



1st Swiss ESTHER Switzerland Forum

FORUM'S REPORT

Bern, ISPM, October 27th, 2017

Introduction

The first round of the Switzerland ESTHER supported projects is being carried out right now. The second Call for Proposal (2017) attracted great interest and the submitted proposals are being examined for a second round of financing. ESTHER Switzerland is starting to build up on its experiences from the first round of implemented projects.

At the same time, the ESTHER European Alliance is making available some new tools that could help the ESTHER project into gaining efficacy.

The logic of the SDGs is on its way to become more and more integrated into the concrete projects. This is particularly the case for health projects.

As part of a common learning process, ESTHER Switzerland held its 1st Partnership Forum and brought together partner organization to work, reflect and develop together innovative thinking around the concept of institutional health partnerships.

The Forum is an annual collaborative networking and learning event, which showcases international health partnerships being conducted by Swiss organizations and institutions.



The 1st Swiss ESTHER Switzerland Forum was held on October 27, 2017, Institute of Social and Preventive Medicine, Berne



Susanne Amsler presenting the paradigm shift from the Millennium Development Goals to Sustainable Development Goals

Aims of the Forum

1. All participants get more familiar with the ESTHER Theory of Change model and develop a reflection on how ESTHER Projects can contribute to the SDGs
2. Initial experiences around individual projects are presented and discussed
3. The ESTHER European Alliance activities and instruments are presented to the participants
4. Management and administrative questions are discussed and clarified



Participants of the 1st Swiss ESTHER Switzerland Forum

Welcome

Prof. Matthias Egger, Chair of the Steering Committee (SC) of ESTHER Switzerland, welcomed the participants of the 1st Swiss Esther Switzerland Forum. Prof. Egger stressed the efficacy of the ESTHER approach of twinning institutions (Institutional Health Partnerships, IHP).



Prof. Matthias Egger, SC Chair

The ESTHER Switzerland Project



Luciano Ruggia, ESTHER Switzerland

Luciano Ruggia (ESTHER Switzerland Project Manager) gave an overview to ESTHER Switzerland's history and its organization. L. Ruggia briefly discussed the program of the day and clarified the aims of the 1st Partnership Forum.

L. Ruggia announced that the 2nd Swiss ESTHER Switzerland Forum will be held in Bern on June 15th, June 2018. The next Forum will take place immediately after the next European ESTHER Alliance (EEA) Meeting (13th and 14th of June 2018).

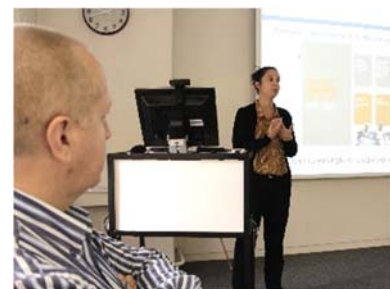
SDC and ESTHER Switzerland

Susanne Amsler (Swiss Agency for Development and Cooperation, SDC) gave a brief presentation about the "Why" and "How" SDC and ESTHER Switzerland are collaborating.

Why: The EEA was originally developed by experts from French hospitals. Experts supported twinning hospitals in low income countries. Participation in the ESTHER Alliance is based on the signature of an intergovernmental agreement. Switzerland joined in 2012. EEA is important because of the increasing teaching component. Different members have different expertise, whereas a European network helps to connect people and institutions and bridge existing gaps. The EEA is also providing a common added value: documents like the EEA Strategic Framework and the EEA Charter of Quality Partnership provide a common strategic ground.

The EEA explicitly does not focus on streamlining projects to respect the broadness of various partnerships.

SDC's work bases on following guidelines: official message on International Cooperation 2013-2016; health foreign policy; SDC health policy; global program health 2015-2019 strategic framework. These provide an immediate linkage to ESTHER Switzerland, due to the mutual focus on a selection of health topics. By adding to the EEA and SDC actions the motivation and interest of hospitals to participate to the ESTHER Switzerland activities, we have the basis for valuables and efficient partnerships.



Susanne Amsler, SDC, SC member

How: SDC is supporting ESTHER Switzerland for an initial period of 3 years (2017-2019). Synergies in some of the shared project countries have to be detected and should be used in future: ESTHER projects should feed the policy dialogue in Switzerland and in the intervention countries.

