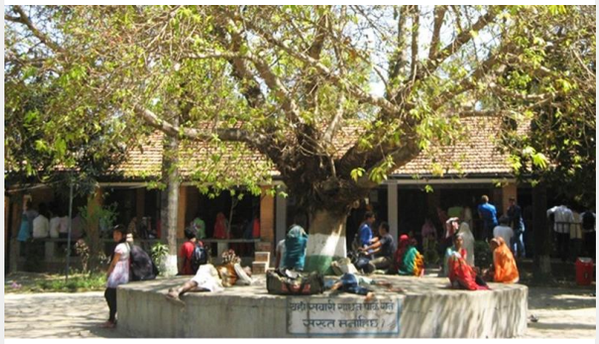
ESTHER IRELAND



PARTNERSHIP PANORAMA:

ESTHER Ireland Health Partnerships – What have we learned?

Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

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Introduction

Overview

This document contains case studies of ESTHER Ireland's current partnerships, synthesising information drawn from written reports, partnership and funding applications, and interviews with partners, as well as presentations from the ESTHER Ireland Partnerships Panorama Session at the Irish Forum for Global Health International Conference in November 2014. Its aim is to: **1) highlight the diversity of types and configurations of health institutional partnerships facilitated and supported by ESTHER Ireland to date**, and **2) highlight the challenges faced, and key lessons learned, which may be useful to others wishing to enter into, or further develop, partnerships**.

Health partnerships on the international stage

The international community has given great attention to the importance of building and revitalising global partnerships for sustainable development, via Millennium Development Goal 8, and now its successor Sustainable Development Goal 17. A core guideline which has helped shape ESTHER Ireland's approach to global partnerships is the health systems framework developed by the WHO, which contains six core components: financing; governance, human resources, products and technology; information and research; and service delivery (WHO, 2007[1]). This approach aims to improve organisational structures, quality of care, patient safety, and access, to create an overall impact on health outcomes.

Health Partnerships provide an approach for improving health and health services based on ideas of co-development between actors and institutions from different countries[2]. The partnerships are long-term but not permanent and are based on ideas of reciprocal learning and mutual benefits. This avoids the unbalanced model of one-way assistance where only institutions in the Global South benefit. Advantages for Northern partners include the concept of 'reverse innovation', where cost-effective, quality solutions which have helped over-burdened, resource-poor systems can be used to increase efficiency in regions that would typically have more available capacity (Snowdon *et al.* 2015[3]). While innovations can arise out of necessity, particularly from low- and middle-income settings, transferring them into new contexts can prove to be invaluable: knowledge exchange from Southern to Northern health systems has led to diverse benefits in rural health service delivery, task shifting, skills exchange, management coordination, health financing, and social entrepreneurship (Syed *et al.*, 2012[4]).

Whether through informal knowledge sharing or formal expansion of expertise, partnerships in global health have become an effective means by which we can develop solutions, address inequalities, and innovate change. The UK's Tropical Health Education Trust (THET) has created the International Health Links Manual[5], which provides guidance on the creation and maintenance of

[1] World Health Organisation. (2007). Everybody's business--strengthening health systems to improve health outcomes: WHO's framework for action.

[2] THET, Strategic Plan 2016-2021

[3] Snowdon, A. W., Bassi, H., Scarffe, A. D., & Smith, A. D. (2015). Reverse innovation: an opportunity for strengthening health systems. *Globalization and health*, *11*(1), 2.

[4] Syed, S. B., Dadwal, V., Rutter, P., Storr, J., Hightower, J. D., Gooden, R., ... & Pittet, D. (2012). Developed-developing country partnerships: benefits to developed countries. *Globalization and Health*, *8*(17).

[5] International Health Links Manual. (2009). *Tropical Health & Education Trust (THET)*. 2nd ed. CPI Antony Rowe, Chippenham and Eastbourne, UK.

long-term international health partnerships, and includes an excellent overview of the wide range of areas within health systems where partnerships can play a role, reproduced in **Figure 1**.

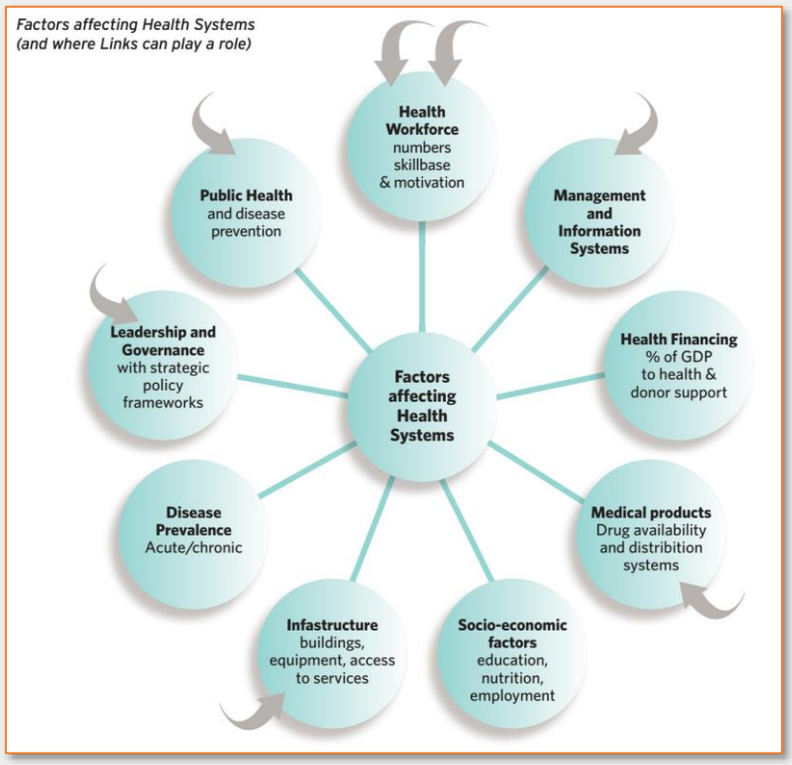


Figure 1: *Factors Affecting Health Systems, and Where Links Can Play a Role (THET, 2009)*

From service delivery, training, and education, through to research and policy action, there is great diversity among institutional health partnerships. They may vary depending on the types of organisations involved; the aims, objectives, and context of the partnership itself; the level of implementation approached; and also the dynamics of development of the partnership itself, however all can play a crucial role in realising better health outcomes.

