



PARTNERSHIPS FOR GLOBAL HEALTH



Annual Review 2012

www.thet.org

Photo: Tom Price





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Message from our Chairman

A widespread challenge experienced by low and middle income countries is that of inadequate human resources for healthcare. In other words, not enough trained people to run and to participate in health systems and health services. It is in this area that THET has so much to contribute – by harnessing the expertise of people in the UK to work with colleagues in low resource settings to improve their capacity to respond to the essential health needs of poor and underserved communities.

2012 has been a hugely exciting year for THET and in the following pages, it becomes apparent just how unique the range and quality of the work that has been undertaken is.

Last year saw THET increasingly work with universities and Royal Colleges; providing funding for the Royal College of Paediatrics and Child Health's work with Makerere University to reduce infant and child mortality in Kenya, Rwanda and Uganda; funding for the University of Oxford's work with the College of Surgery of East Central and Southern Africa to improve trauma care across nine countries in the region; and funding for the University of Edinburgh's work with the African Palliative Care Association to integrate palliative care into the national health systems of five countries.

Funding was also given to facilitate the development of new health partnerships between UK institutions and their counterparts overseas in countries such as Burma, Palestine, South Sudan, Sri Lanka, Liberia and Vietnam. Plus we have provided ongoing support to existing links and partnerships, which have grown from strength to strength.

THET continued to build its strategic direct engagement with key partners within Somaliland and Zambia. These country programmes demonstrate how, with sustained input, an approach that builds on existing capacity and incorporates lessons learned, is able to have a substantial and potentially transformative effect in a country.

A top priority over the next year is to continue to evaluate and communicate the impact that 'health partnership' working can have; it's strengths, and perhaps more importantly, it's weaknesses. This will become increasingly valuable, not just for the UK but more widely, as more and more countries look to this way of working.

I see an important role for THET in this.

Professor
Sir Andy Haines





The Health Partnership Scheme continues to grow

“The most effective government action to support NHS overseas work in recent years has been the Health Partnership Scheme (HPS). The funding and expertise this has provided is having a transformative effect on the number and quality of international links between the NHS and developing countries.”

Report by the All Party Parliamentary Group on Global Health (2013). Improving Health at Home and Abroad

THET has been managing the Health Partnership Scheme since 2011. The £20m scheme is funded by the UK government through the Department for International Development, and supports health partnerships in the delivery of activities which improve access to health services in developing countries by improving and increasing the skills and knowledge of the health workforce.

Partnership work under the scheme is proving to have significant results in the development of health worker training, health system strengthening and increased collaboration between key in-country institutions. To date, 4264 developing country health workers have participated in training and projects have contributed to the development of 38 national and institutional health strategies and professional protocols. Added to this, health partnerships are

reporting new and improved health services as a result of their activities, more patients using these services and improved health outcomes for patients.

In 2012 THET awarded new grants to thirteen health partnerships, including five new medical equipment grants, working in a diverse range of areas. They will implement training programmes that will help improve health outcomes in a wide range of countries and health specialisms including: reducing neonatal mortality in Rwanda; surgical ‘train the trainer’ courses in West Africa; post-traumatic limb reconstruction fellowships for Palestinian surgeons; and paediatric nursing courses in Zambia.

Photo: Tom Price



Partnerships funded under HPS in 2012

West African College of Surgeons (WACS) Association of Surgeons of Great Britain & Ireland (ASGBI)

Introduction of "Training the Trainer" (TTT) Courses to enhance surgical training in West Africa.

The aim of the project is to train 48 Consultant Surgical Trainers to undertake Basic Surgical Skills (BSS) Courses in the region over a period of 2 years so they can train others, thus enhancing surgical training, and subsequently surgical care. Consultant trainers who complete the Course in a satisfactory manner will be recommended to the WACS Council to be appointed as Certified BSS Trainers.

College of Health, Kintampo, Ghana (CoHK) Southern Health NHS Foundation Trust (SHFT)

Establishing essential Continuing Professional Development for recently qualified Community Mental Healthcare Workers in Ghana.

Providing mental health graduates from CoHK with CPD 'refresher' training to improve the quality of care they provide and to start to establish a culture of lifelong CPD within this new workforce. It will provide two days of residential CPD for mental health workers 18 months after their graduation allowing attendees to develop better systems for personal on-going job based CPD. SHFT will provide direct input and also develop key local mental health clinical educators to run the workshops alone after two years.

University Hospital of Butare (CHUB) Imperial College London

Reducing neonatal mortality and maternal and paediatric infection through improved patient safety in Rwanda.

Imperial College London and Imperial College Healthcare NHS Trust will provide teaching, training and practical frontline support in patient safety, focussing especially on identification and prevention of adverse outcomes in maternal and child health. The main activities, led by infection control nurses, will involve training in patient safety, training in infection prevention and surveillance, management and treatment of common infections, hand hygiene and the WHO surgical safety checklist for maternity.



