

Impact Report

Experiences and learning from CGHP members and international partners, 2025-26

Cambridge
Global Health Partnerships

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Foreword

At Cambridge Global Health Partnerships, we believe that stronger healthcare is built through partnership. For over two decades, we have connected healthcare professionals and institutions from across Cambridge and the East of England with colleagues in low- and middle-income countries (LMICs) to exchange knowledge and tackle shared health challenges. At the heart of our approach is reciprocity: recognising that expertise and learning flow in both directions, and that collaboration with those working in resource-constrained and different settings brings insights valuable for the NHS.

We enable this work in three ways: through advice and guidance, including convening learning events and advocating for the value of global health partnerships, supporting emerging leaders with opportunities to engage in global health working through grants, fellowships and student electives, and facilitating long-term institutional health partnerships. Across all these activities, healthcare teams work together to identify shared priorities, co-design practical solutions, exchange expertise, and strengthen local leadership.

This impact report brings together the perspectives of healthcare professionals who have participated in CGHP-supported programmes and partnerships in the past year. The feedback is positive: Over 90% of participants felt their involvement contributed to the sustainable development of health systems; and 95% said they're likely to participate in global health partnership activities again. Their experiences, and the outcomes captured through our monitoring, evaluation and learning framework help us understand how partnerships are making a difference and where we can strengthen our approach.

Most importantly, we are reminded that lasting change is built through shared learning, trusted relationships and a long-term commitment to working together to strengthen healthcare systems.

By sharing this evidence with healthcare leaders, funders and policymakers, CGHP aims to strengthen the case for strategic investment in equitable health partnerships and to demonstrate our contribution to workforce development, shared learning and improvements in healthcare, both internationally and within the NHS.

Evelyn Brealey
Director, Cambridge Global Health Partnerships

Executive Summary

In 2025–26, CGHP supported ten global health partnerships bringing together institutions in the UK and 10 LMICs. These partnerships spanned 11 high-need clinical areas, including paediatric cancer, maternal health, antimicrobial resistance, critical care and mental health.

This report evaluates CGHP-supported partnership activity between April 2025 and March 2026 through the perspectives of participants. It draws on project reports, personal reflections, survey responses and interviews with UK members and international partners. For the first time, it also includes findings from CGHP's annual survey, providing a broader view of participants' experiences which helps us better understand how our work creates impact.

Three themes stood out. First, projects had the greatest impact when they were shaped around locally identified needs and adapted to the realities of partner health systems. Second, learning was genuinely two-way. International partners reported increased skills, confidence and opportunities to apply learning within their own healthcare services, and UK members and students reported greater cultural awareness and new perspectives, skills and ideas for improving care in the UK. Third, it became clear that lasting changes are enabled by ongoing professional relationships and strengthened local leadership.



