

**STRATEGIC  
FRAMEWORK  
OF THE EEA  
2015–2020**

**“IN THOSE INSTITUTIONS WHERE WE HAVE SEEN REAL, VIBRANT TWINNING RELATIONSHIPS, THEY STAND OUT. SOMETHING HAPPENS IN THOSE INSTITUTIONS AND IT IS NOT JUST THE EQUIPMENT OR TRAINING PROGRAMME. SOMETHING ELSE HAPPENS. THERE IS A DIFFERENT ATMOSPHERE.”**

Alliance member, Ireland



## FOREWORD

### MORE THAN A DECADE OF SUCCESS

Since 2002 the ESTHER initiative has supported 350 institutional health partnerships in 40 countries across Africa, Asia, Latin America, and the Middle East. Our partnerships have contributed to improving health outcomes, developed services where none existed and trained over 50,000 vitally needed health workers across many disciplines. Increasingly, partnerships are facilitating south-south learning as well as north-south exchanges.

Our focus will continue to be on frontline services and the people who deliver them. Our new strategy is all about how we can extend the impact of our success through generating evidence of what works, sharing good practice and creating more opportunities for institutional health partnerships. By the end of 2020 we will have contributed to the evidence base for the added value of partnerships, expanded the reach of institutional health partnerships and be recognised as a key advocate for partnerships within the development cooperation landscape.

## THE ALLIANCE

### ABOUT THE EUROPEAN ESTHER ALLIANCE

We are a dynamic alliance of European Government and allied organisations committed to joint action, guided by shared values and principles. We promote institutional partnerships within which practising health professionals from Europe work with their peers in low and middle-income countries (LMICs). Together we tackle the burden of disease and health care inequalities particularly in regions of the world with the highest need. Our partnerships work to improve evidence-based policy and practice, and frontline services, and to develop the capacity of the people who deliver them. As global health priorities adjust to the post-2015 agenda, our partnerships will continue to address both old and new challenges. By working together we can broaden the reach and effectiveness of institutional health partnerships.

#### IN IT FOR THE LONG TERM

Partnerships are not about one project or one person but about a mutual long-term commitment between institutions to work together

#### PEOPLE WORKING WITH PEOPLE

Health service professionals value support coming from people who are doing exactly the same role elsewhere

#### BENEFITS COME BOTH WAYS

Partners, north and south, both gain valuable experience of how to manage health services with limited resources and develop new clinical, management and leadership skills

#### RESPONDING TO LOCAL NEEDS

Responding to needs identified as priorities by southern institutions creates a deeper buy-in and commitment to improvement and change

# THE PARTNERSHIP MOVEMENT

*Partnerships as an expression of the solidarity between and across society are the only way in which the world has any chance of addressing the most intractable issues that confront both people and the planet*

UN System Task Team on post-2015 UN Development Agenda

Glaring gaps and inequities in health persist both within and between countries highlighting a collective failure to share advances in health equitably<sup>1</sup>. Health professionals from Europe have a long history of working in LMICs; they share knowledge, experience and evidence that is often inaccessible to their colleagues in those countries. Together they gain valuable experience of how to manage health services with limited resources and develop new clinical, management and leadership skills.

Institutional health partnerships are increasingly recognised as an effective way of stimulating and sustaining change at the frontline. Partnerships complement traditional technical cooperation through the added value of personal and institutional interactions that allow sharing, adaptability and learning in both directions, built on mutual trust, long-term commitment and solidarity. Partnership is a long-term solution rather than a quick fix.

*Partnerships... will contribute to major sustainable improvement to health systems in those countries which are most vulnerable. They will also benefit our health professionals who will gain invaluable experience and new skills.*

Joe Costello, Minister of State for Trade and Development, Ireland

## OUR VISION

Our vision is 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.

