Health"[26].

The political context in Switzerland, as elsewhere, is today not an easy one for international cooperation. A considerable section of national parliamentarians has a sceptical view on Switzerland's governmental international cooperation. In addition, the new Minister for Foreign Affairs calls for setting rather narrow priorities[27] which are challenging many of the established development actors. The recent external evaluation[28] of Medicus Mundi Switzerland showed that the Swiss tradition of a solidarity and value based international cooperation is increasingly jeopardised by an approach which is supposed to focus narrowly on national economic and security interests, further compounded by budget cuts to the Swiss ODA. The Swiss Agency for Development and Cooperation operates within this context. At the same time, the Swiss national health system is confronted with cost explosions that led to reviews of the financing system, bringing many hospitals under quite some pressure for efficiency gains.

Communication and collaboration with actors from the Swiss health system: in the 2016 ProDoc, the intended target group of ESTHER CH was stated as:

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[25] *source:* Report 1st annual ESTHER Forum, 2017

[26] The report, authored by Claudia Kessler, is an internal instrument of SDC. A summary (authored by SDC) is available on request via Karin Gross <karin.gross@eda.admin.ch>

[27] A strong focus on migration/security and economic development

[28] MMS evaluation conducted by Claudia Kessler

"Direct target group is the **staff of health institutions** that are directly or indirectly involved in health service delivery, in the ESTHER Switzerland partner countries as well as in Switzerland. Those Swiss institutions who are also involved in health partnerships but who may not be funded through ESTHER Switzerland shall equally benefit from the experiences and quality standards of ESTHER CH and the EEA. Final target group is the general population in areas where ESTHER health partnerships are implemented."

To serve the target group mentioned in the second sentence, the second annual forum of ESTHER was opened to stakeholders who were no direct ESTHER beneficiaries.

a. ESTHER in the context of the Swiss health system and development sector

The interview partners in SDC confirm that ESTHER is of high relevance in the current Swiss context. It has strong potential to generate results which can be used for the national advocacy work.

The benefits and added value that ESTHER can bring to Swiss health actors is presented in chapter 2. Several Swiss based interview partners are convinced that today there is a strong interest and motivation of Swiss health institutions to engage in a technical cooperation with less well-resourced institutions in the South, rooted in the motive of global solidarity. **LL:** While global solidarity in health may be a vanishing value amongst some of the parliamentarians, solidarity is still a strong motivation at the level of Swiss health institutions[29]. This certainly holds true for institutions conducting research work. According to interviewees, it remains to be seen how far hospitals can maintain their level of commitment given some of the context challenges. Respondents are however convinced that engaging in an ESTHER partnership brings WIN-WIN opportunities, as demonstrated in the previous chapter.

ESTHER CH has a contractual obligation to contribute to policy dialogue. The project manager attends the meetings of the parliamentarian group on global health, of which Medicus Mundi Switzerland runs the Secretariat. So far, ESTHER CH did not contribute to SDC's policy dialogue in Switzerland. SDC does expect the Programme to contribute primarily to policy dialogue at the partner country level where ESTHER supported projects are implemented. While it is acknowledged that it is early to see major policy changes in partner countries in the South, contributing to policy dialogue should remain an important goal of ESTHER in a future phase.

Critical remarks: many respondents stressed that so far ESTHER CH has reached mainly the "already convinced and those who are interested or engaged in international cooperation", meaning the existing community of international cooperation actors. A challenge for the future will consist in ESTHER moving further into the community of Swiss health care actors and winning additional forces for its purposes. One respondent felt that, as long as the governance and funding relied so heavily on SDC, this might be difficult.

[29] It should be considered that for the evaluation, only "the convinced and committed" were interviewed; however, interviewees representing Swiss hospitals also spoke on behalf of their colleagues, in general.

b. External communication and visibility of ESTHER CH

In June 2016 the ISPM became a member of the network Medicus Mundi Switzerland through which the institute, but also ESTHER, gained access to a large community of civil society actors involved in international cooperation. The project manager of ESTHER CH is today a board member of MMS.

Information about ESTHER and the funding opportunities was spread through various channels, the main ones being:

- the MMS and the ESTHER CH websites
- personal contacts and networks of the ISPM and the Steering Committee members
- SDC disseminating the information through its own channels
- a mailing sent to all members of the Swiss HIV cohort study

Most interview partners mentioned having heard about ESTHER CH through knowing the two persons in charge of the Programme at the ISPM (the project manager and the former director of the institute). For further networking, the project manager made use of his existing contacts, such as with "Sexuelle Gesundheit Schweiz", the Swiss Federal Office of Public Health or the parliamentarian group "Cairo+". In addition, he participated in national and international conferences. According to the annual reports, apart from the meetings and conferences of the EA, participation in networking events included for example the AOT Trauma Seminar in Murten or a Workshop during a conference in Rwanda, the attendance to which was funded outside of the ESTHER budget.

The major networking events organised by ESTHER CH were the two annual fora. While the forum 2017 only attracted 7 participants from involved Swiss partner organisations, the 2018 meeting was opened to all interested participants and attracted over 60 persons of various organisations, including international partners of the ESTHER Alliance for Global Health Partnerships and was much appreciated by several of the respondents.

***Critical remarks*:** While Swiss-based respondents are satisfied with the networking and communication efforts that the Secretariat undertook in the current phase to reach the immediate stakeholders of the Programme, many feel that external communication cannot be considered a strength of ESTHER CH. Contacts and participation in conferences (other than the EA meetings) seem rather opportunity driven. Few new Swiss health experts from the national system were effectively reached. Several respondents mentioned, that it was not sufficiently clear, who the specific target group of ESTHER CH actually was.

3 different voices of interviewees based in Swiss university hospitals:

I was often surprised that I never heard of ESTHER at the Inselspital- no flyer, nothing…

At the University we receive weekly information from the department Research and Training on grant opportunities. I never heard about ESTHER calls through this channel.

To my knowledge, not many people know about ESTHER CH.

Ideas and suggestions provided by the respondents for further strengthening marketing and communication of ESTHER CH:

- directly target Swiss health care institutions and actors for communication and marketing;
- Swiss health care experts do not attend classical development events; therefore create safe spaces where they feel their expertise is relevant; organise breakout sessions during conferences and events for Swiss health care professionals;
- make use of the existing channels through which hospitals and universities inform about funding opportunities;
- produce attractive factsheets, not just portraying the projects but demonstrating the outcome, added value and the possible benefits for the northern institutions;
- communicate through journals/bulletins/newsletters of relevant professional associations;
- and:

> If H+ were on board, all hospitals would be on board – move from a public health approach, for which Switzerland is not strong, towards a more clinical health approach, which is our main national strength. (interviewee representing a Swiss university hospital)

Conclusion and main recommendations with relevance for action

- Communication focusing on the more internal circle can be considered quite effective for the first phase. ESTHER CH is **today strongly positioned in a rather narrow circle of Swiss international cooperation actors**. **External communication** to a wider circle of stakeholders was not very effective in the current phase and led to ESTHER CH's **visibility** being very **limited beyond the circle of development actors.**
- **Marketing of ESTHER CH** beyond the narrow circle should be intensified using a **three-step approach**: in the first step, the distinct profile of ESTHER CH should be defined as part of the strategic discussions to be held. Then, good practice example, outcomes and benefits should be documented as mentioned in chapter 2, to be able to present attractive packages (WIN-WIN potentials, what's in it for northern partners, etc.). In the third step, **communication and networking efforts need to be increased, using a more strategic and systematic approach, depending less on personal relationships**. In the ESTHER CH strategy to be developed the intended target group should be clarified again. On this basis, the Secretariat could develop a communication concept[30], including key messages for various target groups, channels etc.
- **Swiss health care actors should be addressed and involved more systematically**. Ideas and suggestions provided by the respondents presented above can be considered when designing an action plan. The involved Swiss health experts should be involved as **peer multiplicators**. The potential to involve those willing as powerful **ambassadors** for working in IHPs and possibly also for

[30] The communication concept of MMS could be used for reference.

advocating for the benefit of Switzerland's international cooperation work in health should be explored.

