




UK-MED

**Strategic Plan
2026–2031**



**Everyone should get the
healthcare they need when
emergencies hit.**

Right now, millions don't.

**Here's
how we'll
change that.**

Our vision

A world where everyone gets the healthcare they need when emergencies hit.

Our mission

We save lives in emergencies.

When health services are overwhelmed by disasters, disease outbreaks or conflict, we get expert health staff to where they're needed, fast.

We help health staff worldwide prepare for future crises.



Administering medication from our Type 1 Field Hospital, Deir al-Balah, Gaza © Geraint Hill / UK-Med

Our values



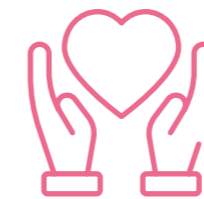
Excellence

We set high standards for ourselves and the organisation. We strive to be outstanding in everything we do, learning and constantly improving.



Determination

We have a can-do attitude and thrive on solving problems. No matter what the challenge, we explore all options so if there's a way, we'll find it. We don't give up easily.



Compassion

We care about people. The health and wellbeing of people affected by emergencies and our staff is central to everything we do.



Collaboration

Working in partnership with others is key to the success of our work. We respect the skills, knowledge and experience of others. We listen and are happy to adapt.

Our ambition in a changing world

In an increasingly dangerous and uncertain world, the most vulnerable people – children, older people, pregnant women, people with disabilities, people without the money or means to move – **suffer most.**

Humanity depends on the world not forgetting these people. Lives depend on the ability to respond consistently at speed and scale.

Our focus will continue to be overseas, but we will work with partners close to home to build readiness and resilience as the UK and Europe prepare for the prospect of wider conflict, the likelihood of more frequent and severe weather events, and larger numbers of displaced people.

To meet the challenges ahead we will need to build more partnerships, grow and diversify our income and inspire the UK public to help save lives in emergencies. **To double our impact, we aim to double our income.** However, we do not seek to grow exponentially, in order to maintain our quality and what sets us apart.

Over the next five years we will ensure at least 2 million of the most vulnerable people in the world's most complex emergencies get the healthcare they need. I hope you will join us on our life-saving journey.



David Wightwick CMG
CEO, UK-Med



David Whitney,
Chair of Trustees, UK-Med

A patient consultation at Lubotyn Collective
Centre, Ukraine © Geraint Hill / UK-Med



Our story

UK-Med is a frontline medical aid charity founded on the values and expertise of the UK's National Health Service (NHS).

For more than 30 years we've been working towards a world where everyone gets the healthcare they need when emergencies hit.

During emergencies, international team members work alongside national colleagues to deliver safe, skilled and compassionate care in the most challenging conditions. NHS professionals

bring their learning back to the UK, strengthening national resilience.

We were the first UK organisation to be verified by the World Health Organization as an Emergency Medical Team (EMT), a global mark of quality, trust and readiness to respond to emergencies within 24-48 hours.

Our 'Prepare. Respond. Learn' model acts as a bridge between immediate emergency aid and preparing for the next emergency. It's how we turn the experience of crisis into readiness, readiness into hope, and hope into action.



Between 2021 and 2026 we:



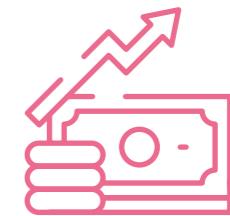
Delivered healthcare to **more than a million people** in emergencies.



Responded to **49 emergencies**, making us the most active EMT globally.



Our register grew to **1,500+** health and aid professionals from **50+ countries** and across **more than 50 specialisms**.



Increased income from **£5.4m to £25m**, enabling large operations in Ukraine and Gaza

Image on the left: Our founder, Professor Sir Tony Redmond, with NHS medics from the South Manchester Accident Rescue Team © UK-Med Archives

The situation we're facing

In the last five years, the world has changed dramatically.

In 2026, 1 in 30 people will need emergency aid.¹ The number has nearly doubled in five years, driven by disasters, disease outbreaks and conflict.² Around one in every five children in the world are living in or fleeing from conflict zones.³

At the same time, the international norms and global institutions like the United Nations, meant to keep the world safe, are increasingly threatened.