The European ESTHER Alliance

The European ESTHER Alliance (EEA) was formed in 2002, with the aim of strengthening the capacity of countries in the Global South to respond to HIV/AIDS and. Today, the European-led initiative consists of 8 active Member countries (France, Germany, Norway, Italy, Spain, Greece, Ireland and Switzerland), and one observer country (the UK) that are involved with supporting North-South and South-South institutional health partnerships. Through a governing network of health associations and government organisations, the main objective of the Alliance is to promote quality partnerships through established models of best practice. This includes a charter developed to help maintain a high standard of partnerships, which includes the following principles:

1. **Adherence to National Policies and Strategies**
2. **Formalised Institutional Commitment**
3. **Reciprocity**
4. **Joint and Equal Responsibility**
5. **Capability (including capacity and resources)**
6. **Equity and Respect (including cultural competency)**
7. **Transparency**
8. **Ethics**

The graphic below highlights the EEA approach and how it affects health outcomes:

The EEA approach to partnerships and how it affects health outcomes

ESTHER Ireland

Ireland joined the EEA in 2012, facilitated under an agreement between the Health Service Executive (HSE) and Irish Aid. Ireland's Policy on International Development (2013) also supports partnerships that are built on mutual trust and are in favour of locally led development agendas.

Applying the EEA partnerships model, ESTHER Ireland fosters effective partnerships to strengthen health systems, and in particular human resources for health, in order to improve the quality and safety of healthcare.

EEA Member Country Representatives and ESTHER Ireland Partners at the Dublin 2015 Meeting

The potential areas that ESTHER Ireland partnerships can support are summarised in **Figure 2**, adapted from THET's International Health Links Manual.

Figure 2: *Potential areas that ESTHER Ireland partnerships support (adapted from the THET International Health Links Manual, 2009)*

ESTHER Ireland has two approaches in supporting health partnerships. Firstly, it identifies and approves ESTHER Ireland Partners. These are health partnerships between Irish institutions and counterparts in the South that are well established and demonstrate the highest quality assessed through an audit and interview process. The second approach is to support the early development or formalisation of health partnerships between Irish institutions and those in the South with advice, training and small seed funding to enable the initial reciprocal steps towards establishing a partnership to happen, for instance support for partnership visits to develop a shared vision and a joint understanding and commitment.

By September 2016, ESTHER Ireland has four ESTHER Partnerships and has awarded nineteen small grants with more currently in the pipeline. **Table 1**, below, outlines the intervention areas and geographical coverage of the current ESTHER Ireland Partners and grantees.

ESTHER Ireland Partners and Grantees	
Intervention Areas	**Locations**
Reproductive, Maternal, Newborn & Child Health	Kenya, Ethiopia, Sudan, Tanzania, Sierra Leone, Ghana
Essential Surgical & Specialised Clinical Training	Sudan, Zambia, Ethiopia, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zimbabwe, Burundi, Kenya
Oncology (Including Paediatric)	Tanzania, Sudan
Public Health: Nursing, Surveillance, Disease Control & Prevention	Nepal, Sudan, Worldwide, Liberia, Malawi

Table 1: *Targeted health intervention areas of ESTHER Ireland partnerships*

In November 2014, the Irish Forum for Global Health (IFGH) hosted its international conference, with that year's theme being the role of partnerships in realising health-related development goals. A special session at the conference featured ESTHER Ireland partners and perspectives, to promote networking and knowledge sharing between those interested and engaged with institutional health partnerships. The discussions at this session explored the challenges and benefits relating to establishment and maintenance of high quality and effective partnerships. Since then the dialogue has continued with ESTHER Ireland partners and grantees to ensure ongoing learning.

The following section outlines the four current full ESTHER Ireland Partnerships, and the ESTHER Start-Up Grants recipients, aiming to illustrate the diverse pathways followed during the creation and development of the various partnerships. It also highlights the many challenges, and ultimately the benefits, which have arisen during the process.

Due to the success of the small grants scheme and other forms of support from ESTHER Ireland, many new partnerships are becoming established and we anticipate that the number of full ESTHER partnerships will more than double in the coming year. The next one being considered is the partnership between the Health Service Executive (HSE) and the Ministry of Health in Mozambique. An agreement was signed during a State visit to Ireland in 2014, to collaborate on improving health care quality. This national level partnership is now undertaking an ambitious training programme in leadership and quality improvement with teams from the Ministry of Health and 14 hospitals.

ESTHER Ireland Case Studies

Case Study 1: The Omdurman Maternity Hospital – Cork University Hospital Partnership

The challenge

The Omdurman Maternity Hospital (OMH) – Cork University Hospital (CUH) partnership began in 2002, at a time when Sudan's maternal mortality ratio was 514 per 100,000, and infant mortality was 65 per 1,000 live births. There was a pressing need to improve obstetric and paediatric services, as well as fistula services, in Khartoum, and an overall need to advance teaching/ training programmes at the Omdurman Maternity Hospital and Fistula Unit.

Rationale for the partnership

Building on a commitment to improve maternal health outcomes internationally, based on the strengths of care in Ireland, CUH staff aimed to put to use their knowledge and skills to assist in improving services at a maternity hospital in an LMIC. Many Sudanese doctors had worked in, and contributed substantially to, the maternity hospitals in Cork, and following establishment of a working group at CUH to discuss possible projects, Khartoum was chosen as an ideal location for the partnership to take place. In particular, two Sudanese clinicians who had held senior obstetrics/ neonatology positions at Cork were key agents for creating and implementing the partnership. Since its inception in 2002 when two paediatricians and a neonatal nurse from Cork taught the Neonatal Resuscitation Programme to health professionals in Khartoum, the partnership has grown steadily, and joined ESTER Ireland in February 2013.

Benefits of the partnership

The partnership has helped to create improvements in maternal health outcomes in Khartoum, and has been associated with reductions in maternal deaths, stillbirths, and early neonatal deaths. A stand-out example from the partnership's initiatives is "Helping Babies Breathe" (HBB): an evidence-based intervention to help reduce stillbirth and neonatal mortality rates, featuring training of skilled birth attendants in good practice around care for the newborns, especially during the "golden minute" immediately after delivery. It was specifically designed to be incorporated into national maternal and newborn care initiatives and strategies. Professor Tony Ryan, of CUH, cited benefits to the Irish partners which included expertise gained by the wide range of staff who had taken part in visits to Omdurman, learning from their Sudanese counterparts, and the improved understanding of how to run programmes in resource-constrained settings. The partnership has also helped build the evidence-base around factors relating to maternal and infant mortality, and different strategies for interventions, which will ultimately create benefits for maternal care in both Sudan and Ireland.

