

External Evaluation of the SSPH+ Lugano Summer School and the SDC Scholarship Program

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Table of content

Table of content	2
Acronyms and abbreviations.....	3
Acknowledgements.....	4
Executive summary.....	5
1. Introduction	6
2. Description of the intervention.....	6
3. Findings	7
4 Conclusions	27
5 Lessons learned.....	28
6 Recommendations	28
List of annexes:	31

Acronyms and abbreviations

CD	Communicable Diseases
IdEP	Institute of Economics of the Università della Svizzera italiana
HIC	High Income Countries
LMIC	Low and Middle Income Countries
LSS	Lugano Summer School
NCD	Non-communicable diseases
NPO	National program officers
NPO a.o	National Program Officers or Head or deputy head of cooperation or health advisor
SCO	Swiss Cooperation Offices
SDO	Swiss Development ..
SDC	Swiss Agency for Development and Cooperation
SSPH+	Swiss School of Public Health
Swiss TPH	Swiss Tropical and Public Health Institute
ToR	Terms of Reference
UHC	Universal Health Coverage
USI	Università della Svizzera Italiana

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Executive summary

This evaluation concerns the Swiss Agency for Development Cooperation (SDC) scholarship programme from 2013-2019. The SDC provides scholarships to about 40 health professionals from low and middle income countries (LMIC) yearly to increase their competencies in various topics in public health policy, economics and management by participating in the Lugano Summer School (LSS), constituting about 35% of all participants. The scholarship project is managed by the Swiss TPH. The LSS is organised by the Institute of Economics (IdEP) of the Università della Svizzera Italiana (USI), the Swiss Tropical and Public Health Institute (Swiss TPH), the Swiss School of Public Health+ (SSPH+) and SDC.

The evaluation used a mix of methods such as document review, interviews with stakeholder, observation in class and an online survey of NPO officers in order to answer the relevance, effectiveness and impact, efficiency as well as sustainability of the project.

The findings and conclusions of this evaluation show that most objectives of the programme have been achieved, however several aspects need further attention to improve the overall outcome of the SDC scholarship programme. The objective of health professionals applying their new knowledge and skills seem to have been attained. The objectives of communication between alumni and support for SDC projects were not yet achieved to the extent targeted. Overall the SDC scholarship for the LSS is relevant for the scholarship holders in the current context of LMIC where they come from. The topics of the LSS have changed over time, evolving with the needs. Better tailoring of the topics towards LMIC would make the LSS more relevant for LMIC participants. The SDC Scholarship is in line with the current SDC Health Policy and the Strategic Framework of the Global Programme Health (2015-2019). The LSS provides an appropriate environment for learning and exchange, the poster and plenary sessions are a good example. In itself the “right” SDC scholarship participants are targeted, using the project document as a basis, though the selection of high ranking officials can be questioned. In some countries the selection process done by the NPO is not very clear and/or takes quite some time. The facilitators are in general of high quality using a mix of learning methods, though the participation of female lectures as well as facilitators coming from LMIC is low. There is a currently efficient management of resources; given the fact that currently there is no possibility to increase the number of participants, there is low attention for communication and marketing. Effectiveness and impact seem quite high, the SDC scholarship programme clearly contributes to individual capacity building of the participating health professionals. Anecdotal evidence exists of impact at the workplace, as well as contribution towards health system changes, however such effects on the basis of three or six days courses may not be expected, nor are they easy to measure. Currently not enough measures are in place to ensure sustainability of the LSS in case SDC funding stops, unless the decision is to accept much lower numbers. The international HIC character of the LSS may be sustained by ensuring participation of high income countries. SDC is recommended to continue funding the scholarship programme as a contribution to global health capacity building in LMIC and for exposure of Switzerland. In case of continued funding, the role of SDC should be not as a full partner but as an advisor to the LSS steering committee. The steering committee needs to elaborate sustainability strategies and plans. In case funding through SDC stops, a transition period should be allowed for sustainability plans of the LSS to be implemented and take effect.

1. Introduction

The aim of the present evaluation as described in the Terms of Reference (ToR) is to assess the current situation of the SDC Scholarship program and the LSS in terms of relevance, performance, sustainability and impact, see annex 1.

The scope of the evaluation is Phase 7 and Phase 8 of the SDC Scholarship program, from May 2013 until the time of the evaluation, August 2019. The three main evaluation areas include the strategical, the operational and the management level of the SDC Scholarship Program and the LSS.

The evaluation should provide recommendations with regards to the enhancement of the relevance, performance and sustainability of the current SDC Scholarship Program as well as for the continuation of the LSS with or without a SDC financial contribution. The evaluation methods consisted of document and desk review, an online survey with National Program Officers/ Head or deputy head of cooperation or health advisor (NPO a.o), key informant interviews with different stakeholders before and during the LSS 2019, a focus group discussion with SDC scholarship holders attending the LSS 2019 and observation of several classes during the LSS 2019.

2. Description of the intervention

Low and middle income countries (LMIC) struggle to improve unequal health outcomes and achieve universal health coverage. Investing in capacity building of key health workers is an important element towards strengthening health systems. Strengthening UHC and strengthening health systems through capacity building of health professionals in LMIC are key elements of the SDC Health policy and the Strategic Framework of the Global Programme Health (2015-2019). The SDC has provided scholarships, i.e. full course fees, flights, accommodation and living expenses, to health professionals working in SDC related projects in SDC health priority countries, to participate in the Lugano Summer School (LSS). The LSS in Public Health Policy, Economics and Management is geared towards professionals and managers of health administrations, hospitals and other services and facilities within the health sector including government organisations, NGO's and development partners, policy-makers and PhD students. The LSS is a set of summer courses, run during six days in the summer and is organised by the Institute of Economics (IdEP) of the Università della Svizzera Italiana (USI), Lugano. The courses are 3 or 6 days and cover a range of topics in public health policy, economics and management (see annex 2 for the programme of LSS 2019). The teaching and learning methods are interactive, making use of the experience of the participants, with classes ranging from 11-28 participants. For a long time already next to the courses on three-four days a week, plenaries of one and a half hours are organised in which new and trending topics are presented for one hour with half an hour left for questions and answers. Since 2018 participants have been asked to make posters on topics with regards to their work; these posters are displayed during break sessions and on the eLearning platform, this facilitates participants to engage with each other. The courses are accredited by the different Swiss universities and participants need to take an exam in order to qualify for the credits. The LSS draws on average 120 participants, about 35% of these are yearly funded through the SDC scholarship programme, with another average of 5% paid through SDC projects.

With regards to the intervention logic, according to the project documents the impact is *“To strengthen and sustain the capacity of health professionals in selected LMIC to manage, develop and promote health services and health systems at conceptual, strategic, and operational level, including their capacity for multisectoral collaborations with non-health stakeholders and thereby contribute to the achievement of the goals of the Agenda 2030 for Sustainable Development”*. By participating in the LSS, awareness and knowledge on relevant global health topics will be promoted and exchange of knowledge, skills and experiences among participants and teachers will be fostered. Thereby health professionals related to SDC funded projects in targeted LMIC will be enabled to be (better) involved in health sector reform process towards UHC.

The LSS is managed by several Swiss academic institutions with regards to post-graduate training in public health for professionals and managers working in LMIC: the Swiss Tropical and Public Health Institute (Swiss TPH) who manages the SDC scholarship project, the Institute of Economics (IdEP) of the Università della Svizzera Italiana (USI) who is responsible for the scientific direction, the organisation of the LSS and the Swiss School of Public Health+ (SSPH+) who supports the LSS strategically and administratively by ensuring the participation of PhD students and professionals from Switzerland and other HIC and suggesting course topics. SDC has been a full member of the Lugano Summer School Steering Committee since 2012. Besides funding participants from LMIC, the SDC also influences course topics and organises one course within the LSS.

3. Findings

The findings related to the relevance, effectiveness and impact, efficiency as well as sustainability of the SDC Scholarship programme for the LSS will be presented and analysed. Findings per theme and question will be presented. The findings were collected from several sources: the report of the alumni survey of 2010-2015 by the Swiss TPH, the report of the online questionnaire post LSS for 2017 and 2018 by the Swiss TPH, the NPO a.o. online survey of 2019 by the consultant, see annex 3, interviews conducted by the consultant: with scholarship holders, both FGD and individual interviews, interviews with NPO's, interviews with facilitators¹, observation during classes of the LSS 2019 and interviews with steering committee members, as well as findings from documents and reports. Each question will then be summarized by comparing and contrasting the findings from the different sources.

3.1 RELEVANCE

3.1.1. Is the LSS fit to respond to the global priorities, trends and developments?

A short review using three seminal articles² shows that global priorities, trends and developments focus on

¹ The term facilitator, as suggested during the review of an earlier draft of the report, is used in the evaluation report. In the documents of SDC the term lecturer is used, in earlier surveys carried by STPH the term trainer is used.

²Watkins, David A., et al. "Alma-Ata at 40 years: reflections from the Lancet Commission on Investing in Health." *The Lancet* 392.10156 (2018): 1434-1460. Kruk, Margaret E., et al. "High-quality health systems in the Sustainable Development Goals era: time for a revolution." *The Lancet Global Health*

1. Changing health needs such as: Non communicable diseases (NCDs) including multi-sectoral approaches, adolescents as a group, mental health, emerging infections and planetary health;
2. Donor landscape and financing such as: retreating traditional donors, shift to Sustainable development goals (SDGs) greater role of World Bank (WB) than World Health Organisation (WHO), momentum of UHC, role of international community in global public goods;
3. Growing public expectations such as: increased call for quality of care, social media and internet, globalisation, migration
4. Health system changes such as: private sector providers, UHC, health worker shortage, digital health, quality of care and its measurement.

According to the survey amongst NPO a.o. (response rate: 11/32, 34%): 73% thought the courses were relevant given the changing health systems in their country with three answering that courses are changing and the program is flexible. Two respondents commented that courses on fragile states are needed, topics needed but mentioned only once were: multi-sectoral approaches to malnutrition, political analysis of health. One stated that some topics were too early for LMIC.

Members of the steering committee stated that they tried out new topics f.e. in plenary and if those topics worked well, they developed a new course, taking into considerations new developments in the field of global health.

Comparing the trends and developments as well as the courses, it can be seen that overall the courses of the LSS answer to the trends, five of the 10 courses of the LSS 2019 immediately fit to the trends identified. Some of the topics may not be mentioned as a trend, such as “Using evidence to improve the efficiency of health care system” or “Community Based participatory methods in public health” but may answer to more basic competencies required. The four plenaries in the LSS 2019 which were offered next to the courses show mostly recent trends such as air pollution, a revival of an old trend i.e. social marketing as a course in 2009 and two plenaries were based on current courses.

3.1.2. Is the LSS in line with the public health policy, economics and management needs of participants?

According to the alumni survey 2010-2015 84% of the alumni agreed that the courses offered met the demands for continuous education of health experts in their country. Alumni elaborated a number of competencies needed of which the most important competencies were: managing health systems, strategic planning and management and financial management.

In the online questionnaire post LSS for 2017 and 2018 this question was not asked. The NPO a.o. mentioned in the survey many different competences needed by health professionals in their respective countries, with NCD's mentioned twice, other competencies/ topics were all mentioned only once. The competencies/ topics needed can be divided into generic and specific topics related to competencies. Generic competencies/ topics included: systems, out of the box as well as critical and analytical thinking, strategic vision, communication skills, policy and political dialogue. As for specific competencies/ topics: mental health, health systems and

6.11 (2018): e1196-e1252. World Bank and financing Global Health, Series British Medical Journal 2017

health care management, service delivery models, health financing, engaging private sector (see annex 4 for competencies needed according to the NPO e.a.).

Only 36% (4/11) of the NPO answered that the courses offered by LSS were in line with the competencies needed by the health experts in the country where they are based; 64% (7/11) stated partially. Different reasons by the NPO were provided: certain topics such as fragile states are not provided, no focus on soft skills such as diplomacy, the courses could be more concrete, and some topics are premature for LMIC. Interviews with NPO revealed that according to some the global landscape is very diverse and is not easily applied locally.

Discussion with current participants revealed that they were happy with the topics. One participant stated for example that she was involved at national level in restructuring the mental health care in her country, therefore the course on mental health suited her perfectly.

From the data it can be seen that participants of the LSS 2019 and alumni are more positive regarding the alignment of their needs and the content of the LSS, while the NPO a.o. were less convinced. This may be due to the fact that participants/ alumni choose for specific topics partly out of their own need/ interest while the NPO may look more from a project and system perspective.

3.1.3. Does the LSS have the capacities to continuously adjust its offer to evolving needs of participants of different partners and faculties?

A comparison of the program of 2009 (8 courses), 2013 (10 courses), 2016 (12 courses) and 2019 (10 courses) shows that:

- 1 course has been provided over the years by the same teacher, though with a under a different name and partly changed content (“economic evaluation” to “using evidence”)
- 3 courses were similar in 2009 and 2013
- 3 courses were similar in 2013 and 2019
- 7 courses were similar in 2016 and 2019

During each period (2009-2013 and 2013-2019) six courses were substituted with other courses. In 2019 there were 3 new courses comparing with 2016.

Review of the alumni survey of 2010-2015 showed that 61% fully agreed that the courses of the LSS took into account the changes and developments within the health system of LMIC and 22% partially. In the online questionnaire post LSS for 2017 and 2018 the relevance was not asked.

During the FGD the SDC scholarship participants mentioned that they choose the topics based on their relevance, f.e. one participant mentioned that they were changing the mental health policy and services in the country, so the course on mental health was very relevant. Another mentioned that she was learning regarding Health Technology Assessment, before they just decided to change to new technologies, but now she learned that you need to assess before you change.

The facilitators interviewed stated that usually they were called to provide the course again next year, with sometimes small changes as for title or content, also based on the feedback by participants. They were not asked to provide suggestions for new courses. Some facilitators mentioned that, as they were involved in many projects in LMIC it was easy for them to relate to the different backgrounds of students.

However some facilitators stated that, as they did not work themselves in LMIC and had no projects there, they found it complicated to translate their knowledge to the needs of those coming from LMIC.

Discussion with members of the LSS steering committee revealed that plenaries were used to present and discuss hot topics, relevant for a large group of participants, sometimes plenaries were used as a try-out of topics for new courses. Courses with a negative overall evaluation by participants were taken out of the program and replaced by other, new courses. It was not easy to find facilitators for new courses, as they had to be also able to facilitate an international group and be able to translate information geared towards the diverse background of the different participants.

Overall the LSS seem to have adjusted to the evolving needs of the participants, though the focus on LMIC could be improved and that adjustment was larger in the period from 2013-2016 than from 2016-2019, when less new courses were launched. Current courses discuss examples and cases from HIC as well as LMIC.

3.1.4. What is the particularity of the LSS in comparison to other Summer Schools?

A review of other Summer schools in Europe, (i.e. www.summerschoolsineurope.eu) shows that the length is from 1-4 weeks, though mostly 2 weeks, while the LSS is 6 days, until 2013 it used to be 2 weeks. Usually, next to an academic agenda, there is a social programme as well, like during the LSS where social gatherings are organised in the evenings. Global health topics are frequent; some courses focus on health and human rights, some on global health in general, others focus more on medical topics, a number of the courses focus on skills such as the use of statistical software. In Switzerland different summer and winter schools by the universities are organised, each with their own focus with regards to global health (Geneva, Wengen, Basel and Bern), f.e. the summer school in Geneva focuses on health and rights/law. Most of them seem to be geared towards HIC.

In the alumni survey of 2010-2015 participants were asked whether they knew about other summer schools, not about the peculiarity of the LSS.

The NPO e.a. in the survey mentioned that they were aware of a number of courses with similarities and differences: Sweden has a similar programme but it's longer than the LSS hence more in-depth discussions happen, local universities in LMIC but these lack diversity in the composition of the training teams' composition compared to the LSS, the summer schools in Ukraine, Global Health Diplomacy course in Geneva, Pisa course on "Health systems through crisis and recovery", Market System Development courses: Springfield centre course, NADEL course by ETH Zurich with a number of advantages noted by the respondent.

The FGD and informal discussions with LSS 2019 participants revealed that participants felt the focus of the topics as well as the highly international character of the LSS, with participants from HIC and LMIC coming together, learning and sharing experiences was highly special. Some stated the mix was large, a few found the mix too large. During the FGD participants specifically mentioned, without being probed, the plenaries and the posters. The plenaries were appreciated as it gave the opportunity to everybody to learn different topics, everybody could ask questions and facilitators gave time to discuss. The poster sessions were appreciated as they could see and discuss work in other countries and they could meet and network with people. One person said it even gave him self-esteem, as someone asked whether he was doing his PhD, which he wasn't. Two PhD students, not SDC Scholarship funded,

said that they liked the mix, because of the international character as well as having people from the field, from whom they could learn i.e. learning that large varieties between countries existed.

According to the facilitators especially the international character made the school different from other schools, with many participants from LMIC.

In total 9/11 of the NPO a.o. surveyed answered 'yes' that the SDC should continue funding the LSS after 2021. Four who answered yes didn't provide an explanation to their answer. Another four who answered yes in their explanation, stated that the LSS was important for peer learning, high turnover of professionals, those who attended are priceless door openers. The two respondents who didn't answer yes or no, explained in their answer that changes in the LSS were needed; the other stated that when SDC projects were excluded (note by evaluator: this seems to be a misunderstanding) and state officials were not able to practice their knowledge, continuation made no sense.

The LSS has a number of peculiarities comparing with other summer schools: the strongly international character, the large diversity of students in terms of type of work, country, educational background and level as well as the plenaries organised next to the courses as well as a new feature the posters.

3.1.5 Is the LSS and the SDC Scholarship Program consistent with the SDC Health Policy and the Strategic Framework of the Global Programme Health?

First the consistency of the LSS with aforementioned policies will be analyzed and then the consistency of the SDC Scholarship program with the policies.

The SDC Health policy states three thematic priorities: health systems/ UHC, SRHR and reduction of Communicable and Non-Communicable diseases (CD/NCD). The Strategic Framework of the Global Programme Health (2015-2019) encompasses 5 components, including UHC and addressing determinants. The new Swiss Health Foreign Policy: "Gesundheitsaussenpolitik der Schweiz 2019 – 2024": focusses on the security of Switzerland with protection against CD, access to drugs, international health data governance framework, health determinants, governance of global health regime, and addiction policy.

