



**Health for all:
addressing the unmet need**

Welcome to the THET Newsletter 2017!

We are so grateful to our supporters for your commitment to health worker training.

With your backing, over 73,000 health workers in 34 countries have received training in the past six years.

We rely on your generosity and hope you enjoy reading about the progress that is being made with your valued support.

Thank you!



73,000
HEALTH WORKERS
TRAINED



34
COUNTRIES



129
PARTNERSHIPS
FORMED



187
PROJECTS
DELIVERED



2,000+
UK VOLUNTEERS

In our mutual interest

The UK has long been a leader in delivering aid. In 2013 the UK became one of only six countries to have met the global commitment to spend 0.7% of GDP on aid and in 2015 this commitment was enshrined in law.

This commitment is something we firmly believe in at THET.

Our 2016 report, *In our mutual interest*, highlights what health partnerships have achieved using aid money during the last five years, what we've learned during this experience, along with practical recommendations that all strong partnerships can adopt.

The government has said that: "The aid budget makes us stronger in the world, and we are determined to use it to secure our national interest as well as help the world's poorest."

This year, we will continue to explore this theme further, by looking at the challenges of striking the right balance between our own national interest and the benefit to low income countries where our health partnerships operate, like Uganda and Myanmar.



As a valued supporter, we know you understand the huge contribution to low income country health systems made by UK volunteers. *In our mutual interest* aims to encourage a new generation of health workers to take advantage of the rewarding opportunities for professional development offered by overseas volunteering placements.

To read the full report please visit our website or join the conversation using the hashtag #IOMI.

Health Workers in Action



Uganda is burdened with a catastrophic shortfall of trained health workers. While advancements have been made in the treatment of infectious conditions, Surgical and Anaesthesia Care have been massively neglected. In 2012, there was only one surgeon for every one million people nationwide.

This shortfall of health workers is compounded by two critical facts: first, 90% of the country's physicians are located in the capital, Kampala, while 85% of the population lives in rural areas; and second, one third of the population lives below the poverty line.

Due to the urgent nature of many surgical conditions, timely access to care often means the difference between life and death. The average patient requiring surgery in Uganda has to travel 30km to reach a health facility. With 75% of procedures considered to be emergencies, a great number of people will not reach a health centre in time.

Mbarara Hospital in Western Uganda has an official capacity of 350 beds and serves a population of over four million people. Every day, between 1,200 and 1,500 people attempt to access treatment at the hospital, but a vast majority is turned away. Those who are fortunate enough to be admitted routinely share beds with other patients, or sleep on the floor.

The number of medically qualified Anaesthesiologists in Uganda is inadequate. In 2012, there was not a single one in the entire country. Anaesthesia Assistants, Clinical Officers and even Nurses who have received basic training persevere with insufficient equipment, limited access to medicines, antibiotics, and blood supplies.

Since 2001, THET has been supporting the establishment and development of post-graduate, Masters of Medicine programmes at

Mbarara University. Co-developed by Dr Sylvia Watkins, who is the focus of our legacy story on page 9, physicians are trained to develop specialist skills in order to fill the critical gaps in the country's healthcare system.

Dr Baluku Moris, 29, is from Bundibugyo. Still in his first year of an Anaesthesia and Critical Care Master's, Dr Moris has already seen an improvement in the patient care he is able to deliver with his newly-acquired skills. "In my first few weeks of training, a young mother, who had endured two previous surgeries, had internal bleeding and was in a critical state. With my supervisor treating patients in another area of the hospital and the mother bleeding out, I made the decision to re-admit the patient to surgery immediately. While not entirely confident of how to ensure the patient remained comfortable during the surgery, I did what I had learnt in those first weeks of teaching and we came out of the surgery successfully. I admitted the patient to the ICU (Intensive Care Unit) and only when I spoke with my supervisor later that day, did I know I had done the right thing."

Dr Moris' intervention saved the patient's life. "With the support of my supervisor, I am now prepared to face even bigger challenges, like maintaining an airway in patients who struggle to remain oxygenated during surgery and require help to

breathe."

There is an extensive and crucial need for us to develop and build upon previous successes. There is a genuine and substantial desire to learn more, but at present the opportunities available for training simply don't meet the demand.

"Right now we are restricted to just theatre, intensive care unit and maybe a few wards. We need to go beyond that. We do not have any students doing ophthalmology, or who work with the dental clinic. We would like to cover all those areas but, because of the numbers, we are restricted to only a few places."