**Human Resources Development Directorate,
Shifa Hospital, Gaza**
King's College Hospital, London
**Post Traumatic Limb Reconstruction Fellowship
for Palestinian Surgeons at King's College
Hospital, London**

The project intends to offer training to Palestinian surgeons in the management of major trauma and in post-traumatic limb reconstruction. These areas are a particular strength of KCH, designated as one of only four major trauma centres in London. Training will be undertaken in an environment of intense practical instruction and academic discussion. Three Palestinian orthopaedic surgeons from the three main trauma hospitals in Gaza will be invited to come to KCH for a seven month training fellowship.

**Jimma University Hospital & Gondar University
Hospital, Ethiopia**
**University Hospital Southampton NHS
Foundation Trust**

**Reducing the burden of respiratory and other
chronic diseases in rural Ethiopia.**

UHS will provide expertise in the diagnosis and management of chronic respiratory disease and training for JUH and GUH staff. The first element will involve a programme of regular supervision visits to health centres to provide work place based training updates on chronic disease. The second element will involve the integration of respiratory disease into the chronic disease programme firstly at JUH and GUH and subsequently through outreach educators at selected health centres.

**Bangabandhu Sheikh Mujib Medical University
(BSMMU)**

University College Hospitals London (UCH)

The Bangladesh Child Cancer Project aims to address the problem of very poor survival rates for children with cancer across Bangladesh by focusing on the development of a specialist centre in Dhaka and 8 satellite centres across the country. This specific project is one distinct element of a larger five year project which will also provide funding for drugs to reduce abandonment of treatment and an awareness campaign to promote earlier diagnosis.

Queen Elizabeth Central Hospital, Blantyre, Malawi
**Mersey School of Endoscopy, Royal Liverpool
University Hospital**

**Endoscopic therapy and TTT to sustainably prevent
deaths from Acute Upper GI Bleed in Malawi.**

An AUGIB therapy course has already been successfully piloted and evaluated in Blantyre. Four further courses will be delivered along with two further TTT-courses to develop local trainers and faculty at the Central Hospitals. A third element of the project involves consolidating the acquisition of therapeutic endoscopic skills by 6-monthly mentoring visits to the endoscopist's base-central-hospital. This not only supports trainee endoscopists but also encourages sharing of expertise, tools and good practice within the network.

**Lusaka School of Nursing, University Teaching
Hospital Zambia**
**School of Nursing and Midwifery,
University of Brighton**
**The Implementation of the first Paediatric Nursing
course in Zambia.**

The project will involve collaboration with two nursing schools in Zambia as well as the two most prominent hospitals caring for children. The yearlong course will train 20-30 students recruited from across the 9 provinces of Zambia. The main activities will be to strengthen the capacity of tutors to deliver a quality assured educational programme and to support the application of evidence based knowledge into practice by nurses through mentorship support.



Partnerships Strengthening Surgical Capacity in Africa

Health Worker Profile

Gerald Kihwele,

a Nursing Officer working at The National Mental Health Hospital in Dodoma, Tanzania, received training in the therapeutic management of violence and aggression. As a nurse who deals with patients everyday in the outpatients department Gerald feels the training has benefitted his approach to patient care, "one day there was a patient who came tied with ropes with his family members. He started beating his relatives and abusing them verbally.

I used the verbal command learnt in training with the patient. He accepted that verbal command and I didn't go further with the physical command. Before training I used more physical restraining straight away."



The first round of projects supported under the Strengthening Surgical Capacity (SSC) Fund were completed in October 2012. Five grants were given to health partnerships or individuals working in the field of surgery and/or anaesthesia in countries that have a critical shortage of health workers.

Funded by Johnson & Johnson, the purpose of the SSC fund is to improve health outcomes for people living in sub-Saharan Africa by leveraging the skills and expertise of UK health professionals. Projects have focussed on maternal and child health, reducing morbidity and mortality from conditions requiring surgical intervention and/or enhancing patient safety as a result of improved anaesthetic care.

Five partnerships received funding in the first round, with project activities spanning countries in East, Central and West Africa.

Jane Aires (centre) & Tim Bourne (Left) during a SSC visit to Gondar helping to fix some broken theatre equipment.

The Projects

Feet First was awarded funding and used the grant to strengthen orthopaedic surgical education and training at Kamuzu Central Hospital in order to obtain accreditation by COSECSA as a centre for higher surgical training in trauma and orthopaedic surgery. 14 Malawian surgical trainees received formal training during the project, plus 20 Orthopaedic clinical officers were involved in skills sharing.

An application from **Cure International** was successful and helped them to enhance the surgical capacity for children with correctable disabilities and to improve the clinical

standard of anaesthetic care in Malawi through skills training and education. The project has already trained a national Malawian Anaesthetic Clinical Officer (ACO). Rosina started her training in October 2011 and she continues to train and implement critical anaesthetic skills in basic life support, paediatric advanced life support and resuscitation techniques.