- **Communication and marketing of ESTHER CH should be professionalised** as further discussed in chapter 5. This will need the necessary resources in terms of budget and competence.
- To better reach out to Swiss health care actors and hospitals, **efforts should be increased/renewed to engage H+, professional associations and the Swiss Federal Office of Public Health** in close collaboration and possible in the governance of ESTHER CH, as further discussed in chapter 5.
- In chapter 5 it is mentioned that the ISPM considers eventually **handing over the supervisory role from Matthias Egger to Franco Oscar**, the new director of the ISPM who is new to the Swiss health system. If the hand-over refers to supervising the management of the Secretariat, this of course is an option. In a next phase, however, the Programme would enormously benefit, if Matthias Egger could continue playing a vital role in linking ESTHER CH to health professionals in the Swiss health care system (advocacy, facilitation, etc.) and strengthen synergies and complementarity with the SNF/R4D. It should be carefully considered how the planned hand-over can take place without compromising neither the aim of moving further into a wider circle of Swiss health care actors, on one hand, nor the aim of reinforcing institutional sustainability beyond individual personalities at ISPM, on the other hand.
- For more effective internal networking and mutual learning, **consider opening the annual forum with the help of new communication technologies to participants from southern partner institutions.** Further pass beyond the exchange of experience at the level of individual projects to **analytical work at the meta-level** to generate elements for mutual learning and cross-fertilisation.

4. Key area: Sustainability and donor dependency

Main evaluation questions: *Did ESTHER Switzerland succeed in diversifying funding sources and mobilise co-funding? To what extent do partnerships continue beyond the end of the financial support through the SDC-funded grants?* → **DAC-criteria: sustainability**

Background information

ESTHER CH is implemented on behalf of the Swiss Agency for Development and Cooperation and currently fully funded by SDC.

In this evaluation report, sustainability of results at the level of IHPs is discussed mainly in chapters 1 and 2. To promote sustainability at the level of the Programme, ESTHER committed to "applying for additional funding for the Secretariat and supporting partnerships in obtaining other funding with the aim to decrease dependence on SDC".

a. Diversification of funding sources and dependency on SDC funding

As planned from the beginning, the SDC financial contribution was co-funded with the provision of pro-bono expert human resources at various levels:

- The Steering Committee members and the Scientific Reviewers all fulfil their role without remuneration;
- At the ISPM, Matthias Egger acts as supervisor and Nicola Low as member of the Steering Committee. In addition, the ISPM project manager tends to invest more working time than can fit in a 50% position.

> We realized that a tremendous investment in time and resources was necessary to run the Secretariat effectively in this ongoing phase. In our opinion these resources exceeded the funds made available to cover their cost. Therefore, we are happy that another Swiss institution was able to take over the Secretariat and we are very satisfied with its activities. (interviewees at the HUG)

The project manager mapped the foundations in Switzerland and identified several possible sources of funding, mainly through the lists and announcements published under https://www.swissfoundations.ch/[31]. He initiated discussions with some of them, including the Christoph Merian Stiftung in Basel, the Rising Tide Foundation for Clinical Cancer Research, the Novartis Foundation, Sanofi Aventis Switzerland, the Botnar Foundation and the Stanley Johnson Foundation.

These efforts were not successful. No additional funding could so far be generated in order to diversify the funding sources of ESTHER. One of the main difficulties reported is that ESTHER often lies outside of narrowly defined foundation eligibility criteria. In addition:

> ESTHER CH is still young and it was difficult to prove results. If we want to approach, discuss and convince donors, we must first be established solidly and have some results to show. (the ESTHER CH project manager)

The ISPM so far does not have a unit or specific expertise specialised in fundraising for projects other than for research projects. In addition, the project manager stresses the difficulty for an institution like ISPM to raise funds for third parties.

Previously, when the Secretariat was based at the HUG in Geneva, ESTHER CH had formal members representing mainly infectiologists working in large Swiss hospitals. For the current phase it was decided not to continue a scheme involving membership fees. Advantages in terms of raising a very limited amount of extra funds seemed low in comparison to the disadvantages regarding a raised threshold for participation and involvement beyond the small group of "the already convinced".

Interview partners from SDC clearly recognise the difficulty of fundraising for ESTHER. This was not a major priority for the current phase. However, it is felt that efforts could have been shared in a more transparent way, also to understand the difficulties and explore where SDC could be of help.

David Weakliam of the ESTHER Global Alliances stresses that, while not all countries work with funding for project grants, **(LL)** the majority of funding in the majority of the ESTHER member countries comes from governmental sources. Only the large French

[31] Source: ESTHER CH second annual report

ESTHER Programme managed to attract HIV funding through large multilateral donors (GFATM and Unitaid).

Critical remarks: while acknowledging that fundraising for a programme like ESTHER is a challenge, the efforts so far appear strongly driven by personal contacts of the project manager and by opportunities.

Ideas of respondents and the lead evaluator to further explore:

- Could the "Geneva model" with its fonds de péréquation[32]serve as a role model for other cantons, particularly when promoted by H+?
- Could university hospitals, who have a lot of qualified staff, contribute in kind support via pro bono expert services to the Secretariat (e.g. administration support, communication and marketing)?
- Could ESTHER CH work with platforms which broker services of highly professional retired persons working pro bono[33] in Switzerland to get professional support for fundraising, marketing and communication?
- Could ESTHER CH become an attractive partner for corporate social responsibility investments of Swiss hospitals?
- Could SDC encourage NGOs (through IP-funding) and service providers of mandates (such as for example the SCIH/Swiss TPH) to include institutional health partnerships in their proposals, so that grant funding could then come through these other channels?
- Could ESTHER CH develop a service to support partnerships accessing grants for their projects from external sources?
- *Could ESTHER CH provide paid services for matching or technical support on partnership building or sell key products, such as templates or guidelines?*
- *Could ESTHER CH generate funds through a similar pro capita mechanism as Health Promotion Switzerland [34]?*

b. Mobilising co-funding at the project level

The project manager of the Programme routinely discusses options for attracting co-funding with partners interested in applying for ESTHER funding. He later supports them in their respective efforts as needed. Holding these discussions early in the application process aims at allowing the project design to take co-funding into consideration. The outcomes of these efforts are not tracked and information on the level of co-funding was not available at the Secretariat when conducting the interview for this evaluation.

In many partnerships in-kind co-funding was contributed through unpaid staff time, often on both sides of the partnership, and sometimes also through donations of equipment or reagents by the northern partners. The grant amounts spoken by ESTHER are clearly not

[32] A small proportion of all professors' honorary received through consultations of private patients goes into the "fonds" that can be used for projects. A small share goes also to humanitarian work and international cooperation.
[33] Innovage https://www.innovage.ch/aktuell/
[34] the last two ideas are presented in italics, as the lead evaluator does not see them as realistic options that should be considered

sufficient to pay for much of the staff time of northern institutions. In some cases, exchange visits (in both directions) or the project's activities could be subsidised with other funding sources. Other partnerships, however, reported that no additional co-funding could be generated.

One interviewee representing a northern partner mentioned supporting the southern partners in their efforts to mobilising co-funding. Two cases of leveraged funding are presented in chapter 2.

c. Sustainability of the partnerships beyond the ESTHER funded projects

Just as the vast majority of supported partnerships pre-existed the ESTHER-supported phase, all but very few partnerships are said to be going on after the end of the funded project.

> Our partnership goes on with other projects. (interviewee representing a southern partner)
>
> *Another voice:* There is no exclusivity in partnerships – both sides can have other partners. A partnership often hosts a portfolio of projects, not just one project. Ties that keep the partners together can change over time. One thing is clear: well working IHPs pass through differing stages. At times there are many activities in the frame of funded projects. At other times, contacts are maintained on low flame, focusing on technical support and professional exchange. (interviewee representing a northern institution)
>
> *Another voice:* It is mainly the quality of the partnership which determines its sustainability – funding helps, but is not the main success factor. Established partnerships will find ways to continue. But if projects are funded without a clear plan for sustainability, then there is the risk that it is not sustainable. So it is about having a good plan for sustainability from the start. (David Weakliam, EA)

Partnerships, where there are doubts about the continuation are those which were newly created because of the ESTHER funding opportunity or which depended entirely/heavily on the ESTHER funding.

