Evaluation of the Pfizer Global Health Fellows Program

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### Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>AJWS</td>
<td>American Jewish World Service</td>
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<tr>
<td>AMREF</td>
<td>African Medical and Research Foundation</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral (or antiretroviral drugs)</td>
</tr>
<tr>
<td>ATS</td>
<td>Adapting to Scale (staff reductions at Pfizer)</td>
</tr>
<tr>
<td>BUSPH</td>
<td>Boston University School of Public Health</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-Based Organization</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CFAR</td>
<td>Child and Family Applied Research</td>
</tr>
<tr>
<td>CMC</td>
<td>Christian Medical College</td>
</tr>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<tr>
<td>GHF</td>
<td>Global Health Fellows</td>
</tr>
<tr>
<td>FDNC</td>
<td>Foundation for the Development of Needy Communities</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>HAART</td>
<td>Highly Active Anti-Retroviral Therapy</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HVO</td>
<td>Health Volunteers Overseas</td>
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<tr>
<td>IAVI</td>
<td>International AIDS Vaccine Initiative</td>
</tr>
<tr>
<td>ICDDR,B</td>
<td>International Centre for Diarrhoeal Disease Research, Bangladesh</td>
</tr>
<tr>
<td>IDI</td>
<td>Infectious Diseases Institute</td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
</tr>
<tr>
<td>ITI</td>
<td>International Trachoma Initiative</td>
</tr>
<tr>
<td>KEMRI</td>
<td>Kenya Medical Research Institute</td>
</tr>
<tr>
<td>MSF</td>
<td>Médecins Sans Frontières</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PR</td>
<td>Performance Review (prepared annually for each Pfizer employee)</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposal</td>
</tr>
<tr>
<td>THETA</td>
<td>Traditional Healers and Modern Health Practitioners Together in the Treatment of AIDS and other Diseases</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
</tbody>
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Executive Summary

Objectives of this Report

Between October 2005 and January 2006, Boston University’s Center for International Health and Development undertook an evaluation of Pfizer’s Global Health Fellows Program. The purpose of this research was to answer the following questions:

- How do Global Health Fellowships affect health and the availability of health services in target countries? Do the Fellowships have any effect on the Partner Organizations receiving Fellows, and on development overall?
- How does the Fellowship affect the Pfizer employee and his or her Pfizer work unit?
- What are the possibilities for program improvement and/or expansion?

The Global Health Fellows Program

The Global Health Fellows (GHF) Program offers technical assistance to NGOs and Governments. From 2002 to the end of 2005, the GHF Program fielded 72 Pfizer employees in 19 countries. The goal is to use the skills and experience of Pfizer employees to expand access to health services and improve health in developing countries.

Impact on the Fellows

Returned Fellows were very positive about the Program. Eighty-eight percent reported that the Fellowship met “most” or “all” of their own goals, while 79% reported that the Fellowship met “most” or “all” of the goals of the Partner organization. The Fellowship gives experience in dealing with inadequate resources, uncertainty and cultural differences that Fellows feel will make them better, more flexible managers.

To the extent there was a downside to the Fellowships, it occurred on returning to Pfizer, where there is a sense that Pfizer is not taking full advantage of what Fellows learned during the Fellowship. Fourteen percent of Fellows experienced great difficulties in re-integration.

Impact on the Work Group

Pfizer Supervisors and colleagues were supportive of the Program. Sixty-nine percent of Supervisors reported that their work group had higher pride in Pfizer as a result of a colleague serving as a Fellow. Only 26% of the work groups reported some adverse effect on performance. None reported a major adverse effect.

In many cases, work group colleagues not only covered the Fellow’s Pfizer responsibilities, they also provided technical support or monetary contributions to the Partner Organization. However, some Fellows felt that their colleagues did not understand the impact of the Fellowship, or were not interested in what the Fellow had learned about issues of developing countries.
Impact on Partner Organizations

Fellows provided assistance in training clinical and research personnel in medicine, pharmacy and nursing. They helped to strengthen laboratories and financial control systems. They provided advice on marketing, public relations, facilities and personnel management. They helped codify best practices and write clinical protocols, research proposals and policy manuals. They worked in direct community service and networked Partner organizations to other services.

In addition to building technical capacity, Fellows imparted new attitudes toward work and management. Many Partner Organization counterparts found benefit in the specific work planning and project management techniques the Fellows used. In the best situations, exposure to the Fellow was an empowering experience.

Given the Program objective of expanding access to health services, we retrospectively reviewed our interview data and asked the question: Did the Fellowship result in operational improvements that expanded service capacity? We concluded that nearly one third of Fellowships produced operational improvements that expand service delivery at the Partner Organization.

Determinants of Successful Fellowships

One of the most important determinants of success is flexibility on the part of the Fellow. There is usually need to redefine or modify objectives once the Fellow arrives in country. Other factors which contribute to a successful Fellowship include collaboration with counterparts in defining objectives, sufficient investment of time by a counterpart at the right level in the Partner Organization, and budget and management flexibility.

The success of future Fellowships can be improved by assuring that prerequisites such as needed software or staff are in place before the Fellow departs, improving the match between the Fellow’s schedule and Partner Organization calendar, and careful assessment of the “reality” of proposed assignments. In particular, computer system assignments should be approached with caution.

Development Impact

Development is too complex a process, and the number of Fellowships too small, to show a clear link. However, over three quarters of the Fellowships appear to have imparted improved skills and/or enhanced the operations of the Partner Organization. Where the Fellowship enabled expanded service capacity, a comparable consultancy would be considered good value if funded by a development agency at a similar cost. Over the long run, enhanced technical and management skills imparted by the Fellow may affect service quality and availability.

Although there is no single comprehensive indicator available to measure the impact of Fellowships, we do recommend that the Program collect selected data at the conclusion of each
Fellowship. This will enhance annual reporting on the Fellowship effort and permit ongoing evaluations of its impact.

**Program Expansion and Improvement**

The number of GHFs can be expanded, but not many-fold. Management constraints still limit the number of Fellows who can be effectively placed at a single site to one or two at a time, never more than two to four in a year. Placement Organizations can expand the number of local Partner Organizations, but need money to assess potential Partners and assist them in defining Fellowship projects. In general, relatively sophisticated Non-Government Partners doing research and providing clinical services offer better potential for high leverage Fellowships.

Because the number of Fellowship placements with high impact potential is limited, creation of a stand alone Fellowship Program spanning many multinational companies is not warranted at this time. We suggest that Pfizer consider extending the Program though its own apparatus to a few other corporations initially, and then to a half dozen or more. Such companies would share in the costs of developing Fellowships, training and administration, as well as covering salary, benefits and travel costs for their employees who become Global Health Fellows.

Regarding program improvements, continued attention should be paid to clarifying Fellowship objectives in advance, using returned Fellows to help define assignments. Given the extra effort required by the Work Group to support the Fellowship, the company should consider more explicit recognition of work group colleagues. In addition, Pfizer should knit the Program more directly into corporate planning and operations in order to draw full benefit from Fellows’ experiences. We recommend that the Program collect selected data at the conclusion of each Fellowship to permit ongoing evaluation.

**Conclusion**

The Pfizer Global Health Fellows Program is an innovative extension of the concept of Corporate Social Responsibility. The Fellows, and their Fellowship experiences, are amazingly diverse. For the great majority of Fellows, the experience is richly rewarding, and we found that most Fellowships had important benefits for the Partner Organization. After reflecting on interviews with more than 200 individuals whose lives have been touched by the Program, we conclude that the experience to date warrants continuation, and limited expansion, of this creative approach to bridging the divide between the developed and developing worlds.
I. Introduction

This report presents the results of an evaluation of Pfizer’s Global Health Fellow (GHF) Program. Funded by Pfizer and the U.S. Agency for International Development (USAID), the evaluation was performed between October 2005 and January 2006 through the Center for International Health and Development at Boston University School of Public Health. At that time, 72 Pfizer employees had served as Global Health Fellows in 19 countries. Findings are based on interviews with Fellows and their Pfizer Supervisors, as well as interviews with Partner Organization staff in five countries. The evaluation addresses the following questions:

- What is the impact of the GHF Program on health, development, and the availability of health services in target countries?
- How do Fellowships affect the Partner Organizations with which Fellows are placed?
- How do Fellowships affect the selected Pfizer employees and their work units?

Recommendations for program improvement and possible expansion are also discussed.

II. Background

A. Program Structure

The GHF Program was developed in 2002 as an instrument of Corporate Social Responsibility. Designed to offer expertise—not just donated drugs and money—to relieve health problems in developing countries, the Program recruits employees to serve for periods of up to six months as Global Health Fellows. Although somewhat modified since the first Fellows went to the field in 2003, the structure of the Program has remained fundamentally the same.

