

**GLOBAL HEALTH PARTNERSHIPS
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025
CHARITY No. 1113101
OFFICE OF SCOTTISH CHARITIES No. SCO53871
COMPANY No. 05708871**

GLOBAL HEALTH PARTNERSHIPS
(A company limited by guarantee)
TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2025

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Trustees:	Ms Roda Ali Ahmed Mr Justinian Ash Dr Titilola Banjoko Dr Jemima Dennis-Antwi Professor Valerie Fleming Ms Elaine Green Mr John Headley Professor Rosalind Raine Dr Julia Terry Dr Isioma Okolo Ms Lisa Kelly Mr Joshua Potter (appointed 10 April 2025)
Chief Executive:	Mr Ben Simms
Company Secretary:	Ms Anna Machin
Registered Office:	86 – 90 Paul Street 3rd Floor London EC2A 4NE
Independent Auditor	Moore Kingston Smith LLP 6th Floor 9 Appold Street London EC2A 2AP
Charity Registration No:	1113101
Office of Scottish Charities No:	SCO53871
Registered Company No:	05708871

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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 the purposes of the Companies Act, together with the audited Financial Statements of the company for the year ended 31 December 2025.

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)).

The name of the charity is Global Health Partnerships; it is also known as GHP.

The following trustees have acted during the year:

Ms Roda Ali Ahmed

Mr Justinian Ash

Dr Titilola Banjoko

Dr Jemima Dennis-Antwi

Professor Valerie Fleming

Ms Elaine Green

Mr John Headley

Professor Rosalind Raine

Dr Julia Terry

Dr Isioma Okolo

Ms Lisa Kelly

Mr Joshua Potter (appointed 10 April 2025)

Chief Executive: Mr Ben Simms

Company Secretary: Ms Anna Machin

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Introduction from the Chair of Trustees

The UK Government's announcement on 28 February 2025, that UK Aid funding would be very significantly reduced, has inevitable consequences for Global Health Partnerships (GHP) and the wider international development sector. By the end of 2025, GHP had entered consultation with its staff on a substantial organisational restructure, designed to enable us to operate sustainably in this fundamentally changed environment.

And yet, to read this report is to be reminded how much GHP has continued to deliver throughout 2025, and at such a high standard.

In March 2025, we co-hosted the UK-Africa Health Summit in London, an unprecedented event for the charity attended by more than 500 health leaders across 24 sessions and 96 speakers in four locations. More than 12 African nations were represented, alongside the UK and Scottish Governments, the World Health Organization, the World Bank and other international partners.

In July 2025, we launched the £3 million Scottish Government Global Health Partnerships Programme in Edinburgh, deepening relationships between clinicians in Malawi, Rwanda, Scotland, and Zambia.

In August 2025, we co-hosted the Uganda-UK Health Summit with the Uganda Ministry of Health and the British and Ugandan High Commissioners.

The All-Party Parliamentary Group on Global Health and Security, for which GHP serves as Secretariat, was launched during the year, and its flagship inquiry ran throughout the year, chaired by the Rt Hon Sir Andrew Mitchell MP, and entitled 'An Honest Account of the benefits and costs of international recruitment'. This included hosting two roundtable discussions with partners in Uganda, and Kenya, attended by Beccy Cooper MP.

Programme delivery continued at scale. In Ethiopia, more than 36,000 people were screened for hypertension and diabetes through our work with local health workers, with 1,500 referred for further care. In Somaliland, equipment maintenance training has repaired an anaesthesia machine at Erigavo General Hospital that has since supported between 120 and 200 patients through surgery, including emergency caesareans, alongside two incubators that have helped between 70 and 100 newborns. In western Uganda, our Global Capacity Building Programme run in partnership with NHS England, contributed to a 29% reduction in neonatal sepsis. The Commonwealth Partnerships for Antimicrobial Stewardship Programme helped establish around 90 dedicated committees across eight African countries to oversee appropriate antibiotic use - structures that will continue to protect patients long after our funding ends.

We continued to emphasise the support we give to the diaspora health workforce by increasing their involvement in our work, strengthening ethical recruitment pathways and creating partnership models that allow internationally trained professionals to maintain strong professional links with their countries of origin while continuing to serve in the NHS. Our Experts in Our Midst programme continued to focus on diaspora expertise, helping to ensure their contributions to UK healthcare are recognised, valued, and integrated into national workforce planning.

These are not the achievements of a charity in retreat. They are the work of a deeply committed staff community, an extraordinary network of UK and international Health Partnerships, and trustees who have given generously of their time and judgement at a moment when both have been in particularly high demand.

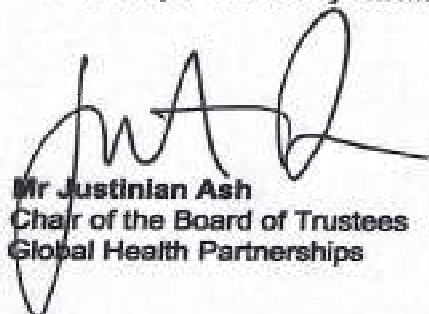
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I am grateful to our Chief Executive, Ben Simms, who has led the organisation through the year with clarity, candour and care, including through an increasingly visible public-facing role with parliamentarians, in the media, and through our international partnerships. I would like to thank Trustee Lisa Kelly, who facilitated a critical Senior Management Team Away Day in June; Trustees Titilola Banjoko and Elaine Green, whose contributions to the WHO Code Expert Advisory Group and the APPG Inquiry respectively have extended the reach of our work in significant ways; and Trustee Josh Potter, who joined the Board in April. The Board as a whole has continued to give substantial time on a voluntary basis, including in supporting the sub-committee structure and engaging with the difficult strategic and financial decisions that have characterised the second half of 2025.

The restructure is necessary and considered. It reflects our commitment to remaining a charity that delivers high-quality work to the highest standards of probity, in a fiscal environment fundamentally different from the one in which our 2025 budget was set. Our financial position at year-end remains sound, the Board has reviewed our reserves and going concern carefully, and we are moving through 2026 with a clear plan and a confirmed pipeline of activity.

Two things in particular orient our work in 2026. The UK Global Health Summit in March 2026, which marked the conclusion of three of our flagship programmes, the Commonwealth Partnerships for Antimicrobial Stewardship, the Global Health Workforce Programme, and the Global Capacity Building programme. The implementation of the Scottish Global Health Partnership Programme which runs throughout 2026. We are grateful to our partners in the UK and Scottish Governments, and at NHSE, for their partnership in these programmes and a record a particular debt to the Commonwealth Pharmacist Association, with whom we have implemented the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS).

In honouring the legacy of our founder, Professor Sir Eldryd Parry, we move forward with a renewed clarity of purpose. The road ahead is harder than the one behind. But the mission - to support health workers and strengthen health systems through transformative Health Partnerships - has rarely felt more necessary, or more clearly ours to deliver.



Mr Justinian Ash
Chair of the Board of Trustees
Global Health Partnerships

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Objectives and Activities

For more than 35 years, Global Health Partnerships (GHP) has been working in partnership to strengthen health systems and build health workforce capacity in low- and middle-income countries (LMICs). Working closely with Ministries of Health and in partnership with UK and LMIC health institutions, and as an NGO in Official Relations with the World Health Organization (WHO), we strengthen health systems by responding to local and national priorities, supporting the training of health professionals, facilitating knowledge exchange and the development of policy and regulatory environments, and offering thought leadership and project management expertise.

In 2025, GHP began implementing the recommendations of the mid-term review of its 2022–2027 Strategic Plan, which was completed in late 2024 with pro bono support from L.E.K. Consulting. The review reaffirmed the centrality of the Health Partnership model and refined our strategic priorities to reflect the changing UK Aid landscape, the increased imperative to diversify income, and a sharper articulation of GHP's intellectual positioning around reciprocity and bidirectionality in global health partnerships. After reviewing capacity, the review also focused us more narrowly, with a conscious decision to de-prioritise 'Impact Goal 4: To ensure all our work advances climate mitigation, adaptation and resilience'.