## OUR VALUES

- **Equality:** We foster mutual collaboration between partners, striving to work together on an equal basis
- **Integrity:** We aspire to earn the trust of our partners, clients and other beneficiaries through transparent and ethical practices
- **Sustainability:** We work to develop long-term institutional and individual capacity through peer-to-peer learning, education, operational research and skills transfer
- **Solidarity:** We are united in working together in genuine partnership to address global health inequities
- **Reciprocity:** We learn from each other for mutual benefit and respect the different contributions partners make

<sup>1</sup>Paraphrased from the Lancet Commission's 2010 Education of Health Professionals for the 21st century



## OUR GUIDING PRINCIPLES

**Aid Effectiveness:** We follow the Paris Declaration and Busan principles on effective development, promoting:

- country ownership
- alignment to national policies, strategies and systems
- partnership with national authorities and institutions
- sustainable institutional capacity strengthening
- harmonised external support towards a coherent response
- managing for results
- mutual accountability and transparency in the use of available resources

**Health Systems Approach:** We contribute to health systems strengthening through country partners to improve health outcomes.

**Capacity Development:** We provide a partnership approach to capacity development focusing on professional development of the health workforce and institutional strengthening. We build local capacity, rather than substituting personnel.

**Quality of Partnership:** We are guided by our Quality of Partnership principles and monitor the quality of our country partnership programmes to ensure these principles are followed.

*From the start, the essence of the project has been to meet the needs of Burundi.*

Southern implementing partner, Burundi

## OUR MISSION

We are an alliance of European Governments and allied organisations. Our members engage institutions in effective and sustainable north-south partnerships. Our partnerships strengthen the capacity of the health workforce and institutions to provide quality health services for people in low and middle-income countries. We promote institutional health partnerships through knowledge generation, sharing best practice, collaboration and advocacy.

## WHAT WE DO

Our partnership model has the capacity to deliver long-term results beyond more traditional forms of technical cooperation. Partnerships provide access to practising health professionals building capacity in areas of service delivery often not prioritised by funders. This type of peer support is not easily accessed through traditional technical cooperation. These peer-to-peer partnerships are capable of inspiring institutions and individuals to change the way they work, improve the quality of service delivery and potentially influence health policy.

We support a variety of **Implementing Partner Institutions** who are guided by our **Partnership Quality Principles** that promote good practice; and who together deliver **Capacity Development** in a broad range of **Intervention Areas**. Our partnerships contribute to producing better evidence-based policy and practice, strengthened health workforce and institutions leading to improved quality of service delivery and ultimately better health outcomes. The commonalities and diversities of our partnership programmes are outlined in Figure 1.

*Twining and working together is better than technical assistance providing advice. Partners are open to learning and can share a lot of things within the working environment.*

Government Official, Ministry of Health, Uganda



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



**“THE PARTNERSHIP HAS ALLOWED HOSPITAL STAFF TO DO BETTER, TO IMPROVE THEIR WORKPLACE AND THE WAY IN WHICH THEY MANAGE PATIENTS. WE BELIEVE WITHOUT A DOUBT THAT THIS PARTNERSHIP HAS BEEN NOTHING BUT BENEFICIAL.”**

Implementing partner, Burundi



# OUR STRATEGIC GOALS

## EXTERNAL GOALS

### GOAL 1

#### EVIDENCE AND EFFECTIVENESS

Set standards for and generate evidence on the effectiveness of institutional health partnerships

### GOAL 2

#### COLLABORATION AND COORDINATION

Members, strategic partners and partner countries work together to improve the reach and effectiveness of institutional health partnerships

### GOAL 3

#### ADVOCACY AND COMMUNICATION

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

## 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



## GOAL 1: EVIDENCE AND EFFECTIVENESS

Partnership is increasing in importance in development cooperation, but there is limited evidence to demonstrate the added value that partnership brings. We are committed to generating evidence on the added value and effectiveness of institutional health partnerships. Building on this evidence and our experience, we will set standards that promote good practice for initiating, maintaining and sustaining partnerships. Collectively, our partnerships and programmes form a unique resource for research, lesson learning and sharing good practice.