Twice a year, Pfizer employees apply for selection as Fellows. Pfizer Corporate Philanthropy works with partners to identify assignments. Some partners are Placement NGOs that send volunteers to different Partner NGOs in developing countries, while some Partner NGOs have an established relationship with Pfizer. Partner NGOs review Fellowship candidates for a defined assignment, then select a Fellow. Fellows receive pre-departure training in health, security, cultural competence, and GHF Program procedures.

Assignments average three to six months, with a trend toward longer assignments. Supervisors must be willing to release the Fellow. The fellow’s salary and benefits are charged to her/his Pfizer work unit, while living allowance and travel are paid by Pfizer Corporate Philanthropy, which also pays a small allowance to the Partner NGO for supervision. Subject to approval, the Fellow may also use up to $500 in an “enhancement allowance” to cover costs for local projects.

B. Preliminary Evaluation

In December, 2003, the Center for Corporate Citizenship at Boston College conducted a preliminary evaluation of the Global Health Fellows Program. Based on analysis of the first
round of 18 Fellowships, the report acknowledged the challenges in launching a new program sending volunteers into difficult environments, and made recommendations for improvements that have been adopted. For example, the GHF Program has shifted from a “supply-based” approach, i.e. trying to find placements for identified volunteers, to a strategy that is “demand-focused”: defining NGO needs, and then identifying Fellows. The GHF Program also increased efforts to define Fellowship goals in advance, to clarify expectations for the Fellow and the Partner. Unlike the first round, recent Fellows have not been asked to perform tasks in multiple countries. Greater focus has been placed on sustainable commitments to Partner Organizations that produce tangible improvements, rather than a number of one-off contributions that may or may not result in greater capacity.

C. The GHF Program to Date

In the three years from January 2003 to December 2005, the GHF Program dispatched 72 Pfizer employees to four different rounds of assignments in 19 countries. About 60% of Fellowships have been located in Africa, with an additional 17% in East Asia and the Pacific, and 14% in South Asia (mainly India). A small number of Fellows have been placed in Eastern Europe, Russia, and Latin America.

Fellows worked with over 24 Partner Organizations. Some Partner Organizations “place” volunteers from various sources in developing countries, and have been used by Pfizer to develop GHF opportunities. We refer to these as “Placement NGOs.” The partner organization where the Fellow actually works in the field is called the “Partner NGO.”

The use of Placement NGOs has enabled Pfizer to place Fellows with small community organizations or health service providers. Examples of Placement NGOs include American Jewish World Service (AJWS) and Health Volunteers Overseas (HVO). For example, HVO arranged for 18 Fellows to work with clinical services and teaching departments at hospitals and medical/nursing schools in Kampala, Uganda, and Tamil Nadu State, India, while AJWS placed 7 Fellows with several indigenous NGOs in Uganda and India.

Fellows have come from a range of units within Pfizer. Thirty-six percent came from US-Research including sites in Massachusetts, Michigan, and California, while 28% came from US Headquarters in NYC and surrounding area. About 10% of Fellows have come from Europe, and 4% from Australia. A total of 9 Fellows (12.5%) are no longer working at Pfizer.

An additional 10 Pfizer employees assisted relief efforts after the Asian tsunami in December 2004, and 31 employees supported relief operations after Hurricane Katrina in September 2005.

III. Methodology

A. Study Design and participants

Our approach required mixed qualitative and quantitative methods. Information was collected from Fellows (83% response rate), Pfizer Supervisors of GHF (70% response rate) and personnel in five countries.
B. Data Collection

The survey questions were arranged by phase of fellowship (prior to, during, and post) with questions to elicit suggestions for improvement and additional comments, and to record interviewer observations. Interviews were conducted in person or via telephone. All of the interviews with Placement and Partner Organizations in the five selected countries were conducted in person, while the US partner and matching NGO interviews were both in-person and via telephone. The executive interviews were conducted in person by the research team leader.

C. Data entry and analysis

Survey data were entered separately into word documents (qualitative) and excel spreadsheets (quantitative). All interview data was written into report format by the same team members who had collected it. NVivo 2.0 software was used to analyze qualitative data, while Excel and SAS v9.1 were used to produce frequency tables and means where appropriate. Data were stratified by round of fellowship and current versus returned fellows to elicit trends.

D. Country Studies

We studied the five countries which hosted 60% (44) of the Fellows, including Ghana (4 GHF), India (9), Kenya (12), South Africa (5) and Uganda (14). A member of the five person evaluation team traveled to each country for approximately 1-2 weeks.

In total, we conducted more than 100 interviews. There is some risk that respondents may have biased their answers towards a favorable evaluation out of politeness or a desire to attract future Fellows. Nevertheless, it is our impression that we received honest answers that did not greatly distort the picture of the Fellowship. The interview notes (with coded identifiers) were shared with all members of the study team. Where appropriate, respondent’s impressions were compared with statements made by the Fellows. This comparison informed our conclusions, but no specific contrasts are shown in order to meet our confidentiality commitment.

The evaluation team met after completion of all field interviews to formulate general conclusions. In our discussions, we developed three categories for grouping Fellowships, based on level of skill/judgment applied by the Fellow and the level of impact on the host organization and the services it provides. Classifications for each Fellowship were checked by all team members who had some knowledge of the assignment through either field visits or Fellow and Supervisor interviews. The classifications are shown in the Figure 3.1.

Figure 3.1 Explanation of Fellowship Types

| Type 1            | Accomplishments limited. Fellow provided assistance not requiring his/her professional training and not building on expertise acquired through Pfizer employment. The skills applied are available in-country or from other international volunteers. Clients may have benefited from Fellow’s personal efforts, but there was little or no permanent change in the ability of the partner organization or its staff to deliver services. |
Type 2  Fellow provided technical expertise or training drawing on professional training or Pfizer-acquired expertise, which resulted in upgrading the skills in the partner organization, or design of tools/methods for future changes. This may include creation of curriculum, clinical guidelines, standard operating procedures as well as training. No obvious effect on volume of services, but provided ground work for future improvements.

Type 3  Using his/her professional skills and/or Pfizer-acquired expertise, Fellow worked with counterparts to introduce an operational or managerial improvement that will result in expanding services of the organization. Used skills or expertise not generally available in country. Quantity of service is increased directly, or as a result of improved efficiency / lowered unit cost. May include changes in the organization and work ethic of a partner organization if these are directly attributable to the Fellow’s effort and translate into sustainable service expansion.

IV. Results

A. Survey Results

The survey results presented are based on information from interviews with 60 Fellows (83% of the 72 returned and current Fellows between 2003 and 2005) and 48 Supervisors (70% of total). Supervisors who had more than one Fellow were asked about each Fellow’s experience.

1. Goals

Fellows’ goals. Fellows’ goals are shown in Figure 4.1. Most Fellows said their professional goals related to their scope of work. Knowledge transfer was also an overriding theme in Fellows’ stated goals, with Fellows stating intentions to make a positive impact on the partner NGO through transferring their expertise.

NGO goals. After the initial evaluation of Round One Fellowships, the GHF Program has worked to improve the definition of assignment goals by the partner NGOs. Survey results suggest that assignments have become more specific. Still, setting clear and realistic goals continues to be an area of frustration for Fellows.

Nearly 80% of all Fellows, and 9 of 10 current Fellows, were able to quantify goals into measurable indicators or specific outputs, as illustrated in Figure 4.2. The level of specificity of goals and indicators varied, and may reflect recall bias. Nine Fellows mentioned that the NGO goals were undefined or left entirely to the Fellow to develop, and 21 Fellows described how the goals were redefined or expanded during the Fellowship. These comments are typical:

**Personal**
- Personal growth
- Do good
- Represent America in LDC setting

**Professional**
- Fulfill scope of work for NGO
- Represent Pfizer in LDC setting
- Transfer knowledge
- Learn new skills
- Develop professionally through work experience
- Use skills that aren’t tapped in Pfizer job
“Once they realized I could do more they asked me to help with research. I wrote grant proposals and one was approved.”

“I sat down and said, ‘I think I can do more’ and wrote a whole set of goals … and I added indicators for success.”

On the other end of the spectrum were Fellowships that were overly ambitious. One Fellow was given a “laundry list that would have taken someone 3 years.” Another mentioned partner goals changed daily and the “NGO didn’t have a clear vision, so I didn’t get involved a lot in the chaotic task assignments.”