The model of Health Partnerships continues to sit at the centre of our approach: long-term relationships between UK and LMIC health institutions, which improve health services through the reciprocal exchange of skills, knowledge and experience. They are rooted in an understanding that equitable relationships between health professionals across borders can benefit all involved.

This report is structured around our Key Performance Indicators (KPIs) for the reporting period. Staff and partners reported progress against a set of quantitative targets and qualitative measures, on a quarterly basis for our six Enabling Goals, and every six months on our four Impact Goals. Our Evidence and Impact Team gathered regular reports from across the organisation, our programmes and grantees.

In producing this report, our 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.

Headline achievements in 2025

- From the evidence we were able to gather, we improved access to health services for 684,386 people in low- and middle-income countries (LMICs) in 2025.
- We contributed to the training of 41,671 health workers in 2025.
- We supported 789 UK health workers to engage in global health activities throughout the year.
- We produced 4 pieces of new evidence and learning, including four learning papers building on the UK-Africa Health Summit, and disseminated these internally and externally.
- We co-hosted the UK-Africa Health Summit in March, attended by more than 500 frontline clinicians and global health leaders across 24 sessions and 96 speakers in four locations across London.
- We launched the £3 million Scottish Global Health Partnerships Programme in July, linking Scotland with Malawi, Zambia and Rwanda.

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- We co-hosted the Uganda-UK Health Summit in August with the Uganda Ministry of Health and the British and Ugandan High Commissioners.
- We supported the launch of the All-Party Parliamentary Group on Global Health and Security, for which GHP serves as Secretariat, and launched its first inquiry, chaired by the Rt Hon Sir Andrew Mitchell MP, examining the impact of health workforce migration, working in close partnership with the Center for Global Development.
- We secured significant new funding from the Bill & Melinda Gates Foundation for our advocacy work, a new partnership with AstraZeneca for NCD work in Ethiopia, and renewed funding from the Fraxinus Trust.
- We awarded 55 grants totalling £3,774,299 to Health Partnerships.
- We delivered Sharing and Learning events for the Commonwealth Partnerships for Antimicrobial Stewardship Programme in Birmingham and in Kenya, an online Sharing and Learning Event for the Global Health Workforce Programme in September, and an online nursing and midwifery leadership webinar celebrating the impact of the Nursing Now Challenge Fellowship programme.

Our performance against our strategy

Impact Goal 1: To strengthen the health workforce and the health systems in which they work

2025 was a year of intensified delivery as three of our flagship programmes - the Commonwealth Partnerships for Antimicrobial Stewardship Programme (CwPAMS), the Global Health Workforce Programme (GHWP), and the Global Capacity Building Programme (GCB) - entered their final operational year.

We are able to evidence improved access to health services for 684,386 people in low- and middle-income countries (LMICs) in 2025. This figure is significantly higher than in 2024 (7,155), reflecting in particular the scaling of NCD screening, such as the Fraxinus-funded NCD Care for Underserved Communities project, which alone screened 36,000 community members for hypertension and diabetes. We also contributed to the training of 41,671 health workers in 2025, more than double the 2024 figure (19,223). The main cadres trained included Nurses, Doctors, Midwives, Pharmacists and Health Extension Workers.

The CwPAMS run in partnership with the Commonwealth Pharmacists Association and with support from the Department of Health and Social Care, worked across eight African countries to ensure antibiotics are prescribed safely and appropriately. Over the lifetime of the programme, more than 35,000 health workers have been trained, around 90 dedicated committees established to oversee antibiotic use, and over 110 trained health workers are now mentoring colleagues and shaping antibiotic use in their hospitals. In October 2025, we hosted a regional Sharing and Learning Event in Kenya, bringing together approximately 100 participants from seven African countries and the UK, alongside WHO, Africa CDC and other partners.

The Global Health Workforce Programme, supported by the Department of Health and Social Care, trained and supported over 11,000 health workers in Ethiopia, Ghana, Kenya, Malawi, Nigeria, and Somaliland, with a particular focus on leadership and staff retention. In one leadership course, 97% of participants reported feeling confident to run similar training themselves, a sign of how the benefits will continue to spread well beyond the life of the programme. These investments are already translating into system-level change: for example, in Nigeria an Early Childhood Development strategy has been formally integrated

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into routine child health services in Osun State, while essential gynaecological training has been embedded in the national Safe Motherhood Strategy, demonstrating lasting policy and institutional impact. An online Sharing and Learning Event in September 2025 showcased programme achievements to a wide international audience.

The Global Capacity Building Programme run in partnership with NHS England, brought together 210 NHS staff from 28 hospital trusts and 3,284 health workers across Uganda, Zambia and South Africa, working as genuine partners to learn from each other and improve services. The impact has been wide-ranging, including a 29% reduction in neonatal sepsis in western Uganda and the establishment of Uganda's first cardiac MRI service. NHS volunteers also reported significant benefits: 95% of participants said the experience helped their wellbeing.

In Ethiopia, the Fraxinus-funded NCD Care for Underserved Communities project supported local health workers to screen more than 36,500 community members on hypertension and diabetes, with 1,500 referred for further care and 250 enrolled for treatment. In 2025, a new partnership with AstraZeneca was launched to complement and extend this work focusing on breast and prostate cancer.

In Somaliland, the DAK International Network-funded medical equipment maintenance programme built sustainable local capacity in a setting where donated equipment frequently breaks down without ongoing maintenance support. In April 2025, participants in the training repaired an anaesthesia machine at Erigavo General Hospital that had been out of action for weeks - by July, it had supported an estimated 120 to 200 patients through surgery, including emergency caesareans. Two incubators repaired at hospitals in Burao and Erigavo have since helped an estimated 70 to 100 newborns. Hospital staff now carry out regular maintenance checks themselves, reducing reliance on external technicians whose visits typically cost USD 5,000–10,000.

Following the fall of the Assad regime in December 2024, during 2025 we established a relationship with the Syrian Ministry of Health and established partnerships with Syria-wide organisations. Our EU funded programme was amended to reflect the new reality and delivery model.

We engaged extensively with external organisations and decision-makers through policy and learning activities. Highlights include:

- The UK-Africa Health Summit in March 2025, an unprecedented event for the charity attended by more than 500 global health leaders. The Summit was co-led by Moses Mulimira, GHP's Diaspora Engagement Advisor and the Summit's founder, with delivery led by Events Manager Claire Pickles, and ran across 24 sessions and 96 speakers in four London locations. More than 12 African nations were represented, alongside the UK and Scottish Governments, the WHO, the World Bank and partners. The Summit was accompanied by the Diaspora Healthcare Awards, recognising the contributions of internationally recruited NHS staff.
- The launch of the All-Party Parliamentary Group on Global Health and Security, for which GHP serves as Secretariat.
- The launch of the APPG inquiry 'An Honest Account of the benefits and costs of international recruitment', chaired by the Rt Hon Sir Andrew Mitchell MP with contributions from Dr Beccy Cooper MP, Monica Harding MP, GHP's Patron Lord Crisp and Baroness Prashar, which held three hearings in 2025 and published in March 2026.

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- Participation in the World Health Assembly with five representatives, including a side event led by Technical Director Margaret Caffrey and supported by Novartis, and an event co-hosted with DHSC and NHS England on partnership approaches. Both drew high-level participation from Ministers, WHO and others.
- The Uganda–UK Health Summit in August 2025, co-hosted with the Uganda Ministry of Health and the British and Ugandan High Commissioners.
- The Scottish Global Health Partnerships Programme launch in Edinburgh in July 2025, attended by Trustees Professor Valerie Fleming and Dr Isioma Okolo and by former Trustee Mike McKirdy, co-author of the 2017 Global Citizenship in the Scottish Health Service report.
- Publication of four learning papers building on the UK-Africa Health Summit, beginning with Improving Interventions for Effective Antimicrobial Stewardship Following the High-Level Meeting on AMR.
- Trustee Titilola Banjoko's appointment to the Expert Advisory Group contributing to the WHO review of the Code of Practice on the International Recruitment of Health Personnel.
- Increased media presence for the charity, including the CEO's commentary in The Telegraph on the UK's reliability as a partner on AMR, an HSJ blog on political calls to cut immigration, and the talk Decolonising Global Health — Why Partnership Must Replace Paternalism delivered to Global Health Partnerships Cymru in Wales.