The rules and conventions that govern war and the delivery of life-saving aid are frequently disregarded. Aid organisations are blocked from reaching people that need help through actions that would previously have caused international outcry, but now increasingly go unchallenged.

This makes life even more dangerous for people trapped in crises and makes delivering aid riskier.

Geopolitical tensions, strained international cooperation and shifting power blocks have destabilised the world order. As a result, many nations are re-focusing on defence and civil protection. Hard lessons learned from responding to the worst emergencies around the world should be used to build resilience and ensure we are ready for emergencies at home.

In January 2025, the aid sector faced a major shock when the US cut around 44% of its spending on humanitarian crises, followed by large cuts from other donors such as the UK and other G7 countries. As a result, there will be significant funding shortfalls at the same time needs are soaring.



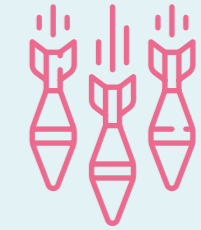
Khan Younis, Gaza, after an airstrike
© Sean Sutton / UK-Med

The crisis in numbers



300 million

people in need across 73 countries.⁴



Active conflict

at its highest number since World War Two.⁵



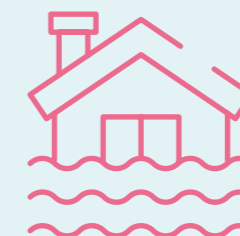
>80%

of people affected by emergencies live in long-term crises, facing prolonged periods without a realistic prospect of returning to dignified, healthy living.⁶



9

Public Health Emergencies of International Concern (PHEIC) declared by World Health Organization (WHO) in the last 20 years, including COVID-19.⁷



5x increase

in storms, floods and droughts over the past 50 years.⁸



Disease outbreaks continue to threaten lives worldwide. In the past five years, UK-Med has responded in 11 countries to help bring outbreaks under control.

Image: Responding to a cholera outbreak in Angola

© Hannah Gladstone / UK-Med

The drivers of emergencies

Conflict

Conflict remains the largest driver of humanitarian need. Conflicts in Ukraine, Gaza and Sudan have left millions of people without the healthcare they need. Instability and forgotten wars continue, out of the headlines, in Myanmar, Democratic Republic of Congo, Chad, Central African Republic and Syria.

Climate change

The number of storms, floods and droughts has increased fivefold over the past 50 years. The effects of climate change are already being felt and, even if warming is limited to 1.5°C, extreme weather events will continue to hit harder, more frequently and for longer. Increasing numbers of people will be left without healthcare, shelter and food.

Disease outbreaks

An increasingly interconnected world means disease outbreaks can now spread faster and wider than ever before. The COVID-19 pandemic clearly showed that even the most well-established health systems can become quickly overwhelmed by surging patient numbers. Outbreaks equally have a disastrous impact on families, societies, support systems and economies. Pandemic preparedness remains critical.

View from the roof of the Type 2 Field Hospital, Al Mawasi, Gaza © Geraint Hill / UK-Med



Prepare. Respond. Learn.

Everything we do is shaped by one continuous cycle: Prepare. Respond. Learn. Each element strengthens the others.

Readiness is the foundation that sustains this cycle. It is the constant state of capability – operational, people and learning – that allows our three priorities to function together. It is both the enabler of our impact and the outcome we aim to build in others.

The situation we're facing threatens decades of progress alleviating poverty, improving healthcare and education, and progress towards the United Nations Sustainable Development Goals (SDGs).

Our way of working supports SDG Goal 3 – Ensure healthy lives and promote well-being for all at all ages.

[Click here to read the 17 global SDGs](#)



UK-Med's rapid response capabilities and high standards of care make them an invaluable partner in global health emergencies.

Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

Images on the right from top: Type 2 Simulation Exercise, UK; Surgeons in the operating theatre, Al Mawasi, Gaza; Type 1 Simulation Exercise with the Ethiopian Emergency Medical Team, Ethiopia © Geraint Hill / UK-Med

Our priorities



Prepare

We work with healthcare teams and partners to strengthen their response skills so they are better prepared for emergencies.



Respond

We respond rapidly and flexibly to emergencies, to deliver the expertise needed to support local health services and save people's lives.