<p>| Figure 4.2 Fellowship Goal Indicators as reported by Fellows |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>No. Fellows Reporting*</th>
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</thead>
<tbody>
<tr>
<td><strong>Documents</strong></td>
<td></td>
</tr>
<tr>
<td>SOP/safety guide</td>
<td>8</td>
</tr>
<tr>
<td>Curriculum/Ed materials, assessments</td>
<td>10</td>
</tr>
<tr>
<td>Performance/progress reports</td>
<td>7</td>
</tr>
<tr>
<td>Brochure</td>
<td>3</td>
</tr>
<tr>
<td>Grant proposals</td>
<td>3</td>
</tr>
<tr>
<td>Research protocols, instruments</td>
<td>2</td>
</tr>
<tr>
<td>Job descriptions</td>
<td>2</td>
</tr>
<tr>
<td>Other documents and reports</td>
<td>5</td>
</tr>
<tr>
<td><strong>Training/Mentoring/Education</strong></td>
<td></td>
</tr>
<tr>
<td>Training sessions held</td>
<td>7</td>
</tr>
<tr>
<td>Individuals trained</td>
<td>4</td>
</tr>
<tr>
<td>Trainee ability</td>
<td>2</td>
</tr>
<tr>
<td><strong>Systems</strong></td>
<td></td>
</tr>
<tr>
<td>Facilities set up/assessed/reorganized</td>
<td>3</td>
</tr>
<tr>
<td>Website</td>
<td>3</td>
</tr>
<tr>
<td>Database</td>
<td>3</td>
</tr>
<tr>
<td>Computer system installed, running</td>
<td>2</td>
</tr>
<tr>
<td>Lab tests running</td>
<td>3</td>
</tr>
<tr>
<td>Help desk</td>
<td>1</td>
</tr>
<tr>
<td>Accounting system</td>
<td>1</td>
</tr>
<tr>
<td>HR process</td>
<td>1</td>
</tr>
<tr>
<td>Quality improvement measures</td>
<td>1</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td></td>
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<tr>
<td>Studies</td>
<td>3</td>
</tr>
<tr>
<td>Pilot test marketing campaign</td>
<td>1</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Increase contacts with target pop. (# set)</td>
<td>1</td>
</tr>
<tr>
<td>Staff added</td>
<td>1</td>
</tr>
<tr>
<td>Positive external org. review</td>
<td>1</td>
</tr>
<tr>
<td>Budget</td>
<td>1</td>
</tr>
</tbody>
</table>

*Multiple responses possible

The interactive process of setting, refining and evaluating goals may have stimulated NGO organizational learning and could have an impact on NGO systems capacity. For example, one Fellow reported that she redefined the evaluation goal of the partner, “I showed them they could not do evaluations without existing [baseline] data.” When viewed from the perspective of knowledge transfer, the attention to the process of goal definition between the NGO partner and the Fellow is therefore critical.

Supervisors considered Pfizer executive support for the program, employee professional development, and ability to cover workload in Fellow’s absence as the most important reasons for approving fellowships. Other factors included the life experience offered to Fellows, and the importance of the applicant’s skill set or qualification.

Compared to Supervisors of the earlier Fellows, Supervisors of current Fellows placed greater emphasis on the desire or interest of the applicant, as well as their own work history with the applicant. They cited the “keenness” of the applicant for the Fellowship, and described how the applicant deserved the Fellowship based on their knowledge of the applicant’s abilities.
2. Preparation of Fellows
Most Fellows (72%) felt that pre-departure preparation by the GHF Program was a positive factor influencing the Fellowship, while 28% gave it a negative or neutral rating. This compares with 56% of Fellows who thought the NGOs’ help was a positive factor, and 44% who considered this a negative or neutral influence. It should be noted that there is a possible bias in responses to this question because of reticence to criticize GHF Program staff.

Table 4.1 Fellows’ perceptions of the influence of preparation on Fellowship experience

<table>
<thead>
<tr>
<th>Percent reporting factor as:</th>
<th>the strongest positive factor (n=47)</th>
<th>the strongest negative factor (n=41)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-departure preparation by GHF Program</td>
<td>72%</td>
<td>0%</td>
</tr>
<tr>
<td>Pre-departure preparation by partner organization</td>
<td>56%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Fellows mentioned several aspects of the preparation phase as determinants of success, as shown in Figure 4.3. Many Fellows remarked that meeting with returned Fellows or others who are familiar with local conditions is an important part of preparation. Some Fellows felt that having a contact person at the Fellowship site (not only at the US or country headquarters) was critical for orientation and goal specification.

Partner Organizations in several countries pointed to similar success factors; for example, even Partner Organizations with experience hosting volunteers felt the need for better communication. Better cultural orientation was particularly important when it was a Fellow’s first time in Africa. Also, Partners mentioned that Fellows need a good understanding about the organization and project they are supporting. Partner Organizations thought Fellowships worked better where they were able to select a Fellow with expertise in specific area, to match a particular project.

An untapped resource to better prepare of Fellows for their assignments may be the local Pfizer offices. Several Fellows found Pfizer office staff and resources to be a critical success factor in preparation for, and working on, their assignments.
While a few well-traveled individuals found the orientation unhelpful, some less experienced Fellows felt unprepared for the realities of underdevelopment. One Fellow, working in a resource-constrained environment for the first time, said: “As I learned more about their lives and their difficulties, I was more shocked. It made it harder to work, because these were now my friends. The desperateness of the people you are working with is hard to deal with…. People were asking for help and for money, and I didn’t know how to deal with this. I was least prepared for this issue. I had no one to talk to.” While those without experience in developing countries should not be excluded from Fellowships, a supplement to the existing briefing should be developed for those who have not worked or traveled in the poorest countries.

Those Fellows who were able to visit the US NGO headquarters found this to be helpful.1 Similarly, most people who worked with a Placement NGO found the orientation to be helpful but sometimes limited in detail. The value of the orientation by the local Partner NGO varied a great deal. There is a predictable correlation between size and experience with managing volunteers and the helpfulness of the initial orientation. The major concerns associated with poor orientation at the local level were problems of accommodation, transportation and logistics.

Supervisors’ preparation. Overall, Supervisors felt relatively uninformed about the Fellowship even after they approved an application for the GHF. At the same time, many Supervisors suggested that extensive preparation for Supervisors was not necessary, perhaps highlighting a tension between Supervisors’ information needs and time constraints. Although Fellows expressed frustration at being the sole conduit of GHF Program information to Supervisors, the Supervisors themselves may save time by relying on the Fellow.

3. Assignments
About three-quarters of Fellows were very satisfied with their assignment or “match” with an NGO. An additional 23% of Fellows were “somewhat” satisfied. The two Fellows who reported being dissatisfied with their match were in Round 1, and the process for matching seems to have improved over time.

Looking specifically at the type of assignments that Fellows’ undertook, Figure 4.4 summarizes information on Fellowship assignment responsibilities by major category.

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1 In this sense, non US-based Pfizer employees might be at a disadvantage because they do not have this opportunity.
Only 21% of Fellowships fit into one category of assistance, while 40% of Fellowships were identified with three or more categories. This diversity indicates that Pfizer Fellows are adapting their work to the actual needs they find in the field, rather than using a “cookie cutter” approach. While the diversity of activities undertaken during GHF assignments makes it difficult to compare Fellowships or summarize them in a simple set of measures, it is nevertheless a core strength of the Program. It also shows why the characteristic of flexibility is important in the selection of Fellows.

4. Accomplishment

Fellows’ perceptions of goal accomplishment. We asked Fellows to report on how well they thought they had achieved their persona/professional goals, and NGO goals (Table 4.2).

<table>
<thead>
<tr>
<th>Proportion of goals achieved:</th>
<th>Personal &amp; Professional</th>
<th>NGO</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>All</td>
<td>35</td>
<td>59%</td>
</tr>
<tr>
<td>Most</td>
<td>17</td>
<td>29%</td>
</tr>
<tr>
<td>Some</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Few</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
Most Fellows believed they had achieved all or most of their personal and professional goals for the Fellowship. For example, 59% of Fellows reported achieving all goals, while 29% reporting meeting some goals. Only 12% reported achieving “some” or “few” goals.

Fellows reported less success achieving NGO goals for the Fellowship, although close to half of Fellows still felt they had achieved “all” goals, and 33% reported achieving “most” goals. Even without achieving all NGO goals, however, Fellows believed that they had made substantial contributions to the core mission of partner organizations. For example, 82% said that their Fellowship had made a positive contribution to the NGO’s core mission, while 5% said the contribution was “mixed.” Only 5% of Fellows thought their Fellowship had had no effect, and no Fellows reported negative effects alone.

