BOSTON UNIVERSITY

Pfizer Global Health Fellows Program Summary Narrative Evaluation Report Rounds 9 and 10

Final Report
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Introduction

Between June and December 2009, Boston University's Center for Global Health and Development (CGHD) evaluated 37 Fellowships[1] sponsored by Pfizer Corporation through the Global Health Fellows (GHF) Program, Rounds 9 and 10. The evaluation examined performance of Fellows in relation to their scope of work and quantified data on social impact of the Fellowship program as perceived by Fellows and Partner Organizations. Individual narrative reports were submitted for each fellowship, detailing the scope of work, accomplishments, constraints and suggestions for improvement. This Final Report summarizes overall results and reflects trends of the GHF program over time.

History

Boston University has been conducting external evaluations of the GHF program since 2005. The 2005 evaluation looked retrospectively at Rounds 1-4 of the GHF program by contacting all Fellows and Partner organizations to gather information about Fellow preparation, capacity strengthening activities, and to measure social impact. A logical next step after this initial evaluation was to develop and refine interview tools to capture and summarize program impact from the viewpoint of both Fellows and Partner Organizations. In 2006-2007, with funding from the US Agency for International Development and Pfizer Corporation, BU designed and piloted the *Toolkit for Measuring Impact of International Corporate Volunteering (ICV Toolkit)* on a sample of Fellows and Partner supervisors from GHF Rounds 5-6.[2] In 2008, Pfizer asked BU to adapt the *ICV Toolkit* to evaluate Fellow performance against scope of work in addition to social impact. For the evaluation of Rounds 9 and 10, which we report here, we further adapted the *ICV Toolkit* to gather information on talent development. Additionally, BU and the GHF team worked together to design a self-administered performance evaluation tool for both Fellows and Partners. This self-administered tool was designed to track with the scopes of work agreed upon by both parties with the objective of improving productivity and accountability. In Rounds 1-8, the process of documenting expectations of both parties had not been systematized, so measuring performance against expectation was not possible. We piloted these self-administered tools with Round 9 and 10 Fellows and Partners. Round 9 Fellows filled in these tools retrospectively as their Fellowships had already ended. Round 10 Fellows received the tools mid-way through their assignments. The tool has been fully implemented with Rounds 11 and 12 (but this data has not yet been collected and analyzed).

Methods

The evaluation used a mixed-methods approach, employing both qualitative and quantitative methodologies to understand the impact of the Pfizer Global Health Fellows Program. Each Fellow and his/her supervisor from the Partner Organization were asked to complete a self-administered evaluation form and return it to the BU team via email. We then attempted to interview the Fellow and at least one representative, ideally the Fellow's supervisor, of the

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[1] This includes 36 Global Health Fellows and 1 Fellow from the Emerging Markets team.
[2] Vian T., Feeley F., MacLeod W., Richards S.C., McCoy K.. 2007. Measuring the impact of international corporate volunteering: Lessons learned from the Global Health Fellows Program of Pfizer Corporation. Final Report & Toolkit. Boston, MA: Boston University School of Public Health.

Partner Organization. The CGHD evaluation team used a standardized, scripted form to reduce interviewer bias and increase study validity. Additionally, research associates conducted necessary interviews in French and Spanish from translated interview forms, then translated them into English. Interviews were conducted by telephone and took 60 to 90 minutes each.

The CGHD evaluation team synthesized the information for each Fellowship in a short (3-5 page) report, describing the scope of work, accomplishments, perceptions of impact, constraints, and suggestions for improvement from the perspective of both the Fellow and the Partner Organization. The short reports document accomplishments related to each Fellow's specific objective, rate the performance on each objective, and provide a qualitative narrative drawn from the self-evaluations, the interviews, and in some cases the Fellow's journal entries posted online.

Quantitative data were entered into CSPro software and analyzed in SAS. Qualitative data were analyzed using Nvivo software. Aggregate data are reported; Fellows and their Partners are not linked as a unit in this evaluation.

Fellow and Fellowship Characteristics

In Round 9, we interviewed 14 of 16 Fellows and 13 Partners. In Round 10, we interviewed 22 of 23 Fellows and 20 Partners. One of the Fellows in Round 10 was a Fellow from the Pfizer Emerging Markets Team. Note that information about this Fellowship is included in the total number of Fellows and Partners interviewed, and in the geographic breakdown, but is not included in the outcome measures. The Fellows who could not be contacted were also included in the overall totals presented in the following paragraph.

Fellowships in Rounds 9 and 10 took place in 22 different countries, primarily in Africa, and averaged 5.7 months in length. Table 1 shows the countries where Fellows served by round. In Round 9, 20% (n=3) of the Fellows were male; in Round 10, 48% (n=10) of the Fellows were male. Thirty-five percent (35%) and 43% of the Fellows in Rounds 9 and 10 respectively had prior experience living or working in a resource-constrained country. Fellows brought a total of 526 years of related work experience and 301 years with Pfizer to their Partner organizations. Fellows' median professional work experience was 14.0 years (8.0 years with Pfizer) prior to the Fellowship. Fellows were drawn from Pfizer offices in Australia (4), Brazil (1), France (3), Germany (1), Ireland (2), Singapore (1), Spain (1), Turkey (1), the United Kingdom (1), and the United States (22).

Seventy-six percent (76%) of Partner Organizations in Rounds 9 and 10 were large, well-established international NGOs and 13% were large local NGOs. Eleven Partners (85%) in Round 9 and 12 Partners (71%) in Round 10 were international NGOs, while others were, large local NGOs, or government institutions. Eighty-five percent (85%) of Partner Organizations in Round 9 and 88% in Round 10 had been operating over five years, and 23% and 35% respectively had been in operation over 20 years. Forty six percent (46%) of the Partner Organizations in Round 9 reported having had Global Health Fellows in the past, and 81% from Round 10 reported hosting a Global Health Fellow in the past.

Preparation

Most Fellows (83%) across both rounds felt they were very or mostly prepared in terms of logistical readiness for local living and 80% felt they were very or mostly prepared for the

working conditions and expected professional contributions. Partner Organizations also perceived that Fellows were adequately prepared for their assignment; 81% said that Fellows were very or mostly prepared, both professionally and in terms of logistics.

Fellows reported that feedback and responsiveness from Partners prior to arrival was extremely helpful in terms of preparation. Certain logistical preparations including accommodation, technology, and visa issues were a source of anxiety in the preparation phase, but all tended to work out.

Partners said that it was helpful for the scope of work to be in line with the Fellow's Pfizer work such that they had the necessary and adequate skills in advance, necessitating less preparation. For those who did not have the relevant background and skills, Partners and Fellows both recommended developing a knowledge base in the area in which they were expected to perform in advance, in order to be fully prepared.

Several Partners wished they had prepared more in advance of the Fellow's arrival logistically and one Fellow recommended that Pfizer require all participating organizations to offer a basic orientation to the fellow upon arrival, to familiarize the fellows with the area beyond work. Both domestic and international Partners also referenced the "organizational culture shock" of the NGO world compared to the corporate world and the difficulties with adapting private sector skills to working within an NGO.

Both Partners and Fellows felt the cultural preparations were adequate, and reported that the Pfizer orientation in New York was very useful in this regard. A few Fellows reported, however, that Pfizer managers did not allow time for preparation, which hindered the Fellow's ability to be adequately prepared. The Fellows in question did not explain what they meant by this, and we did not probe for more information because support of Pfizer supervisors was not something we directly questioned them about.