Irish Paediatricians and Sudanese midwives have benefited directly from working within the OMH-CUH partnership, gaining skills and knowledge both in the delivery and receipt of the training programme. Since the programme has been set up to train local midwives to become trainers and educators themselves, sustainability is embedded in the processes, helping deliver consistent maternal and child health outcomes in the long term. HBB has been targeted directly to midwives and their respective community health centres across all 17 states of Sudan.

Prof. Tony Ryan from the OMH-CUH Partnership, demonstrating HBB training

Current needs and future opportunities

One of the current challenges reported by the partners is that of finding a sustainable means of funding the continued flow of training equipment, which is currently being subsidised by a Norwegian company.

The partnership aims to teach 2,500 midwives per year in Sudan, out of approximately 17,500 village midwives in the country as a whole, with the aim of introducing HBB training into the national midwifery programme. These opportunities will be promoted through existing connections that the partners have developed within the Ministry of Health in Sudan.

Case Study 2: The Londiani District Hospital – Mayo General Hospital Partnership

The challenge

Londiani is situated in the Rift Valley Province of Kenya, where the maternal mortality ratio is 45 per 1,000 live births, and child mortality is around 500 per 100,000 live births. In this region, only 16% of mothers deliver with the assistance of a skilled birth attendant, and better provision of newborn and emergency obstetric care packages and training is very much needed.

Rationale for the partnership

The partnership between Londiani District Hospital (LDH) and Mayo General Hospital (MGH) began in 2009 with the help of a local NGO, Friends of Londiani (FOL). After noticing the success of North-South twinning initiatives undertaken by schools in the area, clinical staff from each hospital struck up efforts to develop a working relationship between the two institutions.

> *[It] often happens really, in life, we end up finding ourselves in a partnership without always planning it.* **Dr. Meabh Ní Bhuinneáin (MGH)**

The partner institutions shared key similarities that helped foster common understanding to develop their institutional relationship, such as their rural catchment areas, governance structures, motivation and education.

Benefits of the partnership

The partnership initially focused on the provision of essential obstetric and newborn care packages, and training for birth attendants. However, it has also been possible to conduct additional activities including the orchestration of a peer education project to reduce mother-to-child HIV transmission, as well as commissioning and building an operating theatre in Londiani. Since the partnership started, over 20 staff members have participated in reciprocal institutional visits between Londiani and Mayo.

The partners see equal potential for both institutions to benefit and grow their capacity. The implementation of training courses for practitioners and management in Londiani have similarly benefited the professional development of staff in Mayo. Some of these reciprocal benefits have been as a result of the interdisciplinary focus of working teams within the partnership:

> *We were funding our doctors … and our nurses and midwives, to [undertake] advanced life support courses. And now we do a lot more teaching in-house, using simpler equipment, cross disciplinary, and there is more trainer expertise in house because they learned the training skills for travel so now they use them actually locally as well.*

And we also have Mayo Hospital associates, we have had some GPs travel as well and some community nurses, and so our links with our primary/secondary interface have improved in some areas as a result of that as well. **Dr. Meabh Ní Bhuinneáin (MGH)**

Northern partners have also benefited by learning from, and adopting, local governance structures and techniques. Staff have learned to adjust to working within tighter budgets and cheaper training models, including operating clinically with access to fewer resources, which has benefitted aspects of the work in Mayo General Hospital.

Our key change, in terms of how we decided to stay linked institutionally, was when the management team of Mayo General Hospital visited Kenya in 2009 and both management teams of the 2 hospitals went on tour together within Kenya and looked at different institutions and different partnerships … **Dr. Meabh Ní Bhuinneáin (MGH)**

Some of these mutual benefits were highlighted following an audit on the performance of caesarean sections at both institutional partners. While initially there were much higher differences between the rates of caesarean sections performed in the two hospitals (32% Mayo; 1% Londiani), as a result of evidence-based learning and partnering both institutions were able to improve their respective maternal healthcare outcomes. Mayo General Hospital increased their focus on ambulant care in labour, introducing alternative mother-to-child care techniques and normalising the birthing process. Meanwhile, in Londiani these results were used to launch and commission staff training for life-saving obstetric surgery, which later saw an increase in the rate of caesarean section operations, up to 6.6%.

Current needs and future opportunities

While this partnership was more organic in its initial formation, there is a genuine appreciation and mutual recognition of the amount of continued effort that goes into making such a relationship work. One of the challenges the partners have identified is that of shifting the focus of their initiatives and moving away from the 'quick fix' of providing clinical service delivery, towards a longer term sustainable approach of providing education, training, and professional development opportunities. The partners have expressed a keen interest in adopting processes and instilling change at the institutional level.

We thought that perhaps there would be some benefit in linking at hospital level, even though our primary focus was in the community, because the feedback from the community was that the services and the maternal key skills were a challenge for the hospital workforce because of their under-resource. **Dr. Meabh Ní Bhuinneáin (MGH)**

The management of resources, including human resource retention, will always be a challenge, however by involving upper management and non-clinical staff, the partnership has been able to extend its scope beyond the original targets involving clinical health outcomes, towards taking a wider systemic approach. The partnership is now working to become less Northern partner led, and to grow in sustainability over time.

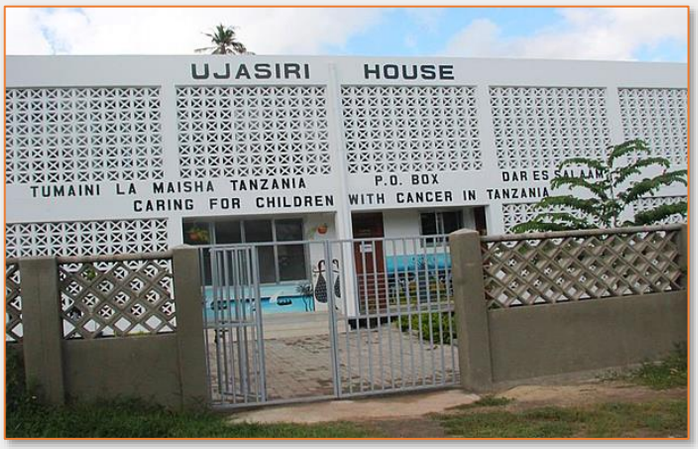
The first 5 years of our partnership has just come to an end. Where we were very much driven that the Northern partner was doing the visits and within country we were able to have quite a good deal of reciprocity but we did not have our first reciprocal visit to Ireland until [2014]. **Dr. Meabh Ní Bhuinneáin (MGH)**

In 2015 ESTHER Ireland provided a small grant to install a communication system at Londiani Hospital, which has facilitated beneficial learning exchanges between the hospitals. For example, one nurse at Mayo General Hospital recently recounted that a case presented by a doctor in Londiani had helped in diagnosing tuberculosis in a local patient in Mayo.