Another way to examine the accomplishments of Fellows is to look in detail at how Fellows described the most important effects their Fellowships had on NGO partners. In analyzing these qualitative data we saw two types of reported effects:

- changes in **morale and strategic thinking** (i.e. improving NGO morale or changing how NGOs’ viewed their target populations, project priorities or systems needs);
- changes in the **technical capacity** of the NGO (i.e. enabling new activity or improving existing activities).

Of course these two effects are closely linked; for example, many Fellows mentioned that a systems way of thinking or business approach was the most important effect, which would presumably lead to increased productivity, efficiency or innovation. Other effects of this type include demonstrating how to implement Standard Operating Procedures, or evaluate system or program needs using data collection and analysis. In addition to this “business way of thinking,” there were many responses having to do with raising NGO staff morale or pride in their work. General knowledge transfer or technical training was mentioned by roughly one-third of the Fellows, some of whom explicitly linked it to empowerment and capacity building of NGO staff.

A smaller number mentioned specific tangible products such as materials development as the most important effect for the NGO. Fifteen percent listed tangible product as strongest positive factor from their Fellowship experience, with 21% listing sustainable accomplishment/skill transfer (see Table 4.3).

### Table 4.3 Determining Factors of Fellowship (excluding pre-departure preparation)

<table>
<thead>
<tr>
<th></th>
<th>Percent reporting factor as:</th>
<th>Total reporting per factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>positive</td>
<td>negative</td>
</tr>
<tr>
<td>Personal relationships with NGO partners</td>
<td>90%</td>
<td>3%</td>
</tr>
<tr>
<td>Tangible product</td>
<td>83%</td>
<td>3%</td>
</tr>
<tr>
<td>Sustainable accomplishment/skill transfer</td>
<td>78%</td>
<td>8%</td>
</tr>
<tr>
<td>Listening to NGO expressed needs</td>
<td>75%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Note the strongest positive and negative do not sum to 100% because many individuals had ‘other’ factors which were listed as their strongest positive or negative.
Perhaps a more unexpected result was the 90% positive rating of personal relationships with NGO partners. This also received the highest percent of responses as the “strongest positive factor” in the Fellowship. One returned Fellow reflected that the “high level of friendship with [my counterparts] was absolutely critical to the success of the mission… the personal relationships were the main determinant of success.”

There is some indication that what seems most important can change with distance and perspective. One returned Fellow noted a shift in attention from knowledge transfer to more general confidence-raising. As the interviewer commented on the survey form: “At the time, she thought the substantial training/improved knowledge of the trainees was the most important effect. Now she thinks maybe the way she encouraged a few to adopt a new positive attitude to what they could accomplish [was a more important effect].”

5. Re-entry
Returned Fellows and current Fellows were asked to evaluate their experience with (or expectations about) re-integrating into the workplace and using GHF skills in their Pfizer jobs. The majority of Fellows had not experienced and did not anticipate great difficulties in re-integration; for example, more than half (61%) rated re-integration as “easy” or only “slightly difficult.” A minority of Fellows (14%) reported great difficulties in re-integration. Looking at how Fellows have been able to apply their new skills and knowledge from the Fellowship experience into the Pfizer workplace, again the majority reported that integrating GHF skills was or would be “easy” (54%). This finding is encouraging, given the different environments in which the Fellowships take place. However, the application of skills and knowledge seems to have more to do with individual perspective and management skills than a direct application to the substance of their Pfizer job.

Some re-entry difficulties were expressed. Several Fellows experienced culture shock returning home. The comments relating to re-adjustment to Pfizer office culture reflected frustration with themselves, Supervisors and colleagues, and GHF Program. An example of the first type is found in one Fellow’s comment that she had a “hard time getting focused, finding meaning in my work.” Similarly, a recently returned Fellow reported that she wasn’t ready to leave the Fellowship, and that her job at Pfizer is less interesting. Another noted that she had been her own boss in the Fellowship and that it was “hard to come back as a subordinate in highly structured Pfizer governance.” Other Fellows expressed frustration that co-workers seemed uninterested or were simply unable to understand the transformative effects of the Fellowship experience, regarding it as an exotic vacation. It should be noted that there are inevitable confounding effects of the current ATS restructuring on Fellows returning in the most recent rounds, since their re-entry period may include adjustments to new responsibilities and work groups.

Performance reviews (PRs) were mentioned by several Supervisors, usually in connection with the Fellow’s Partner NGO. Supervisors reported difficulty accessing the Fellow during their fieldwork, or obtaining information to complete the employee’s Pfizer PR. An informant from a Partner NGO provided another perspective on performance reviews. If Fellows are worried about NGO input to their Pfizer performance review, it can make them reticent to talk honestly about problems with adjustment or issues that come up in their work.
Pfizer Supervisors had additional suggestions for improving the re-integration process. One suggestion was that Fellows should create summary reports of their experience and present them to their workgroups. Other ideas were to create clearer goals prior to the Fellowship so that the Fellowship could be more easily assessed following its completion, and to create Fellow forums or provide Fellows with an opportunity to report their experiences to the larger community. Supervisors overwhelmingly expressed support for the GHF, and believed that Pfizer should increase promotional activities for the Program in the company and to the larger community.

6. Impact on Fellows
For the most part, Fellows reported that the GHF Fellowship experience had a positive effect on their professional development (77%). This contrasts with interviews conducted at the time of the first Evaluation, when many Fellows were concerned that their absence on Fellowship would negatively affect their Pfizer career. Some Fellows (11%) felt the effect on their professional development was “mixed” (both positive and negative), while 9% said the Fellowship had no effect. Only one Fellow reported a negative effect on professional development.

Nearly all Supervisors rated the effect of the Fellowship on the Fellow as either very positive (50%) or positive (48%). Table 4.4 shows the specific effects.

Table 4.4 Effects of Fellowship on Fellow, as reported by Supervisor

<table>
<thead>
<tr>
<th>Effect</th>
<th>Number reporting positive effect</th>
<th>%</th>
<th>Number reporting negative effect</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pride in or loyalty to company</td>
<td>39</td>
<td>87%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Awareness of developing country conditions</td>
<td>37</td>
<td>82%</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>New or better professional &amp; personal skills</td>
<td>36</td>
<td>78%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Energy for work at Pfizer</td>
<td>28</td>
<td>62%</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Visibility in terms of annual job appraisal/career in Pfizer</td>
<td>22</td>
<td>54%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>New technical or scientific learning</td>
<td>15</td>
<td>38%</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Perception of job stability within Pfizer</td>
<td>6</td>
<td>16%</td>
<td>3</td>
<td>8%</td>
</tr>
</tbody>
</table>

It is interesting that pride in the company is seen as the most positive effect, but a closely related attribute—energy for work—is the most frequently cited negative effect. This may be due to Fellows returning to jobs which were far removed from the activities they undertook during the Fellowship. In addition, many Fellows mentioned that they felt “let down” when they came back and had inadequate opportunities to debrief and share with their work colleagues.

Over three-quarters of Supervisors stated that the Fellow’s responsibilities had not changed as a result of the Fellowship. Several Supervisors noted that ATS restructuring, not the GHF experience, had changed responsibilities. One Supervisor noted that a Fellow was “presented with new opportunities but she’s not interested in expanding the [responsibilities of] her current job. She wants to pursue other or larger scope projects.” Two Supervisor comments show positive influence of the Fellowship; one predicted that the Fellow will be considered for a new position in the near future, while the other spoke of job responsibilities evolving as the Fellow’s interests have shifted.
Changes in responsibilities experienced by current Fellows were difficult to assess as they were still in the field. Several noted the personal development experienced by the Fellow, and others noted new skills including increased communication ability and the ability to work on drug development for LDCs. Two noted that Fellows gain a competitive edge from participation in the GHF Program. One Supervisor noted the sense of independence gained by the Fellow as a positive effect but that the accompanying tendency to “run the show” could be a negative effect.

7. Impact on Work Unit and Pfizer

Impact on work group. The impact on the Fellow’s work group and Pfizer colleagues was, on balance, positive. Thirty-one Supervisors (64%) evaluated the effect of the Global Health Fellows Program on their workgroup as “positive” or “very positive”. Fourteen Supervisors (29%) felt the Program had had no effect on their work team, and three Supervisors (6%) rated the effect on the work team as negative.

Comparing the effect on work group “during” and “after” the Fellowship period, 31% of Fellows rated the effect on workgroup during the Fellow’s absence as positive, while 68% rated the post-Fellowship effect as positive (shown in Table 4.5).