Both Partners and Fellows recommended speaking directly with each other in advance, as well as with any previous Fellows, Pfizer representatives, or contacts in the country. One Fellow explained, "If you spend time/investment up front, you do not become a burden to your NGO." Another recommended, "For any fellowship, prepare as much as possible beforehand because you're often expected to hit the ground running." A Partner expressed that it is helpful for a Fellow to be both "socially and professionally prepared" in order to effectively contribute to the organization.

Scopes of Work

Eighty-six percent (86%) of Fellows in Round 9 and 91% in Round 10 said their scope of work (SOW) was mostly or very clear and precise after the expected two-week adjustment period. Seventy-six percent (76%) of Fellows in Round 9 and 90% of Fellows in Round 10 believed their Partner Organization understood their scope of work "mostly" or "very well." One reason for this shift in perception about the clarity of the SOW by both parties between rounds may be

Table 1. Location of Fellowships		
Region/Country	**Round 9** (N = 14)	**Round 10** (N = 22)
Africa		
Botswana	1	-
Kenya	2	3*
Malawi	-	1
Mozambique	1	-
Namibia	2	-
Rwanda	1	2
Senegal	-	1
South Africa	2	2
Swaziland	-	1
Tanzania	2	-
Uganda	2	2
Regional Subtotal	*13*	*12*
Asia		
China	-	1
Regional Subtotal	*-*	*I*
Europe		
Hungary	-	1
Switzerland	-	1
Regional Subtotal	*-*	*2*
Central & South America		
Mexico	-	1
Panama	1	-
Regional Subtotal	*1*	*1*
North America		
United States	-	3*
Regional Subtotal	*-*	*3*
South Asia		
Bangladesh	-	1
India	1	-
Nepal	-	2**
Regional Subtotal	*1*	*3*
Southeast Asia		
Thailand	-	1**
Vietnam	-	1
Regional Subtotal	*-*	*2*
Total	16	23

Indicates a Fellow whose time was split between two countries.
**Indicates a Fellow whose time was split between two countries.

that the SOW development and buy-in process was standardized (as described on page 1).

Fellows and Partners both highlighted the need for flexibility and change in relation to scopes of work after arriving in country. Referencing scopes of work, one Fellow cautions, "We must be aware that there is theory and then practice – it can be very clear on paper, but totally unclear about how to translate that into practice." Fellows and Partners agreed on the importance of making scopes of work focused, manageable, and feasible given the context and timing. Additionally, both Fellows and Partners encouraged future Fellows to be open to taking on additional tasks beyond their scopes of work when possible.

Outcomes

We assessed outcomes of the Fellowship in three different ways, all of which are presented in this section. First, we asked questions about outputs and their relation to specific capacity building categories. Second, we captured social impact data by asking about organizational development (efficiency, quality or expansion of services) changes in staff attitudes, and results. Third, we asked Fellows and Partners to list any additional funds or outcomes they felt were important contributions to the organization. This section presents the quantitative and qualitative results of these three outcome assessments.

Capacity Building Outcomes

Table 2 shows the areas of capacity building Fellows contributed to in Rounds 9 and 10.

Table 2. Fellows and Partners Who Could Identify Results Achieved by Fellowship				
Area of Outcome Identified	**Round 9** n (%)		**Round 10** n (%)	
	Fellows (N = 14)	Partners (N = 13)	Fellows (N = 21)	Partners (N = 17)
Staff Skills Development	14 (100)	13 (100)	19 (90.5)	16(94.1)
Leadership or Strategy Development	14 (100)	7 (53.9)	9 (42.9)	10 (66.7)
Operations Management	14 (100)	11 (84.6)	15 (71.4)	13 (81.3)
Networking or Development of Partnerships	12 (85.7)	8 (61.5)	13 (61.9)	9 (56.3)
Information Systems or Technology	7 (50.0)	10 (76.9)	10 (47.6)	8 (47.1)
Revenue Generation/Financial Stability	5 (35.7)	4 (30.8)	5 (23.8)	3 (18.8)
Marketing or Public Relations	6 (42.9)	5 (38.5)	10 (47.6)	7 (43.8)
Research Capacity Development	5 (35.7)	2 (15.4)	6 (28.6)	5 (33.3)
Other	3 (21.4)	1 (7.7)	5 (23.8)	2 (11.8)

Note: Each row was a Yes/No question. Percentage is # of "yes" responses divided by # of respondents ("N"). N was not the same for all due to missing values.

Partner organization respondents sometimes did not identify the same areas of outcome as the Fellows (e.g. leadership, networking, information systems). This could be because the areas were not precisely defined for respondents, and the respondents may have had a different understanding of what constituted a particular outcome. The following sections list each technical area of capacity strengthening, illustrated with a selection of examples of specific accomplishments, and supporting qualitative information from Rounds 9 (R9) and 10 (R10).

1. Skills development, curriculum, training

- Developed Microsoft Excel models that had cost allocations built in and trained staff to use them. (R9)
- Trained staff in communication skills including how to write articles and create effective presentations. (R9)
- Worked closely with Partner respondent as he transitioned into new leadership role and provided daily discussions within a coaching framework. (R9)
- Trained staff to use new procurement and stock management templates and tools. (R9)
- Worked closely with pharmacist, taking him to every department and working on stock inventory so that he could get a better handle on how to manage drugs in the hospital. (R9)
- Conducted a week-long sales 101 training. (R9)

- Co-facilitated DELTA marketing course with marketing manager to develop strategies for all projects. (R9)
- Worked with nurse coordinator to conduct joint trainings and to identify ways in which the trainings could be improved and made more appropriate for trainees. (R9)
- Assisted with curriculum development and training program for technical and non-technical staff within the lab. (R9)
- Developed new approach to project management, which has been adopted in three different projects. (R10)
- Coached management team and country director on ways to improve leadership skills. (R10)
- Developed sales manager coaching guide to increase accountability and track progress of sales representatives; the Sales Director is now coaching his sales representatives and providing guidance on professional development. (R10)
- Developed and taught lab safety training programs that were integrated into the NGOs curriculum. (R10)
- Created 27 slide kit presentations, ready to use or adapt for the pharmacy department teaching staff. (R10)
- Secured Pfizer enhancement grant to provide Good Clinical Practices training to three research staff; all passed and have a 2 year certificate. (R10)

The majority of Fellows and Partners in both rounds reported developing staff skills as an accomplishment. One Fellow explained that, by the time he departed, the staff were applying the new skills they had acquired in the Good Clinical Practices trainings. He says, "The staff is succeeding without me and has enrolled more patients since my departure. I'm no longer an instructor, rather a coach." Another Fellow said they are now using his training materials in multiple cities. He says, "I know this for sure because they have been emailing me asking for advice and I am still in contact with them and working from the US."

Another Fellow clearly explains her experience in the area of "Skills Development and Curriculum, Training:"

> *I helped certain members of the XXX team to improve their English presentation and writing skills through mentoring on specific deliverables (quarterly reports, health center audits, presentations for international conferences). I helped other team members – those responsible for carrying on the bulk of the work of external communications in the future – through development of templates, checklists, and new work processes, in addition to hands-on mentorship. I could have been more effective at building capacity of the communications team had I done more hands-on mentorship, but the urgencies and workload demanded that we "divide and conquer' many projects, rather than work side-by-side in a mentorship model.*

2. Leadership development and change in strategic direction

- Assisted leadership in developing and implementing a performance evaluation system. (R9)
- Worked with management to finalize three different expansion scenarios for 2009-2011 at the direction of the Board of Directors.