“We are just beginning to collaborate with ESTHER Switzerland”

Discussion: Requests from the North: The initial ESTHER Switzerland secretariat was located in 2011 in Geneva. There was an interest, e.g. H+ was invited and was part of the discussions. However, it is especially since 2016, when SDC decided to support financially ESTHER, that the project assumed another dimension. After an open call, the secretariat of ESTHER Switzerland moved to the ISPM in Bern. ESTHER Switzerland is now able to act as a focal point and to support concrete partnerships project through its Grant program. However, the budget is limited. ESTHER Switzerland is exploring other sources of financing also in order to expand its thematic focus. Aside from the grants, ESTHER Switzerland is developing instruments for other innovative partnerships and partnership-models and may offer them to interested institutions. ESTHER Switzerland understands itself as a complementary platform. ESTHER Switzerland decided to focus primarily on supporting partnerships involving hospitals and other health institutions.

Requests from the South, matching between North- and South-partners: The matching with Southern partners remains a challenge, but many improvements are going on. The EEA is developing an online database (planned to be online in January 2018), where all projects and partnerships will be presented. Partners could be identified through the network but also by requesting the local secretariats. ESTHER Switzerland takes over this task and is already functioning as a matching service on request. Two crucial elements of the further development and increase of the matching services are (i) a “Southern representative”, to be in touch with project partners of the south, that advocate for their issues, and (ii) the whole reflection about the nature of a partnership (i.e. what does “equal partnership” mean?).

The ESTHER Switzerland Projects

During the Forum, some of the on-going ESTHER Switzerland projects were presented. Presentations and discussions were centered on the models of partnerships and on what works in the IHP and what has been learned so far. A special attention was given to the issue of the sustainability of the IHP. In the following pages, these projects and subsequent discussions are summed up.

A partnership to tackle women and mothers with pregnancy related diabetes in Tanzania, Africa

Partnership with Lugala Hospital in Tanzania (Kilombero Valley, Ifakara). Diabetes and strokes are nowadays prevalent in Tanzania and numbers increasing. Diabetes is not a screening parameter in the hospital. Aims: Assessment of diabetes of gestational diabetes mellitus (GDM) and treatment. Almost 10% of pregnant mothers develop GDM. 1700 births per year, children mortality is about 5%. 4 out of 1000 mothers still die during perinatal phase. Three blood samples have to be taken between weeks 24-28. With this project, we will have reliable numbers of GDM. Even if we are living in two different worlds, our hearts are united. The partnership tightened friendships between the two participating hospitals. One example highlighting the sustainability of the project: There is a national



Dr. med. Christoph Henzen, Luzerner Kantonsspital, Head of Diabetology and Internal Medicine

policy that in 2025, 100% access to insulin has to be guaranteed. At the moment the rate is at 20%, this calls for further, mutual efforts to reach the national goals.

Discussion: Different challenges were discussed. Choosing food is an opportunity that is not given to all the social classes and depends on local contexts. Moreover, achievements of behavioral changes are complex. In remote areas the supply change is a crucial factor to be considered in terms of sustainability of the intervention. However, most important is to have a qualified person in the field to run the project smoothly.

The grant covers tests and treatments. However, one of the intention is to support the Lugala hospital that they may continue with the developed tests even after the grant ends. There will be a panafrikan congress on diabetes, where results will be communicated. The Tanzanian government also receives the results emerging from the partnership. Synergies may be effective when working with SDC. National policy discussions could be supported.

Scale up infrastructure, specifically for gynaecological and obstetrics care according to local Master Plan, Bakulahar Ratnanagar Hospital, Tandi, Chitwan, Nepal



Dr. med. Simone Kamm, Spital Limattal, Schlieren, Zurich, Consultant in Gynecology and Obstetrics

Spital Limattal, Switzerland decided to start an institutional partnership with Bakulahar Ratnanagar hospital, Nepal. According to the locally stated priorities, the main focus is women's health. The hospital partnership is set up following the ESTHER Alliance guidelines. The start-up grant was used to support the gynecological department, which was newly founded with the help of Shanti Med Nepal. After a qualified local gynecologist was hired, a modern gynecological chair was bought, gynecological material was sent and the initiation of a PAP-smear screening was organized. The hospital is rapidly growing. Further support will focus on scaling up infrastructure according to the local Master plan. The government of Nepal will approve of the needed health staff according to the number of the hospital beds, therefore the focus on infrastructure is essential.