Comparing the LSS with the SDC Health Policy and the Strategic Framework of the Global Programme Health (2015-2019), the LSS is consistent with both the policy and the strategic framework as in the LSS two (strengthening health systems and UHC, as well as reducing CD/NCD's) out of the three priorities of the policy are actually contained in specific courses of the LSS, and two (UHC and determinants) out of five components of the strategic framework are specific courses, specific courses on communicable diseases, SRHR and governance are not included. Members of the steering committee explained that Humanitarian Crisis and governance were not included in the LSS as these topics are covered by other Swiss programmes in Geneva. Next to that the SDC Health policy mentions that transversal themes such as gender, governance and HIV are mainstreamed; within the LSS it seems that gender and governance are mainstreamed.

With regards to the new Swiss Health Foreign Policy determinants of health are more emphasized, which is a specific course in the LSS, as well as sustainable health care. The other priority themes are currently not included in courses, even though this

would be possible such as digitalization, health governance, health protection and humanitarian crises.

With regards to the SDC Scholarship Program, within the SDC Health Policy “capacity building to strengthen technical and managerial skills of local institutions” is clearly stated as an implementation principle. Within the strategic framework strengthened capacities are mentioned throughout the framework. Capacity strengthening as such doesn’t feature in the new Swiss Health Foreign Policy.

It can be concluded that the LSS and the SDC Scholarship Program are currently consistent with the SDC Health Policy (2015-2019) and the Strategic Framework of the Global Programme Health. The consistency with the new Swiss Health Foreign Policy with regards to topics can be strengthened. Unfortunately despite the consistency with the SDC health Policy the decision to continue funding of participants for the LSS or not, has not been made yet, see under “sustainability”.

3.1.6. Is the LSS run and steered by the right organizations, and what value do they add to it?

In the various project documents the institutional context of the LSS is provided by an organogram as well as stating the involvement and importance of each of the institutions: SSPH+, IdEP/USI, Swiss TPH and SDC. According to all the steering committee members interviewed, the organisation of the LSS runs quite smoothly, though the need to meet more frequently was mentioned by several persons. On the administrative level a clear delineation of tasks was lacking according to one respondent, and differences in perceptions of tasks were remarked between the Swiss TPH administration secretariat and the Summer School secretariat. Apparently the marketing activities were increased with the new staff member of USI, who was not interviewed. The strong involvement of the SDC within the LSS steering committee was mentioned.

Some stated that having the SDC within the steering committee helped to increase the understanding of the LSS by the SDC. SDC also contributes to the LSS by organising a course itself: “Multisectoral approaches for health: implications for Policy and Practice”. SDC also influenced the topics of other courses to be more LMIC oriented. Facilitators from Switzerland often stated their university or school was part of the SSP+ and in that way, though indirectly, the schools supported the Lugano Summer School, though most mentioned they were teaching out of personal commitment.

Two issues can be remarked: the organogram and the involvement of the SDC. Within the organogram lines are drawn, but no arrows (see annex 5). When asked interviewees stressed the joint decision making, though it wasn’t fully clear who had the final decision. Presently this seems to be functioning quite well according to most, although as mentioned the task division amongst the secretariat needs to be clarified. When new tasks are discussed, such as a stronger marketing and communication, it is not clear who is responsible. From the organogram it can be seen that there are no accountability mechanisms, f.e. in case there would be disagreements of the steering committee with the SDC. While on the one hand involvement of the SDC may be beneficial, on the other hand this may give rise to a conflict of interest. As SDC is funding an important group of participants, the steering committee may not be able to discuss freely with the SDC present. The other issue is that SDC scholarship funded

participants, when seeing in the program that one of the course organiser's name, who is Health Policy Advisor and Advisor Determinants of Health, Global Programme Health is organising one of the courses, may feel urged to choose that specific course above other courses.

The current organisations who run and steer the LSS contribute each their specific expertise, the presence of the SDC in the steering committee of the LSS could be improved by having SDC not as a partner but as an advisory member of the steering committee (see later).

3.1.7. Should any other partner be involved in the LSS or be part of the steering committee?

According to the members of the steering committee as well as the facilitators no other partner needs to be involved in the LSS and the steering committee. It was remarked by several facilitators and members of the steering committee that all universities with a school of public health are already represented through SSPH+. It was felt by interviewees that the steering committee has already enough members as it is. It was mentioned by some that it was important that the Swiss TPH is a partner, because of their connection with SDC. There are some new developments within the USI: the USI will create a new institute for public health and the LSS will be under that institute.

3.2. EFFECTIVENESS AND IMPACT

3.2.1. Can the participants apply the learnings in their job?

The alumni evaluation of 2010-2015 asked for different facilitators in terms of application of the learnings into the job, a question on whether and what alumni actually applied was not included. In terms of opportunity to use, peer support, content validity and transfer design, ratings were reasonable (3.4, 3.5, 3.6, and 4.0 on a scale of 1-5; with 5 the highest).

In the online questionnaire post LSS for 2017 the majority of the health professionals participating in the survey indicated that the courses had an impact on their attitude and behaviour (15/18) as well as their professional development (14/18), however a question clarifying in what direction: positive or negative and how was not included. In the online questionnaire post LSS for 2018 the majority of the health professionals participating in the survey indicated that the courses had an impact on their attitude and behaviour (14/20), on their professional development (16/20) and that the LSS has increased their productivity (16/20).

For the group of 2017 colleagues and supervisors encouraged (9/18) and expected (9/18) participants to use what they learned, for the group of 2018 this was slightly higher: 13/20 and 15/20.

As for obstacles to use lessons learnt, most frequently mentioned in the 2017 survey were budget limitations (4/18) and lack of human resources (7/18), and higher for the group of 2018: 11/20 and 9/20 respectively.

According to the NPO e.a. survey they received feedback from participants in 9/11 cases; 6 of which were positive including one stating that: "One health experts in

Ministry of Health, she was very impressed by the discussions and panel discussions. It was for her an opportunity to understand how to organise a fruitful and scientific based discussion”. However one mentioned that it doesn’t say something about applicability and one stated that it dependent on the level of the participants, this was also confirmed during an interview with the NPO. The NPO also mentioned during their interviews that it was difficult to check whether people applied what they learned, and the scholarships were felt more of an individual capacity building. A large turn-over of people in some countries hamper application, i.e. in one case four Ministry of health participants were now working for international projects, others left the country or left for private practice.

Discussion with current SDC scholarship holders for LSS 2019 revealed that they felt the LSS was more on individual capacity building: “if you have a stick, but others don’t” one interviewee mentioned. Some said they would be able to use some tools learned it in their own projects, f.e. “Behavioural Change Communication” and “Strategic project management”, others stated it was hard to contextualise the material in some courses which are from high income countries.

According to members of the steering committee as well as facilitators interviewed they couldn’t comment on applicability as they did not have receive feedback from participants after the courses. When probed, some said they very seldom received an email from former students, asking to collaborate in projects.

Some facilitators mentioned that especially for the three day courses, they expected that participants awareness was raised in terms of topics, and that they would be able to advocate regarding the topic, others mentioned that they expected participants would be able to use the gained knowledge and expertise back home. However almost none of them had received feedback when participants had returned to their work whether they were able to use the gained knowledge and how.

Overall findings show that for alumni the courses impacted on their individual development and professional behaviour, assuming that it was positive, though that wasn’t asked in the alumni survey. A smaller majority report that they can implement what they learn, though there are obstacles in terms of budget and lack of human resources. The NPO were also quite positive on the application of learning, however with some remarks that it depended on the expertise of the individual and on the contextualisation.

3.2.2. Is there evidence of changes which could be promoted by LSS participants after their return in their country (incl. anecdotal evidence)? Combined with the next question: Does the training received in Lugano contribute to the expected changes i.e. to strength management, develop and promote health services and health systems in the countries and/or in SDC programs?

These questions are not easy to answer, as there are many confounding factors which play a role when trying to attribute the learning from one or two courses, of six or three days to overall changes in health systems and/ or the SDC programs. Also the question is whether one can attribute contribution to changes by LSS participants and to health systems after a three or six day course.

According to the NPO a.o. survey in total 8/11 were positive. Two out of 11 stated yes and 3 stated partially could attribute improvements in the work of the health experts in SDC funded projects or programs to the participation in the LSS; trainings and awareness raising of staff, better understanding of concepts and topics, networking and contacts with professionals from other countries for experience exchange. Three who didn't answer yes or partially were positive in their explanation that those who provided feedback said that they now spoke the same language and understood the same concepts. Those who answered they couldn't attribute, stated that they couldn't measure, time was too short since return, and that there was no "critical mass" of persons participating in the LSS.

During the FGD current scholarship holders said they would share what they learned when they came back in their country as that was regular practice, for others not. One said he would pass on the knowledge and discuss with his superior how to align: he knew now how to "cook the ingredients": in terms of involving stakeholders, but it was not to him at that level. One person during the FGD said it was clearly individual capacity building: "I took the initiative, I applied for it and it is my time I am spending here".

Some former participants mentioned during the interviews that they used the knowledge gained in the LSS in their lectures at universities in their home country. One mentioned that there was not a very systematic education on health systems and governance in their country and that the LSS provided an opportunity to learn from, however it also took a lot of preparation to contextualise a course to the local context.

Both members of the steering committee as well as facilitators stated they couldn't comment on this as they did not receive feedback from participants who returned after the courses. One facilitator explained that through the LSS he got in contact with people from countries, with whom together they developed a project to develop a database on specific aspects of public health freely accessible to others.

A specific example is Ukraine where based on the experience of the LSS and with expertise from the STPH they started a series of summer schools starting in 2014. Specific factors made these summer schools to a huge success, i.e. after the revolution there were governmental health reforms announced and needed. The summer school specifically targeted agents of change to create a network and discuss the needed reforms within the health system. Specific contextualised case studies were used during the summer schools, in which many people could attend, and high level people, such as the Minister herself participated in a plenary as an inspiration to others. Next to that Facebook as a medium was used to enhance exchange between participants.

There is anecdotal evidence suggesting that LSS alumni contributed to changes in their work and in health systems in their country. The fact that the evidence is only anecdotal is not surprising given the short length of the courses. In order for changes to be prolonged and sustained further follow-up and a larger critical mass will be needed.

3.2.4 Is the LSS and the Scholarship Program worth the investment?

Evaluations of other scholarship programs have shown that they are worth the investment: not only in terms of capacity building of participants from LMIC but also in terms of positive exposure of the country providing the scholarships, enhancing the visibility of that country as well as providing investment in the country which the scholarship provides in terms of payment of salaries of personnel involved in the summer school, lodging, and other expenses scholars make while they are in the country, see examples of the Netherlands and United Kingdom³.

Next to the capacity building of health professionals from LMIC, another effect is the exchange of health professionals coming from Switzerland and other HIC with health professionals from LMIC, which should not be underestimated. As mentioned by one of the Swiss participants: "It is interesting to learn from low and middle income countries and realise that in Switzerland for some issues, we are actually not doing that well, and that gave me really food for thought".

In itself it is rather surprising that Switzerland, unlike other Western countries such as the UK, Netherlands, Germany and Australia doesn't have a large-scale scholarship programme.

Some NPO doubted the cost-effectiveness in terms of capacity building: having a country-wide summer school, with more influential people from the country, tackling a subject with increasing depth and action, such as NCD, each year could achieve more changes in a country, the example of Ukraine was cited.

Depending on the goal of the scholarship programme and the LSS, it can be concluded that the SDC scholarship programme is worth the investment in terms of individual capacity building.

3.2.5. What unintended consequences of the SDC Scholarship program can be identified?

Some unintended consequences were identified during the interviews.

According to a former participant "The LSS creates understanding how Switzerland works": by coming to Switzerland participants can experience how the country is organised, how it maintains its nature, the road network and other aspects of Swiss life. Next to that according to her it helps to see how an educational event is planned and organised, professionally and punctual. Some current participants mentioned they were eager for PhD opportunities in Switzerland, linked to their projects; currently this was only possible for Swiss students.

Some facilitators mentioned that the SDC scholarship programme enhanced the exposure of the LSS as well as USI and the Swiss TPH in low and middle income countries. Some members of the steering committee mentioned that it was really important to have a major international public health event in the Italian speaking part of Switzerland. In some countries the selection of the SDC scholars requires quite some time and effort, when the NPO have to go themselves to the institutions to identify suitable candidates. This seems more the case in countries where the pool of English speaking persons is small.

³ <https://www.government.nl/binaries/government/documents/reports/2017/02/03/external-evaluation-of-the-netherlands-fellowship-programmes-nfp-ii-and-netherlands-initiative-for-capacity-development-in-higher-education-niche-ii/BHOS+4.3+24428+NFP+II+NICHE+II+20170203.pdf>
<http://cscuk.dfid.gov.uk/wp-content/uploads/2012/03/evaluation-impact-he-report.pdf>

The main unintended consequences of the SDC scholarship can be identified as increased exposure of Switzerland, USI and the other organising institutions, and the additional workload for NPO.

3.2.6. Could any other activity during the LSS week enhance the impact of the project?

When asked during the FGD, SDC scholarship holders had several suggestions how to enhance the impact of the projects they were involved in:

- A discussion with professor/teacher regarding the project,
- More exchange between people in SDC projects during the LSS
- Ask for an activity plan at end of LSS
- Encourage more networking, the suggestion is to start the LSS with a session on how to do networking
- Encourage networks amongst SDC funded projects
- Preparation beforehand link with other events in the region regarding policy/ research

From these suggestions a number of concrete activities can be distilled: a question and answer session with specific professors on specific projects, a session of speed-dating with all professionals involved in SDC projects to encourage networking amongst SDC projects, and asking participants to make a follow-up plan at the end of the LSS. In addition other activities could be added such as a policy pitch, where participants learn how to pitch a great idea towards important decision makers, sessions on skills such as networking and speed-dating.

3.2.7. Could any other activity beyond the LSS week enhance the impact of the project?

According to the answers from the NPO e.a. survey when asked how participants could be enabled to apply what they learned:

- by using real cases of country reforms to be discussed involving students (for instance coming from MoH) in the preparation,
- participants to be requested to make an action plan on how gained knowledge should be applied in their respective projects and share the plan with SDC (2x),
- follow up of how alumni have applied what they learned in LSS, success stories of implementation can be presented during the LSS,
- to have a LinkedIn for Alumni group of summer school (2x); in which participants are asked to present a report about changes observed or providing updates on topics covered in Lugano.
- Proper selection of candidates with a perspective of involving them in SDC funded projects implementation and SDC continuous follow up and facilitation.

According to the SDC scholarship holders 2019 during the FGD the impact could be enhanced by:

- Some FGD participants felt that refreshers were needed, or a follow-up after 3 months to discuss what a participant did and share this through email or a

- database. Others stated that this would be difficult and would depend on the way participants were recruited and would require government commitment.
- Inviting former participants to delivering courses would also be a measure of success and continuous capacity building.
 - Ask for support from workplace in application and what they will do afterwards with knowledge gained
 - Invite a larger group per country in order to enhance the formation of a critical mass to enact change

From these suggestions a number of concrete activities can be deduced such as real cases of country reforms to be discussed involving students (for instance coming from MoH) in the preparation, demanding participants to make an action plan what they will do with the action gained, follow-up by SDC officers/NPO, showcasing good practices on the recently established LinkedIn platform. Other activities will require more extensive planning, budget and support such as an alumni platform: these usually demand quite some time and effort to keep them up-to-date and attractive; as well as the group size per country. Support from specific facilitators on specific topics in countries can also be contemplated but again require more support and budget.

3.3 EFFICIENCY

3.3.1 Could the LSS benefit from a better coordination with other ongoing SDC activities/projects and partnerships and if so how?

This question can be answered in terms of selection of participants, content and follow-up.

Currently participants are chosen who are involved or who can influence SDC funded projects: “key persons” at meso- and macro-levels in the health sector who can positively influence the reforms in the sector they work in” (Proposal 2017-2021). According to some NPO the exposure in the LSS really helped in terms of a more smooth collaboration with different government officials involved. However another NPO stated that the turn-over of government officials was large and that officials started to work for international projects. That work for international projects may not be negative if in that way they can also contribute to health and health systems strengthening in their country.

As mentioned above more coordination between SDC and SDC funded projects could be achieved by discussing country specific cases during courses, which are prepared in advance locally by participants. The discussion of country specific cases is already done in some courses as case studies, such as in the course on UHC and public mental health. But in such cases participants could be asked to prepare beforehand and be better focussed on the issues they would like to discuss.

As already mentioned earlier participants can be asked to develop an action plan what they will do with their knowledge and competency gained after the LSS, which will need to be followed-up by the NPO.

3.3.2 To what extend have the programs’ objectives and expected results been achieved?

The SDC scholarship programme from 2013-2019 has been governed by two different projects: one extending from 2013-2017 and 1 from 2017-2021.

With regards to the objectives and targets/indicators of 2013-2017:

- “80% of SDC funded participants utilize their acquired new knowledge and skills in their job”: based on the alumni survey of 2010-2015 where participants stated that they had an opportunity to use what they learned on a scale of 3,4/5 and that 80% in the online survey after the LSS stated that they increased productivity, one can conclude that the majority was able to use their newly acquired knowledge and skills in their job. Whether it is the full 80% that cannot be fully deduced, but given the fact that some of the courses are only 3 days this also not be expected. The majority of the NPO contacted as part of the alumni survey 2010-2015 assessed an increased performance of SDC funded participants. Unfortunately SCO coordinators did not answer the survey. The NPO survey was not representative enough, and they did not receive enough feedback to answer this question
- “80% of the SDC funded scholarship participants communicate and actively share with other summer school participants” (Note: it was not specified whether this was during or after the LSS): from the evaluations of the courses, as well as observation during coffee breaks where participants exchanged using the posters as a basis and given the fact that the majority of the courses are interactive one can conclude that this active sharing took place.
- “80% of the SDC funded participants sustain in their jobs at least 1 year after the LSS”. From the alumni survey 35% of the alumni stated that they changed their jobs, however it is unclear whether they remained in SDC funded projects and after how much time they changed jobs. Twenty-two of the alumni attributed their job change to the LSS, which is a high percentage after a 6 days summer school.

The alumni survey of 2010-2015 was very useful in terms of recommendations for the LSS, however did not ask for some specific questions related to the outcomes and indicators in the log frame.

