

**MAKERERE UNIVERSITY**  
**SCHOOL OF PUBLIC HEALTH**




**MakSPH**  
**Annual**  
**REPORT**  
**2025**


This annual report was prepared by Makerere University School of Public Health(MakSPH)Communications Office


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 MakSPH

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With special thanks to the faculty, departments, staff, and students who contributed their time and their content to the MakSPH Annual Report 2025.

## CARE FOR THE ENVIRONMENT

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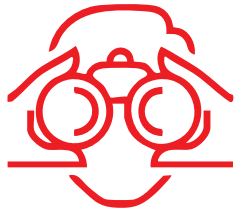
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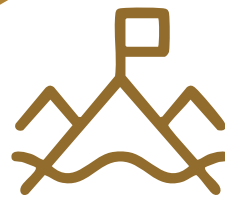
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## Vision

To be a leader in public health training and knowledge generation for societal transformation.



## Mission

To promote better health for the people of Uganda and beyond through public health training, research and community service.



## Core Values

- Professionalism
- Integrity
- Innovativeness
- Responsiveness
- Collaborations
- Equity & social justice

# Message from the Dean

2025 will be remembered as the year MakSPH came into its own. The School attained stand-alone status within Makerere University, increased its partnerships and research despite a turbulent global health financing environment, graduated over 200 students, and continued to show up for Uganda at moments of national challenges and need. That is the story this report tells.

The shifting geopolitics and global health funding sent shockwaves through global health institutions including ours. We lost grants,

closed out some projects, and said farewell to colleagues whose contributions had shaped our School in ways we will long remember. But we did not lose our footing. Our research increased compared to the previous year and our scientific output was sustained. We stepped forward into national and regional challenges rather than retreating from them. That is not luck but institutional character, built over seven decades and tested in real time.

When the restructuring of health services threatened continuity of care, colleagues from MakSPH were at the table, working alongside the Ministry of Health to develop integration and other frameworks that kept services moving and subsequently evaluating their effectiveness to identify where improvements were still needed. We did not wait to be invited. We showed up, as we have always done when Uganda needed us most. That cycle of evidence, action, and accountability is what MakSPH looks like when it is operating at its best.

Construction of the School's new building on the Makerere University Main Campus continues, sustained by the commitment of our staff, the University leadership, the Government of Uganda, and partners who chose to stand with us when the funding environment made standing difficult. That building is a true testament to what collective belief in our institution looks like when it is put to the test.

Looking ahead, the stand-alone status, combined with the direction set by our 2025 to 2030 Strategic Plan, positions MakSPH to contribute to Africa's health system transitions with greater speed, purpose, and impact. Countries and institutions across the continent must take greater ownership of their health systems and health investments. MakSPH will remain at the centre of that conversation, through evidence, through policy engagement, and through the quality of the public health leaders we train and send into the world.

This report is structured along the five pillars of our Strategic Plan: Transformative Education, Knowledge Generation and Translation, Community Engagement, Partnerships and Collaborations, and Institutional Capacity Enhancement. Across each of them, you will find a School that did not crumble when the waves came, but stepped forward.

None of what this report documents happened in isolation, but because of the dedication of our faculty and staff who kept showing up, the resilience of our students who kept pushing forward, and the loyalty of our partners and funders who stood with us through a demanding year. To each of you, our School owes a debt of genuine gratitude.

*I invite you to read what that looks like in practice.*

**Dr. Rhoda Wanyenze,**

**Professor & Dean,**

Makerere University School of Public Health



## Stand-Alone Status and Accelerated Impact in 2025

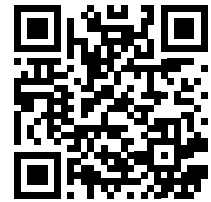
Effective January 2025, Makerere University School of Public Health became a stand-alone School within Makerere University, following approval by the University Council in 2024. The designation is the latest in a sequence of institutional recognitions, each one earned rather than granted.

The story begins in 1954, when preventive medicine was introduced into Makerere's Faculty of Medicine, planting a then-unconventional idea that disease and wellbeing are shaped as much by social and environmental conditions as by clinical care. That conviction took physical form in 1959 with the establishment of Kasangati Health Centre, one of Africa's pioneering community health training sites, where teaching, research, and service delivery were integrated within communities rather than confined

to a classroom. By 1975, that body of work had grown into Sub-Saharan Africa's first Institute of Public Health, a milestone that drew international recognition for Makerere as a continental pioneer in public health training.

The decades that followed tested and deepened that foundation. The Institute sustained its work through Uganda's most turbulent political and economic period, expanded into nutrition and child survival, and stood at the frontline of the country's earliest response to HIV and AIDS. The Master of Public Health, launched in 1994, remains a flagship programme today. In 2001, the Institute became a distinct academic unit within Makerere University, establishing the four academic departments that structure the School's work to this day. In 2007, under Prof. David Serwadda, the Institute was elevated to the Makerere University School of Public Health, affirming public health as a distinct academic discipline in its own right.

Stand-alone status builds on that foundation, giving MakSPH greater agility and speed to execute its mandate, strengthen partnerships, and deepen impact. The School carries this responsibility with the same spirit of collaboration that has always defined its work, as it continues serving Uganda and the region.



Scan to read about the journey of the School

The milestone marked a significant institutional transition, recognising the School's growth and expanding role in public health training, research, policy engagement, and service.



# What MakSPH Is Known For

Africa is home to some of the world's most complex and consequential public health challenges. Addressing them demands more than good intentions. It demands institutions with deep roots, proven expertise, and the courage to ask difficult questions. Makerere University School of Public Health was built for exactly this moment.

For seven decades and with more than 1,000 students trained across 12 degree programmes every year, MakSPH has been at the centre of public health in Uganda and the region, training the doctors, researchers, and policymakers now running health systems across Africa and contributing to global health policy and practice. It pioneered primary healthcare models that influenced WHO's global agenda, has implemented over 50 projects in collaboration with WHO, and is advancing towards WHO Collaborating Centre status. It produces over 350 peer-reviewed publications annually, complemented by policy briefs, think pieces, case studies, toolkits, and datasets that translate research into concrete policy action.

MakSPH's research has produced discoveries that have changed how the world responds to disease. Through the Rakai Health Sciences Programme, MakSPH has been at the forefront of HIV science since

the earliest days of Uganda's epidemic, a contribution spanning four decades. Its researchers contributed to clinical trials that established safe male circumcision as reducing female-to-male HIV transmission by approximately 60%, directly informing WHO's adoption of voluntary medical male circumcision as a global HIV prevention strategy. Through the PURPOSE 1 trials between 2022 and 2024, MakSPH contributed to the landmark discovery that lenacapavir, a twice-yearly injectable, offers over 99% protection against HIV, now driving its rollout across Uganda and more than 120 low- and middle-income countries. This breadth of research extends across 8 district field training sites into more than 35 African countries, supported by regional platforms including PERSuADE, ALAMIME, and CARTA.

Governance and accountability underpin this work. The MakSPH Research and Ethics Committee, operational since 2001 and accredited by the Uganda National Council for Science and Technology, alongside robust financial and grants management systems that have consistently delivered unqualified audit reports, make MakSPH a trusted partner for leading global funders and collaborators.

Beyond research and training, MakSPH has consistently shown up where Uganda needs it most. During the COVID-19 pandemic, Ebola outbreaks, and other public health emergencies, the School deployed faculty, students, and expertise to support national and regional response efforts. Its faculty serve on national technical committees and global health bodies, working alongside the Ministry of Health and partners across Africa, Europe, and North America to ensure evidence reaches those responsible for acting on it.

Effective January 2025, the Makerere University Council granted MakSPH stand-alone status. Guided by its 2025 to 2030 Strategic Plan and aligned with Uganda's national development priorities, Africa's evolving public health agenda, and the global drive toward universal health coverage and the SDGs, MakSPH enters this next chapter with clarity of purpose, institutional maturity, and the proven capacity to lead. What sets MakSPH apart is not its size or its history. It is the fact that its research changes what governments do, and its graduates change what communities experience.



**Research at Scale**  
350+ publications per year



**Global Health Impact**  
Lenacapavir 99%+ HIV prevention  
~60% HIV reduction via circumcision trial  
WHO global policy influence



**Talent & Training**  
1,000+ students trained annually  
12 degree programmes  
8 district field training sites  
70 years of excellence



**Pan-African Network**  
Active in over 35 African countries  
WHO, UNICEF, USAID, EU  
global university links



**Effective January 2025, the Makerere University Council granted MakSPH stand-alone status.**

# Leadership of the School



**Dean**

**Dr. Rhoda Wanyenze,**  
*Professor*

**Deputy Dean**

*Since October 2025*

**Dr. Fredrick E. Makumbi,**  
*Professor*



**Deputy Dean**

*Feb. 2022 - Oct. 2025*

**Dr. Elizeus Rutebemberwa,**  
*Professor*



**Dr. Christine Nalwadda  
Kayemba Lutu**

*Associate Professor*

**Chair, Department of Community  
Health and Behavioral Sciences**



**Dr. Esther Buregyeya**

*Associate Professor*

**Chair, Department of Disease  
Control and Environmental Health**



**Dr. Suzanne Kiwanuka**

*Associate Professor*

**Chair, Department of Health Policy  
Planning and Management**



**Dr. Joan Nankya Mutyoba**

*Senior Lecturer*

**Chair, Department of Epidemiology  
and Biostatistics**



**Ms. Gladys Khamili**

*Principal Registrar*

**Office of the Academic Registrar**



**Ms. Elizabeth N. Nambi**

*Manager*

**Finance Management Unit**

# Acronyms

AGYW	Adolescent Girls and Young Women	MEOH	Master of Environmental and Occupational Health
AIDS	Acquired Immunodeficiency Syndrome	MHI	Master of Health Informatics
AMR	Antimicrobial Resistance	MHSR	Master of Health Services Research
ART	Antiretroviral Therapy	MPH	Master of Public Health
BEHS	Bachelor of Environmental Health Science	MPHDE	Master of Public Health (Distance Education)
CARTA	Consortium for Advanced Research Training in Africa	MPHDM	Master of Public Health in Disaster Management
U.S. CDC	United States Centers for Disease Control and Prevention	MPHN	Master of Public Health Nutrition
CESH	Centre of Excellence in Sustainable Health	MUEHSA	Makerere University Environmental Health Students Association
CHBS	Department of Community Health and Behavioural Sciences	NCD	Non-Communicable Diseases
CIREM Hub	The Complexity Innovative Research and Evaluation Methodologies	NIHR	National Institute for Health Research
CITYMOVE	City Based Actions to Stimulate Active Movement for Health	NTU	Nottingham Trent University
CTCA	Centre for Tobacco Control in Africa	PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
CTRIAD	Center for Prevention of Trauma, Injury and Disability	PUMA	The Politics of Urban Mobility Project
DCEH	Department of Disease Control and Environmental Health	RMNACH	Reproductive, Maternal, Newborn, Child and Adolescent Health
EMPOWER	Empowering Women for Better Reproductive Health Outcomes	SIHI	Social Innovation in Health Initiative
EPI-BIO	Department of Epidemiology and Biostatistics	SRHR	Sexual and Reproductive Health and Rights
GBD	Global Burden of Disease	TASO	The AIDS Support Organisation
HIV	Human Immunodeficiency Virus	UHC	Universal Health Coverage
HPPM	Department of Health Policy, Planning and Management	UNAIDS	Joint United Nations Programme on HIV/AIDS
HPV	Human Papillomavirus	UNFPA	United Nations Population Fund
KCCA	Kampala Capital City Authority	UNICEF	United Nations Children's Fund
KNOSA	Partnerships for Stronger Knowledge Systems in Africa	UPHIA	Uganda Population-based HIV Impact Assessment
LMIC	Low- and Middle-Income Country	USAID	United States Agency for International Development
MakSPH	Makerere University School of Public Health	VHT	Village Health Team
		WASH	Water, Sanitation and Hygiene
		WHO	World Health Organization

# 2025 in Numbers

## Transformative Education

**269** **Graduands presented** at Makerere University's 7<sup>th</sup> Graduation Ceremony, over 80% at the graduate level



Effective January 2025, MakSPH attained **stand-alone status** with a college designation within Makerere University

**1,140** **Students enrolled** across 12 degree programmes in 2025; 663 male, 477 female

**46** **BEHS graduands** in 2025, including 11 First Class graduates

**45** **Taught PhD students** enrolled in 2025; 76 enrolled in PhD by Research

**12** **PhD candidates** successfully defended in 2025; 3 at Makerere, 5 at partner institutions, including Karolinska Institutet, Hamburg, and Antwerp

**80%+** **Faculty holding PhDs**

## Partnerships and Collaboration

**600+** **Abstracts submitted** to the inaugural NACNDC and 19th JASHC joint conference; 308 accepted, 500+ participants

**35+** **African countries in MakSPH's active research** and partnership network

**25+** **Years of the MakSPH-Karolinska Institutet partnership**; MoU renewed to 2030 in October 2025

## Knowledge Generation and Translation

**100%** **Observed efficacy for lenacapavir in the PURPOSE 1 trial**; FDA approved the twice-yearly injectable for HIV prevention in June 2025, with Uganda among priority countries for rollout

**350+** **Peer-reviewed publications** in 2025

**103** **Research protocols reviewed** by the REC in 2025; 220 studies currently active

## Community Engagement

**28,606** **Clients enrolled through the eHSS-ACASI HIV screening mechanism** across 55 sites; 213 new diagnoses, 939 initiated on PrEP

**1,438** **Pilgrims screened at Uganda Martyrs' Day** through student-led syndromic surveillance at Namugongo

**900+** **Community of practice members reached** across the region through disease control networks

## Institutional Capacity Enhancement

**327** **SACCO members** as of December 2025, at the close of the Cooperative's ninth year

**2026** **Targeted completion of the new MakSPH building** on Makerere University Main Campus, strengthening teaching, research, laboratory and collaboration spaces.



# Academic Departments

Makerere University School of Public Health is organised around four academic departments that form the backbone of its teaching, research, and community service mandate. Established when the Institute of Public Health attained semi-autonomous status within the Faculty of Medicine in 2001, the four departments: Epidemiology and Biostatistics (EPI-BIO), Health Policy Planning and Management (HPPM), Community Health and Behavioural Sciences (CHBS), and Disease Control and Environmental Health (DCEH), have remained the cornerstone of the School's identity through its evolution into MakSPH in 2007 and its recent attainment of stand-alone status with College designation effective January 2025.

Together, they train the researchers, analysts, and practitioners that Uganda and the region depend on, generate evidence that informs national and global health policy, and engage directly with communities and governments to translate knowledge into action. Each department brings a distinct disciplinary lens to the most pressing public health challenges facing Uganda and sub-Saharan Africa. It is the combination of those lenses, spanning epidemiology and data science, health systems, environmental and occupational health, and behavioural science, that gives MakSPH both its breadth and depth.



