

PUTTING HEALTH WORKERS AT THE HEART OF HEALTHCARE

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Professor Sir Eldryd Parry, Founder of THET



WORKING TOGETHER TO TRAIN AND SUPPORT HEALTH WORKERS

One in seven people around the world will never see a qualified health worker in their lives. Without a professionally trained, appropriately distributed and supported health workforce, countries cannot run effective health systems or meet the basic human right of access to essential healthcare.

THET is a global health organisation that trains and supports health workers through partnerships, enabling people in low- and middle-income countries to access essential healthcare.

Health workers are at the core of health systems: without health workers there is no health care. Low- and middle-income countries face severe challenges in ensuring health workers are trained, deployed, supported and retained. The Ebola epidemic in West Africa has served as a devastating reminder of the important task of building long term resilient health systems and ensuring that countries have a health workforce that is appropriately skilled and supported. A recent analysis conducted by the Global Health Workforce Alliance and The World Health Organization (WHO) estimated a gap of 7.2 million professional health workers in 2012, set to rise to 12.9 million over the next decade.

DEVELOPING COLLABORATIVE PARTNERSHIPS

Twenty-five years ago, THET was founded to help increase access to education and training for health workers in developing countries and to build the capacity of health training and delivery institutions.

We have pioneered a unique partnership approach that harnesses the skills, knowledge and technical expertise of health professionals to meet training and education needs identified in low-resource settings. We achieve our goals by working in partnership with individuals, health institutions, governments, the private sector and civil society, and provide a framework for partners to work together effectively and responsively for the longer term.

In close collaboration with in-country partners and government, we deliver capacity building programmes to strengthen the health workforce and support health systems. We provide training, advice and grant support to health worker education and training projects involving more than 200 UK and overseas hospitals, universities and professional associations across 29 countries in Africa, Asia and the Middle East. In 2014 alone, with THET's support, over 16,000 health workers participated in training delivered by over 350 volunteers from the National Health Service (NHS) in the UK. These included nurses, midwives, community and traditional health workers, doctors, clinical officers, medical assistants, biomedical engineers, medical and healthcare students, and projects which help to develop national and institutional health strategies, professional protocols, standards and curricula.

Investment in the health workforce is one of the best buys in public health. For instance, investing in midwifery education, with deployment to community-based services, can yield a 16-fold return on investment in terms of lives saved and costs of caesarean sections avoided (State of the World's Midwifery 2014).







FACILITATING SUCCESS

THET is a flexible facilitator of genuine partnership working. Combining our extensive reach across the health sector and our knowledge and expertise in programme delivery for sustainable international development, our competencies include:



Integrated health workforce development:

the design, delivery and support of programmes, training and technical expertise

Grants management:

on behalf of donors wanting to support global health workforce development

Health partnership development:

train and support health professionals engaged in the management and monitoring of health partnerships and developmental financial support

Human Resources for Health development hub:

fostering collaboration, learning and peer-to-peer support between health, education and development institutions

Advocacy:

to create a positive policy environment in the UK and globally to support investment in heath workforce development and international volunteering of health professionals in global health

THET AT A GLANCE







Counties in Africa and Asia

57

health partnerships have received funding



volunteered with projects

and support society institutions **ACROSS 14 HEALTH SPECIALTIES**

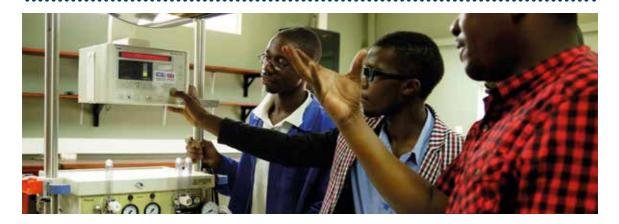
government & civil

Developing the

capacity of over

- Maternal and Newborn Health
- Sexual and Reproductive Health
- Accident and Emergency
- HIV/ AIDS, TB & Malaria
- Child Health
- Eve Health
- Mental Health

- Non-Communicable Diseases (NCDs)
- Palliative Care
- Surgery
- Medical Engineering
- Occupational Therapy
- Blood supply
- General Health





PRINCIPLES OF PARTNERSHIP

As part of THET's ongoing approach to quality improvement, we have developed Principles of Partnership to support international partnerships to improve the quality and effectiveness of what they do.

1. Strategic

Health partnerships have a shared vision, have long-term aims and measurable plans for achieving them and work within a jointly-agreed framework of priorities and direction.

2. Harmonised & Aligned

Health partnerships' work is consistent with local and national plans and complements the activities of other development partners.

