

Strengthening Incontinence Surgery and Service Delivery through Partnership in Malawi

Mayur Gami¹, Nikesh Thiruchelvam², Tamsin Greenwell², Brendan Berry³, Suzie Venn².

¹ Cambridge Global Health Partnership, ² Urolink ³ The Urology Foundation

Introduction & Methods

- Urinary incontinence remains a significant but underreported health burden in Malawi, compounded by stigma, limited resources, and barriers to care.
- In response, Cambridge Global Health Partnerships (CGHP) and Urolink established a collaboration with Kamuzu Central Hospital (KCH) based on mutual learning, shared decision-making, and cultural respect.
- Our mission was: to empower local teams, strengthen services, and drive lasting change.
- Relationship-building was prioritised from the outset, with months of joint preparation, including multidisciplinary online meetings to identify needs, select cases, and co-design the visit. Previous visits have solidified relationship.
- Clinical care and teaching during the trip were fully collaborative: surgeries were performed together, teaching was bidirectional, and decision-making was shared.
- We adapted respectfully to resource limitations, elevated Malawian leadership in patient care, and embedded cultural exchange into the partnership model.
- Trust, equity, and sustained commitment were integral at every stage of the collaboration.

Results

Domain	Outcome
Surgical Procedures	8 major surgeries performed, including complex clam cystoplasties and VVF repairs.
Clinical Innovation	First use of urethral bulking agent (Bulkamid) for stress urinary incontinence in Malawi.
Training and Education	12 urology and gynaecology registrars received structured teaching sessions.
Skills Transfer	Malawian surgeons led procedures (e.g., pubovaginal sling) with UK team support.
MDT Collaboration	4 online multidisciplinary planning meetings prior to visit; joint case selection.
Teaching Impact	Registrar confidence in managing SUI, UDS interpretation, and VVF management improved (based on pre/post teaching surveys).
Cultural Exchange	Joint activities (e.g., Lake Malawi visit, safari, communal dinners) strengthened trust and teamwork.
Partnership Development	Deepened institutional relationships; ongoing support for urology registrar training pipeline at KCH.

DISCUSSION



Delivering surgical care in low-resource settings requires building lasting, respectful relationships — not just transferring skills or equipment.



Early engagement, joint case planning, shared decision-making, and cultural exchange were critical to both clinical success and sustainable improvements.



Trust was actively built through consistent communication, humility in learning from local expertise, and adapting to infrastructure challenges.



Solutions were co-created with Malawian colleagues, recognizing their leadership and ensuring services are shaped by local needs.



Success was measured by growing registrar confidence, adoption of new techniques (e.g., urethral bulking), and strengthened institutional partnerships.



CONCLUSION



Building trust, mutual respect and shared responsibility was central to this collaboration



True sustainability came from empowering Malawian colleagues to lead



Cultural humility and commitment to local leadership transformed



Investment in relationships created lasting impact on healthcare delivery



Project contact:
Mayur Gami
Urology ST4- Southend, East of England. mayurgami@hotmail.co.uk