The question then arises: if partnerships exist independently of ESTHER, what is then the added value of ESTHER CH? This question is answered in chapters 2 a and b.

Conclusion and main recommendations with relevance for action

- ESTHER CH is today still **heavily dependent on SDC funding**. **LL:** It is **unrealistic to believe that ESTHER could become financially autonomous** with alternative funding sources at least in a medium-term horizon.
- Even so, **efforts to diversify the funding** sources for the Programme should be **intensified, be more strategic and professionalised** in the coming phases. This should follow the first step of clearly positioning ESTHER CH and documenting results and outcomes, as discussed in the previous chapters.
- The ideas of respondents for strengthening the fundraising should be further explored. In addition, in the view of the lead evaluator, the idea of "**selling**"

ESTHER for corporate social responsibility investments to Swiss hospitals or **pro bono in-kind contributions** to the Programme should be **explored in collaboration with H+**.

- The Secretariat should try to **assess, monetarize and monitor the co-funding and in-kind contributions at all levels** (Steering Committee, reviewers, Secretariat, partnerships and project), as this may represent an important source of co-funding to show to SDC.
- **LL:** For larger service institutions, such as the SCIH of the Swiss TPH or even larger NGOs, the funding amounts of ESTHER are not attractive as they cannot cover the effective costs incurred at the level of northern partners. In the view of the lead evaluator, this should not lead ESTHER to considerably raise the funding amounts, as other funding mechanisms exist for these type of actors (*see also discussions in chapter 6*).
- **LL: While projects may not be fully sustainable, partnerships usually are to a much larger degree.** The majority of partnerships supported in this phase can be considered sustainable and **exist independently of ESTHER**.
- **LL:** To be sustainable, **partnerships should not only live out of ESTHER funding or be created because of this funding opportunity**. Supporting already existing partnerships and building on what is there raises the chances for sustainability. In addition, partnerships "that attempt to target several building blocks of the health system (e.g. leadership and supply of materials as well as health worker skills) may have more potential for sustainability and scaling up" [7].

5. Key area: Programme management and governance

Main evaluation questions: *How well is the Secretariat managed? How well is the Programme governed? Are there mechanisms, processes or instruments that should be revised and adapted?* → **DAC-criteria: effectiveness, efficiency**

Background information

The ESTHER CH Secretariat was first hosted by the Geneva University Hospitals (HUG) and then, in 2015, ad interim by SDC. At the beginning of 2016 the mandate to run the Secretariat was entrusted to the Institute of Social and Preventive Medicine (ISPM) at the University of Bern. The budget for the project management in the current phase amounts to roughly CHF 400'000.-, used for funding amongst others a 50% position of the project manager, Luciano Ruggia. As mentioned, the former director of ISPM acts as supervisor at least until the end of the phase. It is currently discussed in the ISPM, whether for a next phase, the supervisory responsibility would be handed from Matthias Egger to the new ISPM director Franco Oscar. The scientific advisor (a role taken over by Giulia Bohlius from Olivia Keiser) was hardly used as this role was assumed by the members of the Steering Committee and the scientific reviewers.

The SDC provides technical and financial support to ESTHER at the Swiss as well as the European level. Switzerland is represented on the EA Board through the SDC, supported

or seconded when necessary by the ESTHER project manager. At SDC, Susanne Amsler is in charge and actively supports the ESTHER Programme.

ESTHER CH is governed jointly by SDC and the Steering Committee (SC) with nine members, including SDC and ISPM. In addition to experts representing northern institutions, the committee includes a representative each of the Swiss Federal Office of Public Health, the World Health Organisation and a southern institution. Meetings are usually held via phone conference to allow international members to fully participate.

In the phase under evaluation, the necessary processes and tools for the mechanisms were developed and if needed adapted. The central mechanism for submitting proposals is described on the ESTHER website in the guidelines for submission. It follows the path presented in the ProDoc (*see extract in annex 10*) with several external, non-Swiss reviewers blindly evaluating proposals.

"Each ESTHER country member commits to support the Secretariat of the ESTHER Alliance for Global Health partnerships" [8]. ESTHER CH participates actively in the various governance meetings and events organised by the Esther Alliance. The Swiss membership fee was also used to fund the new EA website after its rebranding to reflect the current strategy. In addition, Switzerland contributed technical expertise to working groups (e.g. for developing the EFFECT-tool) and to ongoing discussions (e.g. on health systems effect/UHC).

a) The ESTHER CH Secretariat

When having applied for hosting the Secretariat, the ISPM's interest was not primarily a scientific or financial one. ISPM interviewees stress that taking on this role reflects an institutional commitment to contributing to the international cooperation of Switzerland. Even so, it should be noted that the services provided by the Secretariat did bypass a 50% position. At the same time, ESTHER allows the ISPM to strengthen its links to SDC, the NGOs/MMS and to the involved Swiss partner institutions. SDC, when attributing the mandate, was aware that the ISPM is a research institution and not a strongly established development actor. The links of the institute to the Swiss health system's actors were weighed as a big plus.

While many of the interviewees very much appreciate SDC's strong commitment and involvement, both SDC and the Secretariat would wish in future to better distinguish between operational and strategic activities and focus SDC's involvement more at the strategic level, leaving the operational tasks as much as possible and wherever it makes sense to the Secretariat.

South-based partner institutions do not normally have contacts to the Secretariat and therefore cannot provide much feedback on its functioning. Generally, they report being very happy with the programme management, the lean mechanisms and the flexibility experienced. Their Swiss partners usually provide the interface with the Secretariat and would overall align with the statements of their partners in the South. Several of the northern institution representatives praised the programme management and the support received by the Secretariat. Flexibility and responsiveness were highlighted as strengths.

Critical remarks: there are some observations that, as compared to the sound management in the first two years, during the last year the initial quality of the programme management decreased somewhat. In this context, one respondent also deplored a lower transparency in the Secretariat managing the third round of calls. The issue of the quality of reporting is further elaborated on later in the chapter. Observations such as these leave an impression of a management which is today a bit rushed, a fact which may reflect the inadequacy of the means available as compared to the tasks having to be fulfilled. A major concern is raised by several respondents about the fact that the success of the Programme today relies too strongly on the shoulders of two very committed individuals.

> ESTHER CH today is – a bit exaggerated – two persons: the project manager at ISPM and the SDC staff in charge of ESTHER. How far is the Programme institutionally anchored? How sustainable is it when the Secretariat mainly relies on the capacity of one staff member? (several respondents, including the representative of the ESTHER Alliance)

b) ESTHER CH governance

Overall the governance mechanisms are performing well in the view of most respondents who can make a judgement. Some members of the Steering Committee (SC) are clearly more active than others. According to the ISPM one could start introducing a rotation system, replacing half of the members of the SC after four years by new ones.

Critical remarks: The initial composition of the Steering Committee was partly driven by opportunities offered by the existing collaborative links of the ISPM. The SFOPH and southern institutions are not playing a strong role. SDC is perceived as having a very strong weight compared to the other committee members. The latter is seen by some as an advantage (strong formal level engagement), while others would welcome a less "dominant" role of SDC. Also, it is not clear to all, who the Secretariat is accountable to: to the ISPM supervisor, the Steering Committee or to SDC? Some respondents perceived the Steering Committee as rather weak in terms of strategic guidance and describe it as "going along with the Secretariat".

> We never had a meeting with a strategic discussion. The Steering Committee has been too busy with steering the operational processes and should now take a stronger role in steering strategically. (view of one of the SC members)

c) Specific management issues and mechanisms

Calls and review process: the ISPM is proud of having established a proper scientific review process adding a lot of quality to the calls and the funded partnership projects. It was astonishingly easy for ESTHER CH to attract high quality international reviewers. Considering that ESTHER is about applied and not about basic research this was rather surprising to the interviewees at ISPM.

