

TROPICAL HEALTH AND EDUCATION TRUST

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2016

CHARITY No. 1113101

COMPANY No. 05708871

TROPICAL HEALTH AND EDUCATION TRUST

TRUSTEES' REPORT YEAR ENDED 31 DECEMBER 2016

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TROPICAL HEALTH AND EDUCATION TRUST

TRUSTEES' REPORT

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The Trustees, who are also the Directors of the company for the purposes of the Companies Act, present their Annual Report, which is also the Directors' report for purposes of the Companies Act, together with the audited Financial Statements of the company for the year ended 31 December 2016.

The financial statements comply with current statutory requirements, the requirements of the charity's governing document and in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP (FRS 102)).

Objectives and activities

In order to further our vision of a world in which everyone has access to quality healthcare, 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.

This year we published our strategic plan for 2016-2021, to guide our actions over the coming years. This document outlines the three main pillars of our work:

- Awarding grants
- Undertaking policy work
- Implementing programmes

Our key objectives aim at supporting and assisting the effectiveness and sustainability of training programmes for health workers. In working to achieve this we train, support and provide guidance to partnerships in the development, implementation and monitoring of effective and sustainable procedures aimed at strengthening health systems and access to health care throughout the world.

To demonstrate the benefit of our work, this Trustees' report outlines our key achievements in 2016 and states our strategic priorities for 2017. In producing this report, THET's Board of Trustees can confirm that they have complied with the duty outlined in the Charities Act 2011 to have due regard to Charity Commission guidance on public benefit.

Achievements and performance

In order that we may measure our achievements, THET has a dedicated Monitoring and Evaluation (M&E) team who gather regular reports from our grantees to determine the effectiveness of their activities against pre-agreed objectives. The team captures the overall impact of health partnerships funded under the HPS and other grant-making programmes, including their work to strengthen health services and health systems in low- and middle-income countries, to inform future THET and health partnership work and report impact to funders and other key stakeholders. The M&E team also provide support to the Country Programmes Team for proposal development and the implementation of M&E activities as part of THET's in-country programmes. In addition, we commission studies to investigate effectiveness, such as value for money within the Health Partnership Scheme. We also develop case studies on project and partnership impact.

Our approach: 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 founded on principles of reciprocal learning and mutual benefits.

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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. Awarding grants:

Our grant management work

THET is the managing agent for the Health Partnership Scheme (HPS), funded by the Department for International Development (DFID), and for the Africa Grants Programme funded by 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

- Since 2011, when the scheme began, THET has reached over 63,000 health workers across thirty-five countries in Africa, the Middle East and Asia.

In 2016 alone:

- Almost 16,000 health workers received training and education across 27 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.
- 17 new or improved policies and professional standards were approved and signed off, and 13 health institutions demonstrated implementation of improved policies and curricula, 12 months after sign-off or approval.
- 26 low- and middle-income countries (LMIC) institutions secured improved medical equipment, Information & Communications Technology (ICT) or health information management systems.
- 54 UK volunteers self-reported or demonstrated improved clinical and leadership skills, a large majority of those surveyed.

THE AFRICA GRANTS PROGRAMME

- THET delivered grants management on behalf of Johnson and Johnson (J&J) to seven health partnerships under the Africa Grants Programme, which focuses on surgery and access to community health care in African countries. Projects ranged from training community health workers to identify children with disabilities in Kenya, to integrating systematic pulse oximetry during surgical procedures in Tanzania. The projects supported under the Africa Grants Programme are due to come to an end in April 2017 but to date 321 health workers have been trained and over 3,200 patients have directly benefitted from the projects.

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Learning from challenges

THET is committed to learning from experiences, including challenges and failures. For instance, in 2016 we published two case studies reflecting on challenges faced by health partnerships:

- "Assumptions, barriers and lessons: Establishing a locally led training course at Nanyuki District Hospital."
- "Lessons learned from monitoring and evaluation experiences in Zambia."

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

- The HPS supported 92 health partnership projects in 2016, including three partnership awarded grants during the course of the year.
- In addition to a London-based sharing and learning event in April 2016, THET organised a series of thematic webinars showcasing HPS projects to an audience of UK and overseas partners, with the aim of sharing experiences and fostering connections among health partnerships. Themes included Surgery and Anaesthesia, Mental Health, Monitoring and Evaluation, and Training of Trainers.
- THET established a Uganda Partnership office in May 2016 to co-ordinate the work of health partnerships, promoting exchanges of best practices, widening the evidence base for the value of health partnerships, and to increase access to decision-makers in the Ugandan health system. The office's day-to-day activities include providing support to health partnerships in-country through training, guidance, networking and opportunities for sharing, learning and collaboration.
- 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 "Evaluation FAQ", "A conceptual framework for Training of Trainers (ToTs) interventions in global health", and "Alternative funding opportunities for health partnerships".

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 92 projects across 27 countries, ranging in value from £1,100 to £1.4 million.

- The Grants Management Team continued to strengthen THET's management processes, with regular 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 the results of a survey of partners on their grants management processes, THET published toolkits on duty of care, fraud, bribery and corruption and procurement.
- The Grants Management and Evaluation and Learning teams carried out monitoring trips to eight countries, visiting 41 partnerships across Ethiopia, Kenya, Rwanda, Sierra Leone, South Africa, Uganda, Zambia and Zimbabwe. As part of the monitoring visit to Ethiopia, THET also arranged for 2 DFID staff to visit in order to assess the progress of the HPS in the overseas institutions.
- THET continued to deliver grants management on behalf of the Pharo Foundation to the Poole Africa Health Partnership, which works with Wau Teaching Hospital in South Sudan. The project was completed in January 2017.

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- THET managed an Electives Engagement programme in partnership with Selfless UK. At the beginning of 2016 THET submitted an end of programme report to DFID.

2. Undertaking policy work

In support of our mission, THET has continued to develop policy positions and resources, has participated in consultations, written commentary and has actively engaged in global health forums in the UK, in the countries where we work, and internationally.

We have undertaken this policy work in partnership with governments, the private sector, the NHS and our own community of international development organisations. At an international level, THET remains an 'NGO in Official Relations with' the World Health Organisation.

Policy position – THET commitments towards Universal Health Coverage (UHC)

- THET believes that the chances of achieving UHC can be greatly improved by actively championing new forms of development such as the health partnership approach.
- In January 2016 THET published a discussion paper highlighting our commitments toward UHC.
 - These commitments included ensuring ways to evidence how health partnerships contribute towards UHC and how they benefit the NHS. Commitments around scale-up included working more closely with DFID and WHO as well as exploring south-south collaboration. Resourcing scale-up commitments included securing further Overseas Development Assistance (ODA) as well as exploring ways of unlocking funding to match ODA commitments. In December 2016 a scorecard was developed to check on progress made and this was accompanied by the setting-out of further actions for the year ahead.

Global forum

- Every year in May, the Member States of the World Health Organization (WHO) come together at the Palais des Nations, the UN headquarters in Geneva, to oversee and make decisions about the work of the WHO. The World Health Assembly (WHA) lasts for a week and is characterised by a mix of formal and informal business, with many organisations taking the opportunity to run side events, often in the form of panel discussions, around global health topics. The WHO also runs side events and technical briefings during the week.
- THET has been an 'NGO in Official Relations with' WHO since January 2015, and as such has access to all aspects of the WHA.
- THET was at the WHA this year, and participated in events focusing on essential surgery, Universal Health Coverage, infection prevention and control, biomedical engineering, patient safety, health systems strengthening, and health workforce development. The week culminated in THET making a formal NGO [statement](#) to the Assembly in support of WHO's new strategy for workforce development, Workforce 2030.

Policy report

- In October, THET published its policy report *In Our Mutual Interest* which examined the mutual benefits to be gained in healthcare by working in partnership.

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- In Our Mutual Interest shares the learning acquired by THET over many years working at the heart of the health partnership movement. Examining the opportunities and challenges associated with this approach, the report points to the huge benefit that can be derived by both the UK and our partners and governments overseas when the right balance is struck between our own organisational and national interest, and the interest of people living in some of the world's poorest countries.

Since the launch of the report, focus has centred on dissemination to support the adoption of the report's recommendations.

- At the governmental level a sequence of meetings have been held with high level civil servants, public sector heads and parliamentarians to discuss how to achieve the report's recommendations with activity due to culminate in a Parliamentary reception with the Minister of State for International Development.
- At the UK health sector level a roundtable was held with senior public sector heads to consider how to approach NHS organisations at board level and plans were developed to meet NHS boards to explore philanthropic and commercial opportunities for engaging in global health.
- At the partnership level plans were laid to launch a Principles of Partnership movement in Dar es Salaam at the Health Partnership Symposium followed by further work to improve partnership quality.

Gather evidence and facilitate the sharing of good practice and lessons learned in order to improve quality and to 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.

THET hosted its annual conference "Evidence, Effectiveness & Impact" on the 20th and 21st October 2016 at Resource for London. The conference brought together 250 people from nine countries - including health professionals, global health actors and health partnership representatives. Speakers explored how health partnerships are changing the face of development and the role that they play in response to the challenges set by the new Sustainable Development Goals (SDG). THET also provided a platform for delegates to present health partnerships achievements and research in the form of presentations and poster displays. The 40 presentations and 20 posters at the conference were selected prior to the event through a call for abstracts. THET also awarded a number of travel bursaries to health partners from low-and middle-income countries (LMICs). On this occasion, THET also launched In Our Mutual Interest.

In 2016 the consultancies Tripleline and Health Partners International carried out a DFID commissioned evaluation of the HPS, collecting data through site visits, remote interviews and document reviews. They found that:

- HPS projects have contributed to health system strengthening by strengthening health worker capacity in terms of their skills, knowledge and confidence.
- Long-term volunteering and strategic short term volunteering are most effective.
- The volunteering and partnership approaches used by the HPS represent good value for money.
- HPS projects are highly relevant and aligned with local government commitments and priorities.
- The HPS and THET's guidance have contributed to strengthening partnerships. THET's input around networking and technical assistance has been well delivered.

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- There are examples of women health worker empowerment but gender and social inclusion approaches and analysis are not strong enough.
- The HPS benefits both volunteers and the UK health systems.
- Monitoring, evaluation and learning have improved considerably, but more is needed.

THET is responding to all the evaluators' recommendations in its management of the HPS and its planning for the future.

THET continued the thematic series 'Health Partnerships: an effective response to the global health agenda' in the peer-reviewed journal *Globalization & Health*. With submissions from all over the world, the series has grown to 25 papers, including 20 published in 2016, with titles including; "Partnerships in mental healthcare service delivery in low-resource settings: developing an innovative network in rural Nepal" and "Bibliometric trends of health economic evaluation in Sub-Saharan Africa."

Seven articles and publications were placed in high profile journals and development forums:

- "The contribution of health partnerships in universal health coverage" by Andy Haines, published on DEVEX: Inside development, World Health Day.
- "Preventing the spread of disease requires a global health network", by Judith Ellis, published in *Nursing Times*.
- "Sending our professionals overseas is one of the best things the NHS can do" by Ben Simms, published in the *Health Services Journal*.
- "Health partnerships: addressing the availability of health professionals globally" by Emily Burn, published in *BioMed Central Blog*.
- "Health Partnership Research and the assessment of effectiveness", by Dan Ritman, published in *Globalization and Health Journal*.
- "Training responsibly to improve global surgical and anaesthesia capacity through institutional health partnerships: a case study", by Laura Macpherson and Maggie Collins, published in *Tropical Doctor Journal*.
- "THET's latest report highlights a new model for overseas development", by Ben Simms, published in *RSTMH Blog*.

