Stockholm Evaluation Unit

MEDECINS SANS FRONTIERES
LÄKARE UTAN GRÄNSER

HUMANITARIAN HEALTH ASSISTANCE COURSE EVALUATION

MSF SWEDEN INITIATIVE TO PREPARE FIRST MISSIONERS

July 2017

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CONTENTS

COVER PICTURE: Extracted from OCBA Training Brochure 2017

ACRONYMS

C.	Course
D.	Diploma
ECTS	European Credit Transfer System
EUR	Euros
HC	Health Care
HHA	Humanitarian Health Assistance Course
HQ	Head Quarters
HR	Human Resources
IDP	Internal Displaced Population
KI	Karolinska Institutet
L&D	Learning and Development
LSHTM	London School of Hygiene & Tropical Medicine
LSTM	Liverpool School of Tropical Medicine
MD	Medical Doctors
MedCo	Medical Coordinator
MH	Mental Health
MoH	Minister of Health
MSF	Médecins Sans Frontières
MSF S	MSF Sweden
MTL	Medical Team Leader
NA	No Answer
NCD	Non-Communicable Disease
NI	No Information
OC	Operational Section
OCA	Operational Centre Amsterdam
OCB	Operational Centre Brussels
OCBA	Operational Centre Barcelona
OCG	Operational Centre Genève
OCP	Operational Centre Paris
PHC	Primary Health Care
SEU	Swedish Evaluation Unit
SIDA	Swedish International Development Cooperation Agency
SRCUC	Swedish Red Cross University College
SWOT	Strengths, Weaknesses, Opportunities, Threats
TB	Tuberculosis
TD	Tropical Diseases
TED	Technology, Entertainment, Design
TM	Tropical Medicine
ToR	Terms of Reference
U.	University
UFO	Unidentified Flying Object
UK	United Kingdom

EXECUTIVE SUMMARY

In 2013, MSF Sweden contracted Uppdragsutbildning (Executive and professional education), a third-party service provider to set up a medical course known as Humanitarian Health Assistance (HHA). HHA is targeted at doctors and nurses recently recruited by MSF. Its objective is to prepare them for their first mission with MSF. The course is accredited with 15 ECTS. It is sub-contracted to the Swedish Red Cross University College (SRCUC) with Karolinska Institutet (KI). An initial 3-year contract was signed and extended for a one year period in 2016.

Considering the investment that this course represents for MSF Sweden, and coinciding with the end of the contract period, this evaluation was requested. The evaluation aimed at fostering a better understanding of course outputs and outcomes, in order to support informed decisions to move forward (as per ToR). It was expected a summative review of the overall relevance and success of the course, its strengths and weakness, and recommendations for the future.

This evaluation was carried out from December 2016 until March 2017. Methods included semi-structured interviews, an online survey of all the participants, direct observation of selected lectures, document review and analysis, and research into similar courses. The review covered the 2013-16 period with sporadic evidence gathered from years before and after to better understand its history.

The HHA course is **relevant and responds to OCB/OCG requirement for medical first missioners**. The sections which do not consider Tropical/Global Health courses as a prerequisite, identify this kind of courses as "an asset" or "preferable" for first missioners. Although no formal analysis was conducted on medical and nursing university curriculum in Sweden, interviewed participants identify that the content of the course was unknown for them and in line with the needs of their field deployments. Other courses exist in Europe but with some differences in terms of content and general design.

The course has an **excellent and recognized academic level** which is highly valued by MSF. Prestigious institutions such as Karolinska Institute and the participation of "TED" type lecturers may be considered as quality assurance. Such collaboration has no equivalent within the MSF movement. Some of the interviewed departments express their interest in such collaboration. **Improvements and adjustments, however, could be envisioned,** based both on participants' opinion and interviews with MSF departments. Topics which may deserve consideration are: HR management, ethical dilemmas, MH and NCD diseases and palliative care. From a teaching perspective, increase of "practical and hands-on" time (i.e. simulations, case studies, interactive discussions), may be also considered.

Most ex-course participants indicate that the course had a **clear added value for their performance and confidence as first missioners**. Wider understanding about health factors and how they can affect population; knowledge about main actors and ways to operate in medical humanitarian intervention; clinical awareness about diseases to suspect and care for them during clinical or supervisory work; knowledge about where to find and consult scientific documentation (guidelines, peer reviews…); and integration of new technical skills were mentioned by interviewees. Participant felt strongly that the course contributed significantly to their wellbeing during their missions. The nature and the extent of this added value, however, were not formally measured.

The course is considered as **well adapted to MSF context** as shown by the use of MSF bibliography and case-studies, lecturers with MSF field experience and course committee members with large MSF experience. The course, however, seems to be **a sort of UFO or "free agent" in the MSF cosmic universe** with no formal connection, recognition, validation by training and technical entities. This may jeopardize the recognition of the course by MSF, its use by other sections and its adaptation to MSF reality.

The **cost of this course seems modest** relative to its added value and in comparison to similar courses. However, considering the fact that no other similar course is offered free of charge to first missioners by any MSF section, it may be questioned as it is not a standard practice. In addition, measurable outputs are limited (number of people attended the course, number of participants deployed to the field, number of missions conducted by participants…). For these reasons, even **this modest cost may be put in question.**

Several **options exist for the continuation of this course** in many dimensions. To mention a few: changes in the targeted audience, changes in the course objectives, reorientation or increase of existing collaborations, and identification of new partners and sponsors. They should be explored further by MSF Sweden with other sections / OCs as well as private and academic partners, national and international sponsors. All these potentialities should be geared at making this course part of a vision and an ambition that can be shared beyond MSF Sweden and, why not, beyond the MSF movement.

⇒ **Recommendation 1:** Conduct an analysis/reflection on the **continuity** of this course and its **strategic positioning** within MSF.

⇒ **Recommendation 2: Actively promote** this course within MSF (first missioners, non-first missioners) and/or outside of MSF. This may require specific adaptations.

⇒ **Recommendation 3:** Establish **formal relations/connections with MSF** actors involved (Medical Department, L&D Unit, HR Departments).

⇒ **Recommendation 4:** Review/revise the course **content and methodology** as specified in the findings and in line with Recommendation # 1.

⇒ **Recommendation 5:** Explore alternative **sources of support** for the course including options for external donors/sponsors.

INTRODUCTION

BACKGROUND

MSF Sweden has determined that Tropical or Global Medicine studies are a prerequisite for medical doctors and nurses to be recruited. Such courses have been organized since 1970 initially by Uppsala University and later Jönköping University. Departing candidates had the opportunity to take similar course in other countries but there were the only ones in Sweden. In 2010, the Swedish International Development Cooperation Agency (SIDA) stopped financing them. As a consequence, MSF Sweden took the temporary decision to finance similar courses and make them available for medical staff already recruited prior to field deployment.

In 2013, MSF Sweden contracted Uppdragsutbildning (Executive and professional education), a third-party service provider to set up a medical course known as Humanitarian Health Assistance (HHA). HHA is targeted at doctors and nurses recently recruited by MSF. Its objective is to prepare them for their first mission with MSF. The course is accredited with 15 ECTS. It is sub-contracted to the Swedish Red Cross University College (SRCUC) with Karolinska Institutet (KI). An initial 3-year contract was signed and extended for a one year period in 2016.

The course aims at "providing knowledge, strategies and tools to work as medical personnel in Low and Middle Income Countries". The content is divided in three main modules, including: 1. Global Health and Health Assistance; 2. Infectious Diseases & Epidemic Outbreaks; and 3. Global Maternal and Child Health. Its format includes campus-based lectures and seminars (3 weeks), web-based distance learning, group assignments (case-studies) and clinical simulation exercises (2 days). The course includes 18 days on campus premises and extends over approximately two months. Students are evaluated both individually and in groups at the end of the course.

Considering the investment that this course represents for MSF Sweden, and coinciding with the end of the contract period, this evaluation was requested. The evaluation aimed at fostering a better understanding of course outputs and outcomes, in order to support informed decisions to move forward (as per ToR). It was expected a summative review of the overall relevance and success of the course, its strengths and weakness, and recommendations for the future.

METHODOLOGY

This evaluation was carried out from December 2016 to March 2017. Methods included semi-structured interviews, online survey of all the participants, direct observation of selected lectures, document review and analysis, and research into similar courses. The review covered the 2013-16 period with sporadic evidence gathered from years before and after to better understand its history.

Thirty-eight face to face or Skype interviews were conducted with MSF staff, course organizers, lecturers, and participants. MSF staff included all operational sections, some recruiting sections (including Sweden), medical and HR departments, as well as learning and development units in order to draw a wide range of opinions and viewpoints. Some participants were also interviewed to crosscheck, better understand, and analyse the answers provided in the survey. The list of individuals interviewed is in Annex II.

An online survey was designed and sent to all the participants of the course during the studied period (N=47). It covered four areas: 1) Personal data; 2) Satisfaction; 3) Applicability and usefulness in MSF missions; 4) Suggestions for improvement. Questions included both multiple choices and free text. Response rate was 49%.

The evaluator carried out direct observation of the campus based sessions (Module 3) for two days. Special attention was given to interactions and dynamics between lecturers, participants and course responsible. Observation of the venue, pedagogical materials and sessions content was also conducted.

Documents reviewed and analysed included: course official documentation, course didactic materials (lectures presentation, case studies, simulations), internal yearly evaluations, group assignments prepared by students, contracts, minutes of MSF meetings, and reports of MSF evaluations already conducted. Swedish field HR data base was also analysed as well as information available in websites of MSF, universities and other training institutions. See Annex VII for details.

In May 2017 several meetings were carried out with various stakeholders in Sweden to present the initial findings of the evaluation and gather preliminary feed-backs. Discussion with participants resulted in a better understanding of some of the areas evaluated and improved formulation of findings and recommendations.

LIMITATIONS

Written documentation of this initiative (i.e. initial assessment, project document, decisions made on evolution) is limited, especially those leading to the decision process. The diversity and accuracy of the available information was therefore minimal, especially regarding MSF decisions.

