



The European ESTHER Alliance

Overview and perspectives

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EEA General Secretary

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Background



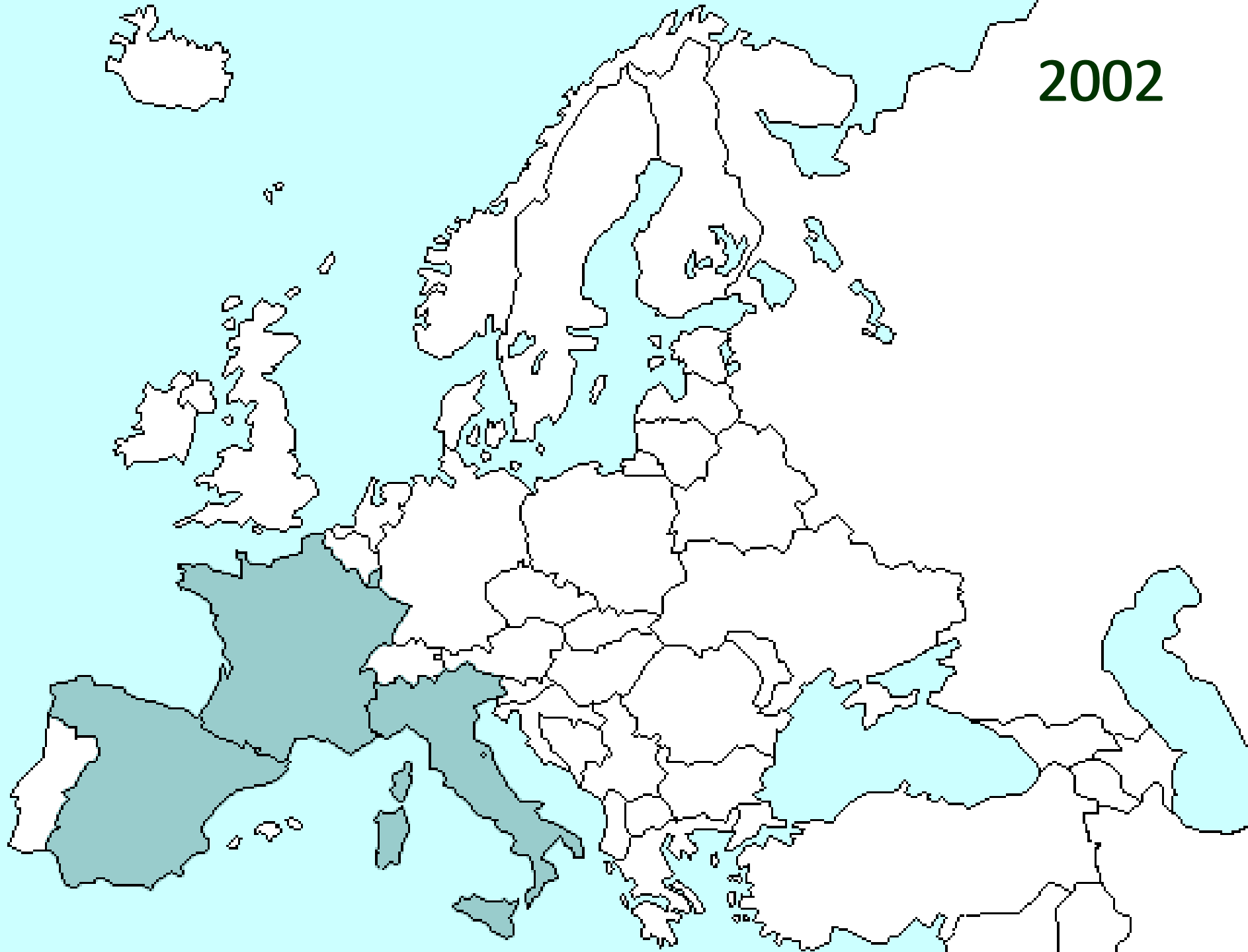
pour une **E**nsemble
Solidarité
Thérapeutique
Hospitalière
En
Réseau

- “Together for a Networked Hospital therapeutic Solidarity”
- Launched by MoH and MFA in 2002 to fight Aids and associated diseases
- Governmental and bilateral Health Development Cooperation initiative
- North-South and South-South hospitals partnerships