# Department of Health Policy, Planning, and Management (HPPM)

Established in 2001 at Makerere University School of Public Health, the Department of Health Policy, Planning and Management trains public health leaders, generates policy-relevant research, and serves Uganda's health system where decisions are made and services are delivered.

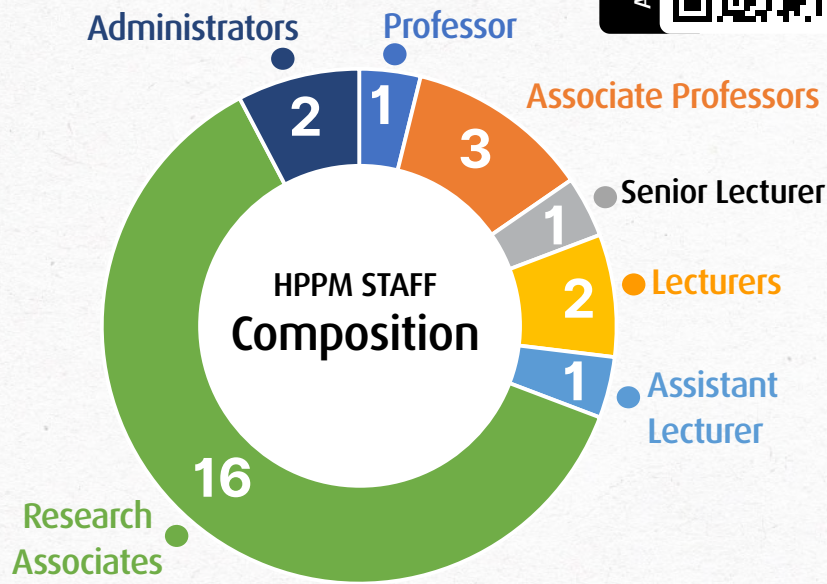
Working alongside the Ministry of Health, district health teams, AFENET, WHO, and community partners, the Department translates its mandate into practice. In 2025, MPH students conducted active case searches across 477 health facilities during the Sudan Ebola Virus Disease response in the Kampala Metropolitan Area and supported the Yellow Fever outbreak response in Buikwe and Wakiso districts. At the Uganda Martyrs' Day celebrations in Namugongo, students screened 1,438 pilgrims, supporting early detection and referral in collaboration with the Ministry of Health. Across multiple

districts, the Department established health systems observatories producing actionable evidence on surveillance, vaccination performance, and integrated disease surveillance and response capacity to inform planning.

Faculty research spans health financing, governance, implementation science, and digital health, generating evidence that reaches the Ministry of Health, district health offices, and international agencies. Through the Master of Public Health (Full Time), Master of Public Health (Monitoring and Evaluation), doctoral training with over 30 PhD students currently enrolled, and short courses, the Department is building capacity across generations of public health practice. HPPM contributes to Uganda's health systems agenda and the broader goal of improved population health.



**Dr. Suzanne Kiwanuka**  
Associate Professor & Chair, HPPM



# Department of Disease Control and Environmental Health (DCEH)

The Department of Disease Control and Environmental Health advances public health through multidisciplinary training, research, and community service across disease prevention, environmental health, occupational safety, and climate-related health challenges. It hosts the Bachelor of Environmental Health Sciences, the Master of Environmental and Occupational Health, and the Doctor of Philosophy in Public Health, including a newly introduced taught PhD pathway.

In 2025, 46 students graduated from the Bachelor of Environmental Health Sciences, MakSPH's only undergraduate programme, alongside Master's and 2 PhD graduates. The taught PhD programme enrolled over 40 students across its first two cohorts, and 28 practitioners completed the WASH short course, reflecting sustained demand for professional capacity development.

Research output exceeded 150 publications spanning climate and health, air pollution, antimicrobial resistance, disease modelling, and

One Health. At the Department's community site in Wakiso, over 100 health practitioners and 400 community health workers were trained in antimicrobial stewardship, leadership capacity was strengthened across over 51 public health facilities, and communities of practice now reach over 900 members across the region. The year also saw the establishment of Uganda's first community-based drowning surveillance system and the launch of a national burns management manual for community health workers.

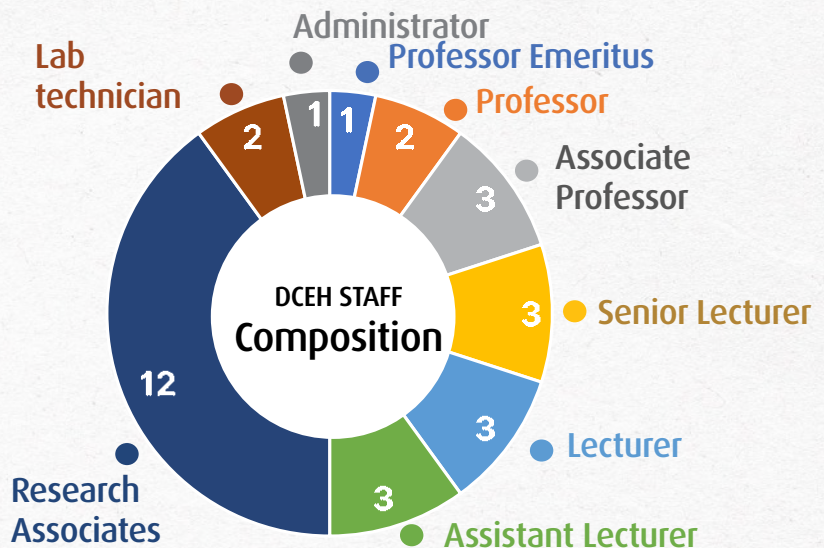
In October 2025, Makerere University Council formally elevated the Trauma, Injury and Disability (TRIAD) Unit to the Centre for Prevention of Trauma, Injury and Disability (CTRIAD), recognising it as a Centre of Excellence for over a decade of contribution to reducing the burden of injuries across Uganda and the region. Through partnerships with WHO, Johns Hopkins University, the Wellcome Trust, and the Ministry of Health, the Department connects its evidence to the policies and systems that shape health outcomes for Ugandan communities.



**Dr. Esther Buregyeya**  
Associate Professor &  
Chair, DCEH



Learn More  
About DCEH



# Department of Epidemiology and Biostatistics (EPIBIO)

Established in 2001 as one of the School's four founding departments, the Department of Epidemiology and Biostatistics builds the analytical foundations of public health practice through training, research, and technical engagement with Uganda's most pressing health challenges. It hosts four graduate programmes, the Master of Health Services Research (MHSR), Master of Public Health Distance Education (MPHDE), Master of Health Informatics (MHIN), and Master of Biostatistics (MBIO), alongside short courses in emerging areas of public health practice.

In 2025, the Department presented 118 students for the 75th Makerere University Graduation across its four programmes, with 71 from MPHDE, 18 from MHIN, 16 from MBIO, and 13 from MHSR. The Department strengthened its academic offering by updating curricula across all four programmes and advancing a new Master of Health Data Science to Makerere University Senate for consideration, positioning

the Department at the intersection of data science and public health.

The Department produced over 70 peer-reviewed publications in high-impact journals spanning reproductive health, antimicrobial resistance, nutrition, and health systems strengthening. Short courses in health informatics, artificial intelligence, and machine learning applied to tuberculosis research extended its reach beyond degree training, alongside doctoral sponsorships building the next generation of researchers.

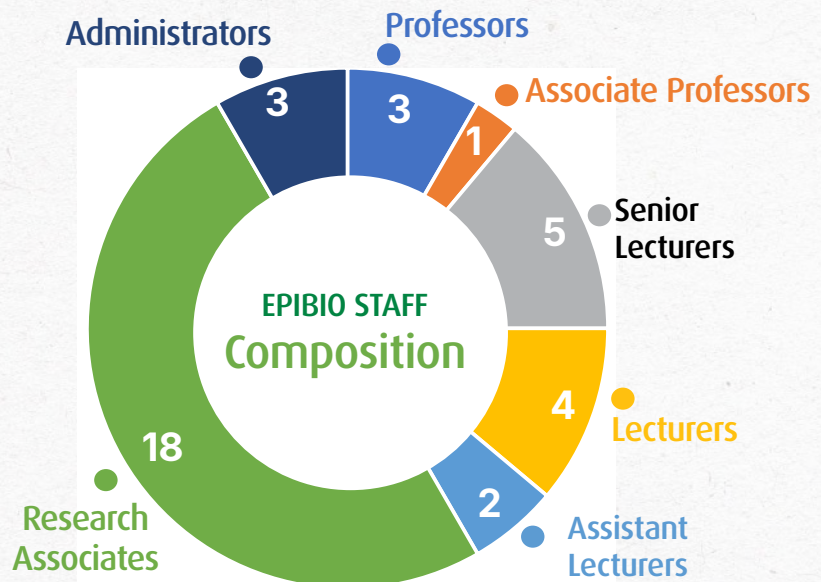
Supported by 35 Faculty and Staff, including 18 Research Associates, the Department brings the disciplinary breadth that complex public health problems demand. Strategic partnerships with national and international institutions continue to expand its contribution to research, training, and innovation.



**Dr. Joan Nankya Mutyoba**  
Senior Lecturer & Chair,  
EPI-BIO



Learn More  
About EPIBIO



# Department of Community Health and Behavioural Sciences (CHBS)

The Department of Community Health and Behavioural Sciences advances public health through integrated training, research, and community engagement, leading the School's work on qualitative research, sexual and reproductive health, and community-based public health practice across maternal, child and adolescent health, nutrition, mental health, substance use, communicable disease control, emergency care, and public health under complex emergencies and humanitarian action.

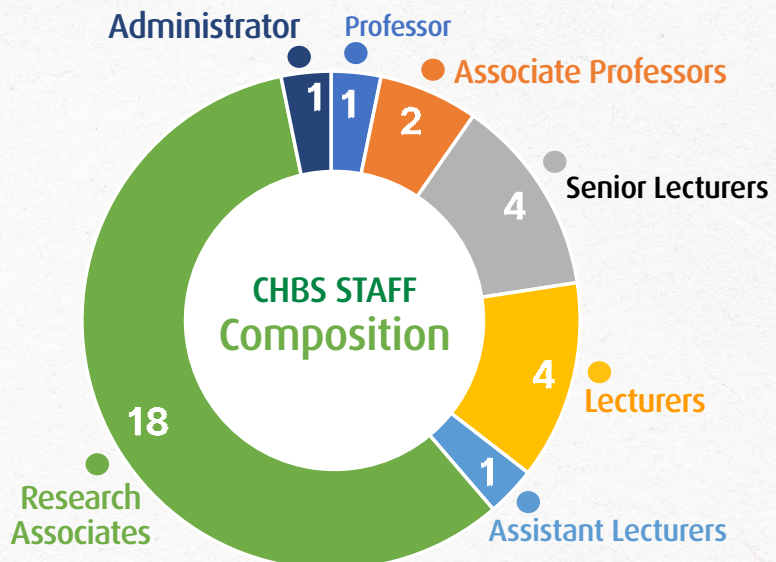
To deliver this mandate, the Department hosts the Master of Public Health Nutrition (MPHN) and Master of Public Health in Disaster Management (MDM), alongside short courses, and is developing a joint Master's in Health Communication and Promotion with the Department of Journalism and Communication. Among its flagship initiatives, the Eastern Africa GeoHealth Hub partners with universities across Ethiopia, Kenya, Rwanda, and the United States to advance air

quality monitoring, occupational health, and climate research, while the Social Innovation in Health Initiative (SIHI) Uganda engages communities in designing solutions that improve access, equity, and quality of healthcare.

In 2025, students were deployed to districts hosting displaced populations, bringing their training to bear on Uganda's most complex humanitarian realities. The Department supported over 150 master's and doctoral students, recording three PhD completions. Research generated actionable evidence on air quality, disaster-affected populations, and community-led interventions with young people and vulnerable groups. Through partnerships with the Ministry of Health, the Office of the Prime Minister, the Uganda Red Cross, C.O.U. Family TV, and global institutions, the Department translated this evidence into experiential learning, policy dialogue, and programme implementation that reached communities where the need is greatest.



**Dr. Christine Nalwadda**  
Associate Professor & Chair, CHBS



# Our Strategic Pillars

2025 was the first year of MakSPH's 2025 to 2030 Strategic Plan, and the first year of the School's life as a stand-alone institution. This report is therefore more than an account of what happened. It is the opening chapter of a deliberate, five-year story of transformation.

That story is organised around five strategic pillars: Transformative Education, Knowledge Generation and Translation, Community Engagement, Partnerships and Collaborations, and Institutional Capacity Enhancement. Together, they reflect what MakSPH has committed to becoming: A School whose research changes what governments do, whose graduates change what communities experience, and whose institutional foundations are strong enough to sustain that ambition for decades to come.

The Plan sets the direction. This report shows the first steps being taken.





# Transformative Education

MakSPH's commitment to transformative education rests on a simple conviction: that the quality of the public health workforce determines the quality of the health system. Training at MakSPH is designed to produce practitioners and researchers who can solve public health problems, translate evidence into policy, and drive measurable improvements in the health of communities.

In 2025, that commitment produced measurable results. The School graduated 269 students at Makerere University's 75<sup>th</sup> Graduation Ceremony, over 80% at the graduate level. Twelve candidates successfully

defended doctoral studies across Makerere and partner institutions. Three PhD degrees were conferred, all to women, reflecting the School's deliberate investment in research leadership across gender. Curricula were reviewed and strengthened, new programmes advanced, and the training model deepened its integration of field-based learning, digital tools, and interdisciplinary practice. Seventy years since MakSPH was established in 1954, the School continues to build a public health workforce that Uganda, the region, and the continent can depend on.