With regards to the objectives and targets/indicators of 2017-2021:

- “70 % of SDC funded scholarship participants apply their new knowledge and skills in their work”: using the results of the online questionnaire post LSS for 2017 and 2018 as well as the interviews with former participants and the NPO a.o. survey: 77-80% of the alumni who answered the post LSS survey answered that they increased their productivity and changed their attitude and behaviour, with some comments referring how participants used their knowledge and skills in their work. The NPO a.o. in 2019 were less positive (6/11).
- “50% of SDC funded scholarship participants start in initializing multisectoral collaborations related to their place of work”: this question was not asked during the online questionnaire post LSS. The question is whether this is a realistic target to achieve and whether, when former participants initiate such collaboration it can be attributed to the participation in the LSS.
- “30% of alumni use the online platform for exchanging experiences and practices with colleagues from other countries”: a LinkedIn page of alumni of LSS was created. According to the report of 2018 the persons who are a

member of different groups are small (36 and 14), and the alumni platform is not actively used. Again the question is whether this is a realistic target to achieve: experience in other programs show that very often alumni have more contact on a bilateral basis and that online platforms for alumni are not well used.

- “SCOs report support by trained scholarship participants’: there was no target attached to this indicator. In the NPO a.o. 1 NPO a.o. answered yes, two answered partially this question positive, others did not provide an answer. One NPO stated that the understanding of certain topics was improved and they now spoke the same language.

Some of the objectives, such as health professionals applying their new knowledge and skills seem to have been attained, however other objectives such as communication between alumni and support for SDC projects seems not yet to have been achieved to the extent targeted.

3.3.3 Are the right participants targeted and selected for the Scholarship Program?

The pre-selection of candidates is the responsibility of the SDC country offices, based on a set of criteria. SDC headquarters sets a quota per country and gender. A subcommittee of the steering committee of the LSS, consisting of the SDC officer, the Swiss TPH project coordinator and the Swiss TPH administration make a selection of the applicants, but still check back with the SDC country offices for their final decision.

Review of the professional position of the selected professionals with scholarships 2013-2018 shows that in 2015 and 2016 there were relatively more senior executives and as a consequence in one year less middle managers and another year less ministry-related health professionals than other years. The last two years there were proportionally more middle managers and ministry-related professionals and less senior executives. Over the years the proportion coming from universities was less. According to the NPO e.a. survey 9 /11 of the respondents were involved in the selection process. One stated s/he was fully involved, 8 were involved in the preselection and shortlisting. Two elaborated on the process such as identifying potential candidates, in one situation under close coordination with the management of those institutions, checking their English, assessing their interest in LSS and relevance for their work. One stated s/he just share the information with concerned institutions or organisations, elaborating that the selection is done by their own capacity development committee. One expressed that there was no feedback from SDC partner organisations and those "recommended", were those who had personal interest in improving their CV. Two stated that they selection process worked well, one suggested that concrete selection criteria to be elaborated.

The decision not to allow NPO/SCO/ SDC experts to participate in the LSS was resented by some of the NPO e.a. viewing their answers in the survey.

According to SDC Scholarship holders 2019: for some the criteria were very clear and the selection strategy as well, others felt there was no strategy in the selection of the participants. The procedure was clear according to participants, they had to fill out forms and send it. As for people working in SDC funded projects the criteria were clear, however a number are chosen in order to facilitate projects in the country, such as high-level officials in the country, and those processes of selection were not clear according to the scholarship holders. Some scholarship holders applied three time

before getting into the scholarship and the LSS, and one stated he got very good feedback when he was rejected. In the FGD most scholarship holders mentioned they knew the result within 1 month, one individual said it took 4 months.

Some participants mentioned that, though for personal development the LSS was great, there would be not enough critical mass upon return, so they get the idea, but to be able to enact change would be difficult. Numbers per country per year tend to fluctuate, and it seems that if there are less persons per country, there is less national networking.

Facilitators stated that in general the level of the SDC scholarship participants was good, they participated well and brought many experiences to the class. In earlier years there had been issues with the English language but that was no longer the case. Some Facilitators stated that the diversity of the classes was sometimes too large. In terms of gender the proportion of male/ female SDC scholarship participants participating over the years a good gender balance was achieved, around 50%, sometimes more women (f.e. in 2018).

According to an NPO interviewed it was very difficult to get people at high enough level who speak sufficiently English. She sometimes had to go herself to institutions to identify appropriate persons.

Given the current set-up of the LSS, one could surmise that that the short courses are more geared towards consciousness raising/ initial induction to new topics either for high-level officials or for other who are interested to learn about new topics. The six day courses are more topics for those who would really like to get more in-depth knowledge and experience on certain topics and want to effectuate change in their country regarding that topic. At the moment the Swiss TPH operational project coordinator advises participants on topics to choose, however that advice is not always taken up.

Using the selection criteria mentioned in the project documents, in general the “right” persons are targeted for the SDC scholarships, though in some countries the process seems to be working less well than in other countries. One can question whether the selection of high ranking officials yields enough result, also given the large turn-over to warrant that as a criterion for selection. The current numbers per country are likely not sufficient to enable change in the countries where they come from.

3.3.4 Does the LSS provide the right setting/frame for optimal learning and exchange?

According to the alumni survey 2010-2015 76% of the alumni fully agreed that the LSS succeeds in developing the skills and fostering the exchange of experiences between professionals with statements such as interactive courses and stimulating exchange.

In the online questionnaire post LSS for 2017 SDC scholarship participants have been asked in the survey if the Summer School succeeds in developing the skills and fostering the exchange of experiences between professionals: 48 (76%) fully agreed. In 2018 this question was not asked.

During the FGD of SDC scholarship holders 2019 stated “it is inspiring to learn what participants from low income countries can do with a much smaller budget than we have in my (middle income) country (referring to BCC)” (additions by author).

Another one from an Eastern European country stated that it was great to learn how Brazil reduced number of beds and increased community self-care (with regards to mental health- addition by author). Others stated that they sometimes found it difficult to contextualise the discussion, especially if they didn't know the country background of the others. One mentioned that the course gave him the confidence to learn that there was a "universal way of doing things". Learning together with PhD students was felt as an advantage, as they had a more theoretical, academic way of viewing and discussing issues. Some participants felt that time was too short to go into depth in the topic referring to the courses of 3 days. Participants during the FGD mentioned, without being probed, the posters as a great advantage, as it helped to start discussion on different topics and also with those who were engaged in similar topics. Participants mentioned also without being probed, that they enjoyed the plenary sessions with time to ask presenters questions, they even would like to enlarge the discussion time.

A former participant remarked that it was astonishing to realise that some African countries were doing better than her country (Eastern European country, addition by author).

Classes of all courses within the LSS were observed. Some classes were interactive with lecture/ discussion, in some group work was going on. In some cases lectures were going on, and in that case reference was made to group work later i.e. earlier. There were two classes which seemed to have not much interactivity. Feedback from participants during the FGD was that in general learning and teaching methods were good, with some classes too theoretical and not interactive, and one course too interactive. Some classes started with the homework made by participants, which is a great way to enhance active learning by participants. Other Facilitators stated that they assumed that participants wouldn't read material provided.

Overall it can be concluded that the LSS provides an appropriate and well elaborated setting for learning and exchange, with a combination of lectures and interactive methods, enhanced by poster and plenary sessions.

3.3.5 Are the right lecturer teaching at the LSS?

According to the alumni survey 2010-2015 in terms of activities, examples, teaching as well as the trainers (question 24-27) were asked, however the results in the report of the survey were not mentioned.

According to the online survey 2017 and 2018: the alumni who answered were very positive about the trainers: they (strongly) agreed with the following statements:

- the trainer related explicitly to my professional experience and used this in the course: 17/18, 18/20 (2017, 2018);
- the trainer showed me how I could apply the taught knowledge on my job 17/18, 18/20 (2017, 2018);
- the trainer used cases and examples which related to my work environment 17/18, 16/20(2017, 2018).

According to the steering committee it was not easy to find the right facilitators to teach in the LSS, as they had to have the right expertise, as well as to be able to handle an international group of participants from diverse backgrounds. As mentioned earlier some facilitators said they had experience in LMIC and it was easy for them to

facilitate an international group, some said they had less experience in LMIC and found it more difficult.

In the project documents it was repeatedly stated that more female Facilitators would be sought and also more facilitators originating from LMIC.

For the LSS 8/21 facilitators were female, including the 3 facilitators of the course organised by SDC. Only 3/10 courses were organised by a female facilitator. Some members of the steering committee mentioned it was not easy to find enough female facilitators, as they were often not available.

As for Facilitators from LMIC: in the LSS of 2019 only 1 participated as a Facilitator in one of the courses. In the plenary a former Ukrainian participant was a speaker.

The current Facilitators overall have a good experience in their topic, are able to facilitate a diverse international and intercultural group, though some Facilitators do not have enough experience in LMIC. However despite repeated recommendations and plans the number of female Facilitators and Facilitators coming from LMIC is still low, however this could be improved, given the good examples already in some courses.

3.3.6 How far could the external communication/marketing of the LSS be improved?

The website of the LSS looks attractive and is easily navigated. On the website of the LSS however it is unclear who the contact person is, what the criteria for application are, who can avail of a scholarship and what the scholarship criteria are.

Current SDC Scholarship participants and other participants informally spoken to, mentioned that they got to know the LSS and the scholarships through others, mostly through the managers/ the Swiss embassy. One facilitator mentioned he was never asked to promote his own course. A member of the steering committee said that they asked facilitators, but apparently the message didn't come across. There was apparently no clear division of tasks regarding the external communication/ marketing of the LSS courses: the steering committee did discuss the need for this several times, but a clear plan with assigned tasks was apparently never made, also because there was no clear need.

At the moment, as the number of participants is already at the maximum level which the LSS can handle in terms of space, there is no need to improve the external communication/ marketing of the LSS. In case SDC funding would stop, the external communication/ marketing can be clearly improved by making a clear communication and marketing plan, including responsibilities. Some actions could already be easily done, such as sending announcement emails to alumni.

3.3.7 Are the right processes and instruments in place for an efficient and effective overall management of the LSS?

In view of the fact that already for a large number of years the LSS has been organised, with in general positive feedback from participants, and with not much communication and marketing, one could conclude that the processes and instruments are in place for an efficient and effective overall management of the LSS. As one Facilitator remarked: "It takes years to build a summer school with such an academic standing, and that is what has been achieved now".

Processes to review and improve the courses are in place; students provide feedback to the courses and this feedback is discussed during the steering committee where necessary.

Some SDC scholarship participants remarked that they really found it a pity that the course they had chosen was dropped, and that they had to choose another course. Usually 1 or 2 more courses are organised, however when less than nine students sign up, these courses are cancelled and participants are asked to choose another course. This cancellation of one or two courses happens almost every year. Sometimes when too many participants sign up for one course, participants are asked to switch to another course, however this happens rarely.

Some facilitators remarked that they received the feedback on their courses from the LSS, and were called upon again to provide the same course the next year. Other facilitators remarked that they had discussions with the LSS course director as to how to tailor the course content more to LMIC or as to how to make the course more interactive. The Moodle platform of the LSS is easily navigated. Per course learning objectives are provided. In general reading material and power points of sessions are provided on the, also by phone, although some participants seem not to access it. Exams were mostly based on group work or f.e. presentations and marks were provided by the Facilitators after the LSS; the administration sent the certificate with the ECTS credits to the participants.

In general the right processes and instruments seem to be in place for an efficient and effective overall management of the LSS, though cancellation of courses should be avoided as much as possible.

3.3.8 Is the current steering mechanism sufficient and effective?

The steering committee consists of members representing IdEP/USI, Swiss TPH, SSPH+ and SDC. The steering committee meets on average 3-4 times per year to discuss content and other matters pertaining to the school, which doesn't seem to be that much, certainly given the complexity of organising the LSS. The current steering mechanism is felt by the members of the steering committee to be sufficiently efficient.

Some members of the steering committee remarked that more time and effort is needed at the operational level, however given the fact that the position of the course director is an in-kind contribution by the IdEP/ USI and given the fact that for the members of the steering committee their participation is also mostly an in-kind contribution, it is not always a priority for many.

The steering mechanism seems to be effective in terms of organising and managing the LSS, however one could remark the fact that some issues have not received sufficient attention, such as the sustainability of the LSS, see 3.4, in view of the possible non-extension of the SDC Scholarships, enhanced communication and marketing efforts as well as the gender balance and LMIC origin of facilitators. The other remark concerns the involvement of the SDC in the steering committee as indicated under 3.1.6.

3.3.9 Is the management of the LSS and the Scholarship Program complementary/overlapping and does it make sense to have the Scholarship Program be managed separately from the overall management of the LSS?

These final two questions are taken together as they overlap. The organisation and management of the SDC Scholarship programme requires quite some effort in order to recruit, select and receive participants in Lugano, Switzerland. As with other international scholarship programmes specific situations such as visa, tickets, other travel arrangements, housing, last minute changes occur which require dedicated attention from a scholarship officer up to arrival.

At the Swiss TPH there is a large experience built up over the years to engage with the SDC, with the SDC offices in the countries and to engage with the type of participants which receive a SDC scholarships. Next to that the Swiss TPH also acts as a linking pin between the SCO's in country and the steering committee.

At the administrative level there may be some overlap, however this may be due to a non-clear delineation of tasks as well as expectations in terms of activities at both sides.

One could think of handing over the SDC scholarship management over to the IdEP/USI, in order to increase efficiency, however currently they don't have the capacity nor sufficient experience and expertise with LMIC to be able to absorb such a scholarship programme. If the scholarship programme would be continued a transfer to IdEP/USI may be considered, which may be possible as USI hosts already also other large international events, however this will require careful building up of expertise, experience and human resources as well as planning at the site of IdEP/ USI in advance.

3.4 SUSTAINABILITY

3.4.1 What measures and strategies need to be put in place to make the LSS sustainable beyond SDC funding?

Some members of the steering committee seemed confident that the LSS would sustain without SDC funding. The current SDC partnership brings in a lot of visibility for the LSS however and they would be sorry to lose the SDC partnership.

Members of the steering committee also mentioned that they were waiting for a final decision by the SDC: in previous situations SDC had also mentioned that the funding would stop, and then the funding continued; they were expecting somehow this to happen again. The SDC officer in-charge, who is also the member of the steering committee, when asked stated that the funding indeed would probably stop after 2021, and this was communicated to the steering committee, as there was likely no funding for the project, due to the policy of the SDC that projects' funding couldn't continue endlessly, however this would depend on the higher management within SDC, the timeframe was unclear. The urgency of the decision to continue or not funding by SDC cannot be more emphasised, as currently the steering committee is unable to plan strategies pending the decision by SDC.

The main decision to be taken by the steering committee will be what the focus of the LSS will be when the SDC scholarship program, will stop: keeping the interesting international and intercultural mix with participants from LMIC and Europe, and encouraging exchange and learning between participants from HIC and LMIC or focus on Europe only. The question of focus is also important concerning to reaching only or mainly PhD students, or, as present mixing professionals with researchers.

The mixture of professionals and researchers is important to steering committee members.

Next to that, different measures and strategies can be put in place to make the LSS sustainable beyond SDC funding, f.e. develop a plan for communication and marketing; develop a plan to attract scholarships from international organisations, develop a plan to increase the private paying participants and increasing attractiveness for Swiss public health professionals. Depending on the focus with regards to potential participants the variety and type of courses may need to be adjusted. Currently USI provides a number of facilities for free, which they don't offer for other summer schools. With the new rector commitment needs to be reaffirmed, as USI is planning an institute in public health, they are very interested to maintain the LSS, which may be a leverage point.

The steering committee needs to decide on the focus of the LSS, assuming the SDC scholarship program will stop and develop strategies and plans to sustain the LSS in terms of communication, marketing attracting private payers and attracting scholarships, and discuss financial arrangements with IdEP/ USI, all depending on the focus.

3.4.2 Does the LSS have the capacities to attract more non-scholarship participants and financial sustainability?

This question is related to the above strategy question. Several students of LSS 2019 were asked informally and it appeared that some of them came with a grant from their own organisation (f.e. MSF). They came to know about the LSS through friends. Currently, according to members of the steering committee there are no efforts to attract more students, as the maximum of 120-130 participants, based on the available location already has been reached. As mentioned the marketing efforts are also low; part of the reasons may be due to the unclear division of tasks between the Scholarship secretariat and the LSS secretariat at USI, part of the reason might be that currently without much effort already the required numbers of participants are achieved.

If more efforts would be put into attracting more non-scholarship participants/ scholarships through other organisations, this could certainly yield results.

With regards to financial sustainability, currently the LSS is financially sustainable, however including investments made by the USI such as rooms and the time of the director involved. For a continued financial sustainability this will depend how fast the transition towards non-SDC funding can and will be made. If serious efforts and funding are invested in attracting non-scholarship participants, first results could be seen in 2-3 years. If the current SDC scholarship program would indeed stop as per April 2021, the financial sustainability of the LSS might be at stake, as this would mean a drop of more than 1/3 of full-paying students.

3.4.3 How could the international character of the LSS be sustained without the SDC financed Scholarship Program?

This question also related to the question under 3.4.1. Without SDC scholarship participants the LSS would still remain an international character, however mostly a HIC international character, given that in total 68/119 participants of the LSS 2019 came from outside Switzerland, of whom 36 through SDC scholarships. In other words a little bit less than half (32) of the international participants came not through SDC Scholarships. However one needs to take into consideration that 8 of the 32 of the non-SDC scholarships came through SDC funded projects. As stated above, LSS has been able to attract these numbers of (international) participants without much communication and marketing efforts.

Depending on the decisions by the steering committee regarding the focus, and a clear communication and marketing plan, it is expected that the international character of the LSS can be sustained. Whether this international character will be inclusive of the current large number of participants from LMIC remains to be seen, as this will require quite some effort.

3.4.4 To what extent does the SDC program provide evidence that could be used in policy- advocacy towards other stakeholders?

The case of Ukraine as described under 3.2. could be used in policy/advocacy towards other stakeholders. The website project by a teacher and alumni to develop a database on specific aspects of public health law freely accessible to others could also be used as policy-advocacy. Testimonials of alumni could also be used.

4 Conclusions

The conclusions will follow the OECD/DAC criteria: relevance, effectiveness and impact, efficiency and sustainability.

As for relevance: the SDC scholarship for the LSS is overall relevant for the scholarship holders in the current context of LMIC. The topics of the LSS have changed over time, evolving with the needs, some more changes of topics and more tailoring towards LMIC would be appreciated. The SDC Scholarship is in line with the current SDC Health Policy and the Strategic Framework of the Global Programme Health (2015-2019). To be in line with the newly released Swiss Health Foreign Policy: “Gesundheitsaussenpolitik der Schweiz 2019 – 2024” adjustments will be needed. The current organisations which are running the LSS are relevant for the LSS and the SDC Scholarship programme, except that questions can be asked with regards the involvement of the SDC in the steering committee, with regards to accountability mechanisms.