Discussion: Many challenges were discussed. The hospital is quickly growing. However, universal and equal access to health care in the Hindu-class system and in a rural area is a crucial issue. Maintenance of existing and new material remains challenging (e.g. service assistance, spare parts, consumables, manuals in adapted languages). Support and motivation of staff remains difficult. Further challenges are fundraising and building up trust as well as communication. The poorest get treatment for free. The quality of treatment is rising. Thanks to the popularity of Shanti Med Nepal, the population and the government learned from the partnership, which leads to a high transparency and a beneficial influence on project's sustainability.

Establishing and expanding molecular HIV diagnostics in Lesotho: A collaboration with Butha-Buthe District Hospital and the Ministry of Health

UNAIDS sets the overall goal of the project, HIV towards “90-90-90”. Objectives: (i) To improve HIV care through sustainable viral load (VL) testing in two districts, and (ii) to quality-controlled HIV resistance testing. Institutional health partnership: Butha Buthe government (district health management team) fully integrated in the project. Swiss TPH, Molecular Virology UniBasel, SolidarMed are the other partners. Successes and challenges: 9000 measurements were performed, 156 patients switched to 2nd line treatment. One lab tech started a distance training, two other lab techs were recruited. The VL monitoring has been expanded. The follow up, tracing of patients are however challenging in this project. Sustainability: all levels of the government are involved, project is embedded in national guidelines.



Dr. med Karolin Pfeiffer, SolidarMed, Lucerne, Deputy Head of Programs and Desk Officer

Discussion: The analyses done centrally in the districts were discussed. An open question remains how the samples will be transferred to these labs. Everybody who is tested positively starts the treatment. Facts and figures on monitoring, e.g. test and treatment are important. The Global Fund supports the government in giving the treatments free of charge. Switzerland (SDC) contributes to the Global Fund. Additionally, aside from the treatment, SDC will consider the prevention aspect during future discussions with the Global Fund.

Surveillance of Transmitted HIV-1 Drug Resistance in Drug-Naive and Newly Diagnosed Patients in Cameroon



Prof. Karin J. Metzner, University Hospital Zurich, Division of Infectious Diseases and Epidemiology

The HIV prevalence in Cameroon is at 4.5%, the coverage of ART 27%. ART eligibility: Since May 2016, people diagnosed get treatment, ART is free of charge. Goals: To develop a sustainable, capacity building in HIV genotypic resistance testing. The questions are (i) what is the prevalence?, and (ii) is the incidence of resistances increasing? The innovative approach lies in bringing people from the project countries to Switzerland: In this case, one PhD student from Cameroon received an excellence scholarship for foreign Scholars. He had the contacts to all hospitals, initiated and organized the project. He developed a new blood test and collected samples of dried blood spots. One important aspect was capacity building in performing the test (dry, collect). Samples were afterwards shipped to Switzerland for analysis. Political problems complicated the exchange. The circumstances led to some unforeseen breaks during the study. The mentioned PhD student was not anymore able to return to his country of origin for continuing the study.

Discussion: There are different blood tests in different regions. They are implemented aside from official rapid diagnostic tests (RDTs). Only 20% of all tests are done with a rapid test, which imposes

some challenges (e.g. liability). The costs of such other tests have to be considered, compared to the already existing RTDs. – Despite good and reliable test results of the presented example, they are not cheap and the handling is not that simple. This calls for specific capacity building with the implementing staff.

Condom use has to be considered during such studies. In the presented study, this was e.g. part of the questionnaire, but question was usually left blank. Political and legal context are important factors to be considered, men having sex with men (MSM) are legally not tolerated in Cameroon. MSM are scared to fill the questionnaire, only few responses were given. Moreover, number of sales in Cameroon are as high as in Germany but imported products are often substandard.

Improving HIV prevention and sexual and reproductive health (SRH) services within Baptist Community of the Congo River's Health Network in DR Congo

Fondation PROFA is working together with the Baptist community (CBFC), which is part of Eglise du Christ au Congo (ECC), the world biggest Protestant Federation. CBFC covers about eight provinces along the Congo River crossing over the country from its south-eastern origin down west to Atlantic Ocean outfall, with almost 2,500 local churches and 2 million members. Its health network is playing such a critical role in the health provision in DRC. Building trust was the most important component of this Start Up Initiative Project. Mainly it focused to motivate both implicated partners at exploring the opportunity for mutual learning through assessment of needs and institutional capacity evaluation (desk review, interviews with key informants, and workshops with staffs), whereas the main aim was to find a sustainable partnership.