- Wrote a leadership briefing document that will help set priorities for country office and government. (R9)
- Helped to guide organization through the process of transitioning from a project to a program. (R9)
- Served as team member and advisor to Marketing Department as they developed marketing plans for each group. (R9)
- Facilitated a 2 day team retreat; output of retreat was used to develop a manual to define organization's vision and strategy, improve communication and organizational effectiveness, facilitate training of new team members, and develop materials to support external advocacy efforts. (R10)
- Researched and wrote a planning document on creating a Leadership and Accountability forum at the 2010 IAS Conference in Vienna. (R10)

One Fellow explains, *"Working with (Partner Organization) allowed me to apply my experience and capabilities in a new way, to test my collaboration and influence skills in an unfamiliar environment, and to broaden my perspective on my management capabilities. I believe that I was very successful in adapting to this new environment and was able to become not only an effective team member, but a leader within the group, in just a few months."*

3. **New partnerships, networking, new business development**
- Held meetings with 26 key individuals working in social protection (SP) and forged an agreement to create an SP working group. (R9)
- Developed preferred vendor relationships for major categories of goods and improved relationships by reducing conflict between supply and procurement departments. (R9)
- Created partnership with local brewery to distribute socially marketed condoms in rural areas. (R9)
- Set up partnerships, networking/benchmarking with other certified laboratories in the region. (R9)
- Developed partnership with the Ministry of Health to transfer supplies to assist in emergency cholera outbreak. (R10)
- Worked closely with New York based media agency that does publicity for the project, strengthening relationship between staff and this group. (R10)

4. **Operational management efficiency and systems improvements**
- Introduced staff to development and use of standard operating procedures (SOPs) in chemistry lab. (R9)
- Taught project administrative staff to write professional emails, double check work, read and judge resumes of applicants and conduct job interviews. (R9)
- Implemented preferred vendor and annual agreements and payment control leading to greater "agility" in purchasing process, reduced time burden for procurement team by reducing overall administrative burden. (R9)
- Created supply chain flow chart and SOPs. (R9)
- Conducted situation analysis/Six Sigma assessment of program and resources to improve optimum performance and utility. (R9)
- Developed the drug inventory database which has led to fewer stock outs, improved drug ordering, and improved cost management. (R9)

- Conducted data management review to lead operational management efficiency. (R10)
- Led business process and coordinated report to pull out common threads, gaps. (R10)
- Developed new monthly and yearly reports that include customer data that allows sales department to see which customers ordered which products and how often. (R10)
- Developed a streamlined training directory for the organization by synthesizing information from all units into one cohesive package. (R10)
- Introduced organization to Grants Wave Software to help manage grants. (R10)
- Prepared charts outlining triage (decision-making process) on when to treat malaria patients for local community health workers and volunteers. (R10)
- Wrote comparison report of logistics systems for Essential Drugs and HIV&AIDS commodities to be used for future logistics integration. (R10)

5. Strengthening financial stability and improving revenue generation

- Developed database of more than 250 potential donor leads after researching NGO, corporate, and institutional support for other conferences and medical associations. (R9)
- Improved future relationship with funders by improving ability of organization to produce timely and accurate reports. Inaccurate, late reports had begun to undermine relationships with significant donors. (R9)
- Created new community level power point slides that will be adopted by organization globally; slides are designed to help communities understand clinical trials and feel safe about clinical trials. (R10)
- Developed a formal system for health centers to collect cash from community insurance. (R10)
- Developed tools to improve core financial functions including a model for invoicing, analyzing existing accounts and a training guide. (R10)

Only a few respondents from each round reported strengthening financial stability and improving revenue generation as an accomplishment. Of those who did, one Partner reports that, while the Fellow considerably advanced the development of grants, *"the current economic, industrial as well as political situation delayed the programmes from materializing"* during the Fellow's assignment. Another Fellow explained that prior to his arrival, inaccurate and untimely reports to funders had jeopardized the organization's donor relationships. Through the Fellow's work, *"two corporate funders were salvaged and continued funding is expected from these organizations."* One Partner, referencing the donor database mentioned above, says it *"will be an invaluable tool for future fundraising efforts for the organization."*

6. Strengthening marketing and public relations

- Established and fostered relationships with partners, with different countries, and within the main office. (R9)
- Oversaw all aspects of production of brochure including management of communication consulting agency, photographer, production, printing, and delivery. (R9)
- Interviewed alumni and developed success stories that will be used as a marketing tool. (R9)
- Held press conference to publicize Ministry of Health and NGO partnerships. (R10)

- Created four videos (safe water, HIV testing, male circumcision, and bush fires) to improve public messaging about health issues. (R10)
- Coordinated two interviews that resulted in an article published in the Economist. (R10)
- Attended AmChem meetings and donor visits, representing the Partner organization and Pfizer GHF program. (R10)

7. Strengthening information systems or technology

- Developed new intranet and email system for Partner organization to manage information and share documents. (R9)
- Improved e-training materials including interactive presentation to help communicate the importance of Virtual Campus in Public Health. (R9)
- Improved international accessibility of project data by working with designers to make website interface more user friendly. (R9)
- Participated in strategic planning on the revamp of organization's website including the services and links to be offered on the site. (R9)
- Arranged donations and price reductions from software companies, and encouraged partner organization to upgrade equipment and address IT security risks and ensure legal compliance. (R9)
- Strengthened monitoring system and ensured quality control in the data received for the monitoring and evaluation of a health huts program. (R10)

The majority of IT projects were related to website development, intranet/communication tools, and databases that ultimately increased efficiency as well. For example, one Partner reported, *"The fellow helped develop a model pharmacy database which was used to develop a more elaborate pharmacy software that is being piloted...and will improve overall management of the pharmacies."*

8. Changes in research programs or systems

- Developed molecules to be used in future studies to optimize protein conjugation. (R9)
- Changed the emphasis of the clinical pharmacology group from bedside to bench; improve lab capabilities and generated interest in it. (R9)
- Streamlined operations of the multi-country research project (8 countries, 5 years, 4 components). (R9)
- Developed templates for Outlet and Household surveys and results reports, indicator reference sheets, fieldworkers manual. (R9)
- Translated questionnaires, 50 page fieldworker manual, and training kit into French in order to expand research program into the French countries. (R10)

Of the many outcomes identified above, Fellows and Partners in Rounds 9 and 10 identified capacity strengthening in the areas of Operations Management and Staff Skills Development as their most significant contributions. Table 3 below summarizes the response of the most important or significant capacity strengthening outcomes.

Table 3. Key Outcome Identified for Strengthening Capacity of Partner Organizations				
	Round 9 n (%)		Round 10 n (%)	
Key Outcomes	Fellows (N = 14)	Partners (N = 13)	Fellows (N = 21)	Partners (N = 17)
Staff Skills Development	2 (14.3)	4 (30.8)	7 (33.3)	6 (35.3)
Leadership or Strategy Development	2 (14.3)	-	4 (19.1)	1 (5.9)
Operations Management	4 (28.6)	5 (45.5)	5 (23.8)	6 (35.3)
Networking or Development of Partnerships	3 (21.4)	2 (15.4)	1 (4.8)	1 (5.9)
Information Systems or Technology	1 (7.1)	1 (7.7)	2 (9.5)	-
Revenue Generation/Financial Stability	1 (7.1)	-	2 (9.5)	-
Marketing or Public Relations	-	-	-	1 (5.9)
Research Capacity Development	-	1 (7.7)	-	2 (11.8)
Other	1 (7.1)	-	-	-
Totals	14	13	21	17

Note: Percentages may not add to 100 due to rounding.