As for effectiveness and impact: the SDC scholarship programme clearly contributes to individual capacity building of the participating health professionals. Anecdotal evidence exists of impact at the workplace, as well as contribution towards health system changes, the case of Ukraine where health professionals started a series of summer schools, based on the example of the LSS, to support health sector reforms is a great case. Change to happen in a country health system after a 3 or 6 day course may be a too high expectation, given also the fact that the critical mass is not sufficient and that the attribution/contribution is difficult to assess. Some of the objectives, such as health professionals applying their new knowledge and skills seem

to have been attained, however other objectives such as communication between alumni and support for SDC projects were not yet achieved to the extent targeted.

As for efficiency: In itself the “right” participants are targeted, using the project document as a basis. In some countries the selection process is not very clear and takes quite some time from NPO; the selection of high ranking officials from countries can be questioned. The LSS provides an appropriate environment for learning and exchange, the teaching and learning methods and the poster and plenary sessions are a good example. The Facilitators are of high level, some can be more interactive and more geared towards LMIC, the participation of female lectures/ Facilitators coming from LMIC is low. There is currently efficient management of resources, given the low attention for communication and marketing the high number of participants, as well as the positive feedback from participants in terms of content and organization.

As for sustainability: currently not enough measures are in place to ensure sustainability of the LSS without the SDC scholarship, unless the decision is to accept much lower numbers. This is partly due to the fact that there is no clear decision yet as to whether SDC will continue funding the scholarship programmes or not. Next to that the steering committee hasn’t developed a plan to deal with a the non-continuation of the SDC Scholarships, which would mean that for about 40 participants replacement will need to be sought, including assuring their finances. The international character of the LSS may be sustained by primarily ensuring participation of HIC as most LMIC participants would need scholarships.

5 Lessons learned

Some lessons which can be learned from the SDC scholarship programme:

- Gearing content teaching and learning methods as well as capable teachers who are technically sound and who can also handle international participant groups from a diverse background, as well as ensuring continuous feedback for improvement are important elements for the success of a summer school
- The Ukraine example: using the LSS, alumni started a series of summer schools which supported the health sector reform in the country and which were highly appreciated. This example could be used to effect change at national level in a country.
- The website to develop a database on specific aspects of public health law freely accessible to others is good example of how the LSS could be used for policy and advocacy.

6 Recommendations

1. SDC will need to take a clear and timely decision whether it will continue funding scholarships for participants to attend the LSS. This decision can be based on a combination of arguments i.e. capacity building as well as advancing the role of Switzerland in LMIC.
2. Different scenario’s with regards to the SDC scholarship programme:
 - a. Recommended is that SDC continues to fund scholarships for the LSS, because of a number of reasons: to contribute to global public health capacity building, to contribute to improved health systems and in the long run thereby protecting Switzerland from communicable diseases,

- to promote global health as a discipline in Switzerland, to profile Switzerland in LMIC, to promote USI and the other institutions as full-fledged global health partners in Switzerland. If the scholarships are to be continued certain aspects can and need to be improved, such as the coordination with SDC, the selection process of the participants in specific countries, i.e. those which require a lot of effort to identify participants willing and capable to come, and consider to exclude those and use the funds locally for local schools
- b. In case SDC decides not to continue the scholarship programme by April 2021, it is strongly recommended that SDC provides funding for a transition period of at least two years, as the steering committee needs to develop and implement a plan to find enough additional participants and funding to fill in the gap. Care must be taken not to abruptly break down in terms of an international and intercultural summer school which has been carefully built up over the years. If funding is provided by SDC for the transition, SDC needs to ask from the LSS steering committee a transition strategy including well developed plans.
 - c. SDC should consider for some countries, specifically for those where language is an issue, to regionalise or nationalise the summer school through a capacity building programme, using Ukraine as an example.
3. The steering committee needs to decide what the focus of the LSS will be, with or without the SDC scholarships: include a focus on LMIC for participants from LMIC as well for participants from HIC to learn from LMIC then ensure enough courses and Facilitators geared towards and/or include LMIC and clarify this in communication and marketing towards prospective participants. If no focus on LMIC and no learning from LMIC: clarify that switch in the communication and marketing as well. In both cases specific strategies for communication and marketing need to be developed including the search for scholarships.
 4. In case of continuation of the SDC scholarship programme: strengthen coordination and loosen steering of the SDC with the LSS:
 - It is recommended that SDC will not be a full member anymore of the steering committee due to possible conflict of interest. It is recommended that the SDC in case of sustained SDC funding continues as an advisory member, with no voting rights, and that the representative of SDC leave the room once decisions by the steering committee need to be taken.
 - Ensure full alignment between the SDC project implementers and the LSS secretariat, including when new tasks emerge who should do what.
 - During the LSS include a question corner or hour with experts on issues arising from SDC funded projects.
 - Create a possibility where SDC project participants can discuss issues regarding the SDC funded projects, facilitated by someone not involved in the projects.
 5. With regards to the courses at LSS:
 - Ensure refreshment of courses by ensuring an appropriate mix of courses which have been there already for a longer period of time and new courses

- With regards to the new courses, if SDC funding is sustained: base them partly on the topics Switzerland in her foreign policy would like to profile itself such as governance, digital health, sustainable health care. Some courses like on fragile states may be considered as well, but will need to be discussed with other actors active in Switzerland.
- Ensure serious and sustained effort to increase the proportion of Facilitators in terms of women and Facilitators coming from LMIC.
- Ensure that all Facilitators have experience or are able to discuss issues in LMIC
- Ensure that all courses use interactive methods to its fullest extent by facilitating learning between facilitators to take place.
- Continue with the poster session
- Continue the plenaries with new topics, including the ½ hour questions
- Include as part of the LSS competences such as policy pitch, speed dating and networking

List of annexes

Annex 1. Terms of Reference

Annex 2: Program Lugano Summer School 2019

Annex 3: Survey results amongst NPO a.o.

Annex 4: List of competencies mentioned by NPO

Annex 5: Organogram of LSS

Annex 6: List of stakeholders consulted

Annex 7: Detailed description of the evaluation process and methodology



External Evaluation of the SSPH+ Lugano Summer School and the SDC Scholarship Program

Terms of Reference

1. Background and objective

1.1. SSPH+ Lugano Summer School

The SSPH+ Lugano Summer School in Public Health Policy, Economics and Management (LSS) is a training initiative which aims to reduce the gap between public health theory and practice. It places health, disease, and health systems thinking under one common framework of coherent concepts and practical implications. The focus on public health policy, economics and management combined with the diversity of students and facilitators provide for a rich learning environment for over two decades so far.

The courses and plenaries¹ offered at the LSS are attended by health professionals and managers from Switzerland, Central and Eastern Europe, Africa and Asia, most of them working in high level management positions in hospitals and other institutions within the health care sector, as well as policymakers, public health professionals, post-graduate students registered for one of the SSPH+ education programs. The focus of the offered courses is on the transfer of new concepts and practical experiences, based on scientific evidence, which enables participants to use them in their daily work. The high number of participants² from different countries with different cultural and professional backgrounds, creates a unique environment for mutual learning and exchange.

The LSS is managed by the Swiss School of Public Health+ (SSPH+) the Institute of Economics (IdEP) of the Università della Svizzera italiana (USI) and the Swiss Tropical and Public Health Institute (Swiss TPH). SSPH+, IdEP, Swiss TPH and the Swiss Agency for Development and Cooperation (SDC) are full members of the LSS Steering Committee which is responsible for the LSS program.

1.2. SDC Lugano Summer School Scholarship Program

The investment into capacity building as one key element of strengthened health systems is a strategic objective of SDC in health. SDC has supported the SSPH+ Lugano Summer School in Public Health Policy, Economics and Management since 1996. The initiative has originally started in Ascona by the Department of Health and Social Welfare of the Canton of Ticino, the University of Montreal's Department of Health Administration, and the Latin Association for the Analysis of

¹ In 2018, 12 3-and 6-day courses and 4 plenaries were offered.

² Around 130 participants from 30 countries

Health Systems (ALASS) in form of the Ascona Summer University in Management and Administration of Health Services (UDEASS). From 2006 onwards, the Institute of Economics of the Università della Svizzera italiana (IdEP) and the Swiss Tropical and Public Health Institute (Swiss TPH) have taken part of the initiative which later became the Lugano Summer School. Since 2007, the LSS is promoted under the umbrella of the Swiss School of Public Health+ (SSPH+)³. Between 1996 and 2013, scholarships were limited to health professionals and managers from countries in Eastern Europe and the former CIS states. SDC's scholarship program was managed by the regional division for the cooperation with Eastern Europe. In 2013, the scope of the scholarships was enlarged to also include health professionals from countries in Africa and Asia in order to allow all SDC health priority countries to benefit from the scholarships. With this shift towards a global initiative, the responsibility for the project was transferred to the SDC health focal point. Since 2015, SDC is also thematically more engaged, and thereby increases its visibility not only as a donor but also as a public health stakeholder. It contributes directly to the program of the LSS and its plenaries, and offers and coordinates one of the courses⁴.

For SDC, the platform provides a unique opportunity to stay informed about global and bilateral health challenges and to convey new global health concepts and themes to LMIC health professionals. Moreover, the scholarship program fosters intersectional collaboration as well as the building of national and transnational networks among the participants.

The SDC Scholarship Program at the LSS is implemented by the Swiss TPH together with the Swiss School of Public Health Plus (SSPH+) and the Institute of Economics of the Università della Svizzera italiana (IdEP), on behalf of the Swiss Development Cooperation (SDC) and is currently fully funded by SDC with an operational credit that covers the periods May 1st, 2017 to April 30th, 2021 (Phase 8, CHF 1'070'000.--). The mandate of the SDC Scholarship Program is defined by the Project Document and a Logframe.

The main objectives of the SDC Scholarship Program are to strengthen and sustain the capacity of health professionals in LMIC to manage, develop and promote health services and health systems at conceptual, strategic, and operational level, and thereby to contribute to the achievement of the global health goal of the Agenda 2030 for Sustainable Development (SDG 3). The impact hypothesis behind this postgraduate education initiative is that capacity building of the health workforce improves the conditions, effectiveness, and efficiency of health systems and services. This may positively influence health systems reforms towards universal health coverage.

To contribute to the stated goal, the following three outcomes have been defined:

Outcome 1: To enable health professionals involved in health sector reform processes towards universal health coverage to apply new knowledge, skills, and tools for technical and administrative management of health services and health systems.

Outcome 2: To promote awareness and knowledge for other relevant global health topics among health professionals working at bilateral and global level.

Outcome 3: To foster the exchange of knowledge, skills, experiences and practices among participants and between participants and teachers.

2. Why an external evaluation?

Since the start of SDC's engagement for the Lugano Summer School in 1996, only one external evaluation has been conducted in 2006. Over the last 12 years, only internal evaluations have been conducted by the Swiss TPH. Moreover, due to the long funding of the SDC Scholarship Program, the future development of the SDC Scholarship Program and consequently of the LSS are at stake. An external view on the relevance, impact and sustainability of the LSS and the SDC Scholarship

³ The Swiss School of Public Health (SSPH+) assembles the inter-university faculty of public health sciences affiliated with the eight Swiss universities of the SSPH+ Foundation: Basel, Bern, Geneva, Lausanne, Lucerne, Neuchâtel, Svizzera italiana and Zurich. SSPH+ is the national coordinating body for the promotion of postgraduate university education and research in the fields of public health.

⁴ Course on «Multisectoral approaches for health: implications for policy and practice»

Program shall there for be conducted in 2019 to bring in an independent view on the project and new ideas for its future development.

3. Aim of the external evaluation, scope and evaluation areas

Aim:

The aim of the evaluation is, on the one hand, to take stock of the current situation of the SDC Scholarship program and the Lugano Summer School in terms of relevance, performance and sustainability. On the other hand, the evaluation shall guide the reflections on the future SDC Scholarship Program and the LSS.

Scope:

The scope of the evaluation is Phase 7 and 8 of the SDC Scholarship Program, from May 2013 until the time of the evaluation. The evaluation will take note but not as such assess the work done before 2013 (Phase 1-6).

The three main evaluation areas include 1.) the strategical, 2.) the operational and 3.) the management level of the SDC Scholarship Program and the LSS.

Evaluation questions:

The following evaluation questions are generic and shall be adapted and further defined by the consultant. The result of the assessment shall provide SDC with guidance for enhanced relevance, performance and sustainability of the current SDC Scholarship Program. It should further provide some prospective recommendations for both the continuation of the LSS with or without a SDC financial contribution through the Scholarship Program.

3.1. Strategical area

- Is the LSS fit to respond to the global priorities, trends and developments, and adequately consider the needs of participants? Does the LSS have the capacities to continuously adjust its offer to evolving needs, implication of different partners and faculties, possibility to attract more non-scholarship participants and financial sustainability?
- What measures and strategies need to be put in place to make the LSS sustainable beyond SDC funding?
- Does the training received in Lugano contribute to the expected changes in the countries and/or in SDC programs? Is there evidence of changes which could be promoted by LSS participants after their return in their country (incl. anecdotal evidence)?
- How do the health projects run by the Swiss Cooperation Offices profit from the Scholarship Program?
- Can the participants apply the learnings in their job?
- What is the particularity of the LSS in comparison to other Summer Schools?
- Is the LSS and the Scholarship Program worth the investment?
- Is the LSS run and steered by the right organizations, and what value do they add to it? Should any other partner be involved in the LSS and be part of the Steering Committee?
- Is the LSS and the SDC Scholarship Program consistent with the SDC Health Policy and the Strategic Framework of the Global Programme Health?
- Could the LSS benefit from a better coordination with other ongoing SDC activities/projects and partnerships and if so how?

3.2. Operational area

- To what extent have the programs' objectives and expected results been achieved?
- Are the right participants targeted and selected for the Scholarship Program?
- Does the LSS provide the right setting/frame for optimal learning and exchange?

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Reference:

- Are the right lecturers teaching at the LSS?
- Could any other activity during the LSS week enhance the impact of the project?
- How could the international character of the LSS be sustained without the SDC financed Scholarship Program?

3.3. Management area

- How far could the external communication/marketing of the LSS be improved?
- Is the management of the LSS and the Scholarship Program complementary/overlapping? Does it make sense to have the Scholarship Program be managed separately from the overall management of the LSS?
- Are the right processes and instruments in place for an efficient and effective overall management of the LSS?
- Is the current steering mechanism sufficient and effective?

During the inception meeting between the consultant, the Swiss TPH and SDC, the questions will be further prioritized and refined with the consultant.

4. Methods

The consultant is expected to propose an adapted methodology, based on the review of the following documentation:

- a. Review of documents (as provided by Swiss TPH and SDC)
Documentation to be included in the evaluation provided to the consultant will include:
 - Credit proposal of Phase 7, including the log-frame
 - Operational reports received from Swiss TPH during Phase 7
 - Credit proposal of Phase 8, including the log-frame
 - Operational reports received from Swiss TPH during Phase 8
 - Further supporting documents to be determined in collaboration with SDC, Swiss TPH and the evaluator
- b. Review of results from the participants evaluations (2013-2019) and online surveys among participants 2017/2018/2019, provided by Swiss TPH
- c. Interviews (face-to-face and per telephone) of a selection of main stakeholders (a list of possible key informants will be established by SDC and the Swiss TPH and provided to the consultant). The list will include: representatives from Swiss TPH, representatives from SDC HQ and SDC Cooperation Offices, members of LSS Steering Committee, participants of the 2019 LSS who receive a scholarship; participants from earlier editions; teachers at the LSS; representatives of other relevant postgraduate training networks, etc.
- d. Field visit at the LSS 2019 in Lugano.

The evaluation will be entirely led by the external evaluator. If needed, SDC is available for clarification during the process.

5. Deliverables

The consultant will provide a draft evaluation report in English.

The Report should not exceed 30 pages (without annexes) and shall be structured along the proposal in Annex 1.

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Reference:

The evaluation report includes statements on the evaluation questions, conclusions and recommendations. By this, it should be possible to get a clear picture on the strengths and weaknesses of the LSS and the SDC Scholarship Program as well as recommendations on the continuation of the LSS with or without SDC funding.

In addition to the report, the consultant shall provide a short and concise presentation (PowerPoint) in English summarizing the main element of the evaluation report. The presentation will be used for information and communication by SDC, Swiss TPH, USI and SSPH+.

6. Timeline of the evaluation

1	Until end of February	Expression of interest
2	24 March 2019	Proposal to be submitted to SDC
3	29 March 2019	Selection of a consultant and attribution of the mandate to the selected evaluator
4	Early June	Inception meeting/call with SDC, Swiss TPH and the consultant
5	June - August	Conduct of the evaluation by the external evaluator
6	July (week 27/28)	Information exchange Meeting (0.5-1 day): Clarification of open questions, information and exchange
7	26-31 st August, 2019	Lugano Summer School visit in Lugano, min. 3 days (mid-week)
8	Oct. 31 st , 2019 (at latest)	End of evaluation, delivery of final products, debriefing meeting/call with SDC, Swiss TPH and the consultant

7. Budget

A total number of about **10-12 working days** between June and October 2019 may be allocated to the consultant.

The proposal should include a detailed budget (hours per activity) and the hourly cost of the consultant. Reimbursement of travel costs will be provided.

The budget should explicitly include the VAT.

8. Profile of the consultant

Consultancy proposals will be accepted from an individual consultant.

The consultant should in particular demonstrate:

- Up to date knowledge and experience in health development cooperation in different regions
- Knowledge of different modalities in development cooperation (project, program, policy dialogue, partnerships; multilateral and bilateral work, etc.)
- Sound expertise in public health, especially in development contexts
- Proven competences in conducting evaluations and previous experiences in similar evaluations
- Sound knowledge regarding post-graduate training offers and methodology
- Knowledge in project management and organizational development
- Knowledge of the Swiss development cooperation system and of the SDC health policies is an asset.

The consultant should be able to work in English as main language of the evaluation and demonstrate excellent writing skills in English. Fluency in German and/or French may be an asset.

Consultancy proposals should include a detailed CV of the consultant.

Exclusion criteria:

Consultancy proposals coming from the following persons will be excluded from the selection:

- Any formal employee of the Swiss TPH or SDC.
- Any member of the LSS Steering Committee.
- Any person previously engaged by any of the above mentioned organizations within the frame of the LSS.

Conflict of interest: any other possible conflict of interest should be brought to the attention in the consultancy proposal.