THEME 1

Locally led solutions that respond to real needs



THEME 2

Developing healthcare professionals across health systems



THEME 3

Creating impact that is sustained

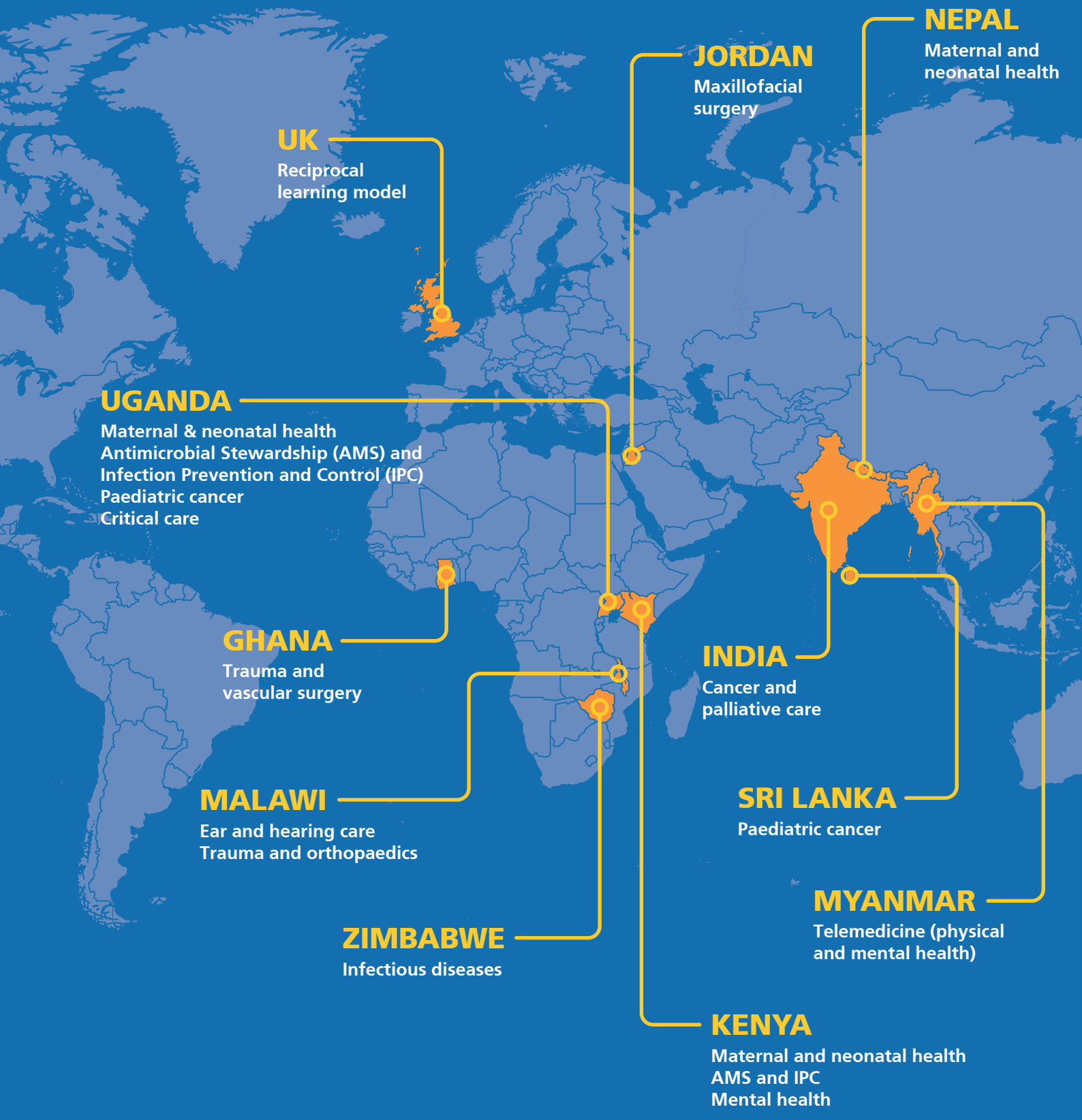
Members are NHS healthcare and academic staff who are working globally through CGHP.

Partners are healthcare professionals from low- and middle-income countries participating in CGHP-supported partnerships.

Individual healthcare professionals on all sides of the partnerships contribute their time, skills, and expertise to health partnerships and projects via CGHP, and usually on a voluntary basis.



Global reach of our health partnerships



AT A GLANCE

10
global health partnerships supported

11
high-need clinical areas reached through health partnerships

3500+
days contributed to collaborative learning and healthcare services improvement by 167 healthcare professionals from the NHS and partner health institutions.

32
grants and student bursaries awarded to support global health activities

6
new NHS CGHP Global Health Fellows appointed, bringing the total to 52 since the programme began in 2021

20
peer-reviewed publications and conference presentations

Feedback provided by members and partners

94%
strongly agreed that they gained new skills

90%
felt their involvement contributed to the sustainable development of health systems

95%
rated their experience as favourable

90%
believed CGHP was essential and valuable to participating in a global health initiative



Behind these numbers are tangible changes for people and health services. A Ugandan nurse strengthened her critical care skills through partnership activity and was subsequently retained in her hospital's ICU, in recognition of her skills and leadership. In two national referral hospitals, home to two of Uganda's largest maternity units, locally adapted obstetric emergency guidelines and training were followed by improvements in documented diagnosis, escalation, and medication use. In Cambridge, a member after working on infection management in high-energy trauma cases in Malawi, audited her own hospital's practice in managing open fractures, translating her learning into data that could inform NHS improvements.

