



# Fill That Gap

Matchmakers for health

## 2014-2015 BUSINESS PLAN

### Our Mission:

*Fill That Gap is a not for profit international medical locum organisation. We aim to provide NGOs with replacement expatriate medical staff for their clinics in low resource settings during short-term vacancies. Our dedicated human resource services help to ensure that local or international efforts can provide continuous access to healthcare. Our mission is to make qualified and experienced healthcare professionals available wherever and whenever they are needed.<sup>1</sup>*

### Our Vision:

*Fill That Gap's vision is better medical outcomes through continuous access to healthcare for all. For this reason, we specialise in communities living in low resource settings with clinics that depend on expatriate medical personnel.*

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<sup>1</sup> See Appendix 1 for full details of Fill That Gap's charter

## **How Fill That Gap was born:**

For a number of years, Mandana Mehta, one of Fill That Gap's founders, had been frustrated by the difficulty she had in finding relatively short-term placements in already established clinics in low resource settings. Mandana's frustration was made particularly acute because she knew from experience that clinics run by international organisations in low resource settings often suffer from short-term gaps in service provision caused by, for example, the burn out of staff or the unexpected need for staff to return home for a variety of reasons. Such absences are particularly impactful during holiday periods, when base staffing levels are often at their lowest. Mandana wanted to know whether this was a frustration shared by her colleagues, and so in 2011 she undertook a survey of young British doctors in specialist training and quickly found that many of them would jump at the opportunity to share their experience and knowledge with vulnerable communities by working in already established clinics for relatively short periods of time (up to one month). However, very few of them knew whether such opportunities were available or would be able to cover the costs of travel related to such volunteering. Following a subsequent market analysis, Mandana calculated that it would take a healthcare professional around 3 months of searching to find a suitable vacancy, and cost them around £3,500 to arrange a mission lasting 1-2 weeks. There was clearly a need to be met in low resource clinics, and a desire to meet it by medics willing to share their skills. All that was missing to make such collaborations easier and much more numerous was an organisation capable of matching medics to clinics, and facilitating the resulting missions. And so Fill That Gap was born.

## **Fill that Gap - a summary**

### **The Problem – and Fill That Gap’s solution**

***“Political and technical leadership is critical to seize the opportunity to attain, sustain and accelerate progress on universal health coverage by transformative action on human resources for health.”<sup>2</sup>***

Fill That Gap was founded to help answer this appeal from the World Health Organisation (WHO) by targeting a specific part of the problem. Communities in low resource settings, who receive health care in clinics staffed by expatriate medics, often suffer gaps in their coverage because of challenging but avoidable human resource problems. These clinics are, necessarily, focused on the chronic challenges of access to medicines and equipment, the security of their personnel and patients, the base-level of medical staff, and their access to electricity or clean water. Therefore, when acute problems arise, such as the unanticipated departure or absence of an expatriate medic, this gap cannot be filled quickly enough – leading to a breakdown in health coverage.

### **Fill That Gap’s approach**

Fill That Gap increases the universality of healthcare in these circumstances through the transformative solution of matching medical professionals who seek short-term placements in low resource settings with NGOs facing a specific break in their provision of health care. Fill That Gap then sets up and facilitates the ensuing mission, including by covering travel costs.

However, this is only Fill That Gap’s first, emergency, intervention. We also address some of the causes of limited health coverage, including the lack of training opportunities for local medical teams, inexperience among medics working for NGOs in low resource settings, and weaknesses in overall human resource management in humanitarian agencies.

Giving medics the opportunity of short, discrete missions to clinics in low resource settings will expand their capacity to work in many different contexts. Giving local staff the opportunity to work with expatriate medics from different backgrounds and experiences will provide them with new training opportunities. Removing the impact of acute staffing shortages gives NGOs the space to implement Fill That Gap’s advice on more robust and sustainable overall human resource practices.

### **Respect for local services**

Fill That Gap is not seeking to replace the provision of local health care services, which are inherently more sustainable. However, the provision of health care by international non-governmental organisations using expatriate staff is recognised as an important part of the solution to a lack of health coverage in low resource settings. Indeed, such clinics often exist in particularly remote or deprived settings to which limited local health services do not stretch. But who steps in when even this external assistance is

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<sup>2</sup> World Health Organisation, 2013, *A Universal Truth: No Health Without a Workforce*

compromised? Fill That Gap is the ultimate backstop solution to ensure that where communities are currently reliant on expatriate medics, this coverage goes uninterrupted.