The number of course participants was fairly small (N= 47), and the response rate quite low (43%). Deferential recall bias, i.e. the influence of the delay between interview and the course participation, may also be present.

This evaluation does not include an analysis of the quality of the course neither a comparison of its content and learning methods with similar courses. However, perceptions and opinions of interviewees on these matters were explored, notably those of different sections and departments of MSF.

In addition to course immediate outcomes (such as number of people attended, number of missions conducted by participants after the course) other course outcomes such as quality of performance/care of ex-participants, their well-being during their mission, staff retention could only be hypothesized. Although these are likely to be related to course attendance, they could only be analyzed on the basis on participants and MSF staff perceptions.

One of the main reasons for MSF to justify the need for Tropical/Global Medicines courses is the assumption that the topics they cover are not taught in existing academic curricula in Sweden universities (e.g. global health, humanitarian intervention, specific diseases most common in low/middle income countries or during disasters, and modus operandi in this kind of settings). This hypothesis was only verified through interviews of course participants. MSF Sweden, however, is currently conducting such detailed analysis for medicine and nursing trainings.

FINDINGS

1. HISTORICAL CONTEXT OF THIS INITIATIVE

This course represents an extension of previous courses organized in Sweden for medical humanitarian workers. Since 1970 Uppsala University proposed a course called "Health Care in Low Income Countries", targeted at Swedish health workers from different humanitarian organizations working mainly in African countries. The course was financed by SIDA. Medical doctors and nurses recruited by MSF Sweden were referred to this course, prior deployment to the field, in line with MSF Sweden recruitment requirements. Several adaptations of content and methodology were introduced along the course life, according to the evolution of the humanitarian context and academic requirements.

MSF Sweden twice requested an evaluation of this "historical" course. The first assessment was conducted in 1997 by Myriam Henkens, as International Medical Coordinator. A second evaluation was conducted in 2001 by Catrine Hoel, after significant changes were implemented. Both reports concluded that the course responded to MSF needs and recommended to keep it as a preparatory course prior first deployment of medical personnel.

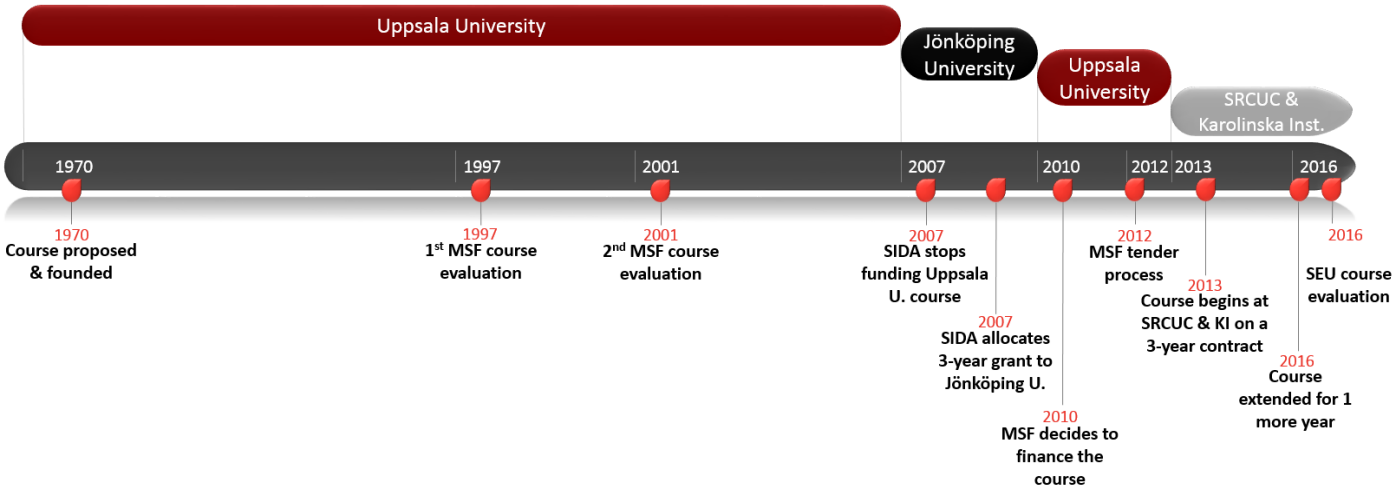
In 2007, SIDA decided to stop the funding of the Uppsala course. No written information could be identified in available files justifying or explaining this institutional decision. However, interviews suggest administrative constrains faced by SIDA and the fact that too large a proportion of participants were sent by MSF.

Soon after, Jönköping University obtained a new grant by SIDA to organize a similar course. The course was conducted in Jönköping University from 2007-2009.

In 2010, at the end of this grant period, MSF Sweden decided to pick up the financing of the course. This decision was made in light of the absence of similar courses in Sweden and therefore the impossibility for MSF to comply with recruitment criteria within the country. This decision was made as a temporary measure. Board meeting minutes indicate that strong campaign to SIDA or alternative founding solutions should be conducted. As a consequence of MSF lobbying and discussion at parliament level, SIDA proposed to use a proportion of its ongoing grant to MSF to cover the expenses of this course. At that point, MSF Sweden rejected this proposal and asked Uppsala University to organize the course for the next two years.

After these two years and as a result of a call for tender in 2012, MSF asked Uppsala University to continue organising the course once per year (during the autumn term) and the SRCUC, with Karolinska Institutet as sub-contractor, to organize the course once per year (during the spring term). A three-year contract was signed and was extended with SRCUC for one year in 2016.

Graphic 1. Timeframe of the initiative



2. BRIEF DESCRIPTION OF HHA COURSE

The HHA course has been designed to be in line with MSF Sweden ToR defined for the tender. The content of the course covers both global health and specific aspects of diseases. The first module (Global Health and Health Assistance) focuses on global health situation and health determinants; health systems; basic principles of epidemiology; and principles of humanitarian health assistance. The second (Infectious Diseases & Epidemic Outbreaks) covers global health situation; principles of diseases control programmes; response to outbreaks and surveillance; and clinical

management (preventive and curative) of the main communicable diseases. The third module (Maternal and Child Health) includes global health situations; health strategies; and clinical management (preventive and curative) of main diseases related to maternal and child health. Other aspects such as ethical dilemmas and intercultural communication in humanitarian health work are also covered. See Annex IV for details.

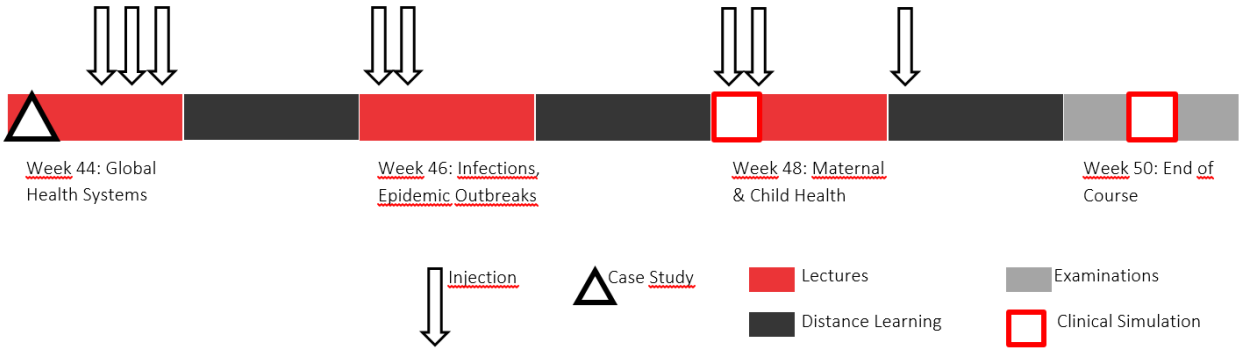
Teaching strategies include: 1) Lectures and seminars organized at campus locations; 2) Group assignments with a specific case-study (humanitarian crisis scenarios) presented to each group at the beginning of the course. Additional information about each case study is provided progressively during the course, in line with the content covered in the modules (called "injections"); 3) Online learning, supported by a specific web platform for approximately 10 days, alternated with residential teaching on campus; and 4) Simulation exercises, organized in collaboration with the university hospital, where participants are exposed to practical situations to practice clinical skills. All of these learning techniques were chosen to promote a proactive and participatory process. The course language is English.

The course is conducted once per year and last approximately two months. Campus based activities are conducted in RCUC facilities every other week for a total of 18 days. At the end of the course, participants go through individual (multiple choice test) and group (thought the presentation of their assignment) evaluations. The course is accredited with 15 ECTs.

A course committee of two KI teaching staff, one SRCUC and one MSF staff is in charge of defining the main lines of the course design and implementing any necessary amendments on a yearly basis. One person from KI (and another from RCUC on specific years) is in charge of preparing, coordinating and supervising the implementation of the course. He/she attends most lecturers and acts as the main liaison with the different stakeholders. In 2016, more than 30 lecturers, with significant humanitarian, clinical and academic experience, participated in the course. Among them, more than half had significant MSF field experience. A person from MSF Sweden Field HR Department acts as focal point within MSF.

Participants´ opinions about the course are collected systematically at the end of each course with an individual anonymized questionnaire and a group discussion. Results of these evaluations are used by the course committee to amend the course of the following year.

Graphic 2. Course Description



3. OVERALL PERSPECTIVE AND FRAME OF THE COURSE

3.1 Are courses in Tropical/Global Medicine required by OCs and why?

The selection criteria for health professionals differ between the five Operations Sections and between partner sections. **The only OCs which consider Tropical/Global Medicine courses (or relevant field experience) as a prerequisite are OCB and OCG, for both medical doctors, and nurses and MD only respectively.** Other OCs, although they do not have such prerequisite, consider they are "preferable" or "an asset" for field candidates. All Nordic partner sections, Denmark, Norway and Sweden have these courses as prerequisite for MDs and nurses.

