



**THET**   
PARTNERSHIPS FOR GLOBAL HEALTH

# ANNUAL REVIEW 2010

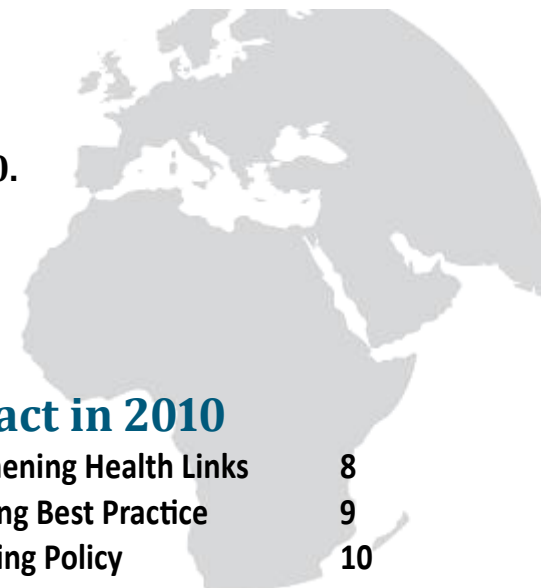
[www.thet.org](http://www.thet.org)



Our **mission** is to improve **essential health services** in some of the world's poorest countries, building long term capacity through **training and support**.

# Annual Review

Reports and Accounts for the year ended 31 December 2010.



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# The need for better health services

A healthcare worker, likely a nurse or midwife, is shown in profile, wearing a white protective gown and a blue headscarf. She is focused on a newborn baby lying in a hospital bed. The baby is wrapped in a patterned blanket, and the worker appears to be providing care or checking the baby's condition. The background shows a tiled wall, suggesting a clinical setting.

*It is estimated that the global shortage of health workers will reach 4 million by the year 2015.*

*Maternal and neonatal mortality rates in Ethiopia are among the highest in the world, with one maternal death for every 140 live births, and one in 20 infants dying within 28 days of being born.*

*An estimated 9 million children under the age of 5 will die this year alone, and over 500,000 women will die from pregnancy-related causes.*

*In Zambia, more than 1 in 6 children die before their fifth birthday. In a country with a population of approximately 12 million, the WHO estimates there are 0.14 practising physicians and 2.01 nurses and midwives per 1,000 population.*

Source: World Health Organization

# Foreword from our Chairman

**Professor Sir Andrew Haines reflects on his first year as Chairman.**

Entering its second year, the International Health Links Funding Scheme, managed jointly by THET and the British Council, continued to fund and support workshops and training to strengthen links between the UK and partner institutions in the developing world. In 2010, the first and second rounds of applications were released and medium and large grants were awarded. In total, 289 applications were received and 62 grants were conferred to support innovative projects in Africa and Asia.

While THET continued to develop the quality of Health Links in 2010, we also created a three year strategy to ensure that organisational plans and activities are in line with THET'S mission of improving health services in the world's poorest countries through partnerships. The four key goals of the strategy include: improving global health services through

delivery of strategic tailored programmes; promoting the engagement of UK health professionals in global health; assessing the value of our current portfolio through proactive engagement and dialogue; and building THET as a professional and respected organisation. Moving forward we will continue to use these goals to guide future endeavours.

As THET continues to professionalise in the realm of finance, we are pleased to announce the recruitment of a fulltime Finance and Administration Director and Grants Finance Officer. Additionally, an Honorary Treasurer was recruited to the Board of Trustees.

As I reflect on my first year as chair, I would like to laud the outstanding achievements of the THET staff in terms of supporting link programmes, the Somaliland project, and the Zambia project.

The contribution of staff at Kings College London has been especially noteworthy, for example through the longstanding involvement of Andy Leather and colleagues in Somaliland which has made an outstanding contribution to the training of health workers there.

I would also like to mention the successful Health Links Conference attended by the Minister for International Development, Stephen O'Brien. Thanks to all those involved in the Board of Trustees and other committees for their continuing support, and a special thanks to my predecessor Steve Tomlinson for his longstanding commitment to THET. I look forward to seeing THET's growth in the coming years as we continue to extend our reach in supporting Health Links throughout the developing world.



“We need to continue to respond to our partners, listening to how they believe we can assist in improving health outcomes through effective and sustainable training and capacity building.”

Professor Sir Andrew Haines

# Message from our CEO

**Pia MacRae reflects on her first year as THET's CEO.**

2010 was an important year for THET.

We were able to consolidate on two very different aspects of our work: on the one hand, working to support many Health Links with a more standard offer; on the other hand, working in depth with a small number of partners in the UK and overseas, involving THET directly in implementation.

These are very different types of activities.