THEME 1

Locally led solutions that respond to real needs

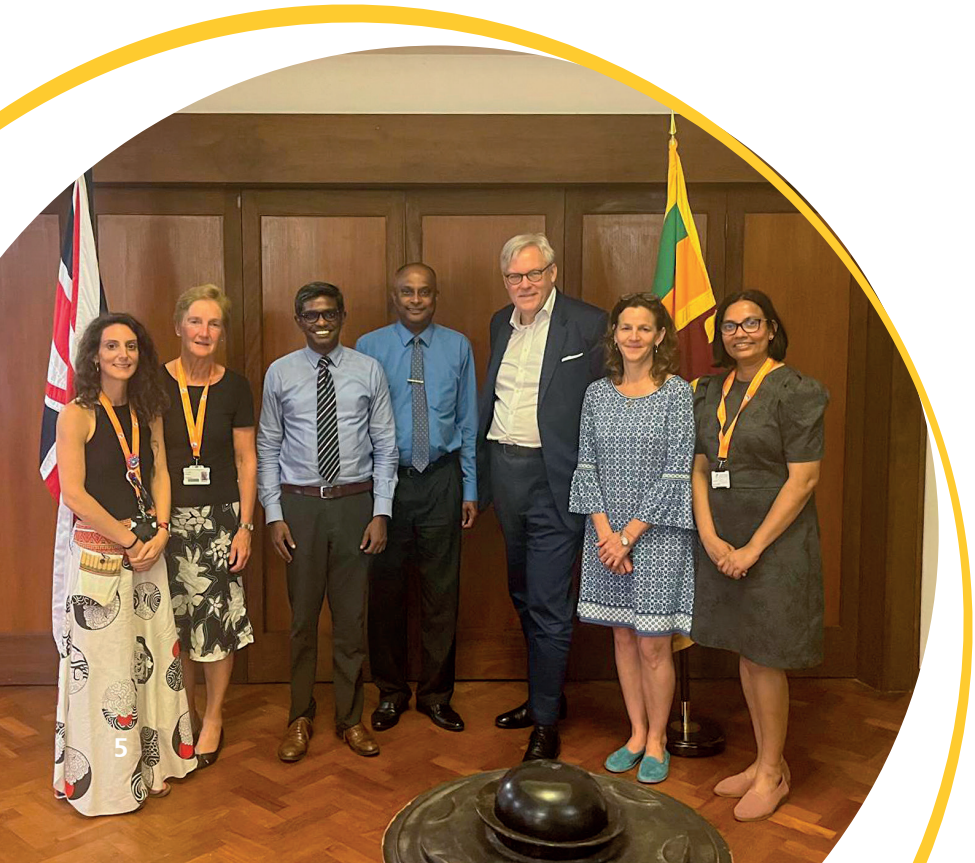
Partners are shaping and leading the changes they want to see in their own services. Across projects, healthcare professionals from the NHS and partner institutions co-developed clinical guidelines, strengthened infection prevention and control systems, improved emergency responses and created locally-led education programmes. Trusting relationships allowed honest conversations to happen, and activities to be designed around locally identified priorities.

Identifying what matters locally

Members and partners worked together to identify priorities for the local contexts to ensure activities aligned with genuine needs.

For example, the Sri Lanka Cambridge Paediatric Cancer Partnership began with a dedicated scoping visit. A multidisciplinary team from Cambridge University Hospitals NHS Foundation Trust (CUH) met with their counterparts in the National Cancer Institute Sri Lanka (NCISL) observing services, exploring challenges and discussing areas where collaboration would be most useful. This process led to jointly identified priorities around strengthening nursing capacity, adapting protocols to available resources and establishing programmes for parent and caregiver education. Similarly, in the Malawi Ear and Hearing Care Partnership, Malawian healthcare professionals who attended the training completed ranking exercises and semi-structured interviews with members, which informed priorities around prevention, early detection and workforce development.

Local ownership also shaped changes within established partnerships. Through the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) projects, hospital staff directly identified infection prevention and control challenges and developed their own responses, which later were developed into policies.