Table 1. Requirements of Tropical Medicine/Global Health courses for first missioners, by OCs and Nordic Sections

Section	Tropical Medicine required?		Comments
	Doctors	Nurses	
OCB	Yes	Yes	Or relevant field experience
OCG	No	Yes	
OCA	*	No	*Discrepancies between interviews and official information
OCBA	No	No	Preferable
OCP	No	No	Asset
Sweden	Yes	Yes	Or relevant field experience
Denmark	Yes	Yes	Or relevant field experience
Norway	Yes	Yes	Or relevant field experience

No clear and explicit rationale for these differences could be identified in the written documents but they were provided as personal opinion by some interviewees.

Interviews revealed the following as justification for course prerequisite: 1) Positive contribution to the **quality of care** (better prepared to response to specific field needs); 2) Positive contribution to **staff well-being** (feeling more prepared will contribute to reducing the stress of being exposed to an unknown and challenging reality); 3) **Employer responsibility** (both with the employee and beneficiaries, professionalization of humanitarian work); 4) Reasons directly **related to the recruitment process** (such as an understanding of these courses as a sign of motivation and commitment by candidates, or a way to facilitate selection from a pool with a high number of applications like in the case of nurses).

Sections not considering such course gave the following justifications: 1) **Existing Support** renders this course unnecessary (technical support provided by HQ, MTL, MedCo; existing guidelines and protocols); 2) **Prioritization of other skills** vs this training (such as flexibility, adaptability, stress management); 3) Reasons directly **related to the recruitment process** (adding this course as a requirement narrows recruitment basis and will not help in filing HR gaps).

Table 2. Justifications provided regarding Tropical Medicine/Global Health courses prerequisite

Tropical Medicine required?	
Yes	No
1. No previous exposure to specific diseases	**1.** Knowledge of national staff
1. No previous exposure to specific way of operating	**1.** MSF guidelines and protocols
1. Faster adaptation / response to needs	**1.** Technical referents at HQ / MedCo & MTL in field
2. Reduce stress related to first mission	**2.** Other skills prioritised (flexibility, dynamism, team player…)
3. Responsibility as employer / duty of care	**2.** Managerial / supervision role
3. Professionalization of intervention	**3.** Additional difficulty in selecting candidates
4. Sign of commitment by applicant	**3.** No existing courses in the country of origin

3.2 Perceived challenges by first missioners

In addition to the criteria defined by operational and partner sections, the main difficulties expressed by doctors and nurses after their first mission were also explored, as they may illustrate gaps where to direct training efforts. This information has been collected during the interviews with HQ staff and should be considered with caution, as it only reflects second hand perception of first missioners.

Most interviewees named difficulties related to **supervision responsibilities** with first missioners (i.e.: lack of skills/experience in training and management). Ability in dealing with **conflict resolution** was the second most recurrent challenge (conflict with other colleagues, or with members of the team under their supervision). **Medical ethical**

dilemmas and lack of guidance by their supervisors were also often mentioned. Ability in dealing with the contrast between expectation and field realities, capacity to work with "poorly skilled" national staff, and difficult interactions with MoH were also mentioned.

No difficulties related to clinical/technical aspects of their medical job were mentioned. This may be, at least in part, related to the fact that most debriefings are conducted by pool/career managers. This context (perceived as essentially HR related) may influence the answers toward the non-clinical aspects of the performance.

3.3 Reported suggestions and preferences on learning and trainings

Interviewees (members of L&D units, recruiters and career managers, and medical department staff) who did not know about the HHA course were asked about their perceptions and positions on specific aspects of such courses.

Most interviewees agreed on the added value of practical dimensions of any course/training and the importance of training to improve the practical skills of the participants. Expressions like "hands-on" and "practical oriented" were frequently mentioned as one of the most valued characteristics of any training. Along this line, simulation exercises within the courses were very well appreciated.

Some of the sections also showed an interest in exploring further online options as a training modality, highlighting some of the added values in terms of cost reduction, adaptability to participants' needs and situations, and reducing visa or geographical barriers.

Collaboration with academic circles was also highlighted. Despite some ongoing discussions and the Global Health and Humanitarian Medicine initiative,[1] the evaluation couldn´t identify any other examples of a close collaboration where both MSF and a university worked together and defined a course curriculum of medical courses. While some interviewees expressed concerns regarding the difficulty of aligning "academic and field-oriented perspectives", others insisted on its added value in terms of course quality and recognition. Overall there was a common expression of interest in knowing more about such collaboration and "apparently positive experience".

Concerns regarding the appropriateness of offering trainings to first missioners were also expressed. Reasons for such concern were: reluctance to "invest in western doctors" as their retention rates are lower than of doctors from other areas; preference to offer trainings to staff who have already conducted several missions, as a way to reward/incentivise them; and lower capacity to integrate concepts as their stress levels are higher and field experience lower.

Specialization of MSF medical intervention and its implication on the appropriate way to design courses was also mentioned as an issue. Some interviewees questioned the orientation of generalist courses and indicated a preference for more specific trainings. Conversely, a more generalist course was perceived as having an added value for health professionals coming with a narrow field of expertise. This would apply to persons with a new assignment outside of their initial expertise and those moving up to higher positions (such as MTL, MedCo).

Overall, there was a general perception that Tropical/Global Health courses do represent an added value for health professional first missioners. Although they may be anecdotal, several feedbacks were in line with this general perception: missions requesting this kind of courses as a requirement; better performance on initial assessments by candidates during the recruitment process; and feedbacks from first missioners returning from their mission indicating the added value of such courses attendance prior to field assignments. In general, recruiters gave priority to candidates who had attended this kind of trainings.

A remarkable finding was the very low awareness of HHA within MSF. The vast majority of people interviewed outside MSF Sweden were not aware of the existence of this course. "I don't know anything at all [about this course]" was repeatedly mentioned. The few (non-MSF Sweden) interviewees who knew about the existence of the course, did not have sufficient knowledge about it to provide an informed opinion about it. Course awareness, however, seems to be on the rise in relation to other MSF Sweden initiatives such as the "Paediatric Day".

[1] Global Health and Humanitarian Medicine (GHHM) course development, organized by Manson Unit in collaboration with other academic partners. More information available online: https://www.msf.org.uk/global-health-and-humanitarian-medicine-ghhm-course

3.4 Are there other similar courses?

Other similar courses were researched and mapped. Specific search criterions were: English language; no more than 6 months' duration; Tropical Medicine and/or Global Health as content; and campus based learning. Ten courses were identified, most of them in Europe. No similar course was identified in Sweden.

Differences between courses were significant in terms of content (some had no clinical perspectives), duration (3-24 weeks), targeted audience (restricted to nurses or doctors), and pedagogical approach. Differences between courses should be considered in detail, as they can have significant impact on the preparation of the participants and the level of completion of their objectives. See details in Table 3.

Table 3. Similar courses identified

Country	Institution	Course Title	Length	When	Content	Doctors	Nurses	Admissions, Others
Belgium	U. Antwerp	C. in Tropical Medicine. & International Health	24	Sep-Mar	NI	Yes	No*	*Nurses & others in Mod. 1
Denmark	U. Copenhagen	C. International Health	3	August	Very similar; focused on Biomedical/Clinical	Yes	Yes	
Germany	Institute of TM Berlin	C. in Management of Tropical Diseases	3	Feb-Mar	Clinical Management TD (no Maternal/Child)	Yes*	*	*ONLY TMPH students (doctors & perhaps nurses)
Germany	Institute of TM Berlin	C. in Tropical Medicine & Public Health	15	Sep-Dec	Social S, Epidem., Tropical Med. (not clinical perspective)	Yes	Yes	& others
The Netherlands	U. Amsterdam	C. in Tropical Medicine & Hygiene	14	Sep-Jan; Mar-Jul	Public Health Perspective; Only few diseases covered	Yes	Yes	& others
Switzerland	Swiss TPH Institute	D. HC & Management in Tropical Countries	14	Mar-Jun	Public Health; Health Systems	Yes	Yes	& others
Uganda	LSHTM	D. Tropical Medicine & Hygiene	12	Sep-Dec	Focused on African settings	Yes	No	Intensive
UK	LSTM	D. Tropical Medicine & Hygiene	13	Jan-Apr; Aug-Nov	NI			NI
UK	LSHTM	D. Tropical Medicine & Hygiene	12	Sep-Dec	Similar, but more focused on Epidemiology/Tropical	Yes	No	Intensive
UK	LSHTM	D. Tropical Nursing	16	Sep-Jan; Mar-Jul	Focused on Nursing Care	No	Yes	One day per week; twice per year