### **Meeting a need for all sides**

Fill That Gap will harness the desire of health professionals from better resourced countries to volunteer abroad in order to both gain experience and help communities with a specific need. Their willingness is clear. Despite the risks, 250 expatriate staff have so far volunteered to help Médecins Sans Frontières tackle the 2014 West Africa Ebola outbreak<sup>3</sup>. The example of Ebola is thankfully relatively rare and most volunteer missions are currently only available on a long-term basis, with the majority of NGOs requiring a commitment of at least 6 months for missions in low resource settings. Where short-term placements are available, they often require volunteers to cover their own travel and living expenses. Some volunteers cannot afford these costs, while others would be more willing to volunteer if such costs are met by an organisation like Fill That Gap.

### **Sustainability**

Fill That Gap is a Belgian registered not for profit organisation (Registration number: 0568841949). As a not-for-profit organisation, Fill That Gap will initially raise external funding in order to cover its own operational costs, as well as the cost of travel for medics volunteering for short-term placements in low resource settings. In the longer term, Fill That Gap may service contracts with larger NGOs as one of its funding sources.

Fill that Gap is committed to responding to short-term human resource needs in low resource settings. By working exclusively with NGO run clinics employing expatriates we respond to a locally felt need without interfering with the development of local human resource capacity. We are the first organisation to provide medical staff from high resource settings with the opportunity to work in a low resource setting on a short-term basis at no financial cost. This business plan sets out how Fill That Gap's vision, structure and planned activities will be sustained for the long term.

### **Fill That Gap's Value Proposition**

Volunteering as a medical professional in low resource settings can be difficult, and not because of the reasons you may imagine. The majority of missions in low resource settings go smoothly. Instead, the real difficulties of volunteering as a medical professional are challenges such as having to depart at the last minute to an emergency situation (with accompanying instability and insecurity); having to commit to working abroad for more than 6 months; and/or having to cover the cost of your voluntary effort.

On the other side of the relationship are healthcare NGOs working with international staff in low resource settings. The nature of their interventions means that they frequently face staffing shortages, particularly during holiday periods.

Fill That Gap's value lies in its ability to make the link between NGOs operating in low income settings who face short-term medical staffing gaps, and medics who are willing to volunteer in such clinics but who are unable to commit themselves for months at a time or to pay for the cost of getting to and staying at such clinics. Fill That Gap will add

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<sup>3</sup> Volunteers signed up between February and October 2014 - <http://www.theguardian.com/world/2014/oct/20/msf-volunteers-ebola-front-line>

value to the medical care received by local populations; to the delivery of services by clinics; to the knowledge and skills of medics; and to the objectives of clinic funders by helping these clinics to make their health coverage universal and continuous.

## **Objectives:**

The aims and objectives of Fill that Gap are as follows.

### **Aim 1: For expatriate medical staff:**

Fill That Gap will provide a unique opportunity for medics to both assist communities in low resource settings and to develop their personal knowledge and skills in new and challenging environments.

- Objective 1.1: become a major, credible, and respected service known by medical organisations and individual medics in higher income countries.
- Objective 1.2: offer needs-based and suitably matched position for medics seeking to develop their knowledge and skills in a particular specialization/position or context.
- Objective 1.3: encourage the recognition of medics who have partnered with Fill That Gap and worked in the field by providing certification; references, and social media based support for such individuals.

### **Aim 2: For NGOs providing expatriate staffed clinics in low resource settings and the populations they serve:**

Enhance their capacity in the face of complex human resource challenges, and reinforce their effectiveness by helping to secure universal coverage.

- Objective 2.1: become a credible, respected and efficient provider of medics for short-term placements and provider of human resources management skills for Fill That Gap's partner NGOs.
- Objective 2.2: allow Fill That Gap's partner NGOs to concentrate on their core operations by reducing the impact of short-term gaps in staffing,
- Objective 2.3: build a strong confidential relationship with NGO partners.
- Objective 2.4: in accordance with the WHO's 10 point action plan regarding the global health workforce crisis, assist and empower NGOs to collect valid data regarding their human resources.
- Objective 2.5: protect neighbouring government-run health facilities from becoming overwhelmed if neighbouring NGO run clinics are temporarily closed.