> “Local partner teams are best placed to decide what works in their context. That is fundamental to equitable partnership, ensuring that decisions and actions are shaped and agreed together.”

Yasmin Boateng
Registered Nurse, CUH, CGHP member for Kampala Cambridge AMS & IPC project



Translating priorities into usable solutions

Once priorities were clear, teams collaborated to understand local resources and constraints, bridging the gap between best practice and what was realistically achievable.

The Uganda Cambridge Maternal Health Guidelines Project demonstrated how co-production led to practical service improvement. The teams came together to review patient records and tailored clinical guidelines to address the gaps. **A re-audit survey showed that staff calling for help rose from 38% to over 80%, and emergency checklist use increased from 5% to 60%. Partners also reported attitude changes leading to faster and more collaborative responses to obstetric emergencies.**

The same principle informed work on a triage tool in the Uganda Cambridge Paediatric Cancer Partnership. Members observed outpatient nurses using the tool directly, listened to what was not working and collaborated on refinement, which led to a pocket-sized version for ward use. Staff reported that the re-designed tool supported confidence in assessment and communication when escalating concerns.

> “Finding the balance between the standards from my own setting and what was feasible locally required adaptability, cultural sensitivity, and, above all, being guided by the Ugandan team’s insights and experience.”

Chiara Valentini
Registered Midwife, CUH and CGHP NHS East of England Global Health Fellow



Building trust and continuity through hybrid working

Long-term relationships, established through regular virtual meetings and in-person visits, helped members and partners understand one another's working environments and expectations. Face-to-face engagement was particularly valuable where cultural norms and organisational hierarchies made collaboration more difficult. Trust also grew through informal moments, like shared meals, visits to local sites and conversations outside work. Members consistently described these human connections making clinical collaboration smoother.

Reflecting on the second year of the HIV course under development and following an in-person visit, a member described:

> "A real sense of shared ownership and enthusiasm about what we could create together. The partnership had reached a new level of mutual understanding and momentum."

Rachael Dellar
CGHP NHS East of England Global Health Fellow, Academic Clinical Fellow, Infectious Diseases

Spotlight on Myanmar Telemedicine Partnership

Conflict and displacement in Myanmar have created severe barriers to accessing healthcare. Through the Myanmar Telemedicine Partnership, CGHP and local partners are providing access to essential services through a locally-led model of care that combines telemedicine, mental health support and quality improvement. The partnership has delivered tangible benefits for patients, with **69% reporting improved symptoms and 73% a better understanding of their condition**. From March 2025 to February 2026, the partnership:

- Delivered **40,866 teleconsultations**
- Reached **15,717 new patients**
- Provided **5,000+ mental health consultations** and **1,700+ hotline calls**
- Shared trusted health information through **800+ Facebook posts** and **50+ YouTube videos**, building an audience of **35,000+ followers**

THEME 2

Developing healthcare professionals across health systems

Through reciprocal visits and partnership working, partners gained exposure to different clinical approaches and organisational practices. Simultaneously, NHS professionals gained insights into healthcare delivery under different constraints, which changed how they think and practice.

Enabling partner learning and empowerment

During the year, CGHP facilitated reciprocal visits from representatives of four partnerships to the East of England. During the visit, partners were introduced to the routine clinical practice in their specialty. They described returning home with increased confidence, new ideas for service development and a greater sense of what was possible within their own institutions. Despite differences in equipment, practices such as reviewing antibiotic use during ward rounds and improving hand hygiene were successfully adapted.

The clinical gains for partners who undertook longer placements were particularly concrete.

> “Knowing that the knowledge gained will help improve healthcare services and patient outcomes in my country made the experience deeply fulfilling.”

Regina Kachapila
Malawi Ear and Hearing Care Partnership partner

In the Malawi Cambridge Trauma and Orthopaedics Partnership, exposure to specialist approaches to bone reconstruction helped clinicians develop relevant knowledge to lead frame-based reconstruction for adult trauma patients in Malawi.

