

# TROPICAL HEALTH AND EDUCATION TRUST

## TRUSTEES' REPORT YEAR ENDED 31 DECEMBER 2015

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### Objectives and activities

THET has been supporting health workers overseas since 1989 through targeted training programmes and by helping to shape the health systems in which they work. We work with diverse partners, implementing programmes, awarding grants and undertaking policy work. In the past four years alone, THET has reached over 50,000 health workers across thirty-five countries in Africa, the Middle East and Asia.

### THET Health Partnerships

At the heart of our work is the health partnership approach:

Health Partnerships are a model for improving health and health services based on ideas of co-development between actors and institutions from different countries. The partnerships are long-term but not permanent, and are based on principles of reciprocal learning and mutual benefits.

Partnerships are typically between hospitals, universities, training colleges or professional associations and take a variety of approaches to capacity development, such as short-term training courses, fellowships, mentoring, strengthening data systems, curriculum development, task shifting, leadership and management support and improving the patient journey and referral pathways.

#### 1. Our grant management work

THET is the managing agent for the Health Partnership Scheme (HPS), funded by the Department for International Development (DFID), and Johnson and Johnson (J&J), providing financial support and technical expertise necessary to ensure partnership projects are responsive, focused, sustainable and measurable.

### THE HEALTH PARTNERSHIP SCHEME

- Over 12,000 health workers received training and education across twenty-six countries in sub-Saharan Africa, Asia and the Middle-East. This includes nurses, midwives, clinical officers, doctors, surgeons, community health workers, biomedical engineers, medical assistants and medical and healthcare students.
- HPS projects developed the capacity of over 100 government and civil society institutions across many health themes, such as accident & emergency health, child health, eye health, infectious diseases, maternal & new-born health, mental health, non-communicable diseases, sexual & reproductive health, palliative care and patient safety.
- Fourteen new or improved medical education curricula were designed and formally approved for teaching and eighty-eight new or improved policies and professional standards were finalised and signed off.

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- Fifty-eight low- and middle-income countries (LMIC) institutions secured improved medical equipment, Information & Communications Technology (ICT) or health information management systems.
- Following the outbreak of Ebola in 2014, THET worked with the World Health Organization to develop a Strengthening Preventative Capacity grant stream in order to improve Infection Prevention and Control measures in LMIC health facilities. Eight grants were awarded for a total of £317,498.
- 339 UK volunteers self-reported or demonstrated improved clinical and leadership skills, which represents 96% of those surveyed.

### Programmes closed in 2015

#### *UK Aid to India*

In December 2015, THET was required to close two programmes under the Health Partnership Scheme in India, due to the UK Government's belief that *India's growing resources and global status mean that the time has come to end the UK's traditional aid programme*. The Government's new approach will be to *focus on technical cooperation, private sector investment and global programmes*. Project activities were brought to an end on 8<sup>th</sup> January 2016.

#### *Ebola outbreak*

The outbreak of Ebola in West Africa affected our partnership projects in Sierra Leone and project activities had to be suspended. The Kambia Appeal and Royal College of Paediatrics and Child Health Global Links, which relied on the in-country placement of long-term volunteers, were forced to bring their health workers back to the UK to ensure their safety. This obviously had a negative impact on the paediatric workforce, but the on-going presence of the virus meant that project activities could not begin again in 2014/15.

### Train, support and provide guidance to partnerships in the development, implementation and monitoring of effective and sustainable procedures.

- The HPS supported over 100 partnerships in 2015, and a total of 125 individual projects. Fifteen new partnerships were awarded start-up grants in order to consolidate their relationship and conduct needs assessments.
- THET designed and ran skills workshops and sharing and learning events for health partnerships, including help with improving monitoring and evaluation, fundraising, use of technology, and engaging government officials.
- THET developed information products to assist health partnerships in specific areas, based on requests from the partners themselves. These included several publications made available online, such as "Managing the Medical Equipment Life Cycle", "Technology for Effective Partnership Collaboration", and "Fundraising Guide".