### **Aim 3: For the local communities served by partner NGOs**

Improve general public health and reduce mortality rates in vulnerable communities

- Objective 3.1: Provide qualified medical staff who are culturally sensitive and professionally competent.
- Objective 3.2: Work to ensure partner clinics can provide continuous access to healthcare

### **Aim 4: For the global community:**

Raise awareness of the impact of health workforce shortages in low resource settings.

- Objective 4.1: develop detailed knowledge of, and expertise on, the management of expatriate medical human resources.
- Objective 4.2: assess, monitor and report on health workforce shortage for international NGOs.

- Objective 4.3: develop a strong, well understood, and respected profile for Fill That Gap through publications and social networks.
- Objective 4.4: to “encourage international partners to address transnational issues and strengthen global human resources for health governance, collaborative platforms and mechanisms”, in accordance with the WHO’s 10 point action plan.

**Aim 5: For funding bodies:**

Improve the quality and cost-effectiveness of international aid for medical operations.

- Objective 5.1: develop a strong partnership with funding bodies and contribute to advocacy efforts to achieve better HR management in the field.
- Objective 5.2: provide a back-up plan for the NGOs funded by the donors, by assisting them with their human resources management.
- Objective 5.3: provide qualified staff according to needs more than availability.
- Objective 5.4: create a wide and professional medical network covering diverse specialisations and, to be able to cover the needs of all of FTG’s partner NGOs.

## **Core Activities**

Fill that Gap's aims and objectives will be delivered through the activities listed below.

### **Pilot project and on-going evaluation of the problem**

The aim of this pilot project is to assess the scale of the problem caused by gaps in medical staffing in clinics run by international NGOs in low resource settings as well as the potential effectiveness of an intervention such as that proposed by Fill That Gap. This pilot project will run for a year, and will require external funding in order to be undertaken.

The pilot project, to be submitted for publication in a peer-reviewed journal, will:

- I. Better describe the scope of the problem with regards to HRH among international health NGOs.
- II. Identify the needs of international health NGOs regarding their HR requirements.
- III. Examine the willingness and ability of doctors working in high-income settings to travel to and work in low resource settings for short periods of time.
- IV. Identify challenges and costs related to short-term medical missions.
- V. Evaluate the acceptability, among the local population and NGO partners, of FTG's proposed activities
- VI. Evaluate the feasibility of FTG's proposed activities.

In order to achieve these aims, the pilot will involve 12 international NGOs in a maximum of 2 WHO world regions (possible target countries have been identified according to their similarities in terms of visa requirements, security and health profiles), and will recruit a minimum of 15 doctors to act as the short-term locums that this project envisages providing.

The stages of the pilot are as follows:

1. A baseline survey of needs:
  - a. A Questionnaire based survey of a minimum of 30 clinics run by potential NGO partners (clinics from the countries identified for the pilot will necessarily be included). The clinic survey will address aims I-II
  - b. Online survey of medical practitioners from the US and at least 2 European countries. The medical practitioners survey will address aim III.
2. Recruitment: of NGOs with clinics staffed by expatriates in low resource settings and medical practitioners seeking discreet placements in such clinics. A particular focus will be given to the assessment of doctors.
3. Trial phase: Matching and placement of medical practitioners in NGO clinics during short-term staffing vacancies, over an 8 month period.
4. Post-trial analysis: Evaluation of test phase and assessment of feasibility of a programme to facilitate short-term placements of expatriate medical professionals in clinics run by international NGOs in low resource settings. This stage will address aims IV-VI.

In order to properly target its resources, Fill That Gap will regularly assess the scale of the challenge of filling staffing gaps in clinics run by international non-governmental organisations in low resource settings. When the project is up and running, this regular evaluation will be based on the demands of current member clinics, and new clinic

membership applications. However, in the first year of operations, this assessment will have to be made on the basis of a pilot project.

Central to Fill That Gap's added value within the field of human resources for health is our unique and comprehensive assessment of both medical volunteers and Fill That Gap's partner clinics. Regarding the assessment of medics, there will be a 3-stage process designed to ensure that volunteers are placed in the most appropriate context for their skills and abilities.