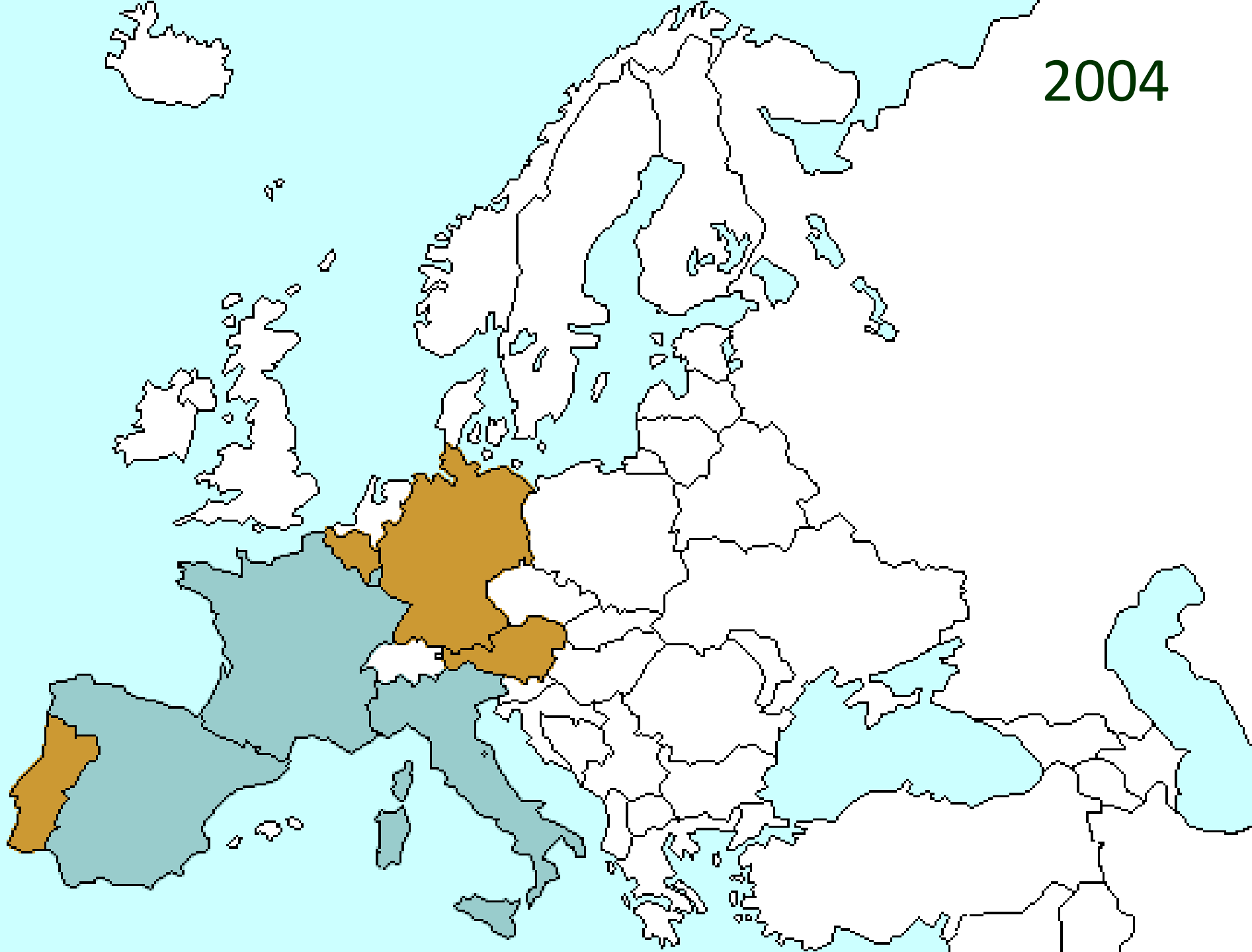
2002



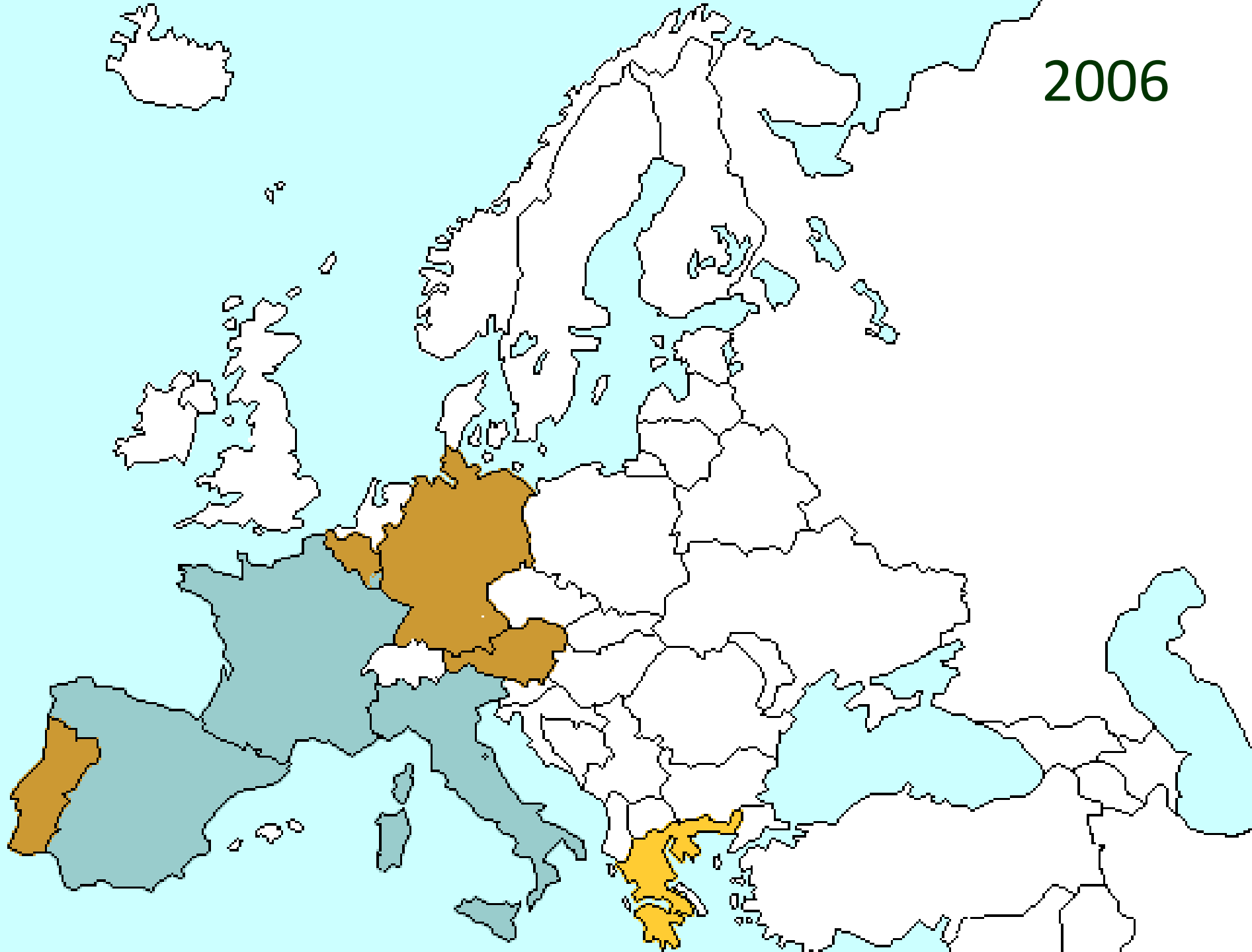
2002



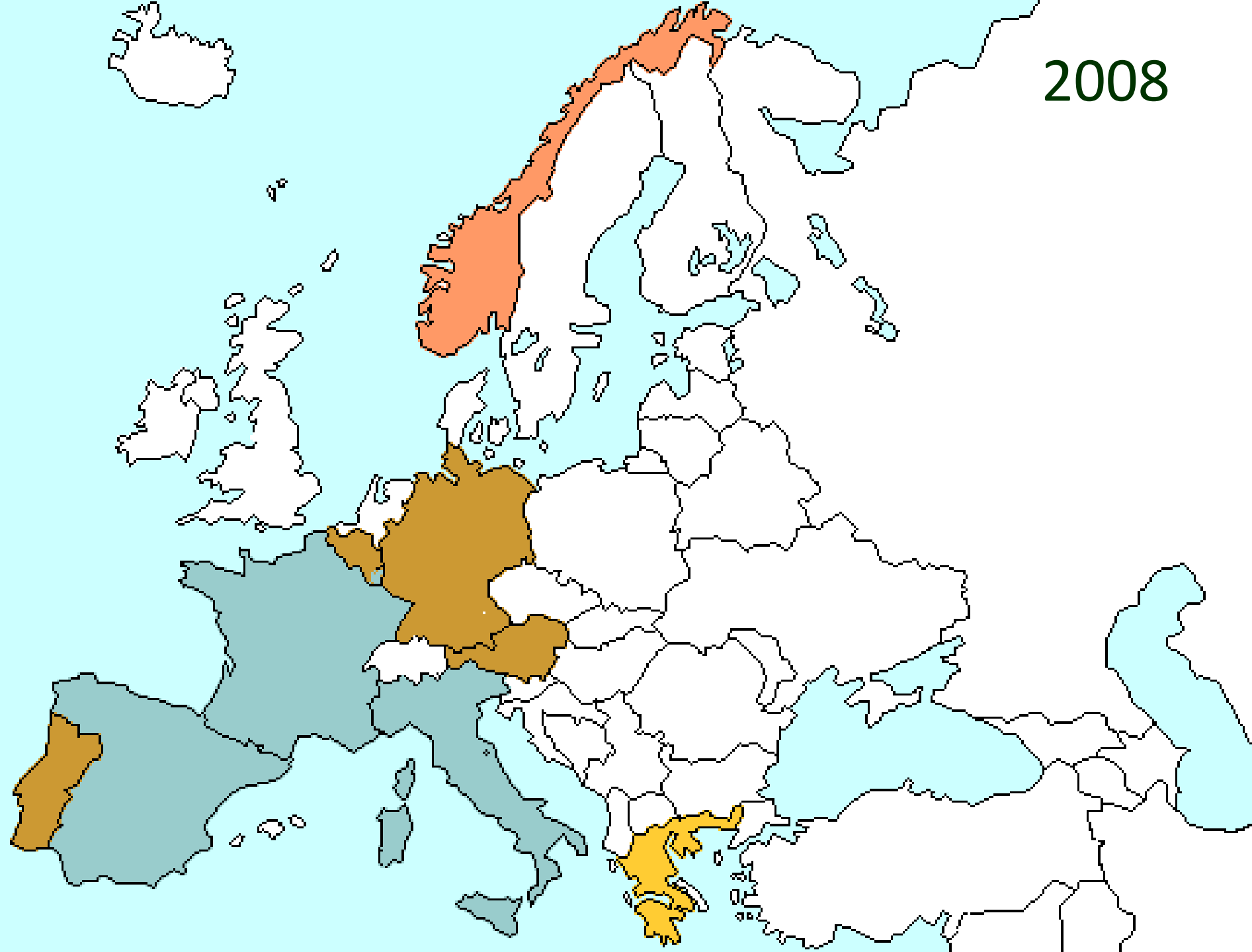
2004