9. Structure of the consultancy proposal

The consultancy proposal should be structured as it follows:

- Cover page with name and contacts of the consultant
- Interpretation of the mandate
- Proposal of relevant evaluation questions (according to the evaluation areas defined in chapter 3 of this ToR; questions will be discussed and finalized at the inception meeting/call)
- Methodology
- Timeline
- Budget
- Consultant expertise
- Annexes: CV, note on possible conflict of interest

The consultancy proposal should not exceed 10 pages (excluding annexes)

10. Guiding documents

As a basis to prepare the proposal, it is advised to consult the website of the LSS (<http://www.ssph-lugano-summerschool.ch>); the LinkedIn page of the Lugano Summer School might be interesting as well (<https://www.linkedin.com/school/lugano-summer-school/>).

11. Deadline for submission

A formal proposal should be submitted in electronic format by email to Ms. Karin Gross (SDC) (<mailto:karin.gross@eda.admin.ch>, Subject line: Offer for Evaluation LSS) until March 24, 2019, 11:59pm CET.

12. Contact

Karin Gross, Programme Manager SDC
Email: karin.gross@eda.admin.ch

Annex 1:

Standard Format for Evaluation Reports

The format for the presentation of the evaluation given here is to be considered as minimum standard. Where indicated it can be extended with additional chapters and sub - chapters.

- **Content page**
- **Acronyms and abbreviations**
- **Acknowledgements**
- **Executive summary**
- **Introduction**
 - Purpose and objectives of the evaluation
 - Scope and limitations of the evaluation, short statement on the evaluation methods used
- **Description of the intervention**
 - Context of the intervention, including policy and institutional context; description of the intervention and the intervention logic and the implementation arrangements
- **Findings**
 - Presentation and interpretation of the factual evidence in relation to the evaluative questions.
- **Conclusions**
 - Assessment by the consultant of the intervention results against the expected results (as identified at the planning stage or as reconstructed by the consultant).
- **Lessons learned**
 - Lessons that may have implication for the future of the intervention or may be relevant for wider application.
- **Recommendations**
 - Proposals for improvements for the client and users of the evaluation.
- **Annexes:**
 - TORs
 - List of stakeholders consulted
 - Detailed description of the evaluation process and methodology: description of the evaluation process, the methodology used (including any limitations of this method), information sources (including any data issues), stakeholders participation and consultation.



28th SSPH+ Summer School in Public Health Policy, Economics and Management in Lugano (Switzerland)

25/26 to 31 August 2019



Associated Institute of the University of Basel

Swiss Agency for Development and Cooperation (SDC) scholarship program: Plenaries / Courses

Department of Education & Training

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28th SSPH+ Lugano Summer School in Public Health Policy, Economics and Management, 2019: Overview panels / plenaries

As of March 7, 2019 - changes may apply. For an updated version see www.ssph-lugano-summer-school.ch

Participation in the plenaries is compulsory, though candidates with a tight time schedule can opt out from the plenary on Sunday, August 25 (if indicated in advance, on the registration form).

Sunday, August 25, 9am to 1pm	Topic: Social Determinants of Health Keynote speech: Sir Michael Marmot Panelists: TBA Function: Kick-off event for the SDC scholarship program at the 2019 edition of the SSPH+ Lugano Summer School (LSS). Organizers: Joint venture of the Middle East Mediterranean Summer Summit (MEM), the SDC and the LSS. For more information on the MEM, see www.mem-summer-summit.ch
Monday, August 26, 9am to 10.30am	Topic: Public Mental Health Function: Opening event of the SSPH+ Lugano Summer School
Tuesday, August 27, 9am to 10.30am	Topic: Air pollution
Thursday, August 29, 9am to 10.30am	Topic: Social Marketing, organized by the European Social Marketing Association (ESMA)
Friday, August 30, 9am to 10.30am	Topic: Universal Health Coverage

28th SSPH+ Lugano Summer School in Public Health Policy, Economics and Management, 2019: Overview courses		
1 week courses (6 days) – 26 – 31 August 2019		
1.	Using Evidence to Improve the Efficiency of Health Care Systems	Mike Drummond (Professor of Health Economics, Centre of Health (CHE), University of York, UK) Marco Barbieri (Consultant, i3Innovus, UK)
2.	Design, assessment, and implementation of policy, plans, and interventions for mental health	Emiliano Albanese (University of Geneva , School of Medicine) Benedetto Saraceno (Director, Lisbon Institute of Global Mental Health) NOVA University, Lisbon (Portugal)
3.	Social Marketing and Public Health Theory and Practice	Jeff French (ESMA board member)
Short Courses 1 (3 days) – 26 August – 28 August 2019		
1.1	Communication to Influence Health Behavior? Understanding and doing BCC	Suzanne Suggs (ESMA board member; Associate Professor of Social Marketing, Università della Svizzera italiana; Vice President SSPH+, Switzerland)
1.2.	Health Financing Policies, Health System Performance and Obstacles to Universal Coverage	David B. Evans (External Collaborator, Swiss Tropical and Public Health Institute; Consultant Lead Economist (Health Financing), World Bank) Fabrizio Tediosi (PD and Group Leader, Health Systems and Policy, Department of Public Health and Epidemiology, Swiss Tropical and Public Health Institute) Gabriela Flores (Technical officer, Health Financing, Department of Health Systems Governance and Financing, World Health Organization)
1.3.	NCD control in a global health perspective: Public health and systems strengthening approaches	Kaspar Wyss (Professor and Head of Department of Swiss Centre for International Development at the Swiss Tropical and Public Health Institute) Pascal Bovet (Professor, University Institute of Social and Preventive Medicine & Lausanne University Hospital, Lausanne, Switzerland)
1.4.	Strategic Project Management	Axel Hoffmann (Swiss TPH, Deputy Head of Department, Education and Training, Head of Unit, Teaching Technologies and Didactics) Bernadette Peterhans (Swiss TPH, Head of Unit, Professional Postgraduate Training, Department Education and Training)

Short Courses 2 (3 days) – 29 - 31 August 2019		
2.1.	Community Based Participatory Methods in Public Health	Nadina Luca (ESMA board member)
2.2.	Applied health economics for policy design and evaluation	Andrew Street (Professor of Health Economics, Department of Health Policy, London School of Economics, UK)
2.3.	Understanding research and biostatistics for public health practitioners and policy makers	Tim Clayton (Associate Professor in Medical Statistics, Department of Medical Statistics Clinical Trials Unit London School of Hygiene & Tropical Medicine, UK)
2.4.	Better Health Faster: Using Law and Policy Effectively in Public Health	Dominique Sprumont (Professor of Health Law, University of Neuchâtel & Directorship of SSPH+, Switzerland) Scott Burris (Professor of Law and Public Health, Temple University, USA) Luisa Cabal (Chief of Human Rights and Law at UNAIDS, Colombia)
2.5.	Multisectoral approaches for health: Implications for Policy and Practice	Carmel Williams (Manager Strategic Partnerships Unit, Department of Health and Ageing, South Australia Health, Government of South Australia) Karin Gross (Health Policy Advisor, Global Programme Health, SDC, EDA, Switzerland) Nicole Valentine (Technical Officer, Department of Public Health, Environmental and Social Determinants of Health (PHE/SDH) WHO)

- Candidates may either choose a six-day-course *or* two three-day-courses, one course in the first half of the week (1.x) and one one in the second (2.x). As the courses require a full time presence, it is not possible to attend two courses which are being held at the same time.
- A second choice has to be indicated on the registration form; it will be considered if a course results to be overbooked or has to be cancelled because of an insufficient number of registrations.
- As it is not always possible to switch courses during the LSS and as the degree of practical orientation varies from course to course, it is important to carefully study the course descriptions before the courses are being chosen.
- In case a candidate is not sure about his or her choice, we are happy to assist on the basis of comparative information (e.g. evaluation of the previous years).

28th SSPH+ Lugano Summer School in Public Health Policy, Economics and Management, 2019: Details courses

1 week courses (6 days) – 26 – 31 August 2019

1.	Using Evidence to Improve the Efficiency of Health Care Systems	<p>Mike Drummond (Professor of Health Economics, Centre of Health (CHE), University of York, UK)</p> <p>Marco Barbieri (Consultant, i3Innovus, UK)</p>
	<p>Description:</p> <p>The course discusses how evidence generated by health technology assessment (HTA) and economic evaluation can be used to improve the efficiency of health care systems. It is designed as an introduction to the concepts, methods, and application of health technology assessment and economic evaluation in health care, exploring how these approaches can be used in health care decision-making. Specific topics that will be covered include: the policy context for HTA, methods and processes of HTA, an overview of economic evaluation methods, cost and benefit estimation, economic evaluation using patient-level data, economic evaluation using decision-analytic modelling, critical appraisal of HTAs and economic evaluation studies, and the use HTA and economic evaluation in health care decision-making. Numerous examples and case studies from both high income and low/middle income countries will be used to illustrate the main points and considerable emphasis is placed on learning through group work and exercises. There will be ample opportunity for participants to discuss any issues or problems they have already encountered in the field of HTA and economic evaluation. The course will be of particular benefit to those working in, or with, the health care sector who have an interest in using evidence to improve the allocation of health care resources, or have a need to present a case for funding or reimbursement of particular health care treatments or programs.</p> <p>Objectives:</p> <p>At the end of the course, the student will:</p> <ul style="list-style-type: none"> • understand the policy context for the use of evidence to improve the efficiency of health care systems; • be familiar with the components of health technology assessment and its link with economic evaluation; • be familiar with the concepts, methods and applications of economic evaluation in healthcare; • understand costing methodology and the different approaches to valuing the benefits of health treatments; • be able to undertake a critical appraisal of published studies; • understand the limitations of clinical trials as a vehicle for economic evaluation; • be familiar with decision-analytic modelling approaches, including the construction of decision trees and Markov models; • appreciate the main issues in the use of economic evaluation in health care resource allocation decisions, including the reimbursement of health technologies; • have an appreciation of future developments in the theory and application of economic evaluation in health care. <p>Participants:</p> <p>The course is intended for graduate students (or equivalent) who have a background in economics, or the health disciplines. Some previous knowledge of HTA and economic evaluation is desirable, although not essential, as this can be acquired through the reading that is offered in connection with this course. Some work experience in the health care sector is desirable, but not essential.</p>	

2.	Design, assessment, and implementation of policy, plans, and interventions for mental health	Emiliano Albanese (University of Geneva , School of Medicine) Benedetto Saraceno (Director, Lisbon Institute of Global Mental Health) NOVA University, Lisbon (Portugal)
	<p>Description:</p> <ul style="list-style-type: none"> • Pending and pressing issues and challenges in public mental health • Mental Health Policy and Plans, and Mental Health Services • Identification and use of policy options for the implementation of mental health policies <p>Objectives:</p> <p>At the end of the course participants will:</p> <ul style="list-style-type: none"> • Know the key pending mental health issues and challenges in the context of the Sustainable Development Goals (SDGs) • Understand and master the principles, approaches, and objectives of the 2013-2020 WHO Mental Health Action Plan • Be familiar with the existing experiences, evidence and good practices to inform the public health response to the population's mental health needs • Be able to contribute to the design of mental health policy, plans, and programs • Be able to identify barriers and facilitators to inform and guide local implementation of mental health policies and plans • Acquire competences for the design and assessment of complex interventions for mental health <p>Prerequisites:</p> <p>None specific. Previous or current involvement and/or research in mental health projects and programs at all levels of health and social systems is an asset.</p>	
3.	Social Marketing and Public Health Theory and Practice	Jeff French (ESMA board member)
	<p>Description:</p> <ol style="list-style-type: none"> 1. Why Citizen centric policy and programme development is necessary, the rationale for Social Marketing. 2. The key concepts and principles of good practice in Social Marketing practice and how these concepts can help guide the selection of an optimum mix of interventions to achieve programme goals and empower citizens 3. How Social Marketing adds value to policy selection, strategy development and the operational delivery of social programmes. 4. Behaviour and how to influence it. How behavioural sciences can be used to inform the development and delivery of effective Social Marketing programmes 5. Behavioral theory and its implications for Social Marketing and public health strategy. 6. Generating insight and building segmentation models to aid targeting of Social Marketing programmes. 7. Developing social value propositions. 8. How and when to use different Types and Forms of Social Marketing interventions including: information and awareness approaches, infotainment and gamification approaches, education and community engagement approaches, control and punishment approaches and design approaches. 9. Social Marketing strategy development and operational programme delivery and management. Including the application of systems thinking. 10. Building social programme coalitions and maintaining them. Asset management including stakeholder and partner engagement and management in Social Marketing 11. The Social Marketing planning process including: scoping, testing, enactment, learning and implementing learning. 	

	<p>12. Ethical considerations in planning delivering and evaluation Social Marketing and how to deal with them.</p> <p>13. Evaluating and assessing the impact of Social Marketing programmes.</p> <p>14. Commissioning Social Marketing. What funders and sponsors of programmes can do to ensure that social marketing programmes are developed and delivered in such a way as to enable meaningful evaluation and inform future investment decisions</p> <p>15. Taking learning back to work, how to embed Social Marketing principles into organisations operating DNA.</p> <p>16. Wrap up session and other issues flagged by the group.</p> <p>Course Aim:</p> <p>This course aims to give those attending a grounding in key Social Marketing theory, concepts, planning and techniques in relation to public health protection and health promotion. Participants will have an opportunity to explore how these concepts and techniques can be applied in the design, delivery and evaluation of programmes intended to influence the behaviour of target groups, partners and stakeholders.</p> <p>Course Objectives:</p> <p>Those attending the course will:</p> <ul style="list-style-type: none"> • Understand the key concepts that underpin Social Marketing theory and practice and be able to identify good practice in Social Marketing. • Understand how behavioural sciences, management and marketing theory can be applied to select and implement effective programmes. • Be aware of and have explored how to set out social marketing strategy and plans. Including the development of aims, goals and smart objectives and congruent evaluation metrics. • Understand the range of intervention options that can be brought together in a social marketing intervention mix strategy, including, promotional strategies, engagement strategies, control strategies, and design strategies. • Understand how to develop citizen focused value propositions that have a measurable impact on public health. • Understand and be able to give examples about how to evaluate and improve Social Marketing programmes. <p>Participants:</p> <p>Completion of set pre-course reading</p>	
Short Courses (3 days) – 26 August – 28 August 2019		
1.1	Communication to Influence Health Behavior? Understanding and doing BCC	Suzanne Suggs (ESMA board member; Associate Professor of Social Marketing, Università della Svizzera italiana; Vice President SSPH+, Switzerland)
	<p>Description:</p> <p>Behaviour Change Communication (BCC) is a type of communication designed for the purpose of influencing health related behaviour by motivating, informing, persuading, or inspiring them through knowledge attainment and or attitudinal change. The importance of communication is increasingly being recognized by governments and donors and as such, individuals are tasked with designing communication that fixes some incredibly complex behaviours, improves people's lives, and saves healthcare costs. Designing effective communication requires skills and knowhow. Participants in this course will learn the evidence associated with BCC and how to design effective BCC.</p> <p>Objectives:</p> <p>At the end of the course participants will:</p>	

	<ul style="list-style-type: none"> • Be able to define and describe Behavior Change Communication (BCC); • Know how to design communication for behavior change to maximize its effects; • Be familiar with the concepts, methods and applications of BCC; • Be able to describe the outcomes achieved with BCC, in what settings and under what conditions/contexts; • Be able to discuss important issues in using BCC, including its strengths and limitations to achieving behavior change. 	
1.2.	Health Financing Policies, Health System Performance and Obstacles to Universal Coverage	<p>David B. Evans (External Collaborator, Swiss Tropical and Public Health Institute; Consultant Lead Economist (Health Financing), World Bank)</p> <p>Fabrizio Tediosi (PD and Group Leader, Health Systems and Policy, Department of Public Health and Epidemiology, Swiss Tropical and Public Health Institute)</p> <p>Gabriela Flores (Technical officer, Health Financing, Department of Health Systems Governance and Financing, World Health Organization)</p>
	<p>Description</p> <p>The course provides students with an overview of the patterns and key issues of health systems financing policies, with an emphasis on critical assessment of current and future policy options and issues. The course analyses methods and tools to assess health financing policies and it reviews effective policy instruments to improve health system performance through better health financing policy. It is structured around the following topics:</p> <p>Objectives of health financing system;</p> <p>Raising revenues – thinking outside the box;</p> <p>Pooling revenues – insurance, taxes and the costs of fragmentation;</p> <p>Purchasing – getting more health for the money including questions of benefits packages;</p> <p>Health system development that complements health financing reforms;</p> <p>Coordinating reform – aligning policy instruments with policy objectives.</p> <p>The course offers examples and practical experiences from low, middle, and high income countries. The key principles and challenges of attaining and maintaining universal coverage, as well as the tools analysed, are relevant to low, middle and high income countries</p> <p>Objectives:</p> <p>At the end of the course participants will be:</p> <ul style="list-style-type: none"> – Familiar with the key issues in health systems financing for ensuring access to needed services with financial risk protection; – Able to assess alternative methods of: raising revenue to funding health services; pooling funds to spread financial risks and reduce financial barriers to access; and purchasing or providing services efficiently and effectively; – Able to appreciate the challenges of health systems and financing policies that can benefit the poor; – Able to identify some of the other types of health system strategies that are needed to support changes in health financing policies; – Able to adopt a systematic approach to assess and design health financing policies 	

	<p>Prerequisites:</p> <p>No specific prerequisite. The course will mostly benefit policy-makers and practitioners at all level of seniority in the health sector, managers of service-provider organizations and individuals involved in health system reforms. It will benefit also individuals interested in how health systems can address existing inequalities in access to health services, in how the global health community can support national health systems to develop and implement financing policies.</p>	
1.3.	NCD control in a global health perspective: Public health and systems strengthening approaches	<p>Kaspar Wyss (Professor and Head of Department of Swiss Centre for International Development at the Swiss Tropical and Public Health Institute)</p> <p>Pascal Bovet (Professor, University Institute of Social and Preventive Medicine & Lausanne University Hospital, Lausanne, Switzerland)</p>
	<p>Description:</p> <p>The course addresses public health strategies to curb NCDs, and changes needed in the health care system, with regards to the most cost-effective, affordable and scalable interventions (“best buys”). The respective contributions of multisectoral public health interventions vs. changes needed within the health care system are identified and discussed. The focus is on discussing, exposing and contrasting the respective contributions of public health interventions targeting the whole population (relying largely on non-health actors) and measures to strengthen the health system (involving mainly health care actors and focusing on individuals at risk) toward NCD prevention and control.</p> <p>Objectives:</p> <p>At the end of the course participants will be:</p> <ul style="list-style-type: none"> • Know effective, efficient, equitable and sustainable approaches for NCD prevention and control, with a focus on middle- and low-income countries • Be aware of major cost-effective and affordable public health interventions for the prevention and control of NCDs and relate them with multisectoral interventions and health system strengthening • Be aware of the most critical elements needed to strengthen health care services for the delivery of cost effective management of NCDs • Identify the rationale, benefits and resources needed for implementing, respectively, the “public health” approach versus the “health services” approach for the prevention and control of NCDs <p>Know the key elements of the global agenda for NCDs at the World Health Organization and United Nations levels</p> <p>Prerequisites:</p> <p>Basic knowledge and experience in a medical or public health field. Interest for prevention and control of NCDs in low and middle income countries (although the issues discussed in the course are also fully relevant to high income countries). The course can also be of interest for persons involved in development programs in low and middle income countries that have a health component.</p>	
1.4.	Strategic Project Management	<p>Axel Hoffmann (Swiss TPH, Deputy Head of Department, Education and Training, Head of Unit, Teaching Technologies and Didactics)</p> <p>Bernadette Peterhans (Swiss TPH, Head of Unit, Professional Postgraduate Training, Department Education and Training)</p>
	<p>Description:</p> <p>Introduction into the theory of strategic Project Cycle Management and the Logical Framework Approach.</p> <p>Problem identification using the Problem Tree</p> <p>Planning and designing a project related to health, following the Logical Framework Approach step by step in theory and practice, including a Monitoring and Evaluation framework</p>	