### Strategic Priorities

- Collaborate with research institutions to generate evidence on the added value of health partnerships
- Document our experience through publications and case studies
- Identify and develop good practice materials
- Set and promote standards for ESTHER partnerships

*Originally there were only two hospitals that were able to treat HIV. I can see real change as the result of this work. At national level we contributed to the development of National HIV Guidelines and now there is a PMTCT Programme in the country.*

Southern implementing partner, Ecuador

## GOAL 3: ADVOCACY AND COMMUNICATIONS

Building on the evidence base for institutional health partnerships, we will advocate within the global development community for increased recognition of the value of this approach. We will communicate and disseminate successful interventions to encourage their replication. Collectively we will be recognised as a key advocate for institutional health partnerships.

### Strategic Priorities

- Strategically promote institutional health partnerships
- Communicate and disseminate evidence and good practice
- Strengthen our participation in key working groups and advisory bodies

*As a result of this work we now have a functioning histopathology lab, a cervical screening programme that is being scaled-up, a library which is being used by our staff and students and a hospital-wide quality assurance programme. This has helped motivate our staff through training and the provision of know how.*

Southern implementing partner, Tanzania

## GOAL 2: COLLABORATION AND COORDINATION

Harmonisation remains a challenge within international development cooperation. By working together as an Alliance and with our external strategic partners we are committed to increase both coordination and collaboration - working to pool resources, create synergy, and broaden our reach.

Institutional health partnerships are highly valued by Southern governments to help address the pressing needs of their frontline services. There is also a large untapped pool of motivated individuals and institutions in Europe. We are uniquely placed to harness the potential of health professionals in Europe, to strengthen health systems and improve health outcomes both in LMICs and our own countries. Working collectively we will seek new sources of funding to expand our work to meet the demand for institutional health partnerships.

### Strategic Priorities

- Strengthen our capacity to effectively coordinate the work of our partnerships
- Develop co-funded collaborative projects where we add value by working together
- Deepen existing relationships with global bodies addressing the human resources for health crisis
- Leverage our strategic partnerships and relationships for joint action
- Develop externally funded collaborative programmes to broaden reach

## GOALS 4-6: BUILDING A STRONGER ALLIANCE

We will ensure that we have the right funding, organisational capacity and membership to meet our strategic goals. We will focus on developing our internal capacity, building a sustainable resource base and strengthening governance and membership of our Alliance.

*We are working at the level of collaboration and communicating with respect as a partner. We all have the opportunity to comment and give feedback and input into the partnership. It is empowering to the partner from the south.*

Southern implementing partner, Cambodia

## HOW WE WORK

The European ESTHER Alliance has eight active member countries: France, Germany, Greece, Ireland, Italy, Norway, Spain and Switzerland. The Alliance Secretariat is based within ESTHER France and the Alliance is governed by a Board providing strategic direction and oversight.

## MEMBER COUNTRIES

Our member countries are committed to promoting a programme of partnership between their health institutions and organisations together with their counterparts in LMICs. Member countries have a signed Ministerial-level commitment to the ESTHER initiative to implement institutional health partnerships. Member countries adopt the EEA Charter which outlines the values and guiding principles of the Alliance. Each member country has its own National Secretariat which administrates its partnership programmes within national strategies and policies.

## OBSERVER COUNTRIES

Observer countries have not yet signed a Ministerial level commitment to the ESTHER initiative.

## ASSOCIATES

Associates are institutions, organisations, initiatives or networks that work alongside EEA country members to develop and strengthen the partnership movement.

## IMPLEMENTING PARTNERS

Partnerships are delivered by the implementing partners in the north and the south. Implementing partners through personal and institutional interactions learn from each other, strengthen institutional capacity and improve health outcomes. It is the implementing partners that deliver real change in frontline services.

*We are very much focused on institutional development rather than gap filling or service delivery. We think that this is the right way to work; it is sustainable and it is a long-term vision*

Northern Implementing Partner, Ireland



**“THERE IS SOMETHING QUITE POWERFUL ABOUT DOCTORS AND NURSES WHO ARE DOING THE JOB SOMEWHERE ELSE GOING AND WORKING WITH SOMEONE IN ANOTHER COUNTRY – YOU ARE WORKING WITH PEERS – THEY UNDERSTAND EACH OTHER.”**

Alliance observer, UK





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