*Claude Isofa Nkanga Bokembya,
Fondation Profa, Lausanne, Program
Manager*

Main findings from the mission are as follow. One key of the partnership is to engage community participation: inclusion of diverse stakeholders is crucial. As well giving more importance to community-based HIV and SRH activities as sensitized people are expected to ask for more services offered in the medical sector. As a result, the revitalization of community participation's functionality and management bodies for piloting HIV/AIDS interventions within a more comprehensive SRH delivery package at the Health Zone level, a way to strengthen DR Congo Health System. Furthermore, progressive CBFC' SRH institutional capacity strengthening should be coupled with corresponding educational and health infrastructures improvement, as well as cases management, human resources development, and communication skills. Thus, it is obvious the need to improve institutional core competencies for a better sexual and reproductive health delivery services. The leading question is how to make a positive, inclusive, comprehensive, qualitative sexual and reproductive health (SRH) environment. Many stakeholders in DR Congo are working exclusively on family planning based-issues and it remains unclear how to engage in partnership with. Of course, people believes in church, but their behaviours are mostly driven by cultural beliefs, traditions, customs, etc.; meanwhile religious leaders have some conservative tradition to keep on, especially when considering perceptions and stereotypes on sexuality related issues. Still poverty is an omnipresent life-model, and each single daily-life's a survival struggle. Questions around cooperation, equal partnership and target groups remain important points that need further clarification. Target groups identified so far are most

vulnerable and minorities like teenagers, teen single-moms and students. Most of them end up in centers for pregnant women and young mothers. The next step is to gather skills-based and or specialized partners from North for building up project proposals together that emphasize empowerment and strengthening CBFC internal capabilities and beyond.

Discussion: The church (FBO) remains a stable partner especially after political changes. It will therefore remain number one choice aside other South partners like NGOs. Moreover, it is very powerful and has community members along the whole project area. Finally, it has influence on a national level, even beyond such as influencing diaspora (North) implication to the project which contribution to this first round Start Up Initiative Project helped to organize a second workshop with stakeholders (academic, anti-rape police body) in DR Congo.

Pilot Project: Integrated Primary Healthcare Project - as part of the Makoko/Iwaya Waterfront Primary Healthcare System in Lagos, Nigeria



Dr. med. Vincent da Silva, Verein SUPPORT, Erlinsbach, President

The pilot project is implemented in a very complex context. Makoko is a century old poor floating slum community on the waterfront of the lagoon in Lagos, Nigeria. Originally, people were mainly fishermen, but the neighborhood grew rapidly. Today, the population counts upwards of 50'000 people (Own count in 2013, in the absence of official statistics of any kind). In 2012, the government wanted to demolish the Makoko slum and replace it with a superior habitat for the rich. The Inhabitants resisted. During ensuing discussions and with the help of a local NGO, the government agreed that the people could stay. Thereafter, the community initiated their own development and regeneration plan

for the whole Makoko/Iwaya waterfront that is now being slowly implemented, but without a healthcare plan. On their specific request, SUPPORT prepared with the community a Healthcare Plan. The project focus of SUPPORT is, in the absence of any conventional healthcare services, to bring primary healthcare services to the community by making integrated primary healthcare possible, and focusing and improving maternal and child health. SUPPORT is working through empowerment of traditional birth attendants and traditional healers, community health workers and health champions (young community members with leadership skills). They receive trainings e.g. in hygiene, and obstetric skills to combat the high rate of maternal mortality in the community and better handle, among others, the difficult health and living conditions of the society. Traditional healers have a huge influence and command high respect in the community. They receive national certificate and recognition after undergoing an otherwise prohibitively expensive training by the State. With this Grant, SUPPORT offers the training free of charge after negotiating a massive registration fee rebait with the government. Ultimately, an integrated Primary Healthcare Centre with conventional and traditional medical services delivery is the necessary and achievable goal..

Discussion: The project is benefitting from having 'forces on the ground', who care for the project, especially regarding the difficult context to work with. Focus on available resources/capacities and collaboration with national bodies (like the certification authority for the traditional healers and Birth Attendants) helps to achieve sustainable outcomes.

Management and Challenges of Institutional Health Partnerships

Kaspar Wyss' presentation focused on the management of projects, finances and institutional partnerships, which are all crucial elements of ESTHER projects. A precondition for good collaboration is an established

"Trust is good, but control is better."

trust. Misuse of money happens frequently and should not be underestimated. This calls for high efforts in mutual learning and capacity building on management issues.