The first set of activities is about working at some distance with many partnerships, looking to identify common opportunities or challenges, and seeing how we can identify ways to support those at the frontline of delivery. This support can be immensely practical: from the provision of grants to practical tips on insurance or reducing the cost of flights. It can also be strategic, helping to support robust

monitoring and evaluation to feed into a wider discussion about the merits of this model of support versus other models. Over the year, under the auspices of the International Health Links Funding Scheme, we saw a consistently high quantity of applications for grants, but also an increase in the quality of applications. We were able to provide over sixty grants to support Health Link projects in 2010, which was exciting. We saw partnerships moving from 'start up' grant applications, to applications for medium sized project grants, as they were able to get necessary support to grow the ambitions of their work.

The second set of activities is about the nitty-gritty of working directly on the ground to deliver the change. Our work in Somaliland is a great example of our remaining directly involved in programme delivery: working across training institutions, government, and professional

organisations, to ensure key building blocks are put in place for Somaliland's health system. As you will read in this review, we were able to make some significant contributions including to nurse training capacity, with a strong cohort of nurse tutors graduating; as well as to significantly increase the number of locally trained doctors.

I hope that going forward we can continue to grow these two very different, but complementary aspects of THET's work.

I would like to thank all of the many different people who work with THET in so many different capacities: members of the extended 'links family', volunteers, trustees, partners, donors, staff and many others. There is still a lot to be done – but I hope that together we are able to contribute to lasting change.



“My concern that we need to challenge ourselves remains... We need to keep asking ourselves how we can be more effective, more sustainable, and better able to respond to the needs of those delivering health services in what are demanding and difficult situations”

THET Chief Executive, Pia MacRae

# An Introduction to THET

**THET is committed to improving essential health services in developing countries. We have over 20 years of experience working with health institutions around the world, promoting action that is effective, sustainable and responsive.**



## What we do

### Strengthening Health Links

Institutions in developing countries identify needs and priorities to improve their health services, and UK institutions partner with these overseas counterparts to share knowledge and expertise to address their needs. THET provides guidance, support and funding to help these Health Links to be as effective as possible.

### Promoting Best Practice

We strive to increase the quality and impact of Links by capturing shared lessons from Links' experiences. We develop easily accessible and user-friendly resource materials, such as manuals, guides, fact sheets and toolkits for all types of Links.

### Influencing Policy

We continue to advocate for supportive health policy both in the UK and internationally. We

encourage the participation and collaboration of policy makers, health professionals, non-profit organisations, funding agencies and donors. We host Health Links conferences, bringing together health professionals and policy makers to share ideas, experiences and agendas.

### International Programme Development

In some countries, we work with partners to scale up projects in order to address wider needs. We have often focussed on meeting the needs of people who have the least access to services or those affected by neglected health conditions.

## How does this help?

### Improved Access to Healthcare

People are better able to access lifesaving healthcare through an increased availability of quality services, greater health worker capacity, and improved facilities and resources.

### Empowered Frontline Health Workers

Partners benefit from opportunities to enrich their professional and personal development – sharpening skills, learning new techniques and broadening experiences, harnessing the expertise and experience of UK health professionals.

### Long-Term Sustainability

Our approach creates relationships of mutual trust, respect and solidarity. Programmes build on existing systems and work in line with strategic health plans, rather than creating parallel services. This work focuses on building long-term skills and capacity of health workers.

### Development of Mutually Beneficial Relationships

UK participants enhance their skills and knowledge, delivering training and mentoring, and develop problem-solving skills and the ability to think creatively. They improve their understanding of developing health systems. Link institutions also experience an increase in staff morale.

# Our impact in 2010

**THET remains committed to building long-term sustainable partnerships through the International Health Links Funding Scheme.**

## Strengthening Health Links

The International Health Links Funding Scheme (IHLFS), which launched in September 2009, continued to increase the quality of the Health Links and their projects abroad. Through the IHLFS, which THET jointly manages with the British Council, Links have been given access to funding streams and training workshops aimed at professionalising Link projects and increasing the scope and scale of their work.

Jointly funded by the Department for International Development (DFID) and the Department of Health (DH), the Scheme provides grants to support new and existing Links between UK health organisations and those in the

developing countries.

Three levels of grants were awarded:

- Start up grants for scoping and developing a new Link between UK and developing country partners (up to £3,000);
- Medium project grants to support the expansion of existing Links (up to £15,000 over two years); and
- Large project grants to support capacity building programmes (up to £60,000 over three years).

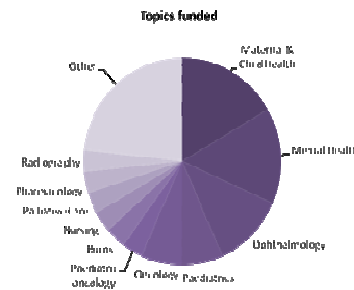
Funds are targeted at DFID's priority countries, which have a critical shortage of healthcare workers.

In total, during 2010, 62 grants were awarded after consideration by a specialist independent selection panel.