Based on assessments of Supervisors, the GHF Program has both costs and benefits for the work units from which Fellows are drawn. Negative effects of Fellow absence on the workgroup included difficulties covering the additional costs of the Fellowship due to a lack of sufficient advanced budgeting for the workgroup. Some Supervisors described the absence as a “heavy burden” for the workgroup and the company. On the other hand, Supervisors frequently noted the rewards gained by a member of the workgroup substituting for a Fellow. As expressed by one Supervisor, “another employee stepped up to fill [Fellow]’s position while [Fellow] was away. This helped that employee’s development.”

Table 4.5 Fellows’ assessment of effect of Fellowship on Pfizer workgroup

<table>
<thead>
<tr>
<th>Rating</th>
<th>Effect during absence</th>
<th>Effect at present*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>18 31%</td>
<td>32 68%</td>
</tr>
<tr>
<td>Mixed</td>
<td>14 24%</td>
<td>2 4%</td>
</tr>
<tr>
<td>No effect</td>
<td>15 25%</td>
<td>12 26%</td>
</tr>
<tr>
<td>Negative</td>
<td>6 10%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6 10%</td>
<td>1 2%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>59 (excludes NA)</td>
<td>47 (did not ask question to current Fellows)</td>
</tr>
</tbody>
</table>

The Program has clear benefits in terms of team-building and increasing employee pride in Pfizer. For example, 36% of Supervisors stated that work team development was somewhat or much higher as a result of the Fellowship, while 69% said that pride in Pfizer was higher. Work team morale generally increased, with nearly 40% of Supervisors indicating that morale was somewhat or much higher due to the GHF. A Supervisor who ranked the effect as “much higher” commented that the Fellowship “puts a lot of strain on individuals—the team pulled together for the Fellowship to cover duties, and it was rough on morale. But we survived so it was very positive. I used a special recognition reward to recognize [the team’s contributions]. It helps share some of the glory.”

About one in 10 Supervisors thought morale was lower. One Supervisor who had noted lower team morale tied it to lack of appreciation shown to team members. “When the Fellow comes
back, there are a lot of accolades to the Fellow, but nothing to the people left behind. There is less appreciation of the Program if the Fellow does not acknowledge the help of the team. A lot of good will has been lost.”

It should be noted that several Supervisors made a distinction between the GHF Program’s effect on work unit morale, and the pride that work unit members felt in Pfizer. The same Supervisor who gave the lowest rating for morale gave the highest for pride, explaining “it’s very important that team members can tell their customers of their GHF colleague—it improves the Pfizer image.”

Impact on Pfizer. Over 90% of Supervisors said that the Program has had a positive or very positive effect on Pfizer. In the earlier evaluation, Supervisors were not nearly so positive about the effect of Fellowships on Pfizer. In addition to the generally positive ratings of impact on the Fellow and the work group, a few Supervisors mentioned that the Program provided Pfizer with a non-corporate or altruistic image. As noted by one Supervisor, the “pharmaceutical industry is under the spotlight all the time. Pfizer in last 2-3 years has worked to increase community programs [and] altruism. They’ve tried to make themselves different…” Still, the positive response to the GHF Program was not universal; one Supervisor advocated ending the GHF because Pfizer “could do something else to help the retention of workers that is less disruptive and that could add to business objectives.”

From the Fellow’s perspective, more than a third of respondents (38%) said that they had been able (or expected) to influence corporate decisions and policies as a result of the Fellowship. Yet, qualitative data puts this response in question. Of those Fellows who reported that their GHF experience has or will allow them to influence corporate or work unit policies, only two listed concrete examples, and two others have made suggestions that may yield policy changes. An additional six Fellows report changed or anticipated personal work habits or attitudes, and one Fellow mentioned changes in work unit confidence, but these are not linked explicitly to policy or procedure. Of those who explained why they hadn’t or didn’t expect to influence policy, four Fellows said it was outside the range of their positions, and six felt that there is no opportunity to do so, either because of Pfizer resistance or because of current restructuring.

Involving work team members in the GHF experience: “Support tapping”. The survey asked Supervisors whether they would be supportive of a Fellow’s tapping the experience of other work unit team members. We asked this question to see whether Fellowship impact could be expanded by involving more Pfizer employees in an advisory or technical support role. Nearly all Supervisors (96%) were in favor. As one said, “if Pfizer is going to invest in the Program, anything necessary to make it successful is appropriate.” As a caveat, approximately ten Supervisors of returned Fellows emphasized the need to limit the amount or type of support tapping based on the limited time of the workgroup, or because workgroup skills did not match the type of support needed.
B. Results from Partner Organizations

1. Overview
In this section, we present findings based on our interviews with Placement and Partner Organizations in five countries. In addition to presenting benefits perceived by local staff, we review evidence of whether Fellowship made a difference in the ability of the Partner to provide services. We applied a typology to the interview data which has limitations, but addresses this question. In subsequent subsections, we synthesize lessons learned about the characteristics of successful Fellowships and comment on the Global Health Fellowship as a tool for development.

2. Benefits to the Partner Organization
a. Operations
Most Partner NGOs readily cited operational improvements that came from the work of the Fellows, either working with a team or as an individual contributor. Examples include

- Creation of preventive maintenance schedules for a new clinical facility, including budgets for replacement parts. Failure to budget for spares is a classic reason that much equipment in developing country facilities is inoperative;
- Training and development in clinical research methods and grant writing that enabled the host organization to submit research grants, a new source of funding;
- Development of a financial system to track cost and budget at multiple new facilities and meet donor reporting requirements;
- Revision of pharmacy operating procedures that reduced paperwork, lowered the cost of service and better aligned prices with cost and patient ability to pay. A sequence of two fellows recommended changes such as a new system for pricing to increase revenue while maintaining affordability, and changes to reduce waiting time/increase throughput.

A counterpart at one Partner Organization described the effect on Department management of new procedures: “I used to spend up to four hours a day signing documents. I brought them with me to meetings. When I signed one pile, it was replaced by another. Now it is reduced to nearly nothing. [The Fellow] has freed me to develop the Department.”

A wide variety of work products were produced by the Fellows, including research designs, patient education brochures, standard operating procedures and policy manuals. In some cases (such as treatment protocols), these depended on the Fellow’s professional expertise. At one Partner, codification of procedures enabled the Organization to apply for formal accreditation for its services. Some Partner Organizations were able for the first time to address issues, such as development of a Public Relations strategy, because the Fellow provided the first available expertise in this area.

In other cases, the product was not dependent on a unique skill. The Fellow had the time and writing ability to prepare documents within the professional competence of existing staff, but which NGO personnel did not have the time to prepare. Fellows also taught counterparts how to
write better reports. Partner Organization personnel expressed gratitude for these contributions, and only a small minority interviewed felt that the project would have little impact.

In a few cases, the Fellow’s provided energetic volunteer assistance, relatively unrelated to his/her expertise, in carrying out the mission of the Partner Organization. The Fellow’s determination and hard work enabled the Organization to improve while the Fellow was present. One volunteer organized local artists to decorate drab pediatric wards with bright murals. Another organized a major community clean up operation, even raising funds for equipment. The community was still cleaner than usual six months after the Fellow’s departure. However, with no tools regularly available, it may be difficult to sustain the improvement.

b. Skills Transfer
The most easily understood aspect of the Fellowship Program is skills transfer. All sorts of clinical, professional and technical experience are in short supply in developing countries. Pfizer Fellows have brought skills to Partner Organizations which include medicine and nursing, pharmacology, laboratory science, computer technology, facility and equipment maintenance, financial systems, epidemiology and biostatistics, management and design of clinical research trials, marketing and public relations, and project evaluation.

These skills have been transmitted in a variety of ways. Some Fellows have been assigned to academic institutions, where they helped local faculty with curriculum development and actually teach seminars on topics not previously covered. Others provided on the job training, either directly, or as part of an assignment to develop a particular product or operational improvement. Some Fellows have been asked specifically to teach particular computer applications, while others have taught new computer skills incidentally, showing counterparts how to use computer applications such as PowerPoint.

An important part of Pfizer’s own work is the conduct of clinical trials on new drugs. This expertise has been communicated in a number of assignments. Fellows have helped to write grant proposals, design trials, and train staff in trial procedures. If sustained, this training should enable research institutions in the developing world to increase their access to funding. One Partner Organization attributed a newfound ability to compete for grants to the work of a Fellow. However, even where this training creates the infrastructure for trials, there is still a need for Principal Investigators to formulate research hypotheses.

c. New Approaches and Attitudes
Partner Organization personnel offered many examples of ways in which Fellows changed attitudes and stimulated new approaches to problem solving. A few examples:

- Fellows helped the Partner organization to network with other organizations and obtain resources to provide additional services. For an impoverished rural population, the Health Department agreed at the Fellow’s urging to provide opportunities for in-village HIV counseling and testing, rather than forcing villagers to individually incur transport costs to reach the urban VCT center.
Fellows brought a business perspective to NGO operations. For example, Fellows suggested ways to measure productivity and assess staff performance. Said one respondent “[The Fellow] analyzed work efficiency. We didn’t know how to manage our own productivity before. We did not know how to justify new staff. Definitely, the changes will be lasting.” Fellows encouraged counterparts to work in teams, and to plan and monitor their own work.