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### Deliver good practice for grants management and quality assurance on behalf of donors supporting health worker development

- THET has been managing the £30 million Health Partnership Scheme on behalf of DFID since 2011. This year THET scored an A in the DFID annual review of the programme. It managed 125 projects across twenty-six countries, ranging in value from £5,000 to £1.5 million. Twenty-eight HPS grants that came to an end in 2014 received extension funding to replicate their project in another location or to undertake further training.
- The Grants Management Team continued to strengthen THET's management processes, with continuous updates of the Grants Management Manual, the standardisation of a checklist for assessing reports, and the incorporation of the Salesforce database as a grants management tool. Following a survey of partners on their grant management processes, THET began to develop toolkits on: duty of care, fraud, bribery and corruption and procurement.
- The Grants Management Team carried out monitoring trips to three countries, visiting twelve partnerships across Malawi, Myanmar and Uganda. As part of the monitoring visit to Uganda, THET also arranged for two DFID staff to visit in order to assess the progress of the HPS in the overseas institutions.
- THET delivered grants management on behalf of Johnson and Johnson (J&J) to health partnerships focusing on reducing morbidity and mortality from conditions requiring surgical intervention. In 2015, three projects supported under the Strengthening Surgical Capacity Fund completed their projects, training 555 healthcare workers. THET developed a larger grants stream with J&J due to begin in 2016, under the heading 'Africa Grants Programme', which will focus on surgery and access to community healthcare.
- THET delivered grants management on behalf of the Pharo Foundation to the Poole Africa Health Partnership, which works with Wau Teaching Hospital in South Sudan.
- THET managed an Electives Engagement programme in partnership with Selfless UK. During 2015, the programme raised awareness of and commitment to global health and development issues amongst clinical students in the UK and wider diaspora communities through medical electives in Bangladesh and outreach activities in the UK.

## 2. Our policy work

Our policy work is designed to increase the engagement of UK and other health professionals in global health projects within a supportive and enabling environment for volunteering.

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THET continued work with the NHS Staff Volunteering Group in conjunction with the Department of Health Workforce Division to support voluntary engagement in global health:

- Change projects included: working with the General Medical Council (GMC) on how to provide appraisal and revalidation mechanisms for doctors working overseas in low and middle income countries; and working with the head of cross-government project on overseas volunteering on how to extend pension coverage beyond health partnership scheme volunteers.
- Communication projects included working to improve volunteering information on the NHS Health Careers website and working with NHS Employers on succinct guidance to clarify the practices and the rights of employers and employees in relation to international volunteering.
- Evidence-gathering projects included the possibility of monitoring the uptake of volunteering via the NHS staff survey and the development with Health Education England of a CPD toolkit to allow international volunteers to collect evidence about knowledge and skills gained whilst participating in international health projects.

DFID's forthcoming Health System Strengthening Framework (HSS) will aim to set-out what DFID means by health systems and health systems strengthening, why HSS is essential to achieving the Sustainable Development Goals along with DFID's approach to supporting HSS both through its own people and programmes and through its partner organisations. THET has been engaging with DFID to advise on the content of this new Framework and in particular the support that the UK can give to HSS through a principled partnership appropriate.

THET has welcomed the renewed focus on universal health coverage in the Sustainable Development Goals and is using its relationship with WHO, national governments and networks to advocate for a rapid scaling-up in the recruitment, training and education of health workers in support of this goal. In addition, THET is building the evidence base on how partnerships are particularly well placed to contribute, along with ways of resourcing scale-up.