South – South collaboration

CGHP partnerships enabled the expansion of locally relevant solutions to neighbouring institutions and other LMICs that face comparable resource constraints. For example, partners at Kakamega County Teaching and Referral Hospital learned to produce, store and distribute alcohol hand rub directly from colleagues in Mulago and Kawempe teaching and referral hospitals in Kampala. Hand hygiene compliance has improved measurably since geographic proximity and similar healthcare contexts meant the solution was immediately applicable. Lessons from the paediatric cancer partnership in Uganda informed and inspired a similar collaboration in Sri Lanka.

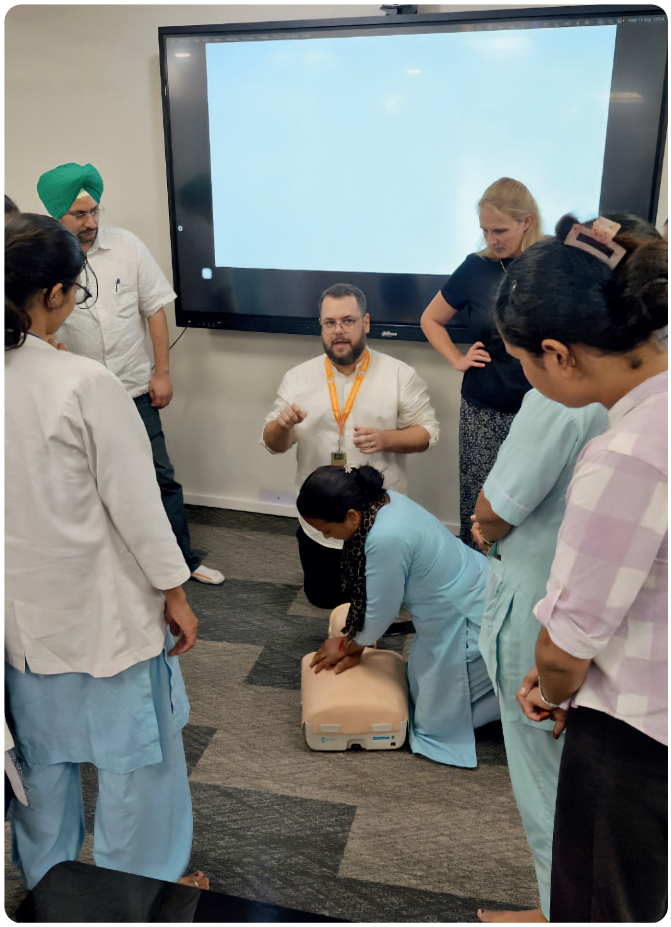


Strengthening NHS leaders and practice

Partnership involvement developed skills and perspectives that UK healthcare professionals took back to the NHS with concrete changes in practice.

Delivering training and leading sessions in an unfamiliar setting led to growth in leadership, communication and collaborative working. Members reported becoming more confident in areas including facilitation, course design, project management and stakeholder engagement. Beyond technical skills, members described developing resilience, adaptability and resourcefulness when plans had to change. Several drew directly on their global health leadership experience in career interviews, with faster career progression as a result. For these individuals, CGHP work functioned as accelerated professional development, including opportunities to lead and take responsibility at a scale they would not have encountered at the same career stage in the NHS.

Across all partnerships, participants reported clear gains in clinical and professional competencies.



Feedback from members and partners after partnership activity

(% who agreed or strongly agreed)

98%
Improved their creative problem solving

96%
Developed their team working skills

89%
Developed their leadership capabilities

94%
Felt more motivated on return to work

98%
Developed their communication skills

92%
Became more resource conscious and adaptable

100%
Strengthened their cultural awareness

94%
Gained new techniques and approaches



Renewed perspectives

Cultural specificity shaped members' teaching practice in particularly concrete ways. One member in the Uganda Cambridge SCALE partnership focused on improving critical care, discovered that the clinical descriptors she used habitually didn't translate across skin tones. When teaching warning signs of critical illness, she adapted on the spot, switching to describing pallor in the eyes and mucosa instead. She reflected that changing audiences prompted an increased awareness of her own practice.

> "It made me more humble, bringing to light how valuable are many things we take for granted in our practice."