The **GAS Partnership** secured funding to assist in the establishment of a Regional Refresher Course for Nurse Anaesthetists in the Upper East Region (UER) of Ghana. The project has trained 39 Nurse Anaesthetists during two training courses, 15 of which have gone on to attend **Training of Trainers** days. One trained trainer has now been approved for full faculty status in future training programmes – a vital development for the sustainability of future courses.



Creating reconstructive plastic surgery services in West Africa was the focus of **Resurge Africa** who successfully received funding. The project trained two nurses who will assist plastic surgeons in reconstructive surgery. Trainees have stated that they feel their skills, knowledge and confidence have all improved thanks to the training.

Health Partnership, **The Leicester-Gondar Link**, used their grant to improve surgical outcomes through management team training for the operating theatres in Gondar, Ethiopia. During the project, two staff from Gondar were able to come to the UK for an intensive programme to observe a theatre quality metrics audit being completed, observed patients theatre pathway and observation of theatre management.

Photo: Tom Price



Three successful health partnership projects received funding under the second round of the SSC. The GAS Partnership, Great Ormond Street Hospital-Malawi Paediatric Surgery Collaboration and the North Bristol Trust-Mpilo Central Hospital-Buluwayo Zimbabwe Partnership Project will all use the funding to build the capacity of surgery or anaesthesia services in sub-Saharan Africa.

Health Worker Profile

Hulda Frank Magoma, an ICU Sister in Tanzania, received training from the KCMC-Northumbria Partnership in the care and dressing of burns. Hulda states that the extra training and knowledge she received was useful “because they were teaching new ways of taking care of burns patients. It’s motivating because I can teach others who may not know how, like students.”

The addition of this extra training has been beneficial for staff but, as Hulda points out, patients too. “A pregnant woman about 30 years old had an epileptic fit and fell into a fire. She had 55% burns but with our experience we managed to reduce it to 50%. Later the mother gave birth and they were both discharged healthy.”

“Thanks to the THET funded project, CURE’s capacity for helping children has much increased. By having another trained anaesthetist at the hospital, over 500 children can receive life-changing operations at the hospital each year.”

– Cure International





Engaging UK health professionals in global health partnerships

THET continued its work of making international volunteering a valued and sustainable part of the UK health system throughout 2012.

THET's vision for volunteering is to deliver effective, appropriate contributions to developing country health systems and to create an enabling environment where international volunteering in all its forms will be regarded as the norm, not the exception, for all UK health professionals.

Throughout 2012 we continued to pursue our volunteer engagement objectives.

Photo: Tom Price



They are:

- To work with partners to create a more supportive policy environment across the UK government and the NHS that recognises the wider benefits of international volunteering to the UK as a whole, enhancing the reputation of the NHS as a global institution.
- To develop an enabling culture within the NHS and health sector where institutions and key decision makers are supportive of health professionals engaging in international volunteering, and implement changes in policies and process that reduce barriers to volunteering.
- To create a positive climate for volunteering within the health professions where direct experience engaging in global health is valued, seen as the norm, and where individuals are confident that their personal and professional development will be recognised and valued by employers and policy makers.

Our activities include:

- Advocated for, and participated in, a meeting on UK international health volunteering with Stephen O'Brien, Parliamentary Under Secretary of State for International Development. Attendees included Presidents of the Royal Colleges, NHS Workforce Development, Department of Health, Welsh Assembly Government and Lord Nigel Crisp.
- Conducted a survey with several cadres of health professionals on the perceived barriers to volunteering. These survey findings will be used to challenge the barriers identified by showing how

the benefits of volunteering link with, for example, the NHS leadership and Knowledge and Skills frameworks. This project is being overseen by the NHS Overseas Volunteering Group.

- Collaboration with the International Forum of the Academy of Medical Royal Colleges to develop a **'Volunteering Statement'** with accompanying recommendations advocating for changes in policy and practice.
- Initiated development of a tool for measuring the impact of volunteering on the UK health service.

Over the course of the Health Partnership Scheme, THET will enable over seven hundred UK healthcare workers to volunteer overseas as part of strategic and long-term organisational arrangements. We support scaled-up volunteering programmes via four Long-term Volunteering programmes (LTVs). These programmes are now sending over 100 UK health professionals to developing countries across Africa and Asia for periods of 6-24 months. One such programme, the Sustainable Volunteering Project (SVP), is run by the Liverpool-Mulago Partnership. SVP supports the placement of professional volunteers within the Ugandan Maternal and Newborn Hub – the HUB is a Consortium of Partners that share a commitment to the promotion of Newborn and Maternal Health in Uganda. Nine long-term volunteers have volunteered abroad during 2012 for periods ranging from four to twelve months.