	<p>Presentation of the project in plenary</p> <p>Objectives:</p> <p>At the end of the course participants will:</p> <ul style="list-style-type: none"> • know about the basic principles of project cycle management (PCM) and strategic project management • have the first experiences with the Logical Framework Approach (LFA) and its utilization for writing a project proposal <p>Prerequisites:</p> <p>Health professionals with a basic knowledge of the functioning of health systems. Experience in project planning/implementation would be an asset.</p>
Short Courses (3 days) – 29 - 31 August 2019	
2.1.	<p>Community Based Participatory Methods in Public Health</p> <p>Nadina Luca (ESMA board member)</p>
	<p>Description:</p> <ul style="list-style-type: none"> • Why is CBPR important? • How does CBPR differ from other approaches in defining problems, gathering information and using results? • Key concepts and approaches of participatory research. Participatory approaches to research design, process, analysis, dissemination and implementation: Community Action Research (CAR) and Collaborative Inquiry; participatory learning and action and community asset-based approach; community-based social marketing. • Methods: ethnography; interviews and focus groups; participatory mapping; mapping social and environmental influences on health. • Applications of CBPR in public health (examples and challenges). • Theory and practice of co-creation – How to 'co-create' with stakeholders, community members, professionals, policymakers and service providers. • Capacity building and stakeholder engagement • Ethics and challenges in CBPR. <p>Objectives:</p> <p>The importance of Community-Based Participatory Research (CBPR) methods and approaches has grown significantly in health science in the last decades. This is in line with the shift towards ecological models which bring the community at the heart of interventions and focus on engaging individuals, hospitals, health service providers, social organisations, and government officials to develop partnerships and co-create positive change. CBPR approaches position researchers and communities as partners who engage in the design, execution, and application of research. CBPR aims to facilitate a co-learning process for capacity building and empowerment so that public health programmes and interventions respond to local realities. CBPR is suitable for research with groups and communities such as: patient groups; groups with shared risks or vulnerabilities; geographically defined communities; grassroots organisations; minority populations; groups with shared circumstances or engaging in similar work.</p> <p>This course aims to provide participants with knowledge about the key principles, methods, concepts and techniques of community-based participatory research and the practical application of such research in the context of public health. Participants will have an opportunity to explore how CBPR can be applied in the design, implementation and evaluation of public health programmes (i.e. health promotion, prevention of disease and management of chronic illness).</p>

	<p>At the end of the course participants will be able to:</p> <ul style="list-style-type: none"> • Understand why and for which purposes CBPR methods are useful; • Understand the key concepts, methods, and applications of CBPR; • Understand how to apply community-based participatory methods in health programmes; • Understand which participatory methods to use for community-based interventions. • Be able to critically assess the strengths and limitations of community-based participatory methods in public health. 	
2.2.	Applied health economics for policy design and evaluation	Andrew Street (Professor of Health Economics, Department of Health Policy, London School of Economics, UK)
	<p>Description:</p> <p>The health care sector is extremely complex, and this gives rise to concerns about how the health system should be organised, how incentives should be designed, and how performance should be evaluated. The objective of the course is to give students an introduction to how health systems are constructed, and how the various parts of the system interact; the role of regulation, resource allocation, payment arrangements, and performance measurement; the complexities of evaluating policy and performance; and the contribution that health economics can make to the design and evaluation of health policy.</p> <p>During the course we will tackle the challenges of priority setting, consider options for financing universal health coverage, assess funding arrangements for health care providers and methods to evaluate provider performance. We will consider patient reported outcome measures, and how these can be used to inform policy, practice and patient choice. We will learn how to assess the utilisation and costs of care of individuals and how this information can be used to address the policy challenges of caring for people with multiple long term conditions. We will consider hospital configuration and bed modelling to assess how many hospital beds are needed and where should they be. We shall discuss the challenges associated with comparing health system performance. Participants are introduced to variety of evaluative techniques and statistical and econometric methods as the course progresses.</p> <p>Objectives:</p> <p>This course is designed to provide insight into:</p> <ul style="list-style-type: none"> – the nature of policy challenges, including trade-offs and the need for prioritisation – health system financing and payment arrangements – measurement of the quality of health care and use of patient reported outcomes – challenges of measuring multi-morbidity and caring for people with several long term conditions – the geographical planning of health care services – the measurement of inequality in health care needs and utilisation <p>Prerequisites:</p> <p>Basic understanding of economics and statistics would be helpful but not essential.</p>	

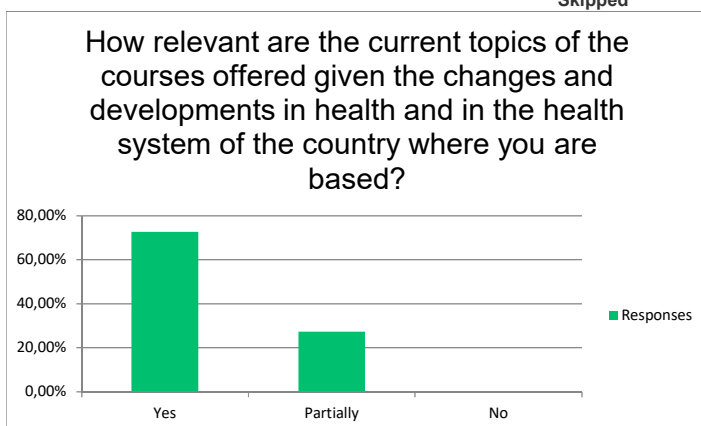
2.3.	Understanding research and biostatistics for public health practitioners and policy makers	Tim Clayton (Associate Professor in Medical Statistics, Department of Medical Statistics Clinical Trials Unit London School of Hygiene & Tropical Medicine, UK)
	<p>Description</p> <p>A wide variety of examples will be used to illustrate these issues from a range of diseases areas and from low, middle and high income countries. The teaching will be a mix of interactive lectures and group practicals and discussions.</p> <p>Objectives:</p> <p>At the end of the course participants will be:</p> <ul style="list-style-type: none"> • To understand, evaluate and interpret results from medical research • Understand key statistical principles in the design and analysis of medical research • Understand the key study designs • Appreciate the importance of study design, analysis and reporting in interpreting results • Evaluate the strengths, weaknesses and biases from research studies for effective implementation for public health policy 	
2.4.	Better Health Faster: Using Law and Policy Effectively in Public Health	<p>Dominique Sprumont (Professor of Health Law, University of Neuchâtel & Directorship of SSPH+, Switzerland)</p> <p>Scott Burris (Professor of Law and Public Health, Temple University, USA)</p> <p>Luisa Cabal (Chief of Human Rights and Law at UNAIDS, Colombia)</p>
	<p>Description:</p> <p>The aim of the workshop is to provide participants with the tools they need to:</p> <ol style="list-style-type: none"> 1) mobilize public health law-related knowledge and capacity within their organizations 2) use and assess law and policy effectively through multidisciplinary team work within their organizations 3) use and assess the role of human rights norms related to the rights to health and accountability mechanisms in advancing public health goals. <p>Objectives:</p> <p>The workshop will be built around two core concepts, the Transdisciplinary Model of Public Health Law and the Five Essential Public Health Law Services.</p> <p>The “transdisciplinary model” unites two traditions of law-related work in public health:</p> <ol style="list-style-type: none"> 1) “Public health law practice”: the traditionally recognized lawyerly functions of normative and doctrinal research, counseling, and representation, which continue to be crucial to the effective operation of health organizations and systems; and 2) “Legal epidemiology”: the legal work that public health professionals have done for decades without necessarily thinking of it as legal, including policy development, building support for new policies, enforcement, and monitoring and evaluation of legal interventions and the impact of laws on health. <p>At the end of the workshop, participants should have a strong grasp of the latest knowledge in public health law research, be able to put this knowledge into practice especially in terms of governance, policy-making, policy implementation and evaluation within their organizations and research. Ultimately they should have a reinforced capacity to work in multidisciplinary teams to enhance the effective use of law and policy solutions in their public health work.</p> <p>Prerequisites:</p> <p>Watching videos and reading assigned texts in advance; completing individual and organizational self-assessment tool sent before the Summer School.</p>	

2.5.	Multisectoral approaches for health: Implications for Policy and Practice	<p>Carmel Williams (Manager Strategic Partnerships Unit, Department of Health and Ageing, South Australia Health, Government of South Australia)</p> <p>Karin Gross (Health Policy Advisor, Global Programme Health, SDC, EDA, Switzerland)</p> <p>Nicole Valentine (Technical Officer, Department of Public Health, Environmental and Social Determinants of Health (PHE/SDH) WHO)</p>
	<p>Description</p> <p>This course provides an introductory perspective on determinants of health, equity and multisectoral approaches. Building on earlier debates on determinants of health it will discuss why multisectoral approaches and collaboration are needed to advance the Agenda 2030 health goal. Practical examples of multisectoral collaborations will be reviewed in form of group work and case studies to provide the participants with an understanding of different models of multisectoral collaboration, their implications as well as the challenges and ways to overcome them.</p> <p>Objectives:</p> <p>At the end of the course, the participants</p> <ul style="list-style-type: none"> • are familiar with the various terms used to convey a holistic approach (e.g. intersectoral, multisectoral, Health in All Policies) and their meanings in policy, implementation and practice • have an understanding of how multisectoral action can improve health outcomes and equity through addressing determinants of health • are aware of approaches, key entry points, tools and models to support multisectoral collaboration for health • understand challenges and implications of multisectoral approaches. <p>Prerequisites:</p> <p>No prerequisites, but the course will mostly benefit individuals working in the health sector, such as policy makers and managers, implementation researchers, people involved in development programs that have a health component.</p>	

External evaluation SDC Scholarship Lugano Summer School

How relevant are the current topics of the courses offered given the changes and developments in health and in the health system of the country where you are based?

Answer Choices	Responses
Yes	72,73% 8
Partially	27,27% 3
No	0,00% 0
Please explain which topics are missing in the present LSS:	9
Answered	11
Skipped	0



Respondents	Response Date	Please explain which topics are missing in the present LSS:	Tags
	1 Jul 02 2019 04	Some of th topics are too premature for the LMIC countries	
	2 Jul 01 2019 02	The political Economy Analysis of Health The course topics are good and relevant. Some of our partners would need more in depth expertise for instance on health financing; not only the general universal health coverage approach, but to learn how to cost services, having a closer look at the DRGs methods or per capita methods etc (just to give an example). The current coureses remain rather general- which is	
	3 Jun 25 2019 0:	good for high level officials but less useful for the medium level. I would suggest a topic on malnutrition control program, particularly multisectoral approach that have shown results in	
	4 Jun 18 2019 0:	controlling malnutrition -Focus on fragile states. The theories that are present are applicable in 'normal' environments where the state works well. The same theories are not applicable in fragile settings. It may be beneficial to include a course on working in fragile states. -There is a momentum to work with the private sector (for profit) in health, as there is more widespread recognition that the private (for profit) providers are part of the health system. I would suggest to include a course on market systems development and how it	
	5 Jun 12 2019 0:	works in the health sector.	
	6 Jun 12 2019 0:	I think courses are relevant and good enough there are dynamic	
	7 Jun 12 2019 0:n/a	Program is quite flexible and new courses are always offered to participants. Courses provide global perspective on the selected topic/area/issue and it is important to pre-select suitable candidates/participants that will be able to "translate" knowledge from global to local and share it back home. 10 years ago there was no "mental health" course, 5 years ago it was difficult to have complete set of participants, today mental health is one of the	
	8 Jun 12 2019 0:	most popular courses in LSS and especially for Ukraine. Health systems in fragile and conflict affects settings. How to	
	9 Jun 12 2019 0	make aid interventions relevant, when public systems dysfunction.	

External evaluation SDC Scholarship Lugano Summer School

Name 5 specific essential competences that are needed for health professionals in the future in global health

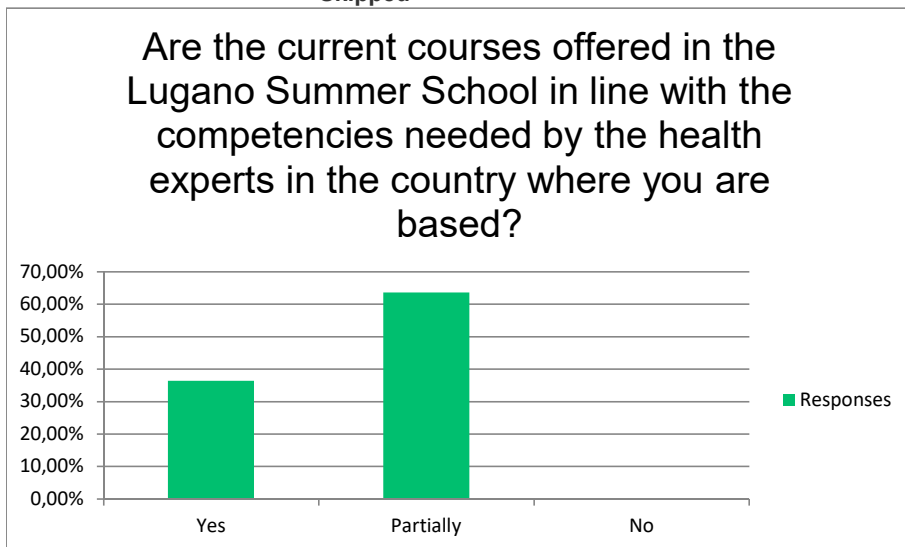
Answer Choices	Responses	
Competency	100,00%	10
competency	100,00%	10
Competency	100,00%	10
Competency	100,00%	10
Comptency	100,00%	10
Answered		10
Skipped		1

Respondents	Response Date	Competency	Tags	competency	Tags	Competency	Tags	Competency	Tags	Comptency	Tags
		critical and analytical		strategic vision		ability to promote their agenda, policies		communication skills		optimism with pragmatic approach	
1	Jul 02 2019 04:	Working adeptly in Multi-disciplinary								Motivational/inspirational to prompt courses of action	
2	Jul 01 2019 02:	environment		Tactfulness		Collaboration human resource policies and management		Diplomacy			
3	Jun 25 2019 05	best buys for countries		health financing and equity				quality of care		health management	
4	Jun 18 2019 05	NCDs		Stunting		Mental health		Health financing health system strengthening		Operational research	
5	Jun 14 2019 11	social determinant s of health		health governance		health policy dialogue				use of country system Health service delivery and private engagement	
6	Jun 12 2019 09	Community and Health promotion		Hygiene, environment and health		Mental health		Non Communicable Diseases make use of information technology in care provision			
7	Jun 12 2019 08	provide patient-centered care		work in multidisciplinary teams		provide coordinated/integrated care		Continued learning		use evidence-based practices	
8	Jun 12 2019 08	Flexibility		Crosssector thinking		Financial competency				Emphaty	
		"from global to local health" - understanding global health trends, causes of mortality and diseases prevention, and how to translate it into local context.		"healthcare service delivery" - understanding different, evidence based, service delivery models and ability to apply it to the local context with specific resources available		understanding and promoting "health in all" principle, "healthcare" has no monopoly on health anymore, ability for synergies and partnership. Understanding of private sector incentives		continuous professional workforce, including healthcare management and institutional development		data analysis, monitoring and evaluation	
9	Jun 12 2019 08										
10	Jun 12 2019 07	Systemic thinking		Policy/political dialogue				Intersectoral collaboration		Thinking out of the box	

External evaluation SDC Scholarship Lugano Summer School

Are the current courses offered in the Lugano Summer School in line with the competencies needed by the health experts in the country where you are based?

Answer Choices	Responses	
Yes	36,36%	4
Partially	63,64%	7
No	0,00%	0
Please explain your answer		8
Answered		11
Skipped		0

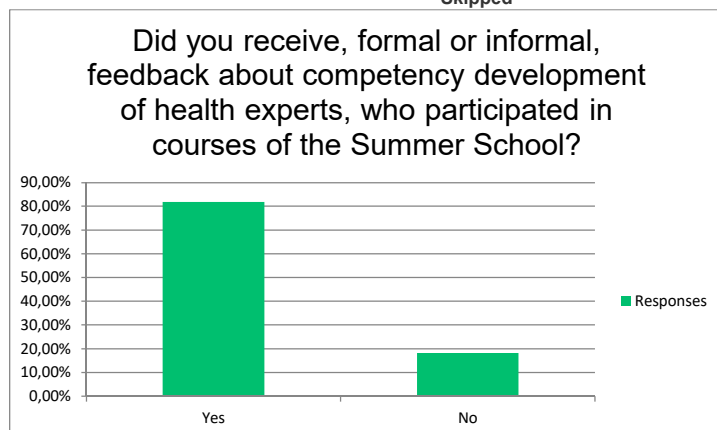


Respondents	Response Date	Please explain your answer	Tags
1	Jul 02 2019 04	As above, some of topics are premature for the LMIC countries.	
2	Jul 01 2019 02	Some are covered but there are missing competencies in any of teh courses that I am knowledgable of i.e. working on soft-skills such as tact, diplomacy, etc	
3	Jun 25 2019 0	I think the courses offer could be more concrete- such as in management of health services for instance	
4	Jun 18 2019 0	Health financing towards UHC, mental health, using evidence to improve health care efficiency, etc.	
5	Jun 12 2019 0	I work in a fragile environment, some of the courses are not applicable for such contexts.	
6	Jun 12 2019 0	It is usually difficult for candidates to choose because more than one course is very relevant for their needs.	
7	Jun 12 2019 0	LSS in most cases provides a global health perspective which needs to be then translated into local. Therefore, it is important to have dedicated and committed participants, who are ready for knowlege dissemination and scaling up.	
8	Jun 12 2019 0	The proposals made in question 2 answer this question.	