In 2010:

- THET received a total of 289 applications of which over 20 per cent were funded.
- The total value of grants given out was £2.5 million.

The clinical areas funded are shown in the diagram below:



“The support received from THET in reviewing and developing our project logframe was invaluable in educating clinicians leading the link...[of] its use and importance in terms of evaluating and planning our activities.”

Dr Karen Frame, St Mary's Hospital

Photo Above: A baby being weighed at a hospital in Gulu Hospital, Uganda



# Our impact in 2010

## Health Links in Practice

THET's commitment to supporting Health Links through the IHLFS has resulted in successful health outcomes throughout the world. The Western Health and Social Care Trust (WHSC) & ECWA Eye Hospital Link, for example, has vastly improved children's eye care services in northern Nigeria. Starting with a start-up grant, the Link has successfully applied for a medium-sized grant during the second round of funding. Significant progress has been made since the programme's inception, and as a result, ECWA Eye Hospital now has improved surgical technique in squint surgery amongst numerous other outcomes.

The Gloucestershire-Kambia Link exemplifies the scope and efficacy of the IHLFS's large grants. Dismal economic conditions have resulted in poor maternal and newborn

health outcomes in the Kambia district of Sierra Leone. To tackle these issues and others, the Link has supported scholarships to increase the number of qualified health workers in Kambia; established emergency obstetric care centres to deliver free caesarean sections at Kambia Hospital; and arranged vehicles for pregnant women in rural areas to link remote villages with health centres.

Another example is the Kanti-Alder Hey Burns Link, supported by a medium grant, which has been working to improve burn care in Nepal. Since the Link was established, there has been significant change in practice towards less conservative management of burns; increased training in theatre skills; and improvements in the use of splints and positioning of patients. One Nepalese doctor reflects, "I was

not aware about positioning and splinting especially in burn patients...after attending this programme I gained the knowledge and skill which I was lacking behind in some way..."

## Promoting Best Practice

### THET Health Links Conference 2010

In November, THET hosted our Health Links conference. This year's conference had nearly 200 attendees, and speakers included UK and overseas representatives of Health Links, as well the Director of the Royal African Society and a representative from the WHO African Partnerships for Patient Safety (APPS) programme. Sessions covered topics such as e-health, patient safety, project management, monitoring and evaluation, fundraising and how Links' work benefits the UK.



“I think that THET is doing something amazing. It is not immediately as glamorous to the man on the street as fixing the smiles of impoverished children with cleft palates but I believe the contribution is very profound.”

Alexander Finlayson, Academic  
Clinical Fellow at Oxford  
University

Photo above: Health Links Conference  
2010

# Our impact in 2010

At the conference, Stephen O'Brien, Parliamentary Under Secretary for International Development, announced the launch of the tendering process for the Health Partnership Scheme (HPS). This new initiative is planned to run from 2011 to 2015, with a budget of £20 million. It will harness the expertise of UK health professionals to improve health outcomes and build on the existing International Health Links Funding Scheme (IHLFS).

## Influencing Policy

### Transcending Party Lines

Cross-party support of the work of Health Links saw continued backing for the engagement of UK health professionals in global health, in spite of the change of government in May 2010. This supportive environment allowed THET to continue its work promoting the health partnership model and the

engagement of UK health professionals in global health.

### Sustained Engagement with Organisations Involved in Health Partnerships

In 2010, THET continued to engage with organisations including: WHO APPS, the Royal College of Nursing, the International Forum of the Association of Medical Royal Colleges, Vision 2020, Partnerships in Health Information and BUILD – Building Understanding through International Links for Development.

We also continued to interact informally with many professional associations, regional health groupings and specialist organisations, presenting at the Wales for Africa Health Links annual conference and attending the Geneva Health Forum, for example.

### Teaming Up with King's College London

The partnership between THET

and King's College Hospital NHS Foundation Trust presents an opportunity to promote greater involvement of younger members of the health profession by creating further opportunities to engaged with and learn about global health. In 2010 THET opened an office within the Kings College Hospital site in south London as part of a joint venture with King's Health Partners to create a hub around Global Health Education.

### BSc in Global Health

As a result of this relationship, THET assisted in the design and running of a BSc in Global Health for intercalating medical students. This new, one year course started in September.

### The NHS Framework on International Development

THET's participation in the



“This new partnership with THET will play a key role in our aspirations to be a leader in global healthcare education...”

Robert Lechler, Executive Director of King's Health Partners

Photo above: From left to right, Oliver Johnson, Former THET Chairman Stephen Tomlinson, Andy Leather, Former Foreign Minister Edna Ismail, Robert Lechler, Professor Christopher Whitty, THET's CEO Pia MacRae.