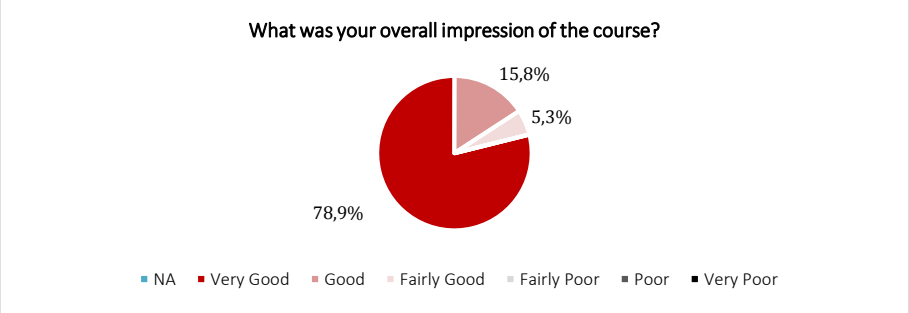
4. HHA EVALUATION

4.1 Course design

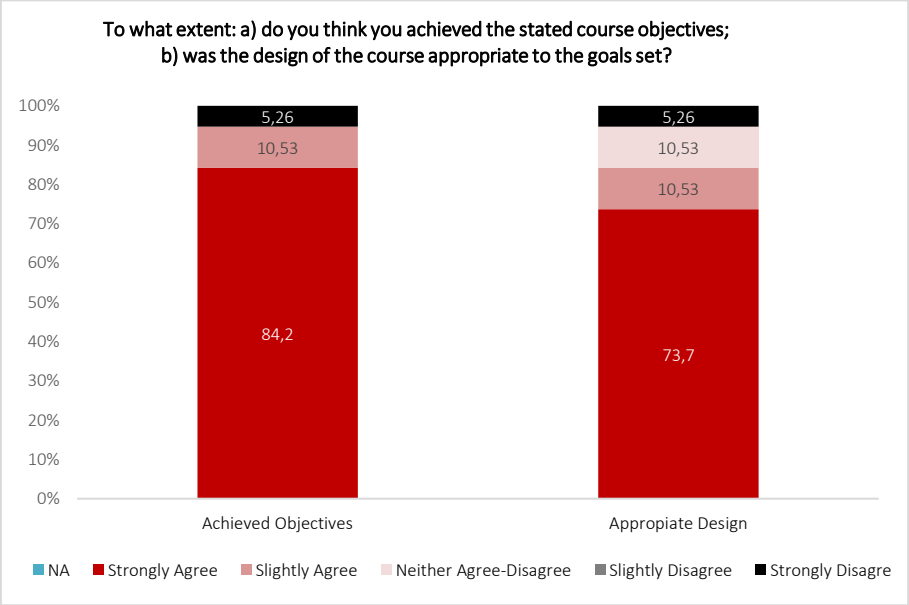
Main positive aspects

Survey results show a **high level of satisfaction** by participants, with a total of 94% of participants rating their overall impression as very good (79%) or good (15%). Almost 95% considered that they achieved the course objectives (84% strongly agree, 10% slightly agree) and 84% answered that the course design was appropriate to achieve them (74% strongly agree, 10% slightly agree). Similar positive impressions were also expressed by other interviewees, such as course committee, lecturers and MSF staff from Swedish office. This can be illustrated by one of the participants who stated: *"I was already contributing financially to MSF, but after attending the course, I increased my contribution. It reinforced my impression about the high quality and professionalism of MSF organization".*

Graphic 3. Overall impression of the course by participants. Survey results (N=19)

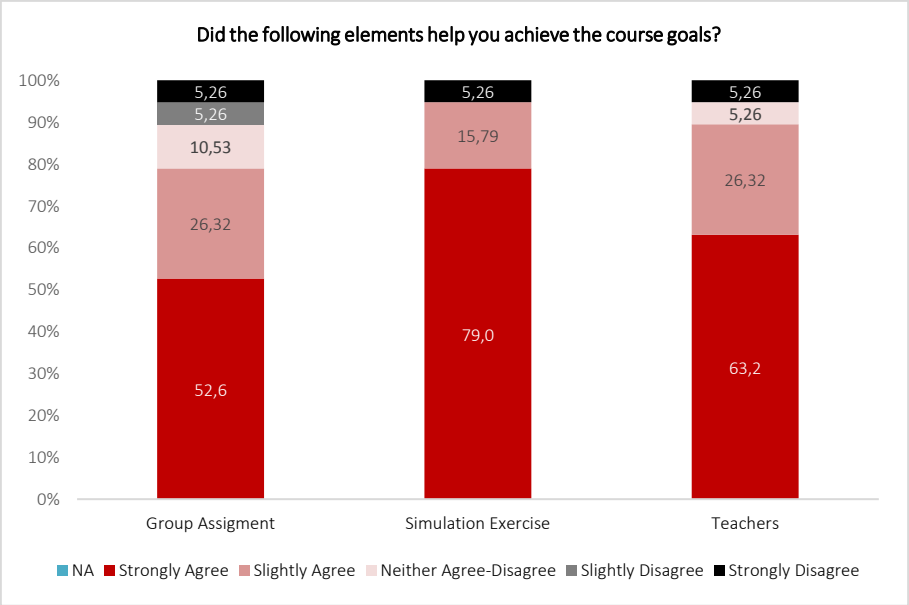


Graphic 4. Achievement of objectives and appropriateness of the course design by participants. Survey results (N=19)



From a pedagogical methodology, the combination of lectures, group assignment and simulation exercises was identified by participants as one of the main strengths of the course. **Simulation exercises** received the highest approval rate for satisfaction (79% strongly agree, 16% slightly agree) and methodical usefulness. Lectures obtained the second highest satisfaction rates. The high quality of the lecturers was consistently noted, as illustrated by the following statement: *"some of the lecturers are within the top five professionals in their field in Sweden".*

Graphic 5. Satisfaction on course elements. Survey results (N=19)



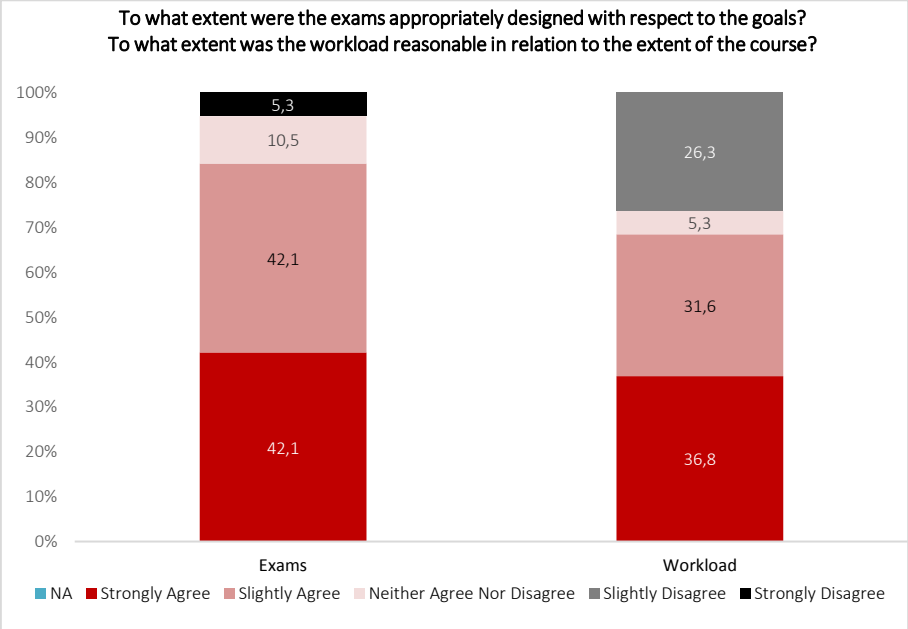
In terms of content, the **combination of both tropical/clinical medicine and global health topics** was highlighted as major asset of the course by participants. More details on the usefulness of different modules is presented in the next chapter.

Positive synergies between university, hospital and MSF were also mentioned as a major strength of the course in that it facilitated complementarity between academic, clinical and field perspectives. All interviewees agreed also on positive and constructive dynamics and interactions between different stakeholders. The role and contribution of the course responsible was highly appreciated by both participants and lecturers. Specific mention was made of: efficient coordination, guidance and support to lecturers; close follow-up of the participants during the course; flexibility and problem solving.

Areas of improvement

Survey results indicated the lowest satisfaction rate for course **workload** (26% slightly dissatisfied) **and, to a lesser extent, exams**. A possible explanation may be the lack of proper information of participants prior to the course on workload and personal investment during campus based and distance learning periods. Participants indicated that they did not properly realize nor plan the time and financial implications required for the course. Some measures were put in place in the last editions of the course to provide better information.

Graphic 6. Satisfaction of course elements. Survey results (N=19)



Collected evidence suggests that there is space to make the course more **practical and interactive**. Participants and lecturer both proposed to include more case studies during the lectures to promote interactive discussions and to increase the number of simulations exercises. These suggestions are in line with MSF perceptions on training already mentioned (chapter above).

Beyond general satisfaction on content, human resource **management, medical ethics, mental health, non-communicable diseases and palliative care** were consistently suggested as topics to be expanded or added. Some participants also suggested to put more emphasis on long-term interventions (in contrast with emergencies).

MD and nurses recruited by MSF Sweden have to wait until the course has taken place before they can be deployed. This may represent up to 10 months, as the course is **conducted once per year**. Additional delays may occur before their deployment. MSF Sweden field HR staff indicated that, in their opinion, these delays may have a negative influence in the availability of potential first missioners and decrease the likelihood of their deployment.

Some interviewees expressed concerns about the lack of implication by SRCUC, which may be related to a lack of institutional buy-in of this initiative.[2] In their opinion, this was more so the case after the departure of one of the two course responsibles (the one from SRCUC). Collected data did not permit to determine whether the success of the current collaboration is mainly due to an **institutional interest** from the two non-MSF partners or to the specific involvement of the people assigned to the course.

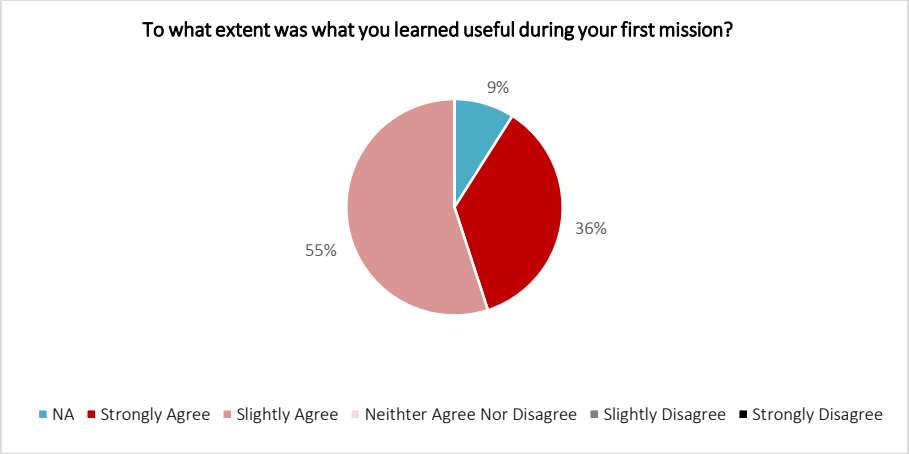
4.2 Usefulness of the course for first missioners

More than 90% of the respondents who were deployed indicated that the course was useful during their first mission (36% strongly agree, 55% slightly agree). Participants provided concrete examples of the course usefulness in the following areas: understanding of **health factors** and how they can affect population in distress; knowledge about **main actors and ways to operate** in medical humanitarian intervention; **clinical awareness** about medical conditions to suspect and consider; knowledge about where to find and consult **available resources** (guidelines, peer reviews…); and integration of **new technical skills** (such as malnutrition screening and treatment, neonatal resuscitation manoeuvres,

[2] After the evaluation was conducted, SRCUC decided not to extend the collaboration for this course for 2017.

malaria diagnosis and treatment, gynaecology and obstetrics management). They stated also that all these topics were not covered during their university studies nor used in their practice in Sweden.