Impact Goal 2: To strengthen the Health Partnership community

We supported 789 UK health workers to engage in global health in 2025, up from 507 in 2024, reflecting both the scale of activity in the final year of our flagship programmes and the launch of new partnership arrangements during the year.

2025 was a notable year for the expansion of the Health Partnership portfolio. Two significant new programmes were established:

- The Scottish Global Health Partnerships Programme (SGHPP), a £3 million Scottish Government-funded initiative linking Scotland with Malawi, Zambia and Rwanda. GHP secured management responsibility for this programme in early 2025 and the programme was formally launched in Edinburgh in July, marking a new chapter for Scottish global health engagement.
- A new partnership with AstraZeneca delivering non-communicable disease care in Ethiopia, complementing and extending our existing Fraxinus-funded work in this area.

The UK-Zimbabwe Health Partnership Pilot, funded by FCDO Zimbabwe and launched in 2024, continued to develop strongly through 2025. The CEO's visit to Zimbabwe in January provided an opportunity to see the programme in action, and a Diplomatic Telegram and blog circulated within FCDO by the UK Ambassador and Head of Development drew strong internal interest in how the programme advances UK soft power alongside health outcomes.

The Nursing Now Challenge Fellowship Programme reached its conclusion in 2025, with a closing ceremony for Fellows. Across the wider Health Partnership community, opportunities for partnerships to convene included our regional Sharing and Learning events for CwPAMS and GHWP.

In total in 2025, GHP awarded 55 grants totalling £3,774,299 to Health Partnerships working across sub-Saharan Africa and, as a sign of our broadening scope, Ukraine.

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Impact Goal 3: To be ambitious in our approach to equity and inclusion

GHP continued to embed gender, equity and social inclusion (GESI) across our teams, programmes and Health Partnerships in 2025.

The Experts in Our Midst (EIOM) programme continued to advance its goal of repositioning internationally recruited NHS staff as asset-holders rather than beneficiaries. A significant milestone was DHSC Minister Dalton's approval of the joint GHP–DHSC Diaspora Advisory Committee, which formalises a mechanism for the policy recommendations of EIOM to be carried into Departmental practice. The Diaspora Healthcare Awards, held alongside the UK-Africa Health Summit in March 2025, recognised the contributions of internationally recruited NHS staff.

Trustee Titilola Banjoko's role on the Expert Advisory Group reviewing the WHO Code of Practice on the International Recruitment of Health Personnel, and Trustee Elaine Green's engagement with the APPG Co-investment Inquiry, further extended GHP's contribution to the equity dimensions of health workforce policy globally.

Impact Goal 4: To ensure all our work advances climate mitigation, adaptation and resilience

As reported in the 2024 Trustees' Annual Report, a decision was made during the mid-term review of the Strategic Plan to temporarily deprioritise this area of work pending the availability of dedicated capacity.

Enabling Goal 1: Ensure all GHP's programmes meet appropriate quality standards

GHP's Programme Quality Standards were reviewed and updated in line with the improved programme quality across our work. This process involved the programmes team, other key departments and the Programme Quality Committee members' input. The new programme quality standards were rolled out, alongside a new assessment tool for programme leads to complete. Out of 14 programmes assessed, 10 reached our revised minimum (level 2) quality benchmark. This reflects the increased sophistication of standards GHP now aims for, and we plan to undertake the necessary improvements on the four programmes currently at level 1.

Programme management tools such as reporting templates and guidance, an exit strategy tool and guidance, and feedback guidance were rolled out and applied. A total of 23 programme quality learning sessions were conducted on a variety of themes involving cross department input.

Enabling Goal 2: Generate and use robust evidence to inform our work and the work of others, recognising the mutual benefit of collaboration

Notable evidence and learning outputs in 2025 included four learning papers building on the themes of the UK-Africa Health Summit, the first of which, Improving Interventions for Effective Antimicrobial Stewardship Following the High-Level Meeting on AMR, was published in mid-year. Further papers that have now been published, adjacent themes including the future of UK-LMIC partnership working in a contracted aid environment.

A defining feature of the first half of 2026 has been the publication of a series of impact reports, including end-of-programme external evaluations of the Global Capacity Building

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Programme and the Commonwealth Partnerships for Antimicrobial Stewardship Programme (CwPAMS), and thematic enquiries on diaspora engagement, gender equality and social inclusion, and participatory approaches across the Scottish Global Health Partnerships Programme.

The Evidence and Impact Team continued its development of GHP's organisational Learning Agenda and programmes data strategy through 2025.

Enabling Goal 3: Create a people-centred organisation by bringing alive our core values

2025 placed exceptional demands on GHP's staff community. The Senior Management Team committed throughout the year to maintaining regular and transparent communication with colleagues across the organisation about the funding environment and the implications for GHP. This included multiple staff-wide email briefings, all-staff meetings following the UK Government's funding announcements, and active encouragement of open conversation within teams.

A two-day Senior Management Team Away Day in June 2025, facilitated by Trustee Lisa Kelly with the support of Technical Director Margaret Caffrey, provided dedicated time to reflect on the implications of recent developments. Further planning sessions followed, including an Away Day with Chair Justinian Ash in early August 2025.

By the autumn of 2025, with the funding picture clear, GHP entered formal consultation on a substantial organisational restructure. This is described further under Key Lessons Learnt below and reflected in the post-balance-sheet disclosures.

Staff continued to dedicate one day each month to personal learning and development. The roll-out of line management training across the organisation, identified as a priority in early 2025, has been delivered during the year.

Enabling Goal 4: Effectively manage our finance and operations across the organisation

GHP demonstrated robust financial stewardship throughout 2025, with all offices operating fully within the Global Finance Manual, completing unqualified audits on time, and managing three reported fraud cases with clear, proportionate action including recovery of funds, strengthened guidance to partners, and updates to the Anti-Fraud and Bribery Policy providing trustees with assurance that GHP's controls, oversight mechanisms, and response processes remain strong, transparent, and effective even amid operational disruptions such as the Myanmar earthquake.

Three potential fraud cases reported in 2024 progressed during the year. Two have now been closed: one confirmed instance of fraud by a downstream partner (£21,000, since refunded by the partner) and one case of poor financial management by an NHS Trust, for which GHP has issued recommendations. The third case, relating to FCDO Myanmar funding, is awaiting formal confirmation of closure; GHP found no evidence of fraud. Following learning from these cases, GHP updated its Anti-Fraud and Bribery Policy to better clarify and simplify the fraud management process and reporting.

Operational disruption during the year included the earthquake in Myanmar in early 2025, which the country team responded to with appropriate safety and continuity measures.

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Enabling Goal 5: Strengthen our use of technology across all our work

During 2025, under the leadership of the digital transformation team the organisation secured Cyber Essentials Plus status. Progress was also made to improve how the organisation uses technology to support its operations, including improved use of the Microsoft suite of tools and aspects of Artificial Intelligence.

Enabling Goal 6: Generate diverse and sustainable funding

The defining feature of the funding year was the UK Government's reduction in UK Aid funding, announced on 28 February 2025, deepened in the Spring Statement on 27 March 2025, and confirmed by the Spending Review on 11 June 2025. The Chancellor confirmed cuts to the UK ODA budget starting immediately, with a £0.5 billion cut in 2025/26, followed by £4.8 billion in 2026/27 and £6.5 billion in 2027/28, when UK ODA will reach 0.3% of GNI. These reductions, in scale, exceeded those announced in April 2021. The reorganisation of the global health team at NHS England during the year added a further dimension of uncertainty to GHP's long-standing partnership dating back to 2016.

Notwithstanding these headwinds, GHP secured several encouraging new funding developments in 2025:

- Significant new funding from the Bill & Melinda Gates Foundation to support our advocacy work.
- A new partnership with AstraZeneca for non-communicable disease work in Ethiopia.
- Renewed funding from the Fraxinus Trust.
- Management responsibility for the £3 million Scottish Government-funded Scottish Global Health Partnerships Programme.
- Our first significant legacy gift of £50,000. This gift provided essential unrestricted funds to support our work.