Fellows stimulated initiative in their counterparts. One respondent said “[The Fellow] taught us to be responsible. We used to wait for higher authority to tell us what to do. [The Fellow] told us that the whole responsibility should be ours. Now, we don’t postpone things so much….When we start something, we finish it.”

Punctuality and work organization improved as a result of the Fellow’s example. One Partner Organization employee said “I learned time management. We would have a plan that said when we were to do things, and then we did them according to the plan. That wasn’t the way we worked before.”

Many of our respondents in Partner Organizations felt that these attitudinal changes would have a lasting effect. Pfizer Fellows, with their experience in a business environment, bring attitudes and organizational experience unavailable from young volunteers or individual medical practitioners. In this way, the Pfizer Fellows contribute something not generally available from other Western volunteers working in similar settings. These findings validate Fellows’ own reports of the most important effects they had on their Partners.

3. Expanding Services
Retrospectively, we attempted to categorize the impact of each Fellowship on service expansion based on the responses given by Partner staff, as well as the Fellow his/herself. Because we interviewed Partners for only 60% of the Fellowships, the remaining Fellowships were classified based only on reports from the Fellow and Supervisor. In the future, explicit evaluation of the Fellowship in terms of its impact on service delivery is desirable.

A change in operations based on the Fellow’s work, and which facilitated the sustained expansion of services was classified as Type 3. Transfer of skills through teaching and the development of documents such as clinical protocols is also important, but only indirectly effective in meeting the goal of expanding the availability of health services. Such Fellowships were classified as Type Two. A solid volunteer effort not based on the special expertise of the Pfizer employee, and not transferring scarce skills to the Partner, was classified as Type One.

Our analysis suggests that the Fellowships to date can be categorized as follows.

<table>
<thead>
<tr>
<th>Fellowship Type</th>
<th>Percent of Fellowships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>13%</td>
</tr>
<tr>
<td>Type 2</td>
<td>48%</td>
</tr>
<tr>
<td>Type 3</td>
<td>31%</td>
</tr>
<tr>
<td>Unknown/insufficient info</td>
<td>8%</td>
</tr>
</tbody>
</table>
Almost one-third of the assignments had a sustainable impact in increasing the level of service or efficiency of the host organization, and Types Two and Three together account for more than three-quarters of the assignments.

While there is no common metric, some respondents were able to quantify increases in output. At one Partner Organization, the GHF created financial management software for a staff member who handles revenue accounting. This innovation saved the staff member 6 working hours per week at the same time that revenues tripled. In a laboratory assignment, the volume of CD4 tests performed by the Partner Organization rose from 100 to 300 a day while the quality and reliability of the tests rose markedly, encouraging medical practitioners in the institution to seek more tests.

Does the way in which a GHF is placed make a difference in this categorization of Fellowships? We compared Fellowships arranged by Placement Organizations and direct placements. The proportion of Type 3 Fellowships was similar; 11 of 31 for Placement Organizations and 10 of 29 for direct placements. However, the proportion of Type One Fellowships was larger with Placement Organizations (5 of 31) than with direct placements (1 of 29). In part, this occurs because smaller community based organizations are less able to use the advanced skills of the Pfizer Fellow, and these small organizations are only linked with Pfizer through a Placement Organization. In addition, it is harder for a Placement Organization representative who is defining the Fellowship opportunity to fully understand both the needs and constraints. But if we go back to the level of satisfaction in meeting the Fellow’s personal and professional goals, the two methods of placement have almost exactly the same proportion of Fellows responding that “most” or “all” professional goals were met, while assignment through a Placement Organization produced a slight decrease in the proportion of Fellows who satisfied “some” professional goals.

4. Defining the Assignment
As mentioned earlier, some Fellows said that it was difficult to get potential counterparts to define the assignment. The best definitions included clear specification of the necessary skills, identification of the management need or priority to be addressed, identification of a counterpart at the right level in the organization, recognition that prerequisites are in place, and indication of scheduling constraints.

A poorly defined assignment does not necessarily result in a failed Fellowship. However, the Fellow must display initiative in identifying an organizational need that s/he can fill, then developing the working relationships to successfully implement the redefined assignment. An effective Fellow must have the ability to shift gears and modify the assignment to something that can be achieved within the Fellowship period.

5. What Makes Assignments Successful?
One of the determinants of a successful assignment appears to be the size and type of the host organization. We found that most Type Three and many productive Type Two assignments occurred in well-managed organizations with extensive service delivery or technical operations. These organizations look more like Pfizer than a grass-roots community-based NGO. These organizations have professionals who can learn from a Pfizer employee, and they use operating
systems that require more advanced management skills. These organizations usually have some familiarity with outside technical consultants, and are thus better able to “scope” a Fellowship, which is really a form of consultancy. Such organizations usually have managers who can set priorities and make changes, as well as budget flexibility to pay for software or other prerequisites to a recommended improvement.

At the same time, we did see satisfying Fellowships which brought value to community-based NGOs. Type One Fellowships can be rewarding for the Fellow, who may bring back a fuller understanding of under-development than a Fellow working in a more sophisticated scientific or clinical organization. Moreover, if a small Partner is at a critical stage in its development where management and organizational structure must change, then the Fellowship can have a powerful effect in the evolution into a larger service organization.

As shown earlier, the Fellowships span a number of substantive areas. Fellowships that involved clinical work or training generally fell into Type Two. Skills were transferred, but the service delivery capacity of the host organization was only marginally improved. In a couple of very successful Fellowships, Pfizer Fellows with clinical skills helped create clinical research capacity that enabled the organization to seek research grants that had previously been unavailable.

Information technology would appear to offer great potential for such high impact Fellowships. Nevertheless, such Fellowship assignments are fraught with problems and should be considered with caution. Information systems projects often require comprehensive redesign, evoke political conflict due to vested interests, and take longer than the time allowed for a single Fellowship. For these reasons, we suggest that Pfizer be very careful in assigning Fellows to generally defined “systems upgrade” assignments.

6. Source of Problems
Leaving aside the few Fellowships that fail because of culture shock, inadequate work effort by the Fellow, or personality clashes, we see a pattern in those Fellowships that had problems. One or more of the following factors contributed to the lack of success:

- The Fellow did not have the skill set expected by the host organization
- The Terms of Reference for the Fellowship were vague or inaccurate.
- Critical prerequisites—computer software or hardware, a key counterpart—were not available when the Fellow arrived
- Access to critical counterparts in the organization was too limited. The chosen counterpart may have been too high or too low in the organization
- Counterparts were not able to prioritize the Fellow’s assignment.
- The Partner Organization did not have the management or financial flexibility to implement the Fellow’s recommendations.

Possible ways to mitigate problems and their negative effects are described in the Discussion and Recommendations section.
7. Impact on Pfizer Image and Reputation
Almost universally, the Partner Organizations that received Fellows praised the GHF Program and were grateful for the assistance received, even with a Type One Fellowship. In general, the senior managers of the NGO that received the Fellow also recognized the corporate contribution by Pfizer. However, when the Fellows were placed through a Placement Organization that puts many other volunteers in similar settings, senior managers of the local Partner Organization were not always able to differentiate between Pfizer Fellows and other volunteers. After the passage of time, some Partner Organization Supervisors who hosted many volunteers could not remember if the Fellow had come from Pfizer.

When we asked opinion leaders or well informed individuals outside the Placement or Partner Organization, the awareness of the Pfizer Fellows was low. Some did view the Pfizer Fellowships, when described, as too small or ascribing too high a value to what the Fellows could accomplish. These respondents viewed contributions of drugs as more important. The sample we interviewed was limited and only in the five countries we visited. Since few Health Ministries have yet worked directly with Pfizer Fellows, it is not surprising that senior national health officials are more aware of programs like the Diflucan Partnership and Trachoma Initiative, since these have a more immediate country-wide effect on service delivery.

8. Development Impact
Individual Fellowships are too short to measure any overall impact on development on a national, or even local, level using indicators such as life expectancy, infant mortality or household income. Even with a concentration of Fellows at one site or project, it would be difficult to untangle the other factors which affect these outcomes. Our data suggest that Fellowships can, however, affect the volume of health and health services provided by, and the financial sustainability of, local NGOs. However, it is not realistic to expect Fellowships to have visible impact on broader measures of development.