### **Gather evidence and facilitate the sharing of good practice and lesson learned in order to improve quality and demonstrate the contribution health partnerships make**

A key feature of THET as an organisation is a commitment to continuous feedback, learning, and development. Our performance and approach to collaborative partnership working has brought respect from peers, stakeholders and organisations, both nationally and internationally and enables the identification of areas of good practice and quality standards for effective partnerships on a global level. In 2015:

- THET hosted its annual two-day conference "Health Partnerships and Sustainable Development" on the 24<sup>th</sup> and 25<sup>th</sup> September at the Priory Rooms in Birmingham. The

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conference brought together 150 people - including health professionals, global health actors and health partnership representatives. Day 1 reflected on the role health partnerships can play to maximise support for healthcare workers in low- and middle-income countries. Day 2 introduced the key hallmarks of good practice within partnerships and explore ways in which partners can incorporate these principles using practical tools and examples.

- As part of THET's ongoing approach to quality improvement, we developed a set of Principles of Partnership to highlight the most important factors for successful partnership work and offer advice, examples and research. The core component of this piece of work is eight principles that partnerships can use to improve the quality and effectiveness of their work. Each principle is accompanied by a set of hallmarks of good practice, practical tools and a corresponding case study, all available online on THET's website.
- As an example of THET's approach to learning and improving: we carried out a survey of partner organisations in LMICs. Respondents overwhelmingly reported that their partnerships have a shared vision and joint decision-making, that the partners communicate well, and largely reported that project management is equitable and that UK partners listen to them. We have published the Principles of Partnership with further guidance on improving the equitability of project management; and we have encouraged new partnerships to think explicitly about ways to strengthen their relationships. Survey respondents also suggested THET could provide additional teaching resources, scholarships, training and support for LMIC partners, and we have initiated a series of webinars and other events in response.
- THET launched the thematic series 'Health Partnerships: an effective response to the global health agenda' in the peer-reviewed journal *Globalization & Health*. The series engages critically with health partnership experiences and assess the methodological choices, contextual influences, and partner relationships that determine success, or otherwise, in strengthening HRH, and ultimately improving health services.
- Four publications were placed in high profile journals including a letter in *The Lancet* about THET's 25 year history, a letter to editor "Volunteering to improve health worldwide. Current Trends in Out of Programme experience/ training in the UK 2014" published in the *Journal of Epidemiology and Global Health*, "Building Training Partnerships in Cancer for LMI countries" in *Cancer Control: Cancer care in emerging health systems*, and an on-going thematic series with *Globalization & Health* on health partnerships.
- THET engaged in a significant amount of resource development in 2015 in order to champion the health partnership approach. Resources include: A Resource on Medical Equipment Management, Fundraising Guidance, New Technology Review, Partnership Principles, and Value for Money Case Study.
- THET undertook or commissioned several studies on value for money in health partnerships and both quantitative and qualitative analysis of the health partnership model in 2015. Building

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on this experience and the enthusiastic response to the Globalisation & Health call for papers, THET will look to initiate a health partnership research network in 2016.

- THET attended or presented at 20 events. Notable events include: Global Surgery and the diaspora at the Royal College of Surgeons; soft launch of the electives programme by Selfless, American College of Healthcare Executives Annual Conference, Chicago – guest at Global Partnerships session; attendance at Consortium of Universities for Global Health annual conference, Boston; BMET programme workshop launch event in Zambia; participation in Global Health Seminar hosted by FK Norway, Oslo, and chair face-to-face meeting of Global Catalyst Group for Institutional Health Partnerships, Geneva.
- THET maintained and developed a dedicated website for health partnerships, which includes a registry of over 150 health partnerships and their projects, a resource library, and an online forum to facilitate targeted discussion with over 400 members in 28 countries.

### 3. Our programme work

#### THET SOMALILAND

##### *Progress achieved in 2015*

THET supported the establishment of quality assurance unit at Ministry of Health (MoH) central office. A quality assurance framework has been developed by a volunteer and will be validated and endorsed by the stakeholders by end of March 2016.