By the second half of the year, the Senior Management Team had concluded that, in the absence of restored ODA commitments and on the basis of forecast 2026–27 budgets, organisational restructure would be necessary. Formal consultation began in the autumn and is described under Key Lessons Learnt below.

Key Lessons Learnt — Challenges in 2025

The defining challenge of 2025 was the rapid and substantial reduction in UK Aid funding announced by the UK Government in February and March, which created a fundamentally different operating environment from that under which GHP's 2025 budget had been approved by Trustees in December 2024. At that time, the working assumption was that UK Aid funding would be maintained and restored, as signalled in the Labour Party's manifesto commitment. The decision instead to reduce funding by 40% required a fundamental reassessment of GHP's operating model. By the autumn, GHP forecast a £219,000 unrestricted funding shortfall for 2025–2026 and entered formal consultation on a substantial organisational restructure.

The reorganisation of the NHS in England, and particularly of the global health team at NHS England (formerly Health Education England), introduced a further layer of uncertainty during the year. GHP has worked in formal partnership with this team since 2016, and the future of the team will materially affect the operating context for GHP's UK-facing partnership

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work. We have continued to engage closely with DHSC and partners to ensure that this long-standing expertise is sustained as the architecture evolves.

Programme delivery encountered a range of difficult external conditions, including the earthquake in Myanmar in early 2025. Operating across many jurisdictions and regulatory regimes, GHP continues to manage the risk of fraud and non-compliance with the controls described under Risk Assessment below.

Internally, the demands on senior leadership, the HR and Operations function, and the wider staff community through a year of sustained external pressure cannot be understated. The Board records its gratitude to the entire staff team for the quality and standard of their work in these conditions. The Senior Management Team has continued to track incidents with potential impact on staff or programmes at weekly meetings, and to escalate to Trustees and the Finance, Risk and Governance Committee where appropriate.

Structure, Governance and Management

GHP is a registered charity (registration numbers 1113101 (England and Wales) and SCO53871 (Scotland)) 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, which was updated in 2024 and is the charity's governing document.

Trustees

The Directors of GHP are the Trustees, collectively known as The Board of Trustees (The Board). The Board, GHP's governing body, comprises a minimum of 3 and a maximum of 12 Trustees. Trustees serve an initial term of three years that can be extended for up to a maximum of three years. 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 four specialist sub-committees to assist it with its work: the Finance, Risk and Governance Committee (FRGC), the Programmes Quality Committee, the Remuneration Committee (RemCo) and the External Engagement Committee. Each committee includes members of the Board and may include additional members appointed for their specialist knowledge.

The Finance, Risk and Governance Committee (FRGC), GHP's audit committee, chaired by the Treasurer, meets as necessary with the external auditors. The FRGC reviews the external auditor's management letter and monitors implementation of actions required as a result. The FRGC also has responsibility to advise the Board on whether the audit, risk management and control processes within GHP are effective.

The Remuneration Committee monitors GHP's policy on remuneration and benefits for its staff and reports annually to the Board. The Remuneration Committee meets annually and was

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chaired by Justinian Ash. In 2025, salaries are set after consideration of the cost of living, the financial position of the charity, and roles and responsibilities after taking into account the contracts being handled by GHP.

GHP's Trustees are responsible for everything that GHP does. However, to ensure that GHP 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 members of the Senior Management Team are not directors for the purposes of company law.

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 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 GHP volunteers/supporters/donors, GHP 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 review at the quarterly Finance, Risk and Governance meetings and Board of Trustees meetings. This involves an assessment of probability and potential impact, and a discussion of mitigating actions prepared by GHP's Senior Management Team. The three most significant risks at the time of this report, and a summary of mitigations, are as follows:

- Funding contraction. The UK Government's 2025 reductions in UK Aid funding, and the prospect of further reductions in the medium term, materially affect GHP's primary income source. Mitigations include the organisational restructure currently in consultation; intensified income diversification, including continued cultivation of trusts, foundations and corporate partners; close monitoring of income against revised budget; the maintenance of a financial buffer through the reserves policy; and sustained advocacy with HMG to make the case for continued UK investment in Health Partnerships.
- Operating across many different jurisdictions and regulatory regimes, GHP remains open to the risk of fraud and non-compliance with local regulations. This is mitigated, inter alia, by clear policies upon which staff are fully briefed, and by structured

GLOBAL HEALTH PARTNERSHIPS **(A company limited by guarantee)** **TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2025**

incident response, including the active management and closure of the three fraud-related cases described above.

- The nature of GHP's international risks means we are exposed to volatile countries, and in some cases war zones. GHP maintains a close eye on local conditions and is able to respond swiftly with safety, security, hibernation, evacuation and / or business continuity plans as required, including in 2025 in respect of Myanmar.

Our approach to fundraising activities

The charity raises funds from diverse sources including institutional donors, Trusts and Foundations, private sector partners and individuals, in the UK and internationally. We have developed an Ethical Fundraising Policy to guide decisions on solicitation and acceptance of funds and undertake due diligence on new donors.

The charity undertakes an annual fundraising campaign which reaches a small number of patrons and supporters who have consented to receive the campaigns. Beyond this the Trustees are pleased to receive unsolicited gifts and legacies from patrons and supporters who generously support our work. We provide appropriate updates to these supporters to keep them abreast of our work and short updates in our newsletters to highlight this support.

Beyond this, GHP does not currently actively fundraise from the public, run legacy campaigns, or undertake similar fundraising activities in its own right. The charity does not currently engage professional fundraisers or third-party agencies to fundraise on its behalf.

The charity adheres to the Fundraising Regulator's Code of Fundraising Practice to ensure our fundraising is legal, open, honest, and respectful. While the charity engages in limited direct fundraising activity, steps are taken to ensure that communications are respectful and do not place undue pressure on individuals. The charity is mindful of its responsibilities to protect the public, including vulnerable people, from intrusive or persistent fundraising approaches. No complaints have been received from funders or beneficiaries in respect of fundraising activities undertaken by the charity.

Grant-making policies

GHP issues 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 level 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.

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TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2025

Financial Review

Key highlights from the 2025 Accounts are:

- Total income decreased from £14.58m in 2024 to £10.64m in 2025.
- Total expenditure decreased from £14.27m in 2024 to £11.85m in 2025.
- Net current assets (debtors + cash – creditors) decreased by £1.21m to £1.85m.
- Unrestricted reserves were £731k.

The story of 2025 is one of intensified delivery against a sharply changed funding outlook. GHP continued to operate across more than a dozen countries through the year, with strong programme performance reflected in the headline KPIs and in the spotlight examples described in this report. Income in 2025 reflects both the strength of GHP's existing programme portfolio, particularly the closing phases of CwPAMS, GHWP and GCB, and the impact of the UK Government's reductions to UK Aid funding.

Notwithstanding the materially changed funding environment, the Trustees consider the outlook for GHP into 2026 to be one of measured confidence, subject to the successful implementation of an organisation change programme that will significantly reduce the size of the charity. A clear pipeline of programme activity through to at least March 2026 is in place; the organisational restructure has enabled a sustainable operation into the medium term; and the strong unrestricted reserves position carried into 2025 has supported a managed and considered response to a difficult external environment.

Charitable funds

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

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

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

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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 for good governance; to cover 3 months organisational closure cost and the costs incurred by cessation of programme and grant activity. The basis of determining the target reserves level is kept under review and is adjusted to reflect funded activity, and thus organisational size, taking into account actual and perceptions of risk. The minimum target level of reserves in 2025 was set at £450,000. Free reserves, representing unrestricted funds less tangible fixed assets were £721k at 31 December 2025, significantly exceeding the minimum target.

Arrangements for monitoring and reviewing the reserves policy

The reserves policy is, as a minimum, subject to annual review by Trustees, with the next review scheduled for December 2026. In addition, the Trustees monitor GHP's performance against the budget throughout the year and consider the need for a reconsideration of reserves, dependent upon changes in activity and organisational structure.