ESTHER is a small short time funding opportunity for different institutions. Even if they are temporarily contracted funds only, they need to be embedded in a serious project logic. Projects have a defined start and end with unique products, services or results.

Many ESTHER projects are communicating outputs, but especially the SDC has to show results and outcomes. An outcome mapping is therefore increasingly of importance. K. Wyss presented a long list with project success factors. The mismanagements within health systems is a problem on a global scope. Manifestations of corruption in the health system start e.g. already with the service provider (e.g. a doctor) asking for bribes from patients. Corruption is a broad spectrum that has to be considered while implementing the ESTHER projects ("Do-no-harm"). There are many possibilities and means to decrease the risk of mismanagements: e.g. external audits, internal controls, safe money transfer etc.

Discussion: Corruption is not tolerable ("zero tolerance"). An institution usually defines a "code of conduct" in regards to corruptive approaches. By having a contract with the partners, such codes could be integrated by defining the "red lines" (e.g. even in countries with crashed banking systems, payments and money transfers should always be done in a non-cash ways). However, it has to be acknowledged that total security does not exist.

Even if there are many limitations, the focus should be on the positive. Many negative things are communicated, corruption and mismanagement issues are often – wrongly – medially highlighted due to Swiss politics and political draws (which is the case e.g. for some of SDC's activities). However, communication has to be improved by providing successes and achievements to the public.



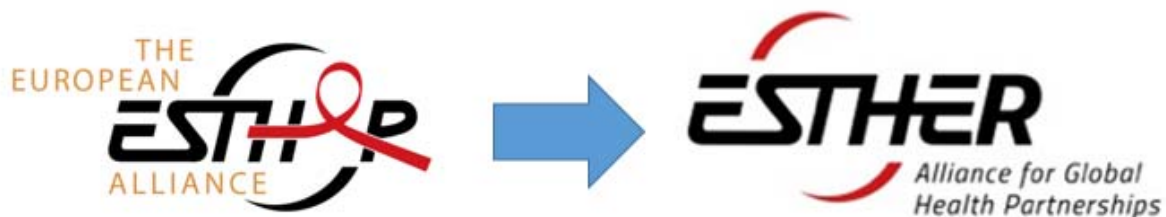
*Kaspar Wyss, Swiss TPH,
ESTHER SC member*



News from the ESTHER European Alliance (EEA; Luciano Ruggia)

ESTHER Switzerland is a member of the ESTHER European Alliance. The EEA was founded in 2005 and Switzerland joined in 2011. The initial focus was more on HIV and infectious diseases. Now, the Alliance is moving away from a single disease or from a vertical approach, toward a more general approach of the institutional health partnerships.

Without dropping the name "ESTHER", which acquired an important visibility, especially in some countries, the Alliance is now also changing name and visual identity. The new name will be "ESTHER Alliance for Global Health Partnerships". With a new logo, the Alliance will also develop a completely new web page, with updated information and some new services.



Two major services or instruments will be available on the new Alliance's webpage, which will be online around late January 2018.

A database about all the ESTHER projects has been established, key feature is the filtering of the projects and having access to corresponding factsheets (project descriptions). More information: <http://www.esther.eu/> (the complete new and revised version of the EEA webpage will be online in January 2018). The database will made possible to check all ESTHER project in a country, or in a specific intervention areas. This should help to share knowledge, exchange information and to identify partners.

Another new instrument is the EFFECt Tool. This tool was commissioned by the EEA Working Group on Evidence and Effectiveness (EEWG). EFFECt stand for "Evaluation Framework for Effectiveness of Institutional Health Partnerships".

The aim of the EFFECt Tool was to develop an evaluation framework in English for IHPs, building on existing evaluation frameworks and best practice with a focus on indicators that capture whether the partnership approach has a lasting benefit. The EFFECt tool offers:

- several questions to assess the partnership
- a self-assessment instrument used with all the partners and all the persons involved
- a way to identify problems and issues to be discussed in the partnerships (i.e. discrepancies in the IHP perception)

The tool was piloted in some countries, is easy to access, easy to complete. The tool does not replace M&E tools, its focus is on the sustainability of the ESTHER projects. The tool helps to start to focus on things that are working and on things that are not working well, it is useful to build up and strengthen the partnerships. It gives a good starting point by collecting the different perceptions, it avoids judgements. The ESTHER Switzerland secretariat is happy to receive feedbacks about the tool, to feed them back to the EEA.