To strengthen continuous professional development (CPD) for in-service health workers, THET supported development of in-service training policy; long term strategic plan and accreditation guidelines have been developed and approved by MoH.

THET supported training of 112 health care providers in Somaliland and Puntland including regional coordinators, regional health officers, health professional associations, board of directors and regional health boards in coordination, resource mobilisation, leadership, governance and management, and institutional/organisational development.

MOH Somaliland, THET and AMREF finalised Health Work Force Survey. The goal of the survey was to establish the number and cadre of qualified health workers and their distribution across the country. The survey will help the MOH and THET to develop a five-year Human Resource for Health plan with projected resources that will address training of key required health workers - especially the frontline staff - and possibly introduce task-shifting to address the needs of isolated communities.

In collaboration with the MOH and King's College London, THET supported medical stakeholders

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meeting that involved all training institutions to improve quality outcomes of the medical undergraduate educations. Forty-nine stakeholder's members participated in assessing success and challenges and made recommendations for further actions.

THET supported MOH Somaliland and Puntland in development, review and adaptation of seven curricula for nursing, and midwives and Bachelor of Science (BSc) and diploma level. In addition, a Continuing Professional Development (CPD) manual was developed for in-service courses for medical laboratory technologist with participation of the relevant professional associations members across the six regions. Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) manuals were reviewed and updated by Somaliland nursing and midwifery associations and Somaliland medical associations with the support of experts along with the training of thirteen training of trainers.

In 2015, THET also supported seven health training institutions from which 200 pre-service health workers - including doctors, BSc nurses, Diploma nurses and midwives - graduated. Currently, there are 1,516 students in the institutions supported by THET. With regards to the in-service training, 256 health workers were trained with the support of experts and the professional associations in the areas of BEmONC, CEmONC, quality assurance and teaching methodology.

In collaboration with King's College London and with the support of expert consultants, THET supported the training of 400 students and tutors in the areas of clinical research, clinical leadership, mental health, health systems regulation, clinical reasoning, research methodology, clinical research methodology and obstetrics/gynaecology emergencies.

In Amoud and Hargeisa medical schools, seventy-nine students sat for Objectively Structured Comprehensive Examination (OSCE) and fifty-four successfully graduated. From the health training institutions twenty-six nurses sat for OSCE and successfully completed. Fifty-nine students from the health training institutions conducted an outreach programme to provide health education and Mother-and-Child Health (MCH) services.

As a result of the collaboration between THET, the MOH and the internship committee, thirty-five medical interns benefitted from quality training and field attachments.

THET has continued to support the National Health Professional Commission (NHPC), which works to ensure health sector regulation; during this period it registered 367 health workers including doctors, nurses, midwives and other health alliance professionals. NHPC carried out full assessment on five Health Training Institutions, and three Health Care Facilities. The purpose of the assessment was to define the standards and the quality services provided by the health training institutions as well health care facilities.

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### *Lessons learned in 2015*

#### [A strategic approach to volunteers' recruitment and placement](#)

NHS volunteers donate up to two weeks their time to deliver training and capacity building in Somaliland and the value of their input is clearly recognised. We have learned that we need to take a more strategic approach to recruitment and placement of volunteers to ensure very close alignment with the country's strategic development objectives so that we maximise the efficiency and effectiveness of the volunteers' inputs towards sustainable development. To this end, we have learned the importance of: linking volunteer inputs to strategic programme plans; defining learning outcomes; improving pre-trip preparation; pursuing longer-term placements that will enable in-depth contributions; and encouraging experienced volunteers to make repeat visits.