Learn

We work with academic partners to share learning and promote evidence-based practice, to improve care for people affected by emergencies and emergency aid worldwide.

Our priorities

Prepare

The challenge

National health staff in countries hit by crises and disasters are the first to respond and can save the most lives, but more emphasis and investment in preparedness training and support is required.

Our response

We will collaborate with health staff and global and national healthcare partners so they are better prepared to respond.

How we'll do it

- Partner with governments and national health organisations to strengthen national emergency preparedness through learning.
- Raise standards through 1-2-1 on-the-job training, mentoring, coaching and formal training.
- Expand remote support, access to technical expertise and exchange, and capacity strengthening.
- Prepare our future responders through regular training and personal and professional development.
- Develop our monitoring, evaluating, accountability and learning with an emphasis on measuring improvements and impact reporting.



We are equipped and ready to respond to any humanitarian emergency in a timely manner with the skills and knowledge required.

Dr. Nahom Tadelle, EMT Leader, Ethiopian Public Health Institute, UK-Med partner since 2022

Our priorities

Respond

The challenge

There are very few organisations worldwide that can respond to a wide range of emergencies at the same time and provide the specialist health staff people need.

Our response

We will respond to the specific needs and requests of an overwhelmed health system, saving lives. We will focus on rapid deployment, coordinating with global and national health actors, and strengthening national healthcare capacity to make a sustainable impact.

How we'll do it

- Deliver evidence-based, safe, effective and patient-centered care to those most in need during humanitarian emergencies.
- Support national, regional and international organisations providing health services.
- Coordinate with international partners to align with national response plans and established emergency medical team standards.
- Develop our health response capabilities, with the health staff, infrastructure and supplies needed to internationally respond within 24 to 48 hours.

By 2031, we aim to be WHO-verified in the following capabilities:

- EMT Type 2 Secondary Care Field Hospital
- Surgical Specialized Care Team
- Outbreak Specialized Care Team
- Burns Specialized Care Team



Operating theatre in the Type 2 Field Hospital, Al Mawasi, Gaza © Hannah Gladstone / UK-Med

Our priorities

Learn

The challenge

The aid system needs to be better informed to meet the challenge of delivering aid to more people in more complex emergencies.

Our response

A continuous learning loop means every response improves the next – for us and for the wider humanitarian community – so people caught in crises get better care.

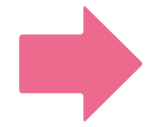
How we'll do it

- Conduct our own operational research, informed by real-time data collection as well as post-response learning.
- Share the results of our research widely for maximum impact.
- Use our research to inform our own policies and practices and those of others.



Image on the right: Teaching a practical session in Saida, Lebanon © Geraint Hill / UK-Med

Our four types of responses



EMT responses

We intervene as an EMT during healthcare emergencies, responding to requests for temporary support to overwhelmed health services.



Long-term programmes

In protracted humanitarian crises with significant gaps in health care we will work longer-term, either with a permanent in-country footprint or short, focused and repeat responses over time.



Remote support

We provide remote support through EMT partnership and telehealth, enabling clinicians to access continuous specialist guidance via live mentoring, peer learning, and real-time technical support to ensure safe, evidence-based care in hard-to-reach settings.



Emergency preparedness

We provide capacity building and training for health staff and services. Where countries are vulnerable to health and humanitarian crises, we help strengthen emergency preparedness and develop national capacities.



The UK Emergency Medical Team (UK EMT)



Alongside our work as an independent NGO, UK-Med is a proud delivery partner of the UK Emergency Medical Team, the UK government's frontline humanitarian response overseas, funded by UK Aid from the British people through the Foreign, Commonwealth and Development Office (FCDO).

The UK EMT responds multiple times per year, offering wideranging support from burns, surgical and outbreak response. In the 2021-2026 strategic period, the UK EMT responded:



Angola	Democratic Republic of the Congo (DRC)	Lebanon	Namibia	Sierra Leone
Armenia	Djibouti	Libya	North Macedonia	Solomon Islands
Bangladesh	Jamaica	Malawi	Papua New Guinea (PNG)	Somalia
Botswana		Mauritania	Rwanda	Syria
		Morocco		Turkey

Image on the left: Arriving at a cholera treatment centre, Angola © Hannah Gladstone / UK-Med

We will respond when:

- The national health system or services are overwhelmed by the scale of the emergency.
- Our health and operational expertise will make a difference.
- We have the experience, knowledge, staff, equipment and supplies to make an effective contribution.
- We can reach the affected people and the location safe enough to allow our health operations.
- We can raise sufficient funds for the response and can provide good value for money.