Graphic 7. Usefulness of the course perceived by participants. Survey results (N=11)



Most participants felt strongly that the course contributed significantly to **their wellbeing** during their missions. They indicated that the knowledge and skills acquired made them better-prepared and able to deal with the professional challenges they faced and, therefore, less stressed. Expressions like: *"less worried, less scared performing my job"*, *"more comfortable, as professional, doing my job"* were commonly used. This perception was quite unanimous and its strength quite substantial as illustrated by the following quote: *"without it I would have felt just thrown by MSF to the field".*

Some participants perceived also that the course was useful as a **process to prepare themselves** for field deployment. The weeks spent on the course, the discussions around humanitarian intervention and the possibility to meet other colleagues in the same situation facilitated a personal process preparing them for this experience. The usefulness of meeting peers was also mentioned by some participants who identified the added value of the course in creating a personal network. Some used it spontaneously in seeking emotional and technical support in the field.

4.3 Is the course connected to MSF reality?

Yes…

Three out of the four **members of the course committee** are involved in MSF activities. One of them, MSF Sweden Field HR staff represents the official link with the course and acts as the focal point for this section. The other two are from KI but they are well known within MSF,[3] with significant field experience and an active involvement in the associative life. One of these two is the **course responsible**. The understanding of MSF by these key individuals benefited clearly the yearly revision of the course and its implementation.

In 2016, more than half of the **lecturers had MSF field experience**, some of them being current staff or board members both of MSF Sweden and other sections. Field evenings sessions, aimed at facilitating informal exchanges and discussions about the "life in the field", were facilitated by **MSF expatriates** recently returned from the field.

Document review and direct observation indicated that course content is in line with **MSF guidelines.** Lecture content often includes principles and recommendations directly extracted from MSF guidelines. References and examples provided by lecturers were in some cases based on their own MSF field experiences. The official course information clearly recommended MSF documentation as part of the bibliography.

… but…

Although a similar course organized by Uppsala University was evaluated twice by MSF, there **has not been any formal evaluation of the current course**. At the time of writing this report, the evaluator was not able to access the list of medical courses validated by OCB medical department (if exists) and to determine if the HHA course is on this list. MSF Germany's website includes a list of "recommended medical courses" for people who would like to apply for MSF field deployment. The HHA course is on this list.

[3] Anneli Erikson (current OCB board member and former MSF Sweden president) and Johan Von Schreeb (founder and former president and board member of MSF Sweden).

No formal exchanges with OCB to discuss course design (content and methodology) have existed/currently exist. It may have included exchanges between the course focal point and/or course responsible with HQ departments (such as medical, HR or L&D departments), as well as exchanges between lecturers with the HQ medical referents. Interviewed lecturers agree on the fact that these exchanges may have been useful for them to better adapt their sessions in line with the latest reality in the field.

MSF Sweden **didn't conduct any active promotion** (and "advocacy") of this course within other MSF recruiting sections. To the contrary, it seems that a "low profile strategy" was somehow decided, with some exceptions with other Nordic section some years. It may partly explain the significant lack of awareness about this course within the interviewed MSF colleagues from different sections. This lack of awareness has limited the potential use of this course by other MSF sections (first missioners or people with some field experience).

4.4 Expected results and measurable outputs

Answers provided by interviewees indicated that some of the expected results of the course were a contribution to quality of care, improved wellbeing of the staff during their first mission, and retention of MSF staff. The assessment of these objectives was not included in this evaluation as they imply time and resources beyond its scope. However, the number of people trained and the number of missions they conducted were used as surrogates.

During the four years since this course started, a total of **43 people participated.** Out of them, 35 were recruited by MSF Sweden, (54% medical doctors and 46% nurses). The others were recruited by other MSF sections (4) or were sent by other organizations (4). See Table 5 and Annex V.

Table 5. Course participants by year.

Student Participation	2013	2014	2015	2016	TOTAL
MSF-Sweden Participants	8	10	5	12	**35**
Other MSF Participants	-	2	-	2	**4**
Non-MSF Participants	-	2	2	-	**4**
Total Participants	**8**	**14**	**7**	**14**	**43**

Out of the 39 MSF-ers, **24 were eventually deployed to the field with MSF** at the time of this evaluation. It should be noted that it was conducted between December 2016 and March 2017, so the analysis of deployment considered only three course cohorts (2013-2015). For this period, **80% of MSF participants were deployed**. Reasons for non-deployment were miss-matching of candidates and non-availability after the course.

When considering cumulative MSF deployments (all MSF missions after the course regardless of their sequence), **34 missions were conducted** by MSF participants, i.e. an **average of 1.5 missions by person**. Considering the duration of missions, this makes to date a total of 162 months in the field, and an average of 8 months per MSF participant. See Table 6.

Table 6. Course measurable outputs, by year. Percentages and averages calculated considering 2013-2015 cohort.

Outputs	2013	2014	2015	2016	TOTAL	%	Average
MSF Participants	8	12	5	14	**39**	-	-
People sent to Mission	6	10	4	4	**24**	80	-
Number of MSF Missions	10	14	6	4	**34**	-	1,5
Months in Missions	52,3	81,6	28	44	**205,9**	-	8,1

Current status of the contractual relationship between MSF Sweden and course participants cannot really be considered as a course output. However, this information may be relevant. Considering the 2013-2015 courses, **4.3% of MSF people trained** (1/23) **are currently on mission** and **34.8%** (8/23) **have been in a mission within the past year**. See Table 7.

Table 7. Status of MSF-Sweden participants by year. Percentages have been calculated considering 2013-2015 cohort.

Participant Status	2013	2014	2015	2016	TOTAL	%
Currently on Mission	0	0	1	1	**2**	4,3
Less than 1 year	2	4	2	-	**8**	34,8
More than 1 year	4	4	1	-	**9**	39,1
Never	2	2	1	-	**5**	21,7
Waiting	0	0	0	11	**11**	0

4.5 Estimated costs for MSF

The figures provided in this chapter aim at facilitating a general assessment of the financial investment of MSF Sweden in this course. Calculation is only based on the amount paid by MSF for the course. Other costs such as MSF staff participation in the design and follow-up of the course and their participation in the sessions, were not included in the analysis. This cost-effectiveness should be interpreted with caution, especially when considering the lack of data on expected impact. Regardless, paying for medical courses for recently recruited staff before their first deployment is not a common practice at MSF. Therefore, it seems particularly relevant to include the financial aspect of the course in this evaluation.

The contract signed between MSF, SRCUC and KI defined a fixed amount of €37,300 that MSF should pay per course. This amount covers a maximum of 15 participants. In the event of more than 15 participants attending the course, and additional amount should be provided by MSF.

Because of the fixed price per course for MSF, the cost per participant varies from one year to another, depending on number of participants (Table 8). On average, MSF Sweden has paid **€3,825 for each MSF participant**. The other MSF sections and external organizations sending participants did not contribute financially to the course. As a consequence, the cost per participant depends on their inclusion or not: €3,469/participant considering all participants, €3,825/participant considering MSF participants, and €4,262/participant considering only MSF Sweden participants.

Table 8. Cost for MSF by year.

Course Cost for MSF (€)	2013	2014	2015	2016	TOTAL
Total cost for MSF	37 300	37 300	37 300	37 300	**149 200**
Cost / Student for MSF	4 662	2 664	5 328	2 664	**3 469**
Cost/MSF Student	4 662	3 108	7 459	2 664	**3 825**
Cost/ MSF-Sweden Student	4 662	3 729	7 459	3 108	**4 262**

Based on information about similar courses, the average price per student per week is €430. When calculating this price for HHA course, and considering only MSF participants, the cost per week per participant is **€546.** It is interesting to mention that, if the course had been fully booked every year, the cost per person per week would have been **€355 per participant.** These numbers should be interpreted with caution as there are significant differences between courses in terms of content, duration and methodology.

In relation to the number of months that course participants spent in the field after the course, MSF has paid **€690 per person-month in-mission.**

5. SWOT ANALYSIS

Table 9. HHA Course SWOT analysis

Strengths	Weaknesses
Width	Depth
Quality	Frequency
Usefulness (Perceived)	Workload (?)
Practical methodology	Masterly lectures
MSF adapted	Isolation from the rest of MSF
Collaboration with university & hospital	
Oportunities	**Threats**
Collaboration with university & hospital	Isolation from the rest of MSF
MSF trainings needs	MSF investment vs measurable outputs
	Course personalization

5.1 Strengths

- **Width.** The course provides a large and relevant perspective of topics directly related to medical humanitarian intervention. It covers humanitarian and global health issues, as well as aspects about main diseases in low/middle income countries. Disease management is presented both from public health and clinical perspectives. Other transversal topics are included, more or less developed, in the course syllabus.
- **Quality.** Participants, lecturers and MSF staff perceive that the course is of high quality. Professionalism and reputation of some of the lecturers is especially highlighted and valued.
- **Perceived usefulness**. Participants strongly agree about the usefulness of the course. Examples directed related to their performance as health professionals, their personal wellbeing during the time they were in the field and the facilitation of a preparatory process are most often mentioned.
- **Practical methodology**. The course design aims at facilitating interactive and self-reaching learning. Simulation exercises are highly appreciated by participants and considered the most useful methodology.
- **Adapted to MSF**. Course committee members, course responsible and a large proportion of lecturers have significant MSF experience; course content and bibliography are in line with MSF approaches and guidelines so that the course does respond to MSF needs. Most participants are recruited by and close to being deployed with MSF.
- **Collaboration with university and hospital** contributes to guaranteeing academic and pedagogical quality, variety of qualified teachers, institutionalization of the initiative, and provision of supportive materials. This collaboration for medical trainings (when course is designed based on MSF requirements) is unique within MSF.