THET attended or presented at 50 events. Notable events include:

- Joint event with APPG-GH, House of Parliament, London.
- Scottish Global Health Collaborative, Scottish Government, Presentations given by Laura Macpherson and Graeme Chisholm, Scotland.
- Partnerships in Global Health conference, RCP, Presentation given by Ben Simms and Workshop led by Graeme Chisholm, Edinburgh.
- World Health Organization's Global Strategy on Human Resources for Health: Workforce2030, Attended by Graeme Chisholm and Edvige Bordone.
- Switchpoint – Intrahealth International Conference, Presentation given by Ben Simms.
- Launch of the Uganda Partnership Office, Ben Simms presented along with the Ugandan Minister of Health and representatives from DFID, Kampala, Uganda.
- Launch of the Community Health Workers Project in collaboration with the Mkapa Foundation, Attended by Godwin Kabalika, Dar Es Salaam, Tanzania.
- WHO Surgical Safety Checklist Webinar, Chaired by Pippa Williams, Remote.
- Conservative Party Conference, Attended by Ben Simms, Birmingham.
- ESTHER Ireland Partnership Forum, Keynote speech given by Andrew Jones, Dublin.

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THET maintained and developed a dedicated website for health partnerships, which includes a registry of over 160 health partnerships and their projects, a resource library, and an online forum to facilitate targeted discussion with over 520 members in 32 countries.

3. Our programme work

THET SOMALILAND

Progress achieved in 2016

Ministry of Health (MoH) support:

- Health Consortium Somalia (HCS) partners co-facilitated and attended Health Sector Strategic Plan (HSSP) review and planning exercises in 3 zones. All THET strategic interventions were aligned with Somalia. THET supported both the Department of Planning and the Department of Human Resources in Somaliland and HR department in Puntland in key activities aimed to contribute to improve planning, governance and monitoring structures to realise HSSP objectives. In addition, THET continued to align its interventions with both Somaliland (SLD) and Puntland (PLD) HSSP. SLD MoH was supported to develop Human Resources for Health (HRH) Frontline Gaps Analysis, Filling Projections and HRH Training Long Term Plan.
- 12 MoH/ Human Resource Development Department (HRDD) Staff (6 male, 6 female) continued to receive top up salaries from THET. These include 7 RHRMIS officers in the regions, coordinating HR issues at the regional levels and regularly reporting to the HRDD. Regional HRMIS officers continued information sharing and reporting regional HR data to the central HR directorate of the Ministry of Health.
- Quality Assurance guidelines and frameworks were developed and handed over to Somaliland MoH who will assign responsibilities / functions to respective duty bearers (i.e. National Health Professions Commission (NHPC), Directorate of Medical Services, Ministry of Higher Education etc).
- 3 quarterly monitoring visits were conducted with Regional/District bodies. Somaliland HRD-MOH undertook supervision visits to Awdal, Sool and Sanaag regions. The main objectives of the supervision trips are to provide support to health care facilities in the regions by monitoring the implementation of health services and coaching health care workers to be responsive to the community needs. It is also to promote compliance to the standards and practices set in the national health policy and other blueprints. 2 teams of 6 members from central level and 2 members from the respective regional health offices conducted the supervision visits and supervised the use of HRM tools, identifying the existing challenges and gaps for 10 days. The main outcomes from these visits included but were not limited to: updated information on Human Resource Management (HRM) system in public facilities (job descriptions, contracts, salary payments, in service trainings, staff transfers). Regional databases updated and existing challenges addressed. Training needs for the staff at health facility and health facility managers identified.

Regulation and accreditation:

During the year, NHPC successfully registered 68 (53 M, 15 F) Health Workers including doctors, nurses, midwives and other health alliance professionals. The Technical Subcommittee and Board members convened their monthly meetings to review and verify registration application and approve Health Centre Facility (HCFs) assessment reports. In addition, they also discussed on the way forward for NHPC as the Health Consortium for

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Somali people funds are coming to end as well as government staffing issues.

National Health Professional Commission (NHPC) conducted 5 days of monitoring and follow up field visit in Burco, Sheikh and Berbera. NHPC team made follow up and monitored Health Training Institutions in these regions and interacted with directors and faculty staff. NHPC also monitored and followed up HCFs in Burao, Berbera and Sheikh including Burao Regional Hospital, Manhal Burco hospital, Germen Hospital and Egyptian hospital, Sheikh District Hospital, and Berbera Regional Hospital.

Curriculum Developments:

During this quarter, the consultant completed the curricula development process, taking through technical approval, academic validation, and orientation workshop for teachers. THET in collaboration with MoH leaderships in Puntland and Somaliland organised sessions for curriculum technical review teams to finalise the Technical Reviews and Academic approvals for BSc. Nursing, BSc. Midwifery and Diploma Nursing Curriculums. In both countries, the curriculums have been approved academically and validated by the MoHs. All curriculums developed/adapted have a gender specific component (Curriculums include: learning modules for Clinical Officers, BSc Midwifery curriculum, Diploma Nursing Curriculum, Bsc Nursing curriculum adapted for Puntland).

With the approval of the MoH, some nursing and midwifery education institutions plan to commence using these curricula next academic year.

Health worker training and mentoring:

Technical Experts (NHS Volunteers): ten NHS volunteers have visited the Programme during the year and provided training, mentoring and coaching to Somaliland Health Workers. The following were offered:

- Health professional's education training for medical doctors: 16 participants (3 female and 13 male) from the Universities of Amoud and Hargeisa, attended this training to present and celebrate the work done by participants in their projects, increase the profile of health education to award prizes to best presentations, develop practical teaching skills of those observed projects and finally support review preparations for final examinations in the coming July.
- Leadership and professionalism training was conducted for 24 (21 male, 3 female) participants of health care professionals from 6 January to 11 January 2016 to provide Somaliland healthcare workers with knowledge and skills to take on leadership positions with a focus on development of professionalism and the skills needed to lead change and improve quality in healthcare settings.
- Mentorship training was conducted mainly to facilitate the assessment part of the mentorship training in clinical practice to clinical lecturers for 22 lecturers (9 male, 13 female) from all Nursing and Midwifery institution.
- 40 (25 male, 15 female) medical students and interns have been trained in emergency surgery obstetrics and gynaecology by NHS volunteers whilst 10 (9 male, 1 female) medical doctors have been trained in neonatal training by same volunteers.

During the year, Medicine Africa (MA) has implemented online tutorial training for 327 participants (256 male, 71 female). In addition, 16 mentorship relationships have been established through the online platform of MA, which organised 34 sessions. These are mostly for doctors with special focuses on HIV, medicine, obstetrics and gynaecology, orthopaedic, paediatrics, psychiatric and surgery.

THET also supported Health Professional Associations to deliver Continuous Professional Development (CPD) training for health workers in Somaliland. The following training was conducted during this quarter:

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- Somaliland Nursing and Midwifery Association CPD Training of Trainers (ToTs) conducted one Basic Emergency Obstetric and Neonatal Care (BEmONC) training in Maroodi-Jeeh regions. The training was attended by 59 female nurses and midwives from different hospitals and MCHs in Maroodi-Jeeh region. The trainings covered the general concepts of BEmONC, each module and sessions were explained thoroughly, with discussions on the levels of maternal and neonatal death in Somaliland.

The Somaliland Medical and Laboratory Association was supported to organise a scientific conference attended by 52 participants on best practice in laboratory technique. The conference brought laboratory technicians from the whole country together to discuss best practices and lessons learned. The conference was also attended by the MoH.

Residual Capacity Training for Lab was carried out. National ToTs: Somaliland Medical Laboratory Association (SOMLA) with the support of THET and MoH have developed CPD training manuals for Medical Laboratory Professionals. It also trained national CPD trainers on the manuals. ToTs were selected from HGH, Edna, Hayat, Berbara and Borama hospitals have participated in the training and are now recognised fully-fledged Lab ToTs.

In Puntland State of Somalia, 11 (6 male, 5 female) medical doctors from the region were trained in Comprehensive Emergency Maternal and New-borne Care (CEmONC) for two weeks to build their capacity and skills to handle obstetric emergencies. The training equipped the participants with knowledge, skills and professional qualities appropriate in CEmONC. Special attention was put on the management of the major direct causes of maternal mortality which are obstetric hemorrhages, pre-eclampsia and eclampsia, complications of abortion, prolonged and obstructed labour. Other areas of interest were management of labour using a partogram, management of severe anaemia in pregnancy and labour, care of newborn and resuscitation, and the importance of clinical audit for quality CEmONC improvement. The training was conducted by International Consultant from Tanzanian Training Centre for International Health assisted by one CEmONC ToTs trained before. The training was held at Garowe Hospital which has almost all major specialties i.e. surgery, obstetrics & gynaecology, paediatrics and internal medicine and emergency health services.

THET supported Puntland MoH by hiring two international consultants to train 20 (12 male , 8 female) tutors from HTIs in Puntland in teaching methodology and practical skills for 15 days. The training aimed to improve teaching approaches with a special focus on practical teaching to nurses and midwifery students in the health training institutions and universities, with the aim of building the capacity of those lecturers in teaching methodology and practical skills teaching.

During the year Solo Institute of Health Sciences and Hargeisa Institute of Health Sciences conducted outreach activity reaching 432 women, children and men with health promotional messages. The outreach activities were conducted in villages from Hargeisa and three from Sool.

HCS programme closure:

THET with support of Populations Service International (PSI) the lead consortium successfully closed the six year programme with external evaluators and auditors.

Internship:

THET in collaboration with WHO and MoH Somaliland supported 60 interns to complete internships with Hargeisa and Amoud medical school and successfully graduated.

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Training Needs Assessment:

The frontline Health Workers Training Needs Assessment was the only major activity in the CHANGE project. It was conducted successfully in collaboration with PSI the lead consortium and Vision Quest Consultant. However, although assessment was conducted in 2016, the report was completed in 2017.

Resource mobilisation:

THET Somalia with the support of the London Programme team and in collaboration with Kings and three Somaliland based partners developed a five year SPHIER proposal that received funding from DFID through the British council.

Lessons Learned in 2016

- The CHANGE project inception phase limited THET activity to only frontline Health workers training needs assessment whilst other consortium members also perform other research to inform project implementation.
- The coordination of Training Needs Assessment was very thorough due to the new DFID rules and PSI –THET agreement where all steps are vetted, this therefore delayed the timely approval and led to a last minute rush in the completion of field activity.
- The assessment findings and feedback were politicised by some regions of the MoH and partners as they saw it as a threat to their work and reputation.
- Resource mobilisation attempts were not very fruitful as only one of three proposals submitted received funding.
- There is a high turnover of personnel in respective institutions which hampers the capacity building cycle, posing challenges to knowledge sustainability and quality improvement.
- The number of hours allocated to class sessions of less than six hours per day for both theory and practice in Puntland training institutions is not adequate for the competency based learning.
- To ensure adequate stakeholder involvement in key activities such as policy and curriculum development, significant time and political will need to be factored in to facilitate individual contributions and to form and support committee/task forces.
- Lack of clarity between the roles and responsibilities of different institutions (regulatory bodies and ministries) can contribute to delays and sometimes derail implementation.
- The regulatory framework and law enforcement are still rather weak – affecting the quality assurance of training, health facilities and health workers.
- Health Systems strengthening is a complex process and cannot be achieved over a short period of time.

THET ZAMBIA

In Zambia, THET has continued to work with the Ministry of Health to strengthen the health system through the training, mentoring and educating of health care workers. Currently THET Zambia is supporting three programmes: Nutrition, Biomedical Engineer Training (BMET) and the Anaesthetist Training programmes. With funding from Johnson and Johnson, THET is also supporting the Biomedical Engineering Association of Zambia (BEAZ).

Developing stronger relationships with stakeholders and Ministries has been key to raising the profile of THET Zambia. We met with a number of partners, including Intrahealth, Child Fund, the Ministry of Higher Education, the Ministry of Community Development, the Institute of Public Health, Unicef, the Department of Public Health

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at the University of Zambia (UNZA) and the National Food and Nutrition Commission, in regards to discussing the work we are doing in Zambia. Others include the new Children's hospital and the Cancer Diseases hospital. In addition, resource mobilisation has been a key priority area to ensure sustainability of THET Zambia.