#### [Improving access by training health workers in rural areas](#)

There are very low number of health workers in Somaliland, particularly in rural areas which is where much of the population lives. It is therefore essential to train health who are more likely to be working in rural areas. In 2012, we trained the first cohort of thirty-nine Community Health Workers (CHW) in Sahil region using a more comprehensive nine-month curriculum; to date thirty-nine of these are still in post actively serving the rural areas. This year we trained the second cohort of twenty-one Community Health Workers in Awdal region. We will be seeking opportunities to train further CHW, as well as opportunities for task-shifting with other health worker cadres, equipping them with the skills required to meet the priority needs of rural populations. Alongside this, we will build on the positive experience of supporting Health Training Institutions to undertake outreach work, which takes basic health services to the rural areas, strengthens linkages with the community and the health facility, and helps reinforce professional relations between different health cadres.

#### [Using multiple approaches to deliver training](#)

In Somaliland, medical students have benefitted from the online medical education platform, MedicineAfrica. The platform has enabled volunteers from King's College London to contribute their knowledge and expertise to support medical education remotely. Following an evaluation of the value of the effectiveness of MedicineAfrica, we have learned that online education should be accompanied by face-to-face training sessions and practical learning opportunities such as skills laboratories (implemented in 2013), all with measurable learning outcomes that are assessed as meeting the priorities of the populations the medical trainees serve.

Professional associations seem to lack the capacity needed to generate adequate resources to sustain them beyond donors funding. Therefore campaigns to increase membership registration and capacity strengthening on fundraising will be a future key area of intervention.

#### [Developing financial management skills](#)

Support to professional associations and regulatory bodies in the form of finance, infrastructure, and training has developed capacity but there is a risk to the sustainability of these organisations if financial support is withdrawn. We have learned that capacity building therefore needs to occur across all

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functions of the organisation, including skills in financial management and the diversification of funding to the institutions all within a robust governance framework that guarantees accountability and transparency.

### THET ZAMBIA

#### *Progress achieved in 2015*

- Twenty-three British, Canadian, Australian, and South African health workers volunteered to carry out capacity building training and mentoring for trainers, students and trainees on short- and long-term assignments. This support included:
  - Eight short-term visits to support Anaesthesia;
  - One six-month posting to support Anaesthesia;
  - One twelve-month posting to support BMET;
  - Three short-term visits to support Nutrition;
  - Three twelve-month postings to support Nutrition;
  - One eleven-month posting to support Nutrition;
  - One four-month posting to support Nutrition;
  - One eight-month posting to support Nutrition;
  - One nine-month posting to support Nutrition;
  - One short-term visit to support Pathology;
  - Two one-month postings to support Pathology;
  - One five-month posting to support Psychiatry.
  
- 182 students were enrolled in THET-supported diploma, undergraduate and postgraduate courses.
  
- THET's support to the School of Medicine and School of Agricultural Sciences at the University of Zambia led to the graduation of:
  - four psychiatrists;
  - two pathologists – the first ever local graduates;
  - six anaesthetists – the first ever local graduates;
  - twenty-two nutritionists – the first ever local graduates.
  
- The first intake of thirteen students started the MSc in Nutrition in October. This is the first MSc level training in Human Nutrition in Zambia and will train the next generation of Nutrition leaders and lecturers in Zambia. This complements the work THET is undertaking with the Nutrition Association of Zambia and the Ministry of Health to develop a clear workforce plan that puts in place a mandate around job descriptions, remuneration and geographic distribution, including the new level of training offered in country.