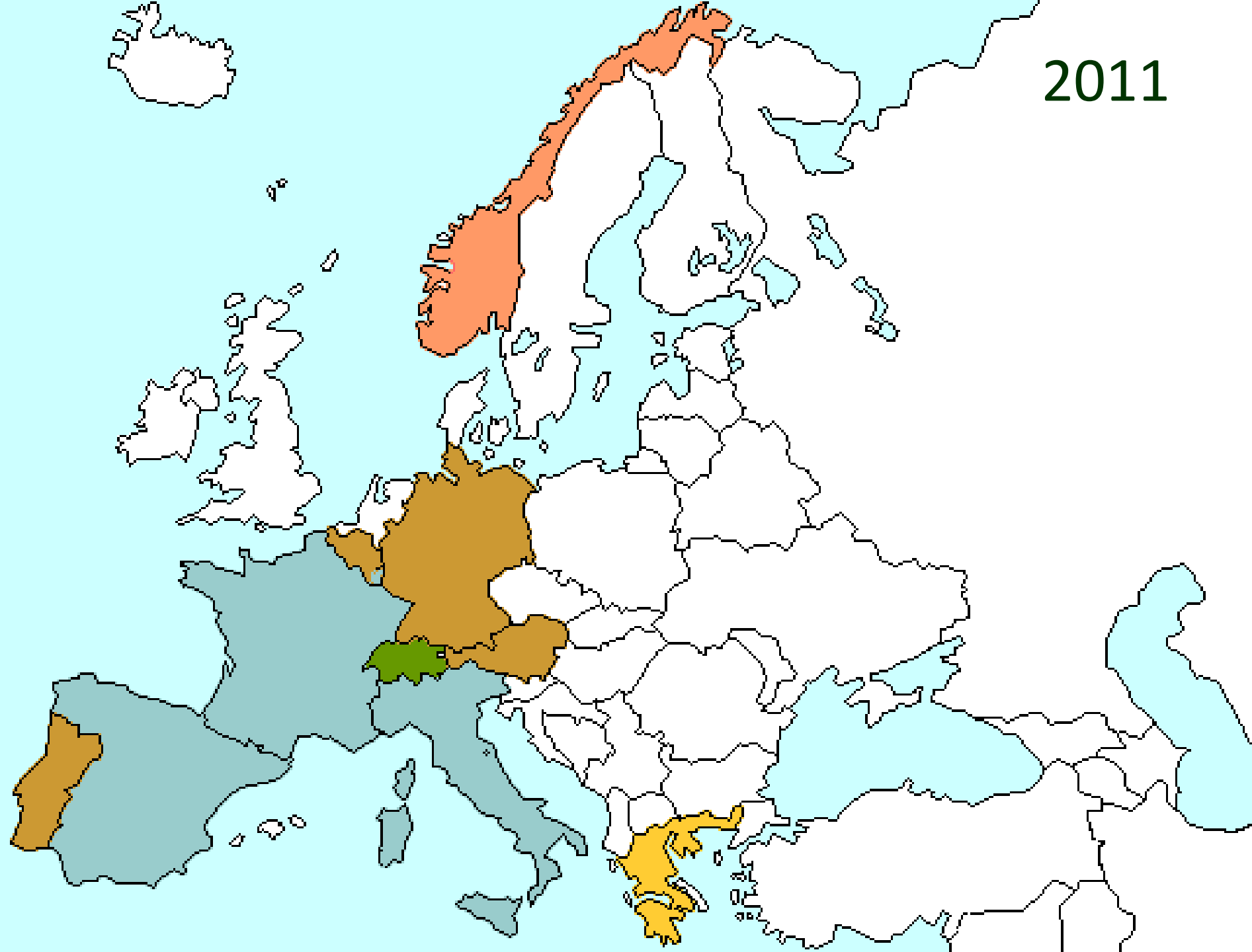
2006



2008

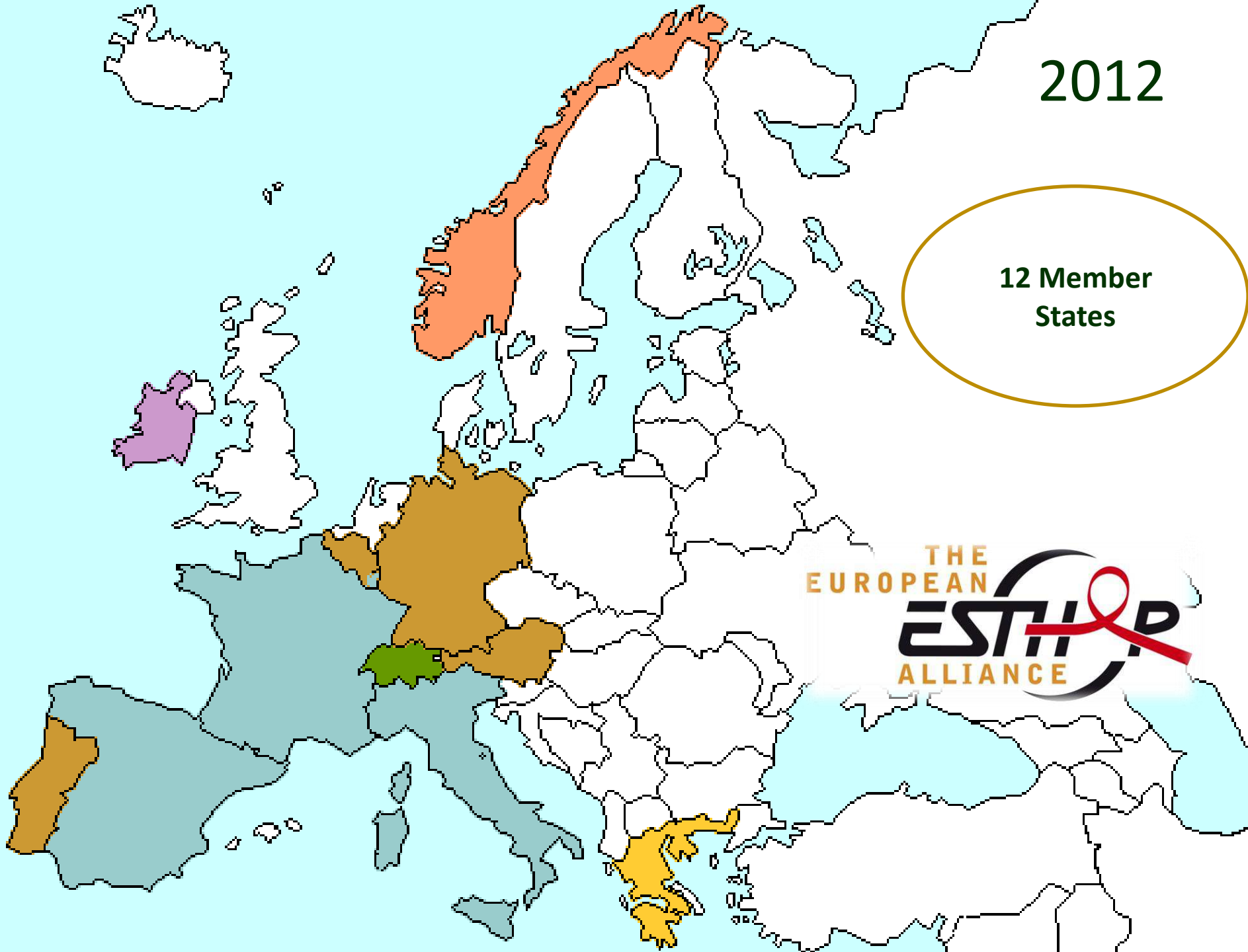


2011



2012

12 Member States

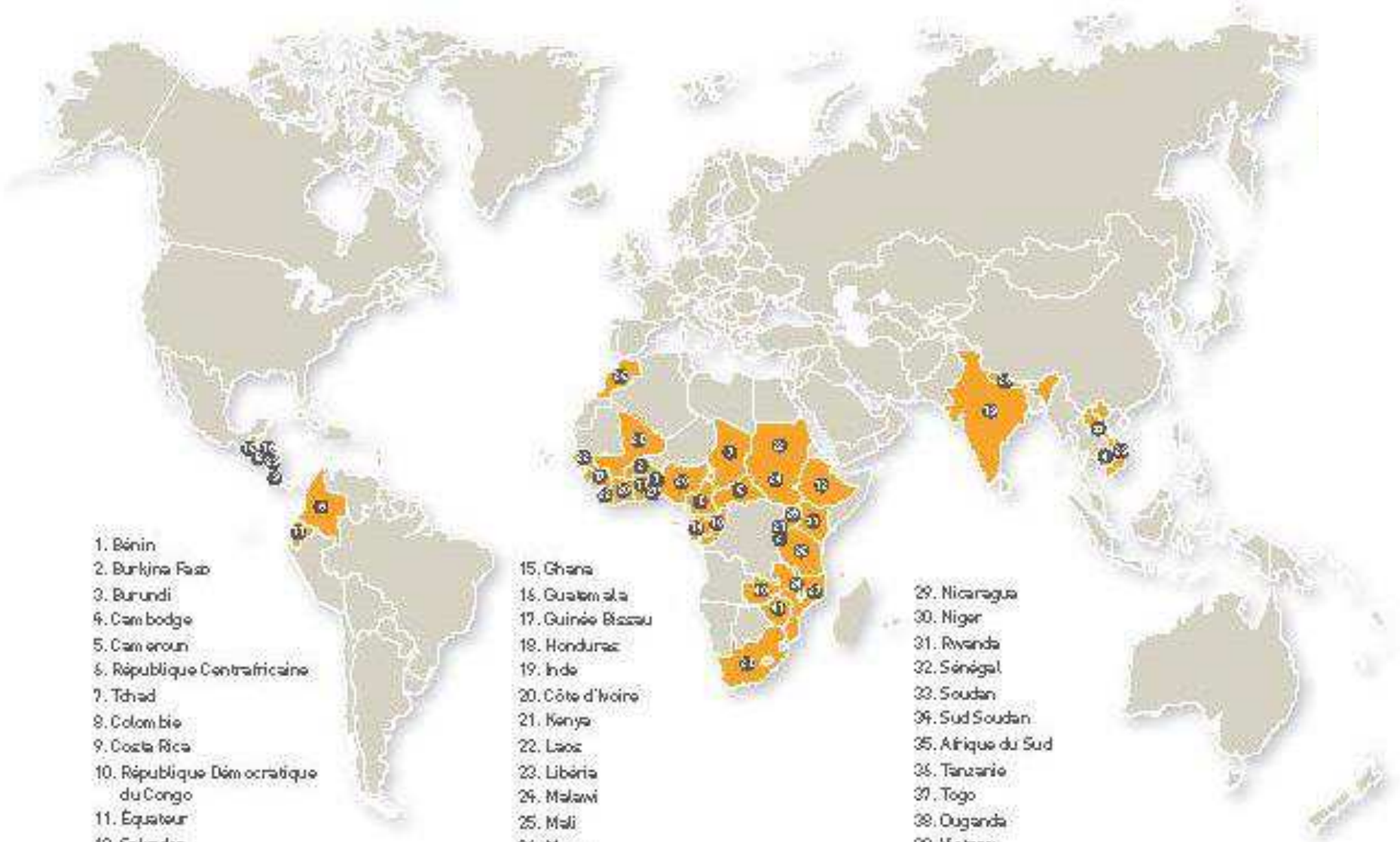