Phillip De Souza
2025 CGHP NHS East of England Global Health Fellow



Changing practice

Reflection became most valuable when it turned into action. After witnessing gaps in antimicrobial stewardship in Uganda, a member returned to Cambridge and recognised the same behaviour among colleagues in her own hospital and started using the same verbal-prompting approach leading to more regular handwashing. Another member ensured greater involvement of families in patient care through a culturally-sensitive communication approach. One member, after working on infection management in high-energy trauma cases in Malawi, came home and audited her own hospital's practice in managing open fractures, translating her learning into data that could inform NHS improvements.

Some NHS professionals described how working in resource-constrained settings challenged their assumptions about what was required to deliver good care. Others described a greater understanding of global health inequalities and deeper appreciation for resources available in their normal clinical environment. Specifically, low-cost approaches and multiple uses of the same equipment stayed with them. A member reflected that a bucket being used as a birth tool, was also used as a washing container. Members noted that UK settings often overlook such inventive, simple solutions.

70%
changed their own clinical practice

75%
implemented learning in their local health system

60%
reported positive changes in how their teams worked together

Figures from Annual Survey 2025-26

THEME 3

Creating impact that is sustained

Impact of partnerships and projects extended beyond visits, events and remote activities. New practices became part of routine care, local colleagues took over training, and professional networks carried on long after the projects finished.

> “Each time our team returns with fresh perspectives on resource stewardship, clinical decision-making and innovation, bringing valuable learning back into NHS practice and patient care.”

Charlotte Patient
Consultant Obstetrician and Co-Partnership Lead, Uganda-Cambridge Maternal Health Partnership

Building local capacity and confidence

Partnerships increasingly focused on enabling staff to become educators, mentors and leaders. The emphasis shifted from co-delivered training to supporting partners to lead themselves, which allowed clinical knowledge to be tailored to cases in the hospital and passed on to new staff over time.

In the Uganda Cambridge SCALE (strengthening healthcare workforce capacity through global learning) Critical Care project, a ‘train the trainer’ programme trained 358 experienced clinicians and nurses, focusing on teaching methods, discussions and simulation facilitation. By the end of the visit, partners were confidently running simulation sessions themselves, increasing the likelihood that learning would continue after a funded project activity. Members observed growing confidence among partner educators and greater peer learning between staff from different wards and cadres.



Resources and learning that spread

Partnerships created tangible resources that outlasted funded programmes, supporting continued learning. In the Malawi Cambridge Ear and Hearing Care Partnership, educational videos addressing locally identified knowledge gaps remain in use for future cohorts of healthcare professionals. Training approaches developed for partner settings were also applicable in UK clinical education, extending the reach of learning in both directions.

Learning extended beyond partnership activities into wider professional networks. Members and partners have presented at global health conferences and societies and co-authored papers for peer-reviewed publications. Informal conversations with colleagues carried it further. 60% annual survey respondents reported a positive change in how their team works together after their participation in global health activities.





Embedding changes into routines

Lasting systems change becomes possible when new practices become part of institutional policy or routine. Through CwPAMS, what began as support for antimicrobial stewardship has evolved into a locally led hub-and-spoke model, with Kakamega partners running audits and strengthening committees independently. Hand hygiene audits comparing baseline to post-intervention data show sustained improvements in compliance. The partnership work has since broadened its scope into additional clinical areas of mental health and maternal health.

Supporting local champions

Individual healthcare professionals emerged as a key link to sustainability. These individuals kept up the momentum and advocated for changes long after the formal visits ended. Within CwPAMS, local champions have stayed connected with CGHP members and started separate research projects, including on antibiograms (summaries of which antibiotics work against local infections). Participation in partnership activities have also led partner institutions to recognise their potential as leaders.

> “To our entire country, I will be an advocate and my facility will be a role model for other hospitals to come and benchmark.”

Barigye Antonious
Partner, CwPAMS



Looking Ahead

This report shows what works: partnerships grounded in local priorities, reciprocal learning that changes practice on both sides and deliberate investment in embedding change.

CGHP's impact is best understood as a cumulative contribution pathway, where gains at individual and partnership level build over time to strengthen healthcare institutions and contribute to wider health-system outcomes.



At the individual level, it results in professional growth, confidence and skills and **at the partnership level**, it fosters trust and shared ownership.



