



Guidelines for submission of proposals, 2017

ESTHER (*Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau*) was initially founded by France in 2001 and later other European countries joined the ESTHER initiative. The mission of the ESTHER initiative is to bring together European Governments and allied organizations. ESTHER members engage institutions in effective and sustainable north-south partnerships. ESTHER partnerships should strengthen the capacity of the health workforce and institutions to provide quality health services for people in low and middle-income countries. ESTHER promote institutional health partnerships through knowledge generation, sharing best practice, collaboration and advocacy.

Switzerland joined the European ESTHER Alliance (EEA) in 2011. ESTHER Switzerland aims to strengthen health systems and particularly human resources to address health needs in low and middle-income countries (LMIC). ESTHER partners work in LMIC mostly to tackle priority issues for health and to help achieve the UN Sustainable Development Goals (SDG)¹. The partnerships are based on principles of best practice as set out in the EEA Alliance *Charter for Quality of Partnerships* and on the EEA *Strategic Framework 2015-2020*.² ESTHER Switzerland uses the twinning model of institutional health partnerships (IHP)³ to foster effective north-south and south-south partnerships that can **build capacity of the health workforce and health institutions**. Partnership projects should aim to improve practices (e.g. in the management of health conditions, and in service delivery) that could be replicated beyond the involved institutions. As such, partnership projects should aim to contribute **to the strengthening of health systems, the achievement of universal health coverage and ultimately to the improvement of health outcomes**.

From the MDGs to SDGs

The transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) in 2015 has broadened the approaches, ways and practices how health and diseases shall be tackled. This requires a reformulation of the theory of change on how health interventions contribute to the new global development framework, namely the SDGs.

The MDGs emphasized the control of priority diseases such as TB, malaria and HIV/AIDS as well as improved child and maternal health. This went along with substantial funding increase in development assistance to these areas and thereby neglecting other essential health issues, general health systems strengthening or the control of non-communicable diseases at large. Some argue that the focus on selected priority diseases going along the establishment of parallel product procurement and distribution systems and service delivery weakened the health system and is financially not sustainable. Further, the inequalities among individuals

¹ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

² <http://www.esther.eu>

³ "Institutional Health Partnerships are long-term, institution to institution partnerships between high income and low and middle income countries which seek to build capacity and strengthen health institutions in order to improve health service delivery and outcomes.", Kelly E, Doyle V, Weakliam D, Schönemann Y. A rapid evidence review on the effectiveness of institutional health partnerships. *Globalization and Health*. 2015;11:48. doi:10.1186/s12992-015-0133-9



and population groups in terms of accessing health information, education and services remain an issue of great concern.

The SDGs address some of these limitations and challenges by approaching health in a comprehensive and universal manner, as spelled out in the SDG 3 which aims at ensuring healthy lives and promoting well-being for all at all ages. While SDG 3 keeps a focus on specific diseases its scope has broadened and encompasses also targets referring to non-communicable diseases or universal access to health services. This means that individuals and communities shall have access to high quality, affordable healthcare services which are aligned to population needs. The main elements of universal access to health services resp. of Universal Health Coverage (UHC) include the availability, accessibility (incl. affordability), acceptability and quality of services. UHC shall be understood as a transversal target across SDG 3 and encompasses also health system issues health system building blocks (health services, health workforce, health information, medical products and technologies, health financing and governance incl. policies). The concepts of Health System Strengthening (HSS) and Universal Health Coverage (UHC) are closely linked in the sense that a strong health system is a pre-requisite to achieve UHC, meaning that all essential elements of a health system need to be fully functional and interlinked with each other.

Definition Universal Health Coverage:

Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”

Source: O’Connell T, Rasanathan K, Chopra M. What does universal health coverage mean? *Lancet*. 2014;383(9913):277–9.

A new ESTHER Theory of Change

First, the SDGs are the conceptual and the operational framework in which all health cooperation interventions, including the ESTHER institutional health partnerships projects, need to operate. ESTHER partnership projects shall therefore explicitly formulate and show how their interventions are embedded into the global SDG framework and relate to broader health system strengthening thereby indicating the added-value ESTHER partnership can generate. Second, the request to show a clear theory of change spelling out how global health cooperation projects contribute to systemic changes has increased and has rightly become an important funding criterion. Thus, ESTHER partnership projects shall indicate more systematically, from the inception phase onwards, how a given project impacts beyond the involved health institutions and how a project relates to broader health policies and system’s strengthening. The rationale here is the increased need for sustainable solutions and the maximization of value for money. It is clear that a single ESTHER projects may not have the capacity to strengthen an entire health system or directly achieve policy changes. However, it is important that the project can show to which elements of the health system⁴ and to which elements of UHCs it contributes. Also, the project shall include specific activity lines relating to the communication of achievements and their promotion beyond the project so to contribute to health policy and reform.