External evaluation SDC Scholarship Lugano Summer School

Did you receive, formal or informal, feedback about competency development of health experts, who participated in courses of the Summer School?

Answer Choices	Responses	
Yes	81,82%	9
No	18,18%	2
If yes, please give one or more short examples		9
Answered		11
Skipped		0

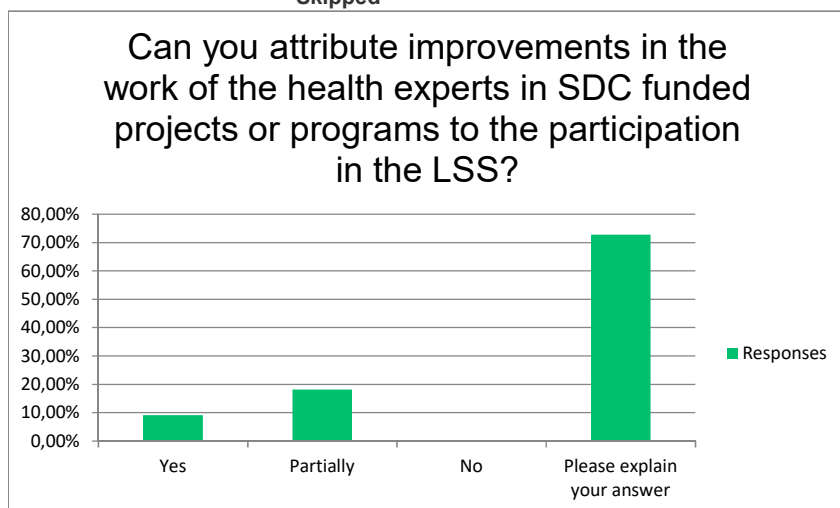


Respondents	Response Date	If yes, please give one or more short examples	Tags
		In most of the cases the feedbacks were provided by supervisors of the persons participated in Lugano Summer School. However, this does not mean that their knowledge was applicable and implementable in the country context.	
1	Jul 02 2019 04	The majority of the participants gave informal feedback due to the interactions we would have had prior to their participation, only one gave formal written feedback on their own volition. A few were not bothered to share anything on return to base. I suppose it's because there's no such requirement and once people are back in their routine feedback is a hassle.	
2	Jul 01 2019 02	Most of the participants were very pleased with the quality of experts. However there were as well critical voices. It might depend on the level of expertise by the participants since some of them are well qualified and learn maybe not that much.	
3	Jun 25 2019 00	Applied systems thinking for health systems managers and researchers:	
4	Jun 18 2019 00	They found the courses very useful and relevant for the situation in their countries	
5	Jun 14 2019 11	-They were happy with the course, and impressed at the calibre of the lecturers who teach at the summer school.	
6	Jun 12 2019 00	I received an informal feedback from one health experts in Ministry of Health, she was very impressed by the discussions and panel discussions. It was for her an opportunity to understand how to organise a fruitful and scientific based discussion	
7	Jun 12 2019 00	All participants loved it.	
8	Jun 12 2019 00	Yes, it is usual practice for Ukrainian participants. They always report on new thematic trends learned, professional networking established and readiness to continue developing similar activities in Ukraine. Most of the Ukrainian participants are involved into local regional, "seasonal" schools implementation (winter on public health and communication, spring (will start in 2020) on mental health, summer on healthcare management and autumn (will be launched this year) on medical education).	
9	Jun 12 2019 00		

External evaluation SDC Scholarship Lugano Summer School

Can you attribute improvements in the work of the health experts in SDC funded projects or

Answer Choices	Responses	
Yes	9,09%	1
Partially	18,18%	2
No	0,00%	0
Please explain your answer	72,73%	8
Answered		11
Skipped		0



Respondents	Response Date	Please explain your answer	Tags
		team were participating and demonstrating very good contribution to the Swiss projects implementation. This yes, the program excluded them... this I find not very wise	
1	Jul 02 2019 04	decision.	
		From those that gave feedback I could tell how the training helped given the actions they took to apply what they learnt at the courses. i.e. further trainings of own staff and or awareness	
2	Jul 01 2019 02	sessions with the rest of their respective teams.	
		The understanding of certain topics are improved, speaking the same language- understanding the same concepts can help to	
3	Jun 25 2019 03	find a joint perspective.	
4	Jun 18 2019 03	Effects can't be measured yet.	
		No. the time is too short as she participated last	
5	Jun 12 2019 03	year	
		My answer is "partially" but it cannot be marked. The participation in the LSS helped to generate ideas and understand more in depth certain issues of importance in the projects. It has been also very useful for networking and contacts with professionals from other countries for	
6	Jun 12 2019 03	experience exchange.	
7	Jun 12 2019 03	please see point 4.	
		I cannot see any direct link between the people's competencies acquired at LSS and the performance of their organisations in SDC-funded projects. We don't have a critical mass of "competent and LSS trained people" among our partners (most of the time due to lack of	
8	Jun 12 2019 03	interest in participating in LSS)	

External evaluation SDC Scholarship Lugano Summer School

How could experts be more enabled to apply what they learned at LSS within their jobs/ SDC funded projects and programs?

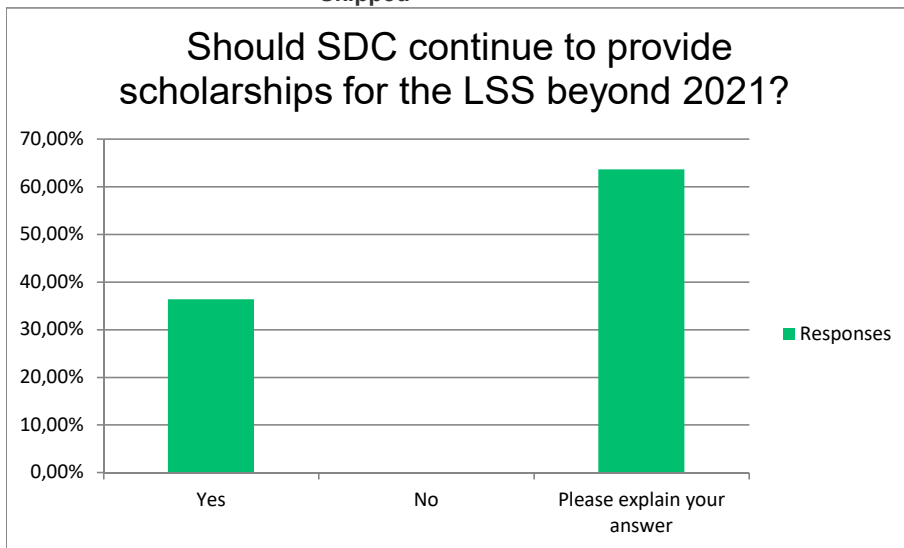
Answered 9
Skipped 2

Respondents	Response Date	Responses	Tags
1	Jul 02 2019 04	In SDC funded projects these experts have much more opportunity to apply their knowledge, while in state organizations it very much depend on supervisors. the question shall be returned- how can LSS be more practice oriented - taking topics of SDC projects or programmes more into account. One could as well imagine that real cases of country reforms could be discussed involving students (for instance coming from MoH) in the preparation	
2	Jun 25 2019 0	They should be requested to make an action plan on how gained knowledge should be applied in their	
3	Jun 18 2019 0	respective projects and share the plan with SDC one instrument is the follow up of how they have applied what they learned in LSS, success stories of	
4	Jun 14 2019 1	implementation can be presented in LSS It would be good to have a platform like the Linkidin for Alumni group of summer school. Participants might be	
5	Jun 12 2019 0	asked to present a report about changes observed. By requiring that they prepare a proposal/ action plan for applying improvements in their work based on what	
6	Jun 12 2019 0	they learned at LSS Maybe an active alumni network providing updates on	
7	Jun 12 2019 0	topics covered in Lugano 1. proper selection of candidates with a perspective of involving them intp SDC funded projects implementation. 2. SDC continuous follow up and	
8	Jun 12 2019 0	facilitation. I don't think this is in SDC's area of "control". SDC partners do not always make the best use of the expertise of individuals due to political and institutional ineffective choices. I guess we could apply a similar thinking to how SDC experts themselves could be better enabled to apply what they know in SDC funded projects and SDC careers (partners have similar	
9	Jun 12 2019 0	challenges)	

External evaluation SDC Scholarship Lugano Summer School

Should SDC continue to provide scholarships for the LSS beyond 2021?

Answer Choices	Responses	
Yes	36,36%	4
No	0,00%	0
Please explain your answer	63,64%	7
Answered		11
Skipped		0

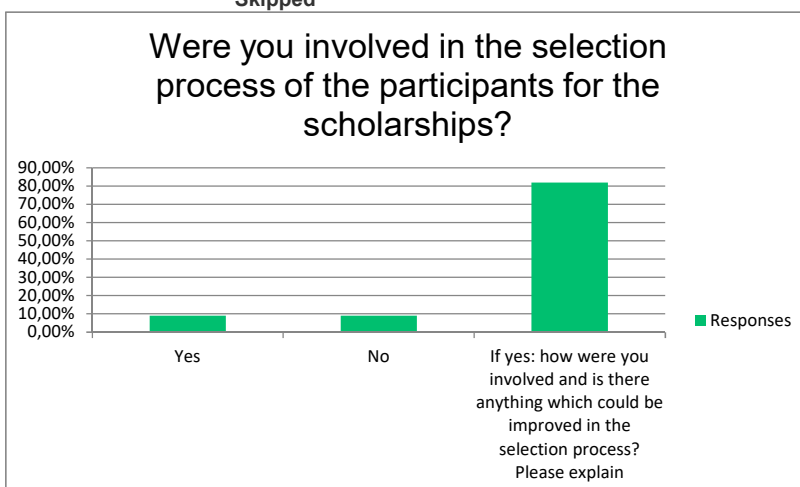


Respondents	Response Date	Please explain your answer	Tags
1	Jul 02 2019 04	In this format when SDC funded projects are excluded and state representatives are not able to practise their knowledge, I am not sure that it make sence for SDC to continue...	
2	Jun 18 2019 0	Skills are still needed particularly for professionals from LMICs that otherwise could not access to such trainings.	
3	Jun 14 2019 1	Yes, for countries like western balkans where there is a high turnover of health proffesionals, participation in LSS and similar initiatives is considered very valuable	
4	Jun 12 2019 0	Yes, the Lugano summer school is not very important for capacity development but more important for a peer learning as it brings together experts from different regions with various experience.	
5	Jun 12 2019 0	Absolutely yes. For SDC programming, participants who attended Lugano, are priceless door openers allowing access to governments, policy dialogues, etc. They return motivated, with a better understanding not nonly on health topics but also on Switzerland. Lugano was the starting point of many great collaborations.	
6	Jun 12 2019 0	Yes. But it is very important to remain flexible in terms of courses and participants. It is important to have "summer school" scaling up and dissemination strategy. And sholarship should be also available to NPOs as it was before, as it is one of the rare possibilities for professional development, networking and exchange of experience.	
7	Jun 12 2019 0	Provided some thorough changes to the course are made, as suggested in the various questions above.	

External evaluation SDC Scholarship Lugano Summer School

Were you involved in the selection process of the participants for the scholarships?

Answer Choices	Responses	
Yes	9,09%	1
No	9,09%	1
involved and is there anything which could	81,82%	9
Answered		11
Skipped		0

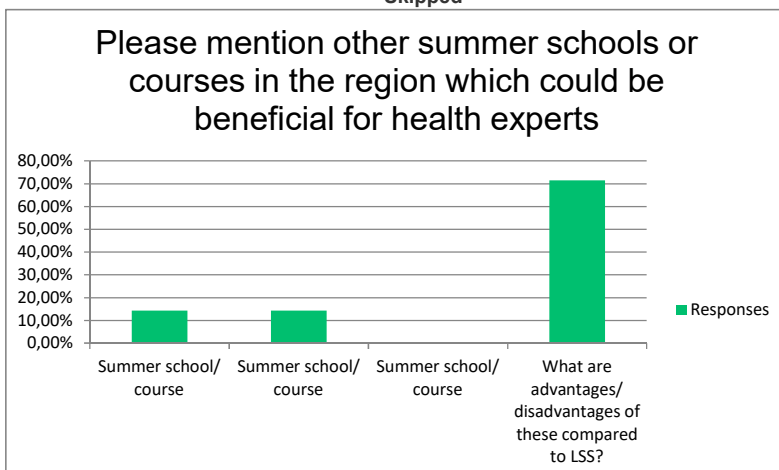


Respondents	Response Date	If yes: how were you involved and is there anything which could be improved in the selection process? Please explain	Tags
		I am working in SCO and directly involved in pre-selection of candidates. Everything is OK at this stage. But I am not sure that it make sence in the future to continue this program as it is for represnetatives of LMIC.	
1	Jul 02 2019 04:49 AM		
		Sending the invitation to apply and shortlisting the applicants for a final selection in Lugano.	
2	Jul 01 2019 02:54 PM		
		I was fully involved.	
3	Jun 18 2019 05:01 PM		
		I was involved in preselection of candidates to participate in LSS.	
4	Jun 14 2019 11:57 AM		
		Maybe concrete selection criteria can be elaborated	
		I just share the information with concerned institutions or organisations. The selection is done by their own capacity development committee. when needed, I can provide furhter information.	
5	Jun 12 2019 09:12 AM		
		I consult colleagues in our projects or in the health ministries or identify potential candidates myself, contact them directly, checking their English, assessing their interest in LSS and relevance for their work. The selection process worked well until now, I do not think that it needs to be changed.	
6	Jun 12 2019 08:44 AM		
		Shortlisting. Selection process is just fine. Do not change.	
7	Jun 12 2019 08:15 AM		
		Yes. It is fully responsibility of NPO with aproval of Country Director to preselect suitable candidates and then make a follow up after their return. Its like an invistment we make today aiming at recieving interest next years. For the participants selection from national institutions like Ministry of Health or Public Health Centre, close coordination with the management of those institutions is needed.	
8	Jun 12 2019 08:05 AM		
		I recommended people from inside SDC partner organisations for application. In the majority of cases, I didn't receive any feedback from the partner organisations about their interest to "send" anyone to the LSS course. The people eventually "recommended" by me resulted being those, who had personal interest in improving their CV (not directly related with their interest to improving the overall capacity of their employing organisation to made SDC funded projects more effective)	
9	Jun 12 2019 07:43 AM		

External evaluation SDC Scholarship Lugano Summer School

Please mention other summer schools or courses in the region which could be beneficial for health experts

Answer Choices	Responses	
Summer school/ course	14,29%	1
Summer school/ course	14,29%	1
Summer school/ course	0,00%	0
What are advantages/ disadvantages of these compared to LSS?	71,43%	5
Answered		7
Skipped		4

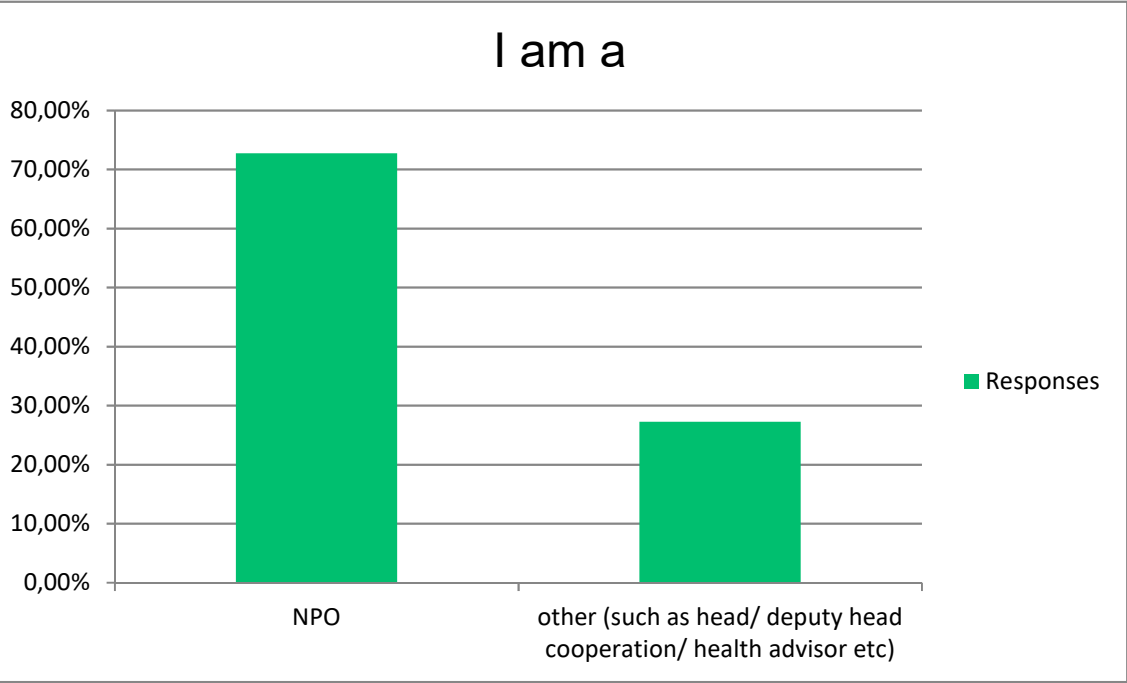


Respondents	Response Date	What are advantages/ disadvantages of these compared to LSS?	Tags
1	Jul 02 2019 04	Not so much from my point of view. Explanations are above. Sweden has a similar programme but it's longer than the week for the LSS hence more indepth discussions happen. We also have a few courses run by local universities but these lack diversity in the composition of the training teams' composition compared to the	
2	Jul 01 2019 02	LSS.	
3	Jun 12 2019 0	No other summer schools or courses in the region I Ukraine, since 2014 we have organised a number of summer and winter schools. This year we will launch autumn and next year spring one, covering all seasons. All schools are linked to SDC supported projects. Additional financing/resources fundraised from other donors like USAID, UNICEF, WB, etc. Thematic content is "regionalised" for the best outcome for local participants. LSS offers 3-5 scholarships per country and local school 50-100. LSS provides "food for thinking" for those who is able to "digest" and cook	
4	Jun 12 2019 0	something similar at home. :-) I cannot properly use this function, so will list the courses I would recommend: - GHC health diplomacy course - Pisa course on "Health systems through crisis and recovery" - Market System Development courses (Springfield center course 2x year or NADEL course 4x year). Participants from non productive sectors are still critically missing in these courses The advantages of these courses are mainly linked to the fact that they are updated in real time (they always use material that comes from recent field research/experience). In addition, these courses a) are more practical, than theoretical, b) they favour networking with high-level professionals around the globe (and the networks are actively maintained by the course organizers through newsletters, social media groups, webinars and other engaging events throughout the year), c) they are mostly conducted in key locations (Geneva, Bangkok, etc) that favour parallel encounters/activities, d) they are taught several times per year to accommodate people's availability.	
5	Jun 12 2019 0		

External evaluation SDC Scholarship Lugano Summer School

I am a

Answer Choices	Responses	
NPO	72,73%	8
other (such as head/ deputy head cooperation/ health advisor etc)	27,27%	3
Answered		11
Skipped		0



Annex 4: Competencies required by health professionals in targeted SDC supported countries according to NPO e.a.

critical and analytical thinking	strategic vision	ability to
promote their agenda, policies	communication skills	optimism with
pragmatic approach		

Working adeptly in Multi-disciplinary environment	Tactfulness
Collaboration	Motivational/inspirational to prompt
Diplomacy	
courses of action	

best buys for countries	health financing and equity	human
resource policies and management	quality of care	health management

NCDs	Stunting	Mental health	Health financing
	Operational research		

social determinants of health	health governance	health policy dialogue
health system strengthening	use of country system	

Community and Health promotion	Hygiene, environment and health
Mental health	Non Communicable Diseases
delivery and private engagement	Health service

provide patient-centered care	work in multidisciplinary teams
provide coordinated/integrated care	make use of information technology
in care provision	use evidence-based practices

Flexibility	Crosssector thinking	Financial competency
Continued learning	Emphaty	

"from global to local health" - understanding global health trends, causes of mortality and diseases prevention, and how to translate it into local context.