General Reserves (Unrestricted)

General reserves are not restricted to or designated for a particular purpose. General reserves are £730,522 (2024 - £1,034,987) at the end of December 2025. A detailed review of the level of unrestricted reserves was conducted in 2025.

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 2025, unspent restricted funds were £1,132,888 (2024 - £2,035,110).

Total funds

At 31 December 2025, total funds were £1,863,410 (2024 - £3,070,097), with £9,116 (2024 - £8,935) of this relating to fixed assets.

Post-balance-sheet events

Following 31 December 2025, GHP has continued to deliver the organisational restructure consultation referenced throughout this report. The consultation is expected to conclude in summer 2026. The Trustees have considered the implications of the restructure on the financial position of the charity, on its ability to continue as a going concern, and on its reserves policy, and have concluded that GHP remains a going concern.

Future plans

In 2026, GHP concluded three of its flagship programmes — the Commonwealth Partnerships for Antimicrobial Stewardship Programme, the Global Health Workforce Programme, and the Global Capacity Building Programme — all of which run to March 2026. The UK Global Health Summit (16–18 March 2026) provided the platform for marking the

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closure of these programmes and for setting out the next chapter of UK-LMIC partnership working. A parliamentary reception on the evening of 17 March took place.

The APPG Co-investment Inquiry, chaired by the Rt Hon Sir Andrew Mitchell MP, reported in March 2026, with recommendations expected to inform government and parliamentary engagement through the year. We are particularly pleased with how this has helped shape the WHO process of reviewing the Code of Practice on the International Recruitment of Health Workers.

We will continue to deliver our ongoing programmes, including the Scottish Global Health Partnerships Programme, the UK-Zimbabwe Health Partnership Pilot, the EU-funded Syria programme, the AstraZeneca NCD partnership in Ethiopia, and our continuing work in Myanmar, Somaliland, Uganda and Zambia, alongside the management of the consultation and restructure described above.

The Trustee-Senior Team Away Day scheduled for 19 March 2026 provided an opportunity to consider the longer-term strategic positioning of GHP, including the implications of further potential changes to the UK Aid environment, and the question of what we will need to change in our approach to remain effective.

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.

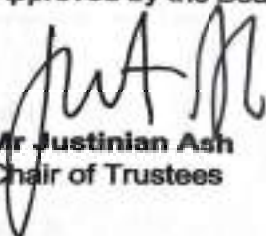
Each of the Trustees confirm that:

- So far as they are aware there is no relevant audit information of which the charity's auditors are 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 auditors are aware of that information.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies. The Trustees have taken the exemption available to small companies and have not prepared a Strategic Report.

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TRUSTEES' REPORT FOR THE YEAR ENDED 31ST DECEMBER 2025

Approved by the Board of Trustees on and signed on its behalf by 24 September 2026



Mr Justinian Ash
Chair of Trustees

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GLOBAL HEALTH PARTNERSHIP

Opinion

We have audited the financial statements of Global Health Partnerships ('the company') for the year ended 31 December 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

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 2025 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.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- 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
- the trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual 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 take advantage of the small companies exemption from preparing a Strategic Report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 18, 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, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of

management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable 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 any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Signed by:

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Neil Finlayson (Senior Statutory Auditor)
for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street
London
EC2A 2AP

Date: 30/9/2026

GLOBAL HEALTH PARTNERSHIPS
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STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 DECEMBER 2025

	Note	Unrestricted £	Restricted £	2025 Total £	2024 Total £
Income from:					
Donations and legacies	2	108,933	-	108,933	77,864
Charitable activities	3	726,385	9,539,727	10,266,112	14,278,141
Investment income	4	28,866	-	28,866	4,359
Other income	5	238,430	-	238,430	219,374
Total income		1,102,614	9,539,727	10,642,341	14,579,738
Expenditure on:					
Raising Funds	6	566,286	-	566,286	461,861
Charitable activities	8	849,784	10,432,958	11,282,742	13,808,197
Total expenditure		1,416,070	10,432,958	11,849,028	14,270,058
Net income/(expenditure)		(313,456)	(893,231)	(1,206,687)	309,680
Transfers between funds	16a	8,991	(8,991)	-	-
Net movement in funds		(304,465)	(902,222)	(1,206,687)	309,680
Reconciliation of funds:					
Total funds brought forward	16a	1,034,987	2,035,110	3,070,097	2,760,417
Total funds carried forward	16a	730,522	1,132,888	1,863,410	3,070,097

The Statement of Financial Activities includes all gains and losses recognised in the year.

A full comparative Statement of Financial Activities is presented in note 23.

The notes on pages 27 to 37 form part of these financial statements.

GLOBAL HEALTH PARTNERSHIPS
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BALANCE SHEET
FOR THE YEAR ENDED 31 DECEMBER 2025

	Note	£	2025 £	£	2024 £
Fixed assets					
Tangible assets	12		9,116		8,935
			9,116		8,935
Current assets					
Debtors	13	1,820,859		1,287,851	
Cash at bank and in hand		653,368		2,290,669	
		2,474,227		3,578,320	
Liabilities					
Creditors: amounts falling due within one year	14	(619,933)		(517,158)	
Net current assets			1,854,294		3,061,162
Total net assets			1,863,410		3,070,097
The funds of the charity					
Restricted income funds			1,132,888		2,035,110
Unrestricted income funds:					
General funds			730,522		1,034,987
Total charity funds	16a		1,863,410		3,070,097

The financial statements have been prepared in accordance with the provisions applicable to entities subject to the small companies regime.

24 September 2026

The financial statements were approved and authorised for issue by the Trustees on
and were signed on their behalf by:

.....
Mr Justinian Ash
Chair of Trustees

The notes on pages 27 to 37 form part of these financial statements.

GLOBAL HEALTH PARTNERSHIPS
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STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2025

	Note	2025	2024
		£	£
Cash flows from operating activities			
Net cash provided by operating activities		(1,660,876)	(1,433,950)
Cash flows from investing activities:			
Interest received		28,866	4,359
Purchases of tangible fixed assets		(5,291)	(8,898)
Net cash used in investing activities		23,575	(4,539)
Change in cash and cash equivalents in the year		(1,637,301)	(1,438,489)
Cash and cash equivalents at the beginning of the year		2,290,669	3,729,159
Cash and cash equivalents at the end of the year		653,368	2,290,669

Reconciliation of net movements in fund to net cash flow from operating activities

	2025	2024
	£	£
Net income for the reporting period	(1,206,687)	309,680
(as per the statement of financial activities)		
Depreciation charges	5,110	2,243
(Gains)/losses on investments	-	-
(Increase)/decrease in debtors	(533,208)	(124,650)
Increase/(decrease) in creditors	102,775	(1,616,864)
Interest received	(28,866)	(4,359)
Net cash provided by operating activities	(1,660,876)	(1,433,950)

Cash and cash equivalents comprise solely cash at bank and in hand during both the current and prior year.

The notes on pages 27 to 37 form part of these financial statements.

GLOBAL HEALTH PARTNERSHIPS
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

1 Accounting policies

a) Statutory information

Global Health Partnerships is a private company limited by guarantee and is incorporated in England and Wales and a charity registered with the Charity Commission. The registered office address is disclosed on the company information page.

b) Basis of preparation

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the 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 (The Charities SORP (FRS 102)) effective from 1 January 2019, the Companies Act 2006, the Charities Act 2011, the Charity Trustee and Investment (Scotland) Act 2005, and the Charities Accounts (Scotland) Regulations 2006.

c) Public benefit entity

Global Health Partnership constitutes a public benefit entity as defined by FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

d) Going concern

The Trustees have prepared, reviewed and formally approved detailed operating and cash flow projections covering the next 12 months to July 2027. On the basis of these projections they have assessed that the Charity has adequate financial resources and structures in place to manage its operational risks. In addition, the budgeting and forecasting process has taken account of the current economic and funding climate and its potential impact on our various sources of income and expenditure. Therefore, the trustees are confident that there is reasonable expectation that the Charity has adequate resources and control mechanisms to continue in operational existence for the foreseeable future and, on this basis the trustees believe, to the best of their belief and knowledge, that the Charity remains as a going concern for a period of at least 12 months from the approval of these financial statements and, accordingly, these financial statements have been prepared on the going concern basis.

e) Income

Income is recognised when the charitable company has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. When income is received in advance of providing services, it is deferred until Global Health Partnerships becomes entitled to that income.