Case Study 3: The Muhimbili National Hospital – Our Lady's Children's Hospital Crumlin Partnership

The challenge

In June 2004, Tanzania's first cancer ward for children was opened at the Ocean Road Cancer Institute (ORCI). At the time, the provision of cancer services for children was low, and in 2005 long-term survival rates for children attending the ward at ORCI was estimated at less than 20%, and less than 5% across the country as a whole.



Rationale for the partnership

Having carried out a needs assessment and SWOT analysis at ORCI in 2005 as part of a Masters project, Dr. Trish Scanlan, a paediatric oncologist trained at Our Lady's Hospital Crumlin (OLCHC), aimed to work to strengthen the paediatric oncology service at ORCI. An immediate realisation was that there was a requirement across the board for medicines, consumables, staff, services, and education, necessitating the formation of a long-term partnership to ensure that these could be provided in a sustainable manner.

Our Lady's Children's Hospital Crumlin has been working together with Muhimbili National Hospital (MNH) and Muhimbili University of Health and Allied Sciences (MUHAS) to deliver children's cancer care in Dar es Salaam. A recent ESTHER Start-up Grant enabled exchange visits of partners, which have since led to the formalisation and signing of a Memorandum of Understanding in May 2015. This partnership focuses on improving access to quality healthcare and expertise for children with cancer.

Benefits of the partnership

Thanks to greater provision of specialised training for local professionals and access to state-of-the-art diagnostic services, long term child cancer survival rates among patients attending Muhimbili National hospital have increased to 50%, from less than 5%, in just over ten years.

One example of the benefits to the Northern partner is that OLCHC now has access to a greater amount of oncology specimens to give pathologists in training the benefit of a wider and more varied range of cases. Given the sheer volume of specimen numbers and incidence rates in Tanzania, there is also an increased likelihood for professionals to gain expertise in identifying rare and unusual cases.

> *So it is benefiting the children in Muhimbili because they are getting the expertise we happen to have and in in turn our children are benefiting because the people who are making those assessments, scientists and so forth, are seeing a high volume of treatment so there is a double benefit in that respect.* **Lorcan Birthistle (OLCHC)**

In parallel to the partnership's activities, a parents' association, Tumaini La Maisha (TLM), meaning "Hope for Life", was set up. TLM helps provide accommodation, educational facilities, and skills and income-generation assistance for families of children undergoing treatment at MNH. TLM later expanded and registered as an NGO the UK and Ireland as Their Lives Matter, and remains a vital collaborator in the MNH/ OLCHC partnership.

Current needs and future opportunities

The partnership continues to face ongoing challenges of having enough resources and local expertise to sustain these efforts by carrying forward and continuing to provide paediatric services. This has been alleviated in part by the creation of a paediatric haematology/ oncology masters programme, designed and run by Dr. Scanlan, in conjunction with Muhimbili University of Health and Allied Sciences.

> *The final part of it is … not just about service provision and building buildings, but leaving or providing specialists in the local [workforce] who can continue this into the future …* **Dr. Trish Scanlan (MNH/ TLM)**

The next step will be to embed these services and programmes in University Hospitals across Tanzania: the partners have recently finalised a five-year plan (2016-2020) for paediatric oncology that will extend operations to two further satellite centres. This will include growing the existing Department of Paediatric Oncology at Muhimbili into a National Institution for the expansion and coordination of paediatric services across the country. Over time, it is anticipated this will be expanded to 7 University Hospitals.

Representatives from the MNH/ OLCHC partnership launch the NGO 'Their Lives Matter' at the European ESTHER Alliance Meeting in Dublin in October 2015

Case Study 4: The College of Surgeons of East, Central, and Southern Africa – Royal College of Surgeons in Ireland Partnership

The challenge

Approximately 6.5% of the global burden of disease could be tackled via surgery, and Africa currently bears 25% of the world's total burden of disease, yet has only 1.3% of the global health workforce. Before the formation of the College of Surgeons of East, Central, and Southern Africa (COSECSA) – Royal College of Surgeons in Ireland (RCSI) Collaboration Programme, the provision of surgical training in the East, Central, and Southern African region was very low, and poorly standardised. Furthermore, often surgeons would leave their home countries in order to access training opportunities, but would not return, and the surgeons that were present were frequently localised to urban centres, compounding the lack of provision for rural areas.

Rationale for the partnership

Established in 2012 as the first official ESTHER Ireland partnership, the Collaboration Programme between COSECSA and RCSI is dedicated to improving the provision of essential surgical and emergency care in the COSECSA mandate region. Currently this programme consists of 10 regional member countries: Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe, and Burundi**.**

The partnership strives to develop regional programmes for surgical training, examinations, and qualifications within designated institutions in accordance with international standards. Fellowships are offered in seven specialities: General Surgery, Orthopaedics, Paediatrics, Urology, Neurosurgery, Plastic Surgery and ENT. Recent initiatives in 2015 have included the provision of Essential Surgical Training (EST) courses for General Medical Officers in rural areas of Rwanda and Zimbabwe, in addition to launching a mobile surgical skills unit in Tanzania and Kenya.

The launch of the RCSI Mobile Surgical Skills Unit

Benefits of the partnership

The COSECSA-RCSI partnership is a successful ongoing case of providing training and educational opportunities to enhance skills and knowledge in a local context, and has made it possible to increase the pool of expertise among the region's specialised health care professionals, as well as encourage their retention.

> *If you go back 20 years, if a doctor in Africa wanted to become a surgeon, [they] left Africa, and often did not go back.* **Avril Hutch (RCSI)**

Now, as a result of programmes like COSECSA working to develop local expertise and capacity, doctors are receiving the training they need in order to provide the required local health services and meet regional demands.