How does the cost and impact of a Global Health Fellowship compare to other investments in development? Pfizer has estimated the cost of a six month Fellowship at $115,000: the cost of the average four month Fellowship would buy antiretroviral drugs for 350 people for a year. But the capacity to administer such programs is a bottleneck impeding delivery. At this cost, fellowships which increase the sustainable capacity to reach patients would be considered cost-effective investment by US or European/Australian donor organizations.

It is harder to assess the development effects of Type Two Fellowships. We slotted approximately half the Fellowships into this category, where Fellows transmit knowledge and skills that are in limited local supply. Many Fellows provided training that was appropriate to conditions on the ground. Perhaps most satisfying, several observers in Partner Organizations noted, as some Fellows did, that counterparts changed their work habits or and organized tasks better as a result of working with the Fellow. In the long run, these changes in attitudes may also lead to service expansion.
V. Discussion and Recommendations

A. The Fellows and Their Careers

Almost universally, returned Fellows expressed satisfaction with the Global Health Fellows Program and the opportunities that it provides for personal and professional growth, and to make a contribution to the improvement of health care in the developing world. The Program clearly improves Pfizer employees’ opinion of the company; however, knowledge of the GHF Program is stronger in New York and Groton than in worldwide marketing and production operations. Initiatives to create decentralized Fellowship Programs at local Pfizer units should be encouraged.

One executive who oversees foreign operations in a developing country region notes that his divisional employees may be less interested in the Program because they are already familiar with developing countries and their social and health problems. These dispersed business units are generally small, and may be less able to give up a key professional for a three or four month assignment. Pfizer may want to consider more active outreach and publicity for the Program in these divisions. As a Pfizer executive pointed out, strategic use of Fellowships to strengthen local health organizations could become part of divisional planning, and would tend to embed the Program more securely in Pfizer’s global operation.

Pfizer Supervisors and executives see multiple benefits for the employee from the Fellowship experience. Fellows not only learn first hand about poverty and health in developing countries, they must also develop the ability to operate in conditions of uncertainty, and manage to “work around” problems from poor logistics to inadequately defined assignments. This potentially makes the Fellow a more flexible and effective manager in the future, though we could not document this effect at present. It is perhaps too early to see the effect of a Fellowship on career paths within Pfizer. We could find no examples where the Fellowship experience directly influenced a Pfizer corporate decision. At least one Fellow has been able to follow their interest in developing countries by shifting to a project testing products for a tropical disease. Some said that sharing Fellowship experiences with clients improved client relations (and presumably the client’s opinion of Pfizer). However, most Fellows return to the same or similar responsibilities, and report that the company has not made direct use of their insight in its own operations. Pfizer will apparently need new mechanisms if it is harvest these fruits of its investment in the GHF program.

Improving the communication of Fellows’ innovative ideas deserves greater attention by the managers of the GHF Program. Corporate Affairs could encourage returned Fellows to suggest product/marketing innovations arising from their experience and feed this information to the responsible business unit. Corporate Affairs may want to schedule briefings with Pfizer staff working in the region where Fellows are posted.

B. Impact on the Work Group and Pfizer Operations

Adverse effects on the Pfizer work groups of Global Health Fellows were limited and Pfizer Supervisors generally supported the Program. Some even saw positive benefits because the absence of the Fellow permitted other work group members to expand their responsibilities and
gave the Supervisor a chance to assess that worker’s performance in this new role. Enough Supervisors expressed a desire for improved communications that Pfizer may want to consider such mechanisms as direct email to Supervisors and coworkers as a supplement to communication of Fellow experiences through web-based journals. The Program should encourage more explicit recognition of group efforts in addition to recognizing Fellows’ individual accomplishments.

The various desires expressed for improved communication with Fellows and work units, before, during and after the Fellowship, suggest that Pfizer may need to consider expanded staffing for the Global Fellowship Program. This would certainly be necessary with any expansion in the number of Fellows. Concentrating the number of Partner Organizations would allow existing and former Fellows to play a larger role in specifying assignments, recruiting Fellowship applicants, and briefing selected Fellows.

Although far from fatal for the Program, the most negative feedback we received from Fellows was about their return to Pfizer. Only 32% said it was easy, while 39% found it somewhat or very difficult. For a few, this arose from organizational and staffing changes that occurred during their absence. For others, it was culture shock, coming back to the pace and routine of Pfizer activities. Perhaps the biggest complaint was that the company itself did not take advantage of the experience the Fellow had acquired. In some work units, colleagues did not seem interested in the Fellow’s personal experience, accomplishments, or enhanced understanding of underdevelopment. A “continuing Fellowship” program such as that suggested below might energize returned Fellows.

C. Impact on Partner Organizations

Few Fellowships were rated a failure by either the Fellow or the participating organization. With three quarters of the Fellowships classed as Type Two or Three, it is clear that most involved successful skills transfer and a significant minority resulted in operational improvements and service expansion.

To further enhance the impact on partner organizations, Fellowship tasks need to be better defined. Terms of reference submitted by little known Partner Organizations should be vetted by a knowledgeable outsider. Sending a succession of Fellows to well-managed, relatively complex organizations that have made effective use of previous Fellowships is another way to increase impact.

In recommending that Pfizer select a short list of well known or more likely partners, we are not saying that Pfizer should eliminate Fellowships with small community-based organizations (CBOs). To deny Fellows to these organizations will restrict the number of available Fellowships, and give more to those Partner Organizations that already have greater skills and more stable funding. To increase the chances of successful Fellowships with smaller CBOs, however, Pfizer will need more outreach to explain Program goals and the elements of an effective Fellowship. GHF Program staff will need to give focused attention to work scope definition, and selection and supervision of Fellows, to achieve sustainable development outcomes working through small CBOs.
The probability of a successful assignment at any Partner could be increased by:
  • obtaining an independent assessment of the value and feasibility of a proposed assignment;
  • training local placement coordinators so they can better assess proposed assignments;
  • developing a check list to be used in evaluating proposed assignments;
  • delaying placement of a Fellow until confirmation is received that prerequisites are in place;
  • increasing pre-assignment communication with counterpart and former Fellows; and
  • training Fellows on practical skills needed for successful consulting in developing country environments.

D. Impact on Pfizer’s Image

In the developing countries we visited, the team did not find that the Global Health Fellow Program was well recognized beyond the Placement and Partner Organizations. Pfizer’s other global programs, such as the International Trachoma Initiative and the Diflucan Partnership, had greater recognition than the GHF Program. Pfizer executives who strongly support the GHF Program perceive that these other global initiatives reach a wider audience, perhaps in part because they are more mature. Corporate philanthropy from Pfizer’s local operating divisions may also have greater local visibility.

Pfizer executives perceive that European public and political leaders are more concerned than their US counterparts about development and the health of poorer nations. It is here that the GHF Program may have its greatest effect, because NGOs that benefit from the work of Global Health Fellows are appreciative, and give Pfizer credit for this important contribution.

E. Development Impact

In all our field interviews, we found no common measure of impact. Given the number of Fellowships that focus on clinical and technical training, the number of trainees reached by Fellows is the closest thing available to a common metric. The variety of documents produced was too broad to use as a single indicator. Future Fellows should be asked to report the number of training sessions they offered and the number of attendees. This can be translated into annual totals that can be reported along with the value of drug donations and direct cash contributions.

While reporting the number of trainees underestimates the impact of the Program, other measures (such as increases in clients or services delivered) cannot be tied directly to the Fellowship program and may therefore be misleading.

To improve the capacity to analyze future Fellowships, and to create a fuller picture of GHF impact, we suggest that the Fellow, the partner organization, and the responsible GHF staff member each be asked to categorize the Fellowship using the three-way categorization used in this report. Where opinions differ, the GHF staff member would assign the Fellowship category and type. In addition to categorizing the Fellowship, tangible products should be listed: operating procedures, treatment protocols, grant proposals. For Type Two and Type Three Fellowships, the number of trainees and training sessions should be listed. From these reports GHF Program management could extract annual Fellowship summaries including:
F. Improving/Expanding the Program

The GHF Program could be expanded. For Placement Organizations like HVO or AJWS, corporate sponsors must cover the cost of additional program officers to develop the assignments. These organizations might be able to double, or perhaps triple, the number of Type Two (training and expertise transfer, especially clinical- or research-related) Fellowships available for professionals from Pfizer or other multi-national companies. However, Partner Organizations said that they could not effectively use more than three or four Global Fellows in a year. Turnover and expansion indicate a need to generate additional Partners, as well as developing the relationships with organizations that can use multiple Fellows.