5.2 Weaknesses

- **Depth.** Covering such a wide area of topics in three campus-based weeks limits the level of detail which can be achieved in any of them.
- **Frequency.** Some MSF Sweden HR staff consider that the periodicity of the course (once per year) may negatively influence the availability of people recruited for deployment. The period between recruiting and course attendance may be as long as ten months.

- Workload of the course is one of the poorly scored aspects (too high). This may be related to the lack of proper information to the participants prior starting of the course (as least for the first editions of the course). It is not clear, however, if this has been addressed and solved in the more recent editions of the course (with better information by MSF).
- Masterly formal "top down" lecturers are still present. Both participants and lecturers identify this as an area for improvement and suggest increasing the participatory and practical components of the course.
- Isolation from the rest of MSF. The absence of exchanges with relevant units at OC HQ on the design and adaptation of the course and the lack of promotion toward other sections make the course somewhat isolated from the rest of the movement.

5.3 Opportunities

- Collaboration with university and hospital. This collaboration between MSF, university and hospital is considered as positive and may be an interesting model for other initiatives. Considering the uniqueness of this collaboration and the interest expressed by other sections, similar initiatives may be explored.
- Training needs in MSF for medical/paramedical staff is multiple and diverse. This course addresses only part of them. Given its positive assessment, its scope or its targeted audience could be expanded by widening or adapting its content or using it as a platform for other types of collaborations.

5.4 Threats

- Isolation from the rest of MSF in terms of course designing and promotion may put in question course relevance, adaptation to MSF needs, recognition by MSF, and use by other sections.
- MSF investment vs measurable outputs. Measurable outputs seem to be limited when considering the financial investment by MSF, especially considering that this kind of courses are not offered to first missioners before field deployment elsewhere. Decision makers, however, clearly specified the temporary nature of course financial support by MSF. These elements may put in question the continuation of the course.
- Course personalization. Data collected did not permit to determine whether the success of the current collaboration is mainly due to an institutional interest from the two non-MSF partners or due to the specific involvement of the people assigned to the course. In the case of KI, the MSF background of the two persons involved facilitates the smoothness of this collaboration and mutual understanding. It may play against the stability of the collaboration in case of changes of people assigned.

CONCLUSIONS

- The HHA course is **relevant and responds to OCB/OCG requirement for medical first missioners**. The sections which do not consider Tropical/Global Health courses as a prerequisite, identify this kind of courses as "an asset" or "preferable" for first missioners. Although no formal analysis was conducted on medical and nursing university curriculum in Sweden, interviewed participants identify that the content of the course was unknown for them and in line with the needs of their field deployments. Other courses exist in Europe but with some differences in terms of content and general design.

- The course has an **excellent and recognized academic level** which is highly valued by MSF. Prestigious institutions such as Karolinska Institute and the participation of "TED" type lecturers may be considered as quality assurance. Such collaboration has no equivalent within the MSF movement. Some of the interviewed departments express their interest in such collaboration. **Improvements and adjustments, however, could be envisioned,** based both on participants' opinion and interviews with MSF departments. Topics which may deserve consideration are: HR management, ethical dilemmas, MH and NCD diseases and palliative care. From a teaching perspective, increase of "practical and hands-on" time (i.e. simulations, case studies, interactive discussions), may be also considered.

- Most ex-course participants indicate that the course had a **clear added value for their performance and confidence as first missioners**. Wider understanding about health factors and how they can affect population; knowledge about main actors and ways to operate in medical humanitarian intervention; clinical awareness about diseases to suspect and care for them during clinical or supervisory work; knowledge about where to find and consult scientific documentation (guidelines, peer reviews…); and integration of new technical skills are mentioned by interviewees. Participants feel strongly that the course contributed significantly to their wellbeing during their missions. The nature and the extent of this added value, however, were not formally measured.

- The course is considered as **well-adapted to MSF context** as shown by the use of MSF bibliography and case-studies, lecturers with MSF field experience and course committee members with large MSF experience. The course, however, seems to be **a sort of UFO or "free agent" in the MSF cosmic universe** with no formal connection, recognition, validation by training and technical entities. This may jeopardize the recognition of the course by MSF, its use by other sections, and its adaptation to MSF reality.

- The **cost of this course seems modest** relative to its added value and in comparison to similar courses. However, considering the fact that no other similar course is offered free of charge to first missioners by any MSF section, its cost may be questioned as it is not a standard practice. In addition, measurable outputs are limited (number of people who attended the course, number of participants deployed to the field, number of missions conducted by participants…). For these reasons, even **this modest cost may be put in question.**

- Several **options exist for the continuation of this course** in many dimensions. To mention a few: changes in the targeted audience, changes in the course objectives, reorientation or increase of existing collaborations, identification of new partners and sponsors. They should be explored further by MSF Sweden with other sections / OCs as well as private and academic partners, national and international sponsors. All these potentialities should be geared at making this course part of a vision and an ambition that can be shared beyond MSF Sweden and, why not, beyond MSF movement.

RECOMMENDATIONS

⇒ **Recommendation 1:** Conduct an analysis/reflection on the **continuity** of this course and its **strategic positioning** within MSF.

⇒ **Recommendation 2: Actively promote** this course within MSF (first missioners, non-first missioners) and/or outside of MSF. This may require specific adaptations.

⇒ **Recommendation 3:** Establish **formal relations/connections with MSF** actors involved (Medical Department, L&D Unit, HR Departments).

⇒ **Recommendation 4:** Review/revise the course **content and methodology** as specified in the findings and in line with Recommendation # 1.

⇒ **Recommendation 5:** Explore alternative **sources of support** for the course including options for external donors/sponsors.

ANNEXES

ANNEX I: TERMS OF REFERENCE

Terms of Reference

Subject/Mission	Evaluation of the HHA training in Sweden
Evaluation Sponsor/ Owner	Jean-Christophe Dollé
Evaluation Focal Point (HoM?)	Malin Fransson
Primary Stakeholders/ Evaluation Communication Group	Course Responsible: Tina Ohlsén (RCUC) and Anneli Eriksson (KI) Project Responsible: Marja Schuster (RCUC) MSF fieldworkers from Sweden and Norway MSF Sweden-FHR MSF
Starting Date	1st December
Duration	2 months
Time period to be evaluated	2012-2016

CONTEXT AND BACKGROUND

For the past 4 years MSF Sweden has contracted a third-party service provider (*Uppdragsutbildning* or *Executive and professional education*) to provide a medical course known as Health in Humanitarian Assistance (HHA) (The course is accredited -12 ECTS) The course is organized by the Red Cross University College with Karolinska Institutet (KI) as a sub-contractor.

The course has taken place on three (3) occasions, once per year during the original contract period 2013-2015. A fourth course is currently under way (Wk. 44-51) under an extension to the original contract.

The course itself is a continuation, to some extent, of a previous course available in Sweden, and had seen various adjustments, indeed in its funding by SIDA.

Most OCs demands this type of course for paramedical staff, and OCB also for medical staff, prior to recruitment (and deployment). There has not been/is not currently any relevant courses in Sweden the fieldworkers can complete prior to recruitment.

REASON FOR EVALUATION / RATIONALE

The course represents a significant investment; both from MSF Sweden by way of financing and from the participants in terms of loss of income, relocation costs, etc. For this reason, it is deemed as important to get a better understanding of course outputs and outcomes and make informed decisions moving forward.

OVERALL OBJECTIVE and PURPOSE

A summative review of the overall relevance and success of the course, its strengths and weaknesses, and recommendations for the future

SPECIFIC OBJECTIVES / Evaluation questions

Relevance

Was there an assessment of the needs prior to the beginning of the course?

Did the course objective correspond with any identified need? To what extent are the needs the same today?

Appropriateness

Is the course appropriately designed (structure and content) to meet the defined objectives?

Do the participants perceive the course to be an appropriate preparation for their mission?

Effectiveness

How effective is the transfer of knowledge during the course?

How useful is the course perceived to be after the first mission?

What elements of the course can be identified as less relevant?

What relevant additions can be made to the course?

Efficiency
How does the course compare (cost per participant) with other comparable trainings?
What efficiencies can be identified?

Connectedness
How does the training link with the rest of the MSF career pathway?
Could the course make more use of available resources externally?

Continuity
What preparations have been made for the continuation of the course?