Health Worker Profile

The Zomba Mental Health Project based in Malawi is strengthening the system of community mental health care by developing the enhanced role of Health Surveillance Assistants (HSAs).

Angelina Chilumpha, an experienced mental health psychiatric nurse, received training from the partnership so she in turn could train more HSAs. *"It felt good to be asked because mental health services have been side-lined in Malawian communities... if we impart knowledge to our colleagues then we can help our community."*

To date, 242 health workers have been trained by the partnership, including trainers like Angelina.

"In the community people with psychosis are seen as a threat so participants in the training were eager to learn about mental health so they could understand the condition better and know how to handle it, and even to assist individuals and their families."



Volunteer Focus

Yuet Pik Chin (Candice) volunteered from July to December 2012 to promote and improve Neo-Natal Care in Gulu and Hoima through infrastructural development and training. Candice went out to Gulu to set up a new neo-natal unit. Her role in Gulu combined infrastructural development with the design and implementation of a comprehensive programme of training in neo-natal care. The neo-natal training programme involved 3 repeat sessions each week over 10 weeks to enable as many staff

as possible to be involved. A total of 30 staff from Gulu hospital were successfully trained.

This example shows the tangible benefit that UK volunteers can have in strengthening the health system and medical practice of the health workforce overseas. But overseas volunteering also has many benefits for the UK health service as THET's Volunteer Engagement Manager explains,

“When I speak to people who volunteer through our partnerships again and again they tell me that the experience has changed their lives. So clearly people get a



great deal of personal benefit from volunteering. It's also apparent that UK health workers get a lot out of it professionally as well and THET is working with the NHS to ensure that professional benefits are effectively captured through Frameworks such as Knowledge and Skills or Leadership so that we can demonstrate to NHS Employers that volunteering benefits the NHS as a whole."

THET will continue to support our volunteering programmes that we fund through the Health Partnership Scheme and continue to share all the learning that comes from their experience with the wider community.

Health Worker Profile

Patricia Mulenga

received training from the Frimley-Kitwe Partnership which is developing specialist eye care services in northern Zambia. As a result of the training, Patricia has improved her knowledge of diabetic retinopathy (DR), diabetes, and management of the condition. "I knew about DR but I learned about 90% through my training with the project. I learned to do injections into the eye and a great deal of new things. I knew general ophthalmology, but now I know so much in more detail."



Photo: Yuet-Pik Chin — LIMP





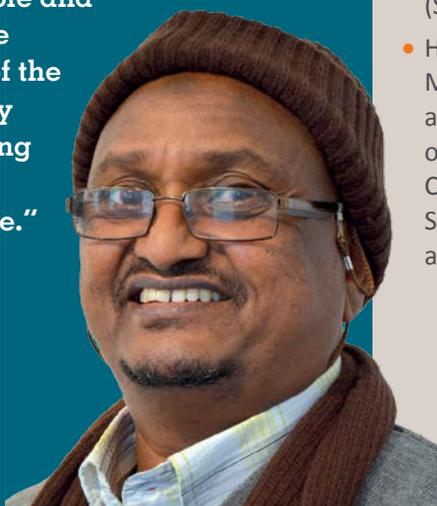
THET Somaliland

Message from our Country Representative, Somaliland

"I'm proud and privileged to commend the Somaliland team for upholding organisational values by developing organisational policies, procedures, and systems that will enhance THET's transparency, and accountability to the stakeholders and donors. THET Somaliland will strive to promote the fundamental objectives of strengthening the governance structure, building stronger partner institutions and providing better quality teaching and training for health workers beyond 2012.

It's my sincere conviction that THET Somaliland will grow and continue to benefit the most inaccessible and vulnerable segment of the community in accessing quality health care."

Wario
Guracha



Somaliland Programme in Focus

It has been an exciting year for THET's Somaliland programme, which has seen a number of firsts for the country:

- The graduation of twenty-one midwifery students in the first BSc Midwifery course in the country.
- The development of a National Community Health Workers (CHW) curriculum and training manual.
- Development of Basic Emergency Obstetric and Neonatal Care (BEmONC) and Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) standards, guidelines, protocols and Training Manuals.
- Two important policy documents; National Health Policy which included for the first time a component of Mental Health (MH) and the National Health Professionals' Council (NHPC) Act whose development was supported by THET were passed by both the House of Representatives and the House of Elders (Somaliland Parliament and Senate).
- Human Resources for Health Management Tools were developed, approved and rolled-out by the Ministry of Health through THET support. Currently these tools are piloted in Sahiil region and from 2013 they will be adopted for use country wide.