1. Skills and experience – Assessed via an online form
2. Resilience and adaptability – Scenario based testing
3. Psycho-social profile – Interview

### **On-going activities**

On the basis that the above activity shows both the feasibility and demand for the work that Fill That Gap will undertake, the following are the activities that are currently expected to form the core of Fill That Gap's on-going work. These activities may be adapted depending on the results of the pilot project.

#### **Services for partner NGOs**

- Maintenance of member NGO profiles - base staffing levels, where possible - periods of foreseeable short-term staffing gaps, skills required, security and accessibility context, validity of contracts/agreements already made with Fill That Gap, etc.
- Communication: pre- and post- mission assessment, monitoring and evaluation.
- General administration related to service provision for partner NGOs, such as the maintenance of appropriate insurance.
- Recruitment of new NGOs and the addition of new clinics from existing partners to the Fill That Gap programme.
- Addition of new countries that can be travelled to by practitioners already participating in the FTG programme

#### **Services for medical staff:**

- Maintenance of member medical practitioner profiles - Fill That Gap evaluation of practitioners, level of training, speciality, specific skills, low resource settings accessible without a visa, availability, ability/willingness to work without senior supervision.
- Administrative - management of relevant documentation, including contract with Fill That Gap, insurance, and other legal requirements.
- Logistical - preparation and arrangement of travel, establishment of contact and communications during placement, provision of board and lodging (through host NGO), on-going monitoring of the security and accessibility of the project.
- Communication: pre- and post- mission assessment, monitoring and evaluation.
- Management of emergencies - if and when necessary assistance with evacuations, coping with adverse incidents including security threats
- Recruitment of new medical practitioners.

#### **Activities to sustain Fill That Gap / General operations**

- On-going administrative activities - including core staff recruitment, staff management, office space management, equipment maintenance, etc.



- Legal affairs - risk management and liability related issues, insurance, contracting and memoranda of understanding.
- Accounting and finance - effective management of income and expenditure, early identification of potential over/under spending
- Fundraising: identification, pursuit and follow-up
- Management and governance strategy review and development

## **Staffing and Partnerships**

Fill That Gap is a Belgian registered not for profit organisation (Registration number: 0568841949). Our headquarters are in Brussels, Belgium. The activities and objectives detailed above will be completed by the following staff and partnerships.

### **Fill That Gap's founders and management team:**

Fill That Gap has been founded by a three person team with the professional experience needed to make FTG a success. The management team includes two qualified medical doctors with specific training in international health and tropical medicine who have worked in low resource settings. The team is completed by an operations professional who has undertaken humanitarian relief work, administration, and operations for a major international health NGO.

#### **Mandana Mehta - Executive Director**

Mandana Mehta is a paediatric doctor with a specialization in international and public health following NHS training in the UK and at the Institute of Tropical Medicine, Antwerp, where she completed the Diploma in Tropical Medicine and International Health (DTMIH). Her overseas experience started in 2004 and has included work in India, Sri Lanka, Guatemala and South Africa. Mandana has undertaken monitoring and evaluation exercises for health NGOs in South Asia. While working in India, Mandana identified the need for a mobile clinic for the staff of a social enterprise based in an East Delhi slum<sup>4</sup>, raised almost \$100,000 in external donor funding, and set up the clinic with both equipment and staff. The clinic is still running today. Mandana has worked in a variety of health structures in different settings, and it was her search for a charitable organisation that would provide this experience that led to the inception of FTG.

#### **Ghizlane Menebhi - Deputy Director (Administration and Finance)**

Ghizlane Menebhi holds a masters degree in Politics, with a specialization in humanitarian project management. She has worked for the Belgian Ministry of Foreign affairs, a national development cooperative and a major International health NGO. To date her work has included projects that managed human resources, international logistics and project finances. Ghizlane has worked in complex low resource settings, including South Sudan in 2012 and Syria in 2013, before joining a Brussels based research centre as European projects management officer.

#### **Mirna Van Der Palen - Deputy Director (Communications)**

Mirna Van Der Palen is in the final stage of her general practitioner training in the Netherlands and also completed the Diploma in Tropical Medicine and International Health (DTMIH) at the Institute of Tropical Medicine, Antwerp. This is where she and Mandana met. Mirna has also worked on the board of an NGO which supported a hospital in Ghana and provided medical students with the opportunity to do part of their training in a low resource setting. Furthermore, she worked for a health clinic and NGO in Cambodia and did part of her training and research in Ghana.