Social Impact Outcomes

The data suggest a strong perception of high social impact by both Fellows and Partners in Rounds 9 and 10. Table 4 reflects the percentage of Partners and Fellows in each round (and on average) who reported at least one impact resulting in either greater efficiency, increased quality of services, or service expansion. While there are clear differences between the perceptions of the Partners and Fellows in certain areas, Partners and Fellows from both rounds consistently reported the greatest impact in efficiency, followed by quality, and lastly service expansion.

Table 4: Reported Impact of Fellowship by Partners and Fellows in Rounds 9 and 10						
	Round 9		Round 10		Average Round 9 and 10	
Reported Impact	**Partners (%)**	**Fellows (%)**	**Partners (%)**	**Fellows (%)**	**Partners (%)**	**Fellows (%)**
Greater Efficiency	92	80	74	90	83	85
Increased Quality of Services	77	73	47	76	62	75
Service Expansion	46	67	37	38	42	53

Discrepancies may result from the subjectivity of the impact, and a lack of a clear definition. Additionally, the interpretation of each impact in Table 4 tended to overlap with the others. Many respondents felt that the three areas of potential impact were not mutually exclusive.

On average, 83% of Fellows and 85% of Partners from Rounds 9 and 10 reported that the contributions of the Fellowship resulted in **greater efficiency** including: introduction of SOPs, technological support including databases, and supply and financial tracking sheets, communications, and overall general systems strengthening. One Fellow reported that after training a staff member on basic computer skills the staff member, *"became more confident and efficient in his daily work."* One Fellow with limited resources simply reorganized office furniture and physical positions of desks to improve office flow and overall efficiency. He says:

> *I organized an interoffice move in which certain members of the staff moved locations to enhance efficiency and organizational flow. After doing a reflective survey of the staff affected, the overarching sentiment was very positive.*

Another Fellow introduced a more efficient way to run management meetings, cutting them from an average of 4.5 hours to 2.5 hours. Both Fellows and Partners agreed that most activities seemed to directly or indirectly improve efficiency within the Partner organization. One Partner stated that the Fellow's contributions helped them to operate *"more like a business and less like an NGO."*

On average, 62% of Fellows and 75% of Partners from Rounds 9 and 10 reported that the contributions of the Fellowship resulted in **increased quality of services**. Accomplishments related to improved quality of services included introduction of SOPs, stronger data collection, monitoring, and evaluation tools and skills, and best practices in areas from laboratories to customer relations. Many of the activities that improved efficiency above also improved the quality of services. The research Fellows seemed to contribute most in this area as they assisted with accreditation processes and helping research teams understand the value of quality services.

On average, 42% of Fellows and 53% of Partners from Rounds 9 and 10 reported the contributions of the Fellowship resulted in **service expansion**. As discussed above, the data are not mutually exclusive as efficiency and service quality activities detailed were reported as contributing to service expansion. Additionally, many Fellows contributed more in laying the groundwork for service expansion, rather than actually expanding services during their fellowship. One Partner reflects that their medical program had discussed conducting clinical research for over four years, but made no progress. When the Fellow came, *"he helped us develop the clinical research division of our team and established policies and procedures and the mechanisms for making the division operational."*

We also attempted to quantify perceived **social impact** of Fellowships using a series of nine questions which looked at organizational impact (perceived effect of the Fellowship on service expansion, efficiency of operation, and service quality), attitudinal impact (including effects on staff motivation, self-confidence), work productivity impact (work planning, time management, and ability to think strategically), and leveraging impact (whether or not the Fellow leveraged additional financial or material resources).

Possible impact scores ranged from 9 (highest impact) to 29 (least impact). It is important to note that some Fellowships could have low impact through no fault of the Fellow or the Partner Organization: for example, a Fellowship could have accomplished results which will lead to impact in the future but there is no discernable impact at this time. Additionally, a Fellowship may produce impact not measured through our indicators. Finally, some organizations already had a high baseline, especially in terms of attitudes of staff, meaning that the Fellowship could not have improved on these measures. Table 5 and Figures 1 and 2 present the Summary Impact Scores as rated by Volunteers and Partners.[3]

Table 5. Summary of Impact Scores for Round 9 and Round 10		Round 9		Round 10	
Impact Level	Impact Score Range	Scoring by Fellows (N=14)	Scoring by Partners (N = 12)	Scoring by Fellows (N = 21)	Scoring by Partners (N = 17)
Very High Impact	9-14	3	5	3	2
High Impact	15-19	6	5	8	8
Moderate Impact	20-24	5	2	10	6
Low Impact	25-29	0	0	0	1

Figure 1: Percentage of Social Impact Scores in each Category as Perceived by Partners and Volunteers in Round 9
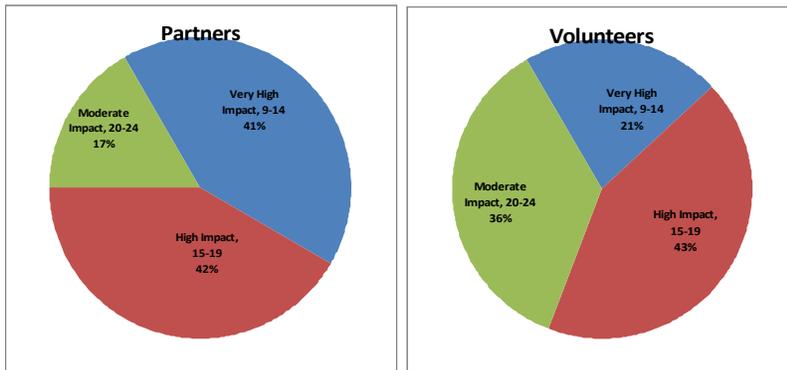
Figure 2: Percentage of Social Impact Scores in each Category as Perceived by Partners and Volunteers in Round 10

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[3] NA or missing responses ranged from 0% to 42.9% of all Fellow responses, depending on the question, and 0% to 41.2% of Partner Organization responses. In computing total impact scores for Fellowships, we elected to use the procedure established in Round 8, in which NA or missing answers were replaced with the average of the non-NA and non-missing responses for that question. One Partner interview was excluded, as over half of the responses in the interview were missing; another was retained, in Round 10, because although 4 or 9 values were missing, it was less than half. This method allowed us to calculate total impact scores for 35 (14+21) Fellowships rated by Fellows, and 29 (12+17) Fellowships rated by Partners.

Partners / **Volunteers**

Partners:
- Very High Impact, 9-14: 12%
- Low Impact, 25-29: 6%
- Moderate Impact, 20-24: 35%
- High Impact, 15-19: 47%

Volunteers:
- Very High Impact, 9-14: 14%
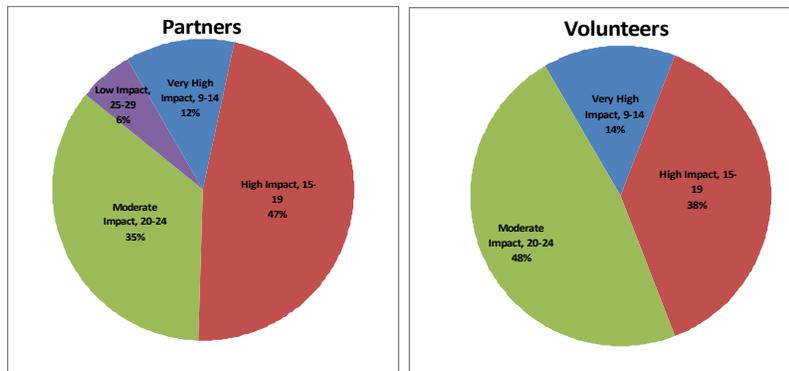- Moderate Impact, 20-24: 48%
- High Impact, 15-19: 38%

Figure 1 reflects that Partners perceived the social impact to be higher than did the Fellows. This could be attributed to socio-cultural differences, as well as differences in expectations.