Current needs and future opportunities

Organisational capacity has been highlighted as a limiting factor for many institutional health partnerships. Being able to work within the existing capacity to uncover where, and if, areas can be developed also brings with it the possibilities of creating new organisational structures where they previously may not have existed. For COSECSA, this meant gaining an understanding of the importance of having one focal contact point for all of their 10 Surgical Associations. This also carries over into the area of facilitating communication and coordination inter-institutionally, as well as internationally:

> *Particularly because we are working across 10 different countries. We have multi-cultural, multi-language, multi-everything in this context and it has meant that we have had to learn to be very patient and very flexible to get things done. But also to be very diplomatic because trying to organise something one way in one country does not mean it is going to work in another context.* **Avril Hutch (RCSI)**

The partnership has developed and expanded in the years since its inception, creating training and education opportunities, science faculty development, and structured examination and administration processes. The next steps will now be to increase the programme's sustainability:

> *… the next three years will very much focus on resource mobilisation and helping the secretariat in COSECSA take charge of ensuring that they are able to generate their own funds. Either through student fees, examination fees, but also through gaining funding through Ministries of Health and through new donors. Then the next lesson is obviously that ownership is key to this project. And we cannot say enough that this project is led by COSECSA and not by RCSI. And from the beginning that is how we wanted it to be.*
> **Avril Hutch (RCSI)**

Based on the COSECSA partner model, recent ESTHER Ireland Start-Up Grantee The EQUALS Initiative (Equipment and Quality Support for healthcare partnerships) has begun efforts to develop post-graduate training and specialisation for physicians in Zambia. The collaboration was set up between the Ministry of Health in Zambia, Ireland's Health Service Executive, and the Royal College of Physicians of Ireland (RCPI) to support the training of healthcare practitioners and biomedical engineering personnel to manage and maintain equipment. Furthermore, the initiative supports the development of an entity for postgraduate medical training in Zambia.

Case Study 5: The ESTHER Ireland Small Grants Programme

ESTHER Ireland is particularly interested in partnerships that focus on education and training; involve Irish hospitals/hospital groups, primary care and public health institutions; and counterpart overseas institutions in Irish Aid health priority countries (Ethiopia, Tanzania, Mozambique, Liberia). ESTHER Ireland also encourages the creation of multi-institutional partnerships.

A key feature of the Small Grants Programme (formerly known as the Start-Up Grants Programme) is its diversity – not only in terms of country location, but also in terms of the areas of work addressed by the partners. For example, shortages of medical equipment, and the expert skills needed to maintain it, are currently being addressed by the partnership between the HSE and Royal College of Physicians of Ireland's EQUALS Initiative and the Ministry of Health in Zambia. The partnership supports the training of biomedical engineering personnel at the Northern Technical College in Ndola to manage and maintain medical equipment. Additionally, good quality medical equipment is donated to Zambian health facilities from Irish institutions.

Box 1: What is the ESTHER Ireland Small Grants Programme?

- Small grants are disbursed to institutions to help with the early stages of partnership-building, such as exchange visits to develop shared vision, and memoranda of understanding.
- Grant rounds are held approximately twice per year, with workshops held to familiarise applicants with the grant application process, guidelines, and expectations.
- Applications are reviewed by the ESTHER Ireland Steering Group to assess suitability, and grants are awarded based on the strength of the application.

Elsewhere, there is a focus on building research strength and capacity. For example, the partners from the Irish Centre for Foetal and Neonatal Translational Research (INFANT) and the Kilimanjaro Clinical Research Institute were recently awarded a small grant to build activities focused around collaborative research, including a clinical audit. Two hospital group partnerships have also been awarded grants, with a focus on building local expertise: Firstly, NUI Galway and the Saolta University Healthcare Group, working in partnership with Ndola Central Hospital and Copperbelt University in Zambia to strengthen existing services, undertake collaborative research, and build under- and postgraduate training programmes; and Secondly the University of Limerick (UL) and UL Hospitals Group, working with the Upper West Region Health Directorate for Ghana's Health services to strengthen train-the-trainers and continuous professional development programmes for health professionals. Public health surveillance has also been an area of interest: a small grant has supported the HSE Mid-West and Lal Gadh Leprosy Service Centre in Nepal to formalise a partnership focusing on improving elements of public health surveillance and research, as well as the training and exchange of health workers in both regions. The development of core health infrastructure has also been targeted, with a Small Grant award to the partnership between the University of Gezira in Sudan and the HSE in Ireland, to support national cancer control and prevention, with a focus on creating improvements in infrastructure and expertise for oncological service delivery.

The broad scope of the Small Grants Programme is exemplified by the case of the Institute of Community Health Nursing, who used a grant to develop a website which acts as an online hub for the Global Network of Public Health Nursing – a new worldwide network of public health nurses, health visitors, and community nurses. The site provides a gateway for the promotion of community nursing services across the world through education, development and research.

Increasing numbers of institutions are now coming forward at each round of applications for the Small Grant Programme, and the sheer quality and range of submissions received has made this ESTHER Ireland's most exciting and dynamic area of growth. For more insight into the ESTHER Ireland Small Grants Programme, please see **Table 2** below, which lists the intervention areas which have been approached to-date by grant recipients.

Northern Partner(s)	Southern Partner(s)	Country of focus	Intervention area(s)
Our Lady's Children's Hospital Crumlin, Dublin, Ireland	**Muhimbili National Hospital / Muhimbili University of Health & Allied Sciences**, Dar es Salaam, Tanzania	Tanzania	Paediatric Oncology
Department of Public Health Midwest, Limerick, Ireland	**Lal Gadh Leprosy Services Centre**, Dhanusha, Nepal	Nepal	Leprosy services
Institute of Community Health Nursing, Dublin, Ireland	**Various**	International	Public health nursing
National Office of Acute Hospitals, Dublin, Ireland	**National Cancer Institute, University of Gezira**, Wad Medani, Sudan	Sudan	Cancer control, treatment & prevention
National University of Ireland Galway / Saolta Healthcare Group, Galway, Ireland	**Copperbelt University School of Medicine / Ndola Central Hospita**l, Ndola, Zambia	Zambia	Cross-disciplinary capacity building
University College Dublin Centre for Emergency Sciences, Dublin, Ireland	**Bo Government Hospital**, Bo, Sierra Leone	Sierra Leone	Maternal and newborn care
LauraLynn Children's Hospice, Dublin, Ireland	**Palliative Care Support Trust, Queen Elizabeth Central Hospital**, Blantyre, Malawi	Malawi	Children's palliative care
EQUALS Initiative (HSE & Royal College of Physicians of Ireland), Dublin, Ireland	**Northern Technical College**, Ndola, Zambia	Zambia	Medical equipment and training