# Our impact in 2010

development of the NHS Framework on International Development allowed us to help channel the voices of practitioners into a document through an extensive consultation exercise we helped to frame and facilitate. The report, to which THET had been a key contributor, was published in March and “aims to bring greater clarity to how the NHS can contribute in a sustainable way to capacity building in developing countries” (Sir David Nicholson, NHS Chief Executive, England).

## International Programme Development

### SOMALILAND

In 2010, THET had three active programmes in Somaliland: the 2007-2010 DFID-funded programme, which aimed to strengthen the health systems in

Somaliland; the 2010-2013 DFID funded programme, which focussed on harmonised support for Somali Maternal Child Health; and a European Commission-funded programme to develop the capacity of non-state actors to rebuild the health system. In order to support the growing number of activities, THET set up its first in-country office in May 2010. It is run by a Country Representative based in Hargeisa and staffed by 4 local staff and a Health Systems Capacity Building Manager.

### Health Systems Strengthening Programme

In 2010, THET completed the DFID-funded programme to strengthen health systems in Somaliland, which had been running since 2007. By the end of the programme, more than 300 nursing and midwifery students were trained in an improved learning environment. Four nursing schools finished the

development of a revised basic nursing diploma curriculum with clearly stated competencies and were also provided with books, skills laboratory equipment, salaries and CPD to teach improved standards. By mid-2010, 26 new nurse tutors had finished their training. In addition, 36 new doctors graduated in 2010 (an increase of 40%) and joined the THET-supported internship scheme, working in hospitals in five regions across the country.

### Supporting Somali Maternal Child Health

During the summer of 2010, THET worked on the inception phase for the second DFID-funded programme, which focuses on Maternal and Child Health. An agreement on activities and key mechanisms for support was reached with partners including the Ministry of Health, Training institutions and Professional Associations.



“Students were frightened of going on the [mental health] ward beforehand but since said this was a favourite part of the course.”

Mary-Jo Doyle, Mental Health Nurse, South London and Maudsley Hospital

Photo Above: Women's Mental Health Ward, Hargeisa Group Hospital

# A Look Inside Somaliland

**An ailing boy's stay in a Somaliland hospital exemplifies health systems training in practice.**

## Nurses trained in patient safety

**Given limited resources, health workers in Somaliland have been trained to only treat symptoms of disease, often sending patients back to the conditions from which they came from before becoming fully healed**

There is a critical shortage of skilled personnel in Somaliland in almost all public sector health institutions. Management systems are also weak, and public services are poorly resourced.

THET-supported postgraduate nursing education has seen significant progress, with the

graduation of 26 nurse tutors trained in teaching, clinical and leadership skills.

When Ismail Ibrahim's thirteen-year-old son came back from school one August afternoon, he began to vomit violently. Ismail's wife took him to the pharmacy, and the mother and child soon returned home with medication. After a few days the child's condition persisted, so Ismail and his son paid subsequent visits to two different doctors before his appendicitis was finally diagnosed and an emergency operation scheduled.

The open wound caused by the child's appendectomy was prone to opportunistic infection, and according to Ismail, "ninety per cent of the people who are taken ill this way do not wake up." Fortunately for Ismail the three

nurses who aided his son to health were trained via the THET-funded Somaliland Nursing and Midwifery Association (SLNMA)

Ismail noted a markedly significant improvement in the quality of the nurses' caregiving from his past visits to Hargeisa Group Hospital, where his son was being treated.

According to Ismail, "there were three nurses who helped my baby to get better, every day and evening cleaning the open stomach wound. I did not know them or give them anything. It was the first time I met them, and they helped my baby."

Since his operation, Ismail's son has made a full recovery.



Photos above: From top to bottom, clockwise; Ismail and his son at Hargeisa Group Hospital, Ismail and three Somaliland Nursing and Midwifery Association-trained nurses, Ismail's son



# Our impact in 2010

## Human Resources

A major piece of work on Human Resources for Health policy and planning activities began towards the end of the year, with stakeholder consultations looking at scope of practice, job descriptions and policy implications. Coordination with consortium partners on supervision tools is underway and support to the health training institutions and professional associations is mapped out, agreed and underway.

## Developing the Capacity of Non-State Actors to Rebuild the Health System

In 2010, the first year of the EC funded programme, THET received funding for continued teaching and examination trips to Somaliland and supported the development of initiatives such as Medicine Africa's trip to develop their project in post graduate distance learning. Over 2010, THET

has encouraged increased professional health association involvement in policy decision-making.

In addition, four health training institutions have improved clinical skills training and are using resources and equipment to teach nursing clinical practice training and medical clinical practice training in hospital and maternal and child health facilities. The management capacity of seven non-state health sector institutions has increased, supported by key skills training in project and financial management and the development of basic management tools and policies.

## Mental Health Projects

Research indicates that one in five families in Somaliland care for someone suffering from mental health problems. There are no psychiatrists in country to address this need. In response to partner requests, THET and Kings have fed

into the undergraduate teaching of doctors and nurses to ensure that each graduate is equipped with an understanding of mental health.