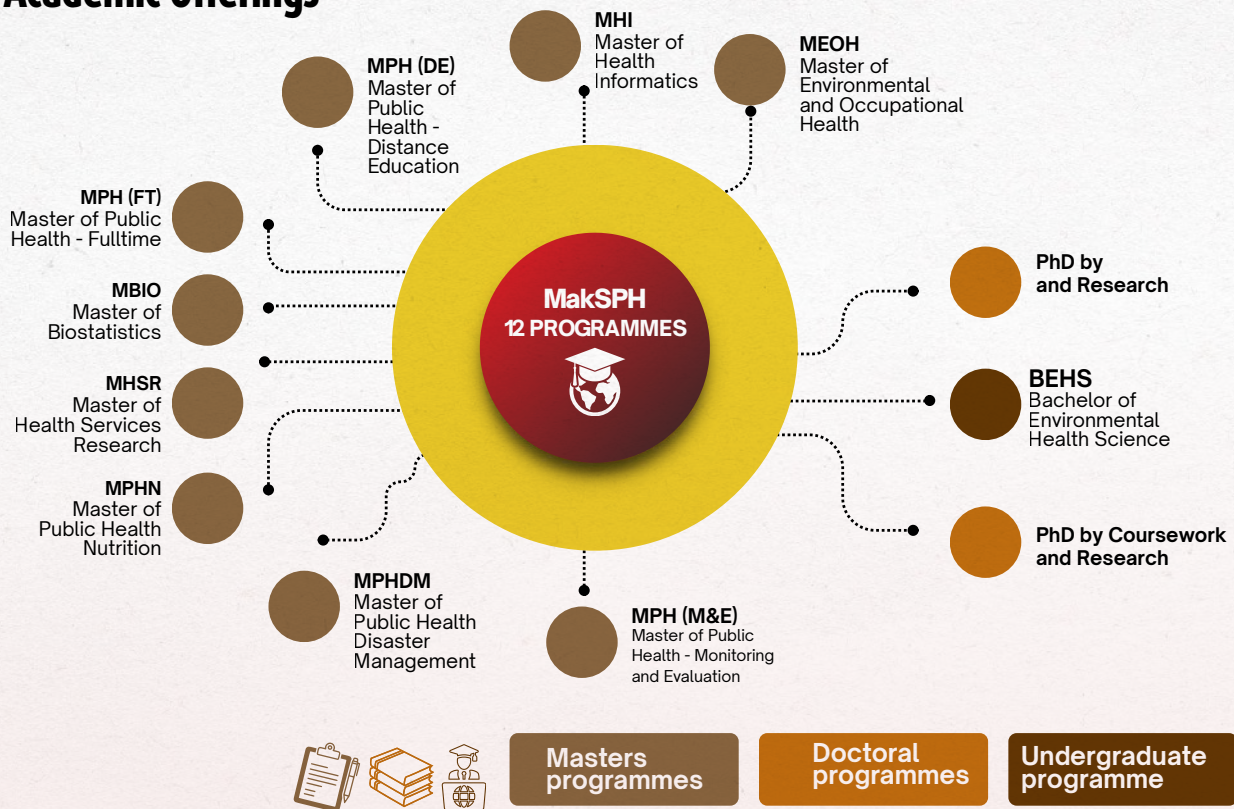
# Academic Programmes

Across 12-degree programmes spanning undergraduate, postgraduate, doctoral, and professional development pathways, MakSPH offers one of the most comprehensive public health training suites on the continent. Built on interdisciplinary learning, rigorous research, and sustained engagement with real-world public health challenges, these programmes reflect seven decades of institutional commitment to training the public health leaders Africa needs.



Scan for details on our academic offerings

## Academic Offerings



*“My defining moment in public health training was a rapid environmental health inspection exercise. In one hour, we inspected school buildings, interviewed stakeholders, documented findings, and drew site maps. In the next hour, we submitted detailed reports to the relevant authorities. That experience taught me that public health requires quick thinking, adaptability, and the ability to act under pressure, because public health professionals are often the first line of defence for entire populations.”*



**Bridget Ahumuza**  
Bachelor of Environmental Health Science, Year Three, MakSPH

## A New Course Bridging Public Health and Communication

Recognising the critical role of communication in improving public health outcomes, Makerere University School of Public Health, in partnership with the Department of Journalism and Communication and with support from the Rockefeller Foundation through Amref Health Africa, introduced a short course in Health Communication and Community Engagement in 2025.



Ms. Maureen Kisaakye receives her certificate from Assoc. Prof. Christine Nalwadda during the Certificate in Health Communication graduation ceremony on 1 August 2025.



Dr. Aisha Nakiwala Sembatya, Chair of the Department of Journalism and Communication, Makerere University, speaking during the launch of the Health Communication short course on 5 June 2025.

The programme was designed to strengthen capacity to translate public health evidence into accessible and actionable messages that support community engagement, behaviour change, and informed decision-making. Its inaugural cohort, launched on 5 June 2025, attracted more than 60 participants from across Uganda, drawn from public health, communication, policy, and related fields.

Delivered over one month, the course combined communication theory and practice with community engagement, risk communication, advocacy, and behaviour change approaches. Through practical assignments and field-based learning, participants strengthened their ability to design and implement evidence-informed communication interventions responsive to community needs.

The initiative represents an important step in strengthening Uganda's health communication workforce and advancing the integration of communication and community engagement into public health practice. It also contributes to broader efforts to build capacity for health promotion and community engagement in Uganda and the region.

Dr. Ivan Lukanda and Dr. Marjorie Kyomuhendo join the first cohort of the course at their graduation on 1 Aug 2025.





## Uganda Strengthens Capacity to Apply AI in Tuberculosis Research

As tuberculosis (TB) continues to pose a major public health challenge in Uganda, MakSPH is helping build the next generation of researchers able to apply artificial intelligence and machine learning to disease surveillance, analysis, and response. In June 2025, MakSPH, working with the University of Georgia and supported by the National Institutes

of Health through the ALLSTAR Training Programme, convened a five-day intensive training in Kololo for more than 40 graduate students, researchers, and early-career faculty.

Led by Assoc. Prof. Noah Kiwanuka and Assoc. Prof. Juliet N. Sekandi, the training covered data management, predictive modelling, computer vision, large language models, and ethical considerations in AI-driven health research. All participants completed the programme and received certification. The initiative is contributing to a growing national capacity to apply emerging digital tools in strengthening Uganda's TB research and response systems.

Seated, Dr. Joan Mutyoba, Head, Department of Epidemiology and Biostatistics, with Prof. Juliet N. Sekandi, Assoc. Prof. Noah Kiwanuka, and participants at the ALLSTAR AI in TB Research programme, June 2025.

## MakSPH and TalTech Join Forces to Build Uganda's Digital Health Workforce

Uganda's health system is generating more data than ever before. The challenge is having enough people who know how to use it. In 2025, MakSPH and Tallinn University of Technology, known as TalTech, launched a two-year partnership specifically designed to close that gap. Supported by the Estonian Centre for International Development, the collaboration links TalTech's MSc in Digital Health with MakSPH's Master of Health Informatics programme, with work focused on strengthening curricula, mentoring faculty, and producing graduates with the practical skills to turn health data into better decisions. Estonia's journey from a paper-based to one of the world's most advanced digital



At the centre, MakSPH Dean, Prof. Rhoda Wanyenze and H.E. Girisch M. Nair, Honorary Consul of Estonia to Uganda with stakeholders at the project launch. September 9, 2025.

health systems gives TalTech a body of experience that few universities can offer. Uganda stands to benefit from that experience in a collaboration that is as much about knowledge transfer as it is about curriculum alignment.

Prof. Peeter Ross (left), Professor of e-Health at TalTech and project Co-lead, presents an Estonia commemorative plate to MakSPH project Co-lead Prof. Nazarius M. Tumwesigye in September 2025.



## Building Environmental Health Training Capacity Across Uganda

For 25 years, MakSPH's Bachelor of Environmental Health Sciences has trained professionals to address water and sanitation, food safety, occupational health, and climate-related health risks, producing more than 1,000 graduates now serving across Uganda and beyond. In July 2025,

that track record drew a delegation from Muni University, led by Dr. Ratib Dricile, Dean of the Faculty of Health Sciences, to learn how the programme was built, how it is sustained, and what it takes to produce field-ready graduates.

The visit, facilitated by the Department of Disease Control and Environmental Health, where the programme is housed, focused on curriculum development, competency-based training, and field-based learning, and opens the door to staff exchanges and joint research as Muni develops its own environmental health training capacity. For Uganda's West Nile region, one of the country's most underserved, a locally anchored environmental health programme means graduates trained closer to the communities they will ultimately serve.

MakSPH hosted a delegation from Muni University to share 25 years of experience in environmental health training, July 30, 2025.



## Training WASH Professionals for Community Impact

Since its launch in 2014, MakSPH's Certificate in Water, Sanitation and Hygiene (C-WASH) programme has grown into a regional platform for practical, systems-based WASH training. On 18 July 2025, the programme graduated 28 professionals from

Uganda, Somalia, Nigeria, and beyond, representing the engineering, public health, and humanitarian sectors. Over eight weeks, participants strengthened their capacity to address water, sanitation, and hygiene challenges and improve service delivery in their respective settings.

Eleven years on, the programme has built a growing network of practitioners equipped to respond to complex WASH challenges across the region. In 2025, MakSPH also strengthened its collaboration with Engineers Without Borders East Africa, creating new opportunities for joint training, innovation, and knowledge exchange.

Together, the partners are helping expand the reach of practical WASH solutions and strengthening the workforce needed to improve water and sanitation services in communities across Africa.

Graduands of Certificate in Water, Sanitation and Hygiene enjoy a photo moment following their graduation on July 30, 2025.



## Keeping MakSPH's Graduate Programmes Ahead of What Uganda Needs

Data science, digital health, implementation research, and shifting disease burdens are demanding new competencies from every generation of public health graduates. In June 2025, MakSPH's Department of Epidemiology and Biostatistics reviewed two graduate programmes to ensure they remain fit for purpose.

The Master of Health Services Research, launched in 2008 as one of Uganda's earliest graduate programmes in the field, equips graduates to translate research into evidence-based health policy and service delivery decisions. The 2025 review, led by Programme Coordinator Dr. Joseph Kagaayi, examined course structure, sequencing, and the balance between theory and practice, sharpening the programme's focus on producing graduates who can drive improvements in how health services are organised, financed, and delivered across Uganda.

The Master of Biostatistics, launched in 2018 to address a recognised shortage of health data



MHSR Programme Coordinator Dr. Joseph Kagaayi leads staff and stakeholders in reviewing the curriculum to strengthen the programme's relevance, June 17, 2025.

analysts across Uganda's research institutions, ministries, and 146 districts, has expanded access to specialised training that was previously unavailable in the country. The 2025 review, led by Programme Coordinator Dr. John Ssenkusu, integrated stakeholder feedback and mapped the transition toward a blended learning model, expanding access without compromising rigour. Together, these programmes are building the analytical and research workforce Uganda needs to generate evidence, strengthen health systems, and inform decisions that improve lives.



MBO Programme Coordinator Dr. John Ssenkusu leads staff and stakeholders in reviewing the Master of Biostatistics curriculum to strengthen its relevance and expand access, June 18, 2025.

# Student Enrolment Profile

## Total Enrolment Across Programmes and Years of Study, 2024/2025

During the 2024/2025 academic year, MakSPH had a total enrolment of 1,140 students across 12 degree programmes and all years of study. This comprised 663 male students, representing 58.2%, and 477 female students, representing 41.8%. The School continues to address this gender gap, particularly in technically oriented programmes where disparities remain most pronounced.

Postgraduate students accounted for 90.3% of the total student population. Master's programmes enrolled 908 students, representing 79.6%; the PhD by Research programme enrolled 76 students, representing 6.7%; and the PhD by Coursework and Research programme enrolled 45 students, representing 3.9%. The Bachelor of Environmental Health Science, MakSPH's only undergraduate degree programme, had 111 students across its three years of study,

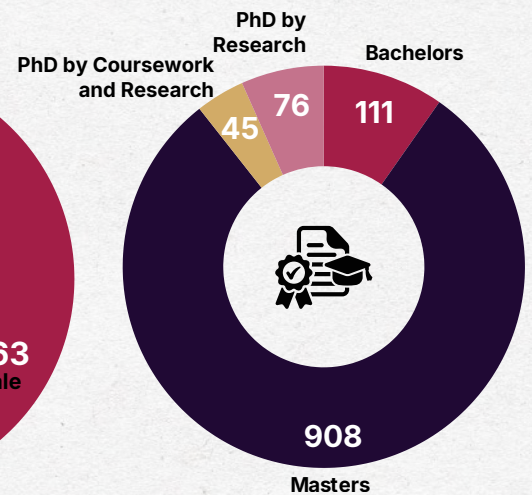
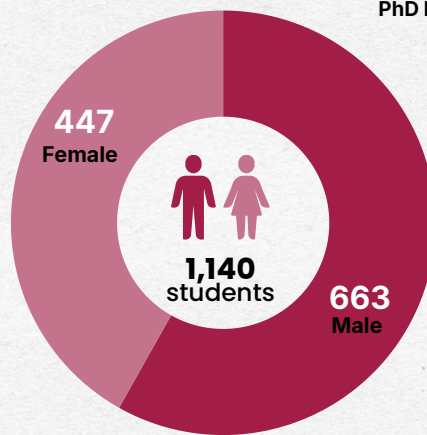
representing 9.7% of total enrolment.

The Master of Public Health by Distance Education was the largest programme, with 437 students, accounting for 38.3% of the School's total enrolment. It was followed by the full-time Master of Public Health programme with 126 students and the Bachelor of Environmental Health Science with 111.

This strong postgraduate profile reflects MakSPH's contribution to Makerere University's ambition to become a research-led institution. The School's doctoral training pipeline also supports institutional priorities to increase timely PhD completion and expand collaboration with industry and the private sector.

On 15 August 2025, MakSPH welcomed its newly admitted students through an orientation programme covering academic integrity, institutional processes and student life. The programme introduced the incoming cohort to the standards and expectations of studying at MakSPH.

### Total Enrolment by Gender



MakSPH staff and students during student orientation at Auditorium Makerere University School of Public Health, August 2025.



# Student Life

MakSPH invests in its students as whole people, not just as future professionals. The School provides an environment where students are supported academically, mentored professionally, and challenged

to apply their training to real public health problems while they are still in school. In 2025, MakSPH students led environmental health campaigns, earned international recognition, engaged policymakers, and built careers alongside their studies. For prospective students, this section offers a picture of what studying at MakSPH actually looks like: the opportunities available, the communities you join, and the standard you are held to.

## Student Leadership 2025/2026

### Makerere University Environmental Health Students Association (MUEHSA)



**Ms. Ruth Mubeezi**  
Patron, MUEHSA



**Racheal Cynthia Mutuwa**  
Chairperson  
(2025/26), MUEHSA



**Britney Ayesigamukama**  
Vice Chairperson  
(2025/26), MUEHSA

### 91<sup>st</sup> Guild Representative Councillors (GRC), School of Public Health



**Daniel Tumushime**  
Male GRC (2025/26)



**Martha Namakula**  
Female GRC (2025/26)

### PhD Forum Leadership 2025-2026



**Thomas Buyinza**  
President



**Ezekiel Musasizi**  
Deputy President

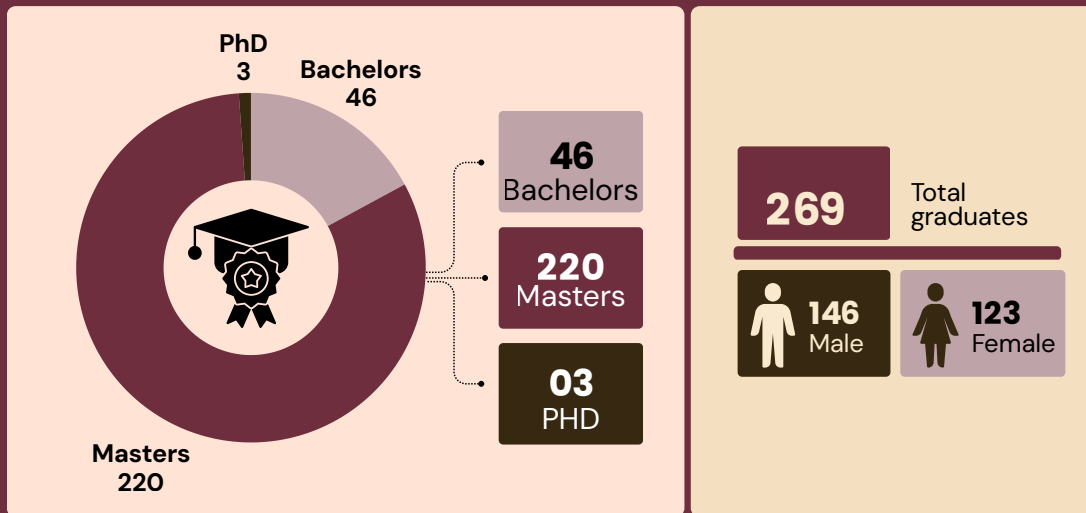


# 75<sup>th</sup> Graduation Ceremony Highlights

On 14th January 2025, Chancellor Hon. Dr. Crispus Kiyonga presided over Makerere University's 75th Graduation Ceremony. MakSPH presented 269 graduands for the conferment of degrees by Makerere University Senate, comprising 146 males and 123 females across undergraduate, master's, and doctoral levels.