We will leave when:

- Impacts of the immediate crisis or disaster has passed.
- Local or national health services can meet people's needs to the level before the crisis or disaster.
- Identification of viable local or national partners who can take over the health services we have established.
- Funding is no longer available, despite our best efforts to raise funds if the crisis is continuing.
- If the request to which we responded was timebound from the start of our deployment.

Image below: Responding to the earthquake in south-eastern Türkiye © UK-Med



Ensuring excellence and protecting people

Clinical standards

We are committed to the highest standards of clinical care across all health emergency and humanitarian responses. Our teams are equipped to deliver care that is safe, effective and accountable, underpinned by robust clinical governance. Through independent oversight from the Board through the Clinical Governance Committee, we ensure strong quality assurance, continuous improvement, effective risk management and clear accountability.

International Humanitarian Law (IHL) and humanitarian principles

The humanitarian principles of humanity, neutrality, impartiality and independence provide the foundation for humanitarian action. We work in complex and challenging emergencies where the principles are often challenged, but we maintain our principled yet pragmatic approach, guided fundamentally by the humanitarian imperative to save lives and reduce suffering.

Image on the right: Treating a patient in the field hospital, Al Mawasi, Gaza © Majdi Fathi / UK-Med



Ensuring excellence and protecting people

Safeguarding and prevention of sexual exploitation, abuse and harassment (PSEAH)

We do not tolerate sexual exploitation, abuse or harassment by our staff or associated personnel. Everyone we interact with has the right to be protected from harm, abuse, neglect and exploitation.

We will continue to take action to prevent sexual exploitation, abuse and harassment through our Safeguarding Framework. We will further strengthen and embed each of the six pillars of our Framework: Policy and Standards, Reporting, Roles and Culture, Case Management, Training and Development, and Safer Recruitment.

Safety and security

The safety and security of our staff is of utmost importance. We are determined to reduce the level of risk staff are exposed to by implementing robust security and safety risk mitigation and management. This approach is central to response planning, with initial and dynamic risk assessments, training and simulation exercises at a programme and HQ level and Crisis Management Protocols.



Code of conduct

We are signatories of the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations in Disaster Relief](#). Our work meets the commitments to people affected by crises of the [Core Humanitarian Standards](#).