## ZAMBIA

The new 3-year programme which aims to strengthen the training and education of health workers in Zambia began in earnest in 2010. It has two major strands: firstly to improve postgraduate education in certain specialities, and secondly to improve the training and retention of rural nurses.

## Improving Postgraduate Education in Speciality Areas

The development of postgraduate medical education in anaesthesia, pathology, psychiatry, and biomedical engineering began in 2010. A postgraduate course in psychiatry has been operational at the University of Zambia since May



The five nurse-midwifery students supported by a scholarship via THET's Zambia programme will be equivalent to providing 33% of the additional nurse-midwife tutor capacity targeted by Zambian government.

Photo above: The five BSc students supported by THET's Zambia programme

# Our impact in 2010

2010, with the first nationally trained psychiatrists set to graduate in 2014. Teaching and curriculum development support is being provided by a UK psychiatrist and funded by THET. The first group of students are all committed to practising psychiatry in Zambia for the long-term, and the three trainees taking the course represent over 5% of medical graduates in Zambia. In addition, postgraduate curricula in anaesthesia and pathology have been approved by the University of Zambia, and the courses will start in June 2011. THET recruited a group of 45 active volunteers who provided curriculum development support. These volunteers will also deliver voluntary teaching support to the University of Zambia.

Plans for biomedical engineering education were developed including the appointment of a biomedical engineering specialist who will conduct a needs assessment of biomedical engineering in Zambia,

and, based on these findings, develop a biomedical engineering technician (BMET) course at Nortech College in collaboration with the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA) in Zambia.

## Improving Nursing Training and Retention

In order to improve the training and retention of rural nurses in Zambia and develop the capacity of selected provincial nursing and midwifery training institutions, 5 nurse/midwifery tutors from rural areas were awarded full scholarships to enrol on the BSc in Post Basic Nursing (the route by which nurses/midwives become lecturers in Zambia) and began their studies in May 2010. Following graduation, they will be “bonded” to selected provincial training institutions.

As an interim measure, THET recruited five volunteer nurse tutors, who bring a diverse wealth of teaching experience (from the UK

and elsewhere), to work in the provincial nursing schools. They will support the delivery of the Registered Nurse and Enrolled Nurse curricula.

In 2010 two volunteers were posted to the Zambian cities of Solwezi and Chipata. The remaining three volunteers will arrive in 2011.

In addition, in order to increase the retention of health workers at selected provincial nursing and midwifery training institutions, 5 staff houses are under construction at selected provincial training institutions. These houses will be handed over to the schools for use by the BSc graduates as an incentive to remain at the training institutions.

THET’s increased presence in Zambia has also led to strengthened partnerships with the Zambia UK Health Work Force Alliance and the Health Links in Zambia. From this relationship, two new Health Links were brokered over the course of the year.



Neonatal resuscitation is a very important skill to teach the midwives as they have little opportunity to practise it.

Photo Above: A tutor is being assessed in his teaching skills by one of the link midwives

# A Look Inside Zambia

Link invokes training programme to address shortages in nursing sector.

## Nurses Taught to Teach

**The Zambian Ministry of Health requested UK support to address shortcomings in training and Continued Professional Development of health workers; THET in turn was asked to deliver on a training and education project focussing on nurse training and clinical specialisms**

The Zambian health sector, as with many others in sub-Saharan Africa, remains crippled by critical shortages and unbalanced distribution of qualified health workers at all levels of the public health system. Infectious disease, maternal and child health, and more recently, chronic disease, represent the burden of disease in Zambia and exert excessive pressure on an

already floundering health system. With only 0.14 practicing physicians and 2.01 nurses/midwives per 1,000 people (compared to 2.2 and 8.8 respectively in the UK), THET's Zambia program works to strengthen the capacity of Zambia health training institutions to train health workers.

Approaching these challenges with innovation and perspective, THET, through its Zambia program, has seen to it that five Zambian midwives received scholarships enabling them to receive training to upgrade their skills and equipping them to take on leadership roles in their schools. In the interim, THET is placing volunteer nurse tutors in select nursing schools in Chipata, Kasama, Mansa, Solwezi and Mongu.

Martha Muli is one such tutor. Born and raised in Zambia, before moving

to the UK, her story reflects true commitment to bolstering Zambia's health system. Martha worked in the NHS for 21 years before returning to Zambia in May as a volunteer nurse tutor.

Since returning to Zambia, Martha has been involved in teaching sociology to foundation block students, and conducting evening tutorials and summative tests. She is currently preparing the end of foundation examination paper, and is participating in many school activities. She adds: "Thanks to THET for this supportive project."



“I went into nursing because I have a passion to acquire knowledge and skills to take good care of people who are sick. I thought I can contribute to the improvement of the quality of nursing by way of training more nurses because nurse tutors are so few.”