3. Effective & Sustainable

Health partnerships operate in a way that delivers high-quality projects that meet targets and achieve long-term results.

4. Respectful & Reciprocal

Health partnerships listen to one another and plan, implement and learn together.

5. Organised & Accountable

Health partnerships are well-structured, well-managed and efficient and have clear and transparent decision making processes.

6. Responsible

Health partnerships conduct their activities with integrity and cultivate trust in their interactions with stakeholders.

7. Flexible, Resourceful & Innovative

Health partnerships proactively adapt and respond to altered circumstances and embrace change.

8. Committed to Joint Learning

Health partnerships monitor, evaluate and reflect on their activities and results, articulate lessons learned and share knowledge with others.

CAPACITY BUILDING THROUGH TRAINING AND MENTORING IN ZAMBIA

Since 2009, THET has been working in Zambia to improve health service delivery by ensuring health workers are appropriately educated, trained, deployed, supported and retained.

Zambia has a dire shortage of health workers, with less than a third of the doctor-to-patient ratio recommended by the WHO. To address this challenge, THET leverages a pool of expertise largely sourced through the UK National Health Service (NHS) to build the capacity of individuals, institutions and policy-makers in Zambia.

To increase the number of quality health workers in Zambia, THET works in partnership with local training institutions to establish diploma, undergraduate and postgraduate courses in Anaesthesia, Biomedical engineering, Nutrition, Pathology, Psychiatry. Over 100 students are currently enrolled.

Our achievements include:

- Conducting needs assessments and supporting participatory curriculum development and reviews tailored to service and workforce needs.
- Supporting the accreditation of courses through relevant local authorities.
- Delivering curricula via classroom and practical modules. To ensure the quality of training, THET supports north- south and south-south exchange of professionals from academic and government institutions like the recent five month clinical placements for Pathology MMed trainees.

Dr Bruce Youngson, the trainees' supervisor at University Health Network Department of Laboratory Medicine and Pathobiology said:

"It was my pleasure to teach and interact with the Pathology students during their placements. They are hardworking young physicians who represented your training programme brilliantly, and who have very bright futures ahead of them in Pathology. I wish them the best as they finish their training and continue on in what I am sure will be significant careers in Laboratory Medicine in Zambia."

At the institutional level, THET works closely with the Ministry of Health, Ministry of Community Development, Mother and Child Health, the University of Zambia, the Northern Technical College and other local training institutions to strengthen Monitoring & Evaluation frameworks and build the institutional capacity required for better health programming implementation.

Our achievements include:

- Developing and monitoring capacity building roadmaps for local partners.
- Establishing a multi-sectorial working group to lead and coordinate national interventions.
- Building the capacity of local partners in grants management, M&E and reporting.

To ensure health workers are supported, retained and managed, and decisions are responsive to the needs of the population, THET builds the capacity of policy makers to coordinate and lead health interventions effectively.

Our achievements include:

- Designing integrated health workforce plans and guidelines for service delivery.
- Helping to ensure healthcare worker retention, through bonding and rural retention schemes.
- Conducting audits for service improvement.

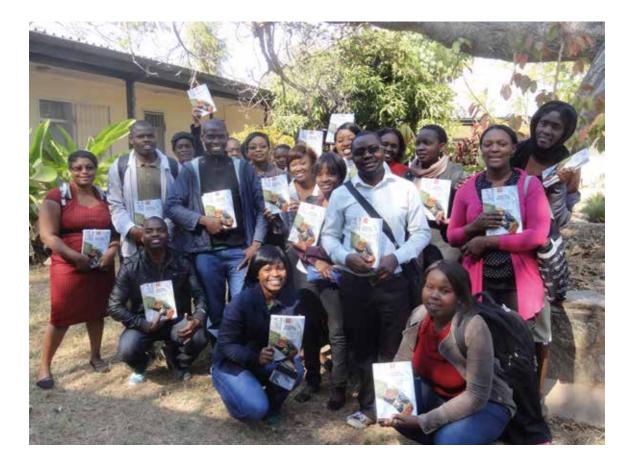
Project Profile: Responding to chronic malnutrition in Zambia

Zambia faces a number of health and nutritionrelated challenges. The most significant nutrition problem in the country is chronic malnutrition, with a prevalence of 45% among children under five years of age. Only 37% of children aged 6-23 months are fed according to international guidelines and 34% do not meet the minimum standards for food diversity.

The consequences of chronic malnutrition during childhood have serious implications for national development. In response to the country's urgent need to reduce chronic malnutrition, THET is working with the University of Zambia to start the country's first training programme for nutritionists. The BSc in Human Nutrition started in 2011, and currently has 44 students enrolled. To ensure the quality of future trainers in Zambia, an MSc is scheduled to start in 2015.

