

## National Student Survey 2025

BA (Hons) Business Management

**100%** overall satisfaction

Master of Nursing

**100%** overall satisfaction

BSc (Hons) and Master of Diagnostic Radiography

**100%** overall satisfaction

BSc (Hons) Public Sociology

**100%** overall satisfaction

Diploma of Higher Education in Hearing Aid Audiology

**94.4%** overall satisfaction

BA (Hons) in Acting and Performance

**93.8%** overall satisfaction

BSc (Hons) and Master of Speech and Language Therapy

**90%** overall satisfaction

BSc (Hons) Nutrition

**90.9%** overall satisfaction

**Ranked 1st** in Scotland for student union representation of students' academic interests



# Queen Margaret University

EDINBURGH

Queen Margaret University (QMU) is a modern, outward-looking university with contemporary facilities, grounded in a long tradition of serving communities and improving wellbeing locally and globally.

It offers the broadest range of health-based education programmes in Scotland, underpinned by a strong commitment to person-centred practice across teaching and research.

QMU's research and knowledge exchange are applied, socially relevant, and impact-focused, working closely with partners to address real-world challenges and deliver tangible benefits for individuals, services, and communities.





**Queen Margaret University**

INSTITUTE FOR GLOBAL HEALTH  
AND DEVELOPMENT

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**Our focus** is on health and wellbeing and their broader challenges and determinants, including in situations of emergency and fragility across the globe.

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**Our work** is applied, practice oriented and in partnership with communities and stakeholders.

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**Expertise** informs national and global debates, policy and guidance issued by FCDO, WHO and UNHCR among others.

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**ReBUILD**  
FOR RESILIENCE



Image: Destroyed buildings and houses in town in Türkiye after earthquake. Credit: Serkan Gönültaş



**UKaid**  
from the British people

Core question: How do we develop **resilience capacities** to ensure **responsive, effective, inclusive, gender-equitable and sustainable health systems** in **fragile and shock-prone settings**?

# Where we work



● ReBUILD core research and learning sites

○ ReBUILD thematic and synthetic research

*Plus additional sites for affiliated work, not included here*

# Key insights

1. Community leadership is locally defined and shaped by history, culture, and politics — not by programme or institutional design.
2. Health systems coped better to address disease and maintain health in times of shock when communities were actively involved in decision-making, coordination, and problem-solving — not just consulted.
3. Communities may lack financial resources, but their relational assets — trust, local knowledge, and rapid mobilisation — enable pooling and brokering of resources across sectors.
4. Narrowly defining community roles instrumentalises participation, erodes trust, and reduces adaptive capacity during outbreaks and hidden conditions.
5. Participatory approaches are slow to build but enable faster, more effective crisis response; they require sustained investment in coordination and ‘soft’ skills via platforms, not projects.



# Key insights

1. Engaging persons affected, families, community health workers, traditional and faith healers and other community actors in decision-making, outreach and service design significantly improved detection, referral and treatment of skin NTDs.
2. Traditional and faith healers often serve as the first point of contact for people with stigmatising skin NTDs and have deep trust in their communities. Collaboration — training, respect for roles, and referral linkages — reduced delays and improved timely linkage to formal care, while also integrating holistic psychosocial support.
3. By involving persons affected as co-researchers, peer advocates and participants in monitoring and analysis, REDRESS changed power dynamics, built social capital, and reduced stigma and exclusion.



The number of hydrocele cases in a year before the intervention was 23, increasing to 65 during the intervention, resulting in a 183% increase



The number of new leprosy cases increased from 9 in a year before the intervention to 28 during the intervention, representing a 211% increase



There are also 4 detected cases of onchocerciasis (no comparison data in HMIS)

# Challenges

1. **Health systems are predominantly biomedical and service-centric.**
  - a. Financing structures are short-term and disease-specific, not long-term and people-centred.
  - b. Workforce investments do not recognise the importance of relational skills.
  - c. Health information systems are built for quantitative clinical reporting, not the kinds of insight that community networks generate (qualitative patterns, social barriers, early warning signs).
2. **Power imbalances and hierarchical governance, and socio-political history, inhibit genuine community participation.**



Thank you!

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