Master's graduands led with 220 awardees, with the MPH programme contributing 139. The BEHS programme contributed 46 graduands, with an equal split of 23 males and 23 females, including 11 First Class graduates, a notable reflection of the programme's academic rigour and the School's commitment to excellence at the undergraduate level.

Three doctoral degrees were conferred, all to women: Ms. Roselline Achola, Ms. Esther Diana Bayiga Zziwa, and Ms. Lukia Namaganda Hamid, representing the highest expression of the School's investment in building research leadership across gender.



*MakSPH has given me more than technical skills. It has shaped how I think about complex health challenges, from outbreak preparedness to environmental health to evidence-based policy. The exposure to research, leadership, and multidisciplinary approaches has prepared me to contribute to public health well beyond the classroom.*



**Wejuli Junior Mike**  
Master of Public Health,  
Year Two, MakSPH

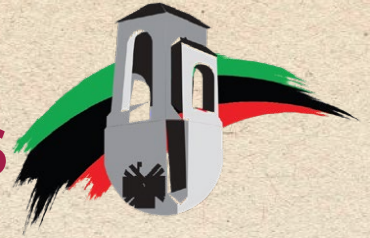


Light moments from the January 2025 Makerere University 75th Graduation Ceremony, capturing celebrations, reflections, and milestones as graduates from Makerere University School of Public Health marked their academic achievement and new beginnings.



# *Congratulations* Undergraduate Top Performers

Bachelor of Environmental Health Science, 2025



Jabim Philliam

4.78



Kirumira Patrick  
Wycliff

4.73



Bridget  
Arinaitwe

4.57



Tumusiime  
Veldrine

4.55



Buol Angeth  
Pamella

4.51



Lemba Heri

4.50



Jennifer  
Nantongo

4.47



Pimer Mercy

4.45



Karuna Asani

4.43



Nsubuga  
Raymond

4.43



Ssebandeke Ivan

4.41





# *Congratulations* Masters Top Performers

by Programme, CGPA, and Timely Completion, 2025



**LOMONGIN**  
Jean  
**MPHN**  
4.85



**TUSUBILA**  
Juma Said  
**MPHDM**  
4.75



**TENDO**  
Kyozaire Bertha  
**MHSR**  
4.94



**Dr. MWESIGWA**  
Robert Muhangi  
**MHI**  
4.21



**KAYESU**  
Nana  
**MBIO**  
4.64



**Dr. BWAGA**  
Ibrahim  
**MPHDE**  
4.72



**NAGAWA**  
Bridget Tamale  
**MPHFT**  
4.88



**NAMAKULA** Lydia  
Nabawanuka  
**MEOH**  
4.44



**NANTAMBI**  
Shamirah  
**MPHME**  
4.81

# Mak 75<sup>th</sup> Graduation: PhD Graduates



## Namaganda on Malnutrition & Mortality in Children with Cerebral Palsy

Dr. Lukia Hamid Namaganda was awarded a PhD in Public Health during Makerere University's 75<sup>th</sup> Graduation Ceremony in January 2025. Her PhD project explored how malnutrition affects the survival of children living with cerebral palsy in eastern Uganda. She found that children who were malnourished were less likely to survive, with those who were severely malnourished facing a risk of death four times higher than those who were not. Her work highlights the close link between nutrition and survival among children with disabilities. Dr. Namaganda calls for more integrated care that brings together nutrition and rehabilitation, along with earlier identification and better support for affected children. Her study adds important evidence to guide more inclusive health and nutrition responses for children with cerebral palsy in Uganda.

## Achola on Family Planning Decision-Making in Refugee & Host Communities

Dr. Roselline Achola was awarded a PhD in Public Health at the 75<sup>th</sup> Makerere University Graduation in January 2025. Her dissertation, "Decision Making about Family Planning Use among Refugee and Host Populations in Adjumani District, Uganda," examined family planning decision-making in Adjumani District, where 18 refugee settlements accommodate over 203,000 refugees. Finding that only one in three people use modern contraceptives, she traced barriers from partner disapproval and side effect concerns to structural service gaps, while identifying financial pressure and family size management as key motivators. She recommends community outreach and couple counselling to strengthen uptake. Dr. Achola currently serves as Technical Specialist in SRHR at the Ministry of Health.



## Bayiga on Pedestrian Safety in Urban Kampala

Dr. Esther Diana Bayiga-Zziwa was awarded a PhD in Public Health at the 75<sup>th</sup> Makerere University Graduation in January 2025. Her dissertation examined pedestrian injuries and fatalities in Kampala, analysing how land use, transport systems, and socioeconomic factors shape road safety. Across five years, she recorded 4,746 pedestrian crashes, with 14.7% fatal and 87.3% resulting in serious injuries, averaging 156 deaths per 100,000 people. She identified 46 high-risk black spots, with 48% of incidents at junctions and 74% near commercial areas. Her findings call on the Ministry of Works and Transport and local authorities to prioritise pedestrian-centred road design, incorporating safer walkways and better-managed junctions to make Uganda's urban spaces safer and more accessible for all.





## Lubogo on Tackling Metabolic Syndrome Among Women of Reproductive Age

NCDs are reshaping Africa's health burden, and women of reproductive age are at the centre of that shift. On 5th November 2025, Dr. David Lubogo defended research that puts this into sharp focus. In Wakiso District, he found metabolic syndrome widespread among women aged 15 to 49, linked to overweight and obesity, with breastfeeding offering protection. A 12-week community intervention improved blood pressure, blood glucose, and lipid profiles without specialist facilities. Women are the primary caregivers and health decision-makers in most households. Dr. Lubogo's research makes a clear case for embedding routine metabolic screening and lifestyle interventions into primary healthcare as a frontline strategy for NCD prevention across the region.

## Komakech on Refugee Repatriation & Health Systems Resilience

When refugees return home, the world often celebrates. But for the health systems left behind, repatriation can mark the beginning of a quiet crisis. On 19th December 2025, Dr. Henry Komakech defended research that confronts this overlooked reality. Studying three West Nile districts, Adjumani, Moyo, and Arua, he found that the withdrawal of humanitarian support following South Sudanese refugee repatriation left district health systems exposed, with shortages in medicines, health workers, and infrastructure. Uganda hosts Africa's largest refugee population. As repatriation becomes more frequent, this research fills a critical evidence gap. It makes a direct case for integrating humanitarian health services into national systems before refugees leave, not after the support does.



## Aber on Addressing Substance Use Among Children

Substance use among children is one of the least visible yet most damaging public health challenges facing Uganda today. On 29th October 2025, Dr. Aber Harriet Odonga defended research that brings this hidden crisis into the open. Her study found high prevalence of alcohol and substance use disorders among children, low help-seeking, and health facilities largely unprepared to respond. Yet the CRAFFT screening tool was accepted by children, caregivers, and health workers alike, revealing that the will exists where the systems do not. Uganda cannot afford to wait. Embedding substance use screening into routine care, building health worker capacity, and mobilising communities are not recommendations for the future. They are overdue.



## Ntaro on Strengthening Sanitation Through Community Engagement

The world has until 2030 to end open defecation under SDG Target 6.2, a goal that remains dangerously off track across sub-Saharan Africa. On 11th December 2025, Dr. Ntaro Moses defended research that offers Uganda and the region a concrete, evidence-based way forward. Working in Kabale District, he found that student-led Community-Led Total Sanitation interventions reduced open defecation and increased open defecation-free status more effectively and at lower cost than traditional models, with direct benefits for the health, dignity, and safety of women, girls, and vulnerable populations. With 2030 approaching, this research arrives at exactly the right moment. It repositions health profession students as frontline agents of sustainable sanitation change, and gives policymakers a cost-effective model ready to scale.



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## Nakisita on Maternal Health Services for Adolescent Refugees in Urban Uganda

Uganda hosts over 1.9 million refugees, the largest population in Africa, and is globally recognised for its progressive, inclusive approach to refugee welfare. Sustaining and deepening that reputation requires continuous investment in the quality of services behind the policy. On 16<sup>th</sup> December 2025, Dr. Olivia Nakisita defended research that contributes directly to that effort. With one in four Ugandan teenage girls pregnant by age 19, and adolescent refugees carrying the compounded weight of displacement, stigma, and language barriers, her study found that despite high perceived access to maternal health services in Kampala, antenatal care uptake remained sub-optimal and facilities underprepared, particularly for delivery. Goodwill is not enough. Reaching adolescent refugees with equitable, high-quality maternal care demands targeted community interventions and a health system genuinely built to receive them.



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## Osuret on Improving Pedestrian Safety for School Children

Every school day, children in Kampala navigate roads that were not designed with them in mind. Road traffic injuries are among the leading causes of death and disability for children globally, and urban Uganda is not insulated from that reality. On 10th January 2025, Dr. Jimmy Osuret defended research that moves the needle on this preventable crisis. His study found high levels of unsafe pedestrian behaviour among primary school children, particularly in areas without traffic wardens or safe crossing infrastructure. A school traffic warden programme significantly increased driver yielding and improved safe crossing behaviour among children. A trained warden, a marked crossing, and a policy that mandates both are not expensive asks. They are the difference between a child who arrives at school and one who does not.



## Namukose on Strengthening Nutrition Services for Mothers & Infants

On 15 October 2025, Dr. Samalie Namukose successfully defended her PhD research examining the integration of Nutrition Assessment, Counselling, and Support services within health facilities in Tororo and Butaleja districts. Her findings showed that even partial integration improved maternal weight gain and infant growth outcomes, yet gaps in financing, supplies, governance, and community follow-up continued to limit system performance. Set against Uganda's challenging nutrition landscape in the east, where the first thousand days from conception to a child's second birthday represent an irreversible window for development, her research makes a clear case for full integration, backed by government leadership, a skilled nutrition workforce, and services that follow mothers and infants beyond the facility walls.



## Wanduru on Improving Care and Outcomes for Newborns with Birth-Related Complications

On 13 June 2025, Dr. Phillip Wanduru defended a jointly supervised PhD between Makerere University and Karolinska Institutet in Sweden, bridging two leading public health institutions across two continents. His research in Eastern Uganda found that over one in ten births resulted in serious complications, with newborns experiencing severe brain injury at birth facing dramatically reduced survival chances. Parents were motivated to participate in their newborns' care but lacked the guidance to do so. His research puts specific, actionable steps on the table for Uganda and the region, strengthening delivery room care, training health workers present at birth, and building systems that meaningfully bring families into the care of critically ill newborns.

## Wafula on Socioeconomic Inequalities, Malaria Risk & Health-Seeking Behaviour

On 27 February 2025, Dr. Solomon Tsebeni Wafula defended his PhD in Epidemiology at the University of Hamburg, Germany, bringing an African public health lens to one of Europe's leading research institutions. His research found that a child's risk of malaria and their chances of receiving timely diagnosis are shaped as much by housing quality, household food security, and distance from a health facility as by the mosquito itself. Working in Uganda, one of eleven highest-burden malaria countries globally, his findings demonstrate that bed nets and medicines, however essential, are insufficient alone. Eliminating malaria requires closing the gap on poverty, and Dr. Wafula's research equips policymakers with the evidence to make that case with authority.





## Birabwa on Strengthening Urban Health Systems for Maternal Health

Dr. Catherine Birabwa's doctoral research, jointly supervised between the Institute of Tropical Medicine Antwerp and Makerere University and defended on 25 August 2025, placed Uganda's urban maternal health crisis at the centre of internationally rigorous scientific inquiry. Her research found high and fluctuating maternal mortality in Kampala, compounded by underreporting, overstretched facilities, and referral pathways shaped by system failures rather than clinical need. Women were dying from causes that better coordination, timely treatment, and functional referral networks could have prevented. Her findings challenge the assumption that urban proximity equals safe care, giving Kampala and rapidly urbanising cities across Africa the evidence to address maternal mortality deliberately and urgently.

## Atusingwize on Social Media, Alcohol Use & Pressure to Trend Among University Students

Dr. Edwinah Atusingwize defended a jointly supervised PhD between Umeå University, Sweden, and Makerere University on 15 December 2025, bringing epidemiological scrutiny to the relationship between social media and alcohol use among university students in Uganda. Her research found a clear dose-response relationship between exposure to alcohol-related content online and hazardous drinking, with students not only targeted by alcohol marketing but actively amplifying it through their own online behaviour. Her findings dismantle the assumption that alcohol prevention can operate independently of the digital environments young people inhabit daily. Universities, public health agencies, and governments that ignore what young people encounter online are ceding ground to an industry that does not.



## Kabwama on Safeguarding Essential Health Services During Public Health Emergencies

Dr. Steven Ndugwa Kabwama defended a jointly supervised PhD between Karolinska Institutet and Makerere University on 5 December 2025, contributing Uganda's experience to the global evidence base on health system resilience during public health emergencies. His research addressed the collapse of essential services during COVID-19, a period when HIV testing in Uganda dropped by 44% and antenatal care by 31%. He found that community-based approaches, integrated service delivery, policy flexibility, and protection of health workers were what kept essential services running under maximum pressure. His findings are not retrospective lessons; they are a preparedness blueprint. Countries that embed these strategies before the next emergency arrives will be the ones whose health systems endure it.



*Being part of the MakSPH research community has strengthened my skills in research, critical thinking, and public health leadership. Through mentorship, collaboration, and engagement in impactful research, I have gained practical experience addressing real-world public health challenges and published my findings in peer-reviewed journals. MakSPH has shaped me into a more confident researcher and a public health professional committed to improving health systems and community well-being.*



**Fred Twinomugisha**  
PhD Candidate, MakSPH

MakSPH Dean Prof. Rhoda Wanyenze, Dr. Florah Karimi, CARTA Program Manager for Institutionalization, and Dr. John Bosco Isunju (center), pose for a group photo with CARTA Fellows and 20 members of the 11<sup>th</sup> Cohort of doctoral fellowship on 3<sup>rd</sup> March 2025 in Kampala.



