CONTRATO CIVIL

DE ARRENDAMIENTO DE OBRA Y SERVICIOS

En Granada, a 2 de marzo de 2012

REUNIDOS

De una parte, Don Martín G. Blanco García, mayor de edad, con D.N.I. nº 33.838.488-Z, que interviene en nombre y representación de la empresa Escuela Andaluza de Salud Pública S.A., domiciliada en Granada, Campus Universitario de Cartuja C/Cuesta del Observatorio, nº 4, C.I.F. nº A-18049635, en su calidad de Gerente, según consta en la escritura pública autorizada por D. Álvaro E. Rodríguez Espinosa, notario de Granada, con fecha de 23 de junio de 2010, inscrita al Tomo 1343, libro 0, folio 48, Hoja GR 6943, inscripción 68.

Y de otra parte, Dª Christine Flora Helen Thayer (en adelante, la profesional), con número de identificación fiscal inglés 707701035, mayor de edad, con domicilio en 6, Avenue de la Riviera 1820 Montreux, Suiza, que interviene en su propio nombre y derecho.

Ambas partes se reconocen mutuamente la capacidad legal suficiente para obligarse en este contrato y otorgan al mismo el carácter civil de arrendamiento de obra y servicios.

Y en su virtud

MANIFIESTAN

Que la EASP está desarrollando el proyecto denominado "**Migración de Profesionales de la Salud entre América Latina y Europa. Creación de Oportunidades para el Desarrollo Compartido**" (MPDC), bajo contrato de Subvención nº MIGR/2008/152-804, formalizado con la Comunidad Europea (representada por la Comisión Europea), como Autoridad Contratante.

La profesional manifiesta que está legalmente capacitada para colaborar profesionalmente en el desarrollo de proyectos de este tipo y se encuentra al corriente de las obligaciones legales y fiscales establecidas en su país para ejercer como profesional.

La profesional manifiesta que no le comprende ninguna de las incompatibilidades de la legislación vigente para la firma del presente contrato y la realización de las funciones que en el mismo se detallan.

CLÁUSULAS

PRIMERA – FUNCIONES

La profesional, bajo la supervisión de D. Juan Ignacio Martínez Millán, de acuerdo a los Términos de Referencia para la "Evaluación Final de la Acción MPDC", que se adjuntan como Anexo I, desarrollará los siguientes objetivos:

OBJETIVO GENERAL

La evaluación final proveerá a los decisores de la Delegación de la Comisión Europea en Uruguay, al Gobierno de Uruguay, a las instituciones implicadas en la gestión de la Acción, a los servicios relevantes de la cooperación exterior de la Comisión Europea y a otras partes interesadas con información suficiente para:

a. Realizar una evaluación global independiente sobre el desarrollo de la Acción, con especial énfasis a sus resultados e impacto;

b. Proponer recomendaciones prácticas para acciones futuras.

SEGUNDA – OBLIGACIONES

1. La relación que se establece en el presente contrato se basa en una relación de confianza y responsabilidad en el desarrollo del servicio, por lo que se establece la expresa prohibición a la profesional de subcontratar bajo régimen laboral, civil, mercantil o de otra clase a cualquier persona física o jurídica para la realización total o parcial del servicio contratado.

   El incumplimiento de la presente cláusula podrá dar lugar por parte de la empresa a la exigencia de responsabilidad por los daños y perjuicios económicos que puedan ocasionarse y queden acreditados.

2. Si en el desarrollo de la relación contractual que la profesional mantiene con la Escuela Andaluza de Salud Pública, tuviera acceso a datos de carácter personal cuyo tratamiento esté sometido a las condiciones y requisitos establecidos en la Ley 15/1999, de 13 de diciembre, de Protección de Datos de Carácter Personal, la profesional, como encargada del tratamiento de dichos datos, se compromete a guardar secreto sobre los datos de carácter personal y cualesquiera otras informaciones o circunstancias que conociera o a las que haya tenido acceso en el ejercicio de las funciones que le hubiesen sido asignadas por la Escuela Andaluza de Salud Pública. La profesional únicamente tratará los datos conforme a las instrucciones del responsable de los datos y no los aplicará o utilizará bajo ningún concepto con un fin distinto al indicado por el responsable y no los comunicará, ni siquiera para su conservación, a otras personas. Por otro lado la profesional, como encargada del tratamiento, está obligada a implementar las medidas de seguridad necesarias a las que se refiere el artículo 9 de la Ley 15/1999, de 13 de diciembre, de Protección de Datos de Carácter Personal, en función del nivel de protección de los datos accedidos. Una vez cumplida la prestación contractual, los datos de carácter personal deberán ser destruidos o devueltos al responsable del tratamiento, al igual que cualquier soporte o documentos en que conste algún dato de carácter personal objeto del tratamiento. En el caso de que la encargada del tratamiento destine los datos a otra finalidad, los comunique o los utilice incumpliendo las estipulaciones del contrato, será considerada también

responsable del tratamiento, respondiendo de las infracciones en que hubiera incurrido personalmente."

Además se compromete a custodiar los datos clínicos epidemiológicos y demográficos, y el acceso a la información contenida en las bases de datos, garantizando la confidencialidad de los datos e información existente, en el marco de la normativa vigente en materia de protección de datos de carácter personal y en lo relativo al derecho a la intimidad del paciente

3. El profesional realizará todos sus esfuerzos necesarios para proteger los intereses de la EASP durante la ejecución del proyecto.

4. Los derechos morales sobre las creaciones intelectuales surgidas de la prestación realizada por El profesional son propiedad del autor, de acuerdo con lo establecido en la legislación vigente sobre protección de la propiedad intelectual.

   Los derechos de reproducción, distribución, y comunicación pública de las creaciones intelectuales surgidas de la prestación realizada por el profesional al amparo de su relación con la EASP o con medios o conocimientos específicos proporcionados por ésta, serán propiedad de la EASP.

5. La prestación del profesional no tiene en modo alguno el carácter de prestación laboral ni asimilada.

   El profesional no estará sujeto a horario alguno.

6. La EASP autoriza al profesional a consultar los fondos bibliográficos existentes en la misma con el fin de permitir el mejor desarrollo de la prestación profesional a realizar.

TERCERA – HONORARIOS

El valor del contrato asciende a Veinte y Tres mil Trescientos Quince € (23.315 €).

Dicho importe incluye todos los impuestos, tasas y gravámenes que el profesional hubiera de pagar de acuerdo a la legislación nacional vigente.

Dicha cantidad será percibida de la siguiente forma:

- Primer pago: Se hará efectivo a la firma del contrato (20%), pagaderos previa recepción de la factura correspondiente.
- Segundo pago: A la entrega y aprobación del informe final (80%) y visto bueno por el Coordinador del proyecto de la factura final.

La forma de pago será mediante transferencia a la siguiente cuenta bancaria:

Banque cantonale vaudoise
Grand-Rue 50
Case postale 188
1820 Montreux
IBAN : CH78 0076 7000 S094 0358 9
Swift: BCVLCH2L

La no conclusión de los trabajos previstos en su totalidad podrá determinar la exigencia de devolución de cualquier cantidad que con carácter de entrega a cuenta le haya sido entregado al profesional.

CUARTA – DURACIÓN DEL CONTRATO

La duración del contrato se estima en 45 días a partir de la fecha de firma del mismo.

QUINTA – RESCISIÓN DEL CONTRATO

En cualquier momento la EASP podrá dar por terminado el contrato en caso de que se estime que por cualquier motivo, incluso ajenos a la profesional, que no se están cumpliendo los objetivos del proyecto o que la continuidad de éste no está justificada. La resolución tendrá forma motivada y se enviará a la profesional con 20 días de antelación mínimo a la fecha de finalización decidida.

En caso de que la rescisión del contrato sea por causa no imputable a la profesional, ésta tendrá derecho a recibir los pagos previstos en la cláusula tercera hasta el mes en que finalice el contrato. Si la finalización del contrato no se estableciese en el último día del mes, el pago y la consiguiente factura a emitir por la profesional lo serán por un importe proporcional a los días del mes de duración efectiva del contrato.

En caso de que la causa de rescisión del contrato sea por no estarse cumpliendo los objetivos del proyecto por razones imputables a la profesional, se habrá de valorar el grado de avance de estos objetivos y los perjuicios causados por el incumplimiento, estableciéndose un precio global por el trabajo realizado del cual se habrán de detraer los pagos realizados, procediendo a una liquidación a favor o en contra de la profesional.