Environmental impact

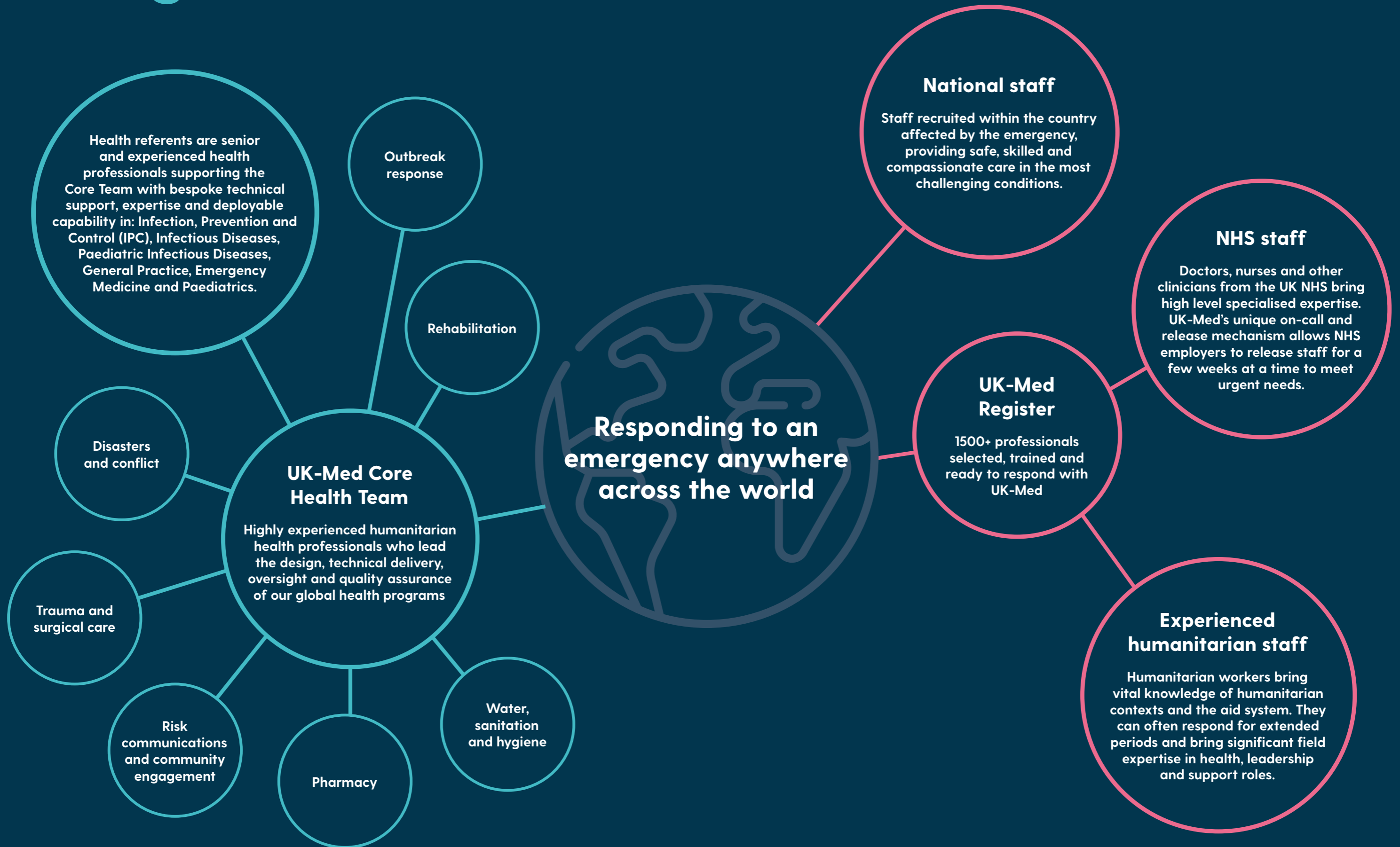
We are signatories of the [Climate and Environment Charter for Humanitarian Organisations](#) adopted by the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies. We will monitor and limit our environmental impact wherever possible.

Image above: UK-Med 'mobile medical unit' vehicle in Kharkiv Oblast, Ukraine © Geraint Hill

Image on the right: UK-Med; Midwives in the field hospital, Al Mawasi, Gaza © UK-Med



Our global health network



How you can help

We won't give up until everyone gets the healthcare they need when emergencies hit. **We know you won't either.**

You can help get expert health staff to where they're needed.

Partner: If you share our values, let's talk.

Donate: Your one-off or regular gift can help us act fast and save lives.

Join us: Join our Register, staff team or become a volunteer.

Together, we'll leave no call for help unanswered.

“

Your help is needed to get vital medical aid to those that need it most.

Dr. Iain Lennon, Emergency Medicine Consultant



We **save** lives in **emergencies**

1. [239 million people \(Trends in crises and needs: a world at breaking point | Global Humanitarian Overview 2026 | Humanitarian Action\)](#) out of 8,298,978,817 total population ([current world population: 8,298,978,817](#))
2. [Global Humanitarian Overview 2025 \[EN/AR/FR/ES\] | OCHA \(301m\)](#), [Global Humanitarian Overview 2019 \[EN/AR/ES/FR/ZH\] | OCHA \(168m\)](#)
3. [Global Humanitarian Overview 2025 \[EN/AR/FR/ES\] | OCHA](#)
4. [Global Humanitarian Overview 2025, August Update \(Snapshot as of 31 August 2025\) \[EN/AR\] | OCHA](#)
5. [CrisisWatch Conflict Tracker | International Crisis Group](#)
6. [Global Humanitarian Assistance Report 2023 | Knowledge for policy](#)
7. [WHO – List of emergencies](#)
8. [Weather-related disasters increase over past 50 years, causing more damage but fewer deaths](#)