41 country partners

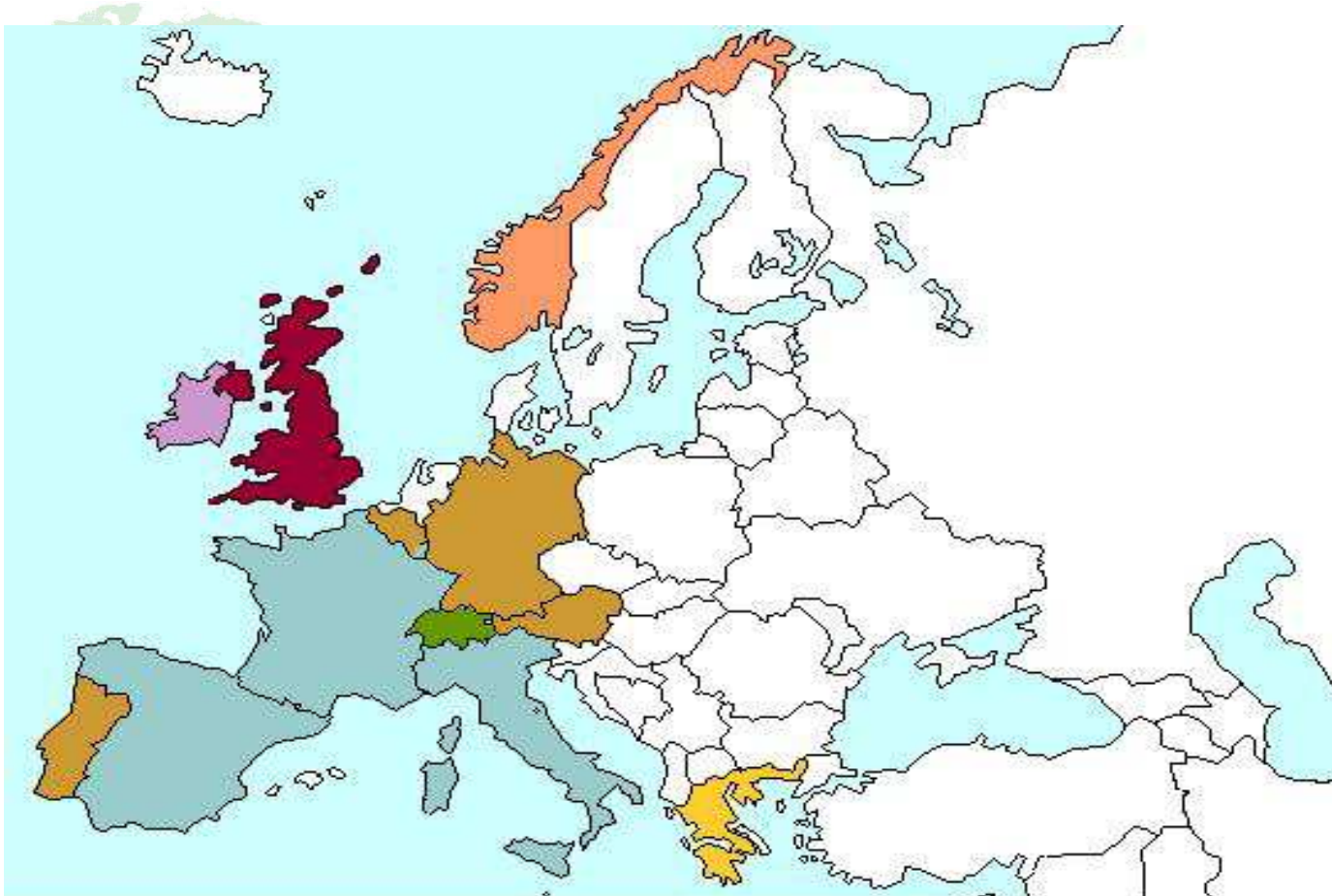
1. Bénin
2. Burkina Faso
3. Burundi
4. Cameroun
5. Cameroun
6. République Centrafricaine
7. Tchad
8. Colombie
9. Costa Rica
10. République Démocratique du Congo
11. Equateur
12. Salvador
13. Ethiopie
14. Gabon

15. Ghana
16. Guatemala
17. Guinée Bissau
18. Honduras
19. Inde
20. Côte d'Ivoire
21. Kenya
22. Laos
23. Libéria
24. Malawi
25. Mali
26. Maroc
27. Mozambique
28. Népal