Responding to chronic malnutrition – Our nutrition programme

In 2016, we implemented the following activities:

- Conducted the Quality Improvement (QI) pilot training in Zambezi in March 2016, led by the Ministry of Health Nutrition Lead. A mentorship and monitoring trip was conducted in June 2016 with the purpose of interviewing the trained health workers and assessing the impact of the QI training.
- Recruited three new nutrition lecturers at the University of Zambia (UNZA) for the Masters programme which commenced in 2015. In addition, a nutrition specialist has also been recruited to work on the alignment of the diploma at the Natural Resource Development College (NRDC) and the degree at UNZA. THET also offered ongoing support to the lecturers under the BSC Human Nutrition course throughout the 2016 academic year.
- In order to ensure the sustainability of the programme after THET's funding comes to an end (October 2017), THET advocated within the University of Zambia for the recruitment of additional nutrition lecturers. The sustainability plan included transitioning from THET supported lecturers to UNZA employed lecturers for the nutrition programme.
- THET supported The Nutrition Association of Zambia to organise a one-day review meeting. Attended by representatives of the Ministry of Health, the meeting aimed to establish policy recommendations to the Zambian Parliament with regards to the structure of the nutrition workforce in the country. In particular, the document encourages the creation of positions for those holding a degree in nutrition which are currently unavailable in the country.
- THET developed a roadmap for the harmonisation/alignment of the NRDC Diploma in Food and Nutrition and the UNZA BSc in Human Nutrition and set up a working group. The main aim of this process is to reduce the number of years spent studying for diploma holders. Currently students that already have a diploma from NRDC have to spend an additional four years obtaining the degree from UNZA.
- THET proposed a revised course structure for UNZA to align the content of the curriculum with that of NRDC so that students who have completed a diploma at NRDC and wish to be enrolled into a BSc course at UNZA will be exempt from doing certain courses. The process will ensure that the modules that are supposed to be done in the second year are covered during the diploma course.
- THET supported the final curriculum review of the Diploma in Food and Nutrition, based on the recommendations of a consultancy report that assessed the training needs. This report, facilitated by THET, is the first to assess the Nutrition workforce structure in Zambia. The proposed curriculum incorporate improvements in course structure and outline, such as the inclusion of more dietetics content in the programme and more nutrition content for non-nutrition programmes. A meeting with NRDC staff (all departments) is awaited to finalise the curriculum for submission to UNZA.
- THET developed a course outline for the integration of nutrition into a proposed new course which will be delivered to all 3rd year NRDC students in all departments (e.g. crop sciences, animal sciences, etc.) in order to provide a basis for nutritional understanding to agriculture students as well. We also revised and updated the Module for Public Health Nutrition 1, Public Health Nutrition 2, and Community Nutrition.
- 24 nutritionists, nurses and clinical officers were trained in QI in relation to the management of acute malnutrition. The training took place in Mwinilunga and targeted the newly recruited government nutritionists.

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Challenges:

The majority of health centres visited lack basic equipment like scales and therapeutic feed for management of acute malnutrition.

HRH

THET, in collaboration with the Ministry of Health, has completed a mapping exercise into hospital equipment maintenance in the Copperbelt province. As a result, three areas of improvement were identified: procurement, planning, and human resources. This will form the basis of advocacy activities in 2017.

Biomedical Engineers and Technicians

A number of activities were conducted to maintain the quality of the BMET course.

- The training of the trainers programme has increased the capacity of the NORTEC faculty to deliver lectures and workshops, with at least two trainers able to cover each module of the course.
- Practical skills workshops have been re-formulated to reduce the need for duplicate training. Classes have been cut in half during workshops to ensure greater student to teacher ratio. Workshops are now given both at NORTEC and in a newly refurbished facility at Ndola Teaching Hospital.
- In order to ensure greater quality of training, NORTEC have decided to halt plans to increase class intake to two per year instead of one. THET will continue to work with the MoH to ensure that the list of sponsored students is made available to NORTEC in good time to allow correct planning of class sizes.
- The BMET faculty has been increased to eight individuals, six graduates of the train-the-trainers programme and two full-time newly hired lecturers. The new lecturers are skilled Zambian practitioners with one a Biomedical Engineering degree holder trained overseas, and the other a very experienced technologist who has worked within Zambia for many years. Tuition on the BMET programme with just local trainers is now possible.
- A second room for a workshop was refurbished at Ndola Training Hospital in order to increase the amount of hospital-based training time the students undertake. It has the added benefit of reducing the size of workshops for greater teacher to student ratio during practical lessons.
- Institutional links between NORTEC and biomedical engineering training facilities in South Africa have been established through a management visit to South Africa in September. The visit contributed to the objectives of securing assistance with quality assurance and international benchmarking.

Anaesthesia

- Six Anaesthesia trainees have completed their final year of study but have not graduated due to incompleteness of their dissertations, which are awaiting approval from UNZA.
- As a result of THET's advocacy with the Ministry of Health, the Anaesthesia Department at the University Teaching Hospital (UTH) has taken on two graduates as senior registrars and appointed a new Head of Department.
- Long and short-term technical experts in the Anaesthesia department have begun shifting their focus towards sustainability through mentorship in training skills, supervision, and assisting with research and dissertation completion.

Lessons learned in 2016

- In 2016, advocacy has been prioritised as we worked with MoH to ensure appropriate workforce planning to absorb graduates within the public health system and improve the working conditions within the local clinical community. We learnt that these efforts are greatly strengthened by bridging communication gaps between service level staff and senior MoH management through training,

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- mapping exercises and increased dialogue.
- For the BMET and Masters in Medicine (MMed) courses, locally led initiatives have proved to be effective.
 - Programme support to the Society of Anaesthetists of Zambia, now revived through the efforts of Anaesthesia MMed graduates, has opened the possibility of capacity building with similar organisations to improve anaesthesia training and practice across the country. Plans are under way to provide similar support for the new Biomedical Engineering Association of Zambia in 2017. NORTEC have independently hired two lecturers with sound track records, which gives reasons for optimism for the sustainability of the course.
 - The importance of understanding the limitations of partner institutions, and being able to work productively in identifying and solving problems was a key lesson in 2016.
 - For the BMET course, the long-term technical assistant to NORTEC was able to identify weaknesses in student learning, particularly around practical workshop based skills and trace this back to the non-delivery of certain electrical engineering workshops in the foundation year of the course. This was a problem of management within the college and support was given to NORTEC to develop mitigation strategies for the issue.

Challenges

- In 2016, changes within the Zambian Government and the Ministry of Health provided some of the main challenges for THET. With the appointment of the new Minister of Health, officers with whom THET had previously worked have now been transferred to other departments. This resulted in delays in the implementation of some activities.
- A major challenge throughout the programme has been to ensure the required numbers were recruited 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 ETHIOPIA

Progress achieved in 2016

The Ethiopia Chronic Non-Communicable Disease (NCD) programme has met many successes over the last year. Importantly, we have continued to support the training, mentoring and supervision of 62 nurses in the diagnosis, treatment and care of patients with hypertension, diabetes, chronic respiratory diseases and epilepsy, and 162 Health Extension Workers (HEWs) in referrals and raising awareness within their community, at 17 health centres in the Jimma and Gondar regions. This training was led by Dr Yoseph Mamo (THET's Ethiopia Adviser), Dr Shitaye at Gondar University and Dr Tadesse at Jimma University. As a result of our work, over 7,000 NCD patients, who would not have been able to access such care before this project, have now been registered at the health centres.

Collaborative research activities continue in both Jimma and Gondar, with a current focus in particular on why some patients are defaulting from long-term treatment. A number of junior doctors have also volunteered their time to work with us on these, and have completed short-term visits to our sites throughout 2016.

In 2016 we put increased efforts into consolidating our Ethiopia programme, with a view to building on our

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successes and expanding the programme in the near future. This began with a visit to Addis Ababa by Ben Simms and Laura Macpherson in June 2016, with the aims of building an increased understanding of the context in which we are working in-country as well as of building strengthened relationships with the Federal Ministry of Health (FMoH), potential donors (including AstraZeneca, GSK, Sandoz, DFID and Irish Aid), and potential partners (including AIHA). The visit was a great success as we now have improved knowledge of the NCD context in Ethiopia, our long-term and positive relationship with the FMoH was reaffirmed, and positive conversations about securing funding from the pharmaceutical companies (who are starting to support the FMoH to decentralise NCD care across the country) began.

Another notable meeting was the Southampton Ethiopia conference in October 2016. As part of this, a planning meeting took place through which THET, in collaboration with our major programme partners (Southampton University, Jimma and Gondar Universities and Belfast University), took stock of our achievements and challenges and agreed on the need to develop a more formal NCD alliance. We took this decision in order that external parties are able to understand our wider group of partners. A website for our alliance is in advanced stages of development, and a strategy is currently being drafted.

Our three year Joffe Trust grant for this work came to an end in August 2016. Thus, an increased focus for our work within the Ethiopia programme throughout 2016 has also been fundraising through various sources. Most importantly, we have taken forward the discussions for working with the pharmaceutical companies in expansion of the model.

We have also researched and are in the beginning stages of registering as an NGO in Ethiopia.

Lessons Learned in 2016

- Drug supply is one of the largest challenges for chronic NCDs in Ethiopia, and the situation differs greatly not only between regions but also between health centres. More work should be done in this area to ensure the consistent supply of drugs for those on long-term treatment.
- When a large number of stakeholders are involved in a programme, it is time consuming to get them together and working on common goals. But, the result is a critical mass that not only moves the initiative but also advocates to a larger peer group.
- If national investment in NCD decentralisation does not increase (in the rural areas), our model may remain donor driven.
- THET would be a valuable partner to any company (e.g. pharmaceutical company) looking to invest in NCD service decentralisation in the country. But, despite our wealth of expertise and experience, we must put more efforts into selling ourselves as the preferred partner.
- Having an increased presence in-country would be extremely beneficial to our organisation – it would allow for greatly improved relationships with local institutions and partners and would enable improved oversight of programme delivery.
- Our group of organisations working together to address NCDs in Ethiopia, the roles of each partner and how others could get involved in our work was confusing and not clear to external parties. We have now created THENA (THET Ethiopia NCD Alliance) – the formalisation of our group of institutions.

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THET UGANDA

Progress achieved in 2016

In 2016, there were 24 active projects in Uganda. The projects covered a range of themes including maternal and child health, non-communicable diseases, biomedical engineering, community engagement and leadership among others.

THET's focus on Human Resources for Health aligns with the priorities of the strategic approach of the Health Sector Development Plan (HSDP) in Uganda, namely moving towards Universal Health Coverage and addressing the shortage of trained clinical staff. Several of the THET partnerships work on the health themes prioritised by the Ministry of Health (MoH).

With a core focus on Health System Strengthening, the design of THET projects focuses on the priorities of individual institutions, which in turn respond to the wider needs of the Ugandan health system and Ministry of Health priorities.

One of the HSDP's core objectives is to address the determinants of health through strengthening intersectoral collaboration and partnerships (Health System Strengthening). In light of this, THET Uganda has provided support to the partnerships to achieve the following:

- Alignment of partners activities with MoH strategic priorities through the health sector strategic plan
- Partnerships have been flexible in responding to interim contextual changes.
- Training content has been regularly adapted to the unique contexts in which they are being delivered.
- There has been a huge trickle-down effect of knowledge and practices generated through sharing these at national forums and through various technical working groups.
- Through various meetings there has been increased engagement between government and partnerships.
- Partners have been brought together to share lessons and good practices at special national learning events.