## The Researchers Africa Needs, Trained on African Soil

By 2025, the Consortium for Advanced Research Training in Africa (CARTA) had supported 265 doctoral fellows, graduated more than 183, contributed to over 4,000 peer-reviewed publications, and generated more than 43 million US dollars in research grants. Within the Consortium, Makerere University has produced over 20 CARTA-supported PhD graduates, many now leading research programmes, teaching the next generation, and shaping scientific agendas across the continent.

In March 2025, MakSPH hosted the Joint Advanced Seminar (JAS) One for the 11th cohort of CARTA doctoral fellows, bringing 20 participants from partner institutions across nine African countries to the start of a four-year training journey, including two fellows from Makerere University, Mr. Justine Okello and Ms. Christabellah Namugenyi. The seminar is the first of four that build capacity in critical thinking,

interdisciplinary methods, grant writing, and scientific engagement.

This cohort also marked a significant expansion of access. For the first time, two fellows from Somali National University joined the programme, with Ms. Amina Hassan Husien researching maternal and reproductive health and Mr. Gallad Dahir Hassan focusing on vaccine-preventable disease surveillance, both undertaking their doctoral studies at Makerere University through a dedicated capacity development and mentorship arrangement. Their inclusion reflects a deliberate effort to extend research training to institutions where capacity is still being built, ensuring that the next generation of African research leaders is drawn from across the full breadth of the continent.



Scan for details

Dr. Florah Karimi recognized Prof. Rhoda Wanyenze's support for CARTA at the JAS 1 for the 11th CARTA doctoral fellowship opening, March 2025.



# Scholarly Recognition and Global Appointments

## Recognised for Research Excellence at Makerere's 75<sup>th</sup> Graduation

At the opening day of Makerere University's 75<sup>th</sup> Graduation Ceremony in January 2025, the

University Senate honoured two MakSPH faculty members whose research has advanced public health knowledge and practice in Uganda and beyond.

### Dr. Rawlance Ndejjo,

a Lecturer in the Department of Disease Control and Environmental Health, was honoured in the Early-Career category for his contribution to knowledge through publication, a signal of a research trajectory that is already shaping the field.



### Dr. David Musoke,

an Associate Professor & Chair Department of Disease Control and Environmental Health, received the Vice Chancellor's Excellence Award in the Mid-Career category, a recognition of sustained scholarly output that has made a measurable contribution to public health knowledge and practice.

Dr. David Musoke and Dr. Rawlance Ndejjo with State Minister for Education and Sports Dr. Joyce Kaducu Moriku and Makerere University top leadership upon receiving the Vice Chancellor's Excellence Awards during the 75<sup>th</sup> Graduation Ceremony.



## Assoc. Prof. Peter Waiswa Elected Fellow of the African Academy of Sciences

In November 2025, Assoc. Prof. Peter Waiswa of MakSPH was elected a Fellow of the African Academy of Sciences (FAAS), following a peer-review process that recognised his contribution to health systems research, particularly maternal, newborn and child health. The election was officially announced at the Science Forum South Africa in Pretoria on 24 November 2025. AAS Fellowship is a lifelong recognition reserved for scientists whose work has made outstanding contributions to science, technology, innovation and scholarship in Africa and globally. His election places MakSPH's work in maternal and child health within a wider continental scientific leadership platform and strengthens the School's contribution to policy-relevant public health research.



Assoc. Prof. Peter Waiswa (right) speaking to US-based PBS TV station



Prof. Nazarius Mbona Tumwesigye

## Prof. Mbona Tumwesigye Joins WHO Technical Advisory Group

In 2025, Prof. Nazarius Mbona Tumwesigye, Professor of Epidemiology and Biostatistics at MakSPH, was appointed to the World Health Organization (WHO) Technical Advisory Group on Alcohol and Drug Epidemiology (TAG-ADE). The group comprises up to 18 members from across the world, serving in their individual capacity to guide WHO's work in alcohol and drug epidemiology. His role includes reviewing WHO initiatives, advising on global priorities and research directions, strengthening data systems and indicators, and contributing to WHO normative documents on alcohol and drug use. The appointment links MakSPH expertise to a global technical process that informs evidence, standards and policy direction.

## Dr. Oporia Appointed to WHO Global Alliance for Drowning Prevention

In 2025, Dr. Frederick Oporia, Director of the Center for Prevention of Trauma, Injury and Disability at MakSPH, was appointed to the World Health Organization (WHO) Global Alliance for Drowning Prevention. Formed in 2023 in response to a United Nations General Assembly resolution, the Alliance brings together ten international experts to guide global and country-level action on drowning prevention. Its mandate includes drafting evidence-based guidelines for all United Nations Member States. Dr. Oporia took his seat at the Alliance's inaugural meeting in New York, where members began shaping a roadmap to reduce drowning deaths worldwide. The appointment connects MakSPH's injury prevention expertise to a global policy and technical process.



Dr. Frederick Oporia, Director of the Center for Prevention of Trauma, Injury and Disability at MakSPH

## Dr. Marianna Agaba Joins ILO Occupational Safety and Health Foresight Expert Panel

In 2025, MakSPH's Dr. Marianna Agaba Nyangire, with expertise in occupational safety and health, was appointed as a key expert representing the African region on the International Labour Organization (ILO) Occupational Safety and Health (OSH) Foresight Expert Panel. The panel brings together global experts to anticipate future trends and uncertainties shaping occupational safety and health. Its work applies the STEEP framework, covering social, technological, economic, environmental, and political factors, to inform the Global OSH Outlook Report 2027. The appointment places MakSPH occupational health expertise within a global process examining emerging risks and future priorities for worker health and safety.



Dr. Marianna Agaba Nyangire

## Prof. Serwadda among Makerere Luminaries Honoured at Africa Health Summit

In November 2025, Prof. David Serwadda, Professor Emeritus at MakSPH, together with Prof. Nelson K. Sewankambo and Prof. Moses R. Kamya of Makerere University College of Health Sciences, received the Heroes in Health Awards (HIHA) Excellence in Health Academia Award at the inaugural Africa Health Summit held at Kololo Ceremonial Grounds in Kampala. Now in its sixth edition, the HIHA recognised the three professors for their lifelong contribution to health systems strengthening, research, national policy, and the training of public health leaders across generations.



Professor David Serwadda at HIHA awards, 2025.

# Training That Reaches Communities

## Two Decades of Student Leadership Driving Environmental Health Action

For 20 years, the annual scientific conference of the Makerere University Environmental Health Students Association (MUEHSA) has served as a strategic platform connecting student innovation, public health research, and policy dialogue on Uganda's emerging environmental and health challenges. Founded by Bachelor of Environmental Health Science students at Makerere University School of Public Health, the conference was established to extend learning beyond the classroom and strengthen student engagement in shaping public health solutions.

Held on 4 April 2025 at MakSPH, the 20th Annual MUEHSA Scientific Conference convened more than 250 students, researchers, policymakers, and



20th MUEHSA Cabinet.

practitioners around the intersection of climate change, environmental health, and sustainable development. The conference highlighted the growing role of young professionals in advancing Uganda's priorities on climate resilience, health security, and sustainable urban and institutional practices.

Delivering the keynote address, Dr. Herbert Nabaasa, Commissioner for Environmental Health at the Ministry of Health, called for stronger integration of climate action and One Health approaches to address complex public health risks. The conference concluded with commitments to operationalise a Plastic-Free Campus Campaign and strengthen emergency preparedness initiatives at MakSPH and neighbouring institutions. Two decades on, the MUEHSA Scientific Conference continues to demonstrate how student-led platforms can contribute to national development priorities while nurturing the next generation of environmental health leaders.

Student leaders together with their patron Ms. Ruth Mubeenzi, former Deputy Dean Prof. Elizeus Rutebemberwa, and chief guest Dr. Herbert Nabaasa, Commissioner for Environmental Health at the Ministry of Health, at the 20th Annual MUEHSA Scientific Conference. April 2025.



## Mentorship as an Anchor for the Next Generation of Public Health Leaders

Students, alumni, and faculty at the 2nd MakSPH Annual Student-Alumni Career Day, 23rd October 2025.



On 23 October 2025, MakSPH convened its Annual Student-Alumni Career Day, bringing together more than 250 students, alumni, and faculty under the theme “Empowering the Next Generation: Mentorship and Career Pathways in Public Health.” Delivering the keynote, Prof. David Serwadda argued that mentorship is not optional, but a professional

responsibility each generation owes the next.

The Career Day reflects MakSPH’s broader commitment to producing graduates who are not only academically qualified, but professionally prepared, connected, and purpose-driven. Through direct engagement with alumni and faculty working across research, policy, clinical practice, and global health, students gained practical insight into navigating public health careers and leadership pathways. The initiative continues to strengthen the School’s role in building a workforce equipped to respond to Uganda’s evolving public health challenges with competence, networks, and professional clarity.

## When Global Research Questions Find Their Answers in Uganda

In 2025, MakSPH continued hosting international researchers conducting fieldwork on Uganda’s maternal and child health priorities. Claire Hazelwood, a Master’s student in International Development from the University of Western Australia, conducted fieldwork in Wakiso District examining how media messaging influences exclusive breastfeeding practices and maternal behaviour in local communities, under the supervision of Assoc. Prof. Christine Nalwadda, Head of the Department of Community Health and Behavioural Sciences.

The arrangement places a Ugandan academic at the centre of an international student’s training, with research locally designed, locally conducted, and directly relevant to Uganda’s maternal and child health priorities. Engagements of this kind advance collaboration between MakSPH and international academic institutions, while providing international researchers with mentorship, community access, and field-based learning grounded in Uganda’s public health realities.



Claire Hazelwood (left), Master’s student from the University of Western Australia, with her MakSPH co-supervisor Dr. Christine Nalwadda, in Kampala, 2025.

## Building Career Readiness Beyond the Classroom

In 2025, MakSPH strengthened workplace readiness through a structured professional skills training programme delivered in partnership with the African Centre for Career Mentorship (ACCM). Across semester-based sessions held in April and October, students received practical training in interpreting job advertisements, writing competitive cover letters and CVs, and preparing for interviews with confidence and professionalism. The sessions were facilitated by MakSPH alumnus and University of Cambridge PhD candidate Mr. Abel Wilson Walekhwa, whose engagement connected students to practical insights from both academia and the professional world. More than 110 undergraduate and master's students participated,



Mr. Abel Wilson Walekhwa, our alumnus and founder of the African Centre for Career Mentorship, interacting with current students during a mentorship session in October 2025.

gaining direct exposure to the communication demands, professional expectations, and recruitment realities shaping the public health job market.



Students following a successful career mentorship session on job readiness in April 2025.

## Strengthening Student Leadership and Capacity in Environmental Health

MakSPH is deliberate about the kind of public health professionals it produces. Technical competence matters, but so does the capacity to engage evidence, navigate policy, and lead in spaces where the stakes are high. Nowhere is this more visible than in the School's approach to environmental health education.

In 2025, the Makerere University Environmental Health Students Association moved beyond awareness into sustained, evidence-informed action. Anchored around World Environmental Health Day under the theme "Clean Air, Healthy

People," students organised a pre-commemoration seminar on air pollution that drew on locally generated air quality evidence from the East Africa GEOHealth Hub at MakSPH. Led by Mr. Samuel Etajak, Co-Investigator of the Hub, the session equipped students to interpret data, engage with real-world findings, and contribute meaningfully to policy-relevant discourse on one of Uganda's most pressing environmental health challenges.

The initiative was not a stand-alone event. Structured mentorship from MakSPH faculty and global environmental health leaders ran alongside it, fostering cross-university collaboration and embedding a shared commitment to cleaner air and healthier populations into how students think about their professional responsibilities.



Our bachelor's students, together with their facilitator, Mr. Samuel Etajak, following the seminar on air pollution to recognise World Environmental Health Day 2025.

## Promoting Inclusive Environmental Health and Emergency Preparedness



Environmental health students conduct a fire safety drill at Mulago School for the Deaf, Kampala, February 28, 2025.

Our Bachelor of Environmental Health Science students, through MUEHSA and in collaboration with the Uganda Police Force Directorate of Fire Prevention and Rescue Services, conducted a health and safety sensitisation programme at Mulago School for the Deaf, Kampala, in February 2025. Using

tailored communication approaches for learners with hearing impairments, students delivered practical fire safety demonstrations alongside education on antimicrobial resistance, waste segregation, and WASH, strengthening emergency preparedness and environmental health awareness in an inclusive school setting.

## International Recognition for Student Leadership in Antimicrobial Resistance



MakSPH BEHS student Bridget Ahumuza recognised with the 2025 Antibiotic Guardian Health Student of the Year Commendation for her AMR stewardship advocacy.

When the UK Health Security Agency's Antibiotic Guardian Shared Learning and Awards recognised Makerere University School of Public Health at its 2025 ceremony, it was not recognising an institution. It was recognising a culture, one that MakSPH has been deliberately building through the

integration of research, mentorship, and student leadership into how it trains the next generation of public health professionals.

The Makerere University Antimicrobial Resistance Club was awarded Health Student of the Year for its sustained, impactful work in youth-led AMR

advocacy, peer learning, and community action. The Club has become an organised platform for translating academic knowledge into real-world engagement on one of global health's most urgent challenges.

Equally celebrated was Bridget Ahumuza, a year three Bachelor of Environmental Health

Science student, commended in the same category for her project "Community-Centred AMR Awareness: The *Maama Naka* and *Maama Namu* Project." By leveraging local languages to improve public understanding of antimicrobial resistance, her work demonstrated the kind of contextually grounded innovation that global AMR frameworks consistently call for but rarely see delivered at the community level.



Dr. David Musoke, Chair, DCEH, together with Claire Brandish, UK AMR Technical Lead for Commonwealth Partnerships for Antimicrobial Stewardship, during the visit and award ceremony for the 2025 Antibiotic Guardian Awards at Makerere University.

## MakSPH Students Turned a Campus Waste Problem into a Working Solution

When MakSPH students conducted a solid waste audit of their own School, they were not looking for a research project. They were looking at a problem they walked past every day. What they found was that most of what MakSPH discards, organic matter, paper, and plastics, does not need to go to a landfill. Under the Makerere University Environmental Health Students Association, and in collaboration with the Kampala Capital City Authority, the Uganda Communications Commission, and Towa Uchafu Na Nusu, students designed and installed waste segregation bins across the



Dr. Sarah Zalwango, Director of Public Health at KCCA, officially launches the MUEHSA waste segregation and recycling initiative at MakSPH, Kampala, November 12, 2025.

School and created a process for sorting waste at source.