With existing contacts, it seems unlikely that the Program could be expanded many times, at least in the short- to medium-term. In most cases, sites are unable to provide the necessary accommodation or logistic support for more Global Fellows. There is clearly a need in poor countries for help in training medical professionals, but the limited number of qualified secondary school graduates and shortage of facilities and core local faculty limits the extent to which classes of new trainees (nurses, physicians, clinical officers, laboratory technicians) can be expanded.

A larger number of Fellowship slots might be developed for volunteers by approaching more community-based organizations; however, the organizational impact from working in CBOs is more variable, as discussed earlier. Some Pfizer executives we interviewed were not troubled if a proportion of Fellowships fail to achieve maximum development impact—it would still be a learning experience for the Fellow, and provide support to the Partner Organization.

Expanding the highly leveraged assignments is difficult, but potentially more beneficial. To have this type of impact, the Fellowship needs to be well defined, the skill match good, and the partner organization must have the flexibility (organizational and financial) and leadership to make the most of the Fellow’s contribution. In addition, there are a few fortuitous assignments where the unique personal and professional skills of the Fellow mesh with management at a critical juncture in the organization’s development. Real change then occurs. Over time, the Program may be able to identify additional partner organizations that generate more Type Three assignments, but such expansion will require extensive staff effort and outreach by Pfizer. We do not recommend placement in clinical care assignments as a route to expand GHF opportunities, due to licensing and liability issues.

There are several steps that could be taken to increase high leverage assignments:

- Months of technical assistance provided by area of expertise
- Number of Fellowship experiences by level of impact (categorization Types 1, 2, 3)
- Number of Trainees and training sessions
- Number and short description of other tangible products
- Qualitative assessment of service expansion leverage

A potential framework for such a report is provided in Annex A.
- Provide a regular flow of Fellows to organizations that make the best use of this resource. These will usually be organizations that are relatively large, technically sophisticated and well managed. Tasks should be well defined, and vetted by Fellows currently on-site. In the organizations we observed, we did not see evidence that multiple Fellowships weakened the sustainability of the host organization. Over time, Fellows in these organizations might also promote collaboration between the host organization and smaller local community-based NGOs. This type of “south-to-south” assistance may help expand development impact in a more sustainable manner than direct GH Fellowship support to the CBOs.

- Reach out directly to additional relatively sophisticated sites. Examples might include International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Kenya Medical Research Institute (KEMRI), and Noguchi Memorial Institute for Medical Research, in Ghana. These organizations can use laboratory, clinical, epidemiological and financial/information technology resources from a company like Pfizer. Global research and disease specific programs (such as IAVI and the International Trachoma Initiative) may be able to place technically qualified volunteers in high leverage assignments in several countries. The GHF Program could also approach coalitions of NGOs, such as the CORE group (www.coregroup.org), to identify potential organizations.

- Use offices of USAID or national donor agencies in Europe/Australia to identify high leverage assignments. However, the mere identification of a need is not sufficient to generate the most effective Fellowships. There must also be a careful assessment of the readiness of the organization for the proposed assignment: Does the organization have adequate leadership and staff? Does it have financial flexibility to implement the enhancement? Is the necessary infrastructure in place? If study design or program evaluation is contemplated, does the organization have the necessary data, or the ability to collect it? The GHF Program must continue strengthening internal processes to better assess organizational readiness and improve the definition of assignments, tapping returned Fellows for assistance.

To what extent should the Global Health Fellows Program be expanded beyond Pfizer? If the Program could be expanded many fold and incorporate Fellows from many multinational corporations, it would need to move out of Pfizer. The most likely route would be creation of an NGO supported by contributions from member corporations. This organization would develop the NGO partnerships, generate and verify the Fellowship assignments, set up a matching process, provide basic training for Fellows, and run the logistics and reporting system. In addition to a “membership contribution,” participating companies would pay a “per-Fellow” amount to cover the individual placement costs.

This model could be scaled up for a multi-fold expansion of Fellowships. However, we do not find that there are a sufficiently large number of readily available high leverage assignments to justify the cost of creating such an organization at this time.

An alternative is to encourage a small number of public spirited corporations to buy into Pfizer’s Global Health Fellow Program. These companies would be selected because they have
significant numbers of staff complementary to the skills of Pfizer employees. The first such partners might be drawn from the ranks of Pfizer’s suppliers. Fellowship opportunities would be developed through the existing GHF network, and opportunities posted at the participating companies. The match of assignment and skill would be done by the Pfizer GHF Program staff. Training sessions and briefing materials would be the same for all Fellows. Each employer would pay the Fellow’s salary and costs while on assignment. Such a model might work for a doubling of the Program.

There are some other ways in which Pfizer might capitalize on the investment already made in setting up the Global Health Fellowships. In addition to opening the Program to a limited number of corporate partners, Pfizer should consider expanding it to selected domestic NGOs, and perhaps even Governments in the US and Europe or Australia. The success of the Fellows assigned to help after the Asian tsunami and Hurricane Katrina suggests that Pfizer employees might be useful in preparing for disasters, not just responding to them.

For example, understaffed health departments in US states, or national health ministries in Europe/Australia, might use technical assistance from Pfizer in work groups planning for an influenza epidemic. Domestic NGOs that already receive cash or product donations could also receive a Pfizer Fellow, perhaps for a shorter period of time, as is being done in India. This would widen the pool of Fellowship applicants, since the employee would not be required to leave home for three or four months. Pfizer would need to study and mitigate potential concerns about company conflict of interest in fielding Fellows, especially within government agencies.

Finally, Pfizer should consider “extending” the most successful Fellowships. Individuals who develop a good working relationship with their counterparts could go back once a year for a short time to follow up on the innovations they helped start. During such visits, the Fellow could also identify new Fellowship opportunities. Small amounts of Pfizer funding might be made available to implement the innovations developed. The “continuing Fellowships” could be selected based on evaluations of the work done on the initial Fellowship, or in competitive submissions by the Fellow and the partner organization. Such longer term relationships would cement the relationship between Pfizer and the NGO while providing further growth opportunities for high performing Fellows. These measures are a logical and feasible extension of the innovative new instrument of Corporate Social Responsibility which Pfizer has established in the Global Health Fellows program.
Annex A: Fellowship Reporting Form example

FELLOWSHIP REPORTING FORM

Fellow ________________________________________
Location ________________________________________
Partner Organization ________________________________________

SUBSTANCE OF ASSIGNMENT (Circle all that apply)
1-Administrative Systems (including Financial, Laboratory and IT)  2-Non-clinical training
3-Clinical Training  4-Program Evaluation  5-Grant writing / Fundraising  6-Research Design

CATEGORIZATION OF FELLOWSHIP

Type 1 ___ Fellow provided volunteer assistance not requiring his/her professional training and not building on expertise acquired through employment at Pfizer. Clients of the partner organization benefited from Fellow’s efforts, but no permanent change in the ability of the partner organization or its staff to deliver services
Type 2 ___ Fellow provided technical expertise or training, based on his/her professional training or Pfizer acquired expertise, which resulted in upgrading the skills of staff in the partner organization. Can include creation of curriculum, clinical guidelines, standard operating procedures, etc. Volume of service unaffected, but quality may be improved.
Type 3 ___ Using his/her professional skills and Pfizer acquired expertise, Fellow worked with counterparts to introduce an operational or managerial improvement that will result in expanding the output of the organization.

___ Primary role (the Fellow was the principal source of this operational improvement
___Secondary role (Fellows work was one of a number of factors in improvement)

TRAINING
For Type 2 and Type 3 Fellowships, indicate:

- Number of different individuals trained:

- Number of training hours (average attendance in each training session times the number of hours of training sessions taught )

- Are individuals trained expected to train others? If so, indicate the average number each will train.

TANGIBLE PRODUCTS
Indicate Tangible Products Provided to Host Organization (with titles)
___ Research Design:
___ Grant or Funding Proposals
___ Clinical Protocols
___ Standard Operating Procedures
___ Fund Raising or Publicity Documents
___ Patient Education Materials
___ Web Site
___ Data Base
___ Other (specify)

MODE OF OPERATION
Did the Fellow work:
___ as part of an existing team at the Partner Org
___ on a newly created team
___ as an individual consultant

OPERATIONAL IMPACT
If the partner organization will operate differently after the Fellow’s departure, describe how the operation will be different, and how the Fellow facilitated this change. Indicate other factors contributing to this operational change. If services were expanded as a result, indicate quantitative level of service (patient visits, lab tests, etc) prior to Fellowship and expected level of service one year after completion of Fellowship.