EXPECTED RESULTS

- Final report (Maximum 10 pages) English

TOOLS AND METHODOLOGY PROPOSED

- Review and analysis of training documents
- Survey of all course participants
- Interviews with course participants
- Meeting/discussion/interviews with primary stakeholders
- Meeting/discussion/interviews with other relevant parties; e.g. HR departments other sections, medical directors, etc.
- Observation of course
- Review of course curriculum

RECOMMENDED DOCUMENTATION:

- Project documents
- Curriculum

PRACTICAL IMPLEMENTATION OF THE EVALUATION

Number of evaluators	One
Timing of the evaluation	2 months
Required amount of time (Days);	
• For preparation (Days)	5
• For analysis (Days)	5
• For interviews (Days)	5
• For writing up report (Days)	5
Total time required (Days)	20

Notes: *The evaluation will be done by the Medical Evaluation Referent in the SEU*

ANNEX II: LIST OF INTERVIEWEES

	First Name	Last Name	Position/Role
Course & Project Responsible			
1	Anneli	Eriksson	Course Responsible
2	Tina	Ohlsén	Course Responsible
3	Marja	Schuster	Project Responsible
4	Johan	Von Schreeb	Course Council
Course Lecturers			
5	Anna-Karin	Ahlsén	Lecturer
6	Hani	Khalifa	Lecturer
7	Sarah	Gharbi	Lecturer
8	Emmanuel	Robesyn	Lecturer
9	Ann	Lindstrand	Lecturer
MSF-Sweden Field HR			
10	Jean-Cristophe	Dollé	Head of Field-HR
11	Malin	Fransson	Recruiter & Development Advisor
12	Maria	Schutz	HR Manager
13	Eugene	Bushayija	MD Career Manager
14	Lisa	Rydell	HHA Course Tender Process
MSF-Sweden			
15	Mari	Mörth	Sweden General Director
16	Katrin	Kisswani	Sweden President
17	Sophie	Graner	Sweden Vice-President
MSF-OCB			
18	Nadine	De Lamotte	Coordinator Pool Manager and Recruitment
19	Thomas	Prochnow	MD Recruiter
20	Fabienne	De Leval	Coordinator L&D
MSF-OCA			
21	Amaya	Barrio	MD Pool Manager
22	Piia	Laitiainen	L&D Advisor
MSF-OCG			
23	Charlotte	Mottez	Nurses Pool Manager
24	Magali	Beurrier	MD Pool Manager
25	Faye	Wetzel	Recruiters Coordinator-OCG
MSF-OCP			
26	Agnes	Gillibert	Nurses Pool Manager
MSF-OCBA			
27	Sugumi	Tanaka	First Missioners Pool Manager
28	Raed	Tarrab	Recruiters Coordinator
MSF-Nordic Sections			
29	Kamma	Skaarup	MD/Nurses Pool Manager-Denmark
30	Rachel	Olsen	MD/Nurse Pool Manager-Norway
MSF-Medical Departments			
31	Annick	Antierens	Medical Technical Manager-OCB
32	Kate	White	E-Desk Health Advisor-OCA
33	Marie-Claude	Bottineau	Women & Child Health Pool Manager-OCG
Course Participants			
34	Eva	Heikki	Participant-Nurse
35	Mats	Blennow	Participant-MD
36	Victoria	Warkander	Participant-MD
37	Bahar	Kiasat	Participant-MD
38	Anna	Blideman	Participant-Nurse

ANNEX III: SURVEY QUESTIONNARIE

I. PERSONAL DATA

1. Age:
18-29 □ 30-39 □ 40-49 □ 50+ □ prefer not to say □

2. Gender:
Female □ Male □ prefer not to say □

3. Country of residence at the time of course:

4. Which year did you attend the course?
2013 □ 2014 □ 2015 □ 2016□

5. Reason for attending the course:
MSF-Sweden recruited □ MSF-Other section recruited □ Non-MSF related □

6. What is your professional background?
Nurse □ Midwife □ Medical Doctor □ Paediatrician □ Gynaecologist □ Surgeon □ Other (please specify) □

7. How many years of medical/nurse work experience did you have prior to attending the course?
0 □ From 1-2 □ From 3-5 □ From 6-10 □ More than 10 □

8. Prior to the course, had you been deployed in the field as humanitarian health worker?
Yes □ No □

9. Were you deployed in the field (at least once) after completing the course?
Yes-with MSF □ Yes-with other organization □ No□

(If answer to number 9 is NO, go to question 14)

10. On how many MSF missions have you been deployed since you attended the course?
None (I was deployed with other organization) □ One □ Two □ Three □ Four □ More than four □

11. What was your position in your first mission?
Nurse □ Supervisor □ Field Doctor □ Medical Team Leader □ Field Coordinator □ Health Promotor □ Other (please specify) □

12. What type of project was your first field mission?
HIV/TB □ Malnutrition □ Vaccination □ Maternal and Child Health □ Sexual Violence □ MH □ Primary Health □ Other (please specify) □

13. What was the context of your first field mission?
Natural disaster □ Arm Conflict □ Refugee Camp □ Migration □ Regular project □ Access to Care □ Other (please specify) □

II. COURSE SATISFACTION (For all participants)

As mention in the course documents, «the Humanitarian Health Assistance course aims at providing **knowledge, strategies and tools to work as medical personal in low income/humanitarian context.** The course provides knowledge of the *global health situation and factors* that determine health status. The course also provides *public health strategies* to decrease morbidity and mortality as well as tools for *preventive and curative management of the main diseases* and disorders needed for the front-line humanitarian health staff».

14.To what extent do you think you achieved the course goals (as stated above)?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

15.To what extent do you feel that the design of the course was appropriate to the goals set?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

16. To what extent do you feel that you acquired applicable and relevant theoretical knowledge?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

17.To what extent do you feel that you acquired applicable and relevant practical skills?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

18.To what extent do you feel that the course helped you develop a professional attitude?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

19.To what extent do you feel that the course helped you develop your critical thinking?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

20.To what extent do you feel that the study aids (computer programs, internet, models, equipment and other material) helped you achieve the goals?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

21.To what extent do you feel that the chosen topics for the lectures were appropriately designed with respect to the goals?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

22. To what extent do you feel that the group assignment helped you achieve the goals?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

23. To what extent do you feel that the simulation exercise supported your learning during the course?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

24. To what extent do you feel that the teachers supported your learning during the course?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

25.To what extent do you feel that the tests/ exams were appropriately designed with respect to the goals?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

26.To what extent do you feel that the workload during the course was reasonable in relation to the extent of the course/ number of credits awarded?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

27. What was your overall impression of the course?
Very poor □ Poor □ Fairly poor □ Fairly good □ Good □ Very good □ Not applicable □

III. FIRST MISSION PREPARATION (Only for people deployed to field after attending the course)

28. To what extent do you feel that what you learned in the course was useful during your first mission?
Strongly disagree □ Slightly disagree □ Neither agree nor disagree □ Slightly agree □ Strongly agree □ Not applicable □

29. What do you feel was the most significant contribution of the course in terms of preparing you for your first mission (job description and own expectation)?
Theoretical knowledge □ Practical skills □ Professional attitude □ Critical thinking □ Other (to specify) □

30. Which module of the training did you find most useful in terms of preparing you for your first mission?
Global health and health assistance □ Infectious diseases and epidemic outbreaks □ Maternal and child health □

31. Why? (text option)

32. Which teaching method did you find most effective in preparing you for your mission?
Lessons □Group Assignment □Simulation exercise □

33. Why? (text option)

IV. SUGGESTIONS FOR IMPROVEMENT (For all participants)

34. What additional modules, if any, would you recommend for inclusion into the training course that are relevant to the preparation of MSF first mission? (text option)

35. What are the major strengths of this course? (text option)

36. What are the major weaknesses of this course? (text option)

37. What are your suggestions, if any, for changes that would improve this course? (text option)

38. Do you have any additional comments to make? (text option)

ANNEX IV: COURSE SCHEDULE

Date	Hrs	Contents	Lecturer
Mon 31/10	09.00-10.00	Information and introduction	Johan von Schreeb (JvS), Annelie Eriksson (AE) - OK
	10.00-10.30	Coffee and introduction, students from nurses' specialist course	Janet Mattsson, AE & JvS
	10.30-12.30	Introduction to concept of disasters and components of a crisis	Johan von Schreeb
	13.30-15.00	Global health introduction	Helena Nordenstedt - OK
	15.30-17.00	The health transition, chronic diseases in humanitarian work	Helena Nordenstedt - OK
Tues 1/11	09.00-12.00	Basic field epidemiology	Hani Khalifa - OK
	13.00-15.00	Health determinants, health policy and systems. Global health collaboration.	AE - OK
	15.00-16.00	Introduction to the group work assignments	AE - OK
Weds 2/11	09.00-12.00	Cont. components of a crisis. Organisation of response.	AE - OK
	13.00-14.00	Organisation of response	AE - OK
	14.30-16.00	Human resources	Magdalena Bjerneld
	16.00-17.00	Possibility for group work with guidance	AE
Thurs 3/11	09.00-10.00	Meeting with recruitment responsible MSF	Maria Schutz
	10.30-12.00	The top ten priorities and Sphere Standards	AE - OK
	13.00-15.00	Health promotion programme	Sarah Gharbi - OK
	15.30-17.00	Experience from the field + fika	Sarah Gharbi - OK
Fri 4/11	09.00-10.00	Possibility for group work with guidance	AE
	10.00-12.30	Clinical assessment and critical care in resource-poor settings (incl. ABCDE). Mass-casualty incidents (MCI) and triage.	Jason Murphy
	13.30-14.30	Global burden of injuries and surgical conditions	JvS
	15.00-16.30	Strategies and management of surgical conditions in resource-poor settings	JvS
		Week 46	
Mon14/11	09.00-09.30	Follow-up from last week's group work, etc.	AE
	09.30-10.15	Global burden of communicable diseases. Major infectious threats.	Fredrik Rücker - OK
	10.15-12.00	Tuberculosis	Fredrik Rücker - OK
	13.00-16.00	Hepatitis and diarrheal diseases	Fredrik Rücker - OK
Tues 15/11	09.00-12.00	Acute respiratory infections	Niclas Johansson - OK
	13.00-15.00	Malaria	Klara Sondén - OK
	15.30-18.00	Mass vaccinations + fika	Maria Schutz - OK
Weds 16/11	09.00-12.00	HIV/AIDS	Rocio Enriques OK