By 2016 nine University of Zambia (UNZA) funded lecturers will be in post, more than 50 nutritionists will be in training and more than 25 will have graduated and been deployed to rural areas in Zambia. THET is working hand-in- hand with the Department of Food Science and Nutrition to ensure the sustainability of the course.

"The expertise of lecturers speaks volumes. They have shared with us their knowledge and experiences, which are very practical and will help us solve many of the nutrition problems in Zambia." Martin Mzumara, 4th Year BSc student



THE HEALTH PARTNERSHIP Scheme: A Unique Exchange of skills between health professionals

One of our most successful programmes is the Health Partnership Scheme (HPS) funded by the UK's Department for International Development (DFID). HPS was designed and launched in 2011 to improve the quality, and to build the capacity, of healthcare workers and the faculty needed to train them. The programme is investing GBP 30 million over six years through grants to UK health institutions working with counterparts in over two dozen countries in Sub-Saharan Africa and Asia.

As a result of the programme and project activities, health partnerships are reporting new and improved health services, more patients using the services and improved health outcomes for patients. While the primary focus of this work is to bring lasting improvements to healthcare in developing countries, the health partnership approach results in mutual benefits for both overseas and UK partners. We believe that international volunteering is a valuable asset to the UK health service and could play a unique role in addressing some of the challenges faced by the NHS - its strongest contribution being in the areas of leadership development and service innovation.

THET continually works to ensure volunteering becomes a valued and sustainable part of the UK health system and to achieve formal recognition of the contribution it is making to the quality of health services overseas and in the UK. We collaborate with groups across government, the NHS and volunteering organisations in the UK to create a more supportive policy environment that recognises the wider benefits of international volunteering to the UK as a whole, enhancing the reputation of the NHS as a global institution.

Health Partnership Profile:

Global Links is a health partnership between the Royal College of Paediatrics & Child Health and the West African College of Physicians and the Kenyan Paediatric Association and Makerere University. The THET funded project places longterm volunteers in five African countries: Ghana, Kenya, Nigeria, Sierra Leone and Uganda.

The partnership is working with staff and institutions in each of these countries to establish a consortium of UK and East & West African central and district hospitals that will work to reduce child mortality.

The partnership also engages in an exchange programme where UK and African health workers are placed in a hospital in their respective countries, and presents a good example of how health partnerships can facilitate the transfer of ideas and approaches from both partners.

"Global Links hasn't come to us and told us what to do. They actually came to us and said, "what do you want us to do for you?" So it was basically a bottom-up approach on what facilities we wanted to improve on health outcomes, so I think it's a great thing." Dr. Laura Oyiengo, Paediatrician, Kenya

"Training isn't just about giving people new knowledge and new skills, it's about giving people a reward. So one of the things that external people like Global Links, funded by THET, can do is bring that in and send a message to nurses or nurse aides that what you do is valuable, and it's important to invest in you and your training."

Dr. Paul Gibson, Paediatrician, UK



SUPPORTING HEALTH PARTNERSHIPS

THET provides funding and tailored support for health partnerships to design, deliver and evidence effective Human Resources for Health (HRH) projects that train health workers to address a huge range of health issues in low- and middle-income countries.

One of the ways THET builds the capacity of health workers is through the model of 'Health Partnerships' – long-term, responsive relationships between a health institution in the UK and a counterpart health institution in a low- or middle- income country with a focus on peer-to-peer support and shared experience.

Whether it is doctor-to-doctor, midwife-to-midwife or administrator-to-administrator, THET has created and supported health partnerships to be diverse. Health partnerships can respond to evolving needs within institutions and implement a diverse and innovative range of projects to address the full spectrum of health issues at all levels, from equipment technicians to senior management. Those working within health partnerships have direct insight into the day-to-day challenges faced by their counterparts and are in an excellent position to scale up at minimal cost, to correctly identify and tackle the challenges faced by their peers and the patients they serve, and to work inside existing systems to identify opportunities for improved harmonisation and alignment of activities.





INTEGRATED HEALTH WORKFORCE DEVELOPMENT IN SOMALILAND

Since 2000, THET has been working to improve the provision of health services in Somaliland.

The civil war in Somaliland resulted in the destruction of most of Somaliland's healthcare facilities and the mass migration of trained health personnel. Fifteen years later, access to quality, affordable healthcare for the average Somalilander remains severely compromised. Less than 15% of the rural population in Somaliland has access to a health provider and fewer than 20% of births are assisted by skilled health workers.