Caso de rescisión anticipada del contrato por cualquier motivo, la profesional se compromete a aportar toda la documentación técnica que se haya producido anterior a la rescisión del contrato y a realizar todas las aclaraciones que le sean requeridas y que garanticen la continuidad del proyecto.

SEXTA – JURISDICCIÓN APLICABLE

Cualquier diferencia entre las partes derivada de la interpretación o ejecución de este contrato será sometida al arbitraje institucional de los tribunales civiles de Granada, encomendando al mismo la designación de los árbitros y administración del arbitraje, con renuncia expresa a su fuero propio; obligándose las partes a cumplir la decisión arbitral.

Y para que así conste, ambas partes firman el presente contrato por triplicado, en el lugar y fecha indicados en el encabezamiento.

Martín G. Blanco García
Gerente EASP

Christine Flora Helen Thayer

Anexo I

Términos de Referencia

TERMS OF REFERENCE

Final evaluation of the Action "Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development"	
Region	LA
Beneficiary Country	LA and Uruguay
Sector (as defined in CSP/NIP)	Health
Project number	MIGR/2008/152-804

1. BACKGROUND

As stated in the Guidelines for Applicants (restricted call for proposals 2007-2008 in the framework of the thematic programme of cooperation with third countries in the fields of migration and asylum), at its special meeting in Tampere on 15 and 16 October 1999 the European Council, engaged in drawing up a multiannual work programme in the field of justice and home affairs, made reference for the first time to the need for the EU as a whole to ensure more effective management of migratory flows, in particular by developing a partnership with the third countries concerned. The European Council of 4 and 5 November 2004 adopted a new multiannual programme, known as The Hague Programme, which further develops and underlines the importance of integrating migration and asylum issues into relations with third countries and addressing these issues in a balanced manner.

The guidelines of the Tampere and The Hague programmes were initially reflected in the Commission's efforts to systematically incorporate migration and asylum-related issues into its political dialogues with third countries, and to take account of these issues when drawing up strategies for the use of the financial assistance allocated to them. To ensure the consistency of this approach and its balanced and effective implementation, the European Council of December 2005 set out in its conclusions an overall EU approach to migration, also identifying priority actions to be developed to deal with migratory flows from Africa and the Mediterranean. The European Councils of December 2006 and June 2007 reaffirmed the validity of the overall approach but decided that it should also apply to migratory flows from regions bordering on the EU to the East and South-East, for which priority actions were also identified.

In parallel with these policy developments the EU has also created increasingly effective financial instruments to support cooperation with third countries in the field of migration and asylum.

In 2001 the budgetary authority entered appropriations under Article B7-667 of the EU general budget for the financing of specific preparatory actions for cooperation with third countries in the field of migration: €10 million for 2001, €12.5 million for 2002 and €20 million for 2003.

In July 2003, the European Commission presented to the Council and Parliament a proposal for a Regulation to establish, in parallel to the geographical instruments, a new specific thematic instrument (the Aeneas programme) in follow-up to the preparatory actions financed under budget line B7-667 between 2001 and 2003 with the aim of assisting third countries in their efforts to better manage migratory flows. The duration of this instrument, initially created to cover the period 2004-2008, was finally reduced to three years (2004-2006), during which time migration-related projects will have been financed for an amount of some €120 million.

Under the Financial Perspectives 2007–2013 Aeneas is being replaced by the new thematic programme on cooperation with third countries in the areas of migration and asylum. The implementation of this new thematic programme is based on Article 16 of Regulation (EC) No 1905/2006 establishing a financing instrument for development cooperation (DCI) and Article 2 of Regulation (EC) No 1638/2006 laying down general provisions establishing a European Neighbourhood and Partnership Instrument (ENPI), in accordance with the multiannual strategy (2007-2010) approved by the Member States' Committee on 21 March 2007, and the Commission decision of 29 May 2007.

In accordance with the Financial Regulation and its Implementing Rules, the European Commission adopts an annual action programme of Community grants for each financial year.

The migration of health personnel constitutes a growing problem in the region of the Americas, of grave consequences for the Eastern Caribbean and some countries of Central America, and with incipient but threatening effects in countries of South America. In the last years emigration has created problems for the functioning of the health systems in some countries and has become a topic of discussion in the international forums, seeking effective and accessible ways to face this situation.

Being of common concern in the countries of Latin America, the Ministers of Health have considered convenient to bring it up to discussion. Systematic information concerning health personnel is inexistent in the Region. The studies that specifically address this problem are scarce, although in the last years the availability of information has improved. The information deficit affects the possibility of in-depth analysis and the definition of proposals and interventions. In general, studies on migrations have as a main component the impact on the receiving country, and since it is a phenomenon of a growing nature and with a strong presence in the media, the other components of the phenomenon that involves the countries of origin of the

migrants become diluted. In addition, in the particular case of the human resources in health, the focus of the studies have been centered in other regions such as Africa, with a lack of systematisation of the phenomenon in the group of Latin America.

The dynamic of health personnel migration is complex and is constituted by the different size flows that operate in different directions. The participation of foreign health personnel in the countries of the OECD reaches 30% of its work force and there is evidence of growth trends of this phenomenon during the last decade, especially for nursing personnel.

The migration of health personnel also occurs between neighbouring countries, of which there are many examples in the Region of Latin America. The trends indicate that in response to this new mobility, migration will intensify the imbalances already present between the regions of higher and lower development.

The migration of health care professionals is related to the shortcomings of the labor markets of the poor countries and tends to extract from these the younger and more qualified individuals that have an easier time adapting to the receiving labor market. The emigrating personnel are found among the age ranges of most productivity for the professionals, where the country has invested and not received the expected returns from that inversion, through the expected delivery of services to the population.

On the other hand, many health professional training programs in the countries of the Region contribute directly or indirectly to facilitate the migration of its graduates. Another determining factor in migration is the interest of the health workers, mostly of the professionals, to have access to programs of supplementary formation.

The migration of health personnel is linked with shortage, inadequate distribution and imbalances in the allocation of health personnel, in addition of poor work conditions and salary, lack of promotion opportunities and personnel development, work instability, lack of support for the workers and exclusion in the decision making process.

Many studies have identified the factors that promote and determine the healthcare personnel migratory processes. Some of them are summarized in the next table, grouped by "push" factors (characteristic of the "provider" countries) and "pull" factors (characteristic of the countries and destination services).

	PUSH FACTORS	**PULL FACTORS**
LABOR RELATED	- Little gratifying remuneration - Uncertainty about the future - Weak infrastructure and supply and lack of work material - Rigid schedules and prolonged work hours - Few opportunities for professional development - Poor services management, specially referred to personnel well-being	- Possibility to improve the economic capacity - Work stability - Career opportunities - Opportunities for professional development
INDIRECT	- Personal and family insecurity - Limited life conditions (electricity, transport, housing, etc.).	- international recruiting agencies - Language compatibility - Policies for obtaining a visa - Personal and family safety - Better school opportunities

In this sense, the factors that are mostly highlighted to promote the permanence of the health workers are: better remuneration, a favourable work environment, better management of issues related with health services and opportunities for continuing education.

The comprehension of the migratory process of the health personnel also should take into account the influence of the agencies created to promote and process the international recruiting of health care workers. The loss of health professionals can cause grave deficiencies in available services and the capacity of the countries to advance in their plans for health development. Migration is part of the human right of freedom of movement and the use of knowledge and individual abilities in the search for a better life.

Without denying the professional, personal and economic benefits for the people that emigrate, or their individual right to seek better work and life perspectives, it is necessary to recognize that the emigration of health personnel generates profound consequences in the coverage and quality of the healthcare systems of the supplying countries. Thus, the current situation demands that developing countries carry out effective interventions to stop the loss of health human resources. The fundamental issue is to guarantee that every country counts with enough human resources in health, performing in the most needed places and with the effectiveness that the health situation requires.

The creation of a regional network of analysis of health personnel migration is considered necessary due to the international character of the topic that requires the exchange of data and the compatible development of systematization of information sources and processes concerning health personnel migration between countries. In turn, this will enable experts to study and characterize key issues and formulate policies aimed at mitigating or reversing its negative effects.