Lessons learned in 2016

- There is need to clearly record the project indicators in alignment with the national Health Management Information System (HMIS).
- The short timeframe of projects does not allow enough time for total result affirmation; for example the opportunity to follow up with trainees to ensure that skills were acquired and are being practiced is not always possible.
- The critical shortage of health workers limit participation in training programmes which they have to carry out alongside their already busy schedules.
- There is inadequate administrative infrastructure to support the role-out of project outcomes such as training modules being adopted in curriculums.
- Poor co-ordination within the health sector as a whole has led to some duplication of projects.
- Changing roles within the health sector governance structure has left many partnerships confused on how to integrate their work.
- There is a shortage of basic learning facilities in institutions such as sundries, medical supplies etc.
- There have been delays in accessing work permits for professional volunteers.

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THET TANZANIA

Progress achieved in 2016

THET established an office in Dar es salaam and successfully registered as an international NGO. Through the comic relief community health worker project, THET supported the MoH to effectively roll-out the community health workers cadres, by focusing on the lake zones' regions of Tanzania namely Mwanza, Geita, Shinyanga, Kagera and Simiyu.

Together with our implementing partner the Benjamin Mkapa Foundation, THET has supported and continues to support the ten health trainings institutions that are currently tasked with training the community health worker students, four Teaching hospitals and the Zonal Health Resource Centres.

In collaboration with the MoH, THET has successfully conducted orientation on community health curriculum to 31 tutors from the 22 Health Training Institutions. Moreover, THET also supported the MoH to develop the supportive supervision checklist for community based health programs to be used in the health training institutions.

THET in collaboration with MoH also conducted supportive supervision to ten health institutions with the aim of getting a sense of how the course is being run, identify gaps, and understand the thoughts of tutors and students on the course delivery.

THET also supported the training of 353 community health workers in the supported training institutions, additionally in collaboration with MoH, we have managed to orient the council health management teams (CHMTs) in the supported regions on community health based programs.

THET also procured and handed over ten laptop computers and ten LCDs to the supported Health Training Institutions.

Moreover THET has successfully been able to secure membership at high level MoH advisory groups such as the CHW Taskforce, Health Promotion Technical Working Group and the HRH Technical Working Group.

There is also a country strategy in place (2017-2021) that provides a clear roadmap of THET's work focus and implementation over the next coming years.

Overseas Development Institute (ODI) and UNICEF Project on child poverty:

- THET has also been able to establish a collaboration with ODI and UNICEF Tanzania, to support assessment of child poverty with a focus on Mwanza, Mbeya, Dar es salaam and Zanzibar regions.

Lessons learned in 2016

- Multiple partners supporting community health worker projects.
 - We have established that there are many other bilateral and multi-lateral partners involved with the same programmes; however the biggest challenge is that they are not well coordinated, and hence there is a lot of redundancy on our work.
- MoH Change of Priorities on CHW programme:
 - We have established that the MoH priorities keep changing over time and this means re-adjustment of THET's workplan to align with MoH priorities.

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- Freeze of new employment by the Government:
 - Due to the on-going campaign in eliminating Ghost workers by the government of Tanzania, there is currently no new employment, the repercussions being that CHW who graduated last year in September, have not yet been absorbed thereby impacting and affecting THET's target which focuses on ensuring that the supported community health workers are employed by the relevant authorities.
- Course Duration:
 - Deriving from the supportive supervision, we established that there is inadequate time to cover the curriculum and seven modules per semester. This concern was raised by both faculty and CHW students.
- CHW Reference books:
 - Again during the course of supportive supervision, we established that the health training institutions lack reference books. Most of the HTI's rely on the reference books for nursing. This in turn affects the efficiency of the course delivery and students performance.

THET MYANMAR

THET has secured funding from Health Education England to assist in the building of a Myanmar – UK Health Alliance throughout 2017. THET Myanmar will work closely with the Ministry of Health and Sports in Myanmar to conduct various scoping exercises and to ensure identified priorities are taken forward. Our new Country Office was established in December 2016 with the appointment of Dr Thinn Thinn Hlaing as Country Director. Our main priorities for the coming year are to:

- Develop an understanding of the priority needs, current UK input (including through partnerships) and areas in which the UK can best add value/ contribute further to the Myanmar health sector.
- Build relationship with the MoHs.
- Secure & start to line manage additional capacity as required.

PLANS FOR THE FUTURE

Our 2016 – 2021 Strategic Priorities

In April 2016, we formally launched our 2016-2021 strategic plan. Staff and trustees have been working on measurement tools and monitoring and evaluation practices to ensure that as an organisation we are always working to meet the established objectives. Key Performance Indicators were developed to provide us with eight goals against which we will measure progress every six months and then annually. Every year we will adopt a different impact theme around which to centre our focus.

For 2017, our impact theme will examine how our work is (or is not) accelerating gender equality. This question is inspired in part by the feedback from the HPS evaluation, which points out that health partnerships have "limited understanding or analysis of how gender inequality and social exclusion can affect efforts to enhance human resource capacity and skills or improve people's access to and use of services".

We will undertake a series of activities in the course of the year to examine this impact question, structured in five stages and drawing on THET staff, external consultancies and a newly established Gender Equality Thematic

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Working Group. We will work to address the following aims and then publish our reflections as part of our 2017 Annual Report:

- Understanding what the terms gender equality and social inclusion mean, and what they mean for THET.
- Getting an external view on what gender equality and social inclusion mean, and what they mean for THET.
- Piloting approaches which enable THET to gather more robust insight.
- Widening the conversation to involve people across the health partnership community.
- Drawing conclusions.

STRUCTURE, GOVERNANCE AND MANAGEMENT

THET is a registered charity (registration number 1113101) and is constituted as a company registered in England and Wales and limited by guarantee (registration number 05708871). Its objects and powers are set out in its Memorandum and Articles of Association.

Trustees

The Directors of THET are the Trustees, collectively known as The Board of Trustees (The Board). The Board, THET's governing body, comprises a minimum of 3 and a maximum of 12 Trustees. Trustees serve an initial term of three years that can, by convention, be extended up to a maximum of six years in total. The trustees are also members of the company. New Trustees are appointed by ordinary resolution at the general meeting. Members of the Board have guaranteed the liabilities of the company up to £1 each.

Trustees are appointed following open advertising in specialist publications or on specialist websites and following a rigorous interview process. All new Trustees are provided with a structured induction programme.

The Board of Trustees has created two specialist sub-committees to assist it with its work: the Risk and Governance Committee (RGC) and the Remuneration Committee (RemCo). Each committee includes members of the Board and may include additional members appointed for their specialist knowledge.

The Risk and Governance Committee (RGC), THET's audit committee, chaired by the Treasurer, meet as necessary with the external auditor, both with and without the presence of management. The RGC reviews the external auditor's management letter and monitors implementation of actions required as a result. The RGC also has responsibility to advise the Board on whether the audit, risk management and control processes within THET are effective. The Remuneration Committee monitors THET's policy on remuneration and benefits for its staff, and reports annually to the Board.

THET's Trustees are responsible for everything that THET does. However, to ensure that THET is managed efficiently and effectively, the Trustees have delegated a range of day-to-day decision-making powers to the Senior Management Team. Trustees have also established appropriate controls and reporting mechanisms to ensure that the Senior Management Team operates within the scope of the powers delegated to it. The delegation policy is updated on an ongoing basis and is formally reviewed and approved by Trustees. The last review was in June 2016. The members of the Senior Management Team are not directors for the purposes of company law.

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TRUSTEES' REPORT YEAR ENDED 31 DECEMBER 2016

There has been no specific restriction imposed by the charity's governing document on the operation of the Trust. Trustees are authorised by the charity's governing document to invest any money of the Charity not immediately required for its function in appropriate, legal investments provided that any necessary consents are first obtained.

Annual trustee activity

A typical year for a trustee includes the following:

- Attendance at four Board meetings per annum
- Attendance at the AGM in June
- Attendance at committee meetings, and at ad hoc groups convened for specific purposes
- Attendance at staff or senior management meetings on an occasional basis
- Attendance at events e.g. public meetings, meetings with THET volunteers/supporters/donors, THET Away Day
- Attendance at the Annual Conference
- Trustees with specialist knowledge may work with senior management, both to provide advice and support, and to enhance board understanding and scrutiny.

Risk assessment

The Trustees keep strategic and operational risks under regular review with an assessment of probability, impact and mitigating actions. In terms of its general affairs, THET operates prudent policies in all its financial operations, with any significant expenditure requiring approval by Trustees. THET also make arrangements for appropriate insurance cover and other protection where this is appropriate in its activities at home and overseas.

Grant-making policies

THET issue grants to health partnerships delivering projects in keeping with its mission. Grants are selected following a fair and transparent process whereby applicants are provided with template forms and guidelines that state the purpose of the funds, eligibility criteria and a timeline for submission and selection.

Once awarded and when contracts are signed, grants are managed in line with the Grants Management System, which sets out checks and controls to ensure that funds are being used for the purpose stated in the application. Financial and narrative reports are submitted at contracted intervals to show levels of spend and activity against plan and, where necessary, to explain exceptional variances. Milestones are set during the inception phase of each grant and progress is measured against these.

Other risk management processes include checks and controls on adequate financial management and verification of the legal protection and safety of those involved in the project. Information is gathered through reports and meetings and through spot checks on receipts and other documentation.

Financial review:

The balance sheet reflects the reserves policy set out below, to enable adequate provision for the future.

TROPICAL HEALTH AND EDUCATION TRUST

TRUSTEES' REPORT YEAR ENDED 31 DECEMBER 2016

Charitable funds

The funds held by THET are in interest-bearing accounts managed by the Charities Aid Foundation from which they can be withdrawn as needed. The Trust is able to meet all its obligations and commitments within its present cash flow and assets.

THET does not hold assets except as detailed in the accounts. The salaries of project staff are derived mainly from grants. THET operates in collaboration with other charitable bodies to pursue its objectives.

The majority of the restricted funds income is received in arrears and, therefore, the only balances at the year end of major significance were for the Comic Relief (£478,759) paid in advance and Johnson & Johnson (£22,500) for Biomedical Engineering Capacity Building Programme.

Reserves Policy

The Board of Trustees has established a General Reserves Policy which continues to protect our programme work from risk of disruption at short notice due to a lack of funds. The Policy also provides parameters for future strategic plans and contributes towards decision-making. It determines an appropriate target level for general reserves, taking into account the following factors:

- Vulnerability to unplanned changes in financial position, relating mainly to unpredictability of fundraising and unrestricted income and securing future restricted and unrestricted contracts.
- Net financial risk related to the above, taking into account the likely speed of onset as well as the mitigation steps available to management.
- The fact that expenditure is generally predictable and long term, with the exception of 'variable' spend on restricted programmes where risks typically involve unplanned events such as hostile government action or major uninsured health and safety or security emergencies.

This approach provides a target base level of general reserves of twelve months' support costs plus twelve months' costs of governance with the aim of building up reserves to £500k. The basis of determining the target reserves level is kept under periodic review and will be adjusted as perceptions of risk and other factors change.

General Reserves (Unrestricted)

General reserves are not restricted to or designated for a particular purpose. General reserves are £383,975 (2015:£319,427) at the end of December 2016. While this is below the target level of £500k unrestricted reserves this is still largely in line with our target base level of twelve months' support costs plus twelve months' costs of governance and consistent with our intention to align our unrestricted spend to income levels. Given the ongoing uncertainties in world economies, our future plans are to maintain and increase this level of general reserves by aligning our unrestricted spend to the income predictions. The Trustees have approved a budget for 2017 which aims to restore this balance.

Restricted Funds

These funds are tied to particular purposes, as specified by the donor or as identified at the time of a public appeal. At 31 December 2016, unspent restricted funds were £375,338 (2015: £413,792).

TROPICAL HEALTH AND EDUCATION TRUST

TRUSTEES' REPORT YEAR ENDED 31 DECEMBER 2016

Arrangements for monitoring and reviewing the reserves policy

The reserves policy is subject to annual review and will be considered each year by Trustees with the next review scheduled for early 2017. In addition the Trustees will be monitoring THET's performance against the budget throughout the year.