> The review process makes THE difference in the quality of the partnership projects. (view of the ESTHER CH supervisor)

Overall, except for the one critical remark mentioned above on the third round of calls, there is very good satisfaction amongst respondents with the current review and grant allocation process as it was set up. In selecting the reviewers, care is taken to combine and balance scientific, geographical and development expertise. To allow for at least one reviewer being an expert in development cooperation, the number of reviewers per proposal was increased to three in the second round. The review processes benefitted much from the scientific expertise of the ISPM and the Steering Committee members. Some respondents would, however, wish the calls to be announced more in advance, to give more time for participative partnership building processes. Views of respondents regarding the quality of the submitted proposals differed to some extent.

Reporting: ***Critical remarks:*** Reporting is clearly one of the weakest management areas of ESTHER CH. SDC and the evaluators observed the reporting (second annual report and the third semi-annual report) having lost in quality, as compared to the initial reports. There is a lot of copy pasting from the first report, too much focus given to reporting on activities and the documents would benefit from proof reading. The list of annexes attached is rather overwhelming. Members of the SC and SDC would wish reports to be more synthetic, analytical and – in addition to reporting on activities – also inform about outcomes of the funded projects, achievements, failures and lessons learned and giving better overviews.

> I have not seen a synthesis report on results, achievements or outcomes of the projects. (statement by one of the Steering Committee members)

Reporting is also an issue at the project level. There is no standardised form for submitting project reports. Reports are often submitted late, not respecting the 90-days deadlines given and sometimes only come in after – sometimes several – reminders, something that could be witnessed by the lead evaluator when asking for project reports. One project, to give an example, ended in September 2017 but only submitted the final report in December 2018, when asked for by the evaluator. The quality of analysed reports varied greatly. **Good practice example:** the intermediary report submitted by the Zambia partnership[35] (managed by the ISPM) is of excellent quality, includes reporting based on the logframe and could well be used to develop a template for reporting on the projects.

Funding mechanisms: generally, the two mechanisms (start-up funds and grants) are seen to have fulfilled the expectations and worked well. Still, several respondents suggested changes in view of a next phase (*see chapter 6*).

ESTHER CH Strategy: ESTHER CH did not yet deliver on the promise to develop a strategy. The logframe for this phase foresees this activity. The lack of clear strategic longer-term orientation is deplored, not only by SDC but by several interviewees representing the SC and northern institutions. For a next phase, the question remains to be solved between SDC and ISPM, whether the initiative to develop a strategy should come from the mandator, SDC, or from the Secretariat managing the mandate. Clearly,

[35] 17G9

developing a strategy will at this stage only make sense after a decision of SDC to fund another phase of the Programme.

Mandate versus programme contribution: SDC reflects on the pros and cons of the option to shift from a "mandate" logic to a logic of "programme-contributions". This would allow ESTHER to take a stronger strategic role and gain in autonomy from the donor. The downside of such a move would be that SDC could then only fund 50% of the overall budget and would lose much of its say. The sustainability of SDC's commitment to ESTHER could risk weakening as a result.

Possible conflict of interest: several ISPM collaborators and SC members are grant recipients. This raises an issue regarding a possibility of arising conflicts of interest. Measures to prevent such a conflict include that grant proposals are reviewed blindly by external, non-Swiss reviewers. In addition, whenever a proposal is discussed by the Steering Committee any applicant amongst the persons present leaves the room. One respondent feels that ISPM, as originally planned, should be excluded as a possible recipient; another respondent felt that the same should apply to board members. However, it should be noted that some of the best partnership projects found in this evaluation are managed by institutions who would then in future be excluded from an application. In addition, the current functioning also helps to engage highly professional experts to the unpaid function of being a Steering Committee member.

> Switzerland is a small country, sometimes we are closer to colleagues in Geneva, than to those in our own institution. (one of the Steering Committee members)

Generally, thus, respondents, including SDC, state that the pragmatic solution applied to handle possible conflicts of interest was working well. This said, several respondents would welcome a more formal approach to handling potential conflicts of interest.

Ideas of respondents how the programme management could be further strengthened:

- While contracts are only signed between ISPM and one (the leading) northern institution, SDC would welcome, in view of the many actors (sub-contractors of the lead institution) involved, if the ISPM could provide technical support to the P1 institutions on issues related to **financial management** as a preventive measure against any possible mismanagement**.**
- For a more efficient communication one of the Steering Committee members suggested a **web-based platform for communication** (e.g. with OneNote). Such a platform could also be used to strengthen networking and exchange amongst the involved partner institutions (North-North, North-South, South-South).

d) ESTHER CH and the ESTHER Alliance (EA)

Since 2012, when Switzerland joined the ESTHER Alliance for Global Health Partnerships, there has not been much change in terms of country membership at the European level. There are 6 very active members and others, with whom the EA is more informally collaborating. Since 2012 the EA has considerably changed its approach. Describing the details of these changes would go too far and is not part of the mandate for this evaluation. It should be highlighted, though, that there is now a stronger emphasis on

partnerships, rather than on institutions, a much greater openness to the types of institutions involved – while still having hospitals as key institutional partners – and also greater openness in terms of topics covered, as shown in annex 5. In addition, the EA intensively collaborates with other partners on the issue of IHP, such as the WHO or the British THET.

The Swiss approach was designed to follow the EA's principles with the flexibility allowed to all member countries. Switzerland was amongst the last countries that joined the Alliance and was able to benefit enormously from the experience and the pool of expertise established by other members over many years. ESTHER CH had not to be built from scratch. The potential to learn from others was well made use of, according to David Weakliam of the EA, who gives ESTHER CH good credits for how the Programme has been developed in the first phase.

> Switzerland has done very well in starting a new partnership programme. A particular strength of the Swiss Programme are the close ties with SDC. This helps bringing in a policy approach to health and development and strengthens the governance and sustainability of the Programme. (David Weakliam, EA)

Switzerland contributed to the development of the EA and the ongoing discussions. Swiss efforts to bringing the ESTHER approach better in line with the SDG agenda, health systems strengthening and UHC and developing a theory of change were particularly appreciated.

> Switzerland is a highly active and engaged member of the Alliance and will be an important partner in terms of how the Alliance will develop in future. (David Weakliam, EA)

Room for improvement: Two main issues were raised by the EA respondent. One is the question about a long-term plan for ESTHER CH, which would be beneficial to the Swiss Programme. The second is the capacity issue and the dependence on mainly two committed individuals, as already elaborated under 5a). Sufficient capacity for management, strongly rooted in the institutions, is seen as a key success factor in view of the Programme's sustainability.

Conclusions and main recommendations with relevance for action

- **ESTHER CH was overall well managed during the phase under evaluation**. The focus was placed on setting up the needed mechanisms for the support of partnerships and on developing the Programme. Great efforts were invested into the management at the **operational level**, much to the satisfaction of the beneficiary partner institutions. The Secretariat has fulfilled this role well in the frame of the available resources. **In the next phase, the Secretariat should focus more on some of the shortages identified**, namely: **reporting**[36]**,**

[36] Consider passing to *one* annual report only, with oral intermediary reporting, allowing more resources to be invested in meeting the shortcomings observed. Develop a standardised report form.

external communication & marketing, fundraising and contributing to the development of a strategy.