Dialogue and negotiation among the stakeholders affected by the migration of healthcare personnel are indispensable. An open discussion of key issues in health policy is necessary to protect the interests of poor countries' health services, particularly in the framework of commercial liberalization and growing globalization.

Strategies in the source countries are related to general development and sectoral capacity and are frequently the central focus of international projects and programs cooperation. Many developed countries that recruit foreign personnel also promote broad bilateral cooperation policies in which they could collaborate with the source countries to develop their human resources, not only to compensate them for losses due to emigration, but to guarantee their capacity to reach the Millennium Goals.

Therefore, the sending countries must promote regional agreements and collective negotiation with the receiving countries of health personnel, directed to limit the migration, regularize their flows in time and establish adequate compensation mechanisms in the countries of origin of the health professionals. The receiving countries have an ethical duty to guarantee their new workers the same rights as the local workers while also providing adequate cultural orientation. The collaboration between countries to mitigate the effects of health personnel emigration is indispensable.

Identification of the Action: **Migration of Health Professionals between Latin America and Europe: analysis and generation of opportunities for shared development**

- Full name. Legal basis and commitment decision regarding the EC support.

Thematic programme of cooperation with third countries in the areas of migration and asylum (Budget lines 19.020101 and 19.020102)

(The implementation of this thematic programme is based on Article 16 of Regulation (EC) No 1905/2006 establishing a financing instrument for development cooperation (DCI)[1] and Article 2 of Regulation (EC) No 1638/2006 laying down general provisions establishing a European Neighbourhood and Partnership Instrument (ENPI)[2], in accordance with the multiannual strategy (2007-2010) approved by the Member States' Committee on 21 March 2007, and the Commission decision of 29 May 2007. Annual action programme for 2007 and in part for 2008).

Objective and purpose of the Action

To help build capacities and reinforce strategies aimed at improving human resource planning processes in Latin America and in EU countries that receive migrating professionals. Contribute elements for defining cooperation development policies that take into consideration the problems derived from the flow of professional migrants among different countries. To contribute to the definition of a global perspective that respects the rights and needs of the people and systems involved.

[1] http://ec.europa.eu/europeaid/what/delivering-aid/funding-instruments/documents/dci_en.pdf
[2] http://ec.europa.eu/world/enp/pdf/oj_l310_en.pdf

In summary, the overall objective is to contribute to the effort to promote an effective management of migration flows of doctors and nurses in the Latin American and European Union areas. This action could act as a catalyst to channel the many initiatives being articulated by diverse organizations to deal with migratory issues (mainly health ministries and the World Health Organization). The added value provided by this action is that it will integrate sector-wide official development aid planning efforts into a European setting (European Union and bilateral cooperation activities).

Specific objective of the project

To formulate a consensus proposal based on international dialogues on good practices in human resources for health and on the role that agencies of cooperation for development may play in executing migration policies with this orientation. This implies at least the following sub-objectives:

- Characterize the situation of health professionals' migratory flows (medicine and nursing) within Latin America and toward the European Union.
- Review on-going bi- and multilateral experiences and design a proposal to guide health workers' movements on the basis of migration management so as to generate beneficial effects to the people and health systems involved, in both source and receptor countries.
- Prepare a consensus proposal based on international dialogues on good practices in human resources for health.
- Prepare a consensus proposal based on an international dialogue on the role that agencies of cooperation for development may play in the execution of migration policies with this orientation.
- Evaluate and systematize the experience and identify lessons learned for replication and expansion to other geographical spaces.

The project includes actions in the areas of:

1. **Information Systems**
2. Aspects related to **circulation**
3. **Management and regulation** and,
4. Implication and integration of **sector-wide cooperation strategies** for development, consistent with the stated principles.

Expected results

Result 1: The migratory flows of health professionals (medicine and nursing) within Latin America and toward the European Union have been characterized.
Result 2: A consensus-based proposal has been generated to help manage the movement of health workers in ways that benefit the people and health systems involved, both in source and receptor countries.
Result 3: The experience is evaluated and systematized. Lessons learned have been identified for replication and expansion to other geographical spaces.

The intervention is aimed at three different target groups:

The ultimate beneficiaries will be the citizens of the countries involved who will enjoy increased opportunities to have at their disposal the doctors and nursing professionals that their health systems need, depending on their health services' administrative and managerial capabilities.

The direct beneficiaries of this intervention are:

The region's health ministries, which will have at their disposal the additional information needed to provide better input into their human resource planning processes; a work guide adapted to this reality; and access to formal training in this field. The region's doctors and nurses will enjoy mechanisms that will enable them to freely exercise their right to choose their desired place of practice within a framework that eases possible distortions in the original health system as well as in the new destination, creating reciprocal benefits in the process. Cooperative development agencies will be able to rely on information useful to them in developing sect oral approaches that consider how to control the negative impact of health professionals' migration to the north on southern health care systems.

Activities

- Review of the literature. Field studies on particulars and triggering of the professional migratory process.
- Review of sources of information on health care systems.
- Analysis of planning processes.
- Design of content manager and specific IS.
- Teaching framework and pedagogic design in virtual learning environments.
- Qualitative information-gathering techniques (NGT, Delphi...).
- Consensus building (conference and/or seminar).
- Task force (seminars and workshops).
- External and internal marketing (definition of target sectors, expanding products and communication strategies and selective involvement by segment and product).
- Visibility.

See also logical framework (Annex 1 – in Spanish).

- Origin of the action, historical background, design and programming process, policies and strategies which the project/programme contributes to.

Concerns regarding the "brain drain" of qualified professionals from developing countries to more developed ones have existed for decades and the subject has become a priority that is being addressed by a broad array of institutions and international organizations. Over the past few years the issue of migrating health professionals has increased in significance, as evidenced by the WHO's 2006 report on World Health, which dedicated an entire section to the crisis of human resources in the health sector. Interest on this subject has also grown as a result of efforts to meet the Millennium Development Goals related to health in both developed and developing countries.

Migration policies have long been a priority issue in the EU, as well, especially as they relate to migratory movements and the brain drain of professionals in the health sector.

Since 2006 an EU Action Program has been in force to address the severe shortage of health personnel in developing countries (2007-2013), together with a Thematic Program on Cooperation with Third Countries in the fields of migration and asylum.

The EASP is an academic institution that provides services in teaching, research, consultancy and international health with expertise in public health and health services management. It has over 25 years of experience in running projects involving international cooperation and international health, and develops specific projects in the field of migration, from the perspective of health professionals as well as users.

Because the migration of health professionals is a concern shared by all countries in the Iberoamerican region, its health ministers decided to place the subject at the center of debate in sectoral conferences organized by the SEGIB (General Secretariat for Iberoamerica). At the Conference held in 2006 in Colonia de Sacramento (Uruguay) a Working Group on the Migration of Health Professionals was created. Later, at a Conference held in 201 in Luque (Paraguay) that group was transformed into the RIMPS (Latin American Network on the Migration of Health Professionals). In addition, in the year 2005 PAHO organized a consultation aimed at identifying key challenges confronting countries in that region in the field of human resources. As a result, five basic challenges were identified and, at the Seventh Regional Meeting for Observatories on Human Health Resources celebrated in Toronto (Canada) in 2005; these were included in a common platform named "Call to Action for a Decade of Human Health Resources." In October of 2007 all countries in the American Region signed Resolution Number CSP27/10, Regional Goals for Human Resources in Health 2007-2015, that laid out five challenges related to human resources in health.

In response to a call for proposals launched by the EC under its thematic program for migration and asylum, the Andalusian School of Public Health, PAHO/WHO, and the Uruguayan Ministry of Public Health agreed to present an offer that would permit all three entities to work collectively in this field, bringing together their broad expertise, setting priorities jointly, and creating common strategies.

EASP has been the leader of this consortium. A Steering Committee was created, formed by the person responsible for this Action in the EASP and two members from other participating entities (PAHO and the Uruguayan Ministry of Public Health), along with a Technical Secretariat for the Action to facilitate relations

with the other institutions and professionals participating in different aspects of the Action (financing entity, cooperation agencies, specific working groups, etc.). The coordination established with all actors involved in this Action has been excellent.

A variety of activities were subcontracted as part of the Action. In all of these cases the EC's norms and hiring procedures were strictly followed. Working relationships with the entities and experts subcontracted by the consortium have been excellent and no significant problems arose with any of them.