Richard Chimfwembe, nursing student scholar, Zambia

Photo Above: workers construct a home for the nursing tutors in Zambia

# Our impact in 2010

## Ethiopia

THET's work in Ethiopia continued over 2010. The Southern Ethiopia – Gwent Link's three-year maternal and child health training project completed its second year.

### Midwives Learn Clinical and Teaching Skills

The Link's overall aims and intended outcomes focus on improving healthcare provision for the rural population of the Southern Nations Nationalities and Peoples Region (SNNPR) of southern Ethiopia.

Over 2010, numerous training workshops were provided to midwifery tutors in Southern Ethiopia. Subjects covered include: birthing skills, neonatal resuscitation, and obstetric emergency treatment. Hands-on practical skills were the focus of much of the work that the Link midwives undertook.

Additionally, nurses from the eight

colleges and universities in SNNPR participated in a two-day "training the trainers" course in which Link midwives taught midwifery tutors how to teach clinical skills and apply theoretical knowledge to clinical practice. They were subsequently assessed by one of the Link midwives.

## WEST AFRICA

THET continued to play a key technical role in the consortium of six universities in Nigeria, Ghana, Sierra Leone and the Gambia (linking with Liverpool and Swansea).

### MSc Course in Medical Education and Teaching Skills

The University of Ibadan, Nigeria, has been implementing an EU-funded EDULINK programme for an MSc course in medical education and teaching skills. The focus of this programme is to improve the quality of teaching in

West African medical schools. The programme, which started in September 2008, marks the first medical post-graduate distance learning course in West Africa.

The course is aimed at junior university staff from medical and nursing schools. The second cohort of students commenced the course in October 2010, and the second cohort graduated in July 2011.

### A THET-Johnson & Johnson Partnership

THET has worked with Johnson & Johnson over the winter of 2010 to develop a Medical Education Fund, which THET will manage. It will be launched in 2011 and will offer funding opportunities to Links engaged in surgical training in Africa.



“The best part was that you created enthusiasm in us and made us more interactive rather than keeping passive. This is excellent.”

Photo above: three nurses in the neonatal ward at Ola Daring Children's Hospital in Sierra Leone



# Supporting THET in 2010

2010 saw the return of successful fundraising events, such as the London 10km run.

**Many individuals have helped to promote the work of THET, and the power of International Health Links more generally through various activities in 2010.**

THET friends and supporters carried out a range of awareness raising and fundraising activities throughout the year: some ran for us in London's 10km run (where we raised an impressive £10,751) others sang carols for us at the end of the year, and many did other activities in between.

A highlight of the year was the inaugural African music and dance night. This rhythmic evening of traditional sounds fused with urban beats at the African Centre in London's Covent Garden featured musical guests Ksaii Masai and DJ Arnaud Oya

Bun.

In November THET welcomed a visit by DFID minister Stephen O'Brien to see our work in building nurse capacity in Zambia. We also hosted a meeting for British health workers involved in developing countries with the Secretary of State for International Development, Andrew Mitchell, and the Pontifical Council for justice and peace, Cardinal Peter Turkson of Ghana.

Many of the UK Health Link partners do an extraordinary job promoting not just the work of their own Link (and generating funds to support the programme of activities they have agreed with their overseas partner), but also promoting the Health Links Movement more generally.

We are thankful to those who

regularly donate so that we can continue to develop programmes overseas and provide support to over 130 Health Links.

**Additionally, THET is extremely grateful to all those grant-giving Trusts, companies and individuals who support our work and give us the independence and freedom to allow us to respond quickly to the needs of our developing country partners themselves.**



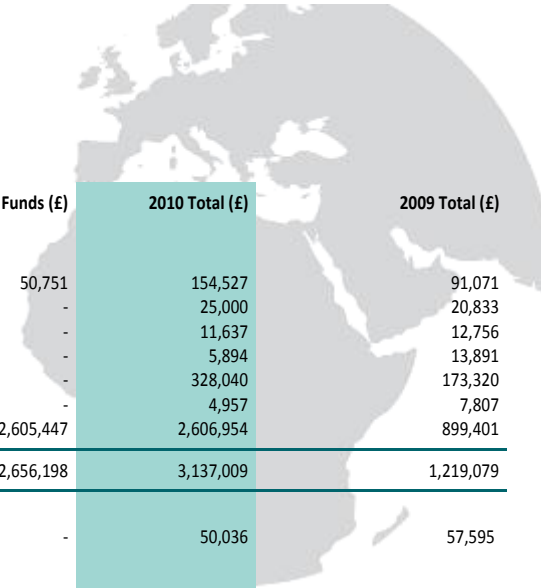
Photo above: THET's Rachel and Samira participate in the London 10km run.



Photo above: Cardinal Peter Turkson (left) and Secretary of State for International Development, Andrew Mitchell (right)

# Income & Expenditure

Accounts for the year ended 2010.