- **For a next phase the resources for managing the Secretariat should be reviewed**. There will certainly be less work needed for the development of mechanisms and instruments. As discussed in chapter 6, passing from yearly to bi-ennial funding rounds and possibly less projects with larger amounts (while of course bringing other disadvantages) could be a strategy to reduce the workload at the level of the Secretariat and allow more time to be spent on catching up with some of the weaknesses identified in this evaluation. Depending on the main tasks of the Secretariat in a next phase, it should be explored whether a 60-70% Secretariat position could be funded. However, the tasks should be divided amongst more than one person, both in order to reduce the dependency risk on one person, but also because not one professional can have all the competences needed for the coming phase. It could also be discussed, whether expertise such as communication & marketing or fundraising could be outsourced, depending on the budget that can be made available. Investing in professional fundraising could be a cost-effective measure later paying back for SDC.
- **Some of the management instruments should be revised** to fully reflect the lessons learned of this evaluation to take into consideration some of the recommendations issued in previous chapters: develop standardised reporting templates and adapt application forms and guidelines as well as reviewer forms and guidelines, as suggested (e.g. aspects related to sustainability, the contribution to health systems strengthening, conflict of interest, gender, vulnerable population, request for including a northern institution experienced in international cooperation as part of a partnership constellation, etc.). It is recommended to develop a **written conflict of interest policy.**
- The **collaboration between ESTHER CH and the EA is very good**. For the future, more capacity of ESTHER CH for contributing to the EA working groups would be most welcome.
- Developing an **ESTHER CH strategy is a top priority.** It should be clarified, who should take the lead. In view of the evaluators the lead should be taken by the governing bodies (SC and SDC), strongly supported by the Secretariat for the drafting of the strategy.
- Generally, there is a need for **clarifying the division of roles and responsibilities between SDC, the Secretariat and the SC**. It makes sense for SDC to focus more strongly on the strategic business. When reviewing the governance mechanisms, we also recommend clarifying the question of accountability of the Secretariat to the governance structure.
- The **SC should take a stronger role in strategic guidance**. When considering replacing or adding additional SC members, the choice should be made on a strategic basis: what competencies does the ESTHER CH governance body need? Who could fill this gap? As mentioned in chapter 3, special efforts should be made in engaging the **SFOPH** more actively and bringing **H+** on board. A stronger

representation of **southern institutions** and a better **gender balance** could equally be considered.

- SDC will decide about which **funding mechanism to choose for the ESTHER Programme**. In the view of the lead evaluator the advantages of the current mechanism strongly bypasses the risks associated with moving to a programme contribution.

6. Key area: toward a future ESTHER Switzerland approach

Main evaluation question: *How, if at all, could the Programme's current approach be adapted, including the thematic and geographic focus and the funding mechanisms?* → **informing the future**

Background information

Much of the current approach has already been described under the background information in chapter 1. Key elements are in short:

- Two funding mechanisms with yearly rounds of calls:
  - Start-up funds (max CHF 10'000.-); aiming to facilitate the assessment of the potential and feasibility of a new partnership, and the writing of a proposal for an ESTHER partnership project grant
  - Grants (max CHF 100'000.-); the duration was extended from initially 12 to a maximum of 18 months
- "Southern" partner institutions can be from low- and middle-income countries, not limited to SDC partner countries
- The topics SRH&R and HIV/AIDS represented the main topics (with a special focus on the target group of adolescents)
- *The types of institutions involved are discussed under chapter 1*

Respondents were asked for their views on how the approach could/should be adapted, should ESTHER CH get SDC support for coming phases.

a) Grants and calls

Respondents overall feel that the mechanisms applied in this phase worked well, but that in view of coming phases they should be reviewed to allow more flexibility and better meet the needs of long-term partnerships, rather than focusing on projects with a very limited period of duration.

> Partnerships need time – it needs a long-term engagement. (statement by a member of the SC, that would be echoed by many others)

A future modular approach to scaled funding options which would meet well with the views expressed by several respondents is proposed below in the recommendations for this chapter.

Most respondents feel strongly that the duration of grants was too short and should be expanded as partnerships need time to grow and develop. Respondents would give preference to longer duration over higher funding for the grants, even though some interviewees would welcome higher amounts of funding for longer term grants.

b) Thematic scope

All persons interviewed, including SDC, would welcome ESTHER CH to open in coming phases to a broader range of topics, in line also with the strategic framework of the ESTHER Alliance, which currently highlights 22 thematic intervention areas (*see annex 5*).

Some voices, which represent widely shared ideas:

The broader the better.

Stop thinking in silos – take the health needs of partners in the South as a starting point.

ESTHER CH should not be about topics primarily, but mainly about partnerships with institutions who are part of their national health system.

Many respondents specifically highlighted the priority of NCDs, some also the potential of North-South partnerships engaging in the field of neglected diseases.

For a future phase, as mentioned, respondents to the evaluation would strongly welcome if the definition of topics and target groups could be defined by local needs rather than by a narrow scope in the calls – a view supported by the evaluators.

c) Geographic focus and global learning

Moving to a restriction and introducing a limitation to only invest in partnerships with institutions based in SDC partner countries would not be welcomed by any of the respondents outside SDC. It should also be considered that such a restriction would exclude many of the Swiss institutions who are outside the circle of organisations traditionally involved in international collaboration. ESTHER CH would be left with a few "heavy weights" already active since long time in SDC partner countries, for whom, however, the amounts available through the ESTHER grants would not be attractive as compared to other funding mechanisms available to them.

For the coming phases, there is a potential to support partner institutions in learning from ESTHER and from each other beyond the narrow bonds of their own partnership. With an increasing number of completed partnership projects, good documentation of lessons learned and successful approaches and support in inter-partnership exchange, the cross-fertilisation between projects can and should be promoted.

Conclusion and main recommendations with relevance for action

- The **ESTHER CH strategy** development process should include **reviewing the approach** as discussed in this and the previous chapters.

- A **future modular approach to scaled funding of partnerships and projects could involve three options**, leading to a mixed portfolio with:
  1. Funds for exploring new, not previously existing partnerships
  2. Grants, including funds for projects for a) a new partnership (seed money) or b) an existing partnership wishing to expand (thematically or involving additional partners)
  3. Grants for strengthening long-standing, successful partnerships (e.g. for strengthening the health-systems approach, South-South partnerships, etc.)

  These, and other options could be discussed in the frame of upcoming strategic discussions. The funding amounts should be adapted accordingly. SDC and the governing body should be aware of the **implications that moving to such a scheme would have in terms of giving the Programme a long-term perspective beyond a second phase.**
- Part of these discussions should also be dedicated to **reviewing the duration of the grant support**. A duration of 6-12 months for type 1, at least two years for type 2 and possibly 3-5 years for type 3 grants would be welcomed by most respondents representing northern or southern institutions.
- ESTHER CH would be strongly advised to **open to a wider range of health systems topics**, in line with the EA strategy, giving a **special focus to NCDs**. In the view of the lead evaluator, Swiss health actors have a particularly strong potential ("Swiss comparative advantage"), amongst others, in the following thematic fields listed as EA topics[37]:
  - NCDs[38]
  - Staff and patient safety; hospital hygiene[39]
  - Palliative Care[40]
  - Strengthening of institutional management: including leadership development, hospital management, quality management, procurement and supply management, etc.

  A specific focus on neglected tropical diseases would not be recommended for ESTHER CH, as with the Swiss Alliance against Tropical Diseases SANDT there is already a Swiss actor strongly positioned in this field. This said, neglected (tropical and other) diseases should not be excluded from the thematic scope of ESTHER CH, in case a thematic opening will be decided for. ESTHER CH could consider seeking and establishing collaborative ties with SANDT and engage in a partnership similar to the one with the MMS network.

[37] See annex 5
[38] major contributor to the Swiss burden of disease, national strategy and many highly skilled health experts at all levels
[39] possibly linking to Swissnoso as a partner
[40] having a national strategy and an increasing number of highly skilled health experts in all parts of the country

- **ESTHER CH should,** if possible, **stay geographically open and not limit the geographical focus to SDC partner countries**. This is particularly important when wanting to open the Programme to Swiss health care partners not traditionally involved in international cooperation.
- In a next phase, ESTHER CH should start to support the **strengthening of synergies and cross fertilisation between partners at all levels**, including between Swiss institutions:
    - ESTHER could offer **training on partnership management** (e.g. how to match with partners, how to manage a good partnership based on ESTHER principles, how to work in an intercultural setting, reporting and financial management, success factors and major traps, etc.). The WHO Partnership preparation package [6] could provide an excellent resource for developing partnership capacity and practical skills.
    - **Bring partners from various partnerships together for mutual learning, cross-fertilisation and strengthening synergies** (e.g. through conferences, workshops, opening the annual forum to southern partners, etc.), either physically or by supporting exchange visits, if means allow, or by virtual means of communication.
- Opening up to welcome IHPs which are not directly involved in ESTHER supported projects under the ESTHER label would require the development of an accreditation process. While this is a good idea for the mid-term future, in the view of the evaluators it would be too early for such a move. **Investing in bringing on board "external" partnerships should not be considered a priority for a next phase**. The priority for the next one or two phases should be to further strengthen the profile and label of ESTHER CH with partnerships, which are more closely linked to the Programme.