Investment Policy

There were no investments at the year-end date or for the prior year.

Investments must be managed in such a way as to provide an income to the charity. The value of investments assets should aim to keep pace with inflation in the long term. An approximate balance is to be maintained between the enhancement of capital and the generation of income. A "low risk" approach is to be adopted in the management of the charity's assets. The objects of the charity are to be met by way of a prudent investment strategy based on a diversified range of bonds and equities which are quoted on a recognised investment exchange, and unit trusts and Open Ended Investment Companies (OEICs) which are authorised under the Financial Services and Markets Act 2000. For the time being Trustees do not consider that external investment advice is required.

The portfolio should not include any investments in companies associated with tobacco products or the arms trade. No further ethical restrictions apply, although Trustees reserve the right to exclude from the portfolio any investments in companies whose representation might prove damaging, directly or indirectly, to the purposes or reputation of the charity.

The performance of the overall portfolio will be monitored by the Trustee Board as a whole at least once each year. This investment policy is subject to periodic review by the Trustee Board to ensure that it remains compatible with the charity's objects and requirements with the next review scheduled for early 2016.

Trustees' responsibilities

Company law requires the Trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the surplus or deficit of the charity for that period. In preparing these accounts, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the accounts comply with the Companies Act 2006 and with Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP (FRS 102)). They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.


Each of the Trustees confirm that

- so far as they are aware there is no relevant audit information of which the charity's auditor is unaware, and,
- they have taken all the necessary steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the charity's auditor is aware of that information.

TROPICAL HEALTH AND EDUCATION TRUST

TRUSTEES' REPORT YEAR ENDED 31 DECEMBER 2016

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

A handwritten signature in black ink, appearing to read 'J. Ellis', is written over a large, horizontal oval scribble.

Approved by the Board of Trustees on 1st June 2017 and signed on its behalf by
Professor Judith Ellis
Chair of Trustees
1st June 2017

TROPICAL HEALTH AND EDUCATION TRUST

INDEPENDENT AUDITOR'S REPORT YEAR ENDED 31 DECEMBER 2016

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 2016 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) 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.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' Annual Report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

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 2016 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.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements and this report has been prepared in accordance with the applicable legal requirements.

TROPICAL HEALTH AND EDUCATION TRUST

INDEPENDENT AUDITOR'S REPORT YEAR ENDED 31 DECEMBER 2016

Matters on which we are required to report by exception

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report and take advantage of the small companies exemption from the requirement to prepare a strategic report.



Malcolm Lucas FCA (Senior Statutory Auditor)
for and on behalf of
Menzies LLP
Chartered Accountants
Statutory Auditor

Lynton House
7-12 Tavistock Square
London
WC1H 9LT

13 June, 2017

TROPICAL HEALTH AND EDUCATION TRUST

STATEMENT OF FINANCIAL ACTIVITIES (incorporating Income and Expenditure Account) YEAR ENDED 31 DECEMBER 2016

| | Note | Unrestricted Funds £ | Restricted Funds £ | Total Funds 2016 £ | Total Funds 2015 £ |
|--|------|----------------------------|--------------------------|--------------------------|--------------------------|
| Income | | | | | |
| Donations and legacies | 4 | 62,921 | 6,082 | 69,003 | 54,579 |
| Income from charitable activities | | | | | |
| Contractual Income Programs: Fee | | 1,225 | 2,436 | 3,661 | - |
| Operational programmes and projects grants | 5 | - | 6,377,093 | 6,377,093 | 9,045,467 |
| Income from other trading activities | | | | | |
| HPS fees | | 893,027 | - | 893,027 | 860,174 |
| Conference Fees | | 12,078 | - | 12,078 | 12,798 |
| Investment income | | 571 | - | 571 | 409 |
| Total income | | 969,822 | 6,385,611 | 7,355,433 | 9,973,427 |
| Expenditure | | | | | |
| Expenditure on raising funds | 7 | 86,142 | - | 86,142 | 113,459 |
| Expenditure on charitable activities | | | | | |
| Operational programmes and projects | 8 | 111,008 | 5,985,408 | 6,096,416 | 8,331,989 |
| Salaries & fees | 9 | 687,029 | 299,759 | 986,788 | 1,243,009 |
| Other support costs | 10 | 21,095 | 138,899 | 159,994 | 275,708 |
| Total expenditure | 6 | 905,274 | 6,424,066 | 7,329,340 | 9,964,165 |
| Net income / (expenditure) | | 64,548 | (38,455) | 26,093 | 9,262 |
| Net movement in funds | | 64,548 | (38,455) | 26,093 | 9,262 |
| Total funds brought forward | | 319,427 | 413,793 | 733,220 | 723,958 |
| Total funds carried forward | | 383,975 | 375,338 | 759,313 | 733,220 |

All gains and losses recognised in the period are included above.

TROPICAL HEALTH AND EDUCATION TRUST

BALANCE SHEET AS AT 31 DECEMBER 2016

| | Note | 2016 Total £ | 2015 Total £ |
|---|------|--------------------|--------------------|
| Fixed assets | | | |
| Tangible assets | 11 | <u>1,536</u> | <u>3,545</u> |
| Current assets | | | |
| Debtors | 12 | 509,055 | 675,109 |
| Cash at bank and in hand | | <u>955,125</u> | <u>603,342</u> |
| | | 1,464,180 | 1,278,451 |
| Creditors: amounts falling due within one year | 13 | (706,403) | (548,776) |
| Net current assets | | <u>757,777</u> | <u>729,675</u> |
| Total net assets | | <u>759,313</u> | <u>733,220</u> |
| Represented by: | | | |
| Unrestricted funds | | 383,975 | 319,427 |
| Restricted funds | | 375,338 | 413,793 |
| Total funds and reserves | 14 | <u>759,313</u> | <u>733,220</u> |

Approved on behalf of the Trustees:
Professor Judith Ellis
Chair of Trustees



Date: 1st June 2017

Company Number: 05708871

TROPICAL HEALTH AND EDUCATION TRUST

STATEMENT OF CASH FLOWS YEAR ENDED 31 DECEMBER 2016

| | 2016 | 2015 |
|---|-----------------|------------------|
| | Total | Total |
| | £ | £ |
| Cash flows from operating activities: | | |
| Net movement in funds | 26,094 | 9,262 |
| Add: Depreciation | 2,009 | 2,179 |
| Add: Interest paid | 23,190 | 24,261 |
| Less: Interest received | (571) | (409) |
| Adjustment for exchange rate movements on cash and cash equivalents | 30,265 | (5,881) |
| (Increase)/decrease in debtors | 166,054 | (204,420) |
| Increase/(decrease) in creditors | 157,626 | 406,985 |
| Net cash used in operating activities | <u>404,667</u> | <u>231,977</u> |
| Cash flows from investing activities: | | |
| Bank interest received | 571 | 409 |
| Purchase of tangible fixed assets | - | (4,607) |
| Net cash used in investing activities | <u>571</u> | <u>(4,198)</u> |
| Cash flows from financing activities: | | |
| Draw down/(repayment) of borrowing | - | (350,000) |
| Interest paid on loan and overdraft | (23,190) | (24,261) |
| Net cash used in financing activities | <u>(23,190)</u> | <u>(374,261)</u> |
| Change in cash and cash equivalents in the year | 382,048 | (146,482) |
| Cash and cash equivalents brought forward | 603,342 | 743,943 |
| Change in cash and cash equivalents due to exchange rate movements | (30,265) | 5,881 |
| Cash and cash equivalents carried forward | <u>955,125</u> | <u>603,342</u> |

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

1. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

Tropical Health and Education Trust is a company incorporated in England and Wales under the Companies Act 2006. The address of the registered office is given on page 3. The principal activities of the company and the nature of its operations are set out in the trustees report on pages 4 to 25.

2. Accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a. Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP (FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

THET meets the definition of a public benefit entity under FRS 102.

Assets and liabilities are recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

b. True and fair view

The charity does not seek to make a profit, nor can its results be measured by normal commercial criteria. In order that a true and fair view of the activities of the charity is given a statement of financial activities has been included in place of a profit and loss account as required by the Companies Act 2006.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

c. Going concern

These accounts are prepared on the basis of going concern. In making this assessment the Trustees have taken into account all available information about the future for at least, but not limited to, 12 months from the date on which the accounts are approved.

d. Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the items of income have been met, it is probable that the income will be received and the amount measured reliably. Where income is received in advance of providing services, it is deferred until THET becomes entitled to that income.

Donations are recognised in the statement of financial activities in the year in which they are received.

For legacies, entitlement is taken as the earlier of the date on which either: (i) the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to THET that a distribution will be made, or (ii) when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Investment income is recognised in the statement of financial activities in the year in which it is receivable.

e. Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

In accordance with the Charities SORP (FRS 102), the donated services from our volunteers are not included within the financial statements.

f. Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

Costs of charitable activities are the costs applied by the charity in undertaking its work and achieving its charitable objectives, as opposed to the cost of raising funds to finance those objectives.

Value Added Tax which is not recoverable by the charity is included in the relevant costs in the statement of financial activities.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

g. Allocation of support costs

Non-directly attributable costs are allocated based on an estimate of time spent.

h. Grants

Grants are included in the statement of financial activities as they become payable. THET's ability to make grant payments is entirely dependent on funding from DFID under a contract that is subject to monthly reporting and annual renegotiation. In the opinion of the Trustees a constructive obligation is only created when (i) ongoing grant conditions are being satisfactorily fulfilled and, (ii) contract renewal has been successfully negotiated with DFID.

i. Fund accounting

- Unrestricted general funds are funds which can be used in accordance with the charitable objectives at the discretion of the Trustees
- Designated funds are funds set aside for specific purposes from THET's own reserves
- Restricted funds are funds that can only be used for particular restricted purposes within the objectives of the charity. Restrictions arise when specified by a donor or when funds are raised for particular purposes

j. Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less depreciation. A capitalisation limit of £500 has been applied.

Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, which is reviewed annually. The rates used are as follows:

- | | | |
|-----------------------------------|---|--------------------|
| • Leasehold property improvements | - | 33%% straight line |
| • Furniture and fittings | - | 33%% straight line |
| • Computing equipment | - | 33%% straight line |
| • Office equipment | - | 33%% straight line |

k. Investments

Fixed asset investments are included at market value at the balance sheet date.

Realised gains and losses on investments are calculated as the difference between sale proceeds and their market value at the start of the year, or their subsequent cost, and are charged or credited to the statement of financial activities in the year of disposal.

Unrealised gains and losses represent the movement in market values during the year and are credited or charged to the statement of financial activities based on the market value at the year end.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

l. Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

m. Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

n. Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured and estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

o. Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

p. Pension

THET operates a defined contribution pension scheme for the benefit of staff. Contributions by THET to the scheme are charged in the statement of financial activities in the period in which the employment services qualifying for the benefit are provided. THET has no further obligation once the contributions have been paid.

q. Leases

Rental payments under operating leases are charged as expenditure is incurred over the term of the lease.

r. Foreign currency

Transactions denominated in foreign currencies are translated at the average rate of exchange during the month. Foreign currency balances at the balance sheet date are translated at the average rate for the month of December 2016. Foreign exchange losses incurred in respect of overseas operations are included in the statement of financial activities within charitable activity expenditure for the period in which they are incurred.

3. Company limited by guarantee

The charity is a company limited by guarantee. The members of the company are the trustees named on page 3. In the event of the company being wound up, the liability in respect of the guarantee is limited to a maximum of £1 from each of the trustees.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

4. Donations and legacies

| | Unrestricted Funds £ | Restricted Funds £ | 2016 Total £ | 2015 Total £ |
|------------------|----------------------------|--------------------------|--------------------|--------------------|
| Donations | 48,396 | 6,082 | 54,478 | 43,830 |
| Grant receivable | 14,525 | - | 14,525 | 10,749 |
| | <u>62,921</u> | <u>6,082</u> | <u>69,003</u> | <u>54,579</u> |

In 2015 donations of £11,806 related to restricted funds.