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- The BMET course continues to attract large numbers of applications. In 2015, 337 students applied and thirty-four were accepted.
- The scope of THET's support to the BMET work-stream has expanded to take in the wider workforce issues and medical equipment management environment. In 2015, THET secured a further £661,941 in funding from DFID to take forward quality improvement work within provincial and district hospitals in the Copperbelt Province, and provide technical assistance to improve the wider skills ecosystem in this area.
- During 2015, the profile of THET's BMET work grew considerably. THET collaborated with other NGOs, civil society and private sector institutions and funders working towards the same ends throughout Africa. Most notably, our participation at an international workshop hosted by the GE Foundation in Toronto in June opened up numerous opportunities for further funding, and collaboration with Biomedical Engineering professional bodies from across Africa in Johannesburg in October. In addition, THET hosted a visit from the Association for the Advancement of Medical Instrumentation (AAMI), engaged by GE Foundation, to assess our approach to the development and delivery of the BMET course. This partnership has resulted in further opportunities to influence the design of a planned multi-country BMET-focused program funded through GE Foundation.
- During 2015, the profile of THET's safe surgery work also grew. THET collaborated with the *Lancet* Commission on Global Surgery and the Program on Global Surgery and Social Change at Harvard Medical School to undertake an assessment of the surgical system in Zambia. Following on from this, THET is working closely with the Ministry of Health and other partners to develop a new national surgical plan, which is a broad-based collaborative effort to improve the surgical system in Zambia and rests on five domains of action: (1) infrastructure (2) workforce (3) service delivery (4) information management and (5) financing. The Ministry of Health intends to incorporate this plan into the next National Health Strategic Plan (2016-2021). THET is also in discussions with Andy Leather, Director of King's Centre for Global Health, to engage the newly formed Global Surgery Department in the evaluation of the national surgical plan. THET has been in on-going discussions with GE Foundation and their partners, positioning THET to support GE Foundation in the development of a multi-country programme for Safe Surgery.

### *Lessons learned in 2015*

#### [Supporting the Ministry of Health through the transition within the Government of Zambia](#)

One of the biggest challenges for THET in Zambia is changes within the Zambian Government. The split of the Ministry of Community Development Mother and Child Health, and the re-folding of functions back into the Ministry of Health in the latter half of 2015 caused confusion and a lack of clarity in roles and responsibilities going forward. THET has been exploring opportunities to support the Ministry of Health through this transition period, including partnering with the Zambia UK Health Workforce Alliance to provide technical assistance to senior Ministry of Health staff.

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### Working towards sustainability

Sustainability requires long-term support: across all projects we have seen the benefits of long-term support in both the learning outcomes and capacity development within the departments and colleges themselves. The processes involved in developing quality training courses in a sustainable way require a deep understanding of local processes, management structures and teaching practices. The identification of the need to expand the train-the-trainers programme at NORTEC, and its development and execution are examples of this. Psychiatry Trainer Alex Jolly was able to develop a good working relationship with the Psychiatry MMed students, fostering new behaviours such as a functioning journal club and use of logbooks, and was even brought into strategy meetings at Chainama hospital. Further long-term support for the MMeds in the future will go a long way to ensuring sustainability.

### Student recruitment and the wider political environment

A major challenge throughout the programme has been the difficulties with ensuring the required recruitment numbers onto the medical specialist courses. There are a number of institutional bottlenecks that make this very difficult, in particular the inability of students who wish to join the courses to secure paid study leave. The financial implications of this issue have created considerable challenges for enrolment. THET is committed to develop sponsorship strategies in 2016.

### THET ETHIOPIA

The Ethiopia Chronic Non Communicable Disease (NCD) programme has had many successes over the last two years. Notably, the training of over seventy-two nurses in treatment and follow up and of over eighty health extension workers (HEW) in awareness raising and referrals has strengthened decentralised care. This training has been delivered at seventeen health centres in the Jimma and Gondar zones by Dr Yoseph Mamo. His work has meant that, often for the very first time, thousands of patients who have diabetes, hypertension, epilepsy, rheumatic heart disease and chronic respiratory disease have access to healthcare in or very near their communities.

From February to July 2015 4,468 patients, of which 605 were new patients, presented to the eight health centres in Jimma, which has a population of around 207,000. This shows the breadth of impact of the programme, and how needed these services really are for the rural communities.

In parallel with this training, the academic value to the host University/Hospital is being sustained through collaborative research, which is therefore a catalyst for staff development - a priority for the Universities. A paper entitled *Retinopathy in Type 1 Diabetes Mellitus: Major Differences in Rural and Urban Dwellers in Northwest Ethiopia* paper was published in 2015 in *Diabetes Research and Clinical Practice*, and further collaborative work is in progress, including a paper in which we make the case for decentralised NCD care in Ethiopia and others that relate to specific diseases.

