

Executive Summary

Review of Health Links in Ethiopia is the product of an evaluation of four of the seven Health Links currently established between Ethiopia and the UK: Southern Ethiopia/Gwent; Jimma/Nottingham; Gondar/Leicester; and Tigray/SHARE (Sheffield). The review was commissioned by the Tropical Health and Education Trust (THET) with the twofold aim of generating information of use to individual Links that would assist with future planning, and to add to the corpus of evidence and learning about Links in general.

To date, documentation detailing Links is most often produced by UK partners, whilst little is recorded by the Ethiopian side. This evaluation seeks to readdress this imbalance by focusing on the Ethiopian voice and eliciting Ethiopian perspectives of Links. In addition, interviews were undertaken with UK partners, and a workshop was held in Addis Ababa that brought together representatives from six Links across Ethiopia.

The review comprises two parts. Part 1 presents core findings and recommendations. Part 2, the more substantial half of the Review, collates the individual Link evaluations. These are a critical analysis of each Link and follow the same format for ease of reference: background; general evaluation; specifics; and a case study. The case studies cover: the motorbike ambulance service in Southern Ethiopia/Gwent; problems associated with implementing training as seen in the neonatal unit in Jimma/Nottingham; strategy development in Gondar/Leicester; and equipment donation and biomedical engineers in Tigray/SHARE.

Part 1 explores the generic themes identified during these in-depth evaluations: structure; strategy; activities; and future directions. ‘Structure’ considers aspects of the structural variations found in the Ethiopia/UK Links and emphasises the value of building a Link with solid foundations. It discusses the ways in which characteristics of partner institutions can heavily influence a Link’s structure and argues that an inherent degree of institutionalisation is required to make a Link sustainable. A Memorandum of Understanding can strengthen a Link by underscoring the bilateral nature of the partnership and the appointment of Link Coordinators on both the Ethiopian and UK sides should be a central component of all Links.

‘Strategy’ is a new concept for many of the Links. Like structure, it is particular to individual Links and must be carefully developed through collaborative partnership. As a Link will not have the capacity of capability to address all needs simultaneously, its strategy must include agreed objectives based on prioritised needs. The majority of Links complained of communication problems. Most partners urgently need to find ways to facilitate more effective dialogue.

Links approach their broad goal of improving basic health services from many different angles. The third section, ‘Activities’, details the wide range of programmes undertaken by Links. Many have developed their own area of expertise. In addition to training and service provision, this section discusses equipment donation and the issues surrounding staff visits to partner institutions in both Ethiopia and the UK.

‘Future Directions’ of Ethiopia/UK Links are promising. On the UK side, gaining increased and secure funding, and consistent institutionalised support from the NHS would enhance both the viability and validity of their work. From the Ethiopian perspective, the involvement of Links should be maximised and the valuable flow of skills and support

continued. There is potential for increased collaboration between the Links. An Ethiopian/UK Link network is proposed.

In conclusion, seven recommendations are made. There is need for: stronger and more sustainable structure; clearly defined strategy; joint responsibility and ownership; more effective communication; transparent expectations; a system of monitoring and evaluation; and Link networking.