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<sup>4</sup> Conserve India, <http://conserveindia.org/index.html>

## **Board of Directors**

Fill That Gap's management team will be guided and supported by a Board of Directors who will lend considerable expertise and varied experience to Fill That Gap. The Board of Directors includes medical, legal, financial and communications professionals. Short professional biographies of the Board of Directors are available in annex 2. The Board as currently constituted is particularly suited to assist the management team with the setting up and initial activities of the organisation. As and when appropriate, the Board may be supplemented with additional or replacement Directors suited to guiding the ongoing success of the organisation.

## **Partners**

Fill That Gap will succeed by facilitating, maintaining, and expanding partnerships between international NGOs running clinics in low resource settings and medical professionals willing to work in them for short periods. The partners Fill That Gap will work with are detailed below.

### **Medical professionals**

In the first 13 months of activity, Fill That Gap will recruit the doctors required in order to undertake the pilot project. Following the pilot phase, Fill That Gap will also recruit nurses, midwives and other medical professionals. Each medic's application will be thoroughly screened in order to define the positions most suited to their profile, work experience, specialization and availability and ability to travel.

The presentation of Fill That Gap to medics, and subsequent recruitments will be run through the following outlets, some of whom will also be full partners:

- Universities: through their alumni network, careers days, and speciality courses such as the diploma of tropical medicine.
- Medical regulation institutions: by establishing agreements through which they inform medics about the services and opportunities Fill That Gap is offering.
- Medical journals such as the student British Medical Journal.

### **NGOs:**

In its first phase, Fill That Gap will work with the small group of NGOs participating in the pilot project. During these 13 months, we will also build a network of NGO partners through the promotion of Fill That Gap's current activities, and explanation of future expansion. Fill That Gap aims to create broad interest in its work and develop a snowball effect, which drives the recruitment of additional NGOs partners. To this end, NGO consortia at UN and EU levels are also identified as desirable future partners of Fill That Gap, as they will allow us to inform a larger number of health organisations about the organisation's work.

Finally, it is hoped that funding institutions working with the NGOs on the ground will also assist in informing such NGOs about Fill That Gap's work and objectives.

## **Alternative providers of a comparable service**

One of the principle driving reasons behind the founders' desire to set up Fill That Gap is the current lack of any other entities dedicated to providing a service comparable to that envisaged by the organisation. At this stage, the only real alternatives are the in house human resources departments of international health NGOs. However, since such

departments are seeking to make longer-term placements, there is limited overlap with the service that Fill That Gap is seeking to provide. While there may be some perception of Fill That Gap being a threat to the core activities of in house human resources departments, our services will be promoted as supplementary to their work, rather than as a replacement for it.

Other agencies do provide people of varying skill levels with opportunities to volunteer in low resource settings. However, unlike Fill That Gap, most of these agencies currently ask the volunteer to cover the costs of their travel and subsistence.

## **Outline costs and revenue for the Pilot<sup>5</sup>**

This business plan has been created for the launch of Fill That Gap's pilot project (Year 1 of activities). Using the results of this pilot project a more detailed five-year business plan will be created at the end of Year 1.

### **Cost structure (YEAR 1):**

Investment:	Cost in Euros
- Website + Server	1500
- Databases	2500
- Publicity (publications, international conferences, etc...)	15000
- Insurance (fixed staff only)	3000
- Legal affairs (registration, contracting, follow-up, etc...)	11000
<b>TOTAL</b>	<b>33 000</b>
Fixed costs:	
- Representation costs (meetings, conferences, travel, etc...)	7200
- Commodities (internet, phone, copies, etc)	4800
- Salaries (2 full time )	117000
<b>TOTAL</b>	<b>129 000</b>
Activities	
- Travel (project assessment (12) + operations travel (20))	128 000
- Insurance (travel, evacuation, etc, ...)	5000
<b>TOTAL</b>	<b>133 000</b>
<b>SUBTOTAL</b>	<b>295 000</b>
<b>BUFFER 10%</b>	<b>29 500</b>
<b>TOTAL PILOT PROJECT</b>	<b>324 500</b>

### **Note on salaries, including cost breakdown**

The cost of salaries detailed above includes Belgium's relatively high labour taxes. These salary costs may be reduced if the employees are no longer resident in Belgium, and can therefore be paid from a different (lower) labour tax jurisdiction. Should the employees remain in Belgium, Fill That Gap will explore all options available to small non-profit/charitable organisations to reduce their labour tax burden within Belgium.