5. Grants

| | 2016 Total £ | 2015 Total £ |
|--|--------------------|--------------------|
| Grants from UK government: Department for International Development: Health Partnership Scheme | 3,437,423 | 4,720,871 |
| Somaliland (via PSI) | 1,593,332 | 3,098,540 |
| Zambia HRH | 364,693 | 381,099 |
| Zambia Nutrition | - | 21,291 |
| | <u>5,395,448</u> | <u>8,221,801</u> |
| Other grants: Trusts | 10,217 | 42,116 |
| UNICEF | 14,953 | 75,938 |
| WHO | 19,920 | 79,680 |
| Johnson & Johnson | 140,000 | 240,900 |
| GE Conference | - | 25,295 |
| The BEIT Trust | - | 3,082 |
| SUN Fund | 292,304 | 350,655 |
| WHO- MIM&C | 127,243 | - |
| Comic Relief | 256,308 | - |
| State of Guernsey | 33,654 | - |
| Kings College | 10,941 | - |
| CAF Advocacy | 29,045 | - |
| Association of Clinical Pathologists | 15,400 | - |
| Heath Education England | 18,160 | - |
| Other Agencies | 13,500 | 6,000 |
| | <u>6,377,093</u> | <u>9,045,467</u> |

All grants are related to restricted funds in the current and prior years.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

6. Net income/(expenditure) for the year

| | 2016 | 2015 |
|-------------------------------------|--------|--------|
| | £ | £ |
| This is stated after charging: | | |
| Operating leases | 99,356 | 99,356 |
| Auditor's remuneration – audit fees | 11,450 | 9,000 |

7. Expenditure on raising funds

| | 2016 | 2015 |
|--------------------------------------|---------------|----------------|
| | £ | £ |
| Direct salaries | 33,532 | 32,836 |
| Indirect salaries | 34,621 | 54,586 |
| Total salaries (see Note 9) | 68,153 | 87,422 |
| Other direct costs | 6,939 | 5,000 |
| Indirect support costs (see Note 10) | 11,050 | 21,037 |
| | 86,142 | 113,459 |

8. Charitable activities

| | Unrestricted Funds £ | Restricted Funds £ | 2016 Total £ | 2015 Total £ |
|---|----------------------------|--------------------------|--------------------|--------------------|
| Direct expenditure on programmes and projects | 111,008 | 2,598,794 | 2,709,802 | 3,610,813 |
| Grants (see Note 17) | | 3,386,614 | 3,386,614 | 4,721,176 |
| | 111,008 | 5,985,408 | 6,096,416 | 8,331,989 |

Direct expenditure on programmes and projects from unrestricted funds in 2016 was £111,008.
All grants in 2016 were restricted.

9. Staff costs (total)

| | 2016 | 2015 |
|-------------------|------------------|------------------|
| | £ | £ |
| Salaries and fees | 941,244 | 1,201,751 |
| Social security | 79,346 | 91,108 |
| Pension | 34,351 | 37,572 |
| | 1,054,941 | 1,330,431 |

The comparative figures for staff costs and average number of staff have been amended to include all relevant group staff as necessary.

These costs are charged to charitable activities (unrestricted funds) and to raising funds. The indirect

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

charges are a proportion of unrestricted costs based on time spent by the Chief Executive, Finance Director and other administrative staff.

| | 2016 | 2015 |
|--|-------------------------|-------------------------|
| | £ | £ |
| Charitable activities: | | |
| Unrestricted | 687,029 | 824,329 |
| Restricted | 299,759 | 418,680 |
| Total per statement of financial activities | <u>986,788</u> | <u>1,243,009</u> |
| Expenditure on raising funds – salaries (see Note 7) | 68,153 | 87,422 |
| | <u>1,054,941</u> | <u>1,330,431</u> |

The average number of full-time equivalent employees during the year was as follows:

| | 2016 | 2015 |
|--|--------------------|--------------------|
| | No. | No. |
| Charitable activities: programmes and projects | 24.5 | 29.1 |
| Administration | 7.8 | 12.1 |
| Raising funds | 1.0 | 1.0 |
| | <u>33.3</u> | <u>42.2</u> |

The average number of employees for 2016 was 42 (2015: 45).

During the year, 3 employees received emoluments exceeding £60,000 (2015: No employee received emoluments exceeding £60,000).

The number of higher paid employees was:

| | 2016 | 2015 |
|-----------------------------|-------------|-------------|
| | No. | No. |
| In the band £60,001-£70,000 | 2 | 0 |
| In the band £70,001-£80,000 | 1 | 0 |

No trustee received remuneration for their services. During the year 2 trustees (2015: 3) received reimbursement of travel and subsistence expenses totalling £966 (2015: £1,050).

The key management personnel of THET comprise the Chief Executive and the Senior Management Team (SMT). The SMT consists of the Head of Finance, the Head of Programmes and the Head of Partnerships. The total employee benefits for the key management personnel was £247,804 (2015: £237,638).

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

10. Support and governance costs

| | 2016 £ | 2015 £ |
|---------------------------------|----------------|----------------|
| Salaries and staff costs | 33,757 | 76,868 |
| Rent and rates | 102,775 | 100,979 |
| Administration and office costs | 13,444 | 105,507 |
| Governance costs | 21,068 | 13,391 |
| | 171,044 | 296,745 |

The following allocation of unrestricted support and governance costs was done pro rata to the estimated time spent by staff (see Note 9):

| | 2016 £ | 2015 £ |
|---|----------------|----------------|
| Charitable activities: | | |
| Restricted | 138,899 | 250,381 |
| Unrestricted | 21,095 | 25,327 |
| Total per statement of financial activities | 159,994 | 275,708 |
| Expenditure on raising funds – indirect support costs (see Note 7) | 11,050 | 21,037 |
| | 171,044 | 296,745 |

11. Tangible fixed assets

| | Leasehold Property Improvements £ | Furniture & Fittings £ | Computing Equipment £ | Office Equipment £ | Total £ |
|-------------------------|--|------------------------------|-----------------------------|--------------------------|---------------|
| Cost: | | | | | |
| Balance brought forward | 30,767 | 20,602 | 45,273 | 2,274 | 98,916 |
| Additions | - | - | - | - | |
| Balance carried forward | 30,767 | 20,602 | 45,273 | 2,274 | 98,916 |
| Depreciation: | | | | | |
| Balance brought forward | 30,767 | 20,602 | 42,202 | 1,800 | 95,371 |
| Charge for year | - | - | 1,535 | 474 | 2,009 |
| Balance carried forward | 30,767 | 20,602 | 43,737 | 2,274 | 97,380 |
| Net book value: | | | | | |
| Balance brought forward | - | - | 3,071 | 474 | 3,545 |
| Balance carried forward | - | - | 1,536 | - | 1,536 |

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

12. Debtors

| | 2016 | 2015 |
|------------------------|----------------|----------------|
| | £ | £ |
| Income tax recoverable | 822 | 1,875 |
| Trade debtors | 133,904 | 63,905 |
| Accrued income | 334,253 | 374,211 |
| Prepayments | 40,076 | 235,118 |
| | <u>509,055</u> | <u>675,109</u> |

13. Creditors: amounts falling due within one year

| | 2016 | 2015 |
|---------------------------------|----------------|----------------|
| | £ | £ |
| Bank loan (see Note 18) | - | - |
| Trade creditors | 100,114 | 313,760 |
| Other taxes and social security | 21,191 | 67,897 |
| Accruals | 83,839 | 167,119 |
| Deferred Income | 501,259 | - |
| | <u>706,403</u> | <u>548,776</u> |

Included in accruals is £3,577 (2015: £5,226) of accrued pension contributions.

14. Statement of funds

| | Balance at 1 Jan 2016 | Surplus/ (Deficit) | Balance at 31 Dec 2016 |
|--------------------------------|--------------------------|-----------------------|---------------------------|
| | £ | £ | £ |
| General funds | 319,427 | 64,548 | 383,975 |
| Total unrestricted funds | <u>319,427</u> | <u>64,548</u> | <u>383,975</u> |
| Restricted funds (see note 17) | 413,792 | (38,454) | 375,338 |
| | <u>733,219</u> | <u>26,094</u> | <u>759,313</u> |

General funds are the accumulation of surpluses, less deficits, on the income and expenditure account, bequests for the general purposes of the charity and various donations and grants.

Restricted funds represent balances held for disbursement against specific projects.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

Analysis of net assets between funds:

| | Fixed Assets £ | Cash £ | Debtors £ | Creditors £ | Total 2016 £ | Total 2015 £ |
|--------------|----------------------|----------------|----------------|------------------|--------------------|--------------------|
| Unrestricted | 1,536 | 346,367 | 111,942 | (75,870) | 383,975 | 319,427 |
| Restricted | - | 608,758 | 397,113 | (630,533) | 375,338 | 413,793 |
| | 1,536 | 955,125 | 509,055 | (706,403) | 759,313 | 733,220 |

15. Financial Commitments

The total future minimum lease payments under non-cancellable operating leases are as follows:

| | 2016 £ | 2015 £ |
|--|----------------|----------------|
| Not later than 1 year | 99,356 | 99,356 |
| Later than 1 year and not later than 5 years | 49,678 | 49,678 |
| | 149,034 | 149,034 |

16. Funds held as intermediary agent

At the year end THET acted as intermediary agent for the organisations detailed below. The balances stated represent cash at bank. The following balances, and any income and expenditure in the period, have not been included in the financial statements:

| | Balance held at 1 Jan 2016 £ | Net receipts/ (payments) £ | Balance held at 31 Dec 2016 £ |
|-----------------------------|------------------------------------|----------------------------------|-------------------------------------|
| Links Lusaka | 1,894 | 2,500 | 4,394 |
| Gondar Dermatology Research | 2,410 | - | 2,410 |
| Island Hospice | 354 | - | 354 |
| | 4,658 | 2,500 | 7,158 |

Links Lusaka

These funds are being held by THET on behalf of a Link between Lusaka's University Teaching Hospital and Brighton and Sussex University Hospitals and Medical School to support their two-way trips by nurses, doctors, librarians and other allied health professionals for teaching and CPD.

Gondar Dermatology Research

These funds are held on behalf of Dr Paul Buxton, a member of the Gondar – Leicester Health Link, to provide a subscription to the Community Dermatology Journal and support travel and conferences relating to dermatology research in northern Ethiopia.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

Island Hospice

Incoming funds from crematorium fees are donated by doctors at a number of hospices and are used to support medical training and exams in Bulawayo, Zimbabwe.