Donations are recognised in the statement of financial activities in the year which they are received, unless the income recognition criteria set out above are met at an earlier date.

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(s) to Global Health Partnerships that a distribution will be made, or (ii) when a distribution is received from the estate. Receipt of a legacy, in whole or 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.

Grants are included in the statement of financial activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the balance sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

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 of the charity which is the amount the charity would have been willing to pay to obtain services of 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 general volunteers are not included within the financial statements.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

f) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity.

Restricted funds are to be used for specific purposes as laid down by the donor or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes of the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

1 Accounting policies (continued)

g) 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.

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

Expenditure on raising funds relate to the costs incurred by the charitable company to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities includes the costs of directly undertaking the activities which further the purposes and objectives of the charitable company, and their associated support costs.

Grants are included in the statement of financial activities as they become payable. Global Health Partnerships ability to make grant payments is entirely dependent on funding (FCDO, DHSC, EU and CRI Foundation) under the contracts that are the subject to annual renegotiation. In the opinion of the Trustees, a constructive obligation is only created when (i) ongoing grant conditions are being fulfilled and, (ii) contract renewal has been successfully negotiated with different grantors.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charitable company is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity.

Governance costs are the costs associated with the governance arrangements of the charitable company. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

i) Foreign Currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the reporting date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of transaction.

Exchange gains and losses are recognised in the statement of financial activities.

j) Tangible fixed assets

Tangible fixed assets costing £500 or more are capitalised and recognised when future economic benefits are probable and the costs can be measured reliably.

Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

Computer Equipment	33% straight line
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k) Liabilities and provisions

Creditors and provisions are recognised where the charitable company 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 or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

l) 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.

GLOBAL HEALTH PARTNERSHIPS
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

1 Accounting policies (continued)

m) Pensions

Global Health Partnerships operates a defined contribution pension scheme for the benefit of staff. The charitable company's contribution is charged to the Statement of Financial Activities in the financial year. The charitable company has no liability under the scheme other than for the payment of those contributions.

n) Critical accounting estimates and areas of judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The Charity makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. In the opinion of the Trustees there are however no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

GLOBAL HEALTH PARTNERSHIPS
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

2 Income from donations and legacies

	Total Funds 2025 £	Total Funds 2024 £
Donations	58,933	77,864
Legacies	50,000	-
	108,933	77,864

All income from donations and legacies was unrestricted in the current and previous year.

3 Income from charitable activities

	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total Funds 2025 £	Total Funds 2024 £
Programmes & Projects	6,748	9,539,727	9,546,475	13,339,343
Management fee income	719,637	-	719,637	938,798
Total 2025	726,385	9,539,727	10,266,112	14,278,141
Total 2024	945,543	13,332,598	14,278,141	

4 Investment income

	Total Funds 2025 £	Total Funds 2024 £
Bank interest	28,866	4,359

All income from investments were unrestricted in the current and previous year.

5 Other income

	Total Funds 2025 £	Total Funds 2024 £
Conference and events fees	238,430	219,374

All other income was unrestricted in the current and previous year.

6 Expenditure on raising funds

Costs of raising voluntary income

	Total Funds 2025 £	Total Funds 2024 £
Direct salaries	157,596	161,308
Other direct costs	153,755	137,066
Allocated centrally incurred fundraising and governance costs	129,337	130,443
	440,688	428,817
Fundraising trading expenses		
Indirect salaries	125,598	33,044
	566,286	461,861

All costs of raising voluntary income were allocated against unrestricted funds in both the current and prior year.

GLOBAL HEALTH PARTNERSHIPS
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

7 Analysis of grants

	Grants to Institutions 2025 £	Total Funds 2025 £	Total Funds 2024 £
Grants awarded to NHS and academic partners	4,938,069	4,938,069	7,784,136
Total 2024	7,784,136	7,784,136	

The Charity has made the following material grants over £50,000 to institutions during the year.

Name of institution	2025 £	2024 £
Liverpool School of Tropical Medicine	130,576	725,420
Intrahealth International	84,964	664,313
King's College London	-	407,615
Dharura Global Emergency Care	-	333,744
Royal College of Obstetrics & Gynaecology	67,464	332,440
NANA Girls and Women Empowerment Initiative	67,496	332,434
International Children's Palliative Care Network (ICPCN)	67,310	329,374
The Royal College of Paediatrics and Child Health	142,518	318,539
Addenbrooke's Charitable Trust	306,444	288,670
Clinton Health Access Initiative		286,990
BFIRST - The Royal College of Surgeons England	65,000	285,000
Florence Nightingale Foundation	276,478	273,661
British Paediatric Neurology Assoc'n	61,113	260,326
The Royal College of Emergency Medicine	282,407	254,105
University of Huddersfield HEC	-	226,900
American University of Beirut	-	112,516
FACULTY OF PUBLIC HEALTH	105,354	108,292
Nottingham Trent University	68,251	104,076
The Royal College of Psychiatrists	-	96,813
Royal College of Pathologists	-	93,024
The Royal College of Anaesthetists	-	62,515
Hampshire Hospitals NHSFT BS	-	56,742
PHASOM	-	56,116
Institute of Applied Studies and Research	-	53,699
University College London Hospitals NHS Foundation Trust	-	53,657
East London NHS FT	54,748	52,246
London School of Hygiene and Trop. Medicine	185,399	52,230
NHS England	-	50,000
Jimma University Global Giving	374,699	-
University of Hargeisa	214,069	-
University of Warwick	208,910	-
AMREF Health Africa	206,884	-
Vision Action X	180,176	-
University of Wolverhampton	176,998	-
WFSA - World Federation of Societies of Anaesthesiologists UK	124,929	-
Ethiopian Medical Association	104,497	-
RCGP - Royal College of General Practitioner	101,125	-
Population Services International (PSI)	84,492	-
ABS Service Agreement	62,079	-
Society of Occupational Health	53,750	-
	3,858,130	6,271,455
Other grants to institutions	1,079,939	1,512,681
	4,938,069	7,784,136

8 Analysis of expenditure by activities

	Activities undertaken directly 2025 £	Grant funding of activities 2025 £	Support costs 2025 £	Total Funds 2025 £	Total Funds 2024 £
Programmes & Projects	5,494,889	-	849,784	6,344,672	6,024,061
Grants awarded to NHS and academic partners	-	4,938,069	-	4,938,069	7,784,136
	5,494,889	4,938,069	849,784	11,282,742	13,808,197
Total 2024	5,588,096	7,784,136	435,965	13,808,197	

GLOBAL HEALTH PARTNERSHIPS
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

8 Analysis of expenditure by activities (continued)

Analysis of direct costs

	Total Funds 2025 £	Total Funds 2024 £
Staff costs	2,105,093	2,088,581
Direct expenditure on programmes and projects	3,389,796	3,499,515
Total	5,494,889	5,588,096

Analysis of support costs

	Total Funds 2025 £	Total Funds 2024 £
Staff costs	418,660	88,118
Governance costs	51,637	28,997
Administration and office expenses	379,487	318,850
	849,784	435,965

9 Auditor's remuneration

Auditor's remuneration includes fees payable for the statutory audit of £19,250 (2024: £16,460) and non audit services in relation to the preparation of the financial statements of £3,085 (2024: £2,940).

10 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	2,620,001	2,282,310
Social security costs	239,449	199,043
Contribution to defined contribution pension schemes	92,827	77,397
	2,952,277	2,558,750

The following number of employees received employee benefits (excluding employer national insurance and pension costs) during the year between:

	2025 No.	2024 No.
£60,000 - £69,999	3	1
£70,000 - £79,999	1	3
£80,000 - £89,999	3	1
£90,000 - £99,999	-	-
£100,000 - £109,999	-	1
£110,000 - £119,999	1	-

The key management personnel of Global Health Partnerships comprises the Chief Executive, the Senior Management Team (SMT) and the Technical Director, Health Systems Strengthening. The SMT consists of the Chief Operating Officer, Deputy CEO and the Director of Programmes. The total employee benefits including pension contributions of the key management personnel were £512,278 (2024: £397,494 - CEO and SMT only).