In order to keep the cost of salaries manageable in the initial phases of Fill That Gap, the two envisaged salaries are below the average for NGO staff in Belgium, and well below the salary levels of posts with equivalent duties and responsibilities as those to be undertaken by FTG's two full-time staff members. Therefore, should fundraising exceed that envisaged below, this additional income will initially be earmarked for salary increases.

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<sup>5</sup> Fill That Gap's bank account is located with Triodos Bank, Belgium. According to a global network of civil society organisations Triodos is the most sustainable bank in Belgium as assessed across 8 different themes including climate change and tax evasion. Please see <http://bankwijzer.be/fr/scan-des-banques/accueil/> for more details.

### Salary breakdown

Gross salary: €4,500 per full time employee including all Belgian labour taxes  
(32, 04% employer taxes + additional costs to be paid by FTG)  
(32, 05% social security/taxes to be paid by employee)

Net salary: +/- €1,500

2 full time salaries in Belgium, including a mandatory '13th month' of additional pay:  
€4,500 x 13 months x 2 persons = €117,000

### Revenue structure for year 1 (Pilot)

- Private donors	€ 100 000
- Crowd sourced funding	€ 50 000
- Foundations	€ 150 000
- Membership fees (medical staff)	€ 1125
- Membership fees (NGOs)	€ 1800
- Institutional funders	€ 100 000
TOTAL	€ 402 925

### Membership fee structure

Member	Fee per year
Medical staff	75€
NGO with annual turnover < 300,000€	150€
NGO with annual turnover <600,000€	350€
NGO with annual turnover <1 mill€	500€
NGO with annual turnover > 1mill€	900€

## **Identification of risks**

### Key risk 1

Either a lack of demand or more demand than can be met for Fill That Gap's services from international NGOs running clinics in low resource settings and/or from medics willing to volunteer for short periods

### Mitigation 1

A pilot project will be undertaken in order to assess the scale and nature of the demand from both health NGOs and medics. Fill That Gap's subsequent activities will be based on the results of the pilot project, which will be submitted for publication to a peer-reviewed journal in order to demonstrate the rigorousness with which it was undertaken.

### Key risk 2

Rather than providing services that relieve human resource pressures from NGOs running clinics in low resource settings, Fill That Gap's transformative solution may disrupt core human resources activities and lead to an overall negative outcome.

### Mitigation 2

Fill That Gap will make clear in all of its activities that it is not a simple service provider that can replace any individual organisation's core activities. Rather, Fill That Gap will form clear, formal partnerships with health NGOs through which it supplements their on-going work, adding value by ensuring continuous access to healthcare for the communities they serve.

### Key risk 3

An incident occurs which threatens the well-being and/or safety of a volunteer placed by Fill That Gap, damaging the ability of the organisation to make future placements.

### Mitigation 3

While it is impossible to rule out such incidents in any setting, Fill That Gap will work to minimise the risk by ensuring that all volunteers have up to date and accurate information about the countries they are/will be working in. Fill That Gap will have its own insurance from which assistance can be sought, and both partner NGOs and medics will also be encouraged to take out their own appropriate insurance.

### Key risk 4

An incident occurs which threatens the well being and/or safety of a person being treated by a volunteer placed by Fill That Gap, damaging the ability of the organisation to make future placements.

### Mitigation 4

While it is impossible to rule out such incidents in any setting, Fill That Gap will work to minimise the risk by undertaking a thorough assessment of all potential volunteers, and using its expertise to place them only in appropriate settings. Fill That Gap will have its own insurance from which assistance can be sought, and both partner NGOs and medics will also be encouraged to take out their own appropriate insurance.

### Key risk 5

Fill That Gap is unable to raise the funding required to undertake the pilot project and/or its on-going activities

### Mitigation 5

Fill That Gap has a number of fundraising strategies, from traditional applications to large foundations, to crowdsource funding campaigns driven through social media. Through the breadth of its funding options Fill That Gap will maximise the chances it has to raise the necessary funds. In the longer-term, once the value of its activities has been proven, Fill That Gap may also propose service contracts to its larger NGO partners in order to reduce dependence on external funding.