	13.00-17.00	Mental health in disasters and crisis situations	Monika Oswaldsson
Thurs 17/11	09.00-12.00	Infectious disease outbreaks, assessment and response	Manu Robesyn - OK
	13.00-14.30	Epidemic diseases, Ebola as an example	AE - OK
	15.00-16.30	Rational use of drugs and antibiotics	Angvild Odsbu - OK
		Week 48	
Mon 28/11	08.30-17.00	Clinical situation training: ABCDE-status and case scenario infectious disease. Clinical training centre, Karolinska Solna.	Carl Spindler, Niclas Johansson, AE, TO, Lena Stevens, Björn Libdgren, Stefan Sundström
Tues 29/11	09.00-09.30	Follow-up from last week's group work, etc.	AE
	09.30-12.00	Introduction to global maternal health and major strategies. Family planning and normal delivery. Pre- and post-natal care. MISP.	Primus Chi Che
	13.00-16.00	Introduction to global obstetrics. Obstetric complications and emergencies I (preterm labour, complicated pregnancy/delivery).	Anna-Karin Ahlsén
Weds 30/11	09.00-12.00	Cont. Obstetric complications and emergencies II	Johannes Leidinger
	13.00-16.00	Abortion care, SRHR and SGBV.	Johannes Leidinger
Thurs 1/12	09.00-12.00	Global child health (overview, trends, development, global approaches to child health, IMCI, health-seeking behaviour.	Tobias Alfvén
	13.00-16.00	Maternal and child nutrition. Global burden, definitions, anthropometrics, global and specific strategies.	AE
	16.00-19.00	Evening sessions: experience from the field +some fika/food.	Mas Blennow - Preliminary, but may be in the field
Fri 2/12	09.00-12.00	Global strategies immunisation, EPI. Care for the new-born and neonatal period.	Ann Lindstrand
	13.00-14.30	Strategies related to acute malnutrition: treatment and clinical management.	AE
	15.00-17.00	Intercultural communication	Karin Sharma
		Week 50	
Tues 13/12	09.00-12.00	Examination: Presentation Crisis Examination: Presentation RHA Examination: Presentation Health Programme	JvS, AE - OK
	13.00-16.00	Examination: Lecture Neglected Diseases	Fredrik Rücker - OK
Weds 14/12		Cont. Examination: Lectures Neglected Diseases	Fredrik Rücker - OK
		Examination: Presentation Epidemic Outbreak	Fredrik Rücker - OK
		Examination: Maternal and Child Health	Johannes Leidinger
Thurs 15/12	09.00-16.00	Clinical simulation training: delivery floor level. Venue: Clinical Training Centre, Södersjukhuset	Anders Dahlström, Charlotte Luthander and others
Fri 16/12	09.00-12.00	Ethical dilemmas in humanitarian health work	JvS, AE
	13.00-15.00	Field experience	Alexander Markuu - Preliminary
	15.30-16.30	Course evaluation & goodbye	AE, JvS

ANNEX V: COURSE PARTICIPANTS (MSF-Sweden)

Following tables show information regarding course participants recruited by MSF-Sweden. Information has been analysed by gender and profile. Majority of them are female (72%) and MD (54%).

Table 10. Course participants from MSF-Sweden by year, disaggregated by gender.

No. People	2013	2014	2015	2016	TOTAL	%
Female	7	7	4	7	25	72
Male	1	3	1	5	10	28

Table 11. Course participants from MSF-Sweden by year, disaggregated by profile.

No. People	2013	2014	2015	2016	TOTAL	%
Nurses	3	5	2	6	16	46
MD	5	5	3	6	19	54

ANNEX VI: MISSIONS CONDUCTED BY COURSE PARTICIPANTS (MSF)

Analysing the type of missions where participants were deployed may help in better understanding the answers on course usefulness and in exploring the relevance of course content. Such analysis, however, doesn´t permit solid conclusions because the type of missions can vary along the years and numbers are small. Refuges/IDP and secondary health care interventions were the most frequent (24% and 20% respectively), followed by Primary Health Care and Emergency missions (12% and 12%).
From OC perspective, 52% of course participants were deployed with OCA for their first mission, followed by OCB (43%).

Table 12. Type of first missions conducted by course participants after attending the course.

First Mission Type	2013	2014	2015	2016	TOTAL	%
Refugeess/IDP	0	3	1	2	6	24
Emergency	2	1	0	0	3	12
PHC	2	1	0	0	3	12
Migration	0	1	0	1	2	8
Mother and Child	0	0	2	0	2	8
Kala azar	0	1	0	0	1	4
Surgery	0	0	1	0	1	4
TB	0	1	0	0	1	4
Trypanosomiasis	0	1	0	0	1	4
TOTAL	6	10	4	5	25	100

Table 13. OC where course participants conducted their first mission, after attending the course.

OC First Mission	2013	2014	2015	2016	TOTAL	%
OCB	3	4	0	2	9	43
OCA	3	4	3	1	11	52
OCP	0	0	1	0	1	5

Table 14. Number of missions conducted by course participants, after attending the course. Percentages have been calculated considering 2013-2015 cohort.

No.Missions	2013	2014	2015	2016	TOTAL	%
No Missions	2	2	1	10	15	20
One Missions	3	6	3	4	16	48
Two Missions	2	4	0	0	6	24
Three Missions	1	0	1	0	2	8
TOTAL	**8**	**12**	**5**	**14**	**39**	**100**

ANNEX VII: SOURCES CONSULTED

Henkens Myriam, *Diploma Course in Health Care in Low Income Countries Evaluation Report* (1997)

Hoel Catrine, *Preparatory Course at IMCH Uppsala University Evaluation Report* (2001)

MAJ Kent J. DeZee, *Humanitarian Assistance Medicine: Perceptions of Preparedness: A Survey-Based Needs Assessment of Recent U.S. Army Internal Medicine Residency Graduates (2006)*

Minutes MSF-Sweden Board Meeting (March and November 2009)

Minutes MSF-Sweden Board Meeting (August 2011)

Proposal to SIDA, Preparatory Course «Health in Humanitarian Assistance» (2012)

HHA Course Tender Proposal Jönköping (2012)

HHA Course Tender Proposal SRCUC (2012)

HHA Course Tender Proposal Uppsala (2012)

Summary of Tender Process Power Point Presentation (2012)

HHA Course Contract MSF-Sweden and SRCUC (2012)

Course Contract MSF-Sweden and Uppsala University (2012)

HHA Course Budget (2012)

Bjerneld Magdalena, *Report from HHA Course* (2012)

HHA Course Syllabus (2013)

Report from HHA Course (2013)

HHA Course Evaluation Report (2014)

HHA Course Schedule (2015)

HHA Course Evaluation Report (2015)

MSF-Sweden Overview of Global Health Courses (2015)

HHA Course Contract MSF-Sweden and SRCUC (2016)

HHA Course Budget (2016)

HHA Official Course Information: Introduction, Modules, Examinations, Group Assignments, Reference Literature, Movies, Schedule (2016)

HHA Course Lecturers Power Points (2016)

HHA Group Assignments Materials (2016)

HHA Simulation Exercise Power Points (2016)

HHA Individual Examination Test (2016)

Final Reports of Group Assignments Submitted by Participants (2016)

HHA Course Evaluation Report (2016)

MSF-Manson Unit, Transformational Capacity Investment, Concept Note: Global Health and Humanitarian Medicine course development (2016)

Amat Camacho Nieves and others, *Education and Training of Emergency Medical Teams : Recommendations for a Global Operational Learning Framework (2016)*

MSF-OCG Profiles: Criteria and Recruitment Process (2017)

MSF Requirements (2017)

MSF-German Brief Overview, Tropical Medicine Courses (2017)

MSF-OCA Learning & Development Program (2017)

MSF-OCB Training Calendar (2017)

MSF-OCBA Training Brochure (2017)

MSF-OCG Training Brochure (2017)

Consulted sites (non-exhaustive):

Certificate Tropical Medicine and International Health, Institute of Tropical Medicine Antwerp: https://edu.itg.be/Course/Detail/13?typeId=2

Course Clinical Management Tropical Diseases, Institut of Tropical Medicine and International Health in Berlin : http://www.troped.org/courses/SPT--FullRecord.php?ResourceId=20

Course Global Health and Tropical Medicine, The Netherlands, University of Amsterdam: https://www.kit.nl/health/training/netherlands-course-tropical-medicine-hygiene/

Course Health Emergencies in Large Populations (HELP), IRCR : http://www.icha.net/media/pdf/739_HELP%20Course%20Brochure.pdf

Course International Health, University of Copenhague, http://globalhealth.ku.dk/studies/summer_courses/international_health/

Course Parasitology in International Health, Institut of Tropical Medicine and International Health in Berlin : http://www.troped.org/courses/SPT--FullRecord.php?ResourceId=196

Course Tropical Medicine and Health Cooperation, Universita degli Studi fi Firenze : http://www.centrosaluteglobale.eu/site/wp-content/uploads/2015/07/corso-malattie1.pdf

Diploma Course Tropical Medicine, Bernhard Nocht Institute for Tropical Medicine: http://www.bnitm.de/en/training/diplomkurs-fuer-tropenmedizin-2017/

Diploma Health Care and Management of Tropical Diseases, Swiss Institute, Tropical and Public Health, University of Basel : https://www.swisstph.ch/fileadmin/user_upload/SwissTPH/Education/Courses/HCTMC/Course_Brochure.pdf

Diploma Tropical Medicine and Hygiene (East-Africa), London School Hygiene and Tropical Medicine: https://www.lshtm.ac.uk/study/courses/short-courses/DTMH-east-africa

Diploma Tropical Medicine and Public Health, Institut of Tropical Medicine and International Health, Berlin : https://internationalhealth.charite.de/en/degrees/diploma_in_tropical_medicine_and_public_health/

Diploma Tropical Medicine and Hygiene, Liverpool School Tropical Medicine: http://www.lstmed.ac.uk/study/courses/diploma-in-tropical-medicine-hygiene

Diploma Tropical Medicine and Hygiene, London School Hygiene and Tropical Medicine: www.lshtm.ac.uk/study/courses/short-courses/DTMH

Diploma Tropical Nursing, London School Hygiene and Tropical Medicine: https://www.lshtm.ac.uk/study/courses/short-courses/diploma-tropical-nursing

Institute of Tropical Medicine Antwerp: https://edu.itg.be/Course

MSF-OCA Website : https://www.artsenzondergrenzen.nl/your-mission-msf-what-profile-suits-you

MSF-OCB Website : https://msf-azg.be/en/working-in-the-field

MSF-OCBA Website ; https://www.msf.es/trabaja/terreno

MSF-OCP Website : http://www.msf.fr/recrutement/metiers?_ga=2.165495807.1728836259.1505594300-2147120699.1490961575

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