2012 also saw the completion of the THET supported and Comic Relief funded project to rebuild capacity in post-conflict Hargeisa and its community to bridge the gap between the rural urban poor and their referral hospital. The project achieved a number of positive outcomes, including:

- The establishment of a Revolving Drugs Fund at Hargeisa Group Hospital to provide reliable and high quality medicine at a competitive price.
- The introduction of an exemption fund for impoverished patients that facilitated the provision of necessary care to the most vulnerable members of society.
- The development of a 24/7 pharmacy at Hargeisa Group Hospital, run by trained health professionals using efficient and effective protocols and procedures.
- The support of an enduring Regional Health Board in Hargeisa.

We worked with a number of important partners to help deliver the programme objectives. In 2012 one of THET's partners, King's Health Partners, helped facilitate the visits of thirty-nine volunteers, international health professionals and consultants to deliver training, curriculum development and institutional support. Working in partnership with institutions and individuals both in the UK and in Somaliland is essential for the programmes success.

The Somaliland programme was awarded an A+ annual review score and, as such, the Department for International Development (DFID) has extended the programme until 2015.

Photo: Juliet Bedford



Supporting nursing and midwifery in Somaliland

THET's BSc Midwifery degree programme in Somaliland saw the successful graduation of twenty-one students in October of 2012. These newly trained midwives are a vital addition to the health workforce in Somaliland. A country that has one of the worst maternal mortality rates in the world, estimated to be between 1044 and 1400 per 100,000 live births. The infant mortality rate is also high, with an average of 73 of every 1000 infants dying.

The course was the first of its kind in Somaliland and was delivered with support from the Somaliland Ministry of Health. The course ran for eighteen

months and was accredited by the University of Hargeisa and based within the Edna Adan Maternity Hospital (EAH). Students were taught in clinical practice, research and English language skills.

The vision for the future of the BSc Midwifery programme is to provide midwives with the opportunity to enhance their knowledge, skills and attitudes so that they can become the teachers, leaders and change agents of the future. It will prepare them to supervise other midwives and support staff, to support the development of evidence-based and women-friendly practice and the on-going professional

“I became a midwife because I wanted to care for mothers and babies in Somaliland – the care here is not good. This course has given me the knowledge and skills in Leadership & Management, Research as well as further Midwifery Best Practices which I intend to put to best use to contribute towards Maternal and Child Health in my country.”

Hodan Mahamoud Osman, one of the practising midwives in Hargeisa Group Hospital who graduated in the BSc Midwifery programme taught at the Edna Adan University Hospital, Hargeisa.

development of colleagues. It will also equip them with the analytical skills required to take the midwifery profession forward in appropriate, innovative and collaborative ways as part of the multi-disciplinary maternal and new-born health workforce in both rural and urban areas.

In the past, midwives wouldn't have had an opportunity to continue to a higher level of academic study and advanced practice. This has resulted in many leaving Somaliland or changing professional direction away from midwifery. Educating practising midwives responds to this challenge and with it to the global call for strengthening midwifery in order to reduce maternal and neonatal mortality and morbidity and make more rapid progress towards MDGs 4 and 5.

Volunteer Profile

Margaret Crichton,

an experienced midwife from the UK, volunteered on a long-term placement to lead the BSc Midwifery course in Somaliland. Reflecting on her time abroad, Margaret states, "there's a tremendous need for health education in Somaliland and the time is ripe for community education to be rolled out across the country, and the new graduates are ideally placed to deliver it because they've got the knowledge."

When reflecting about volunteering abroad, Margaret is clear:

"Anyone who wants to go and work abroad I would encourage them, support them. I think it's essential that we go because the maternal mortality rate [in Somaliland] is so high."





THET Zambia

Zambia Programme in Focus

Since 2009, THET has worked in Zambia to facilitate critical training in neglected areas of healthcare.

Drawing on expertise across the UK health sector, THET engages volunteers with the necessary medical and educational expertise to deliver training in specialisms such as anaesthesia, pathology and psychiatry, as well as biomedical engineering. THET maintains our close working relationship with the Ministry of health and other key stakeholders, notably the University of Zambia, the Northern Technical College (NORTEC) and the Health Professions Council.

Year on year, our work in Zambia continues to grow, and 2012 was no different. Highlights of our work include:

- Twenty-five short-term visits by Technical Experts and five long-term volunteers to support the 'Strengthening the Training and Education of Health Workers in Zambia' programme.
- This programme was awarded an A+ by DFID for the end-of-programme evaluation.

- Enrolled a growing number of annual cohorts, with a total of 26 postgraduate medical trainees and 21 BSc Nutrition students at the University of Zambia, the first graduates of which will be in 2014.
- Secured follow-on funding for a 5-year DFID-funded programme that will focus on the training of medical specialists and biomedical engineering technologists and includes curriculum review, workforce planning, and the inclusion of professional skills training such as research and advocacy, leadership and management.
- Agreement with NORTEC to deliver a pioneering biomedical engineering technologist training programme in the region.
- Ensured the quality of training programmes through regular, on-going curriculum review and development in three critical areas: BSc Mental Health, Psychiatry MMed, BSc Nutrition and MSc Nutrition.