Northern Partner(s)	Southern Partner(s)	Country of focus	Intervention area(s)
Mayo General Hospital, Mayo, Ireland	**Londiani District Hospital**, Londiani, Kenya	Kenya	Communications infrastructure for training and support
University College Dublin, Dublin, Ireland	**Mbarara University Physiotherapy Department**, Mbarara, Uganda	Uganda	Physiotherapy
University College Cork, Cork, Ireland	**Mzuzu University**, Mzuzu, Malawi	Malawi	Research, Education & Training in Nursing, Midwifery, Epidemiology
Dundalk Institute of Technology, Dundalk, Ireland	**Kyambogo University**, Kyambogo, Uganda	Uganda	Nursing Education
Palms GP Surgery, Wexford, Ireland	**Central Mzuzu Hospital**, Mzuzu, Malawi	Malawi	Non Communicable Diseases
University of Limerick Hospitals Group, Limerick, Ireland	**Upper West Region Health Directorate,** Ghana Health Services, Ghana	Ghana	Maternal and Child Health
Edenpark GP Surgery, Dublin, Ireland	**Queen Elizabeth Central Hospital**, Blantyre, Malawi	Malawi	Albinism
Essential Life Saving Skills for Africa, Co. Down, Northern Ireland	**The College of Physicians & Surgeons of South Sudan**, Juba, South Sudan	South Sudan	Mother and Child Health
Irish Centre for Fetal and Neonatal Translational Research (INFANT), Cork University Maternity Hospital, Cork, Ireland	**Kilimanjaro Clinical Research Institute**, Moshi Kilimanjaro, Tanzania	Tanzania	Perinatal (maternal and infant health)
University College Dublin, Dublin, Ireland	**Meru University of Science and Technology (MUST)**, Meru, Kenya	Kenya	Nursing Education
Royal College of Surgeons in Ireland (RCSI) Hospitals Group, various, Ireland	**St Francis Referral Hospital**, Ifakara, Tanzania	Tanzania	Strategic management, service delivery processes and systems, sustainable institutional Development

Table 2: *Intervention areas covered to-date by ESTHER Ireland Small Grant recipients*

Partnership challenges and key lessons learned

Through accessing the views of the various partners who have been supported by ESTHER Ireland during its short lifetime to-date, it has been possible to identify a number of common areas where partnerships can meet difficulties during the early stages of development and beyond. The careful consideration of these areas is highly recommended for any institutions wishing to develop or formalise partnerships.

Box 2: Key areas where partnership challenges may occur.

- Partnership start-up
- Sustainability
- Evaluating effectiveness
- Embedding within health systems

Partnership start-up

Challenges to partnerships occur from the very outset, even before programmes and initiatives have begun to take shape. Key questions must be addressed – for example, what motivates partners to come together in the first place? Who identifies the need, and from where do they draw leadership and direction? Does the partnership have management buy-in and is there a formalised agreement that has been developed jointly? While these initial processes are sometimes overlooked, they are nevertheless an equally important consideration during partnership development. The early phases of a partnership, and the manner in which they are initiated may give an indication of how the interaction will develop and proceed.

Despite the fact that partnerships are often initiated 'organically' – for example by one individual working through informal links between institutions – their growth and sustainability demands that time, energy, and patience, are all invested in order to reap the wider benefits and create transformational change. Dr. Trish Scanlan, of the MNH-OLCHC partnership, noted the need for perseverance and institutional support to endure through the frustrations of establishing a working partnership.

> *… to be honest I am not sure that the path that we followed was actually [straightforward]. Each step had to happen before we could uncover the next need … I would have to say that the support that I got personally and any time I asked for professional support from Crumlin, from Ireland … a lot of the institutions around Ireland are really supportive.* **Dr. Trish Scanlan (MNH/ TLM)**

Dr. Scanlan also spoke of the benefit of having an established structure such as ESTHER Ireland to provide a framework for organisations to enter into partnerships.

> *I think perhaps having a formalised structure like what ESTHER is proposing, what they have done obviously with other partners. If you could take a framework off the shelf and just start rather than trying to reinvent everything, that perhaps, is something that might have been useful. You go … to places you want to help, but you actually have to prove yourself … a lot of people go to Africa to help and I am sure our African visitors will be able to say they are just sick of people doing that. Coming and getting frustrated or just not being committed for long enough. And so some of this is just you have to go through the process of proving that what you want to achieve, you are willing to stand behind it for years and years and years until it is achieved*. **Dr. Trish Scanlan (MNH/ TLM)**

This sentiment has been echoed by partners among the ESTHER Small Grant recipients – for example, in late 2015, staff from Lal Gadh Leprosy Services Centre took part in an exchange visit to Ireland, to the Department of Public Health, HSE Mid-West, during which LLSC's Medical Director and Programme Director also spoke of the importance of having support and guidance to help initiate and formalise institutional working relationships. It is clear that having a framework mechanism in place, providing structure to build partnerships, is a beneficial and valuable support.

Sustainability and mutual ownership

One frequent criticism that can arise is that there can be a lack of mutual ownership within a partnership, with one side dominating or driving the agenda. This can arise as a result of inequitable relations, stemming from poor management of expectations and a lack of understanding between partners regarding the sustainable implementation of projects and programmes. There is also a challenge presented by the creation of a high level of dependency on individual institutions, expertise, and / or resources, which can endanger sustainability in the long-term.

> *All of the different institutional health partnerships employ different types of capacity strengthening strategies, but I think when you are thinking about sustainability it is incredibly important that institutional health partnerships understand the difference between gap-filling, and moving to some knowledge transfer … to capacity development and looking at that long term sustainability. And whilst in the short term gap-filling might play a very important role … that has to move on to a much wider, broader look at actually how you fill the capacity of that institution and how do you strengthen the systems within which they work …* **Vicki Doyle (Capacity Development International (CDI))**

Linking in with wider organisational structures, across institutions and disciplines, will alleviate some of these pressures and enable the greatest benefits for working partners and the communities they serve, although in practice this may be difficult to achieve in a short space of time. To address this, it is strongly recommended that adequate consideration is given to the sustainability aspect of any partnership project, at the earliest stage possible.