In November 2025, Dr. Sarah Zalwango, Director of Public Health at KCCA, officially launched the initiative, connecting campus practice to city-level waste management frameworks and regulatory efforts. These are environmental health students applying what they have been taught to the institution that taught them. The audit was their evidence, the bins their intervention, and the improvement in waste management at MakSPH their result.



## Emergency Preparedness in Practice

MakSPH Bachelor of Environmental Health Science students, through MUEHSA and in partnership with NCOSHA and the Uganda Police Fire and Rescue Department, conducted a practical fire safety training and simulation exercise at MakSPH, Mulago. Students gained hands-on skills in fire prevention, hazard identification, evacuation procedures, and coordinated emergency response, reinforcing the integration

of occupational safety into applied public health training.



BEHS students together with police after a fire safety drill at MakSPH.

## A Student-Led Campaign for a Plastic-Free Campus

Plastic waste is one of the most visible environmental health challenges on university campuses. In 2025, MUEHSA Vice Chairperson Bridget Ahumuza led the "Plastic Free Environment Starts With Me" campaign at MakSPH, mobilising students and staff through classroom engagements, digital awareness materials, and campus messaging promoting reusable alternatives and



Bridget Ahumuza (right), together with fellow BEHS students, displays an information, education and communication material from the plastic-free campus campaign, 2025.

responsible disposal. Students went beyond awareness, installing waste segregation bins across the School to create a practical system for sorting waste at source. The campaign showed what student-led environmental health advocacy looks like when it moves from conviction to action.

## From Cleanup to Community Partnership

In 2025, MakSPH students deepened community environmental health engagement through initiatives in Kawempe and Kalerwe that connected student leadership, practical learning, and grassroots action. Through the Office of the Female Guild Representative Councillor, Martha Namakula, students partnered with KCCA Kawempe Division for a World Environmental Health Day cleanup in Kazo-Angola, exposing learners to the sanitation and waste management realities facing urban



Martha Namakula (centre) during community clean up at Kalerwe market, 2025.

communities. The engagement later evolved into a broader collaboration with the Kalerwe community through MUEHSA, advancing waste management, hygiene education, and environmental cleanliness. Together, the initiatives demonstrated how student structures can sustain public health action through partnership, trust, and community participation.

## Taking Environmental Health to Schools

In April 2025, Bachelor of Environmental Health Science students took their training beyond MakSPH through the “Environmental Health to Schools” initiative, engaging learners at Kitante Primary and Secondary Schools in Kampala. Through practical, participatory sessions, students facilitated discussions on personal hygiene, solid waste management, climate



MakSPH BEHS students interacting with pupils at Kitante Primary School in Kampala, 2025.

change, and community resilience, helping learners connect everyday environmental practices to health outcomes. The outreach built applied competencies in risk communication and health promotion among the students, while planting early, prevention-oriented awareness among school-going children and adolescents.

## Building the Science-to-Career Pipeline

In 2025, MakSPH hosted two structured career guidance and mentorship sessions for Biology students from Nabisunsa Girls’ Secondary School, linking classroom science to real-world public health careers. The first session in June

2025, led by Assoc. Prof. David Musoke and Dr. Marianna Agaba, brought 60 Senior Six students to MakSPH, where they interacted with faculty, students, and alumni and explored career pathways across environmental health, health systems, and population health sciences. A second session in October 2025 hosted over 60 Senior Five students from the same school. Together, the engagements strengthened early exposure to public health as a career destination for the next generation of science students.

MakSPH Team, led by Assoc. Prof. David Musoke with Nabisunsa Girls’ Secondary School Biology students during a career guidance session in October, 2025.





# Knowledge Generation and Translation

MakSPH's research mandate is built on a clear principle: evidence that does not reach policy, practice, or communities has not completed its journey. The School does not measure its research contribution by publications alone, but by the decisions those publications inform, the policies they shape, and the health outcomes they ultimately improve.

In 2025, that principle produced results across the full spectrum of public health. MakSPH produced over 350 peer-reviewed publications, contributed to landmark global reports including the WHO Global Status Report on Drowning Prevention and the Lancet Countdown, supported Uganda's response to two disease outbreaks, generated the country's first nationally representative prison health survey, and advanced evidence on HIV, TB, maternal and newborn health, antimicrobial resistance, climate and health, urban mobility, and health systems financing. Research findings reached the Ministry of Health, Parliament, district health offices, and international agencies. Several directly changed what governments do.

At the same time, MakSPH expanded its research into emerging areas, including artificial intelligence applied to tuberculosis, digital health, noncommunicable diseases, and the intersection of climate change and health systems. The School's 2025 to 2030 Strategic Plan sets an ambitious research agenda. The evidence generated in 2025 demonstrates that MakSPH has both the capacity and the institutional commitment to deliver on it.



# Ending HIV, TB and Other Priority Diseases

## MakSPH Supports Uganda’s Final Push to End HIV with Locally Led Surveillance

Dr. Jane Ruth Aceng, flagging off UPHIA 2025 field study teams in Kampala ahead of data collection across the country. May 29, 2025.



In May 2025, Uganda launched the third Uganda Population-based HIV Impact Assessment (UPHIA 2024/2025), a nationally representative household survey to generate updated measures of the HIV epidemic. Led by the Ministry of Health, with technical leadership from MakSPH in partnership with the Uganda Bureau of Statistics and the Uganda Virus Research Institute, and supported by the U.S. CDC under PEPFAR, the survey marked a decisive shift toward nationally led HIV surveillance – the first two rounds, UPHIA 2016 and 2020, having been led by ICAP at Columbia University.

real-time monitoring, and coordinated supervision to ensure data of the highest quality. For the first time, the survey also assessed the burden of non-communicable diseases among people living with HIV, recognising the growing intersection of infectious and chronic disease in Uganda’s evolving epidemic.

This is Uganda’s final population-based HIV survey before 2030, the target year for ending AIDS as a public health threat. The findings will serve as the definitive baseline for Uganda’s final push. That MakSPH is providing the technical leadership for that push, after more than two decades of joint work with the Ministry of Health and U.S. CDC, is not incidental. It is the clearest measure yet of what seven decades of investment in Ugandan public health research capacity has produced.

MakSPH and partners designed and implemented the survey across 191 enumeration areas, deploying 37 field teams and activating seven satellite laboratories. Targeting approximately 15,000 individuals aged 15 and above, alongside adolescents aged 10 to 14 in selected regions, the survey was underpinned by structured training,



At the UPHIA 2025 launch, Prof. Rhoda Wanyenze highlighted MakSPH’s legacy in shaping Uganda’s public health landscape through rigorous research & policy support.

## Advancing a Breakthrough in HIV Prevention: MakSPH and the Lenacapavir Story

For more than four decades, MakSPH has contributed to Uganda's HIV response through sustained research in the communities where the epidemic has been most persistent. That fieldwork documented high HIV incidence among adolescent girls and young women in Uganda's rural and fishing communities, and helped make the case to Gilead Sciences for a trial that would change HIV prevention globally.

Through the PURPOSE 1 trial conducted between 2022 and 2024, MakSPH managed the Makerere-Kalangala study site in Uganda in collaboration with UVRI-IAVI, with Assoc. Prof. Noah Kiwanuka as Site Principal Investigator and Dr. Flavia Matovu Kiweewa as Uganda's

The Makerere-Kalangala PURPOSE 1 study team, 2024.



National Principal Investigator. The trial demonstrated 100 per cent observed efficacy for lenacapavir, a twice-yearly injectable, with no HIV infections recorded among participants who received the drug.

In June 2025, the US Food and Drug Administration approved lenacapavir for HIV prevention, followed by a World Health Organization recommendation. Uganda's National Drug Authority had initiated its own regulatory review, with approval and rollout to high-burden districts anticipated in 2026. Uganda had already been designated one of ten priority countries for initial introduction, with the US Government and Global Fund co-investing to reach up to three million people across high-burden countries by 2028. For a country recording 37,000 new infections annually, its introduction marks a critical step toward reducing new HIV infections and meeting the global commitment to end AIDS as a public health threat by 2030.

## Strengthening Targeted HIV Response through the CRANE Survey

Since 2008, MakSPH has implemented the CRANE Survey project in Uganda in partnership with the Ministry of Health and with support from the U.S. CDC, generating critical biobehavioural surveillance evidence to guide the country's targeted HIV response among populations most at risk. The fourth round, conducted across 15 districts between May 2024 and September 2025, reached 8,239 participants, all of whom received HIV testing.

Of those tested, 31 per cent were HIV positive, reflecting the substantial burden that persists in these communities. Among the newly diagnosed, 94 per cent were immediately linked to antiretroviral



U.S. Ambassador to Uganda, H.E. William Popp, tours MakSPH exhibition stands alongside MakSPH and CDC leadership, learning about innovations to combat HIV as a public health threat by 2030.

therapy, and overall treatment coverage reached 99 per cent, a result that speaks to the depth of trust built between survey teams and the communities they serve. Viral suppression stood at 77 per cent, with variation across sites identifying where adherence and follow-up support remain most needed. More than 2,400 individuals at risk were initiated on pre-exposure prophylaxis, reaching 68 per cent of those eligible. The CRANE Survey integrates surveillance with direct service delivery, strengthening systems, data use, and facility capacity to ensure evidence translates into targeted HIV action in Uganda.

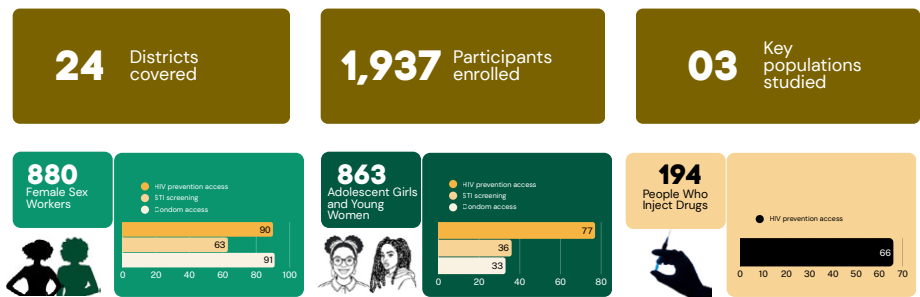
## Monitoring HIV Prevention Outcomes Among Uganda's Most Vulnerable Populations

In 2025, MakSPH researchers led by Dr. Geoffrey Musinguzi and Dr. Michael Ediau implemented the Global Fund Prevention Outcome Monitoring study, generating critical evidence on the reach and effectiveness of HIV prevention services among Uganda's most vulnerable populations. Conducted across 24 districts with nearly 2,000 participants, the study examined how prevention programmes are performing among female sex workers, adolescent girls and young women, and people who inject drugs.

Findings showed high levels of awareness and service access, reaching 90% among female sex workers, 77% among adolescent girls and young women, and 66% among people who inject drugs. Most participants diagnosed with HIV were linked to treatment within one week, reflecting improvements in service responsiveness. The study also identified persistent barriers, including gaps in PrEP adherence, STI screening, viral suppression, and challenges related to transport costs and distance to services. The findings are informing more targeted HIV prevention and service delivery efforts in Uganda.



Dr. Geoffrey Musinguzi



## Extending HIV Services to Uganda's Most Underserved Men

Through the Kayungirizi study, MakSPH is testing innovative approaches to reaching men who remain largely outside conventional HIV programming despite elevated risk of infection. Supported by the United States National Institutes of Health (NIH), the study uses female sex workers as trusted entry points for delivering HIV self-testing and pre-exposure prophylaxis (PrEP) services to their male clients.

Implemented in 2025 in partnership with the Ministry of Health, San Diego State University, and civil society organisations, the study addresses barriers that continue to limit men's access to HIV services, including stigma, mobility, cost, and low engagement with formal health systems. By exploring community-led and



The Kayungirizi study team, led by Assoc. Prof. Esther Buregyeya (extreme right), during fieldwork in Mukono District.

relationship-based models of service delivery, the study is generating evidence to guide more inclusive HIV programming for underserved populations in Uganda and similar settings across sub-Saharan Africa.

## Reaching High-Risk Populations for HIV Care



MakSPH team conducting system upgrades and mentorship under the AIC Mechanism – TASO Soroti, March 2025.

In 2025, Makerere University School of Public Health, working with the Ministry of Health, U.S. CDC, and district health systems, strengthened HIV case identification and linkage to care through Electronic Health Screening Services using Audio Computer-Assisted Self-

Interviews (eHSS-ACASI). The tool enables confidential, self-guided risk assessment within routine services, addressing barriers around privacy and disclosure among high-risk populations.

Implemented across 55 sites since 2019, with 32 active in 2025, the system enrolled 28,606 clients and completed 27,945 interviews, achieving a 98 per cent completion rate. It identified 2,112 individuals at high risk of HIV; 1,933 were tested, resulting in 213 new diagnoses with an 11 per cent positivity yield. Of those diagnosed, 197 were initiated on treatment, while 939 high-risk HIV-negative individuals started pre-exposure prophylaxis.

This approach is strengthening early identification, improving linkage to care, and closing gaps between testing and treatment for underserved populations.

MakSPH team conducting staff training in Kumi HC IV – July 2025.



## Addressing Legal Barriers to HIV Services

Legal and structural barriers continue to limit equitable access to HIV services for vulnerable populations in Uganda. Through the Legal Environment Assessment (LEA) Project, Makerere University School of Public Health, in 2025, continued working with the Uganda AIDS Commission, Makerere University School of Law, civil society organisations, and with support from the U.S. CDC to strengthen policy and system responses to these challenges.

The project convened policy dialogues and stakeholder engagements reaching more than 200 actors across health, legal, and community systems. Discussions identified practical actions to improve service delivery, including integrating human rights into

health training, strengthening accountability systems, and improving coordination across sectors. The engagements also exposed persistent system constraints, including commodity stockouts, funding-related disruptions, weak confidentiality protections, and limited monitoring mechanisms. Collaboration with national, district, and community actors strengthened reporting of service gaps and human rights violations, contributing to more responsive and equitable HIV services for vulnerable populations.

MakSPH Staff during the site monitoring visits in Fort Portal in 2025.



## MakSPH Generates Critical Evidence on TB and HIV in Uganda's Prisons

Prisons remain among the most overlooked settings in public health, yet the health threats they concentrate extend far beyond prison walls. In 2025, MakSPH released findings from Uganda's national survey of tuberculosis (TB), HIV, and COVID-19 in prisons, conducted with the Uganda Prisons Service and the Ministry of Health, with support from PEPFAR and the U.S. Centers for Disease Control and Prevention.