## **Appendix 1: Fill That Gap's Charter**

Fill That Gap is a nonprofit organization meeting who depend on expatriate healthcare workers in low resource settings. Our organisation is composed of mainly healthcare workers, as well as communication and political science specialists. We are open to members from several professions as long as their skills contribute to our objectives. Our members agree to carry out FTG related activities according to the following principles:

### Universal Health Coverage

In line with the WHO's 1948 declaration of health as a fundamental human right, our guiding principle is of the right of all individuals no matter their gender; ethnicity; religion; age or socioeconomic standing to accessible, impartial, quality healthcare.

### Medical Ethics

Our main activities are medical and therefore we act according to the code of good medical conduct, particularly with regards to:

- The provision of care without causing harm in an indiscriminate manner, with respect for an individual's autonomy, dignity and cultural beliefs;
- Patient confidentiality;
- Decision sharing with patients and their families;
- Carrying out medical activities within one's competencies.

### Effectiveness of Aid

We believe that the effectiveness of international medical aid can be improved by mobilising and redistributing human resources, thereby significantly reducing the frequency and duration of closures of these structures due to lack of staff. We commit ourselves to supporting operating NGOs with a better human resources management to achieve their expected results.

### Responsible Advocacy

Fill That Gap commits itself to explicit ethical policies that guide our choices of advocacy strategy (targets and claims) including the responsible use of personal images and stories;

- We will ensure that our procedure is transparent and accessible at all levels throughout our activities and includes partners where appropriate;
- We will endeavour to advocate for solutions to the global medical workforce shortage based on evidence and meaningful stakeholder engagement wherever possible;
- Fill That Gap is primarily an operational charity, however when engaging with advocacy we will carry this out in a responsible manner.

### Impartiality and Neutrality

Fill That Gap abides by the humanitarian principles of impartiality and neutrality. As such, our services are provided based on need, and not on nationality, race, religion, or political point of view. In addition our activities will be carried out without bias to any side in situations of conflict.

### Professionalism

Fill That Gap bases its assessment of clinics and human resources on the highest professional standards and realises its matching of staff to clinics according to that standard. We adhere to human resource policies that conform with relevant standards and are in accordance with the national and international regulations in terms of employee and volunteer rights and health and safety at work.

### Ethical Fundraising

In the pursuit of funds Fill That Gap commits to:

- accurately describe Fill That Gaps activities and intended use of funds;
- not accept funding from any organisation whose activities are not compatible with our objectives;
- keep fundraising costs as low as possible;
- accountability to both donors and recipients;
- disclosure of donor identities when the size of their donation(s) is such that it could be seen to compromise our political or financial independence.

### Independence

Fill That Gap's projects and activities are determined according to our own principles and are independent of the business sector, political ideology and national or international foreign policies. We maintain financial and ethical independence.

## **Appendix 2: Board of Directors**

### **Gregg Greenough, Director of Research, Assistant Professor, Emergency Medicine Doctor**

- Director of Research, Harvard Humanitarian Initiative
- Assistant Professor, Harvard School of Public Health and Harvard Medical School
- Attending Emergency Physician, Division of International Health and Humanitarian Programs in the Department of Emergency Medicine, Brigham and Women's Hospital

Gregg has worked extensively in applying epidemiologic methods to public health problems within conflict and disaster-affected populations. After graduating from the Case Western Reserve University School of Medicine, he completed a residency and fellowship in Emergency Medicine at UCLA and earned an MPH at Johns Hopkins University.

He held joint faculty positions in Emergency Medicine and International Health at Johns Hopkins University Schools of Medicine and Public Health while working at the Center for Refugee and Disaster Response there. Gregg has worked in relief operations in the Balkans, Central America, Africa, the US, and the Palestinian Territories and has researched disaster preparedness in Tanzania; protracted refugee health in Kenya, Tanzania, and Colombia; the burden of disease in the Hurricane Katrina displaced population; the effects of landmines on human security in Angola; and has directed two national nutrition and food security studies and an emergency medicine development project in the West Bank and Gaza Strip.