29. Nicaragua
30. Niger
31. Rwanda
32. Sénégal
33. Soudan
34. Sud Soudan
35. Afrique du Sud
36. Tanzanie
37. Togo
38. Ouganda
39. Vietnam
40. Zambie
41. Zimbabwe

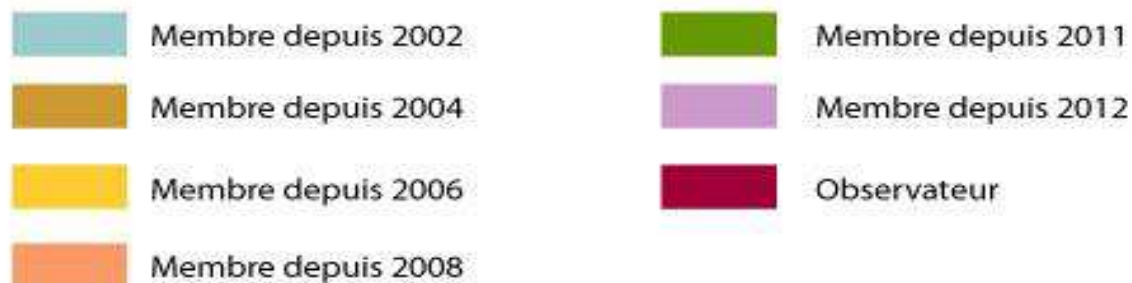


The European ESTHER Alliance



12 Member States and 1 observer (UK).

550 partnerships in 47 countries.



- 
- Ministerial Commitment (Health, Foreign Affairs and/or Development Cooperation).
 - Initiative managed by governmental agencies:
 - GIP ESTHER, GIZ, NORAD et FK Norway, ISS, Lux Dev, Irish Aid, KEELPNO and Hellenic Aid, etc.
 - National ESTHER Secretariat in each agency
 - European Secretariat hosted by ESTHER France



- **Institutional Health Partnerships – IHP : Hospitals, Universities, Research Centers, CSOs**
- **Partnerships cover a wide range of Capacity Development**
 - focus areas: Mentoring; continuing professional development; qualified education ; Operational research Policy development; Service Delivery; Institutional strengthening ; E-learning and ICT.



Mentoring
All EEA hospital partners



Physiotherapy Qualified Education
(Sudan , Tanzania, South Africa, Norway)



Cohort Study CASA
(Ethiopia/ Esther Italy)



Service Delivery in Prison Settings / Policy Development
Burundi / Côte d'Ivoire / Esther France / GF



Online HIV MASTER
ESTHER Spain / Latin America



- intervention areas: Surgery ; MNCH ; HIV/Aids&TB ; DPSM ; CDs ; NCDs and mental health ; Quality improvement & patient safety ; palliative care; biomedical engineering; hospital management; leadership development; psychosocial counselling and CoC.



*RCSI / COSECSA Project
Esther Ireland*



*New born health care
ESTHER Norway /India*



*Reducing HIV/TB co-infection
Cameroon / Esther Germany*



*Estheraid Project / DPSM
UNITAID/ESTHER France*



*Hand-rub preparation
Practical demonstration
Hygiene & Patient Safety
Uganda / THET/ WHO APPS*




*Psychosocial Counsellors
Benin / ESTHER France / GF*



MNCH in Sudan/Esther Ireland

- **IHPs** simultaneously focus at local and national levels (Frontline services, Health systems and Health policies)

- 
- Generate and stimulate change at the frontline
 - Are build on mutual trust, long-term commitment and solidarity
 - Mobilize a wide range of expertise
 - Complement traditional technical cooperation through the added value of personal and institution interactions that allow sharing, adaptability, learning in both direction



- Are a long-term commitment rather than a quick fix
- Respond to local needs

- Peer-to-peer approach that inspire institutions and individuals to
 - change the way they work,
 - improve the quality of service delivery
 - and potentially influence health policy



- The EEA modus operandi
 - enables respect of the Paris Declaration on Aid Effectiveness principles : country ownership, alignment to national policies and systems, partnership with national authorities, etc.
 - promotes key principles for the Quality of partnerships : formal partnership agreement, reciprocity, joint and equal responsibility, transparency, ethics... (Quality of Partnership Charter)

ESTHER Model



IMPLEMENTING PARTNER INSTITUTIONS



PARTNERSHIP QUALITY PRINCIPLES



CAPACITY DEVELOPMENT FOCUS AREAS



INTERVENTION AREAS



BETTER EVIDENCE INFORMED POLICY & PRACTICE


STRENGTHENED HEALTH WORKFORCE AND INSTITUTIONAL CAPACITY



IMPROVED QUALITY OF SERVICE DELIVERY



BETTER HEALTH OUTCOMES

- 
- Participative approach involving north & south technical partners and officials
 - IHPs and EEA model increasingly recognized as an effective way of stimulating and sustaining change at the frontline (need to document more)
 - EEA uniquely placed to harness the potential of health professionals in Europe, strengthen health systems, and improve health outcomes in LMICs through IHPs



- European Dimension is a key asset for stronger influence, advocacy, joint effort and support, external funding, joint action, etc.)
 - Main recommendation : boost the IHP approach in the development cooperation landscape and Global Health agenda
- New EEA strategy



- Working Group (Germany, France, Ireland, Italy, Norway, Switzerland, The UK).
- Workshops: Berlin, Dublin, Geneva
- Regional African Consultation with country partners in Cameroon (2014)

- 3 key documents:
 - Strategic Framework 2015/2020
 - 5 years road map
 - Governance, Structure, Organization Framework



Focuses on the EEA level

- Synthesised document dedicated to be widely distributed
- Endorsed by Country Members to implement the strategy and 5 years road map
 - Vision, Values, Guiding principles and Mission
 - 6 strategic goals
 - New governance and organisation (Members, observers, associates, partners...)