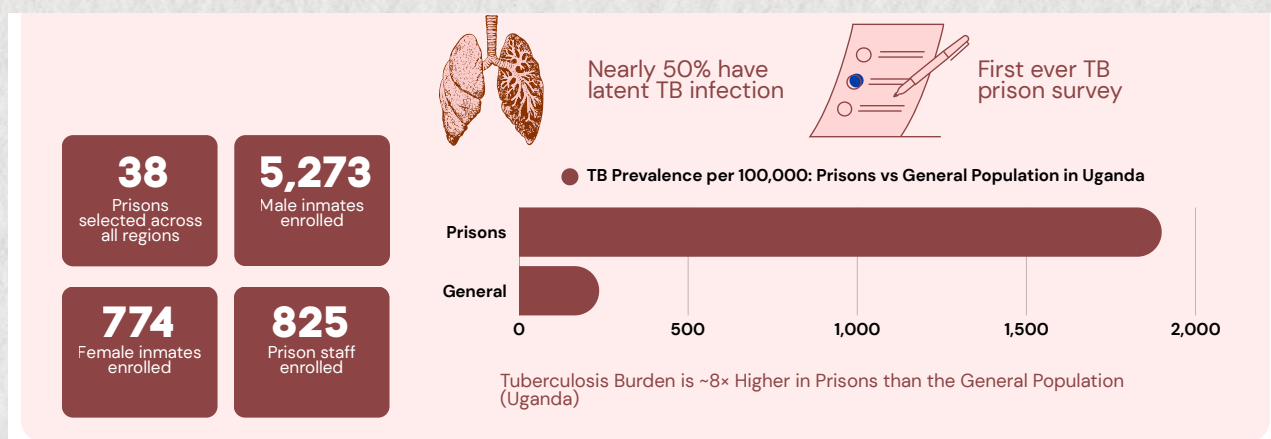
The survey found active TB prevalence at 1,900 per 100,000,

nearly eight times higher than in the general population, while nearly half of incarcerated individuals carried latent TB infection. HIV prevalence stood at 11%, rising to 21% among incarcerated women. Although 99% of those aware of their HIV status were on treatment, viral suppression reached only 70%, underscoring persistent gaps in long-term treatment outcomes. The study also highlighted severe overcrowding, with Uganda's 257 prisons operating at 340% capacity.

The study identified urgent priorities, including mandatory TB screening at prison entry using digital chest X-rays and molecular diagnostics, stronger treatment adherence systems, and gender-responsive HIV interventions. Fourteen GeneXpert machines have already been installed across prison facilities. Beyond Uganda, the survey offers a replicable national model for generating prison health evidence in high-burden settings.



Dr. Simon Kasasa (left) and Dr. George Tumusinze (right), Co-PIs of the prisons study.



MakSPH Dean Prof. Rhoda Wanyenze (centre), flanked by Dr. Charles Olaro (Director General of Health Services, MoH), Mr. Samuel Akena (Deputy Commissioner General of Prisons) with other dignitaries, at the launch of Uganda's first nationally representative TB, HIV, and COVID-19 Prison Survey in May 2025.



## Strengthening HIV Service Delivery



MakSPH team leading mentorship engagement with District Health Officers in Pakwach, 2025.

Delivering effective HIV services to higher-risk and underserved populations requires more than commodities and infrastructure. It depends on frontline providers equipped to identify cases early, deliver respectful care, and respond to evolving service demands. In 2025, Makerere University School of Public Health, working with the Ministry of Health and supported by the U.S. CDC, strengthened HIV service delivery through targeted training, mentorship, and digital learning initiatives across 12 districts.

A total of 279 frontline health workers were trained, while 176 providers from 30 health facilities received hands-on mentorship through a programme coordinated by MakSPH researchers Gloria Natwijuka and Gilbert Obore. Facility and drop-in centre assessments informed readiness for integrated service delivery, while a Virtual Academy expanded continuous professional learning, with more than 75 per cent of participating providers adopting eLearning. In West Nile, the initiative contributed to sharp increases in PrEP uptake and continuation within a single quarter, improving prevention access in underserved communities.



MakSPH mentorship team during engagement at Kakuuto HCIV, Kyotera District, 2025.

## Keeping Mothers, Newborns, & Children Alive

### PMA 2024 Results Put Uganda's Family Planning Progress to the Test

Uganda has made steady progress in expanding access to family planning, but new evidence suggests critical gaps remain in service quality, commodity availability, and adolescent access. Findings from the 2024 Performance Monitoring for Action (PMA) survey, disseminated by MakSPH and partners in April 2025, provide one of the most current nationally representative assessments of contraceptive use and family planning services in Uganda.

Conducted across 141 enumeration areas in collaboration with the Ministry of Health, Uganda Bureau of Statistics, and Johns Hopkins

University, the survey found modern contraceptive use at 34% among all women and 41% among married women, figures that have changed little since 2022. Nearly half of recent pregnancies were unintended, while unmet need for contraception remained at 14.7%. Among adolescents aged 15–19, fewer than one-third used modern contraception despite high levels of sexual activity.

The survey also identified growing stockouts of implants and intrauterine devices, alongside gaps in counselling on side effects and alternative methods. At the same time, uptake of postpartum family planning continued to increase, demonstrating the potential of integrated service delivery. The findings are now informing national priorities on commodity security, service quality, and adolescent access to family planning.



Participants at the PMA 2024 dissemination workshop in Kampala, joined by the MakSPH team, including Prof. Elizeus Rutebemberwa and the PMA investigators Prof. Fredrick Makumbi and Dr. Simon Peter Kibira, April 2025.

## Reducing Newborn Mortality Through Health Systems Strengthening

Between 2022 and 2025, the Uganda Newborn Programme, led by Makerere University School of Public Health in partnership with the Ministry of Health and regional partners, strengthened care for small and sick newborns across 36 health facilities in Uganda. The programme expanded neonatal care infrastructure, strengthened clinical capacity, and improved the quality of newborn care through training, mentorship, equipment provision, and standardised clinical protocols.

As access to specialised newborn care improved, neonatal admissions increased from 22,526 to

Key stakeholders and dignitaries during the launch of the 2023 Uganda Newborn Situation Analysis Update in Kampala, 2024.



26,872, reflecting stronger referral and care-seeking systems. Over the same period, neonatal deaths declined from 1,213 to 1,070, contributing to a 26% reduction in case fatality and a 17.2% decline in neonatal mortality. Case fatality from birth asphyxia fell by 29%, while mortality linked to neonatal hypothermia dropped sharply. By programme close, all supported facilities were delivering a full package of essential newborn interventions, up from 88.8% at baseline. Findings from the programme informed the 2023 Uganda Newborn Situation Analysis and contributed to the national adoption of standardised protocols for managing small and sick newborns.

## More Newborns Surviving Their First Week and Going Home

In Uganda, most newborn deaths occur within the first seven days of life, many from preventable causes. Through the Uganda Newborn Programme, MakSPH, working with the Ministry of Health, Baylor Foundation Uganda, Adara Development Uganda, and Nsambya Hospital, strengthened newborn care across 36 health centres through health worker training, continuous mentorship, upgraded neonatal care units, and improved use of clinical data for decision-making.

The Hospital-to-Home (H2H) team – Nasuuna Jesca (VHT), Seela Margret, and H2H Programme Lead Sr. Cornety Nakiganda Kivumbi (far right) – bidding farewell after a successful home visit to Rehema and her twins in Kiwoko.



The programme trained and mentored more than 800 health workers, contributing to major improvements in newborn survival. In Tooro, facility-based newborn mortality fell to two per 1,000 births, while deaths linked to birth asphyxia nearly halved. Uganda's first breast milk bank was also established,

improving access to safe nutrition for small and sick newborns. A Hospital-to-Home model further strengthened continuity of care for families after discharge. Findings from the programme informed Uganda's Newborn Health Situation Analysis and continue to shape national newborn care strategies and standards.

**Mrs. Rehema with her thriving twins at home in Kiwoko, receiving continued postnatal care and support through the Hospital-to-home model.**



## Strengthening Newborn Survival Through Human Milk Banking

In 2025, Makerere University School of Public Health continued to advance innovations for newborn survival through the Uganda Newborn Programme, implemented in partnership with the Ministry of Health, St. Francis Hospital Nsambya, Baylor Foundation Uganda, Adara Development, and with funding from ELMA Philanthropies. Through the Resuscitation, Infection Control and Breast Milk Banking (RIB) Project, the programme strengthened systems for safe donor human milk, neonatal resuscitation, infection prevention, and quality improvement in participating hospitals.

Building on Uganda's first human milk bank established at Nsambya Hospital in 2020, the initiative expanded access

through lactation centres and strengthened milk collection, storage, transport, and utilisation systems. Between October and December 2024, more than 270 mothers donated approximately 38 litres of breast milk, benefiting 275 preterm and low-birth-weight infants. The project also supported neonatal resuscitation teams and essential equipment, contributing to reductions in neonatal infections, birth asphyxia, and mortality in participating hospitals. Together, these investments are expanding access to safe donor human milk and strengthening the continuum of care for preterm and low-birth-weight infants within Uganda's newborn care system.

Human breast milk in a bank at Nsambya Hospital.



## Supporting Evidence and Accountability in Reproductive Health

In Uganda, 189 women die for every 100,000 live births, many from preventable causes. The EMPOWER Project, funded by the United Kingdom's Foreign, Commonwealth and Development Office through the British High Commission in Uganda, is among the country's largest recent reproductive health investments.

Led by Pathfinder International with partners including UNFPA, WHO, and PSI, the programme is being implemented across 80 districts to reduce maternal, neonatal, and child deaths while expanding access to family planning services.

As the Monitoring, Evaluation, Accountability and Learning partner, MakSPH is providing independent technical leadership to strengthen the programme's measurement systems, results framework, and learning agenda. Led by Prof. Nazarius Mbona Tumwesigye, the School is helping ensure that evidence generated across intervention districts is rigorous, actionable, and used to improve implementation. With a target of reaching six to seven million women, the programme carries significant national importance.

Participants of the EMPOWER Project workshop in Kampala, 2025.



## When Pandemic Research Meets Policy for Uganda's Most Vulnerable Women

When COVID-19 swept through Uganda's urban informal settlements, it did not affect everyone equally. For women in Kampala and Mbale, the pandemic eroded livelihoods, deepened HIV vulnerability, and pushed already fragile households further into crisis. The Women RISE study found that 65 per cent of women experienced income loss, driving many towards transactional sex, early marriage, substance use, and food rationing simply to survive. Mental distress, family breakdown, and disrupted education compounded what was already a precarious existence, revealing how a health crisis can rapidly become a gender crisis.

Engaging over 1,300 women and men across three research

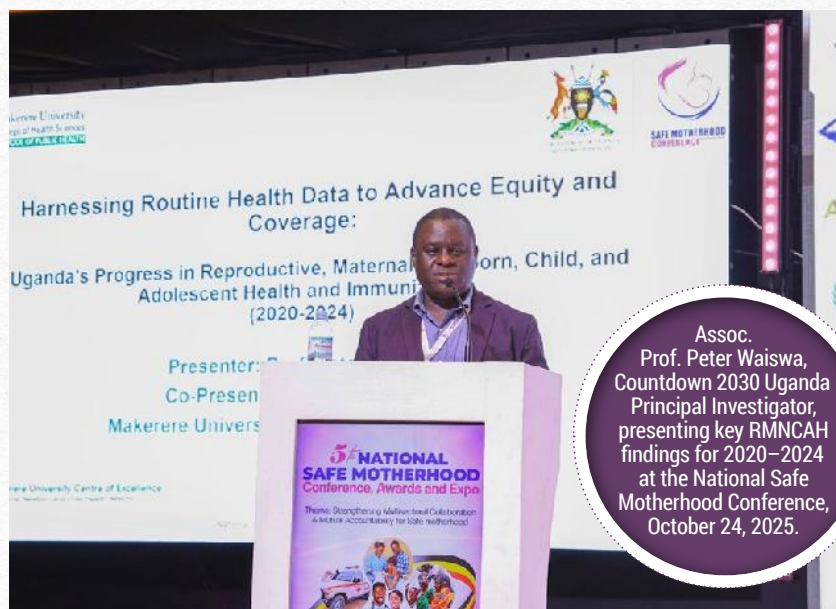


Dr. Susan Babirye, Women RISE Project Principal Investigator, with partners during the national dissemination meeting in Kampala, March 2025.

phases, the study, led by MakSPH in partnership with the University of Waterloo, the Uganda AIDS Commission, and Afrislum Uganda, and supported by Canada's International Development Research Centre, co-designed gender-transformative recovery solutions grounded in community need, from integrated health outreaches and teen pregnancy prevention to skilling and microfinancing programmes. At the national dissemination meeting in Kampala in March 2025, those findings were placed directly before policymakers, advancing the evidence that Uganda's recovery policies for marginalised women urgently need.

## Turning Health Data into Decisions that Reach Every Mother and Child

Good data does not automatically produce better health outcomes. It has to be interpreted, presented to the right people, and used to drive decisions at every level of the health system. This is the work MakSPH has been doing through the Countdown to 2030 initiative. Led by Prof. Peter Waiswa, the Uganda Countdown Country Team brought five years of national evidence on maternal, newborn, child, and adolescent health to the National Safe Motherhood Conference in 2025. Drawing on health facility records, national surveys, and United Nations estimates, the team documented real progress in data quality since COVID-19, alongside significant challenges: mortality remains under-reported in parts of the country, district-level



Assoc. Prof. Peter Waiswa, Countdown 2030 Uganda Principal Investigator, presenting key RMNCAH findings for 2020-2024 at the National Safe Motherhood Conference, October 24, 2025.

inequalities persist, and the full potential of routine health information systems is not yet being realised. On immunisation, the analysis revealed where coverage is strong, where children are still being missed, and which geographic areas require urgent attention. For planners and policymakers, this kind of granular, current evidence is what makes it possible to direct resources where they matter most, and to hold systems accountable for reaching the children and families who are hardest to reach.

## Identifying Children at Risk of Developmental Delay Earlier

Nearly one in four children screened across Uganda shows signs of developmental delay, yet many remain unidentified until intervention opportunities are limited. A national study conducted by MakSPH across 17 regions in 2025 revealed significant gaps in the systems designed to detect and support these children early. More than half of the 255 health workers engaged across 85 facilities had no knowledge of the At Risk Surveillance System, while fewer than half of facilities were conducting developmental assessments routinely. Awareness among caregivers also remained low, particularly for developmental conditions that

are less immediately visible, including delays in speech, cognition, and social functioning.

The study highlighted critical gaps in training, screening tools, reporting systems, and referral capacity. The findings are now informing efforts to integrate developmental screening into routine child health services and strengthen referral pathways so that children identified early can access timely care and support.



A health worker conducting a developmental screening assessment on a child.

## Paying Vaccination Workers Fairly and on Time Across Africa

In 2025, MakSPH continued leading efforts to strengthen the efficiency, transparency, and accountability of vaccination campaigns across sub-Saharan Africa through digital payment systems for frontline health workers. Through the Digital Health Payment Initiatives and Research project, implemented with regional and global partners, the School coordinated a continent-wide body of evidence on how digital payments can address persistent challenges associated with cash-based systems, including payment delays, operational inefficiencies, and financial leakages.