At the healthcare institution level, it leads to the development of tools, guidelines, protocols, educational resources and improved ways of working.



Collectively, these changes contribute to broader health system-level outcomes, including strengthened workforce capacity, improved quality of care, enhanced access and greater resilience and sustainability for the health systems on both sides of the partnership.

As CGHP looks forward, three priorities will shape how we deepen this model.

1

First, we will strengthen our role in advancing equitable health partnership approaches within the NHS and across the global health community.

This year's evidence has demonstrated again that health partnership work builds the skills and capabilities of healthcare professionals and strengthens services, contributing to stronger health systems. CGHP will share this learning more widely and continue facilitating environments that enable these benefits to grow and be sustained.

2

Second, we will expand our support for individuals at different career stages to engage in global health.

This year, the evidence is stronger than ever that opportunities that begin at an individual level can grow into sustained improvements in practice and services. CGHP will create more entry points for people from diverse roles and career stages to contribute their skills and turn their commitment to global health into tangible impact.

3

Third, we will invest more strategically in multi-year partnerships to deepen our impact, using what we learned this year.

The evidence shows that lasting change starts with listening, relationship-building and supporting local champions. In the coming year, we will develop consistent approaches to monitoring, evaluation and learning, focusing on how and why lasting change happens.

Acknowledgements

CGHP is funded entirely by donations and grants and we are deeply grateful to everyone who makes this work possible. We thank:

- our members and partners, primarily healthcare staff and academic professionals, who contribute their time and expertise, often on a voluntary basis. They engage in and co-design the partnership and project work and lead the change that we celebrate in this report.
- the patients and communities in the UK and partner countries whose needs drive our priorities and whose improved health outcomes are ultimately what our work is for.
- the funders and donors who believe in equitable global health partnerships and who trust us to steward their support. With particular thanks to Alborada Trust, Allan & Nesta Fergusson Charitable Trust, Beatrice Laing Trust, Costello Medical, the Commonwealth Partnerships for Antimicrobial Stewardship programme that funds and supports Health Partnerships between UK and African health institutions focused on strengthening antimicrobial stewardship, funded by the UK Department for Health and Social Care's Fleming Fund and managed by Global Health Partnerships (formerly THET) and the Commonwealth Pharmacists Association (CPA), Else Kröner Fresenius Foundation, Global Health Partnerships (formerly THET), the Headley Trust, NHS East of England, the Paragon Trust, the Thriplow Charitable Trust, members of the CGHP Giving Circle and to all our generous donors who wish to remain anonymous.

Support us

Health should not be predetermined by where we live.

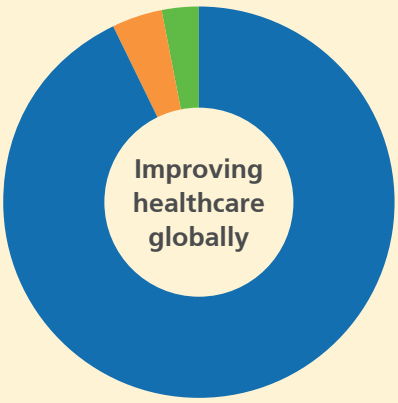
Everyone deserves access to high-quality healthcare, but significant inequalities remain based on where you live. According to the World Health Organisaton, between 5.7 and 8.4 million dealths in LMICs are attributed to poor quality care each year. That represents up to a staggering 15% of overall deaths in these countries.

For nearly 20 years, our partnerships have improved healthcare practice and patient outcomes worldwide while investing in the skills, leadership and development of NHS staff. By sharing knowledge, building capacity and co-creating solutions, we're helping to create stronger, more resilient healthcare systems that benefit communities both overseas and here in the UK.

As a charity, we rely on the support of our generous donors. If you are able, please consider making a donation today. Your support will ensure that our partnerships remain safe, effective, ethical and sustainable while delivering lasting benefits for health systems, healthcare professionals and the communities they serve.

Scan the QR code to donate:

For every £1 you donate



93p **is spent on health partnerships and our broader global health activities.**

4p **is spent on fundraising to help sustain and develop our work.**

3p **is spent on governance and administration to ensure the smooth running of the organisation.**



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