Dr Yoseph is providing technical assistance on the decentralisation of care at the Ethiopian Ministry of

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Health (MOH). Dissemination of best practice in NCD care through Dr Yoseph is currently under consideration by the MOH. Upon the Ministry of Health' request, Dr Yoseph is currently working on a plan to implement the decentralisation programme that would target a total of twenty-seven institutions, including nine hospitals (Black Lion and St Paul Hospitals in Addis Ababa, Mekele, Axum, Harar, Bahir Dar, Hawassa, Hossana and Nekemte), and three health centers. The provision of technical assistance has also resulted in the production of guidelines and protocols to date in NCD, nursing, palliative care, pain management and cancer control.

Several health workers across nine Addis Ababa public hospitals were trained in pain management at the request of the MoH and with support from the American Cancer Society. Trainers were also trained to roll the training out to a further 420 health workers. The plan has been to initiate a Pain-free Hospital Initiative in Addis Ababa public hospitals before rolling out to regional/ peripheral public hospitals. Funds permitting, we aim to support this roll-out during Year 3 of the project.

Dr Yoseph has played a key role in the country's preparation for the replication and expansion of the chronic disease programme. In particular, his technical assistance has included both the production and implementation of governing policy documents that make the management of NCDs a legitimate part of the healthcare of the country that has been lacking in the past. These documents include:

- A National Palliative Care Treatment Guideline, which has been completed and submitted for final review and subsequent publication and dissemination;
- A National NCD Prevention, Treatment and Care Guideline;
- A STEP survey for which data has now been entered and are now awaiting analysis;
- Guidelines and training materials prepared for the implementation of the WHO PEN Protocol for NCs, which are awaiting final endorsement and allocation of budget;
- NCD guidelines and protocols for nurses (PEN Protocol) have been drafted;
- National Pain Management Training material, which has been published and for which training has commenced;
- Incorporation of NCD and palliative care guidelines into the newly revised national health policy;
- Preparation of a cancer control programme action plan.

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### Plans for the Future

#### Our 2016 – 2021 Strategic Priorities

Trustees and staff worked through the second half of 2015 to review our progress on the 2012-15 strategic plan. A joint away day was held with staff and Trustees in August and a series of thematic papers developed by staff. These provided opportunities for us to acquire an in-depth understanding of the environment THET is operating in, and of the opportunities we have. The new strategic plan was finalised towards the end of this period and will be launched formally in April 2016. It is built around eight goals:

#### *Our impact goals*

1. **Redouble our efforts to train and support health workers.**
2. **Partner with national governments to strengthen health systems.**
3. **Champion the contribution health workers are making to the development and security of our societies.**

#### *Our enabling goals*

4. **Forge strong country bonds to increase programme quality.**  
We will strengthen our in-country presence in order to deepen our understanding of how we can best meet national priorities and needs.
5. **Champion the health partnership approach positioning THET as an essential partner to NHS, academic and private sector institutions in the UK.**  
We will deepen our position as partner of choice to NHS institutions working overseas.
6. **Ensure financial security through diverse funding sources.**  
We will grow our income by developing our fundraising and looking for new partners for our grant-management service.
7. **Create a people centred organisation, accountable and empowered.**  
We will ensure every member of our staff has the opportunity to grow in their role so they can fully realise their potential in contributing to our mission. As we grow, we will review our organisational model to reflect our belief that decisions are best made locally, by those most closely engaged in the lives of the health workers and the communities we seek to support.
8. **Transparency and accuracy through robust evidence gathering.**  
We will ensure that our programme work, grant-making and policy contributions are informed by evidence, based on the rigorous collection of both quantitative and qualitative data.