Between April and May of 2010 a monitoring mission was conducted; the results of that mission will be available to the evaluation team.

The project's overall budget comes to 1.185.300 €; the amount of the European Commission's grant came to 871.388 € (representing 73.51% of total eligible costs). No significant changes occurred, although the % of final execution has to be established.

Initially the Action was to have been developed over a 30-month period but in mid-May 2011 an addendum request was made and granted to extend the Action's deadline for a period of six months. December 31, 2011 was set as the new date for its completion. Adjustments were made to the budget, but no changes were made that affected the initial amount stipulated. See relevant documents in Annex 1 (updated logical framework – in Spanish) and Annex 2 (addendum and updated budget).

The Action has been developed according to plan, except for the six-month extension mentioned above. For further information, see annual reports corresponding to the years 2009, 2010, and 2011.

2. EVALUATION OBJECTIVES

The final evaluation, which has been foreseen in the Technical and Administrative Provisions of the Action Financing Agreement, will provide the decision-makers in the Delegation of the EC, Government of Uruguay, the entities implied in the management of the action and the relevant external co-operation services of the European Commission and the wider public with sufficient information to:

a. Make an overall independent assessment about the past performance of the project/ programme, paying particularly attention to the results and impact –if appropriate of the project actions against its objectives;
b. Propose practical recommendations for follow-up actions.

3. METHODOLOGY

For methodological guidance refer to the EuropeAid's Evaluation methodology website http://ec.europa.eu/comm/europeaid/evaluation/intro_pages/methods.htm where guidance is available for evaluation teams (consultants) as well as to "Aid Delivery Methods', Volume 1 'Project Cycle Management Guidelines (EuropeAid, March 2004) http://ec.europa.eu/comm/europeaid/reports/pcm_guidelines_2004_en.pdf

Methodological guidance for the evaluation of integration of cross-cutting issues (environmental sustainability, gender, good governance and human rights) may be found in the following websites (please note that this links could be changed):

http://europa.eu.int/comm/development/body/theme/environment/env_integ/env_integration/pdf_frms/envintegrform18_4.pdf#zoom=100
http://www.cc.cec/EUROPEAID/ThematicNetworks/qsg/Networks/newGender/documents/tk_section1_handbook.pdf
- pages 51 and 70
http://europa.eu.int/comm/europeaid/projects/eidhr/pdf/themes-gg-handbook_en.pdf
- pages 111 - 114

3.1 Management and steering of the Evaluation

The evaluation is managed by the Action's Director at EASP with the assistance of a reference group consisting of members of the staff of the action at EASP. The reference group member's main functions will be:

- To ensure that the consultant/evaluation team has access to and has consulted all relevant information sources and documents related to the project/programme.
- To validate the evaluation questions.
- To discuss and comment on notes and reports delivered by the consultant/evaluation team. Comments by individual group members are compiled into a single document by the evaluation manager and subsequently transmitted to the consultant/evaluation team.
- To assist in feedback of the findings, conclusions, lessons and recommendations from the evaluation.

3.2 The evaluation approach / process

Once the external evaluation has been contractually engaged, the evaluation process will be carried out through three phases: a Desk Phase, a Field Phase and a Synthesis Phase, as described below:

3.2.1 Desk Phase

In the inception stage of the Desk Phase, the relevant programming documents should be reviewed, as well as documents shaping the wider strategy/policy framework. The consultant/evaluation team will then analyse the logical framework as reconstructed by the Action team after the intermediate recommendations. In the finalisation stage of the Desk Phase, the consultant/evaluation team should carry out the following tasks:

- Systematic review of the relevant available documents, including at least the documents listed in Annex 2;
- Describe the development co-operation context.
- Comments on the logical framework.
- Comments on the issues / evaluation questions suggested or, when relevant, propose an alternative or complementary set of evaluation questions justifying their relevance.
- Present an indicative methodology to the overall assessment of the project/programme.
- Interview the action's responsible at EC Delegation and key partners in Uruguay.
- Present each evaluation question stating the information already gathered and their limitations, provide a first partial answer to the question, identify the issues still to be covered and the assumptions still to be tested, and describe a full method to answer the question.
- Identify and present the list of tools to be applied in the Field Phase;
- List all preparatory steps already taken for the Field Phase.

<u>At the end of the desk phase a desk report shall be prepared</u>

3.2.3 Field phase

The Field Phase should start upon approval of the Desk Phase report by the evaluation manager. The consultant/evaluation team should:

- Submit its detailed work plan with an indicative list of people to be interviewed, surveys to be undertaken, dates of visit, itinerary, and name of team members in charge. This plan has to be applied in a way that is flexible enough to accommodate for any last-minute difficulties in the field. If any significant deviation from the agreed work plan or schedule is perceived as creating a risk for the quality of the evaluation, these should be immediately discussed with the evaluation manager.
- Hold a briefing meeting with the action's responsible at EC Delegation in the first days of the field phase.

- Ensure adequate contact and consultation with, and involvement of, the different stakeholders; working closely with the relevant government authorities and agencies during their entire assignment (Public Health Ministry of Uruguay).
- Summarise field work at the end of the field phase, discuss the reliability and coverage of data collection, and present its preliminary findings in a meeting with the Reference Group.

It will be necessary to schedule a visit to Montevideo, Uruguay to meet with key persons in the EC Delegation and the Uruguayan Public Health Ministry. Travel to Granada and Madrid is also contemplated to hold interviews with persons responsible for the Action at the EASP's headquarters and in the General Secretariat for Iberoamerica in Madrid. Interviews that need to be held with PAHO and other key contacts will be facilitated through the use of videoconferences and teleconferences, or other similar means.

3.2.4 Synthesis phase

This phase is mainly devoted to the preparation of the draft final report. The consultant/evaluation team will make sure that:

- Their assessments are objective and balanced, affirmations accurate and verifiable, and recommendations realistic.
- When drafting the report, they will acknowledge clearly where changes in the desired direction are known to be already taking place, in order to avoid misleading readers and causing unnecessary irritation or offence.

If the evaluation manager considers the draft report of sufficient quality, he/she will circulate it for comments to the reference group members, and convene a meeting in the presence of the evaluation team.

On the basis of comments expressed by the reference group members, and collected by the evaluation manager, the evaluation team has to amend and revise the draft report.

4. REPORTING REQUIREMENTS

The reports must match quality standards. The consultant will submit the following reports in Spanish:

1. **Inception report** of maximum 10 pages to be produced after one week from the start of the consultant services. In the report the consultant/evaluation team shall describe the first finding of the study, the foreseen decree of difficulties in collecting data, other encountered and/or foreseen difficulties in addition to his programme of work and staff mobilization.
2. **Desk report** (of maximum 30 pages, main text, excluding annexes) to be submitted at the end of the desk phase.
3. **Draft final report** (of maximum 40 pages) using the structure set out in Annex 3 and taking due account of comments received from the reference group members. Besides answering the evaluation questions, the draft final report should also synthesise all findings and conclusions into an overall assessment of the action. The report should be presented within seven days from the receipt of the reference group's comments.
4. **Final report** with the same specifications as mentioned under 3 above, incorporating any comments received from the concerned parties on the draft report, to be presented within seven days of the receipt of these comments. This report should be presented both in Spanish and in English.

The consultant/evaluation team will send the final report in PDF format to the address mentioned in point 10.

The consultant/evaluation team will include as an Annex the DAC Format for Evaluation Report Summaries (see Annex 4). The report is to be disseminated under the full responsibility of the Commission.

5. THE EVALUATION TEAM

Individuals/institutions participating in this procedure will be allowed to apply their own criteria regarding the team's composition or the designation of an independent consultant to carry out this evaluation. The expert, or at least one of the experts chosen, must comply with the following profile and qualifications:

Senior with experience in the area of work of the action with a deep knowledge of the EC evaluation procedures category I, public health expert, or economist/ project planner & analyst, university education, extensive and relevant experience (minimum 15 years), in the detailed design/ feasibility studies, well-versed in project evaluation methods and techniques.

- With a solid and diversified experience in the field of labour migration and/or public health services, including experience in evaluation of projects.
- Full working knowledge of Spanish and excellent report writing.
- Fully conversant with the principles and working methods of project cycle management and EC aid delivery methods.