17. Statement of restricted funds

| | Balance at 1 Jan 2016 £ | Incoming resources £ | Resources expended £ | Transfers £ | Balance at 31 Dec 2016 £ |
|----------------------------------|----------------------------------|----------------------------|----------------------------|----------------|-----------------------------------|
| International | | | | | |
| Health Partnership Scheme | 13,904 | 3,386,614 | 3,386,614 | | 13,904 |
| Johnson & Johnson Funds | 205,645 | 140,000 | 215,598 | | 130,047 |
| CAF Advocacy for Dev. Fund | - | 29,045 | 13,952 | | 15,093 |
| Principles of Medicine in Africa | 3,155 | - | 1,100 | | 2,055 |
| "Tropical Doctor" Subscriptions | 7,480 | 9,702 | 10,447 | | 6,735 |
| Pharo Foundation | 1,316 | - | - | | 1,316 |
| GE Foundation Conference | 2,399 | - | 2,215 | | 184 |
| State of Guernsey | - | 33,654 | 25,062 | | 8,592 |
| Total international | 233,899 | 3,599,015 | 3,654,988 | | 177,926 |
| Somaliland | | | | | |
| Health Consortium Somalia | 33 | 1,331,695 | 1,331,728 | | |
| Kings College | - | 10,940 | 3,574 | | 7,366 |
| Care International | - | 261,637 | 263,891 | | (2,254) |
| EC NSA | - | - | - | | - |
| UNICEF | - | 14,953 | - | | 14,953 |
| WHO MMIC | - | 127,243 | 127,243 | | - |
| WHO | 15,675 | 19,921 | 24,363 | | 11,233 |
| Total Somaliland | 15,708 | 1,766,389 | 1,750,799 | | 31,298 |
| Ethiopia | | | | | |
| Gondar Research | 846 | - | - | | 846 |
| Ethiopia Chronic | 7,459 | 3,776 | 3,282 | | 7,953 |
| Ethiopia Epilepsy | 4,162 | - | - | | 4,162 |
| Supporting Rural Health Centres | 43,566 | 8,306 | 20,183 | | 31,689 |
| Total Ethiopia | 56,033 | 12,082 | 23,465 | | 44,650 |
| Zambia | | | | | |
| Human Resources for Health | (32) | 364,690 | 364,697 | | (39) |
| Nutrition | (13) | - | - | | (13) |
| National First 1,000 Days | 100,572 | 292,304 | 292,304 | | 100,572 |
| The Pathological Society | 5,382 | - | - | | 5,382 |
| The Beit Trust | 1,521 | - | - | | 1,521 |
| Biomedical Engineering | - | 7,500 | 7,500 | | - |
| Medical Training | - | 15,400 | - | | 15,400 |

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

| | Balance at 1 Jan 2016 | Incoming resources | Resources expended | Transfers | Balance at 31 Dec 2016 |
|-------------------------------|-----------------------------|-----------------------|-----------------------|-----------|------------------------------|
| ZUKHWA | 703 | 516 | 807 | | 412 |
| Gordon Urquhart Mem. Fund | 20 | - | - | | 20 |
| Total Zambia | 108,153 | 680,410 | 665,308 | | 123,255 |
| UGANDA | | | | | |
| Health Education England | - | 18,160 | 19,951 | | (1,791) |
| DFID (Uganda Office) | - | 50,809 | 50,809 | | - |
| Primary Care International | - | 2,438 | 2,438 | | - |
| Total Ethiopia | - | 71,407 | 73,198 | | (1,791) |
| TANZANIA | | | | | |
| Comic Relief | - | 256,308 | 256,308 | | - |
| TOTAL RESTRICTED FUNDS | 413,793 | 6,385,611 | 6,424,066 | | 375,338 |

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

Health Partnership Scheme

Funded by the UK government's Department for International Development, the original four year Health Partnership Scheme supports the development of health services in low and middle-income countries through the provision of £14m of grant funds complemented by other activities designed to strengthen the Health Partnerships community and support the creation of an enabling environment for international volunteering within the NHS. In 2014 an additional £10m was earmarked by DFID extending the scheme through to June 2017.

Johnson and Johnson Funds

This is made up of the following funds:

Johnson & Johnson: Strengthening Surgical Capacity Programme

The Strengthening Surgical Capacity (SSC) Programme focuses on health partnerships working in maternal and child health across Sub-Saharan Africa. Specifically, it supports projects that aim to reduce morbidity and mortality from conditions requiring surgical intervention, either directly or through enhanced patient safety as a result of improved anaesthetic care.

Johnson & Johnson: WACS UK Surgical Forum

Johnson & Johnson awarded a grant to the WACS UK Forum's Surgical Mission to Togo. The grant, which is supported and managed by THET, funds a surgical camp run by UK volunteers and the West African College of Surgeons to train local surgeons and treat complex surgical cases.

Johnson & Johnson: European Round Table on Medical Equipment

This mission aims to improve the provision of medical equipment to African healthcare centres. It brings together organisations working on medical device donations and training in order to share good practice and to explore areas of potential collaboration. The expected outcomes of the European Round Table are strengthened dialogue between similarly focused organisations and the commitment to work collaboratively.

Johnson & Johnson Africa Grants Programme

THET had received funds in 2016 to set up a larger grants management programme with J&J which will run until June 2017. The Africa Grants Programme focuses on surgery and access to community healthcare.

Principles of Medicine in Africa 4th Edition

This DFID grant is held by THET and is being used for the latest revision of the "Principles of Medicine in Africa" book, including covering travel, meeting and editing costs.

"Tropical Doctor" subscriptions

The Beit Trust has supported THET for over 20 years to enable the provision of subscriptions to the Tropical Doctor journal for approximately 200 hospitals in Zimbabwe, Malawi and Zambia. The journal provides an essential forum for sharing experiences and establishing best practice, aiding communication between medical professionals around the world.

Pharo Foundation

In November 2012, The Pharo Foundation awarded a grant to the Poole Africa health partnership which works with Wau Teaching Hospital, South Sudan. The grant, which is supported and managed by THET, aims to train health workers with a focus on basic skills of diagnosis and care of the critically ill patient.

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

GE Foundation Conference

The GE Foundation provided funds since 2015 to enable THET to organise a workshop in South Africa to strengthen the professional associations of bio medical engineering professionals.

Somaliland: Health Consortium Somalia

DFID's funding over 6 years for the "Health Consortium Somalia" programme came to an end in 2016. The objective was to support a coherent health systems strengthening programme. The programme had provided an essential package of health services to increase the range, quality and use of services and contribute to community stability in targeted areas in Somaliland/Somalia through an NGO consortium.

Somaliland: UNICEF

UNICEF funded a three year Sexual and Reproductive Health project in Somaliland through the development of Emergency Maternal and New Born Care (EmONC) national protocols and training for health workers in the Awdal and Puntland regions of Somalia.

Further funding was received in 2015 from UNICEF for a programme to analyse the nature of the nutrition workforce as part of a programme to improve the lives of children and women in Somaliland/Somalia through nutrition based interventions.

Somaliland: WHO

A grant was awarded to THET at the end of 2014 for the purpose of training Community Health Workers in the Awdal region of Somaliland for a one year period.

Ethiopia Funds

These are made up of the following projects:

Ethiopia: Supporting Rural Health Centres

This project will enable rural people suffering from chronic diseases to receive essential care near to their homes from health workers who are appropriately trained and continuously supported and encouraged to develop their skills.

Ethiopia: Research

- **Chronic Research:** The chronic disease programme enables patients to be seen at the health centre nearest their home around Gondar and Jimma; THET contributes funds for staff development and training, and the collection of data, which is the research base of our work.
- **Ethiopia Epilepsy:** Chronic disease clinics include epilepsy. This fund was established as epilepsy attracts regular gifts from Southampton; these are used by Dr Martin Prevett, who has worked with THET for 15 years, for studies chiefly in rural patients at the chronic disease clinics.

Zambia: Human Resources for Health – Strengthening training & education of health workers

In response to a request by the Zambian Ministry of Health, THET and our partners had delivered innovative and sustainable training and education project, which had assisted with the development and delivery of Master of Medicine courses in the selected clinical specialisms of pathology, anaesthetics, psychiatry and biomedical engineering.

Zambia: National First 1,000 Days (Scaling Up Nutrition (SUN) Fund)

The SUN Fund is a unique international movement, uniting government, civil society, the United Nations, donors, businesses and researchers, in a collective effort to improve nutrition. The SUN Fund has been supporting the BSc and MSc in Nutrition at UNZA, and includes the provision of long and short-term

TROPICAL HEALTH AND EDUCATION TRUST

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

volunteers and equipment procurement.

Zambia: The Pathological Society

THET supports a 4-year Master of Medicine (MMed) postgraduate course in Pathology at the University of Zambia. Clinical placements outside Zambia are an integral part of the course. They provide trainees with the opportunity to experience techniques and specialisms that are of limited availability in Zambia – liver, renal, neuro, bone/joint and specialist cytology – and thus acquire new clinical and service development skills. THET has a partnership with Aga Khan University in Kenya to host the trainees on 5-month clinical placements. Funds from The Pathological Society support these placements.

Zambia: The Beit Trust

The Beit Trust awarded THET a grant that covered the full cost of conversion of the Biomedical Engineering Skills Workshop at the Northern Technical College (NORTEC). This was an important infrastructural component of the Biomedical Engineering Technologist (BMET) training programme.

Zambia: UK Health Workforce Alliance (ZUKHWA)

A network of Zambian-based and UK-based organisations which work together to promote and improve the coordination and impact of Zambia-UK joint work in health.

Comic Relief: Building National Training Capacity

THET is working with the Benjamin W. Mkapa Foundation (BMF) to implement a 3-year project which aims to support the Ministry of Health, Community Development, Gender, Elderly and Children-(MoHCDGEC) to roll out a new formal cadre of community health workers. The project supports the Ministry in the development of policies to implement based health programmes as well as to build capacity of zonal, regional and district levels on effective training, recruitment and retention of Community Health workers.

18. Bank loan – mortgage debenture

At the year-end date the balance of loan outstanding was £nil (2015: £0). The loan facility was arranged with The Charity Bank Limited up to £350,000 and first drawn down in 2012. It has been drawn down and repaid from time to time since that date. Interest is taken by direct debit on a monthly basis. The loan was repaid in December 2016.

19. Controlling party

In the opinion of the Trustees, the charity has no ultimate controlling party.

20. Related party transactions

THET's Chair of Trustees, Professor Judith Ellis, is also the CEO of Royal College of Paed and Child H (RCPCH). During the year an amount of £498,400 was awarded as grants under HPS to RCPCH. Professor Judith Ellis was not involved in the grant-making approval process.

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NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

21. Grants analysis

| | 2016 £ | 2015 £ |
|---|------------------|------------------|
| Health Partnership Scheme Grants (see note 20a) | 3,386,614 | 4,721,176 |
| | <u>3,386,614</u> | <u>4,721,176</u> |

21(a). Health Partnership Scheme

| Institution | Grant Title | 2016 |
|---|--|------------|
| King's Centre for Global Health | UK-Sierra Leone Health Partnership | 160,000.00 |
| University of Oxford | Africa Clubfoot Training (ACT) | 137,250.00 |
| University of Salford | Scaling up Medical Equipment Management Knowledge Exchange in Ugandan Hospitals | 128,000.00 |
| Royal College of Paed and Child H (RCPCH) | Global Links ETAT+ Sierra Leone | 114,000.00 |
| East London NHS FT | Brain Gain: Recovery on the wards of Butabika and around Uganda | 106,377.00 |
| Royal College of Paed and Child H (RCPCH) | Working in partnership to improve the quality of hospital care for seriously sick / injured children and newborns in Uganda through an ETAT+ package of training with ongoing support and mentorship, leading to sustained changes in clinical practice. | 106,000.00 |
| University of Oxford | COOL2: Strengthening Orthopaedic Training in East, Central and Southern Africa | 103,000.00 |
| Royal College of Paed and Child H (RCPCH) | Global Links Volunteer exchange programme | 100,000.00 |
| University of Edinburgh (Global Health A) | Strengthening and Integrating Palliative Care into the Rwanda Health System: Rolling out the model. | 100,000.00 |
| Royal College of Midwives | Improved maternity care through improved midwifery education. | 96,000.00 |
| Southern Health NHS Trust | Improving Global Health (IGH) through Leadership Development – Volunteering and Partnerships | 87,500.00 |
| East London NHS FT | Supporting the transition of Child and Adolescent Mental Health (CAMH) training to a university accredited Diploma course embedded in Uganda's public health services and extended into child health | 86,000.00 |
| Health Education England (HEE) | Health Uganda Building Capacity (HUBCAP) (UUKHA) | 85,000.00 |
| University of Manchester | Supporting evidence-based midwifery practice through audit and feedback: a LAMRN project in Kenya, Uganda and Zambia | 82,000.00 |
| Royal College of Paed and Child H (RCPCH) | 'Maximising potential' – Strengthening Approaches to Childhood Disabilities and special needs, Palestine | 77,600.00 |

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NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