Evaluating effectiveness

A key component that goes hand-in-hand with sustainability is the longer-term evaluation of effectiveness of a partnership. In this area, there is a recognition that having a results-driven structure for partnerships is of clear benefit, as it promotes focused ways of working towards specific goals.

> *It is really important for institutional health partnerships to be able to demonstrate the additionality that they bring. What is that added value? How do you show the results? So really we talk about that moving from faith to science. And really this is a question to throw back to all of you involved in institutional health partnerships. I think particularly in the results based, agenda driven culture we have at the moment, is being able to demonstrate the additionality, the added value of this type of working. Because they are not quick fixes and whilst the projects that you have within those partnerships can*

demonstrate results … how do you show those longer-term results of those partnerships over the years?
Vicki Doyle (CDI)

The need to demonstrate effectiveness and evidence of tangible outputs is often driven by sources outside of the institutional partners themselves, such as donors and governments. These pressures present immense challenges in the evaluation process, and emphasis placed on measuring features strictly attributable to effectiveness may in turn create the danger of overlooking the benefits created for both individuals and institutions. There will always be clear value in having a meaningful and practical means of evaluating a partnership's impact using criteria that really incorporate and appreciate the benefits and principles of high quality partnerships. Adequate planning for this should be included during creation of partnership strategy.

Embedding within health systems

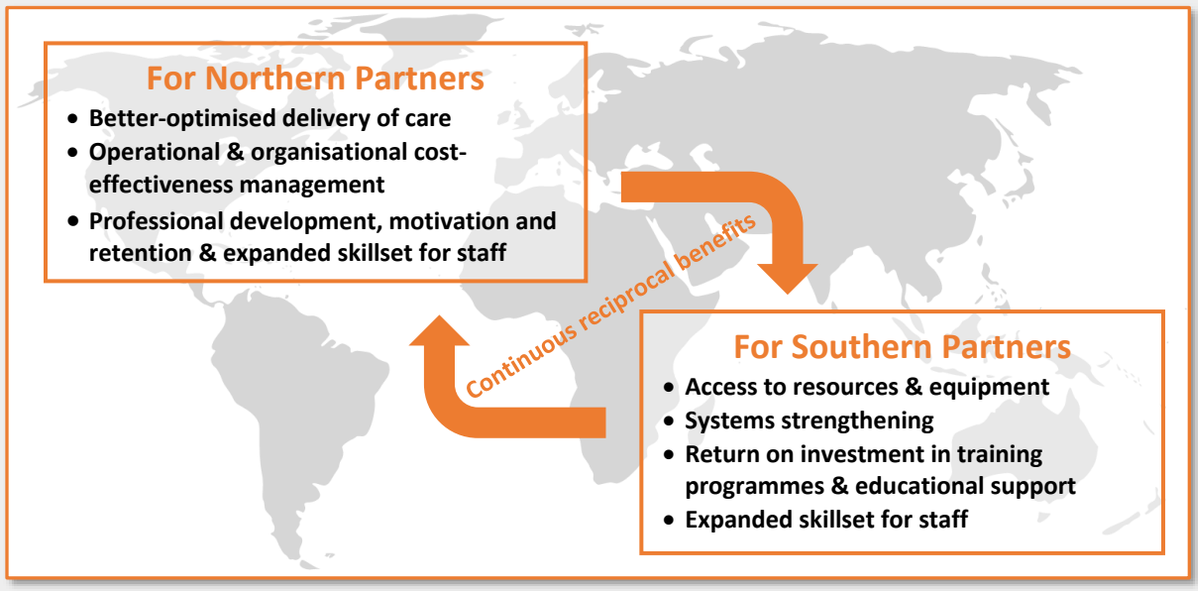
While the basis for many of these programmes and partnerships is a well-intentioned drive to improve health in a specific area of need, there remains a risk of creating 'islands of excellence' which operate in isolation from the wider landscape within the partner country as a whole. In some cases, a partnership that draws resources and shifts focus towards specific priorities can have inadvertent repercussions for a health system that is already strained. The challenge is therefore to develop a vision for how partnerships can integrate and build towards institutional and systemic strengthening. In order to do this effectively and successfully, efforts must be made to target underlying organisational structures, and consider motivations that go beyond individual partners.

Having that "systems-think" and that systems approach is vital when you are looking at developing institutional health partnerships. **Vicki Doyle (CDI)**

By maintaining an emphasis on the potential linkages and synergy with the existing health system, and communicating the reciprocal benefits, it will be possible to help create partnerships that not only impact on the institutions involved, but also foster improvements within the country's health system as a whole.

Potential Benefits and Added Value of Partnerships

The key feature of the partnership approach is the ongoing ability to add value through the creation and growth of new initiatives over time. This is enabled by making full use of the support structure offered by a longstanding engagement between mutually-trusting partners, and immediately sets this approach apart from small-scale one-off projects. This translates into outcomes that benefit Northern and Southern partners in distinct ways, and also reciprocal outcomes which can arise.



Benefits to Northern partners

Creation of partnerships that foster long-term commitments to sustainability and health systems improvement has helped us move beyond the outdated model of short-sighted and simplistic one-off visits, and it is not only individual clinicians and their patients who benefit. Many other actors are now by necessity involved in the process: management, technical, and other support staff all contribute to successful partnerships, and also themselves derive benefits from such work. Partnership work contributes towards professional development of many different cadres of staff and influences retention and motivation, impacting on their work at their home institutions.

However, the advantages of entering into partnerships may not always be as clear for Northern institutions as those for Southern partners, due to the disparities in terms of obvious factors such as resources and facilities. These less “visible” benefits include the excellent opportunities to gain insight into cost-effectiveness management for both operational and organisational aspects of care, leading to better-optimised delivery. Staff of Northern partner institutions can expand their abilities and skillset through working in different country contexts with novel populations, and can learn from the expertise of colleagues overseas. In some cases, this led to bilateral changes in practice, such as the focus on reducing the high number of caesarian sections performed, and normalisation of the birthing process at Mayo General Hospital, whilst increasing their frequency to save lives in response to needs at Londiani District Hospital. Table 3 summarises the many diverse benefits that Northern partners can gain from partnerships, alongside the potential challenges which might undermine them.