6. WORK PLAN AND TIMETABLE

In response to these terms of reference the consultant should propose a chronogram that adapts to the evaluation's planned timeline, establishing a range of between 45 to 60 days from its start-up.

The dates mentioned in the table may be changed with the agreement of all parties concerned.

Activita	Place	Duration	*Expert A*	*Expert B*	Dates
Desk Phase - Inception • Reference group meeting • Preparation - submission inception report • Reference group meeting • Interviews with programme management, EC services, etc. • Preparation – submission desk report	Granada	[.] day(s) [.] day(s) [..] day(s)	*[..]* *[..]* *[..]*	*[..]* *[..]* *[..]*	...
Field Phase • Travel Eur/[country] • Briefing EC Delegation • Debriefing EC Delegation • Travel [*country*]/Eur	Montevideo (URU) Madrid (ESP) Granada (ESP) Other ...	[..] day(s) [..] day(s) [..] day(s) [..] day(s) [..] day(s)	*[..]* *[..]* *[..]* *[..]* *[..]*	*[..]* *[..]* *[..]* *[..]* *[..]*	...
Debriefing EC HQ (if appropriate)	Granada	[..] day(s)	*[..]*	*[..]*	...
Synthesis Phase • Drafting provisional final report • Reference group meeting • Finalization report	Granada	[..] day(s) [.] day(s) [[..] day(s)	*[..]* *[..]* *[..]*	*[..]* *[..]* *[..]*	...
TOTAL		**[.45-60] days**	*[..]*	*[..]*	

7. BUDGET

The maximum budget available for this contract (including all items related to costs, taxes, charges, insurance, operational expenses, fees, etc.) amounts to 24.000 € (twenty-four thousand Euros).

8. SELECTION PROCEDURE

The expert/consulting firm should present its candidacy at the address indicated in item 10. The following documents should be submitted:

- Observations, if applicable, to the Terms of Reference that are considered relevant to the evaluation's correct implementation.
- CV of the expert/s proposed for carrying out the work.
- Chronogram, as mentioned above in item 6.
- Financial proposal.
- In the case of consulting firms, the name of the person responsible for coordination of the team's work and for communication with those responsible for the Action should be clearly indicated

During the selection process the following criteria will be taken into consideration:

- Observations relevant to the Terms of Reference.
- Experience and suitability of the proposed expert/professional team.
- Technical capacity and experience in similar work.
- The financial proposal submitted.

9. CONTRACT SIGNATURE AND PAYMENT TERMS

Following selection of the expert/consulting firm, a contract to provide services will be signed. Attached to that contract will be a series of annexes that contain the terms of reference and experts' CVs. Upon signature of the contract the following documents must be presented:

Independent Expert:

- Copy of a document to accredit identity.
- Sworn statement declaring compliance with legislative criteria applicable for signing contracts of this nature and non-involvement in any situation that would imply exclusion under the norms established.

Consulting firm:

- Legal document accrediting the company's creation.
- Public Registration document.
- Power of the company's legal representative to represent the institution.
- Copy of the identification document of the institution's legal representative.

Payment will be made upon completion of the following phases:

- First payment: To be made effective upon the contract's signature (50%).
- Second payment: To be made upon delivery and approval of the final evaluation report (50%).

10. SUBMISSION OF OFFERS

Candidates should send their documents by email specifically mentioning the subject: "Final evaluation MPDC Action" to: maritxu.pando.easp@juntadeandalucia.es

The deadline for presenting proposals is: **27th of January , 2012, at 12:00** a.m.

Candidates can direct their requests for clarifications to the following e-mail: maritxu.pando.easp@juntadeandalucia.es until **25th of January, 2012**, at 16:00 p.m.

LIST OF ANNEXES

Annex 1: Logical framework

Annex 2: Key documents that will be available through www.mpdc.es

Annex 3: Layout, structure of the Final Report

Annex 4: The Standard DAC Format for Evaluation Report Summaries

ANNEX 1

LOGICAL FRAMEWORK

ANEXO 1 Marco Lógico

	Lógica de la intervención	Indicadores objetivamente verificables	Fuentes y medios de verificación	Asunciones
Objetivo General	Contribuir a la gestión efectiva de los flujos migratorios de profesionales médicos y de enfermería en la región europea y de Latino América.	Disponer de información y estrategias para la implementación de políticas de regulación efectiva de los flujos migratorios de profesionales de la salud entre AL y la UE (Espacio de la Secretaría General Iberoamericana)	Existen informes sobre i) estado de la situación ii) buenas prácticas de regulación de las migraciones profesionales iii) estrategias para generación de flujos de beneficio mutuo bidireccionales, generadas por el proyecto y auspiciadas por OPS-OMS, GTMP y presentadas a las agencias de cooperación en el marco de la SEGIB. Se cuenta con una actividad formativa diseñada y accesible orientada a la mejora de la planificación de recursos humanos de salud (áreas médicas y de enfermería)	
Objetivo específico	Formular una propuesta consensuada basada en el diálogo internacional sobre buenas prácticas relacionadas con la migración de profesionales de la salud y en el papel que las agencias de cooperación pueden jugar en su ejecución	Propuesta de consenso formulada y firmada por actores implicados (Ministras y Ministros de Salud del espacio Iberoamericano).	Documento aprobado en el ámbito del Grupo de trabajo sobre Migraciones Profesionales de la Conferencia de Ministras y Ministros de Salud de la Secretaría General Iberoamericana sobre buenas prácticas en migración de profesionales de la salud.	Las políticas de los ministerios de salud y de las agencias de cooperación son consistentes con las formulaciones y códigos éticos a los que se han adherido respecto a la problemática que el proyecto enfrenta.
Resultados esperados	Resultado 1: Los flujos de migración profesional (medicina y enfermería) en América Latina y Europa han sido caracterizados. Resultado 2: Propuesta de consenso basada en el diálogo orientada a la generación de beneficios mutuos derivados de la migración profesional tanto para las personas implicadas como para los sistemas de salud emisores y receptores.	R1: i) Situación caracterizada y sistema de información consensuado diseñado. ii) sistema de seguimiento operativo y disponible en la WWW. R2: i) Informe editado sobre buenas prácticas en la gestión de la migración de profesionales de salud. ii) Guía metodológica para la planificación de recursos humanos aceptada por los órganos responsables. iii) Las unidades de recursos humanos de salud en la región tienen acceso a actividades de formación orientadas a la adecuada planificación de RHS. Dos talleres regionales habrán sido realizados.	R1-i) Informe sobre estado de situación resultado de los estudios de caso realizados (informe consolidado e informes finales de Bolivia, Colombia, Chile, Ecuador, España, Honduras, Italia, Nicaragua, Paraguay, Perú, República Dominicana, Uruguay y Venezuela) y revisión de la literatura publicado y accesible en la www.mpdc.es R2-i) Informe sobre buenas prácticas en la gestión de flujos migratorios resultado de la revisión e investigación desarrollada publicado y accesible en la www.mpdc.es	R.1 Los ministerios de salud educación y organizaciones profesionales aportan la información relacionada y mantienen el compromiso de ofrecer información sistemática R.2 La situación del personal de salud sigue siendo analizada desde una perspectiva global que debe ser tratada mediante consensos que respeten los intereses de las naciones y de las personas implicadas.