Figure 2 reflects a more consistent perception of impact between Partners and Volunteers in Round 10. It is interesting to note that, despite the same scoring methodologies between rounds, only 12% and 14% of Partners and Volunteers respectively in Round 10 felt the Fellowship had a "Very High" impact, compared to 41% and 21% reporting a "Very High" impact the previous round. As described above, this could be an outcome of the process described above to standardize scope of work development as a means of documenting expectations and ultimately measuring performance and impact against set objectives. Prior to Round 10, baseline expectations of the Partner and Fellow were not systematically documented as set objectives of the assignment and then incorporated into impact evaluation and performance review. Likewise, perhaps some of the repeat Partners are now more familiar with the evaluation process and, therefore, more comfortable marking "low" or "moderate" impact. Another possibility is that repeat Partner organizations had a higher baseline, and therefore less of a margin for the Fellow to impact. Alternatively, assuming no bias or confounders in the Partner responses over time, another possible explanation is that the Partners truly believe the Fellows to have had less of an impact in Round 10 than in Round 9. We, however, do not have data available to support or refute the above hypotheses.

Other Outcomes

In addition to the capacity building and social impact accomplishments detailed above, 18 Fellows (51.4%) reported securing additional successes in securing additional funds, and/or material or intangible goods for their Partner organizations; 3 of the Fellows (8.6%) leveraged both funds and material resources for their Partner organizations. Note that any leveraging of funds beyond the Pfizer Enhancement grant was also included in the Social Impact Score above. Some of these additional accomplishments were made possible by the Pfizer enhancement grant, while others were the Fellow's personal connections and contributions. Several Fellows secured computers or software for their organizations. One secured laboratory equipment including a centrifuge, scales, and glucose monitors. Other additional accomplishments included donations of books, stationary supplies, USB ports, and flip charts.

Performance Evaluation

This section discusses the performance evaluation of the Fellowships as seen by both the Partner and the Fellow in relation to their scopes of work, as well as talent development.

Performance: Scope of Work

Fellows and Partners were asked to rate individual objectives in the scope of work. Table 6 shows the median number of objectives by round, as well as the median rating of meeting these objectives as perceived by both the Fellows and the Partners in Rounds 9 and 10. Data reflect a four-point scale, with 1 being the lowest and 4 being the highest or best performance. The median rating by Fellows in both rounds was 3, and Partners in both rounds was 4. Similar to the social impact scores detailed above, the Fellows' ratings of their performance against their scopes of work are lower than the ratings by Partners.

Table 6. Performance Evaluations/Scope of Work Objectives				
	Round 9		**Round 10**	
	Fellows (N =15)	Partners (N =13)	Fellows (N =21)	Partners (N = 18)
Median Number of Objectives	5	5	4	4.5
Median Rating	3	4	3	4

As seen below in Table 7, 100% of Fellows and Partners in Round 9 agreed that Fellows had met or exceeded expectations in regard to the scope of work. In Round 10, 100% of Fellows believed they had met or exceeded expectations, and only 81% of Partners believed Fellows had met or exceeded their expectations in the scope of work, contrary to what we would expect given the trend in the social impact scores and the evaluation ratings of the scope of work objectives detailed above in Table 6. Nearly 20% (n=3) of Round 10 Partners reported Fellows had met some, but not all of the expectations in relation to the scope of work. Again, this finding may be an outcome of the shift in scope of work development and documentation processes described in the History section. If this is the case, then it is possible that evaluation scores in future rounds will also drop in Round 11 and then begin to level off with "2-Met All Expectations" being the most common rating. Challenges reported by Fellows and Partners hindering their ability to meet some objectives in the SOW are presented in the last section of the report.

Table 7. Overall Performance Rating With Regard to Fulfilling Scope of Work				
	Round 9		**Round 10**	
	n (%)		n (%)	
Degree Expectations Met	Fellows (N =14)	Partners (N = 13)	Fellows (N = 21)	Partners (N =16)
Exceeded	3 (21.4)	6 (46.2)	5 (23.8)	8 (50.0)
Exceeded in some areas and met all others	11 (78.6)	7 (53.9)	14 (66.7)	4 (25.0)
Met all	-	-	2 (9.5)	1 (6.3)
Met some but not all	-	-		3 (18.8)
Did not meet	-	-	-	-

Note: Only one rating possible per respondent.

Other discordant ratings between Partner and Fellows may reflect differences in expectations for performance, or Partners' reluctance to criticize Fellows either due to cultural values or fear of losing the possibility of future Fellowship placements. Alternatively, there is a chance of respondent bias in self-rating of Fellowship performance, with Americans or those more

acculturated to U.S. systems giving themselves higher performance ratings, or others answering what they expect the interviewer wants to hear. This is something for Pfizer to consider in interpreting individual Fellowship performance rating data and may explain some of the discordant responses in the tables. Note that there is always a certain amount of subjectivity in the responses to the questions.

Partner organizations were asked questions to measure the importance of the Fellow in driving the resulting improvements or changes. All Partner Organization respondents agreed (either "a little," "mostly", or "totally") that the Fellow had helped to speed up changes, and all agreed that the Fellows contributed new ideas. Sixty-three percent (63%) of Partner respondents (19 out of 30) thought the outcomes would probably not have occurred had the Fellow not joined them, while 44.8% (13 out of 29) of respondents reported that they would have paid someone else to do work the Fellow did, if they had not had a Fellow. These findings suggest the Partners assigned the Fellows to do work which was of significant value to the organization.

In a letter to the Fellow, one Partner highlights the importance of the Fellow in driving improvements and changes:

> *You have been able to move a whole organization forward by focusing on the people. We have learned, appreciated, realized, observed and experienced new ways of doing things. And the effects are amazing. People are happier, more dedicated and the overall results have improved without too much stress and agony!*

Other testaments, similar to the one above, also reflect large impact on the Partner organizations, and are presented in more detail in the Social Impact section of this report.

Performance: Talent Development

Fellows were asked to define objectives they hoped to reach over the course of their Fellowships in terms of their own personal skills and talent development. Table 8 shows that Fellows set a median three and four objectives in Rounds 9 and 10 respectively. The median rating by the Fellows in relation to achieving these goals was four in Round 9 and three in round 10. Ratings were captured on a four-point scale with 4 being the highest performance and 1 being the lowest.

Table 8. Talent Development Objectives		
	Round 9 Fellows (N =15)	**Round 10** Fellows (N = 21)
Median Number of Talent Development Objectives	3	4
Median Rating	4	3

Qualitative data suggest that many of the Fellows learned and practiced cultural sensitivity, and developed a better understanding of how organizational, social, and cultural factors drive activities. Many Fellows noted they were challenged to think and work in different ways, and to understand the parallels and differences between NGOs and corporations. One Fellow explains that s/he "adapted to the environment very quickly and learned to appreciate the people, dynamics, and working style of another culture."

Other talent development successes included improved public speaking skills, improved leadership skills, improved ability to adapt and be flexible, acquisition of technical (laboratory or computer) skills necessary to succeed, improved communication skills, and increased self confidence. Many felt that they built these skills in large part because they were given opportunities and responsibilities that challenged them beyond their normal scopes of work at Pfizer.

Many Fellows also gained a greater understanding and appreciation of the complexities driving global health and program implementation in resource constrained environments. Others said they gained skills and confidence that they can bring back to their work at Pfizer. One Fellow says, *"Overall I am so enthused about my work over there that it transferred back to my work in the U.S."* Another explained that she wants to figure out how to take this "amazing experience" and "use [it to] benefit Pfizer."