Vision and Mission

- **Our vision** is about equitable sharing of advances and practices in health and access to quality health services for everyone
- **Our mission** consists in :
 - engaging institutions in effective and sustainable north-south and south-south partnerships
 - ...strengthening the capacity of the health workforce and institutions
 - providing quality health services in LMICs.
 - promoting IHP through knowledge generation, sharing best practice, collaboration and advocacy

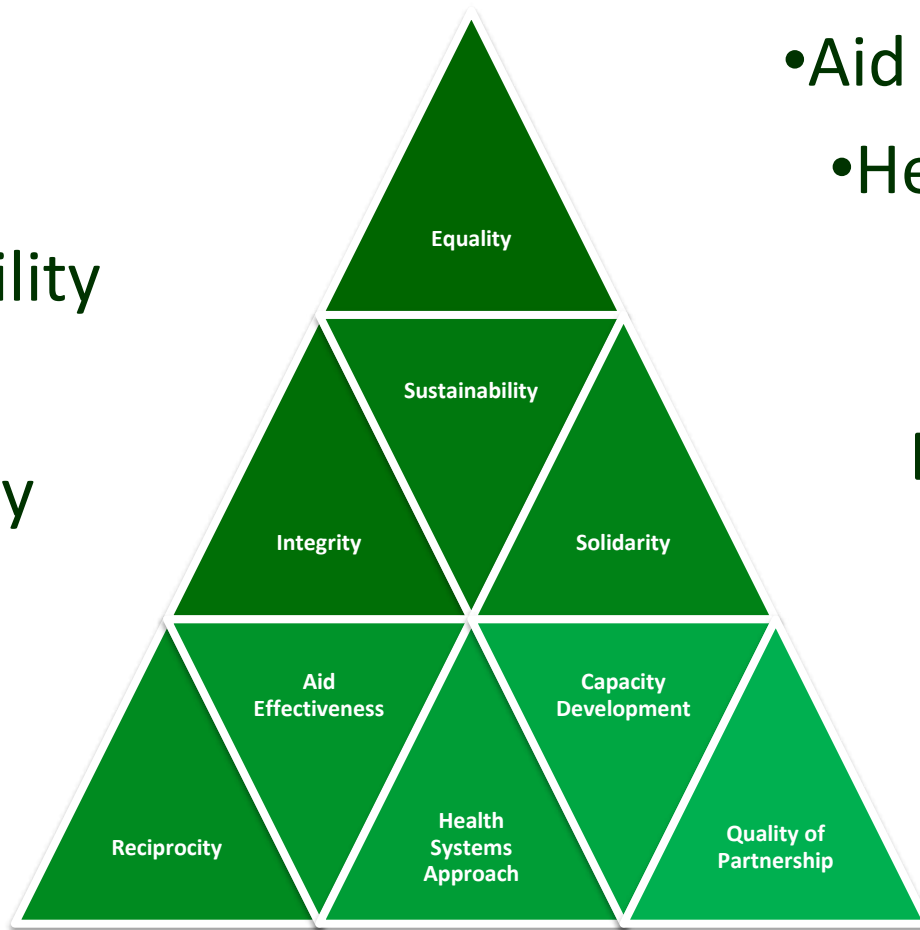


Our Values

- Equality
- Integrity
- Sustainability
- Solidarity
- Reciprocity

Our Guiding Principles

- Aid Effectiveness
- Health Systems Approach
- Capacity Development
- Quality of Partnership





3 External Goals

- Goal 1: Evidence and Effectiveness
- Strategic priorities:

Collaborate with research institutions to generate evidence

Document our experience

Identify and develop good practice materials

Set and promote standards for ESTHER partnerships



- Goal 2: Collaboration and Coordination

- Strategic priorities:

Strengthen our capacity to coordinate partnerships

Develop co-funded collaborative projects

Deepen existing relationships with global bodies addressing HRH crisis

Leverage our strategic partnerships for joint action

Develop externally funded collaborative programmes

- Goal 3: Advocacy and Communication

- Promote the partnership model as an effective mode of development cooperation in health

- Strategic priorities:

Strategically promote institutional health partnerships

Communicate and disseminate good practice

Strengthen our participation in working groups and advisory bodies



3 Internal Goals

- Goal 4: Membership and Marketing
 - Promote membership of the European ESTHER Alliance
- Goal 5: Funding
 - Ensure appropriate resourcing for the Alliance
- Goal 6: Governance and Organisational Capacity
 - Ensure appropriate structures and capacity to deliver strategic objectives



- The whole EEA strategy consists in :
 - extending the impact of our success
 - creating more opportunities for IHP
 - contributing to the evidence-based for the added value of IHP
 - expanding the reach of IHP
 - being recognized as a key advocate for partnerships with the development cooperation landscape
- New EEA governance mechanism to be finalized in 2014