The Trustees were not paid or received any other benefits from employment with the charitable company in the year. No trustee received payment for professional or other services supplied to the charitable company.

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £3,146 for 2 Trustees (2024: £951 for 3 Trustees).

11 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2025 No.	2024 No.
Charitable activities - programme and projects	61	56
Administration	10	8
Generating income	3	3
	74	67

12 Tangible fixed assets

	Computer Equipment £	Total £
Cost		
Balance brought forward	43,121	43,121
Additions in year	5,291	5,291
Disposals in year	-	-
At the end of the year	48,412	48,412
Depreciation		
Balance brought forward	34,186	34,186
Charge for the year	5,110	5,110
Eliminated on disposal	-	-
At the end of the year	39,296	39,296
Net book value		
As at 31 December 2025	9,116	9,116
As at 31 December 2024	8,935	8,935

All of the above assets are used for charitable purposes.

GLOBAL HEALTH PARTNERSHIPS
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

13 Debtors

	2025 £	2024 £
Trade debtors	440,142	135,010
Other debtors	32,071	388,285
Prepayments	98,821	44,472
Accrued income	1,249,825	719,884
	1,820,859	1,287,651

14 Creditors: amounts falling due within one year

	2025 £	2024 £
Trade creditors	356,891	151,375
Taxation and social security	69,576	89,005
Other creditors	159,154	251,381
Deferred income	18,995	-
Accruals	15,317	25,397
	619,933	517,158

15 Deferred income

Deferred income comprises contracts and other income where the activity to deliver services funded by this income does not occur until the following year.

	2025 £	2024 £
Balance at the beginning of the year	-	1,763,138
Amount released to income in the year	-	(1,763,138)
Amount deferred in the year	18,995	-
Balance at the end of the year	18,995	-

16a Movements in funds (current year)

	At 1 January 2025 £	Income £	Expenditure £	Transfers £	At 31 December 2025 £
Restricted funds					
Department for Health and Social Care - CwPAMS	122,735	2,034,064	(2,133,995)	-	22,804
Bill & Melinda Gates Foundation	31,377	171,939	(167,049)	2,799	39,066
Health Education England	27,566	-	(2,820)	(24,746)	-
Johnson & Johnson Foundation Scotland - Saving Mothers at Delivery	(12,381)	-	(5,488)	17,869	-
DHSC - Global Health Workforce Programme	131,910	4,896,025	(4,891,345)	-	136,590
Fraxinus Charitable Trust - Somaliland	43,799	204,576	(194,683)	-	53,692
Fraxinus Charitable Trust - Ethiopia	69,810	145,468	(120,490)	-	94,788
Remote International Mentoring Partnership Scheme (RIMPS)	3,236	1,250	(4,200)	-	286
Sanofi - Zambia & Uganda	503,473	260,104	(418,120)	-	345,457
Global Health Partnership	18,326	-	-	-	18,326
The Burdett Trust for Nursing - NNCF2	8,254	-	(8,278)	24	-
The European Union - UFUQ Syria project	676,446	-	(554,935)	-	121,511
NHS England - Global Capacity Building	21,992	516,534	(484,359)	-	54,167
FCDO - UK Myanmar Health Fund (UKMHF)	2,046	432,508	(432,504)	-	2,050
Experts in our midst	44,261	-	(35,950)	-	8,311
The Foreign, Commonwealth & Development Office - Zimbabwe	199,539	385,100	(510,227)	-	74,412
Qatar Charity - NQIP project	(1,949)	25,528	(23,579)	-	-
CRI Foundation	83,532	155,270	(216,677)	-	22,125
The Scottish Government Health Partnership Programme	-	143,586	(146,104)	-	(2,518)
AstraZeneca project in Ethiopia	-	66,418	(21,441)	-	44,977
Other restricted funds	61,138	101,357	(60,714)	(4,937)	96,844
Total restricted funds	2,035,110	9,539,727	(10,432,958)	(8,991)	1,132,888
Unrestricted funds					
General funds	1,034,987	1,102,614	(1,416,070)	8,991	730,522
Total unrestricted funds	1,034,987	1,102,614	(1,416,070)	8,991	730,522
Total funds	3,070,097	10,642,341	(11,849,028)	-	1,863,410

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(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2025

16b Movements in funds (previous year)

	At 1 January 2024	Income	Expenditure	Transfers	At 31 December 2024
	£	£	£	£	£
Restricted funds					
Department for Health and Social Care - CwPAMS	239,830	1,922,287	(2,039,382)	-	122,735
The Burdett Trust for Nursing Grant	7,916	-	(7,916)	-	-
Bill & Melinda Gates Foundation	98,679	99,754	(159,183)	(7,873)	31,377
Health Education England	77,518	-	(49,952)	-	27,566
Johnson & Johnson Foundation Scotland - Saving Mothers at Delivery	113,855	-	(126,036)	-	(12,381)
DHSC - Global Health Workforce Programme	497,269	7,302,363	(7,667,722)	-	131,910
Fraxinus Charitable Trust - Somaliland	213,295	-	(169,532)	36	43,799
Fraxinus Charitable Trust - Ethiopia	137,219	-	(67,409)	-	69,810
Remote International Mentoring Partnership Scheme (RIMPS)	43,385	5,000	(45,149)	-	3,236
EU funded Syria project	79,740	100,705	(190,288)	9,843	-
Sanofi - Zambia & Uganda	486,799	172,000	(135,326)	-	503,473
Global Health Partnership	18,326	-	-	-	18,326
The Burdett Trust for Nursing - NNCF2	-	100,000	(91,746)	-	8,254
The European Union - UFUQ Syria project	-	1,643,483	(967,037)	-	676,446
NHS England - Global Capacity Building	-	835,497	(813,505)	-	21,992
FCDO - UK Myanmar Health Fund (UKMHF)	-	344,217	(342,171)	-	2,046
Experts in our midst	-	100,000	(55,739)	-	44,261
The Foreign, Commonwealth & Development Office - Zimbabwe	-	304,044	(104,505)	-	199,539
Qatar Charity - NQIP project	-	90,344	(92,293)	-	(1,949)
CRI Foundation	-	234,748	(151,216)	-	83,532
Other restricted funds	75,602	78,156	(96,125)	3,506	61,138
Total restricted funds	2,069,232	13,332,598	(13,372,232)	5,512	2,035,110
Unrestricted funds					
General funds	691,185	1,247,140	(897,826)	(5,512)	1,034,987
Total unrestricted funds	691,185	1,247,140	(897,826)	(5,512)	1,034,987
Total funds	2,760,417	14,579,738	(14,270,058)	-	3,070,097

The overall reason for the transfer of funds from restricted reserves to unrestricted is due to various restricted projects finishing in the year. Where projects are deliverables based, any unspent funds at the end of the project do not need to be returned, and are therefore transferred to unrestricted reserves. In other cases, where the financial reports for projects are prepared in another currency, there is a GBP balance but no balance in the project currency, at the end of the project due to the movements in the relevant exchange rate over the course of the project. This balance is therefore free to be transferred to unrestricted reserves.

Purposes of restricted funds

Department for Health and Social Care - CwPAMS

Funded by the UK Department for Health and Social Care, CwPAMS is a £2.2 million grants programme for UK-LMIC health partnerships originally running from September 2018 to May 2020. As a result of the impact of the COVID-19 global pandemic, the programme was extended until June 2022. In July 2022 a £4.64 million Phase 2 of this project was agreed with DHSC. Global Health Partnership manages the programme in partnership with Commonwealth Pharmacists Association, who provide technical support to grant holders. 12 partnerships are funded through the programme, operating in Ghana, Tanzania, Uganda, Zambia, Kenya, Malawi, Nigeria and Sierra Leone, with the aim of implementing antimicrobial stewardship improvement projects in alignment with each country's National Action Plan on antimicrobial resistance.