	Unrestricted Funds (£)	Restricted Funds (£)	2010 Total (£)	2009 Total (£)
<b>Incoming Resources (generated &amp; charitable)</b>				
Donations	103,776	50,751	154,527	91,071
Donations - Rent	25,000	-	25,000	20,833
Events	11,637	-	11,637	12,756
Fees	5,894	-	5,894	13,891
IHLFS Contract	328,040	-	328,040	173,320
Bank Interest	4,957	-	4,957	7,807
Grants	1,507	2,605,447	2,606,954	899,401
<b>Total Incoming Resources</b>	<b>480,811</b>	<b>2,656,198</b>	<b>3,137,009</b>	<b>1,219,079</b>
<b>Less: Cost of Generating Funds</b>				
Cost of Generating Voluntary Income	50,036	-	50,036	57,595
<b>Net Incoming Resources Available for Charitable Activities</b>	<b>430,775</b>	<b>2,656,198</b>	<b>3,086,973</b>	<b>1,161,484</b>
<b>Charitable Activities</b>				
IHLFS Contract	283,857	-	283,857	104,893
Programmes & Projects	400	1,949,242	1,949,642	749,983
Salaries & Fees	39,568	327,444	367,012	319,469
Other Support Costs	9,451	78,057	87,508	69,940
<b>Total Charitable Activities Costs</b>	<b>333,276</b>	<b>2,354,743</b>	<b>2,688,019</b>	<b>1,244,285</b>
<b>Total Governance Costs</b>	<b>26,754</b>	<b>-</b>	<b>26,754</b>	<b>24,713</b>
<b>Total Resources Expended</b>	<b>360,030</b>	<b>2,354,743</b>	<b>2,714,773</b>	<b>1,268,998</b>
<b>Net Incoming (Outgoing) Resources</b>	<b>70,745</b>	<b>301,455</b>	<b>372,200</b>	<b>(107,514)</b>
Gains on Investment Assets	7,437	-	7,437	-
<b>Net Movement of Funds for the Year</b>	<b>78,182</b>	<b>301,455</b>	<b>379,637</b>	<b>(107,514)</b>
<b>Total Funds Brought Forward</b>	<b>189,838</b>	<b>186,572</b>	<b>376,410</b>	<b>483,924</b>
<b>Total Funds Carried Forward</b>	<b>268,020</b>	<b>488,027</b>	<b>756,047</b>	<b>376,410</b>

# Balance Sheet

As of 31 December 2010.

	2010 Total (£)	2009 Total (£)
<b>Fixed Assets</b>		
Tangible Assets	2,621	3,869
Investments	82,437	-
	85,058	3,869
<b>Current Assets</b>		
Debtors	219,512	98,037
Cash at Bank and in Hand	643,620	476,069
<b>Creditors: Amounts Falling Due Within One Year</b>	(192,143)	(201,565)
<b>Net Current Assets</b>	670,989	372,541
<b>Net Assets</b>	756,047	376,410
<b>Unrestricted Funds</b>	268,020	189,838
<b>Restricted Funds</b>	488,027	186,572
<b>Total Fund Balances</b>	756,047	376,410

## Independent Auditor's Report to The Members of Tropical Health and Education Trust

We have audited the financial statements of Tropical Health and Education Trust for the year ended 31 December 2010 which comprise the Statement of Financial Activities, the Balance Sheet, and the related notes.

### Respective responsibilities of trustees and auditor

The trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

### Opinion

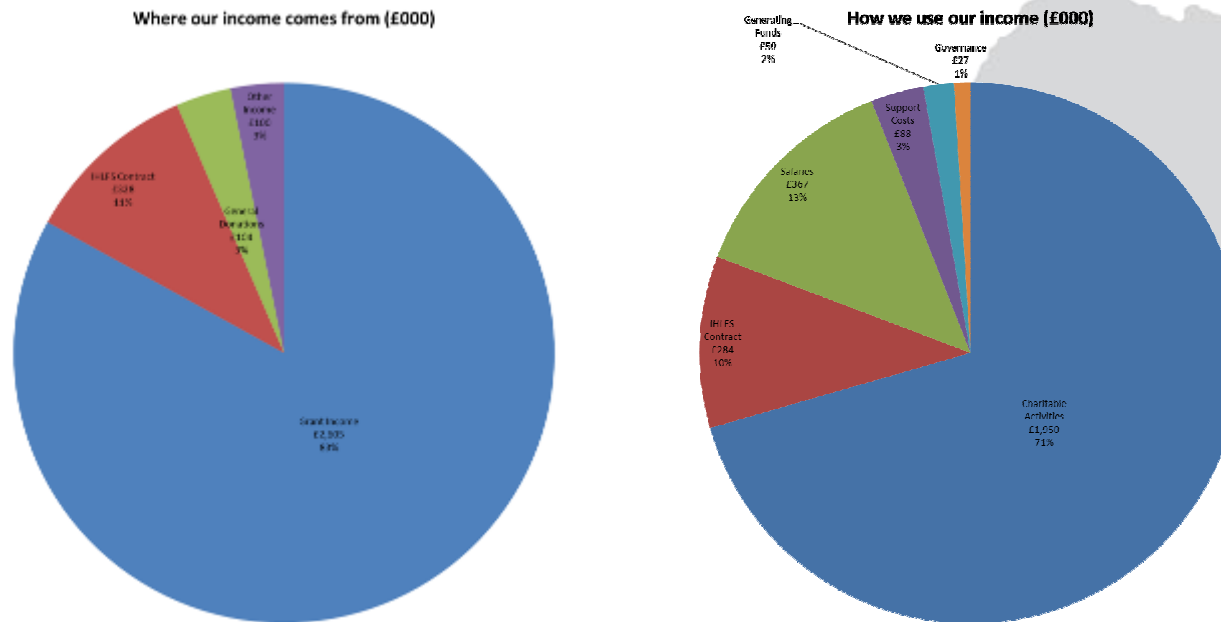
In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2010 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Target Winters Limited  
Statutory Auditors  
76 Shoe Lane  
London EC4A 3JB  
22 July 2011