	Resultado 3: La experiencia ha sido evaluada y sistematizada extrayendo las lecciones aprendidas para la replicación y extensión de los resultados a otras áreas geográficas	iv) Existe documento de consenso sobre prioridades y estrategias de las cooperación internacional para contribuir a la gestión de la migración generadora de flujos bidireccionales R3: i) Propuesta diseñada para la generalización y replicación de la experiencia basada en las lecciones aprendidas	R2-ii-iii): Curso y manual de soporte diseñados, ofertados y accesibles para los profesionales de los ministerios de salud del área de intervención de la acción en campus virtual de salud pública de la OPS. R2-iv) Se dispone de un documento de consenso sobre gestión de flujos migratorios presentado a las agencias de cooperación de los países del espacio Iberoamericano más directamente relacionados con el área de estudio detectados en el análisis de situación. R3-i) Informe accesible y disponible en la WWW.	R.3 Las políticas de los ministerios de salud y de las agencias de cooperación son consistentes con las formulaciones y codigos eticos a los que se han adherido respecto a la problematica que el proyecto enfrenta.
Actividades	1-1: Revisión de la literatura e información relevante sobre el área de estudio 1-2: Diseño de estudios multicéntricos para conocer la realidad bajo estudio en los colectivos seleccionados (medicina y enfermería) centrados en los flujos desde América Latina (SEGIB) y hacia la UE 1-3: Diseño e implementación de un sistema de información que permita un seguimiento permanente de la situación. 2-1: Diseño y desarrollo de un proceso participativo para la construcción de propuestas de generación de flujos bidireccionales positivos que permitan el beneficio mutuo, implicando a los principales actores vinculados (profesionales migrantes, planificadores académicos, agentes de cooperación y otros actores sociales) 2-2: Elaboración de una guía metodológica par ala planificación de recursos humanos en la región que responda a los principios generados por consenso 2-3: Promover un proceso de formación dirigido a las unidades de planificación de recursos humanos 2-4: Diseñar y desarrollar un proceso participativo para la construcción de un consenso sobre la definición de estrategias de cooperación que contribuyan a la gestión de las migraciones desde la perspectiva de la búsqueda del beneficio mutuo 3-1: Revisión del proceso y de los productos obtenidos	**Recursos:** *. tiempo de expertos* *. contratación de estudios* *. tiempo de expertos* *Construcción de consenso* *. tiempo de expertos* *. tiempo de expertos* *. seminarios y talleres* *Tecnología de comunicación e información* *. tiempo de expertos* *Tecnología de comunicación e información* *tiempo de expertos* *. seminarios y talleres* *. tiempo de expertos*	**Costes:** Salarios personal Adquisición publicaciones Contratación estudios de terreno Desarrollo aplicación gestión IS Contratación ponencias Gestión seminarios, talleres y reuniones Logística reuniones Viajes Perdiem Edición materiales divulgativos Edición Publicaciones Estrategia marketing	

	3-2. Estrategia de generalización diseñada e implementada	*Tecnología de comunicación e información* *. tiempo de expertos* *. seminarios y talleres*		

ANNEX 2

KEY DOCUMENTS THAT WILL BE AVAILABLE THROUGH www.mpdc.es:

- Thematic Programme of Cooperation with Third Countries in the areas of Migration and Asylum
- Call for proposal
- Full proposal MPDC
- MPDC contract
- Report on the evaluation of projects financed under AENEAS and Thematic Programme for Migration and Asylum
- Monitoring report MPDC
- Green Paper on the EU Workforce for Health
- WHO Global Code of Practice on the International Recruitment of Health Personnel
- Relevant documents Ibero American General Secretariat (SEGIB) and Ibero American Networks. See www.segib.org
- Regional goals for human resources for health 2007-2015 (Toronto Call to Action)
- Addendum for extension
- Updated budget
- Technical and financial reports 2009, 2010 and 2011
- Audit reports 2009, 2010 and 2011
- MPDC results (products and reports)

ANNEX 3

LAYOUT, STRUCTURE OF THE FINAL REPORT

LAYOUT, STRUCTURE OF THE FINAL REPORT

The final report should not be longer than approximately 50 pages. Additional information on overall context, programme or aspects of methodology and analysis should be confined to annexes.

The cover page of the report shall carry the following text:

"This evaluation is supported and guided by the action "Migration of Health Professionals between Latin America and Europe. Opportunities for Shared Development - MPDC", and presented by [name of consulting firm]. The report does not necessarily reflect the views and opinions of the European Commission".

The main sections of the evaluation report are as follows:

1. EXECUTIVE SUMMARY

A tightly-drafted, to-the-point and free-standing Executive Summary is an essential component. It should be short, no more than five pages. It should focus mainly on the key purpose or issues of the evaluation, outline the main analytical points, and clearly indicate the main conclusions, lessons learned and specific recommendations. Cross-references should be made to the corresponding page or paragraph numbers in the main text that follows.

2. INTRODUCTION

A description of the action and the evaluation, providing the reader with sufficient methodological explanations to gauge the credibility of the conclusions and to acknowledge limitations or weaknesses, where relevant.

3. ANSWERED QUESTIONS/ FINDINGS

A chapter presenting the evaluation questions and conclusive answers, together with evidence and reasoning.

The organization of the report should be made around the responses to the Evaluation questions which are systematically covering the DAC evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability, plus coherence and added value specific to the Commission, that fit with the characteristics of the action studied. In such an approach, the criteria will be translated into specific questions. These questions are intended to give a more precise and accessible form to the evaluation criteria and to articulate the key issues of concern to stakeholders, thus optimising the focus and utility of the evaluation.

The evaluation team should present in the inception report the issues and questions which deserve to be studied on the different evaluation criteria:

3.1 Problems and needs (Relevance)

The extent to which the objectives of the development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partners' and EC's policies.

3.2 Achievement of purpose (Effectiveness)

The effectiveness criterion, concerns how far the project's results were attained, and the project's specific objective(s) achieved, or are expected to be achieved.

3.3 Sound management and value for money (Efficiency)

The efficiency criterion concerns how well the various activities transformed the available resources into the intended results (sometimes referred to as outputs), in terms of quantity, quality and timeliness. Comparison should be made against what was planned.

3.4 Achievement of wider effects (Impact)

The term impact denotes the relationship between the project's specific and overall objectives.

3.5 Likely continuation of achieved results (Sustainability)

The sustainability criterion relates to whether the positive outcomes of the project and the flow of benefits are likely to continue after external funding ends or non funding support interventions (such as: policy dialogue, coordination).

3.6 Mutual reinforcement (coherence)

The extent to which activities undertaken allow the European Commission to achieve its development policy objectives without internal contradiction or without contradiction with other Community policies. Extent to which they complement partner country's policies and other donors' interventions.

4. VISIBILITY

The consultants will make an assessment of the project's strategy and activities in the field of visibility, information and communication, the results obtained and the impact achieved with these actions in both the beneficiary country and the European Union countries.

5. OVERALL ASSESSMENT

A chapter synthesising all answers to evaluation questions into an overall assessment of the action. The detailed structure of the overall assessment should be refined during the evaluation process. The relevant chapter has to articulate all the findings, conclusions and lessons in a way that reflects their importance and facilitates the reading. The structure should not follow the evaluation questions, the logical framework or the seven evaluation criteria.

6. CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

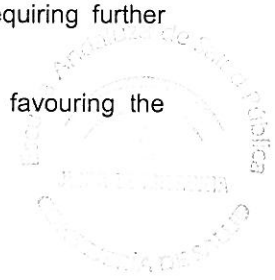
This chapter introduces the conclusions relative to each question. The conclusions should be organised in clusters in the chapter in order to provide an overview of the assessed subject.

It should features references to the findings (responses to the evaluation questions) or to annexes showing how the conclusions derive from data, interpretations, and analysis and judgement criteria.

The report should include a self-assessment of the methodological limits that may restrain the range or use of certain conclusions.

The conclusion chapter features not only the successes observed but also the issues requiring further thought on modifications or a different course of action.

The evaluation team presents its conclusions in a balanced way, without systematically favouring the negative or the positive conclusions.



A paragraph or sub-chapter should pick up the 3 or 4 major conclusions organised by order of importance, while avoiding being repetitive. This practice allows better communicating the evaluation messages that are addressed to the Commission.

If possible, the evaluation report identifies one or more transferable lessons, which are highlighted in the executive summary.

6.2 Recommendations

They are intended to improve or reform the action in the framework of the cycle under way, or to prepare the design of a new intervention for the next cycle.

The ultimate value of an evaluation depends on the quality and credibility of the recommendations offered. **Recommendations** should therefore be as realistic, operational and pragmatic as possible; that is, they should take careful account of the circumstances currently prevailing in the context of the project, and of the resources available to implement them both locally and in the Commission.

They could concern policy, organisational and operational aspects for both the national implementing partners and for the Commission; the pre-conditions that might be attached to decisions on the financing of similar projects; and general issues arising from the evaluation in relation to, for example, policies, technologies, instruments, institutional development, and regional, country or sectoral strategies.

Recommendations must be clustered and prioritised, carefully targeted to the appropriate audiences at all levels, especially within the Commission structure (the action task manager and the evaluation manager will often be able to advise here).