"I am graduating in 2018 and if there is an opportunity, I want to lecture and share my skills. I would like to stay and work in Mbarara or Western region, leaving Uganda is the last option for me. I know I will be of the greatest use in my home country, where my experience is most relevant.

"I commend the efforts that THET is putting in to training here. I would like to see more specialist skills embedded in core training, so that in every department of the hospital, there is the capacity to judge a patient's needs in critical situations and improve patient safety."

THET's Global Impact

Your support matters and is providing training to health workers and improving patients' lives in 34 countries.

From Cambodia to Zambia, from Myanmar to Ethiopia, thanks to your generosity health workers across the world are developing their skills and delivering improved health care services to their communities.



Above: Koos Mohamed Warsame, Community Health Worker, Somaliland.



Far left: Diana, BSc Student in Human Nutrition, Zambia; and nurses, The Royal College of Paediatrics and Child Health - The Myanmar Paediatric Society Partnership, Myanmar.



Left: Dr Charlie Gardner General Practitioner, Improving Global Health - Maddox-Jolie-Pitt Foundation, Cambodia.



Above right: Yousef Abdirasheed Alli, CEMONC Somaliland.

Right: Nurses tending patients at Butabika Hospital, Uganda; and Dr Mesale Solomon, Black Lion Hospital Ethiopia.



“Don’t they throw rocks at you?”



The Brain Gain programme implemented by the health partnership between the East London NHS Foundation Trust, the Butabika Hospital (Kampala), and the Ugandan Ministry of Health began in January 2012. Three years later Brain Gain II was launched: through the Peer Support Worker (PSW) programme, former mental health patients are treated at the Butabika Hospital and later trained to offer support to other patients affected by similar issues.

Meet Ruth, a young bipolar patient and mother to her three year-old daughter, whose life has changed thanks to the programme. Ruth came to accept her condition and is now helping others fight stigma and to understand that people living with bipolarism can have a normal life. Here is her story.

“I was studying Law at university when I broke down. My dad brought me to the Butabika Hospital. The centre is known everywhere; everyone knows that when you have someone with a problem, you have to bring them to Butabika. But I didn’t want to take any medication and they had to hospitalise me. They gave me medicine and after two weeks I was OK and I was discharged. I went back home, took my medications, and went back to school. In 2009 I graduated.

I used to have a lot of breakdowns, sometimes I would take my medication sometimes I wouldn’t, so they had to bring me back here. For example I once wanted to sell everything I had, all my clothes... and they had to bring me back. Every time after two or three days I got well, went home, stopped taking my medication. And it happened all over again.

At the beginning it was very hard for me, I didn’t really want to be associated with Butabika in any way. All my friends knew I was being treated at the Hospital... the stigma around this place is what initially prevented me from wanting to be treated here. People think that everybody in this hospital is crazy. I told a friend of mine that I was at

Butabika and he asked me: “Hey, how do you manage, don’t they throw rocks at you?” This is the kind of things people think.

The last time I was hospitalised, Naomi, my Peer Support Worker, came to me in the ward, told me about the Brain Gain programme, and asked me to join. At the time, I thought I was the only one with this problem, but she told me: “I am also bipolar, but I am doing things, I look after my family. My husband has been out of a job for seven years, and I am the one who provides for my family and I have a job. You can’t give up on yourself”. That is how I learnt about the Brain Gain Peer Support Worker Group.

Acceptance is the most important thing that they taught me. I saw all the people in the recovery programme... that gave me hope. I realised that any condition can be treated with the right medication and support from others. I accepted my condition and learnt how to recognise what triggers my ‘episodes’. At that point I was ready to become a Peer Support Worker and help other people like me.

There was one boy... when he had a breakdown his family put him out on the street. He came here and was treated, but he escaped. So I went looking for him. When I found him he felt better, he was lucid and he told me he wanted to go back to the hospital. He knew that what he was

going through was not good for him. With a nurse from Butabika, I went to talk to his family. I told them I was bipolar, that I was ill like him, but I recovered and was able to conduct a normal life. I told them the same could happen to him if they supported him and with the help of the hospital’s staff. His stepmother however thought he wanted to steal from his father and said clearly that she did not want him in her home. We brought him back to the hospital, but unfortunately he escaped again. For me it is difficult, I am trying to find a way to connect with him, he really needs help. We have an obligation, a mandate, to see that people who are mentally sick become well again and reintegrate into society.