THET works with the government, regional authorities and local and international partners to develop and implement programmes and policies to rebuild Somaliland's shattered health system. We provide expert support for better quality teaching and training for health workers, stronger partner institutions with improved skills and resources, and strengthened governance structures to manage the quality delivery of health services. Our achievements to date in Somaliland have been numerous, including working with the government to develop a revised national health policy and carry out the first national health workforce survey to map the current numbers of health workers, and supporting the establishment of Regional Health Boards, while providing training and ongoing mentorship for health leadership, management and resource mobilisation.

In addition, we supported the first BSc Midwifery training for Somaliland, strengthened the pharmacy at Hargeisa Group Hospital in tandem with the development of a functioning drug fund, and provided continuous professional development for 223 in-service health workers, including a training of trainers in mental health.

We have initiated a national curriculum review, implemented an innovative distance learning computer based platform, and ensured an exemption fund for impoverished patients that facilitated the provision of necessary care to the most vulnerable members of society.



Health Worker Profile

In the remote village of Fardaha in the Awdal region of Somaliland, Hamda recalls the moment she thought her dream of becoming a nurse was ruined, 'My family married me off when I was very young and there was nothing I could do about it and that was the end of my desire to further my studies and become a nurse.'

But Hamda was enrolled on THET's Community Health Worker (CHW) training course, which will give her the skills to provide primary healthcare to her home community.

Aged 20, Hamda has one child who she gave birth to when she was 17 without the assistance of a health worker.

'No one provides assistance to pregnant mothers and it is only the untrained traditional birth attendants who come out to help when mothers go into labour. Giving birth is the most dangerous, life-threatening thing for women in my village but most of the people do not feel for the mother, and they always think this horrendous journey is normal for a mother and something she must withstand. Sometimes, mothers die in labour, especially when the case becomes complicated, this happened to my own sister. I have seen relatives, aunties and sisters in labour being carried on the back of a camel and donkey to a distance of three days walking and some of them did not come back alive after labour,' Hamda says tearfully.

It's this emotional connection with the women in her community that drove Hamda to reassess her situation and embark on a nine month programme to become a CHW and help pregnant women in her village.

The CHW training programme stretches across 40 of the hard to reach villages in Sahil and Awdal regions of Somaliland, in the Horn of Africa. The programme aims to create awareness about maternal, neonatal and child health in some of the most underserved communities in Somaliland.

Hamda has now graduated and will return to her local community to provide essential front-line healthcare, helping to ensure safe births for dozens of women.

FINANCE REVIEW

Income

Our **total incoming for 2014 was £10.642m**, slightly lower than the previous year (2013:£10.801m).

Key highlights:

DFID funding of the Health Partnership Scheme accounts for £5.767m DFID funding for Somaliland £3.924m DFID funding for Zambia £0.631m

Voluntary income:

Our **voluntary income was £51,088**, including £8,380 of unrestricted grants. In addition we received restricted trust income of £41,170 for specific project activity. See note 3 of our published accounts on the charity commission website for more information.

Expenditure

Our **total expenditure for 2014 was £10.950m**, including £4.765m grants awarded under the Health Partnership Scheme.

Costs of generating our voluntary income increased in 2014 to £75,112 (2013:£26,406) reflecting increased investment in our fundraising staff team. We strongly expect this investment to translate into a significant increase in unrestricted voluntary income in 2015/16.

In 2014, 99p in every pound spent was on charitable activities. We will aim to maintain this high level into 2015 and beyond.

Governance

£67,237 was spent on our governance (2013: £59,134) to include legal fees, IT, indirect support costs and external auditing. See note 8 of our published accounts on the charity commission website.

No trustees received remuneration for their services. Two trustees (2013: 3) received reimbursement of travel and subsistence expenses totaling £299 (2013: £545).

Reserves

After consideration of the reliability of THET's income and its level of committed expenditure, Trustees have concluded that twelve months' of support costs plus twelve months' cost of governance i.e. £500,000 (based on 2015 forecast), is the approximate level of reserves that should be maintained to ensure the ongoing viability of our charitable objectives. Trustees will therefore seek to ensure the reserves are maintained at approximately £500,000, subject to regular review. At December 2014, we held reserves of £478,737.

Investments

THET held no investments in the current or prior year.

£10.642

Total incoming for 2014

.....

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DFID funding of the Health Partnership Scheme accounts

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Total expenditure for 2014 was

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In 2014, **99p in every pound** spent was on charitable activities

£67,237 was our p

was spent on our governance



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Charity registration no. 1113101 Company registration no. 5708871

THET is a registered charity and company limited by guarantee registered in England and Wales.

www.thet.org



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