SWOT and overall conclusions

At the end of this report, major findings are summarised in the form of a SWOT analysis, followed by some overarching conclusions.

a) Major strengths, weaknesses, opportunities and threats (SWOT)

Strengths:

- Operational programme management and project support
- Governance structure
- Links between ESTHER CH and SDC
- North-South institutional health partnerships with great commitment
- Collaborative ties between ESTHER CH, SDC and the EA
- Organisation of meetings, particularly the annual forum

Weaknesses that should be addressed:

- Strategic outlook and directions
- Profiling, external communication and marketing
- Fundraising
- Reporting
- Visibility of the Programme in the Swiss health care system
- Visibility of the results of ESTHER CH

Opportunities:

- Involving a wider stakeholder circle of Swiss health care actors
- Further embedding partnerships in national health systems
- Profiling of ESTHER as focusing on hospital partnerships (ESTHER's niche), in alliance with experienced development partners, such as NGOs or research institutions with a strong track record in international cooperation
- H+ having a new director since June 2018 could offer an opportunity to reengage in discussions with ESTHER CH
- "Partnerships" are currently "in the trend" and seen by many as successful modality for international cooperation
- ESTHER's potential to contribute to strengthening "the Swiss comparative advantage in health"
- Partnership twinning projects involving prominent Swiss health experts are easier to communicate to parliamentarians and the general public than more public health-oriented approaches to international development cooperation

Risks/Threats:

- Full dependency on SDC funding with low diversification of funding sources and no secured mid-term perspective
- Relying too heavily on two central persons – what, if… one of them would leave their institutions[41]?
- ESTHER not sufficiently anchored in SDC's strategy
- Political pressure on SDC and volatile context for international cooperation in Switzerland

b) Overall conclusions

ESTHER CH has been well established as a programme to foster North-South institutional health partnerships along the principles of the ESTHER Alliance for Global Health Partnerships. Mechanisms, instruments and governance structures set up are well performing. Expectations on ESTHER CH were high – possibly too high, as SDC admits. Taking this into account, the Programme achieved as much as one could probably expect in this phase. ESTHER CH helps bringing different worlds closer together: that of research and health systems actors, that of Swiss actors in international cooperation and Swiss health care actors, and obviously "the North and the South", just to mention the most important. It has a high potential for involving additional Swiss health care actors in IHPs, including actors who have no prior experience or would not otherwise engage in international cooperation and actors who without ESTHER CH would not necessarily comply with collaboration principles, as defined by the EA. The Programme thus contributes to strengthening the "Swiss comparative advantage in health".

Still, much remains to do now.

> We started to build initial blocks, we don't yet have a house. (ESTHER CH project manager)

Still much remains to do in coming years. Important issues that will have to be addressed include, amongst others, the questions on whether to place the focus rather on the project or on the partnership level and how far to go in terms of aiming for health systems strengthening.

ESTHER CH now needs a strategic outlook to clearly determine where the Programme shall be heading to.

Priorities for a next phase will have to include:

- Developing a strategy to clearly position ESTHER CH
- Adapting and further developing the approach based on the recommendations of this evaluation
- Strengthening external communication and marketing
- Strengthening fundraising to diversify funding sources and contribute to the sustainability of the Programme

[41] Just as a worst-case scenario - please note: no such signals were received during the evaluation

In view of many respondents involved in this evaluation, investing in a long-term perspective for ESTHER CH is worthwhile, as two members of the Steering Committee representing Swiss university hospitals put it:

> We think that partnerships are what eventually will "save us" on a global level; we have common curricula, we have master's students on both sides – all this is important to have the next generation to appreciate the value of partnerships.
>
> We are convinced that a focus on partnerships is the best way to fund development cooperation. If SDC could one day consider funding partnerships as a core component of international cooperation[42], then ESTHER could cease to exist…

A last remark by the evaluators: During the process of this evaluation to create a picture about the Programme in this phase we had to dig deeply into information, which was not always readily available or sometimes not in an easily digestible form. While doing so, however, we moved from an initially rather sceptical perception of ESTHER CH to coming in the end to an overall very positive assessment of what the Programme has achieved in the phase under evaluation. ESTHER CH will have to make the benefits and results of IHPs better known to "the outside" and invest in communication products which are easy to understand also for those not directly involved. Throughout this evaluation report we have tried to contribute elements for such products, as well as ideas and food for thought for further discussions, hopefully allowing the Programme to further develop and establish – with strong partners both in Switzerland and in the South.

[42] *comment of the evaluator*: in a sense of mainstreaming in the various funding mechanisms

Annexes

Annex 1: List of abbreviations

AI	Arctic Infrastructure
CH	Switzerland
CHF	Swiss Francs
DAC	OECD criteria for evaluation development assistance
EA	ESTHER Alliance for Global Health Partnerships
EID	Early Infant Diagnosis of HIV
ESTHER CH	ESTHER Switzerland
FOPH	Swiss Federal Office of Public Health (BAG/OFSP)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
H+	Die Spitäler der Schweiz/ Les hôpitaux de Suisse/gli hospidali Svizzeri
HUG	Hôpitaux Universitaires de Genève
IHP	Institutional health partnerships
IP	Institutional Partnerships (SDC)
ISPM	Institute of Social and Preventive Medicine (Bern)
LL	Lessons learned
LMIC	Low or middle income countries
MCH	Mother and Child Health
M&E	Monitoring and Evaluation
MMS	Medicus Mundi Switzerland
NCD	Non-communicable diseases
NGO	Non Governmental Organisation
ODA	Overseas Development Assistance
P	Partner
PC	Partner country
PCR	Polymerase Chain Reaction
PHS	Public Health Services GmbH
PMTCT	Prevention of Mother to Child Transmission (of HIV)
ProDoc	Project Document
SANDT	Swiss Alliance against Tropical Diseases
SC	Steering Committee
SCIH	Swiss Centre for International health at the Swiss TPH
SDC	Swiss Agency for Development and Cooperation

SDGs	Sustainable Development Goals
SC	Steering Committee
SNF/R4D	Swiss national Science Foundation/ Swiss Programme for Research on Global Issues for Development
SRH&R	Sexual and Reproductive Health and Rights
Swiss TPH	Swiss Tropical and Public Health Institute
SWOT	Strengths, weaknesses, opportunities, threats
TBA	Traditional Birth Attendant
TH	Traditional Healers
THET	Health Partnership Scheme
ToC	Theory of change
UHC	Universal Health Coverage
USP	Unique Selling Point
WHO	World Health Organisation

ANNEX 2: List of references

[1] ESTHER Switzerland, "How EEA institutional health partnerships contribute to the Sustainable Development Goals - Input paper to the EEA Board, 27 April 2017." 2017.

[2] D. Beran *et al.*, "Partnerships in global health and collaborative governance: Lessons learnt from the Division of Tropical and Humanitarian Medicine at the Geneva University Hospitals," *Global. Health*, vol. 12, no. 1, pp. 1–13, 2016.

[3] E. Kelly, V. Doyle, D. Weakliam, and Y. Schönemann, "A rapid evidence review on the effectiveness of institutional health partnerships," *Global. Health*, vol. 11, no. 1, pp. 1–10, 2015.

[4] L. N. Crisp, "Mutual learning and reverse innovation – where next ?," *Global. Health*, vol. 10, no. 1, pp. 1–4, 2014.