Main Benefits	Challenges
Personal - Adopting new perspectives and work ethics - Intercultural sensitivity and understanding - Effective communication skills	- Donor driven need for evidence and evaluation of outputs can obscure the extent of personal benefits
Professional - Expanding clinical skills and case repertoire - Team oriented and coordination skills - More effective use and allocation of resources - Developing teaching and training skills - Enhanced learning opportunities	- Ensuring skills are transferrable and adaptable across different contexts - Providing equitable access to opportunities for both partners, at community, institutional, and organisational levels
Organisational - Renewed staff commitment and motivation. - Develop wider organisational culture and institutional knowledge	- Turn-over of individuals within partnered institutions and organisations - Ensuring equity among all partners
Academic - Research initiatives and educational programmes - Embedded within wider institutional supports	- The length of implementing research initiatives and operations may burden initial partnership stages - Differential values of academic vs. clinical outputs

Table 3: *Main benefits to Irish institutional partners, and associated challenges*

Benefits to Southern partners

Many of the benefits of partnership which can be received by Southern institutions are immediately obvious, as they appear in tangible forms such as improved health outcomes for people in need, person-hours given by expert staff, funding to improve facilities, and access to specialised resources including technologies and equipment. However, as with their Northern counterparts, the added value often comes in a less obvious, but more sustainable form.

In particular, there are long-term and wide-reaching benefits which include a continuous and growing return on investments – as can be seen for example in essential training programmes and educational support. These create impacts not only at the level of individuals, but also within organisations and institutions, all the way up to the level of health systems.

The reciprocal benefits

One of the most critical aspects of the ESTHER partnerships model is that it helps foster effective and reciprocal institutional health partnerships where there are benefits on all sides. While the benefits and added value may not always be foreseen or identifiable from the outset, the intention to create mutual benefits and reciprocal outcomes must always be present and maintained throughout the duration of the partnership.

> *Who knows what they will be, but we are just saying there will be mutual benefits, and just establish this as a concept that you talk about when you come together.* **Dr. Diarmuid McClean (Irish Aid, Mozambique)**

Maintaining this principle of openness means that institutions will be able to build on the exchange of local-global knowledge and experiences. Expertise among partners can be grown; access to specialised services can be expanded and their quality improved; and staff can avail of reciprocal teaching, training and learning opportunities within a formalised structure.

> *There is value. There is huge professional value. There is value about the [organisational] culture of the hospital and what we are there to do. But I think if and when this partnership develops it is over time that the benefit will be more reciprocal, that is where it will be*. **Lorcan Birthistle (former OLCHC)**

Features and Principles of Successful Partnerships

Overview

Upholding certain features and standards of best practice enable us to work successfully towards developing, sustaining, evaluating, and embedding institutional health partnerships. These are built on the lessons learned from addressing the challenges of partnering, as well as with guidance such as the EEA Charter of good quality of institutional health partnerships.

In this section, some examples of the application of these principles and features have been highlighted in practice by ESTHER Ireland partners.

Box 3: Summary of features of successful partnerships.

- Adaptability & flexibility
- Common interests & shared perspectives
- Organisational commitment
- Connected to existing strategies
- Reciprocity
- Collaboration
- Institutional capacity & systems approach

Adaptability & flexibility

Several of the partnerships have noted that a key contributing factor for their success was the ability to adapt and respond to changes in needs and resources. It is here that the partnerships approach directly lends itself to flexibility:

> *One of the reasons we encourage [a partnered] of way of working is because it opens the opportunities to respond to different needs and different issues as they arise.* **Dr. David Weakliam (ESTHER Ireland)**

Common interests & shared perspectives

Partners have outlined mutual benefits for both sides, some of which are based in common interests and shared perspectives – often stemming from a broader institutional alignment:

> *We noticed, ourselves being in a rural community, at the end of government roll-out of programmes, that we had a great insight into the rural nature of the Londiani Hospital and we shared that sense of rurality and rural heritage [Mayo General Hospital], which I think has certainly helped our volunteers on both sides.* **Dr. Meabh Ní Bhuinneáin (MGH)**

Another example that embodies this principle is the COSECSA-RCSI partnership, which spans a very wide range of organisational and contextual cultures – including ten countries across the East, Central and Southern African region – yet the partnership was created under the basis of common interests and experience that recognised the urgent need to promote and improve surgical training.

Organisational commitment

From the initial start up phase, to those partnerships that have been up and running for over ten years, the contribution of wider institutional commitment and organisational support can be seen to play a critical role in partnership success. This includes having good governance structures to lead such programmes:

> *The government and Kenyan Ministry of Health has, as I said, recognised us as a stakeholder in the district hospital team. The [hospital] management team have the link activities in their monthly rollover agenda and their annual operating plan. We are part of that partnership to contribute to that plan, or if not in a position to contribute … they still keep us very much informed of what their planning is for the service year.*
> **Dr. Meabh Ní Bhuinneáin (MGH)**

Lessons learned from the LDH-MGH partnership have helped to inform ways to generate greater institutional commitment, and a particularly useful strategy was the targeting of both Northern and Southern hospital management teams to engage with partnership initiatives as an element of institutional and corporate social responsibility.

Connected to existing strategies and policies

Part of the backbone of the OMH-CUH Partnership, and the reason why the Helping Babies Breathe initiative and training has been successful and sustainable in its implementation, is that it is integrated into the existing national midwifery programme and policies in Sudan – facilitated by established ministerial links. Connecting with the political infrastructure and the existing health system was also a feature identified by the MNH-OLCHC partnership, as it enabled them to avail of existing government subsidisation and supply of relevant treatments and services.

Reciprocity

The LDH-MGH partnership has worked hard to highlight the importance of reciprocity between institutions. This was the key theme underlying all partnership activities, from organisational capacity-building and training curricula, through to service delivery and respective maternal health outcomes. An audit on the performance of caesarean sections showed that the partnership had created dramatic improvements at both northern and southern partner institutions.

Collaboration

The COSECSA-RCSI partnership is characterised by its focus on collaboration across institutions. As such, it is not driven by individuals on either side, and multiple departments including surgery, finance, examinations, and media services have been involved in the project at various stages throughout its lifetime. This diversity is cited as a key factor in the partnership's sustainability.

Institutional capacity and systems approach

The ESTHER Ireland partnerships were stimulated by on-the-ground needs to improve quality, coverage, access, and delivery of health services, however their success and effectiveness becomes most clear when examining the wider impacts that they have created. Instead of focusing on single individuals conducting short or medium-term visits on an ad-hoc basis, the successful ESTHER Ireland partnerships have focused on building the capacity of institutions, and the development of skills and resources across organisations as a whole.

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