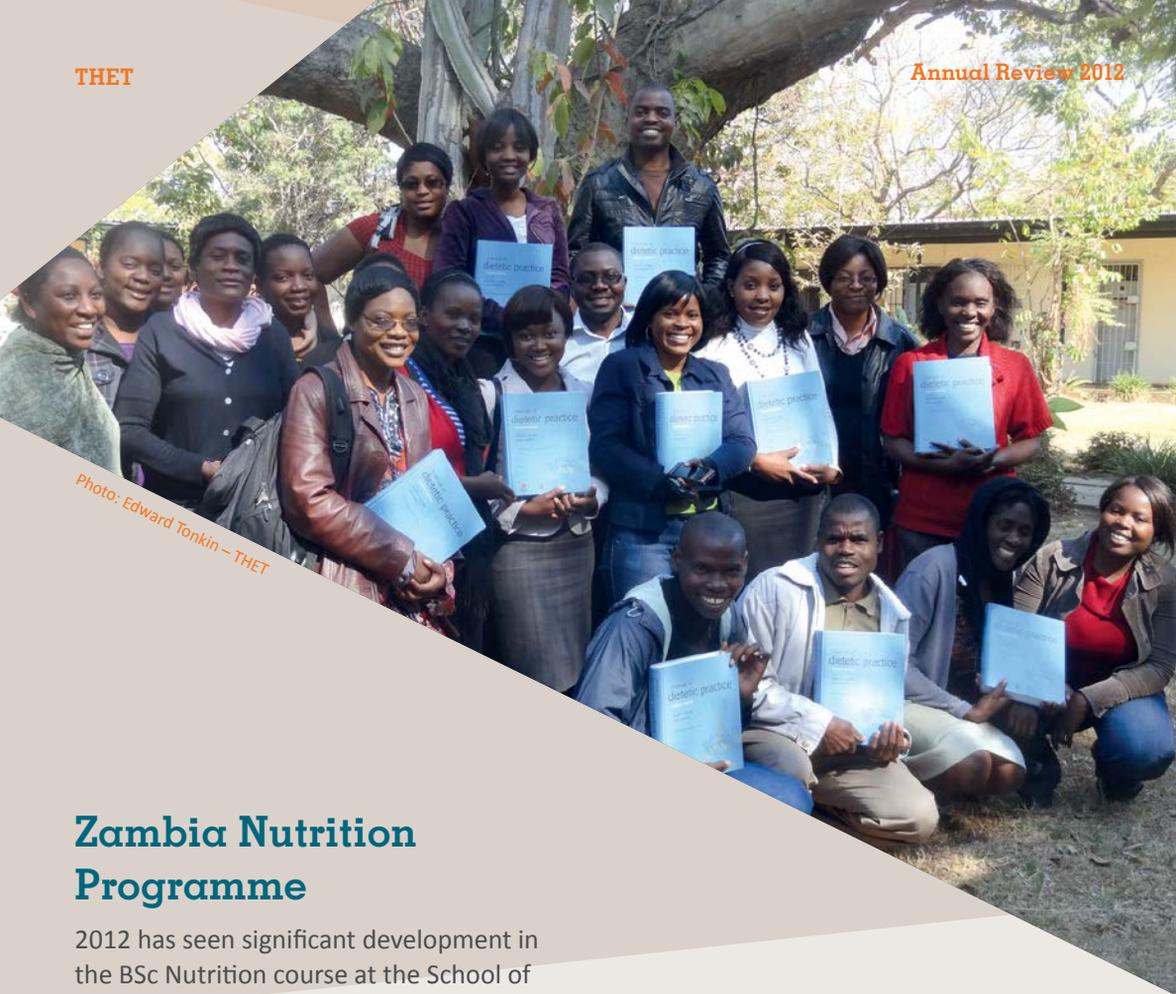


Photo: Edward Tonkin – THET

Zambia Nutrition Programme

2012 has seen significant development in the BSc Nutrition course at the School of Agriculture at the University of Zambia. Twenty-one students enrolled in the Nutrition programme in July of last year as the second cohort, and the first cohort will graduate in 2014.

Addressing nutrition problems is complex and requires technical competence across many sectors. For interventions designed to combat malnutrition to work, they need to be informed by relevant data, and have the human resources in place to take on the task. Currently, Zambia has a limited number of professionals in the areas of nutrition and dietetics, and to date, no effective mapping of the workforce needs required has been completed.

The focus on nutrition is motivated by Zambia's high prevalence of malnutrition, contributing to high infant and child mortality rates. Chronic malnutrition is estimated at 45 per cent in children, and is a major obstacle to health and productivity.

It was because of this that the Nutrition Capacity Building Working Group (NUCAB) was initiated by THET, the National Food and Nutrition Commission (NFNC) and the Nutritionists Association of Zambia (NAZ). Its purpose is to ensure the development of adequate human resources for Nutrition in Zambia through coordinating the development of training programmes and raising awareness of the role of nutritionists.