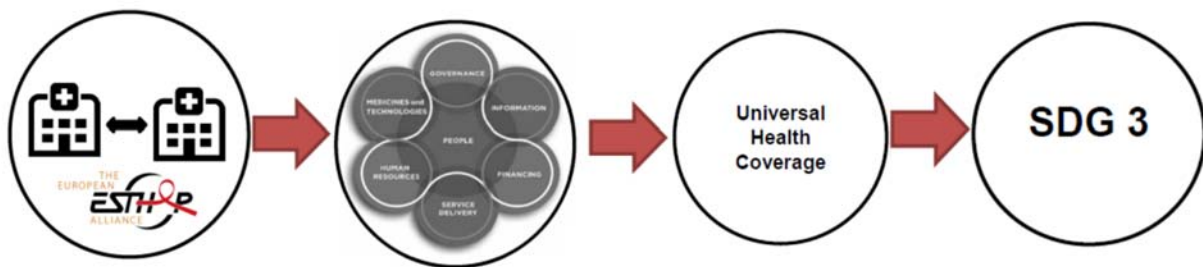
Health System Strengthening (Susanne Amsler)

In all ESTHER projects, an important element is to demonstrate how to achieve a sustainable effect of the outcomes. With projects funded by ESTHER, and within the SDC perspective, we want to bring an impetus to change. That is why ESTHER wants to promote, among its partners, an in depth reflection on how to promote change through the projects interventions.

ESTHER wants to promote a Theory of Change model that can help the institutional health partnerships to have a lasting impact.

Especially in the perspective of the SDGs, the question is to know how can ESTHER projects contribute to proactively strengthen health systems, achieve Universal Health Coverage and ultimately contribute to achieve the SDG 3?

For that, ESTHER is working on the following Theory of Change model:



ESTHER Switzerland's Theory of Change: From IHP to HSS, UHC and finally the achievement of SDG3

- All projects are embedded in a specific health system, they are never isolated. A causal relationship is given
- The "Theory of Change" is not applicable 1:1. It should help to think about the own impacts on the HSS, and therefore on the UHC and the contribution towards SDG3 (SDG 3.9 defines the goal of UHC)
- There are some examples, e.g. from France, achieving such goals and expectations
- The secretariat supports to identify ESTHER projects that have an influence on a systemic level (integrated systemic thinking)

The work and common reflection around this Theory of Change model is going on and will be taken up again in future ESTHER meetings.

Conclusion (Luciano Ruggia)

In the closing remark, Luciano Ruggia highlighted the importance of sharing different visions, ideas and the fruitful exchange among the participants.

The next event with project implementers, SDC representatives and interested persons will be the 2nd Swiss ESTHER Switzerland Forum in 2018. This Forum will set a milestone in offering to exchange experiences among grant receivers from the first and the second call.

Participants gave very positive marks to the Forum in their evaluation's forms. Even if the scope of ESTHER Switzerland projects was broad, forum was considered as a general supportive event. The sharing of experiences, similar challenges and networking with each other was appreciated. The participants gained knowledge about ESTHER, SDC and became familiar with international health concepts.





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Photos: Benedikt Christ

Annex 1: Complete list of participants of the 1st Swiss ESTHER Switzerland Forum

First name, last name	Organization and link to ESTHER
Matthias Egger (introduction only)	Swiss National Science Foundation Chair of SC ESTHER Switzerland
Christoph Henzen (morning only)	Luzerner Kantonsspital Receiver of 1 st round grant
Simone Kamm	Spital Limattal Receiver of 1 st round start-up grant
Karolin Pfeiffer	SolidarMed Receiver of 1 st round grant
Hanspeter Gnehm	SUPPORT Retired president
Vincent da Silva	SUPPORT Receiver of 1 st round grant
Claude Nkanga	Fondation Profa Receiver of 1 st round start-up grant
Nicola Low (morning only)	Institute of Social and Preventive Medicine SC ESTHER Switzerland
Karin Metzner	University Hospital Zurich Receiver of 1 st round grant
Benedikt Christ	Institute of Social and Preventive Medicine Assistant to the 1 st Swiss ESTHER Switzerland Forum
Luciano Ruggia	Institute of Social and Preventive Medicine ESTHER Switzerland Secretariat
Susanne Amsler	Swiss Agency for Development and Cooperation (SDC) SC ESTHER Switzerland
Kaspar Wyss	Swiss Tropical and Public Health Institute SC ESTHER Switzerland