[5] K. Kulasabanathan *et al.*, "Do International Health Partnerships contribute to reverse innovation ? a mixed methods study of THET-supported partnerships in the UK," pp. 1–11, 2017.

[6] World Health Organizaton, "Partnership preparation package," 2018.

[7] THET, "Health Partnership Scheme : Impact Report 2011-2017," 2017.

[8] The European ESTHER Alliance, "European ESTHER Alliance Charter," 2016.

ANNEX 3: List of persons interviewed

Institution/Stakeholdergroup	Names	Function
SDC/Donor *(Group Interview, face to face)*	**Susanne Amsler**	Programmbeauftrage SRHR Dossier
	Jacques Mader and Alex Schulze	Co-Heads Global Health Programme
ISPM/ESTHER Secretariat **Members of the Steering Committee** **Northern institution** in partnerships *(Group Interview, face to face)*	**Matthias Egger**	Supervisor ESTHER Switzerland; former director of ISPM; director of SNF
	Luciano Ruggia	Project manager ESTHER Switzerland
	Nicola Low	Member of the ESTHER SC P1 17S6 / start-up fund/ Papua NG
	Giulia Bohlius	ESTHER Scientific Officer P1 17G9 / grant / Zambia
HUG/ Member of the **Steering Committee**, representative of **NGOs** (MMS) **Northern institution** in partnership *(Group Interview, face to face)*	**Thomas Vogel**	Division of Tropical and Humanitarian Medicine at the Geneva University Hospital (DTHM), former member of the EEA working group EFFECT
	David Beran	Researcher and Lecturer at the Geneva University Hospitals and University of Geneva within the Division of Tropical and Humanitarian Medicine P1 16 G2/grant/Peru
Esther Global Alliance / Esther Global Partner *(Individual interview, by phone)*	**David Weakliam**	Global Health Lead, Health Service Executive (HSE), based in Ireland
Swiss TPH / Member of Steering Committee *(Individual interview, face-to-face)*	**Kaspar Wyss**	Head of Department (Swiss Centre for International Health) and Professor at Basel University
University Hospital Zürich/ Member of Steering Committee **Northern institution** in partnership *(Group interview, by phone)*	**Jan Fehr** **George Abongomera**	Senior physician and Professor Postdoctoral Researcher in Global Health Both at: Division of Infectious Diseases, Department of Public Health; Epidemiology, Biostatistics and Prevention Institute P1 16G5/grant/Uganda
Solidarmed **Northern institution** in partnership *(Individual interview, by phone)*	**Karolin Pfeiffer**	Deputy Head of Programme Department, Desk Officer Tanzania P2 16G7/ grant/Tanzania P3 16G1/ grant/Lesotho (partially)

Institution/Stakeholdergroup	Names	Function
Inselspital, University Hospital Berne **Northern institution** in partnership *(Group interview, by phone)*	**Gilles Wandeler**	Senior physician, Department of Infectious Diseases and Clinical Research Fellow at the ISPM P1 16S4 / start-up fund and P1 17G5 grant / Senegal
Fondation Profa **Northern institution** in partnership *(Individual interview, by phone)*	**Claude Isofa Nkanga Bokembya**	Programme manager, Centre de compétences prévention VIH-IST, Programme Migration-Intimité
Ifakara Health Institute, Tanzania **Southern institution** in partnership *(Group interview, Skype and Whatsapp)*	**Lilian Moshi**	Medical doctor at the One Stop Clinic, Ifakara, Tanzania, Responsible Junior Doctor for the Esther project P2 16G8 / grant / Tanzania
	Maja Weisser	Head of the Chronic Diseases Clinic of Ifakara until end of 2017, since then, Clinical Research Coordinator of the CDCI and senior staff physician at the Division of Infectious Diseaeses at University Hospital Basel
Arctic Infrastructure, Lagos, Nigeria **Southern institution** in partnership *(Individual interview, by Whatsapp)*	**Lookman Oshodi**	Project Director P2 16G4 / grant / Nigeria
Bakulahar Ratnanagar Hospital, Nepal **Southern institution** in partnership *(Individual interview, by Skype)*	**Devendra Kumar Shresta**	Chairman of Bakulahar Ratnanagar hospital management committee P2 16S3/start-up fund / Nepal
University of Zürich, Division of lnfectious Diseases **Northern institution** in partnership *(Individual interview, by Skype)*	**Herbert Afegenwi Mbunkah**	PhD Student 16G3 / grant / Cameroon

ANNEX 4: Main evaluation questions

revised and approved during inception meeting (CK, LR, SA), 6.11.2018

1. **Partnerships**: → relevance, effectiveness, outcome (*as a proxy of impact*)
    a. What progress could be achieved in **partnership building (IHP) and institutional strengthening** of partners in the South?
    b. How has the **group of involved institutions evolved**, considering the aim of opening to "non-hospital partners" as well?
    c. How **"equal" and needs-based** are the partnerships established – how did the partnership start (what was the motivation behind it, who took the initiative)?
    d. How far did the North-South partnerships result in **leveraged funding** and **broadening the support by international partners** for the involved partners in the South?
2. **Other major results and outcomes:** → effectiveness, outcome (*as a proxy of impact*)
    a. What can be considered **other major results and first outcomes** of the partnerships in the ESTHER collaboration in the current phase?
    b. What can be considered the **specific niche/added value/counterfactual question** of the Programme?
3. **Positioning of ESTHER Switzerland in the Swiss context:** → relevance, effectiveness and sustainability
    a. In view of current **context developments in Switzerland**; what are major contextual developments presenting risks and opportunities for ESTHER CH in future?
    b. How well has ESTHER CH succeeded with **external commutation**? How could the **visibility** of the Programme be increased in the future?
4. **Dependency on SDC funding:** → sustainability

a. Did ESTHER CH succeed in **diversifying funding sources**, both for the work of the Secretariat and for the work in the partnerships?

b. To what extent was ESTHER CH able to **mobilise co-funding** from the partner institutions in the North & the South and from other sources?

c. To what extent are **partnerships continued beyond the end of the financial support** through the SDC-grants?

5. **Management:** → effectiveness and efficiency
    a. How is the management of the current **Secretariat** and how is the set-up of the **governance bodies** perceived and what could be improved/adapted in future?
    b. Are there **mechanisms** put in place or instruments applied that need to be revised/that could be improved?
6. **Approach:** → informing the future
    a. **How** (if at all) should the Programme's current approach be adapted in future and **why**?
    b. **thematic focus** on SRH&R and HIV/AIDS; adolescents
    c. **geographic** scope and focus
    d. division of funds between project grants and start-up funds

ANNEX 5: ESTHER partnership programmes – common approaches tackling diverse problems

An extract from the Strategic Framework 2015 - 2020 of the European ESTHER Alliance

FIGURE 1:
ESTHER PARTNERSHIP PROGRAMMES:
COMMON APPROACHES TACKLING DIVERSE PROBLEMS

ANNEX 6: Rough breakdown of overall ESTHER CH budget (including addition) for the phase 2016-2019

Type of costs	CHF
Costs Services of Institution/Project Implementation Unit	**405'470**
Administrated project funds	**1'272'535**
Projects co-funded by SDC	*1'084'006*
Start-up funds	*75'000*
Contribution to the EEA Secretariat	*32'000*
Website	*10'266*
Cost for ESTHER CH meeting	*2'053*
Hosting of one EEA meeting	*10'000*
External audit	*14'210*
External evaluation	*45'000*
Total budget, as in contract addendum of 16.7.2018	**1'678'005.36**

ANNEX 7: ESTHER Switzerland intended Outcomes

Source: ESTHER ProDoc of 22.1.2016

4.7. Outcomes

The overall aim of ESTHER Switzerland and its Secretariat is to contribute to health systems strengthening and universal health care through long-term North-South institutional partnerships. Three major outcomes (cfr. LogFrame) have been identified for the period 2016-2018:

4.7.1. Outcome 1: Swiss institutional health partnership projects are developed under the ESTHER umbrella and implemented according to EEA quality standards

- Output 1.1: ESTHER Switzerland partnership projects are underway and implemented as per established criteria.
- Output 1.2: EEA standards are promoted among Swiss institutions who are or who want to be engaged in institutional health partnerships.