7. ANNEXES TO THE REPORT

The report should include the following annexes:

- The Terms of Reference of the evaluation
- The names of the evaluators and their companies (CVs should be shown, but summarised and limited to one page per person)
- Detailed evaluation method including: options taken, difficulties encountered and limitations. Detail of tools and analyses.
- Logical Framework matrices (original and improved/updated)
- List of persons/organisations consulted
- Literature and documentation consulted
- Other technical annexes (e.g. statistical analyses, tables of contents and figures)
- Page DAC summary, following the format in Annex 4.

ANNEX 4

THE STANDARD DAC FORMAT FOR EVALUATION REPORT SUMMARIES

THE STANDARD DAC FORMAT FOR EVALUATION REPORT SUMMARIES

Evaluation Title (and Reference)

Abstract
(central, 4 lines maximum)

Subject of the Evaluation
(5 lines max. on the project, organisation, or issue/theme being evaluated)

Evaluation Description
Purpose (3 lines max)
Methodology (3 lines max)

Main Findings
Clearly distinguishing possible successes/obstacles and the like where possible (25 lines/max)

Recommendations

25 lines/lignes max

Feedback
(5 lines/lmax)

Donor: European Commission	Region:	DAC sector :
Evaluation type: Efficiency, effectiveness and impact.	Date of report:	Subject of evaluation :
Language :	N° vol./pages :	Author :
Programme and budget line concerned :		
Type of evaluation :	( ) ex ante (x) intermediate / ( ) ex post ongoing	
Timing :	Start date :	Completion date :
Contact person :	Authors :	
Cost : Euro	Steering group : Yes/No	

Anexo II

CV de la profesional

CURRICULUM VITAE

Proposed Position in the Programme: Health Planning/Management/Public Health

1. **Family Name:** Thayer
2. **First Names:** Christine Flora Helen
3. **Date of Birth:** 06/06/47
4. **Nationality:** British
5. **Civil Status:** Married
6. **Education:**

Institution [Date from – Date to]	**Degree(s) or Diploma(s) obtained**
University of Aberdeen 1969	MA – Political Studies
Institute of Health Services Management 1973	Diploma: Health Services Management
University of London 1981	LLB: Law
University of Nancy 1992	Diploma: Public Health
University of Aberdeen 1993	Certificate: Health Economics
University of Paris VII 1996	DEA (= M. Phil) Health Systems
University Paris VII 2007	Ph.D. in Health Systems (awarded "cum laude")

7. **Language skills: Indicate competence on a scale of 1 to 5** (1 – excellent; 5 – basic)

Language	Reading	Speaking	Writing
English (Mother tongue)	1	1	1
French	1	1	1
German	1	1	2
Spanish	1	2	2

8. **Membership of professional bodies:** Director of Health Programmes, International Association Law, Ethics & Science
9. **Other skills:** Full computer literacy
10. **Present Position:** Independent Consultant in Health Planning and Management and Public Health
11. **Years within the firm:** since January 2004
12. **Key Qualifications:**

More than 15 years' professional experience in health & development, including substantial evaluation experience and a strong research background:

- Participation in 15 evaluation missions (mainly for the EU), team leader in nine of them. Sound knowledge of evaluation methodologies including application of the DAC criteria
- Since 1989 technical assistance on health issues to the governments of intermediate and less-developed countries in the fields of health planning (including human resources), management, quality improvement and public health.
- Experience of managing a health systems research portfolio for the French Health Ministry over a 6-year period and later for a Paris-based school of management. Several of the research themes were related to planning and management of human resources for health.
- Strong and longstanding interest in health migration issues: subject of dissertation for the Diploma in Public Health of the University of Nancy (1992).
- Doctorate awarded cum laude by the University of Paris 7 (2006) for a thesis on the migration of health professionals within the enlarged European Union. The focus was on the flow of doctors and dentists in particular from the poorer to the more economically developed countries in a context of commercial liberalisation and increasing globalisation, The thesis examined the general background (the world wide migratory phenomenon), the size and nature of the flows within Europe, the reasons for these trends, the availability (or not) of reliable information, the impact on the health systems of the sending and receiving countries, the permanence or otherwise of the migration and the options and tools available for better and more ethical management of migratory flows in the health field.

13. Specific experience in the region:

Date	Location	
1998	Uruguay	Organisation of a 3-day seminar in collaboration with the Catholic University of Uruguay
1998	Chile	Organisation of a seminars on health planning in collaboration with the University of Chile
2000	Chile	Organisation of 2 seminars on health and ethics in collaboration with the University of Chile

14. Professional experience:

Date from Date to	Location	Company	Position	Description
Since 2004	France	Self Employed	Consultant	Variety of work in the fields of health policy, planning, financing, management and public health in transitional and less-developed economies mainly in Asia and Africa.
11/2011	Indonesia	EU & WHO	TL, evaluation & planning	Final evaluation of the WHO avian influenza programme and support to the design of an HIV intervention.
10/2011	DRC	UNFPA	Health systems expert	Evaluation of the UNFPA programme (family planning, maternal health and sexual violence) in the Democratic Republic of Congo.
2010/11	Morocco	Europ. Invest. Bank	Health management expert	Support to 12 hospitals in Morocco, developing a modernisation programme designed to improve general and financial management
03-06/10	Tunisia	EU	Health management expert	Evaluation of the impact of the recent care financing reform in Tunisia.
01/10 until now	Kenya	KfW	Team leader and health care policy expert	Responsible for the implementation of a health care financing programme designed to strengthen financial access to quality reproductive health services for economically disadvantaged women.
12/2009	Vietnam	Fr. Dev. Agency	TL, health policy expert	Formulation of a project designed to restructure/ modernise the management especially the financial management of the Univ. Hosp. of Hanoi.
10-11/09	Indonesia	EU	TL, public health expert	Evaluation of WHO programme supporting the government in implementation of H5N1 control measures.
09/2009	West Indies	French Develop. Agency	Team leader, health economics expert	Formulation and negotiation of an international health care agreement between the islands of Martinique and Saint Lucia aimed at achieving an appropriate and effective financial arrangement in respect of health care coverage for Saint Lucians receiving treatment in Martinique.
07/2009 – 08/2009	Kenya	GTZ	TL, health policy and planning & quality expert	Design and development of a quality improvement strategy for hospital and primary care sectors in Kenya.
05/2009 – 07/2009	Indonesia, Philippines	InWent	Team leader and evaluation expert	Evaluation of the InWent (German Development Cooperation) capacity building programme in district health management and financial management in 4 South-East Asian countries.
07/2008 – 08/2008	Laos	EC	TL, HR &health planning expert	Identification mission, Part 2 : proposals for the strengthening of human resources in health care financial management.
09-10/08	West Indies	French Dev. Agency	TL, health policy & planning	Formulation and negotiation of an international health care agreement between the islands of Martinique and Saint Lucia aimed at achieving an appropriate and effective financial arrangements in respect of health care coverage for Saint Lucians receiving treatment in Martinique.
07/2008 – 08/2008	Laos	EC	TL, HR &health planning expert	Identification mission, Part 2 : proposals for the strengthening of human resources in health care financial management.
02/2008 – 05/2008	Vietnam	EC	Health policy and planning expert	Capacity assessment in (1) sector policy development, including planning and budgeting; (2) sector management; (3) sector coordination; and (4) service delivery in preparation for new health sector programme.
01-02/08	Cambodia	MSF (Belg)	TL, public health expert	Evaluation of MSF health projects in Sotnikum and in particular the public health aspects (2001 – 2006)
04/2007 – 06/2007	Indonesia	EC	Team Leader (TL)	Improving the quality of primary health care in three provinces; Project Management including working with professional staff with high level officials.
03/2007	Vietnam	French bilateral aid prog. 'Esther'	TL, evaluation expert	First of two evaluation missions designed to assess a health care partnership programme in HIV/Aids; overall project management.
01/2007 – 02/2007	Indonesia	EC	TL, quality and HR	Improving the quality of primary health care and strengthening of human resources in three provinces; overall project management.
06/2006 – 11/2006	Indonesia	EC	TL, quality and HR	Improving the quality of primary health care and strengthening of human resources in three provinces; overall project management.
04/2006 – 05/2006	India	EC	Public Health Expert & TL	Final evaluation of the EU programme of support to health and family welfare; overall project management.
08/2005 – 10/2005	Indonesia	EC	TL, quality and HR	Improving the quality of primary health care and strengthening of human resources in three provinces; overall project management.
03/2005 – 08/2005	Philippines	EC	Expert Health Planning & TL	Support to 16 provinces with the development of a new system of decentralised health planning; overall project management.
02/2005 - 03/2005	Chad	EC	Public Health Expert	Evaluation and re-orientation of the health reform programme.
10/2004	India	EC	Public Health Expert	Evaluation of the Health and Family Welfare Programme with a view to recommending release of the fourth tranche of European Union programme funding.
07/2004 – 10/2004	Indonesia	EC	Health Planning Expert	Support to the Ministry of Health and three provinces in the development of their overall project and annual work plans.
07/2004 &	Burundi	EC	Public Health Expert & TL	Mid-term evaluation of a European Union project whose objective is the restoration/ renovation of health services in five provinces;