The BSc in Human Nutrition has begun at the School of Agriculture at the University of Zambia. This is an important step in providing the Human Resources required in Zambia where previously education in nutrition was only possible to Diploma level. In order for these graduates to be effective in addressing Zambia's needs, coordinated workforce planning is essential between all the key line Ministries; to ensure you have the right staff, in the right role, in the right numbers, with the right skills necessary to meet the health needs of a population.

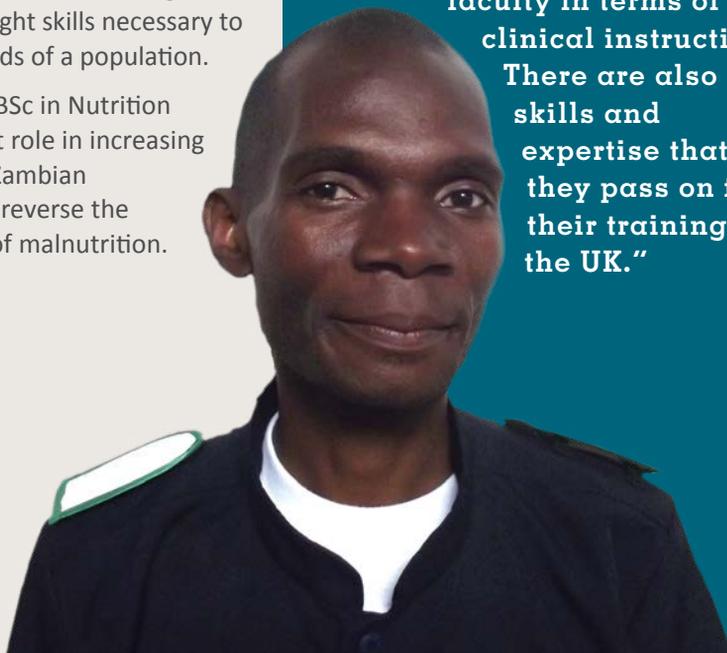
It is hoped that the BSc in Nutrition will play a significant role in increasing the capacity of the Zambian health workforce to reverse the devastating effects of malnutrition.

Health Worker Profile

Dennis Gwesere

is an Associate Lecturer and Clinical Instructor in the Department of Nursing and Midwifery at the Malamulo College of Health Sciences in Malawi and has been working collaboratively with volunteers from the UK as part of a partnership led by VSO to address maternal health in Malawi and scale up numbers of skilled and qualified nurses and midwives.

“They have really helped...we look at them as partners and colleagues in the department. We share knowledge and information...they help us reduce the burden on the faculty in terms of clinical instruction. There are also skills and expertise that they pass on from their training in the UK.”





Fixing the Problem: THET Medical Equipment Programme

In 2012, Lord Nigel Crisp announced the launch of THET's medical equipment partnerships programme at the International Conference on Appropriate Healthcare Technologies for Developing Countries hosted by the Institute of Engineering & Technology (IET).

The programme aims to address the shortage of functional medical equipment in low-income countries. This issue has become a critical barrier to service delivery. Through the Health Partnership Scheme, THET currently funds five partnerships to build equipment maintenance and

management capacity in Ghana, South Sudan, Ethiopia, Uganda and Zambia.

These partnerships send biomedical engineers and medical physicists to these countries to implement training projects. As a result, hospital maintenance staff have learnt how to properly maintain and manage equipment and how to develop resources such as equipment and reference materials, and clinical users of equipment are trained in proper use of equipment. THET also provides resources online for health partnerships on good guidance practices for donations. 2013 will see the launch of our good practice toolkit for medical equipment donations to low-resource countries. Along with workshops for UK partners to share experiences and learn from each other.

Photo: Tom Price



Case Studies

The Ndola Partnership: Guy's and St. Thomas' NHS Foundation Trust, UK with Ndola Central Hospital and Arthur Davison Children's Hospital in Ndola, Zambia.

Spare parts for advanced medical equipment are hard to come by in Ndola, even though it is the industrial capital of Zambia. This leaves a lot of medical equipment out of service. Even when spare parts are available, hospital staff may not have the appropriate knowledge or manuals to fix the machines. This partnership works to build on the capacity of hospital staff to maintain and manage their essential medical equipment.

Lupiya Kampengele, head of biomedical engineering at Ndola Central Hospital summarises the experience with the partnership thus far:

"We have benefited from knowledge on how quickly the fetal monitor, ventilators and pulseoximeter could be fixed which we worked on when Peter and Rashid visited us last year. We were also given basic teaching in Excel so that we can continue updating our inventory, teaching in procurement of spare parts and how to keep a data base for suppliers. Their visit has also helped our image as a department improve and many sections in the hospital appreciate us."