4.7.2. Outcome 2. Experiences and evidence from Swiss institutional health partnership projects are processed and disseminated within the ESTHER Switzerland network and within the EEA, and brought into the national and global policy dialogue

- Output 2.1: Project results, lessons learned and good practices from ESTHER Switzerland are synthesised and available and shared.
- Output 2.2: ESTHER Switzerland experiences shared at EEA meetings and in the EEA Working Groups.

4.7.3. Outcome 3: The organizational structure of ESTHER Switzerland is strengthened

- Output 3.1: Governing structure is set up and functioning
- Output 3.2: Partnership criteria, definitions of supportable projects and processes for review and approval of projects have been defined and are available on the ESTHER Switzerland website
- Output 3.3: ESTHER Switzerland Strategy developed.

ANNEX 8: ESTHER CH 2016 – 2018; proposals received and funding outcome

source: information provided by the ESTHER CH project manager on request of the lead evaluator

	N° of grant proposals submitted	N° approved	N° of proposal rejected	N° of start-up proposal received	N° of start-up accepted	N° of start-up rejected
2016	8	6	2 (1 rejected before reviewing because of insufficient quality and focus on a very unstable country)	5	3	2 (both requesting too much money and clearly not start-ups)
2017	10 (1 project withdrawn shortly after submission)	6	3 (1 rejected before reviewing, out of thematic scope)	6	2	4 2 clearly not start-ups 2 project lacking a identified Swiss partner
2018	Call not open for grant proposals	Call not open for grant proposals	n/a	7	2 accepted (in the process of finalizing the decision)	2 probably not financed (decision pending) 2 clearly not start up project 1 project was disqualified for legal reasons

ANNEX 9: Overview over funded ESTHER CH projects

Source: table developed by the lead evaluator based on the information from the factsheets, state of December 2018

(*not including the projects 18/S2 and S3, funded in the third round*)

project Nb/ type	country	coverage	topics	Dura-tion (m)	Funds (CHF)	activities	P1	P2	P3	P4	P5	P6
16 G1	Lesotho	2 rural districts; 16'000 beneficiaries; at least 4 lab technicians	HIV; lab; viral load monitoring	17	99'850	trainings for at least 4 lab technicians	Research Institute CH	Hospital CH	NGO CH	Hospital PC	MOH PC	
16 G3	Cameroon	4 gvt semiurban/urban hospitals (2 regional, 2 district)	HIV; lab; genotypic resistance testing	12	19'099	PHD student from Cameroon working at P1; visits to 4 partner hospitals	Univ Hospital CH	Hospital PC	Hospital PC	Hospital PC	Hospital PC	
16 G4	Nigeria	Lagos slum with 50'000 inhabitants	integrated, accessible and affordable PHC; MCH; SRH; hygiene	13	77'100	Awareness raising community; capacity building of 34 traditional healers and TBAs; data collection and medical data base; training 30 youth health champions for household outreach	NGO CH	Cantonal Hospital CH	NGO PC	NGO PC	Hospital PC	Professional Asso-ciation PC

16 G5	Uganda	1 national referral hospital (tertiary level);1 Health Centre (after 6/12); beneficiaries are persons living with HIV: 800 pregnant women, 1000 asymptomatic patients, 300 STI patients	STI/HIV; lab; testing and treatment	12	99'996	capacity building (onsite and distance) for accurate diagnosis and treatment of 3 STIs (as opposed to syndromic approach); monitor costs of intervention	Univ Hospital CH	Univ Hospital PC with Pan-african mission				
16 G7	Tanzania	catchment population (60'000 women) of Lugala hospital (rural); 4200 pregnant women/y;	SRH; NCD, gestational diabetes mellitus	12	95'705	capacity building of nurses and experience exchange; introduce routine screening; introduce standard long-term algorithm	Cantonal Hospital CH	NGO CH	Hospital PC			
16 G8	Tanzania	rural district; 6000 pregnant women; 230 HIV exposed infants	HIV; PMTCT, MCH	12	99'817	roll out one stop clinic model to rural periphery; HIV testing of pregnant mothers and infants; awareness events and inproved follow-up compliance; inform national policy	Research Institution CH	Research Institution PC				
16 S3	Nepal	1 gvt hospital with catchment area of 250'000 pop	MCH; infrastructur e	3	5'000	visit of P1 to Nepal to further strengthen existing institutional partnership and promote interculturale exchange and capacity building	Local Hospital CH	Hospital PC				
16 S5	Congo DR	medical infrastructures in 4 health zones	SRH	2.5	10'000	consultant mission to explore partnership potential	Founda-tion/NGO CH	NGO/Health Care Network PC				

17G5/16 S4	Senegal	2 Senegalese experts; CAS in CH; train 6 colleagues in Dakar/50 health professionals at national reference hospital in capital	Hepatitis B	12 and 5	99'400 / 10'000	TOT of HBV experts and build centres of excellence; develop a clinical database; intensify dialogue with MOH; weekly teleconferences/ workshop improve screening/testing, care and treatment monitoring; finding additional funding mechanisms	Univ Hospital CH	Univ Hospital PC				
17 G9	Zambia	urban HIV clinic in Lusaka	SRH; STI, cervical cancer; HIV	13	99'885	introduce gold standard screening with colposcopy (capacity building for nurse-led approach, portable colposcope), telemedicine, facilitate peer training, multidisciplinary platform for further education	Research Institution CH	Health Care and research organisation PC	National Programme/ MOH PC			
17 S6	Papua New Guinea	national	STI; MCH; resistance to GO	6	10'000	Needs assessment to develop a proposal for ESTHER partnership project	Research Institution CH	Research Institution PC	Hospital PC			
17 G2	Peru	indigenous populations Central Amazon area; 2 of 43 indigenous communities (with some 1600 adults living in 2 communities)	STI; HIV	17	100'000	develop culturally appropriate care for HIV/AIDS and STI (formative research, assessment of bottlenecks, capacity building health workers, capacity development of indigenous organisations and communities; health care delivery)	University hospital CH	University Hospital PC	NGO PC			

Projects, funded in round 1 or 2 which could not be further analysed with an interview)												
17 G1	Cameroon	catchment area of two referral district hospitals (total some 330'000 pop)	SRH; cervical cancer; STI/HPV screening	21	100'000	epidemiology; determine feasibility of HPV based cervical screening approaches; testing and treatment; create a database of cervical images and electronic database with contact information; health care performance indicator monitoring	Univ. Hospital CH	District Hospital PC				
17 G4	Guinea-Conakry	Medical Centre (rural); cohort of 220 HIV patients	HIV; TB	14	93'587	introduce viral load testing; training of 2 physicians in Dakar for 2 months; training 2 doctors in HIV and TB at the Medical Centre for 12 months; training of medical support staff 3 lab technicians, 3 HIV counsellors; viral load monitoring for the most vulnerable populations	Univ. Hospital CH	Univ. Hospital PC	Hospital/ Health Center PC			
17 G7	Cameroon	public district hospital	SRH; gyneco-logical care	18	95'798	Strengthen gynecological care by introducing a one day test and treat strategy (consultation room, management protocols, list of: essential medicines, medical equipment and diagnostic tests, referral locations; cost evaluation; epidemiology)	Research Institution CH	Univ. Hospital CH	Research Institution PC	Hospital PC		

17 S4	Senegal	Care Centre for IDUs in capital city	IDU harm-reduction/ HIV/STI/Hepatitis/TB	6	10’000	3 day workshop in Dakar with 40 participants to explore collaboration potential to foster peer outreach interventions for IDUs	Non-profit company CH	Univ. Hospital CH	Univ. Hospital PC			

ANNEX 10: ESTHER CH Project Submission Path

Source: ESTHER Project Document, 2016