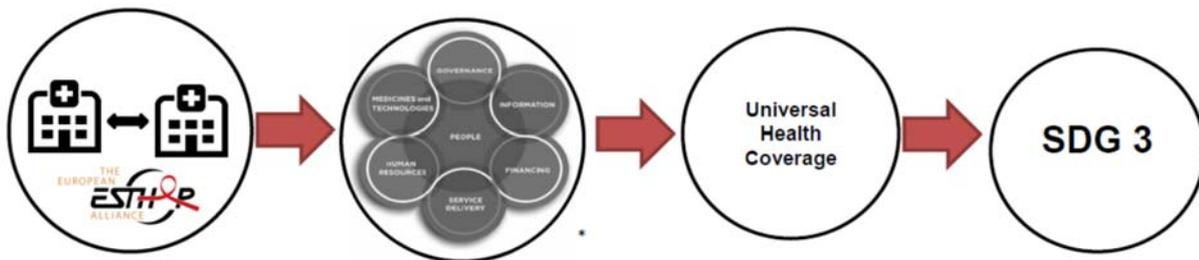
⁴ health services, health workforce, health information, medical products and technologies, health financing and governance incl. policies

⁵ availability, accessibility (incl. affordability), acceptability and quality of services



As a consequence, the theory of change for ESTHER partnerships projects could be summarized as follows:

Theory of change: 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 realize universal health coverage. Ultimately it contributes to achieve 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

Further resources:

- SDGs: <https://sustainabledevelopment.un.org/sdg3>
- WHO short video showing the link between health system building blocks and UHC <https://www.youtube.com/watch?v=pZHilGFLN8Y>



ESTHER Switzerland Grants Programme

The Switzerland ESTHER programme is currently a collaborative initiative between the Swiss Agency for Development and Cooperation (SDC) and the Institute of Social and Preventive Medicine (ISPM) of the University of Bern, which will contribute to SDC's objectives for health and development. It is based on a spirit of partnership and equality that is a fundamental principle of SDC policy⁶. The SDC has established a grant program for the period 2016-2018 managed by ESTHER Switzerland.

The grants supports two types of partnership, ESTHER project grants and ESTHER start-up grants. Both types of grants are available to institutional health partnerships that include at least one health institution in Switzerland (preference is given to hospitals, universities and research institutions) and one health institution in a low or middle-income country. Typical projects focus on the management of health conditions and service delivery and could include the training of health care staff (medical staff, nurses, management staff, etc.). Projects focused only on research issues (e.g., the maintenance of ongoing studies, or obtaining data for research purposes) are outside the scope of the present call.

1- Two types of grants

a. Partnership project grants

An ESTHER Switzerland partnership project grant is a financial contribution to support the activities of an ESTHER partnership that is in line with the EEA *Strategic Framework 2015-2020*. Criteria for funding may depend on conditions set by the potential donor (i.e. SDC). For phase 1, SDC has bound its contribution for project grants to the area of **sexual and reproductive health and rights including HIV/AIDS** (there is no specific geographic focus other than that partnership has to be with partners in a low- or middle-income country). In addition to this thematic focus, broader management aspects are considered. A supported activity can be a new project, an existing project, or an addition to an ongoing project. ESTHER Switzerland will not fund projects for which it is the sole contributor. Projects must be co-financed by the Swiss partner submitting the proposal (which has to make at least an in-kind contribution to the project, including working time and project materials).

The maximum amount for a project grant is CHF 100,000.

The funding period should have a defined timeframe. Duration, level of funding and deliverables and timelines will be detailed in an ESTHER contract.

⁶ Strategic Framework 2015-2019 of SDC Global Programme Health



b. Start-up grants

An ESTHER start-up grant aims 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. They should be in line with the *EEA Strategic Framework 2015-2020*. The start-up grant can cover activities that allow the assessment of the potential for a partnership project and/or the development of a project proposal (e.g. desk research, assignment of short-term expert, preparation visits/workshops/meetings). Start-up grants cannot cover activities of an existing project, including salary costs or purchase of equipment. The award of the start-up grant does not automatically lead to or guarantee subsequent funding of the proposed partnership project.

The maximum amount for a start-up fund is CHF 10,000.

The funding period should have a defined timeframe. Duration, level of funding and deliverables and timelines will be detailed in an ESTHER contract.

2- Deadline for submission

The deadline for submission of proposals is **Monday, August 21st, 2017, at 12h00 CET**.

3- Grant approval

The ESTHER Secretariat will do a formal check of the proposals. All eligible and technically complete grant's proposals will be sent to two independent, external reviewers who will assess them and write their recommendation to the ESTHER Switzerland Steering Committee. The Steering Committee will make a decision to approve or reject each proposal. For grants that are approved, the Steering Committee will decide on the amount of the award. Decision on the 2017 Grants are expected by mid-December 2017 and will be communicated by the Secretariat.

4- Eligibility criteria for partnership project grants or start-up grants

The core idea of ESTHER is to promote institutional partnerships within which practicing health professionals from Europe work with their peers in LMIC.

The activities of ESTHER Switzerland should respect the ESTHER European Alliance Strategic Framework 2015-2020 (<http://www.esther.eu/wp-content/uploads/2015-2020-EEA-Strategic-Framework.pdf>).

In the framework of the SDC financing, preference will be given to projects submitted by institutions such as *hospitals, universities and research institutions*.

The Swiss partner institution has to be or become a formal partner of ESTHER Switzerland.



The country of intervention has to be a low or middle income country (LMIC) ⁷.

For more information, please contact the ESTHER Switzerland Secretariat:

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⁷ As per World Bank classification <http://data.worldbank.org/about/country-and-lending-groups>