As Research Director of HHI, Gregg provides senior leadership in establishing the Initiative's research agenda, designing and implementing field studies, supervising the analysis of data, interpreting data to relevant humanitarian stakeholders and the academic world, and mentoring the next generation of humanitarian health workers. He is Assistant Professor of Medicine at Harvard Medical School and continues to practice emergency medicine at Brigham & Women's Hospital as an attending physician and faculty member of Division of International Health and Humanitarian Programs in the Department of Emergency Medicine.

### **Ravi Mehta, Lawyer**

Ravi holds a LLB in English and French Law (London), a Master 1 en Droit français (Paris I Pantheon-Sorbonne), and a LLM in International Legal Studies (NYU –Fulbright Scholar).

Ravi currently works as a barrister at Blackstone Chambers in London, where he practises across a range of areas of law. He has worked on cases before a variety of tribunals and courts, including county courts, employment and social security tribunals, sports arbitral tribunals, the Upper Tribunal (Tax & Chancery, and Immigration & Asylum Chambers), the High Court of England and Wales, the Court of Appeal of England and Wales, the Supreme Court of the United Kingdom, the Court of Justice of the European Union and the European Court of Human Rights. He has also assisted in mediations and arbitrations.

Prior to becoming a barrister, Ravi was an Associate Fellow of the Centre for Human Rights & Global Justice at New York University, School of Law from September to December 2010.

Ravi is the author of several articles on public law and human rights, in particular in an international context and takes a keen interest in claimant human rights as well as international development work. His experience in this area includes cases where there is a considerable overlap with EU and public international law.

Ali Shadman, Engineer and Partner at JK & B venture capital firm

Mr. Shadman has over 25 years of experience in the telecommunications industry. During the 13 years prior to joining JK&B, Mr. Shadman was with Ameritech with a variety of responsibilities. Immediately prior to joining JK&B, Mr. Shadman was the President of Ameritech New Media, which provided competitive broadband cable services to over 250,000 subscribers. Mr. Shadman was also Ameritech's designee on the board of Americast, a joint venture between Ameritech, Walt Disney, GTE, Bell South, and SNET. Prior to that, Mr. Shadman was the Vice President of Corporate Strategy for Ameritech responsible for developing long-term business strategies. In this capacity, Mr. Shadman led the negotiations for the merger between Ameritech and SBC. Prior to that, Mr. Shadman was the Vice President of Operations and Business Development where he had full technical, operational and budgeting responsibility for implementing the technical infrastructure for delivery of broadband consumer products. Prior to that, Mr. Shadman was the General Manager of Network Services and Technology Planning, Assistant Vice President Network Platforms, and Executive Director of Data Networking.

Mr. Shadman earned a Ph.D. in Electrical and Computer Engineering, an M.S.E.E. and a B.S.E.E. from Oregon State University.

Laury De Jonge

Laury de Jonge is a General Practitioner by training. After graduation as an MD, Laury obtained a degree in Tropical Medicine (Netherlands School of Public Health, Utrecht) and worked for two years as a medical doctor in a rural hospital in Engela, Namibia. Currently, Laury is working as Head of Undergraduate Education in Family Medicine at the Faculty of Health, Medicine and Life Sciences (FHML) at Maastricht University. One of his tasks at FHML is to select and guide students who are interested in going abroad, specifically to African Countries, and to facilitate a pre-departure training for these students.

Since 2013 Laury is also a PhD student at the School of Health Professions Education (SHE), his PhD programme is titled "Is it all in the mind? Which factors do influence performance assessment and entrustment of professional tasks in the clinical workplace?" He is also active in the advisory board of Mustangh Foundation, a NGO that offers internships in a rural Hospital in Ghana to FHML students in the last year of their training.

Adam White, Research and communications professional

Adam White holds a masters degree from the London School of Economics in Development Studies, with specialisation in the International Political Economy of Development. He has worked as a researcher to municipal and national level politicians

in the UK, and as research coordinator on climate and energy issues for the WWF European Policy Office in Brussels. Adam has also worked in New-Delhi, India, as communications consultant to a local social enterprise which upcycled waste materials into fashion products for sale in the US, Europe, and Australasia. In these posts Adam has run successful communications campaigns, lead significant fundraising efforts, been responsible for the commissioning and delivery of research projects, and ensured the accuracy and pertinence of public facing reports and other communications materials. For the past two years, Adam has also been an active member of the Executive Committee of the European Environmental Citizens' Organisation for Standardisation (ECOS), where he shares responsibility for the financial and strategic oversight of the organisation.