*Rashid Brora & Peter Cook,
Ndola Partnership.*



Photo: Howard Bland

Workshops have been planned for the near future and textbooks have already been obtained for hospital staff. Partnerships such as this one have been influential in sustaining the impact of well-intentioned and important donations of medical equipment.

Yei Partnership: 'Repair to Care' between Yei Civil Hospital and County Health Department in Yei, South Sudan and Hampshire Hospitals NHS Foundation Trust

An ultrasound scanner sits unused and dusty in a closet at Yei Civil Hospital. The donation from the US failed to realise the scanner would not be compatible with the voltage in South Sudan. Through partnership projects such as 'Repair to Care,' medical equipment needs can be assessed and addressed. Since the development of the partnership,

transformers have been brought to the hospital and doctors have been trained in using the scanner. Since training of local staff in maintenance of hospital equipment, partners have seen growing confidence in hospital maintenance staff. For example, their main trainee, Moses, now tackles jobs like electronic repairs that before were outside of his main skillset as an electrician. The hospital's only vital sign machine now works, and hospital staff are enthused about this that they are more willing to follow the WHO Surgical Safety Checklist. This partnership has shown that with proper maintenance of medical equipment and hospital facilities, higher quality medical care can be delivered and medical equipment donations do not have to go to waste.

Photo: Tom Price

College electrical apprentices. Yei Partnership.





Providing resources for global health partnerships

THET has funded 86 health partnerships under the Health Partnership Scheme and supports many more in some of the most challenging countries in the world. Our experience means that we are able to provide expert knowledge in how to set-up, co-ordinate and implement a health partnership.

In 2012, we have continued to improve and expand upon our existing resources for health partnerships. Good practice guidance, monitoring and evaluation resources and dedicated professional forums are easily available on our website to help you learn more about creating a successful and sustainable health partnership.

The following resources are available at thet.org/hps:

- **Community of Practice** is an online forum for individuals and Health Partnerships to ask questions, seek advice, and share experiences of global health partnership work.
- **Health Bay** is a database of institutions and individuals in the UK and overseas who are interested in forming Health Partnerships or working within Health Partnerships.
- Our **Resource Library** includes case studies, good practice guidance, project planning and monitoring and evaluation toolkits.
- Dedicated Health Partnership profile pages, edited and maintained by over 150 individual Health Partnerships in order to publicise their work.

- The Health Links Manual is the most comprehensive resource for those wishing to start, or already engaged, in a health partnership. It includes everything from planning and running health partnerships to co-ordinating overseas visits and sourcing funding.

In addition to our online resources, THET commissioned a valuable evaluation of the International Health Links Funding Scheme, focussing on lessons learnt by both developing country and UK partners and the scheme's value for money. The findings from this evaluation have been used to inform our management of the HPS and development of resources.

It is also important for THET to hear directly from those involved in health partnerships. In 2012, we developed our online media library by adding interviews with a range of individuals, both health workers in developing countries and volunteers from the UK.

You can find all these resources and much more at www.thet.org/hps





Message from our CEO

It's been exciting to look back over 2012 and see that THET is helping to support a huge breadth and diversity of projects that aim to support health workers and strengthen health systems in low and middle income countries.

Our work with an increasing diversity of partners across differing countries and technical specialties enabled the identification of areas of innovation or good practice and the dissemination of these lessons learned to the health partnerships community and beyond.

The collaboration between overseas health workers and volunteers in the UK is a unique part of health partnerships. I always find it inspiring to read about the very real impact health partnerships have made, and are making, to the lives of overseas health workers and UK volunteers. It is a priority for THET to continue capturing the voices of health workers and learn lessons in order to better support them and health partnerships as a whole.

Health partnerships undoubtedly inspire a process of two-way learning. Returning UK volunteers bring a wealth of knowledge back with them to the UK, whether that be leadership skills, simplifying procedures or making use of a lower resource base while still preserving high quality care.

There is much to celebrate, and we are mindful that challenges undoubtedly remain. Not least the gathering of the

type of summary evidence we need to demonstrate the impact health partnerships can have. This is coupled with the difficulties, faced by many charitable organisations, of securing the unrestricted funding necessary to build and explore potential projects and new ways of working.

The successes of last year have really brought home the fact that as an organisation we have huge advantages and are well positioned to take on these challenges – the combination of an experienced and adaptable team of staff, a supportive board, an invaluable network of advisors and supporters and friends in the communities that we work with and support. We have a firm sense of who we are and will continue to put collaborative partnerships based on respect and reciprocity at the heart of our work, supporting health workers in some of the poorest and most disadvantaged communities in the world.

THET seeks to build on the achievements of 2012 and on the extraordinary expertise the organisation has developed over the years in initiating, advising on, and managing health partnerships between institutions in the UK and other institutions around the world.

Jane Cockerell





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