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| Plymouth University Peninsula Schools | Building capacity and sustainability within Sierra Leonean Health Service to improve resilience to future outbreaks of Viral Haemorrhagic fever. | 75,000.00 |
| Royal College of General Practitioners | Strengthening primary health care through family physicians in South Africa | 75,000.00 |
| Cambridge University Hospitals (managed by Addenbrooke's Charitable Trust) | Enhancing Trauma Patient Outcomes in Myanmar through Hospital Training Partnership | 69,910.00 |
| Taunton and Somerset NHS Trust | Improving the emergency care in Zanzibar | 67,300.00 |
| University of Edinburgh (Global Health A) | Development of Nurse Leadership for Palliative Care in Uganda | 65,503.00 |
| Betsi Cadwaladr University Health Board | Lesotho (Quthing) Rural Health Care Project | 64,000.00 |
| Association of Surgeons of GB and Irl | Introduction of an Anastomosis Workshop for Surgical Trainees in the East Central and Southern Africa Region (ECSA) | 62,000.00 |
| Guys and St Thomas NHS Found Trust | Enhancing Patient Safety and Infection Control Practice in Ndola, Zambia | 61,550.00 |
| University of Edinburgh (Global Health A) | Zambia UK Health Workforce Alliance (ZUKHWA) | 61,425.00 |
| Association of Anaesthetists of GB- LPIP | SAFE Paediatric Anaesthesia in East and Central Africa | 60,000.00 |
| Royal College of Paed and Child H (RCPCH) | Working in partnership to reduce under 5 yrs mortality in Rwanda by improving the quality and safety of hospital care for sick infants and children through ETAT+ training and quality improvement | 60,000.00 |
| Royal College of Paed and Child H (RCPCH) | Working in partnership to improve the quality of hospital care for seriously sick / injured children and newborns in Myanmar through an ETAT+ package of training with ongoing support and mentorship, leading to sustained changes in clinical practice | 55,000.00 |
| Sheffield Health and Social Care NHS FT | Respectful Management of Violence and Aggression Training in Gulu Regional Referral Hospital and Surrounding Districts. | 54,403.00 |
| London School of Hygiene & Trop. Medicine | Educator Development as a key to strengthening health partnerships | 50,000.00 |
| Royal College of Obstetrics & Gynaecology | Reducing maternal mortality and morbidity, with a particular focus on obstetric fistula, in the Masaka Region, Uganda, by improving the availability of emergency obstetric care through the training of health care workers | 47,000.00 |
| University of Leicester | Consolidating Patient Safety- Strengthening Preventive Capacity-Improving Infection Prevention and Control – Hand Hygiene - whilst maintaining and promoting the physical, mental and social well-being of the Healthcare Workers. | 47,000.00 |
| Central and North West London NHS FT | Strengthening Substance Misuse Interventions | 42,477.00 |
| Association of Anaesthetists of GB and Ir | SAFE Paediatric Anaesthesia in East and Central Africa | 40,000.00 |

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NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

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| Association of Anaesthetists of GB and Ir | Zambia anaesthesia development project | 38,000.00 |
| South Devon Healthcare NHS FT | The establishment of a training programme in Kenyan healthcare institutions which will improve patient care through the delivery of the GRASPIT (Global Recognition and Assessment of the Sick Patient and Initial Treatment) course which will be made sustainable by training local staff in the appropriate teaching, improvement and leadership skills | 37,000.00 |
| Prompt Maternity Foundation | Replicating success: the dissemination of PROMPT in Zimbabwe - an effective maternity quality improvement package of in-hospital training, tools and performance monitoring | 36,762.00 |
| NHS Greater Glasgow & Clyde Health Board | Reduction of Mortality and Morbidity in Burns and Scald Injuries in Children in Malawi - REBAS 2 | 33,290.00 |
| University of Salford/Health Education North West | Health Uganda Building Capacity (HUBCAP) (UUKHA) Inception | 31,591.58 |
| University of Exeter Medical School | Ethiopia Medical Education Partnerships Project (EMEPP) | 31,000.00 |
| Association of Anaesthetists of GB- LPIP | SAFE Obstetric Anaesthesia in East Africa | 30,000.00 |
| Royal College of Paed and Child H (RCPCH) | Working in partnership to improve the quality of hospital care for seriously sick / injured children and newborns in Myanmar through an ETAT+ package of training with ongoing support and mentorship, leading to sustained changes in clinical practice | 29,800.00 |
| Nottingham Trent University | Strengthening the Community Health Worker programme for health improvement in Wakiso District, Uganda | 29,718.00 |
| Royal College of General Practitioners | RCGP / Bwindi Community Hospital Partnership to strengthen the capacity of the health system in South-West Uganda to promote sexual and reproductive health | 28,737.00 |
| King's College Hospital, London (manged by ideals) | Support for the development of trauma care services in Gaza, with a particular focus on the newly established limb reconstruction service | 27,000.00 |
| London School of Hygiene & Trop. Medicine | To improve the infection prevention within Ophthalmology in East Kenya Caucus hospitals | 25,500.00 |
| Royal Cornwall Hospitals NHS Trust | UWEZO Musculoskeletal Health Training Project Phase 2 | 25,327.00 |
| University Hospitals Bristol NHS Foundat | Improving the Safety of Chemotherapy Delivery to Children and Adult Patients at Mbarara Hospital Oncology Clinic | 25,312.00 |
| Royal College of Nursing | A nursing partnership for leadership and improvement: safer surgery saves lives | 23,000.00 |
| University of Manchester | The Change Exchange: Using behavioural science to strengthen health partnerships | 23,000.00 |
| South Devon Healthcare NHS FT | Improving patient safety in Nanyuki Hospital and other Laikipia health facilities through enhanced improvement and leadership skills. | 22,000.00 |
| University Hospital Southampton NHS Foundation Trust (Afrikids) | Establishing and building diagnostic services in the Upper East Region (UER) of Ghana | 21,535.00 |
| Bournemouth University | Mental Health training for maternity care providers in Nepal | 19,820.00 |

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NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

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| University of Sheffield | Strengthening systems necessary for improving patients' safety and quality of health care in tertiary hospitals in northern Nigeria | 19,000.00 |
| London School of Hygiene & Trop. Medicine | Growing the Non-Communicable Disease services; Diabetic retinopathy and glaucoma: building on success | 18,633.00 |
| Southern Health NHS Trust | Wessex-Ghana Stroke Partnership | 18,151.00 |
| East London NHS FT | Training to improve the assessment and treatment of epilepsy in children and adolescents in south western Uganda | 18,000.00 |
| Association of Anaesthetists of GB and Ir | SAFE Obstetric Anaesthesia in East Africa | 17,000.00 |
| King's College London | LPIP.56 - HPS Grant Payment August 2016 | 16,000.00 |
| King's College London | LPIP.56 - Repayment of October 2016 grant (incorrect bank details for original payment) | 16,000.00 |
| Powys Teaching Health Board | Powys Molo maternity train the trainers | 16,000.00 |
| London School of Hygiene & Trop. Medicine | Improving children's eye care services in south-west Tanzania through a VISION 2020 LINK | 13,434.00 |
| NHS Highland | Mental health literacy and improved patient safety: empowering communities | 10,400.00 |
| Basildon University Hospital | Knowledge Exchange and Sustainability Grant | 10,000.00 |
| Hill Square Educational Trust | Developing Surgical Capacity in Myanmar | 10,000.00 |
| Greater Glasgow and Clyde Health Board Managed by Resurge Africa) | Accra Burn Centre Project (ABC Project) | 10,000.00 |
| Royal College of General Practitioners | Knowledge Exchange and Sustainability Grant | 9,992.00 |
| Nottingham Trent University | Knowledge Exchange and Sustainability Grant | 9,955.00 |
| University of Manchester | Knowledge Exchange and Sustainability Grant | 9,925.00 |
| NHS Thames Valley and Wessex Leadership | Knowledge Exchange and Sustainability Grant | 9,870.00 |
| South Devon Healthcare NHS FT | Knowledge Exchange and Sustainability Grant | 9,810.00 |
| Association of Surgeons of GB and Iri | Knowledge Exchange and Sustainability Grant | 9,777.00 |
| Royal College of Obstetrics & Gynaecology | Knowledge Exchange and Sustainability Grant | 9,775.00 |
| University of Salford | Knowledge Exchange and Sustainability Grant | 9,750.00 |
| Royal College of Pathologists | Knowledge Exchange and Sustainability Grant | 9,000.00 |
| Southampton Hospital Charity | Reducing the burden of cardiovascular and chronic respiratory disease in rural Ethiopia | 9,000.00 |
| Ipswich Hospital NHS Trust | Development of Patient Safety at the Central Hospital of Beira (HCB), Mozambique | 8,875.00 |
| University of Oxford | Multilevel training in trauma and musculoskeletal impairment care in East Central and Southern Africa | 7,490.00 |
| Medical Assistance Sierra Leone-LPIP | Creating a National Epilepsy Hub: Reaching Rural Communities in Sierra Leone | 7,326.00 |

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NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2016

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| South Devon Healthcare NHS FT | Knowledge Exchange and Sustainability Grant | 7,000.00 |
| Edge Hill University | LPIP.56 - HPS Grant Payment August 2016 | 6,978.00 |
| University of Salford | Reducing infection through improvements in hand hygiene | 6,500.00 |
| Public Health England | Creation of an emergency response capability in Bengaluru & Chennai Metropolitan Areas | 6,000.00 |
| University of Sheffield | Knowledge Exchange and Sustainability Grant | 6,000.00 |
| Hull and East Yorkshire NHS Trust | To identify areas of care of infectious diseases which are priorities for improvement at BPC and utilise the expertise available in the Department of Infection to increase the capacity of staff at Bairo Pite Clinic to manage these areas | 5,800.00 |
| Charitable Trusts Uni Hospitals Bristol | Obstetric Emergency Training for all Health Care Professionals referring women to Mbarara Regional Referral Hospital | 5,030.00 |
| south tees Hospital Charity | Introduction of a surveillance system for recording health-care-associated infections | 5,000.00 |
| Association of Anaesthetists of GB- LPIP | Zambia anaesthesia development project - LPIP | 3,604.00 |
| Edge Hill University | Mental health assessment and treatment interventions following suicide attempts in Southern India | 2,791.82 |
| University College Hospitals London (Managed by World Child Cancer) | Bangladesh Child Cancer Project | 2,705.00 |
| East London NHS FT | Knowledge Exchange and Sustainability Grant | 2,500.00 |
| Association of Surgeons of GB and Irl | Introduction of "Training the Trainer" (TTT) Courses to enhance surgical training in West Africa | 1,500.00 |
| Nottingham University Hospitals NHS Trust (Managed by PHASE Worldwide) | Training and capacity development in cervical cancer prevention and in Kathmandu, Nepal | 1,403.00 |
| Barts and Royal Queen Mary University | Knowledge Exchange and Sustainability Grant | 1,100.00 |
| University College London | A Self-Sustaining Medical Equipment Service in Arthur Davison Children's Hospital & Ndola Central Hospital, Zambia | 753.00 |
| Brighton and Sussex University Hos NHS | Improve capacity for inpatient palliative care services at The Cancer Centre, Thakurpukur and develop 5 other regional palliative care centres in W.Bengal | 438.00 |
| Central Manchester University Hospitals | Training of healthcare workers for timely recognition and referral of children with paediatric endocrine conditions that are life threatening | (5,947.26) |
| Bangor University (Grant Refund) | Improving assessment and treatment of mental disorder after Deliberate Self Harm in South India | (8,780.42) |
| The University of the West of England | Developing postgraduate education in Public Health in Sri Lanka | (25,127.69) |
| Royal College of Paed and Child H (RCPCH) | Volunteer Grant to Reduce Infant and Child Mortality | (44,000.00) |
| Volunteer Services Overseas | Volunteer Grant for Maternal health | (72,484.01) |
| | TOTAL | 3,386,614 |