Brain Gain was a blessing for us. You get to know yourself, you get to know your diagnosis, and you get to know that you can live with bipolarism, no matter what. You can help others, whatever their situation. You learn that other people have the same problems as you, and not just bipolarism, but all different mental issues. People have been energised, people have hope.

Mental illness can be treated. Let’s make sure that everyone with a mental health problem is brought to the hospital, takes the medications, and is taken care of. Because they also have the right to a future!”

Sylvia's legacy at THET



Dr Sylvia Watkins was one of those rare and inspirational people who selflessly dedicated her life to helping others. Not unlike many other unsung heroes, she was not aware of the extent of her achievements and the high regard in which she was held by her peers, students, colleagues and friends, during her life.

Now, in the words of those closest to her, we are able to tell the story she never heard: of the integrity, strength, and loving care that she shared with so many.

Bright, determined, and ambitious, Sylvia was awarded a scholarship at Oxford University's Lady Margaret Hall, the first College to admit women and a rare accomplishment for a girl from a convent school in Manchester.

Sylvia completed her clinical studies at St Bartholomew's Hospital and as one of the few female physicians in London at the time, was under no illusion that the life of a female doctor was going to be trouble-free. Sylvia's love of the violin also started early on. As a teenager she won a place in the National Youth Orchestra, and although she chose to pursue a career in medicine, in later life she helped THET enormously by giving concerts with her string quartet, one in the beautiful surroundings of St Bartholomew's Church.

During her life Sylvia visited a number of medical schools in Palestine and throughout Sub-Saharan Africa. Her elder brother, Peter, and her sister-in-law, Val, were part of the THET team who initially travelled to Jimma and Gondar in Ethiopia, in 1991. It was during that trip that the foundation stones of our Non-Communicable Disease programme were laid. Val's revolutionary vision, to train nurses to deliver diabetic care, has given hope and health to many rural Ethiopians.

Having retired as a physician, Sylvia started working at THET early in 2001. Her expertise in placing young UK physicians in strategic locations was remarkable and gave a special role to her life. Within 18 months, she relinquished her salary and used the funds to recruit a junior member of staff to the project team.

Sylvia found her ideal work in the development of postgraduate education for young doctors in Uganda and Ghana. Her chief focus was the newly established Mbarara University in Uganda and its Master of Medicine (MMed) course.

Mbarara's former Vice-Chancellor, Professor Frederick I.B Kayanja fondly recalls a time when, "Sylvia paid the rent of an MMed student from her own pocket, so that he had somewhere to study and could continue to attend lectures while waiting for his scholarship funds to arrive."

Because of her determination, the MMed course is now fully established and a rich part of the University's history. The course continues to provide the entry point qualification for senior medical staff. Previous graduates are now on the staff of the University and working throughout Western Uganda. You can hear from a current MMed student, Dr Moris, on page 3.

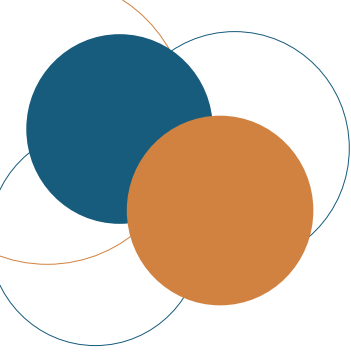
She is remembered vividly by THET's founder, Professor Sir Eldryd Parry, as she adjusted to her role at THET. "Here was the specialist oncologist, now working alongside young, rather green, staff in a long room in the attic of the Royal Society of Medicine". Sylvia expected nothing short of excellence from her juniors, inspiring and supporting them with her professional expertise, friendly advice, and absolute commitment.

Her brother Peter said "Sylvia had a high regard and love for THET as a respected organisation, characterised by energy and trustworthiness. She wanted her work to continue for many years to come. Sylvia told us that she had left a gift for THET in her will and following in her footsteps, as we have ourselves, we hope others will do the same."

Gifts in wills can be transformational for a charity like THET. The impact of legacy gifts can be felt across the organisation. They give us the ability to drive resources towards areas requiring investment and provides us with the opportunity to think and plan for the long-term.

If you would like to let us know you have already remembered THET in your will please contact amy.scrivener@thet.org; 020 7290 3899

If you would like to remember THET in your will please contact your solicitor.



THET

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**Charity Registration No. 1113101
Company Registration No. 5708871**



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