Pfizer Global Access Team (GAT) Fellow

The Global Access Team (GAT) Fellow was the first to be placed with Grameen Kalyan (Health) in Bangladesh, which has recently entered a long-term partnership with the Pfizer Global Access Team. The objective of the partnership between Pfizer and Grameen Kalyan is "to develop commercially viable business models that increase utilization of the Grameen clinics" (PfizerWorld 2009). The partnership will also "focus on refining the existing microhealth insurance program and increasing awareness and branding of Grameen's health operation in rural areas." The focus of the Fellow's work was to conduct a comprehensive needs assessment. He did not attempt to build staff or organizational capacity, or improve service or efficiency. As reported by both the Fellow and his GAT supervisor, capacity strengthening will eventually be the focus of the overall Grameen-Pfizer partnership and, therefore, of future GAT Fellows. How far down the road such outcomes lie remains to be seen.

Information from the GAT Fellow is included above in the demographic findings for Round 10, but not in findings on accomplishments, social impact, or performance. The evaluation team originally attempted to use the ICV toolkit questionnaire with the Fellow and his GAT supervisor, but questions about capacity strengthening and social impact were irrelevant to his SOW. Therefore, qualitative methods were used exclusively to evaluate the impact of this Fellowship.   The Fellow and his Pfizer GAT supervisor completed the self-administered performance evaluation questionnaires and participated in in-depth interviews. The evaluation team could not reach the Fellow's Grameen Field supervisor for a follow-up interview.

The GAT Fellow's work resulted in a comprehensive, 100-slide presentation detailing the findings of the needs assessment, and an analysis of possible next steps for the partnership. Based on the Fellow's work, "Pfizer and Grameen are currently reviewing pilot opportunities to develop commercially viable business models that increase utilization of the Grameen clinics" (PfizerWorld 2009). The partnership will also "focus on refining the existing microhealth insurance program and increasing awareness and branding of Grameen's health operation in rural areas." About his time in Bangladesh, the Fellow stated: *As the first major phase of this partnership, I was sent to Bangladesh to conduct a needs assessment, using qualitative primary market research to evaluate healthcare offerings relative to patients' needs. This research was intended to accomplish three major objectives: 1) provide Grameen Kalyan feedback on opportunities to improve its services to better meet patients' needs, 2) deliver the Pfizer Global*

Access team insights into the health care seeking behaviors of patients at the 'base of the pyramid," and 3) help identify pilot project ideas for Phase II of the Pfizer-Grameen partnership.

According to the GAT Partner respondent, the needs assessment provided information and recommendations that will be useful to both Grameen and to the Pfizer-Grameen partnership: *We helped them to understand their strengths and opportunities. We will pick up a few of the threads but this information will be holistically useful as we move forward as Partners. . . . Without this needs assessment and the day to day constant contact the Fellow provided we would not have been able to build the foundation that we now have that is allowing us to continue. The daily contact and building of relationships was necessary to what we were trying to do.*

The greatest challenge faced by the Fellow was a conflict with a Bangladesh-based vendor originally hired to assist with the needs assessment. The vendor was late on all deadlines and, when it did deliver, the work was of poor quality. The Fellow worked closely with the Grameen management team and the Pfizer GAT and ultimately decided to sever ties with the vendor part-way through the project. This increased the Fellow's workload and stress level exponentially as the deadlines for completion were quickly approaching, but the Fellow and his supervisors were confident that this was the only way to deliver timely results and provide the partners with high quality information and strategic recommendations.

According to the GAT partner respondent, the Fellow's challenges reflect those faced by all GAT partnership management in general as they learn how to work in Bangladesh, in terms of vendor relations (including contract legalities), developing realistic work and action plans, and adjusting course in light of changing circumstances and communicating effectively with all team members. The experience with the failed vendor caused GAT management to ask themselves what, in retrospect, they could have done to better prepare the Fellow for the work they were asking him to do. Their attempts to answer this question will, ideally, make future Fellowships run more smoothly.

Trends Over Time

Pfizer has been running its Global Health Fellows Program through its Corporate Responsibility group since 2003. In terms of basic characteristics of the GHF Program over the last three rounds, there are no notable trends or changes. As seen in Table 9, there is a potential downward trend in the mean number of years working with Pfizer before accepting a Fellowship. In 2009, Pfizer changed the application requirements for tenure with Pfizer from five years to three years. This change may partially explain the downward trend in the mean number of years working with Pfizer before accepting a Fellowship. Company restructuring over the last several years has also changed company demographics, so it is possible that the mean number of years at Pfizer will drop a bit more over the next several rounds and then stabilize.

Table 9: Basic Characteristics of GHF Program Over time						
	Round 8		Round 9		Round 10	
	Partners	**Fellows**	**Partners**	**Fellows**	**Partners**	**Fellows**
# evaluated	24	28	13	14	17	21
# countries	16	15		11		15
% partners w/	70%	n/a	46%	n/a	81%	n/a

prior GHF						
Mean years of relevant work	n/a	20	n/a	13.5	n/a	16.0
Mean years with Pfizer	n/a	10	n/a	9.2	n/a	8.2
Mean duration of Fellowship	n/a	5.2	n/a	5.9	n/a	5.6
% female fellows	n/a	54%	n/a	80%	n/a	52%

Table 10 shows the proportion for Partners and Fellows from Rounds 8, 9, and 10 who reported the fellowship had improved efficiency at the Partner organization, increased the quality of services, or resulted in service expansion

Table 10: Basic Impact Measures of GHF Program Over time						
	Round 8		**Round 9**		**Round 10**	
	Partners (%)	**Fellows (%)**	**Partners (%)**	**Fellows (%)**	**Partners (%)**	**Fellows (%)**
Greater Efficiency Reported	94	96	92	80	74	90
Increased Quality of Services Reported	83	100	77	73	47	76
Service Expansion Reported	88	91	46	67	37	38

Figure 3 graphically depicts perceived social impact (data from Table 10) in service quality, service expansion and efficiency. These data show any report of efficiency, improved quality or expanded services; the categories are not mutually exclusive and there were often reported overlaps with quality and efficiency; there was less but still some overlap with service expansion. Excluding the Fellows from Round 8, greater efficiency is consistently reported as the highest impact by Fellows and Partners. All (100%) of the Round 8 Fellows reported having an impact on service quality; 96% reported having an impact on organizational efficiency.

Figure 3: Percent of Partners and Fellows in Rounds 9 and 10 Reporting Areas of Fellowship Impact
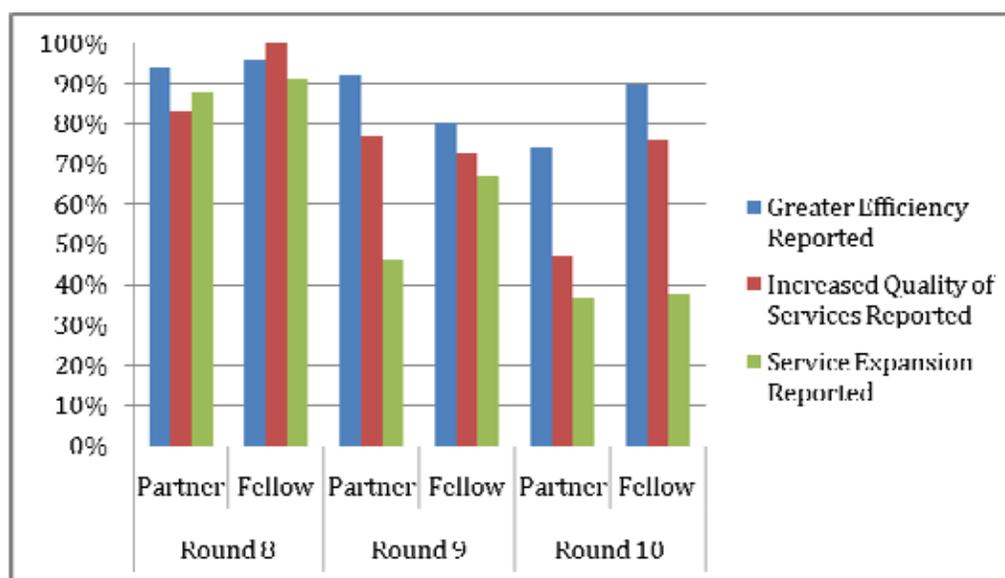