Date from Date to	Location	Company	Position	Description
08/2004				overall project management.
11/2003 – 04/2004	India	EC	Public Health Expert	Member of a team, responsible for recommending organisational improvements in the fields of reproductive and child health to the EC and the government of India in the context of a major national programme (applied research project to maternal and child health).
092003 - 10/2003	Senegal	EC	Health Economist	Member of a team responsible for evaluating the European Commission's PASS (Programme d'Appui à la Santé) Health Sector Support Programme in Senegal.
08/2003 - 09/2003	CV Islands	Government	Public Health Expert & TL	Responsible for evaluating the epidemiological need for, and cost effectiveness of developing, by means of a public private partnership, comprehensive health services on the island of Sal in the Cape Verde Islands; overall project management.
03/2003 - 04/2003	India	EC	Public Health Expert & TL	Responsible for assessing the need for changes in health professional education in the state of Gujarat Public within the European Commission project supporting reform of health care in *India*; overall project management.
07/2002 - 08/2002	Vietnam	EC	Public Health Expert & TL	Evaluation of the health systems development programme.
02/2002 - 03/2002	Senegal	Luxembourg Dev. Agency	Public Health Expert	Formulation of a project whose objective was the reinforcement of maternal and child health care in the city of Dakar
11/2001- 12/2001	Kosovo	Luxembourg Dev-elopment Agency	TL & Hospital Management Expert	Identification mission designed to advise the Luxembourg Ministry of Foreign Affairs on the investment of 3 million Euros in the reinforcement of management skills at Prizren Hospital in Kosovo and the development of a hospital reconstruction programme
08/2001- 09/2001	Cambodia	EC	TL & Public Health Expert	Pre-formulation mission designed to evaluate health needs in Cambodia, the relevance of national health policy and the government's capacity for successful implementation, taking account in particular of the role of the various donor organisations. One of the major recommendations concerned strengthening the role of the private sector in primary health care.
2000 – 2002	Morocco	EC	Hospital Mng. Expert	Reforming health care in the Oriental Region
2000	Poland	EC	Health Information Expert	Introduction of health indicators as a management tool in primary and secondary care
10/1999 – 12/2003	France	Conservatoire National des Arts et Métiers (linked to the Ministry for Education)	Secrétaire Général du Pôle Santé du CNAM	Secretary General of the Centre for Health Training and Research ("Mission Santé") at the Conservatoire National des Arts et Métiers in Paris. This included responsibility for the development of health training and research programmes in collaboration with other academic departments, and involved the design, launching and management of a new Master's Degree in Health Economics and Management. The Secretary General carried a substantial teaching load and participated in research (in particular, management of a major research project for the Health Ministry on Future Training Needs in Public Health) and consultancy activities.
1999	Mali	UNICEF	Health Economics Expert	Evaluating the government's vaccination programme and making recommendations for improvements
1998	Russia	EC	Health Management Expert	Advising the Economics Ministry on the reform of health care in five Russian municipalities. This involved helping the health authorities in question to adjust to the introduction of a new insurance based financing system, as well as to decentralisation measures and the new privatisation initiatives. Much of the work focused upon improving efficiency, productivity and management systems within the municipal health services, including the regulation of private sector activity.
1997	Albania	UNFPA	TL & Public Health Expert	Drawing up a reproductive health strategy for the Ministry of Health.
1996	Poland	EC	TL & Health Information Expert	Related to reorganisation of the primary health care information. This project involved a critical assessment, over a period of five months, of the pilot medical registration system within primary care, to ensure its compatibility with hospital information systems and procedures and its usefulness as a tool in the implementation of a new insurance-based health care financing system. Another dimension of the project concerned drawing up proposals for the progressive linkage of this system with newly introduced health computerisation arrangements
1994	Morocco	Ministry of Employment	Advisor	Advice to the Ministry of Employment on the reform of health care financing in Morocco, and proposals for improving the management and accountability of a network of private hospitals (International Labour Organisation)
03/1993 – 07/1999	France	Ministry of Health	Technical adviser (Chargé de mission) to the Director of Hospitals	Advice to the Director of Hospitals on international health issues, and management of various international portfolios. The duties of this post also included a major research component: a series of comparative international studies on management issues such as the development of service contracts as a management tool, quality assurance in hospitals, the management of university hospitals, prison health care etc.
03/1993 – 02/1998	France	National Hospital Advisory Centre	Part-time consultant	Management of a large international, European Commission-funded information technology and communications project as well as health consultancy activities, in Central and Eastern Europe and North Africa.
04/1987 –	France	Council of Europe	Administrator, Health	Intergovernmental work with the health ministries of (initially) Western Europe and (after 1989) Central and Eastern Europe with the

Date from Date to	Location	Company	Position	Description
03/1993			Division	aim of coordinating policy in various fields: health information management, organ transplantation, blood transfusion, tissue banking, cancer care, mental health, development of patient-centred care. Support to the health ministries of the countries of Central and Eastern Europe in the post-1989 reform of their health systems organisation of a series of management training programmes for senior health professionals in the countries of Central and Eastern Europe (development of training programmes for civil servants and public authorities).
1985 - 1987	England	South Tees Healthy Authority	General Manager	Manager of a 500-bedded hospital (setting-up, extending / re-enineering primary care services, hospital costing and payment systems).
1983 - 1985	England	Darlington Health Authority	Hospital Administrator, Aycliffe Hospital	Manager of a 400-bedded hospital.
1977 - 1983	Maternity leave			Law Degree and Institute of Linguist's Diplomas in translating and interpreting in French and German.
1976 - 1977	England	North Lothian Health District	Hospital Manager	Manager of a 200-bedded hospital and a small psychiatric day hospital.
1974 - 1976	England	Scottish Blood Transfusion Serv.	Assistant National Administrator	Supporting the management at national level of the Scottish Blood Transfusion Service.
1972 - 1974	England	Mid-Sussex Hosp. Mngm. Committee	Dep. Personnel Manager and Training Off.	Hospital personnel management and management of the training portfolio.
1969 - 1971	England	NHS South Western Region	National Management Trainee	Two year training in health service management

15. Other relevant information (e.g. Publications):
More than 25 publications on health planning and management

Anexo III

Cronograma

PROPOSED TIMETABLE

Dates mentioned in the table may be changed with the agreement of all parties concerned.

Activity	Place	Duration	Dates
Desk Phase - Inception			
• Study of reference documents	France	5	27 Feb – 2 March
• Travel to Granada	Travel	0.5	4 March
• Reference group meeting	Granada	1	5 March
• Additional interviews	Granada	2	6 – 7 March
• Interviews with SEGIB	Madrid	1	8 March
• Return travel to France	Travel	0.5	9 March
• Preparation/submission inception report	France	2	9 & 10 March
Field Phase			
• Travel from France to Uruguay	Travel	1	11 March
• Briefing with Dr. Martinez	Montevideo	1	12 March
• Interviews with Health Ministry	Montevideo	2	13 & 14 March
• Interviews with EC Delegation	Montevideo	1	15 March
• Interviews with other key informants	Montevideo	2	16 & 17 March
• Preparation of desk report	Montevideo	2	18 & 19 March
• Interviews with other key informants	Montevideo	1	20 March
• Travel back to France	Travel	1	21 March
• Finalisation of desk report	France	6	22 – 27 March
Synthesis Phase			
• Drafting provisional final report	France	10	9 – 20 April
• Reference group meeting	Granada	1	25 April
• Travel to and from Granada	Travel	0.5 + 0.5	24 & 26 April
• Finalization report	France	4	27 – 30 April
		TOTAL 45	