Burdett Trust for Nursing Grant

This programme awards Nursing and Midwifery Quality Improvement Fellowships to build the leadership of nurses and midwives in the UK, Africa and Asia. This programme runs in synergy with the UKPHS programme and the HEE Nursing Now campaign to maximise impact.

Bill and Melinda Gates Foundation

A programme which seeks to take a systematic approach to raising awareness of health and ODA issues amongst sectors of the British public. The original three-year programme finished in July 2022, with a follow-on two-year programme starting in August 2022 and a further one-year programme starting in August 2024 and 2025.

Health Education England

Health Education England (HEE) and the Global Health Partnership have been working in partnership since 2016. The partnership allows HEE to offer quality education and training opportunities to NHS staff in Low- and Middle-Income Countries (LMICS). It builds on Global Health Partnership's long-standing role in managing health partnerships between health institutions in the UK and their counterparts across 31 countries in Africa and Asia.

The 2023 Service Level Agreement (SLA) is contracting Global Health Partnership to deliver activities aimed at developing the evidence base for this approach, publicising these opportunities to NHS staff, and continuing activity in Myanmar and Uganda, two countries with especially close ties to the UK health community, through Alliances. On 1 April 2023 HEE officially merged with NHS England.

NHS England - Global Capacity Building

The aims of this project are the provision of grants to Health Partnerships to generate volunteering opportunities to NHS staff; the monitoring of the benefits of volunteering to the NHS; and providing in-country support to ensure that all NHS expertise is targeted at LMIC national and institutional priorities.

Johnson & Johnson Foundation Scotland - Saving Mothers at Delivery

The vision of this project is that public health facilities in Myanmar and Somaliland are safer places for mothers to undergo emergency procedures related to delivery, and that morbidity arising from these procedures are minimised.

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Purposes of restricted funds (continued)

Fraxinus Charitable Trust
The aim of this project is to improve access of marginalised women to quality maternal and obstetric care in Somaliland.

Fraxinus Ethiopia
The aim of this project is the improvement of non-communicable disease care for underserved communities in Ethiopia.

Remote International Mentoring Partnership Scheme (RIMPS)
The Remote International Mentoring Partnership Scheme will enable UK-based individuals from health organisations to provide remote mentoring within up to 10 international health partnerships (with a minimum of 5 mentees per partnership) in low and lower middle-income countries. This will enable health workers to feel better supported in their role, and consequently provide better quality of care, as well as ensuring the continued engagement of health partnerships and individuals in global health work at low cost.

FCDO - UK Myanmar Health Fund (UKMHF)
The aim of this programme is to address various healthcare challenges that have arisen since the coup in Myanmar and to embed longer-term health systems strengthening in the country.

NQIP - Qatar Charity
Global Health Partnership is acting as a partner to King's College London who are the main grant recipient for this project. The overall aim of the project is to improve the Quality of Healthcare in Somaliland, with Global Health Partnership assisting by developing a stronger workforce to deliver Quality of Care.

Sanofi - Zambia & Uganda
The aim of this project is the improvement of the lives of women in Uganda and Zambia living with, or at risk from breast cancer, but who are not currently getting the help they need.

Global Health Partnership - Biomedical Engineering
In response to a request by the Zambian Ministry of Health, Global Health Partnership and our partners had delivered an 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.

DHSC - GHWP
The aim of this project is delivering UK-local health system partnerships for the Programme to address health workforce priorities in Kenya, Ghana, Nigeria and cross-LMICs.

The European Union – UFUQ Syria project
The purpose of the project is the upgrading and future-proofing of human resources for health for Universal health coverage and better-quality care in Syria.

Experts In Our Midst
The programme sheds light on the knowledge internationally recruited healthcare professionals have of overseas health systems, in ways that empowers them as individuals, and aims to harness the knowledge diaspora staff have of other health systems to develop practical solutions that improve health service delivery in the UK and overseas.

The Foreign, Commonwealth & Development Office – Zimbabwe
With support from FCDO, GHP aims to address Zimbabwean health sector priorities through a UK-Zimbabwe health partnership approach

CRI Foundation
GHP is supporting the Zambian MOH in developing the biomedical engineering field

The Scottish Government Health Partnership Programme
Global Health Partnerships is managing the Scottish Government Health Partnership Programme (SGHPP) - a vital initiative mobilising the power of international collaboration to strengthen health systems across Malawi, Rwanda Zambia and Scotland. This programme builds on Scotland's 20-year legacy of international development, drawing on the Scottish Government's strengths in health and education and deep-rooted relationships with partner countries to drive equitable, sustainable improvements in healthcare.

AstraZeneca project in Ethiopia
Through a partnership with the Spirit Health Foundation, GHP is working to fulfil AstraZeneca's ambition to transform care for breast and prostate cancer patients in the underserved communities of Ethiopia.

Analysis of net assets between funds

2025		Restricted Funds £	Unrestricted funds £	Total £
	Tangible fixed assets	-	9,116	9,116
	Net current assets	1,132,888	721,406	1,854,294
Total Funds		1,132,888	730,522	1,863,410
2024		Restricted Funds £	Unrestricted funds £	Total £
	Tangible fixed assets	-	8,935	8,935
	Net current assets	2,035,110	1,026,052	3,061,162
Total Funds		2,035,110	1,034,987	3,070,097

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NOTES TO THE FINANCIAL STATEMENTS
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17 Legal status of the charitable company

The charitable company is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

18 Capital Commitments

There were no capital commitments not provided for in the financial statements (2024: None).

19 Pension commitments

The Charity operates a defined contribution pension scheme. The assets of this scheme are held separately from those of the group in an independently administrated fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £92,827 (2024: £77,397). £nil (2024: £22,656) was payable to the fund at the balance sheet date.

20 Funds held as intermediary agent

At year end Global Health Partnerships acted as an intermediary agent for the following organisations and individuals. 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 January 2025 £	Net receipts/payments 2025 £	Balance held at 31 December 2025 £
Andrew Quayle	(1,525)		(1,525)
Links Lusaka	5,770	845	6,615
	4,245	845	5,090
	Balance held at 1 January 2024 £	Net receipts/payments 2024 £	Balance held at 31 December 2024 £
Andrew Quayle	(1,525)	-	(1,525)
Links Lusaka	4,502	1,268	5,770
	2,977	1,268	4,245

Andrew Quayle
Funds held on behalf of Andrew Quayle for the support for upgrading medical qualifications in Zambia.

Links Lusaka
These funds are being held by Global Health Partnership 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 and librarians and other allied health professionals for teaching and CPD.

21 Post Balance Sheet Events

Following 31 December 2025, Global Health Partnerships has continued to deliver the organisational restructure consultation referenced throughout this report. The consultation is expected to conclude in summer 2026. The Trustees have considered the implications of the restructure on the financial position of the charity, on its ability to continue as a going concern, and on its reserves policy, and have concluded that GHP remains a going concern.

22 Related party transactions

Justinian Ash, a Trustee of Global Health Partnership and his wife are Trustees of the Fraxinus Trust. During the year the charity received grants totalling £350,044 from this organisation (2024: £nil). Details of the projects undertaken by the charity are in note 16.

There were no other related party transactions during 2025 (2024: None).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

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23 Comparative Statement of Financial Activities (year ended 31 December 2024)

	Note	Unrestricted funds 2024 £	Restricted funds 2024 £	Total funds 2024 £
Income from:				
Donations and legacies	2	77,864	-	77,864
Charitable activities	3	945,543	13,332,598	14,278,141
Investments	4	4,359	-	4,359
Other income	5	219,374	-	219,374
		1,247,140	13,332,598	14,579,738
Expenditure on:				
Raising Funds	6	461,861	-	461,861
Charitable activities	8	435,965	13,372,232	13,808,197
Total expenditure		897,826	13,372,232	14,270,058
Net (expenditure)/income		349,314	(39,634)	309,680
Transfers between funds	16	(5,512)	5,512	-
Net movement in funds		343,802	(34,122)	309,680
Reconciliation of funds:				
Total funds brought forward		691,185	2,069,232	2,760,417
Total funds carried forward		1,034,987	2,035,110	3,070,097