Table 11 shows the percentage of those reporting outcomes within the capacity strengthening areas. Across all rounds, both Partners and Fellows identified Staff Skills Development and Operations Management as the top two key accomplishments. In Round 8, Partners reported Staff Skills Development as the key accomplishment (43%), while Fellows identified Operations Management (29%). In Round 9, Partners (29%) and Fellows (46%) agreed on Operations Management as the key accomplishment. In Round 10, Partners again reported Staff Skills Development as the key accomplishment (33%), while Fellows identified both Staff Skills Development (35%) and Operations Management (35%) as the key accomplishments. These findings are consistent with the high impacts noted in Greater Efficiency and Increased Quality of Services presented in Figure 3.

Table 11: Key Accomplishment of GHF Program Over time[4]						
	Round 8		Round 9		Round 10	
Key Accomplishment	Partners (%)	Fellows (%)	Partners (%)	Fellows (%)	Partners (%)	Fellows (%)
Staff Skills Development	43	18	4	31	33	35
Leadership or Strategy Development	4	18	14	-	19	6
Operations Management	26	29	29	46	24	35
Networking or Developing Partnerships	4	18	21	15	5	6
Information Systems or Technology	9	7	7	8	10	-
Revenue Generation/ Financial Stability	-	4	7	-	10	-
Marketing or Public Relations	13	7	-	-	-	6
Research Capacity Development	-	-	-	8	-	12
Other	-	-	7	-	-	-

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[4] Note that percentages may not add to exactly 100 because of rounding.

While the scoring methodologies for performance changed after Round 8 (as described above) and cannot be compared directly to the subsequent rounds,[5] overall performance ratings by Fellows and Partners in all rounds remained high. The median performance rating by Fellows and Partners in Round 8 was 4.6 on a 6-point scale ("4-very good" and "5-superior" results), and 3.5 on a 4-point scale ("3-fulfilled some objectives and met all others" and "4-exceeded objectives") for Rounds 9 and 10.

One interesting trend over time, as reflected in Figure 4, is the perception of social impact from both Fellows and Partners shifting from "Very High/High" to "Moderate/Low". Although it will take additional rounds of data to determine if this is truly a trend, perhaps the perception of high impact is decreasing as the percent of organizations report previously hosting a Pfizer Global Health Fellow in the past increases. In Rounds 8, 9, and 10 approximately 70%, 46% and 81% of organizations respectively reported previously hosting a Pfizer Global Health Fellow. While there is no clear trend in previous GHFs, we can question if many of the organizations had a previously high baseline, in part because of the presence of a previous GHF. At this time, however, we do not have the data to determine a correlation.

Figure 4: Social Impact Score Reported by Fellows and Partners Over Rounds 8, 9, and 10
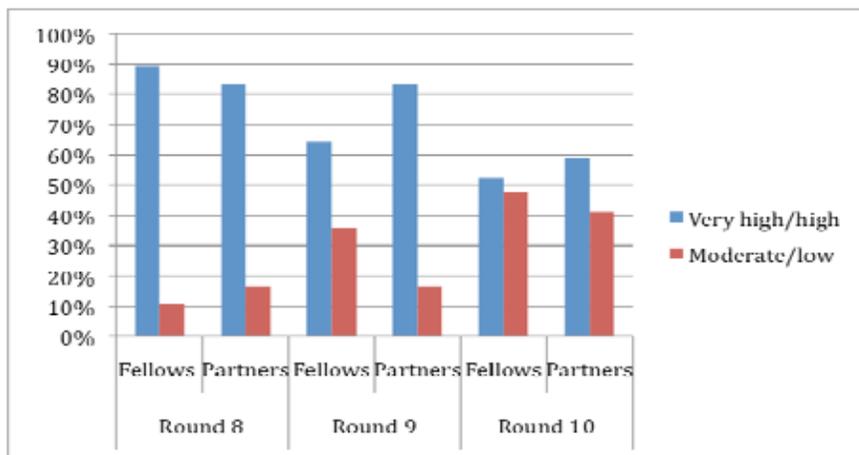
In general, looking at the previous three rounds of the Pfizer GHF Program, there are no clear changing trends. The demographics, accomplishments, and impact measures seem to be relatively consistent over time.

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[5] In the Round 8 version of the questionnaires, Fellows and Partners were asked to rate the Fellow's performance on a 6-point scale (6-Exceptional Results, 5-Superior Results, 4-Very Good Results, 3-Good Results, 2-Inconsistent Results, 1-No Impact). Due to difficulties in distinguishing between levels 4-6 on the part of the respondents, the rating scale was condensed to 5 possible answers (4-Exceeded Assignment Objectives, 3-Exceeded Some Assignment Objectives and Met All Others, 2-Fulfilled All Assignment Objectives, 1-Fulfilled Some but Not All Assignment Objectives, 0-Did Not Fulfill Assignment Objectives).

Discussion

Issues and Constraints Reported by Fellows and Partners

Our evaluation probed for issues or constraints which may have affected the overall Fellowship impact. Respondents raised issues in several areas including (but not limited to) bureaucratic and political problems, time constraints, collaboration challenges, communication and cultural barriers, infrastructure and budget problems. These are discussed in detail below.

Bureaucratic hurdles and politics. Two Fellows in Round 10 were constrained by political instability and could not travel to sites for training, as per Pfizer regulations. Several of the Fellows working with governmental Partners felt exceptionally challenged and expressed that the bureaucracy limited their effectiveness. One felt the donor rules and regulations for procurement and supply were particularly cumbersome and inhibiting. Two Fellows reported that prevailing economic conditions or funding environment hindered their ability to reach the objectives.

Time constraints. Many Fellows (N=14) and Partners (N=12) mentioned lack of time as a constraint. Time was needed to establish trust and build relationships, and many felt those relationships could not be properly fostered in only six months. Several Partners and Fellows suggested a 9-month fellowship would work better; objectives could still be aggressive, and time would be sufficient to achieve them. While most Fellows indicated the time was too short to produce substantive results, 1 Fellow ended his assignment early because he had completed his scope or work. His explanation was that the Partner organization had overestimated the time necessary to complete the objectives. A couple of other Fellows indicated that they felt under-utilized, but these examples seem to be attributable to the lack of clear communication about expectations on the part of both parties both before and during the course of the assignment.

Collaboration. Several Fellows indicated that collaboration both with their Partner organizations and with other organizations was challenging. One felt the competition between NGOs was a seriously limiting factor for any sort of productive collaboration. Another fellow indicated the larger government agencies were disinterested in collaborating or supporting his project so he could not proceed. Three Fellows described their Fellowship as independent, working alone rather than in a team. One Fellow noted frustration with the "general social politics" of Africa, saying it was difficult to achieve tangible results.