"healthcare service delivery" - understanding different, evidence based, service delivery models and ability to apply it to the local context with specific resources available

understanding and promoting "health in all" principle, "healthcare" has no monopoly on health anymore, ability for synergies and partnership.

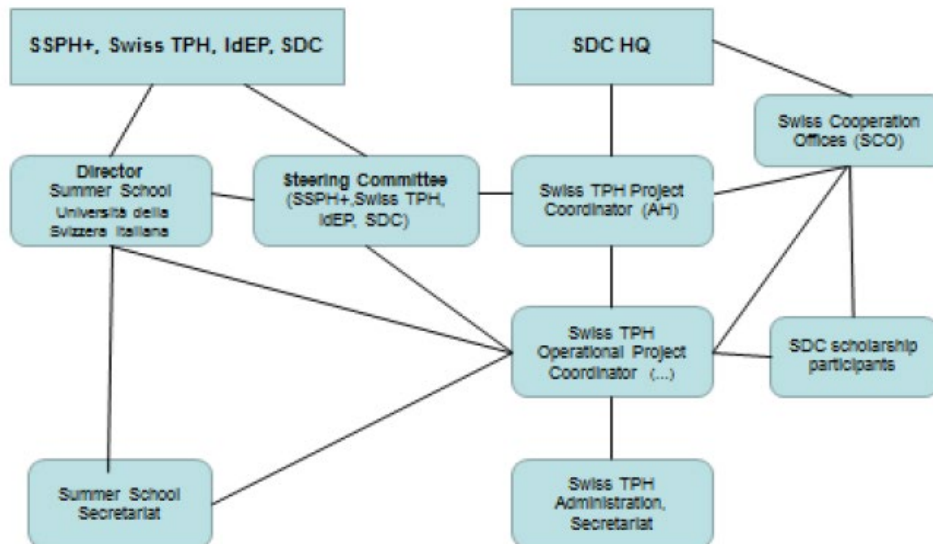
continuous professional workforce, including healthcare management and institutional development

data analysis, monitoring and evaluation

Systemic thinking	Policy/political dialogue	Understanding of
private sector incentives	Intersectoral collaboration	Thinking out
of the box		

Annex 5 Organogram of the LSS

ORGANOGRAM



Source: Credit proposal LSS phase 8, 2017-2021

Annex 6 List of stakeholders consulted:

Date	Name	Position
	Suzanne Suggs	Member steering committee, Facilitator, Professor of Social Marketing, USI, SSPH+
	Fabrizio Mazzona	Scientific Director LSS, Associate Professor USI, chair steering committee LSS
	Axel Hoffman	Swiss TPH Project Coordinator, Facilitator LSS, member steering committee LSS
	Sibylle Obrecht	Swiss TPH Operational project coordinator SDC Scholarship programme
	Karin Gross	SDC Health Policy Advisor and Advisor Determinants of Health, Global Programme Health, member steering committee LSS
	Nino Kunzli	Professor Public Health Social and Preventive Medicine University of Basel, Dean SSPH+, Deputy Director STPH, member steering committee LSS
27-7	Pascal Bovet	Facilitator LSS, Professor University Institute of Social and Preventive Medicine, Lausanne
	Laura Martignoni	Summer School secretariat
	Annemarie Fahrlander	Former administrative support SDC scholarship programme
	Fabricio Tediosi	Facilitator LSS, PD Group Leader, Health Systems and Policy, Department of Public Health and Epidemiology Swiss TPH
	Kaspar Wyss	Facilitator LSS, Professor and Head of Department of Swiss Centre for International Development at the STPH
	Angela Lisibach	PhD student, LSS participant
	Elvira Muratalieva	Former and current participant, NPO, Kyrgyzstan
	Mike Drummond	Facilitator LSS, Professor of Health Economics, Centre of Health Economics (CHE), University of York, UK)
	Focus Group Discussion with: Olena Ignashchnek, Shaneva Chamba, Samuel Nhiga, Abdulkadir Ismael, Khin Sett Lin, Rudina Degjoni	Participants LSS, SDC scholarships holders 2019
	Dominique Sprumont	Facilitator LSS, Professor of Health Law, University of Neuchâtel
	Tetiana Stepurko	Former participant, SPH, National University of Kyiv-Mohyla Academy Ukraine

	Andrew Street	Facilitator LSS, Professor of Health Economics, London School of Economics
29-8	Dr Hashani Valdet	SDC Scholarship participant
	Karin Gross and Marlene Heeb- debriefing	SDC Health Policy Advisor and Advisor Determinants of Health, Global Programme Health/ new Programme Officer Global Programme Health Department Global Cooperation
	Suzanne Suggs - debriefing	Facilitator LSS, New Director LSS

Annex 7: Detailed description of the evaluation process and methodology

In order to answer the evaluation questions, it was essential to generate insight if the intervention worked, and why, where and for whom. This best way to do this, is by using a “mixed methods approach” combining quantitative and qualitative methods. This is a method in which KIT/ the consultant has gained vast experience over time. The evaluation design and approach have been closely informed by the aim of the evaluation, by the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) criteria¹. Next do that the evaluation design was informed by the framework of Rotem², who studied the impact of UN fellowship programs using as a basis the modified the framework of Kirkpatrick.

In view of the evaluation questions already formulated in the terms of reference, the OECD-DAC criteria for evaluation as well as the cited framework for evaluation of education and scholarships facilitating the education the adapted evaluation questions were regrouped within the evaluation framework.

The consultancy was carried out by one member of KIT's staff. The methodology used different methods to collect and analyze quantitative and qualitative: primary as well as secondary data to capture the perspectives of the different partners and actors involved in the LSS and the SDC Scholarship program. The LSS and the SDC during the assignment were closely involvement, including an inception call, a field visit, a debriefing discussion at the end of the field visit, the review of the draft evaluation report and a debriefing call.

Methods

1.1 Document and desk review

The consultant started with review of the documentation regarding the LSS and the SDC Scholarship program:

- Reports phase 6
- Evaluation report 2006
- Credit-proposal of Phase 7, including the log frame
- Operation reports received from Swiss TPH during Phase 7
- Credit proposal of Phase 8, including the log-frame
- Operation reports received from Swiss TPH during Phase 8
- SDC Health Policy
- SDC Strategic Framework of the Global Health Program
- Swiss Foreign Health Policy 2019-2024
- Report of the participants evaluations (2013-2019)
- Report of the alumni survey 2010-2015,
- Report of the online surveys among participants 2017/2018 3-6 months after the LSS

¹ OECD DAC criteria for evaluating development assistance: <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

² Rotem, A., Zinovieff, M. A., & Goubarev, A. (2010). A framework for evaluating the impact of the United Nations fellowship programmes. Human resources for health, 8(1), 7.

The information from the document and desk review was synthesized and used as a basis for the key informant interviews. The information gathered was also used to develop a topic guide for the Focus Group Discussion.

1.2 Data collection in the field

The data collection in the field started with an inception call with SDC and Swiss TPH. This served as a further discussion to elaborate the approach to the assignment, as well as to obtain further input on the perspectives of SDC as well as the Swiss TPH staff on key questions. Following this meeting, interviews with key informants were conducted.

1.3 Key informant interviews: actors and partners

Key informant interviews were interviewed before and during the field visit. During the field visit key informant interviews with actors and partners regarding the Lugano Summer School and the SDC Scholarship Program were conducted. For the complete list of key informants interviewed please see annex 5.

1.4 Focus Group Discussion with participants during field visit at the LSS 2019

During the LSS 2019 a focus group discussion with participants holding a SDC scholarship was held. Questions were asked a.o. with regards to the relevance of the LSS to their work, their perceptions regarding the learning and knowledge exchange, the applicability in their work, the potential impact as well as the perceived efficiency of the scholarship procedure.

1.5 Observation during field visit at the LSS 2019 in Lugano

Next to the interviews during the LSS 2019 non-participatory observation was used to gather information for example regarding learning and teaching methods, including facilitation of exchange of knowledge, organization of the LSS and marketing.

1.6 Online survey National Program Officers/Head or deputy head of cooperation/ health advisor

An online survey was developed and sent to all National Program Officers/ head or deputy heads or health advisor of the SDC targeted countries; two reminders were sent. 11 out of 32 answered the survey, which is 41% response rate.

1.7 Alumni survey

Though an alumni survey was foreseen, during the discussion with the SDC officer and the STPH project coordinator, it emerged that several surveys amongst former participants had already been conducted: the alumni survey of 2010-2015, and the online questionnaire post LSS in 2017 and 2018. In discussion with SDC it was therefore decided not to conduct an alumni survey anymore, as there was a high possibility of non-response. Next to that data from the earlier surveys could be used.

2. Data Analysis

Qualitative data analysis was applied throughout the data collection following the proposed evaluation framework. For the qualitative analysis extensive notes were taken from interviews and the focus group discussion. Notes were reviewed for emerging themes, completeness of work and inconsistencies. Qualitative data analysis also included case study analysis and context analysis. Triangulation between different sources of information as well as between different evaluation methods was applied.



HBL Programm Manager

Management Response to the External Evaluation of the SSPH+ Lugano Summer School and the SDC Scholarship Program

Distribution:

STPH: Axel Hoffmann and Sibylle Obrecht Lösch / **USI:** Suzanne Suggs / **SSPH+:** Nino Künzli

SDC: Alexander Schulze, Karin Gross

SDC highly appreciates the comprehensive and substantial assessment and analysis provided by the external evaluation – the final report is to our full satisfaction and serves as a very useful ground for the decision making process on SDC's further engagement in the Lugano Summer School (LSS).

According to the evaluation report, the Lugano Summer School and SDC Scholarship Program has been successful regarding the following:

- **Relevance:** "the SDC scholarship program for the LSS is overall relevant for the scholarship holders in the current context of Low and Middle Income Countries (LMIC). The topics of the LSS have changed over time, evolving with the needs".
- **Effectiveness and impact:** "the SDC scholarship program clearly contributes to individual capacity building of the participating health professionals. Anecdotal evidence exists of impact at the workplace, as well as contribution towards health system changes".
- **Efficiency:** "The LSS provides an appropriate environment for learning and exchange. There is currently efficient management of resources, given the low attention for communication and marketing, the high number of participants, as well as the positive feedback from participants in terms of content and organization".

The evaluation identifies need for development and improvement, among others, in regards to the sustainability of the LSS. It finds that "currently not enough measures are in place to ensure sustainability of the LSS without the SDC scholarship support, unless the decision is to accept much lower numbers".

The evaluation draw further conclusions along the OECD/DAC criteria of relevance, effectiveness and impact, efficiency and sustainability, which are not repeated here, but largely agreed upon by SDC.

The proposed recommendations and future direction outlined in the evaluation report are the following and SDC's position towards them *is described in short below:*

1. SDC will need to take a clear and timely decision whether it will continue funding scholarships for participants to attend the LSS. This decision can be based on a combination of arguments i.e. capacity building as well as advancing the role of Switzerland in LMIC.

SDC remains interested in moving this scholarship program forward and reshaping it to even better meet the changing learning needs, modalities/formats and tools. For more information, see below for the expectations.

2. Different scenario's with regards to the SDC scholarship programme:
 - a. Recommended is that SDC continues to fund scholarships for the LSS, because of a number of reasons: to contribute to global public health capacity building, to contribute to improved health systems and in the long run thereby protecting Switzerland from

communicable diseases, to promote global health as a discipline in Switzerland, to profile Switzerland in LMIC, to promote USI and the other institutions as full-fledged global health partners in Switzerland. If the scholarships are to be continued certain aspects can and need to be improved, such as the coordination with SDC, the selection process of the participants in specific countries, i.e. those which require a lot of effort to identify participants willing and capable to come, and consider to exclude those and use the funds locally for local schools

- b. In case SDC decides not to continue the scholarship programme by April 2021, it is strongly recommended that SDC provides funding for a transition period of at least two years, as the steering committee needs to develop and implement a plan to find enough additional participants and funding to fill in the gap. Care must be taken not to abruptly break down in terms of an international and intercultural summer school which has been carefully built up over the years. If funding is provided by SDC for the transition, SDC needs to ask from LSS steering committee a transition strategy including well developed plans.
- c. SDC should consider for some countries, specifically for those where language is an issue, to regionalize or nationalize the summer school through a capacity building program, using Ukraine as an example.

SDC is interested to continue supporting this scholarship program with the following key changes: a gradual reduction of the number of participants paying to attend the LSS physically (based on specific criteria for the selection to be established) and increasing the support and facilitation for establishing decentralized summer schools in specific regions and/or countries where capacities are available and strong interest is shown/declared.

- 3. The steering committee needs to decide what the focus of the LSS will be, with or without the SDC scholarships: include a focus on LMIC for participants from LMIC as well for participants from HIC to learn from LMIC then ensure enough courses and Facilitators geared towards and/or include LMIC and clarify this in communication and marketing towards prospective participants. If no focus on LMIC and no learning from LMIC: clarify that switch in the communication and marketing as well. In both cases specific strategies for communication and marketing need to be developed including the search for scholarships.

SDC favors the first scenario (include a focus on LMIC participants and facilitators) while the decision is left to the LSS Steering Committee.

- 4. In case of continuation of the SDC scholarship programme: strengthen coordination and loosen steering of the SDC with the LSS:
 - a. It is recommended that SDC will not be a full member anymore of the steering committee due to possible conflict of interest. It is recommended that the SDC in case of sustained SDC funding continues as an advisory member, with no voting rights, and that the representative of SDC leave the room once decisions by the steering committee need to be taken.
 - b. Ensure full alignment between the SDC project implementers and the LSS secretariat, including when new tasks emerge who should do what.
 - c. During the LSS include a question corner or hour with experts on issues arising from SDC funded projects.
 - d. Create a possibility where SDC project participants can discuss issues regarding the SDC funded projects, facilitated by someone not involved in the projects.

SDC will take on an advisory role to the Steering Committee in a new phase and no longer act as a full member (no voting rights). Point b/c/d are valuable aspects, though they need to be reflected in the broader revision of a new phase. As regards point c and d, SDC considers that other existing exchange formats and platforms (Network face to face meeting, peer-reviews, Medicus Mundi Switzerland gatherings etc.) are more suitable for an exchange on SDC funded projects.

5. With regards to the courses at LSS:
- Ensure refreshment of courses by ensuring an appropriate mix of courses which have been there already for a longer period of time and new courses
 - With regards to the new courses, if SDC funding is sustained: base them partly on the topics Switzerland in her foreign policy would like to profile itself such as governance, digital health, sustainable health care. Some courses like on fragile states may be considered as well, but will need to be discussed with other actors active in Switzerland.
 - Ensure serious and sustained effort to increase the proportion of Facilitators in terms of women and Facilitators coming from LMIC.
 - Ensure that all Facilitators have experience or are able to discuss issues in LMIC
 - Ensure that all courses use interactive methods to its fullest extent by facilitating learning between facilitators to take place.
 - Continue with the poster session
 - Continue the plenaries with new topics, including the ½ hour questions
 - Include as part of the LSS competences such as policy pitch, speed dating and networking

SDC estimates all these recommendations (a-h) valuable for consideration when a new phase is designed. Discussion on which ones are to be taken up and how shall occur in a future steering committee meeting with SDC as observer and the respective decisions to be reflected in a new phase design. As regards recommendation b), SDC does not see its support to the LSS scholarship mainly as a "vehicle" to support its positioning on health but rather as an opportunity to build the capacities of participants to better address the specific needs and challenges at country level.

SDC is interested to continue supporting the Lugano Summer School and facilitate a reshaping of the program which aims at strengthening health policy capacities and public health competencies in LMIC through distant and/or decentralized and/or regionalized learning schemes and opportunities.

Based on the above, SDC has specific expectations towards a new phase which are briefly outlined here, but shall be discussed further among and with the Consortium of Partners in order to inspire the planning and allow a mutually interesting and valuable proposal as a result:

- The number of scholarships financed by SDC is gradually reducing, based on specific criteria to be defined, while other donors can be attracted
- Distant learning opportunities to the LSS are developed and integrated into a high quality program
- Development and establishment of decentralized Summer Schools to foster the systemic change opportunities in specific countries and regions are facilitated; close alignment with national development efforts are key when designing such school programs.
- Co-financing opportunities are to be identified for the new phase and a realistic approach followed to assure long term sustainability of the program
- The number of female lectures and lecturers from LMIC as well as case studies from LMIC's shall increase in a new phase

We thank all the partners involved in the Lugano Summer School scholarship project (STPH, USI, SSPH+) for their high quality work and the constructive cooperation we had over the past years and phases and we look forward to a continuous good collaboration.

For the Global Program Health


Marlene Heeb, Program Officer


Erika Placella, Deputy Head of Cooperation Global Program Health