# Income & Expenditure

Where our income comes from and how we use our income.



## TRUSTEES' STATEMENT

The summary financial statements contains information from the statement of financial activities and the balance sheet for the year ended 31 December 2010, but is not the full statutory report and accounts. The full financial statements were approved by the trustees on 21 July 2011 and subsequently submitted to the Charity Commission and to Companies House.

The auditor has issued an unmodified report on the full financial statements and on the consistency of the trustees' annual report with those financial statements. Their report on the full annual financial statements contained no statement under sections 498 (2) (a), 498 (2) (b) or 498 (3) of the Companies Act 2006.

Copies of the full annual financial statements including the trustees' annual report may be obtained from THET at 1 Wimpole Street, London, W1G 0AE.



# Our Supporters

**On behalf of our partners, we would like to thank our donors for believing in THET and supporting our work. You have given us that vital freedom of action to respond to the needs expressed by our partners in the developing world.**

Amberstone Johim Ltd Charity  
Beit Trust  
Belmont Trust  
Bower Trust  
Buckingham Trust  
Emmanuel College Cambridge  
Funding Network  
G M Morrison Trust  
Gloag Foundation  
Graham Moxon Family Trust  
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Marr Munning Trust  
Mary Heap Charitable Trust  
Owlswick Trust

Raymond Oppenheimer Foundation  
Rich Family Charities Trust  
Rhododendron Trust  
Rothschild  
The Royal Society of Medicine  
Rowan Charitable Trust  
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Sir Halley Stewart Trust  
Scouloudi Foundation  
Splanchnon Trust Fund  
Steven Clark 1957 Charitable Trust  
Taylor CB & HH 1984 Trust  
Tenderfoot  
University of Southampton  
W D Macpherson Trust  
York Medical Society

# Trustees and Advisors

Throughout the year, THET continued to benefit from substantial contribution of our distinguished Honorary Advisers and younger volunteers alongside the work of our paid staff.

## Trustees

**The following trustees have acted during the year:**

Professor Stephen Tomlinson, CBE (Chairman to September 2010)  
Professor Sir Andy Haines (Chairman from September 2010)  
Dr Colin Brown  
Ms Maura Buchanan  
Mr David Challen, CBE (until July 2010)  
Mr Akinoso Olujimi Coker (until Dec 2010)  
Mr Jim Conybeare-Cross (from July 2010)  
Mr David Cutler (from July 2010)  
Dr Peter Homa, CBE  
Professor Parveen Kumar  
Mr Andrew Leather  
Dr Julian Lob-Levyt, CBE (from December 2010)  
Baroness Northover (until July 2010)  
Dr Michael Pelly  
Professor Sir Eldryd Parry, OBE  
Professor Myles Anthony Wickstead, CBE (until July 2010)

## Honorary Advisors

**The following advisors have acted during the year:**

Mrs Jean Bailey  
Mr Bob Lane  
Dr Tom Lissauer  
Professor John MacDermot  
Mrs Pam Walters  
Dr Sylvia Watkins  
Dr David Percy  
Ms Sarah Neben

*“(Health Partnerships) encourage commitment and communication between partners locally and internationally—they get more partners working together than would otherwise come together and encourage local involvement and support.”*

Yassin Jama, Programme Manager, Somaliland Medical Association



[www.thet.org](http://www.thet.org)



PARTNERSHIPS FOR GLOBAL HEALTH

# THET

Partnerships for Global Health

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THET (Tropical Health and Education Trust)  
Registered Charity No. 1113101  
Company Registration No.5708871

[www.thet.org](http://www.thet.org)