Communication, work climate, attitudes. Many Fellows mentioned issues related to communication, language, culture, and attitudes. Adapting to the culture took more time and energy than many expected, even for domestically placed Fellows. Two Fellows felt extremely isolated as the Partner staff only spoke in their local language. One Fellow expressed frustration over what she perceived to be a lack of commitment on the part of staff members. One Fellow reported feeling "a little removed" and could have made more of an impact if s/he had spoken the local language. Others felt that while language was not an obvious barrier, communication style was often challenging and resulted in misunderstandings, lack of clarity, and different expectations.

Infrastructure and budget. Several Fellows were frustrated with general infrastructure, specifically internet and telephone access. Several mentioned the significant difference and challenges with working with much more limited resources than which they were accustomed.

Other constraints and challenges noted by respondents. Several Fellows and Partners reported that the skill sets of the Fellows were not aligned with the needs of the Partner; however, most were able to overcome this. One Partner suggested a mandatory social orientation for the Fellow upon arrival, noting that the Fellow was more solitary than necessary the first few weeks. She stated that with future Fellows she will make a point of trying to arrange social activities in the first couple of weeks to facilitate relationship and social network building. Several Fellows noted that once in the field, communication and support from the Pfizer home-team was minimal or non-existent. Several other Fellows felt managers were not supportive of their Fellowships prior to departure, making preparations extremely difficult. Two Fellows mentioned difficulties networking due in part to their affiliation with Pfizer. Several Fellows fell sick, but nothing medically serious.

One Fellow nicely synthesized the many challenges of a GHF: "*It is extremely difficult to walk into a new country, culture, office, area of expertise, etc. and feel productive. Add to it a foreign language and limited resources, and you realize how challenging a GHF assignment really is. I think the biggest challenge to this work is that an organization might have an idea of their overarching goals for you, but how to achieve them may still be unplanned or unknown. Within a short amount of time you need to assess the situation, develop a plan of attack, research the means of accomplishing your goals, and finally set out to work.*"

Observed Challenges and Recommendations by Evaluators

Throughout the data collection process in Rounds 9 and 10, the evaluators observed the following points of interest, which were not directly reported by the respondents.

Inclusion of American Fellows Placed in US-Based Partner Organizations in Same Pool with Those Placed Internationally
For the first time since GHF's inception, 2 US-based, Round 10 Fellows were assigned to work with US-based Partners (one in Houston, TX and the other in Winston-Salem, NC). Interestingly, the Fellows had similar objectives to many of their colleagues assigned to developing countries and also faced some similar barriers. Not surprisingly, logistical preparation seems to have been easier for these Fellows than for those assigned to countries thousands of miles away from their homes. While the domestic partner organizations are serving disadvantaged populations within the US and Fellows must adapt to working in an NGO environment, the appropriateness of placing these Fellows under the GHF umbrella and all that it entails is worth some extra attention over coming Rounds. In particular, including these Fellows in the usual GHF orientation, which devotes a large amount of time to talking about the challenges working in a new culture and low-resource country, may be worth reconsidering. But a larger pool of US-based Fellows will need to be evaluated in order to better inform that decision.

Partner Organizations Hosting Multiple Fellows.
After ten rounds of Fellowships, the GHF team has built strategic partnerships with a number of organizations who have been the beneficiaries of multiple Fellow placements. For instance, mothers**2**mothers (m**2**m) hosted 7 Fellows between Rounds 3 and 10 and the Access Project had 5 between Rounds 8 and 10. The BU evaluation team and the GHF staff have drafted one case study focused on the work of m**2**m Fellows and are planning several others. This documentation is an important step toward understanding the contributions of multiple Fellows to organizational

growth over time. The drafted and planned case studies will, however, be largely qualitative and focused on individual GHF Partner relationships. The GHF team should consider further measurement and documentation of the outcomes associated with these partnerships in order to quantify and assess the longitudinal social impact. A study looking at 2 or more long-term partnerships may also provide evidence to inform future planning.

The GHF team is currently developing a system to assess when Partner Organizations who have received multiple Fellows should be "graduated" from GHF program eligibility based on the impact of Fellow contributions and organization growth. This is an important step that will make decisions about maintaining longstanding partnerships and developing new ones more systematic.

One Fellow who was placed with an organization that has had multiple Fellows felt that they did not prepare for her because they are used to getting Fellows and "do not see them as a precious commodity." This perception does not, however, seem to be shared by other Fellows who have been assigned to long-standing partnerships. But it is also worth monitoring in future rounds.

Placement of Fellows in Pfizer-Funded Projects
Similarly, the GHF program has sent multiple Fellows to work on Pfizer-funded initiatives (e.g., 6 Fellows between Rounds 8 and 10 partnered with the Mobilize against Malaria program in Ghana and Senegal). Assigning Pfizer Fellows to this and other company-funded programs provides both monetary and in-kind contributions that can facilitate achieving organizational, public health, and long-term business objectives, and deepen fruitful relationships with multiple, long-term stakeholders. But this focus on deep and lasting partnerships also has the potential limitation of not spreading Pfizer's resources and reputation (and reaping community goodwill) more broadly across more organizations.

Pfizer Restructuring and Lay-Offs
Several Fellows from Rounds 8-10 lost their jobs or shifted positions due to corporate restructuring either during or shortly after their Fellowship ended (e.g., approximately 14% of the 66 Fellows from the 3 rounds were laid off or accepted early retirement). While this proportion, out of context, seems high, GHF program personnel, when asked, perceived it to be quite low compared to overall company attrition rates for the same period. This phenomenon merits continued monitoring and exploration of coming rounds. The target of the GHF program is to achieve 0% attrition of all Fellows within the first two years after their return from the field. Whether or not this is achievable any time soon within the current company and economic climate remains to be seen.

Consistent Partner Organization Engagement Is Crucial to Success of Individual Fellowships
Learning how to be good host organization and a full partner with Pfizer, first in the process of selecting the appropriate Fellow and then throughout the Fellow's assignment, tends to be an incremental process for most Partner organizations. Lack of communication about needs and careful assessment of the appropriateness of potential Fellows skills did lead in some Round 9-10 assignments to perceived reduced effectiveness of the Fellow. While Fellows over the last three rounds have been consistent in their belief that their Fellowship benefitted them personally and/or professionally, those who were able to achieve a sense of complete collaboration with their Partner organization tended to report uniformly more positive experiences and outcomes. Of course, even the most responsive or engaged Partner and Fellow may end up with a miss

match, but open communication between the Partner, Fellow, and GHF staff is particularly important when such challenges arise.

Conclusion

Despite the challenges and constraints detailed in this report, most Fellows and Partners were able to overcome them. The majority of feedback was positive from both Fellows and Partners, and most Fellows met their personal and professional goals. Many Fellows expressed thanks and gratitude for having had the opportunity to be a Global Health Fellow, indicating it was an experience they will remember forever. Reflecting on his/her positive experience, one Fellow noted, *"It is difficult to put a value on qualitative aspects, but I feel my assignment was full of intangibles....all leading to more effective project teams."* Another Fellow explains, *"This experience has allowed me to observe the health issues of the developing world up close and personal. As Pfizer moves towards a better understanding of how to develop sustainable and commercially viable solutions in the developing world, I have now gained a much more practical perspective than I could ever have sitting in my office."* One Fellow explains being inspired by Pfizer's commitment to the developing world saying, *"the program has absolutely enhanced my enthusiasm for this company and the work that I do."*

While there are still clear challenges to be addressed, the Pfizer Global Health Fellows program is postively impacting organizations in the developing world and in organizations working with marginalized populations within the United States. Overall, the program is also positively affecting Fellows' personal and professional development, which indirectly benefits the organizational culture of Pfizer.