Working alongside Cheikh Anta Diop University in Senegal, MakSPH coordinated 18 mixed-

method studies across 12 countries in Anglophone and Francophone Africa. In Uganda, a cluster-randomised controlled trial involving 2,665 vaccination workers across 54 districts, implemented together with the Ministry of Finance, Planning and Economic Development, found that e-payments improved timeliness, reduced travel and cash-handling risks, and were widely viewed as more convenient and transparent. The evidence generated through the initiative has informed policy and programme discussions by WHO, Gavi, and the Global Fund, strengthening efforts to scale more reliable and accountable payment systems for frontline health workers across Africa.

Dr. Juliet Aweko signing on the board at the launch of the Research Study on the Impact of Digital Health Technologies on Maternal and Child Health Services. March 15, 2024.





Hexa Switch Early Adopters Workshop Delegation. Photo credit: Sabin Vaccine Institute.

## One Injection, Six Diseases, and the Work of Getting It Right Across Africa

The hexavalent vaccine combines protection against six diseases into a single dose, reducing visits, costs, and the risk of dropout for children in rural health centres. In 2025, MakSPH working with

partners, provided technical leadership across Africa’s hexavalent rollout, shaping country planning and implementation strategies at a regional workshop in Dakar and coordinating data systems across early-adopting countries through the HeVAC consortium.

The School developed standardised tools, supported cross-country analysis that identified gaps in data quality and stock management, and ensured findings fed into Uganda’s National Immunisation Technical Advisory Group and the Gavi Zero-Dose Learning Hub. Evidence generated through this work is now guiding how African health systems manage one of the most significant vaccine transitions in recent years.

## Building Health Systems That Hold Under Pressure

### Restoring Medicine Supply After USAID Closure

The disruption of medicine distribution to more than 530 private not-for-profit health facilities across Uganda in 2025, with medicines and supplies valued at over UGX 79 billion at risk of expiry, demanded an urgent response. MakSPH, the Ministry of Health, and Joint Medical Stores (JMS) responded. Funded by the Gates Foundation, a nine-month initiative was launched to restore last-mile delivery and use the crisis as a foundation for building a more resilient supply chain.

Working through a sub-award from MakSPH, JMS led warehousing, redistribution, and reverse logistics, while extending digital training to



Project PI Assoc. Prof. Suzanne Kiwanuka (seated, third left) with stakeholders at the consultative workshop on safeguarding Uganda’s health supply chain, Kabira Country Club, Kampala, November 10, 2025

more than 1,100 facilities in the Integrated Online Ordering System. A national stakeholder workshop convened by MakSPH brought together Ministry officials, partners, and supply chain experts to identify bottlenecks and reform priorities. That analytical work is now informing studies on financing gaps, operational inefficiencies, and last-mile delivery performance, aligned with the Ministry of Health’s ten-year roadmap for supply chain self-reliance.



## Leadership Strengthening and District Health Performance in Wakiso

Participants display their certificates following completion of the Wakiso District health leadership and management capacity strengthening programme on 26 November 2025.

In 2024, baseline assessments across more than 60 public health facilities in Wakiso District found that fewer than half of health facility managers met leadership competency benchmarks and only a third met management standards, with weaknesses in coordination, quality management, and internal communication affecting service delivery across Uganda’s most populous district of over 3.4 million people.

In response, MakSPH, through the longstanding NTU-Mak Partnership, worked with Nottingham Trent University, Nottingham University Hospitals NHS Trust, Wakiso District

Local Government, and the Ministry of Health to co-design and deliver a six-month leadership and management training programme tailored to Uganda’s decentralised health system.

Funded by NHS England under the Global Health Partnerships programme, the programme reached more than 50 health facilities through in-person and virtual training, mentorship, and peer learning for facility managers. Managers applied practical skills in decision-making, team leadership, and problem-solving directly within their facilities, with reported improvements in day-to-day management and team functioning.

Over the same period, Wakiso rose from a bottom-ten position to 18th out of 146 districts in the national health performance assessment. District performance reflects many contributing factors, but the alignment between strengthened leadership capacity and measurable district improvement points to something worth building on and scaling.

## Building the Case for Health Insurance That Works for Every Ugandan

Uganda has no national health insurance scheme, and only 1.1 per cent of the population has any form of medical cover. Those living with non-communicable diseases carry an additional burden, navigating persistent gaps in medicines, diagnostics, and supply chains. In

Participants at MakSPH’s national policy dialogue on health insurance in August 2025, joined by Visiting Scholar Dr. Dorit Talia Stein (seated, second right), to discuss equitable and inclusive pathways toward universal health coverage in Uganda.

August 2025, MakSPH convened a national policy dialogue bringing together policymakers, researchers, practitioners, and patient advocates to examine both challenges together. A keynote by Dr. Dorit Talia Stein, a Visiting Scholar at MakSPH, drew on empirical evidence to show how well-designed insurance models can expand access, reduce financial risk, and strengthen equity.

The dialogue produced clearer institutional alignment on priority reforms, including embedding cost-effective NCD care packages such as PENPlus into Uganda’s health benefit structure and extending coverage to populations currently excluded. With the National Health Insurance Scheme still stalled and donor financing under increasing pressure, the evidence and alignments generated through this dialogue are directly relevant to the reforms Uganda can no longer afford to delay.



## Uganda's Evaluation Experience Is Becoming a Regional Model

In February 2025, fifteen Monitoring and Evaluation (M&E) officers from the Government of Namibia, led by Mr. Roux Sampati, Director for Monitoring and Evaluation, travelled to Kampala for a 10-day benchmarking visit focused on strengthening M&E systems, planning, budgeting, and performance assessment of government programmes. Hosted by MakSPH under the Impact Evaluation for Evidence-Based Decisions (IEED) project and received by Dean Prof. Rhoda Wanyenze, the visit connected the Namibian delegation directly with the team advancing impact evaluation as a tool for evidence-based government decision-

MakSPH Dean Prof. Rhoda Wanyenze (seated, middle) with the Namibian delegation led by Mr. Roux Sampati, Director for Monitoring and Evaluation (seated, right), during a benchmarking visit on strengthening government M&E systems, Kampala, February 2025.



making in Uganda.

Working sessions, coordinated in collaboration with Uganda's Office of the Prime Minister (OPM), examined how impact evaluation is embedded into government systems, how evidence reaches decision-makers, and how robust M&E frameworks improve programme effectiveness and public service delivery. The delegation expressed appreciation for Uganda's rigorous methodologies and the practical application of impact evaluation tools to inform government decision-making, affirming that the capacity Uganda has built through IEED holds lessons for governments across the continent.

## A New Centre for Health Systems Complexity

Health systems do not fail in simple ways. A disease outbreak, a funding cut, a drought, a policy change each sends ripples through a system already managing multiple pressures at once. In July 2025, MakSPH launched the Complexity, Innovative Research and Evaluation Methodologies (CIREM) Hub, a dedicated

MakSPH Dean Prof. Rhoda Wanyenze, Dr. Aku Kwamie (WHO Alliance for Health Policy and Systems Research), Dr. Aloysius Ssenyonjo (CIREM Hub Team Lead), and Ministry of Health officials at the launch of the CIREM Hub, Makerere University, July 11, 2025.

think-and-do centre for applying systems thinking to how Uganda and the broader region design, implement, and evaluate health policy. At its launch, Dr. Aku Kwamie of the WHO Alliance for Health Policy and Systems Research set the tone, arguing that health systems must be understood as they actually function, under pressure, with competing priorities, and shaped by forces far beyond the health sector alone.

The CIREM Hub is designed to translate that conviction into action, developing innovative research and evaluation methods, building capacity among researchers and policymakers, and strengthening cross-sector collaboration. Its early work is already engaging Uganda's National Health Adaptation Plan, linking climate and health priorities to strengthen preparedness and resilience, and signalling a deliberate shift from fragmented interventions toward integrated, system-wide responses.



## Priority-Setting, Equity, and the Lessons of COVID-19



Assoc. Prof. Suzanne Kiwanuka

During the COVID-19 pandemic, health systems were forced to decide which services would continue, which would be scaled back, and which would stop entirely. How those decisions were made, who made them, and whether the most affected populations ever understood or influenced them are questions with lasting consequences for health equity. In 2025, MakSPH, through Assoc. Prof. Suzanne Kiwanuka, contributed to a multi-country study with partners at McMaster University, the University of Toronto, and Universidad San Sebastián, examining how Uganda, Canada, and Chile prioritised health services under pandemic pressures.

Drawing on policy documents and media sources, the research found that decisions were often made without clear frameworks, communicated inconsistently, and rarely aligned with established principles of fair priority-setting, with the most vulnerable populations bearing a disproportionate share of reduced access. The findings are now feeding into comparative analysis and stakeholder engagement across the three countries, aimed at ensuring that the next crisis produces more transparent, equitable, and accountable decisions.

## Maintaining Essential Health Services During Epidemics



Mr. Douglas Bulafu presents findings from the study on sustaining essential health services during epidemics at a dissemination workshop in Mubende District on 16 October 2025.

Public health emergencies often disrupt far more than outbreak response itself. Routine services such as immunisation, antenatal care, and outpatient treatment can decline sharply during periods of fear, movement restrictions, and system pressure, creating secondary health risks that persist long after an epidemic end. In October 2025, MakSPH, through the Cluster of Research Excellence for Preparedness and Response to Pandemics and Shocks (CoREPRPS), convened dissemination workshops in Mubende

and Kassanda districts to share findings from a MakRIF-funded study examining how essential health services were sustained during Uganda's COVID-19 pandemic and 2022 Ebola outbreak.

The study found temporary declines in outpatient attendance, immunisation, and antenatal care during outbreak peaks, followed by recovery across most services. It further showed that trusted local communication systems involving village health teams, local leaders, and religious figures played a critical role in restoring service utilisation and public confidence. Stakeholder discussions generated recommendations to strengthen risk communication, community engagement, coordination, and continuity of care planning during future public health emergencies.

## Finding Epilepsy and Diabetes Earlier, One Household at a Time

In many Ugandan communities, a diagnosis of epilepsy or diabetes comes late, often after symptoms have already caused serious harm. A study on digital evidence and intelligent decision-making in primary health care, led by Assoc. Prof. Angelina Kakooza-Mwesige and Dr. Raymond Tweheyo and funded by the Government of Uganda through Makerere University Research and Innovation Fund (MakRIF), examined how primary health care managers can use digital data to support Village Health Teams in NCD screening and referral. Between February and May 2025, more than 1,500 households in Buikwe District were screened using the Ministry of Health's Electronic Community Health Information System, with probable cases of epilepsy and diabetes successfully identified and referred.



The project team led by Assoc. Prof. Angelina Kakooza Mwesige, together with community leaders and Village Health Teams during a dissemination workshop in Buikwe District, May 2025.



Baseline findings had shown significant gaps, including limited VHT training in NCD screening and widespread community misconceptions about both conditions. The introduction of the digital system demonstrated high acceptance among Village Health Teams, who remain Uganda's most direct link between communities and the health system, enabling household registration, real-time reporting, referral decision support, and structured follow-up. Buikwe now offers a tested model for scale-up, and the findings make a clear case for sustained investment in VHT capacity and digital infrastructure across Uganda's primary health care system.

## Shaping Uganda's Antimicrobial Governance for a Generation

In 2025, MakSPH took its antimicrobial resistance work to Uganda's Parliament. A delegation from the School, led by Dr. Esther Buregyeya, engaged the Parliamentary Committee on AMR, chaired by Hon. Dr. Charles Ayume, contributing directly to the review of the National Drug and Health Products Bill, a piece of legislation that will govern how Uganda regulates medicines for decades to come.

MakSPH provided technical input recommending strengthened compliance mechanisms for antimicrobial dispensing standards in pharmacies, advocated for a One Health approach integrating veterinary, agriculture, and water sectors into the regulatory framework, and supported alignment of Uganda's national data systems with the WHO Global Antimicrobial



Assoc. Prof. Esther Buregyeya

Resistance Surveillance framework to ensure that evidence informs practice. This engagement reflects a broader and growing body of work at MakSPH generating the evidence base needed to combat antimicrobial resistance across Uganda and the region.

## Shaping National Dialogue on AMR Through Evidence and Leadership

Evidence without advocacy rarely changes policy. At the 10<sup>th</sup> National AMR Conference in Kampala on November 19, 2025, organised by the Ministry of Health National One Health Platform under the theme Act Now: Protect Our Present, Secure Our Future, MakSPH brought both to Uganda's foremost antimicrobial resistance policy forum.

Assoc. Prof. David Musoke delivered the keynote address, drawing on findings from MakSPH-led studies in Wakiso District to present sobering evidence. Widespread circulation of substandard and falsified medicines, high antibiotic use across health facilities, and limited public understanding of appropriate medicine use are collectively driving AMR in ways that neither clinical nor regulatory interventions alone can adequately address, pointing to a gap



Assoc. Prof. David Musoke (extreme left) and team at the 10<sup>th</sup> National AMR Conference, Kampala, November 19, 2025.

that runs through communities themselves.

The address made a pointed case for repositioning communities as active partners in antimicrobial stewardship rather than passive recipients of public health messaging, arguing that sustainable AMR response depends on inclusive, community-driven strategies supported by stronger diagnostics, improved prescribing practices, and more robust regulatory systems. That argument, grounded in Uganda's own evidence, is now part of the national policy record.

Assoc. Prof. David Musoke delivers a keynote address at the 10<sup>th</sup> National AMR Conference, Kampala, November 19, 2025.



## Leading Global Capacity Building in Antimicrobial Resistance



Assoc. Prof. Esther Buregyeya together with participants at the three day workshop in Entebbe, 2025.

Behavioural science is increasingly recognised as central to addressing antimicrobial resistance, yet the capacity to apply it effectively in low- and middle-income countries remains limited. In 2025, MakSPH partnered with the International Centre for Antimicrobial Resistance Solutions (ICARS), based in

Denmark, the University of Manchester, and University College London to co-design and deliver a global training programme that directly addresses that gap.

In April 2025, the School facilitated a three-day training in Entebbe, bringing together 17 participants from ICARS-supported project teams across nine countries in Africa and Latin America. Grounded in MakSPH's expertise in behavioural science and One Health, the programme equipped teams with practical tools to embed behaviour change into AMR interventions at country level, contributing to a growing global effort to make AMR control more locally owned, evidence-driven, and sustainable.

## Putting Nurses at the Centre of Uganda’s AMR Response

In 2025, Mukono General Hospital recorded a 50% reduction in Ceftriaxone consumption, one of Uganda’s most misused antibiotics. Behind that number is a fundamental shift in how frontline nurses understand and exercise their role in protecting the efficacy of medicines that millions of lives depend on.

That shift did not happen by accident. It was designed, delivered, and measured by MakSPH.

Assoc. Prof. Esther Buregyeya (2<sup>nd</sup> right) with partners from the Royal Free London NHS Foundation Trust at Mukono General Hospital, the district hub of Uganda’s growing nurse-led AMR response.

Led by Dr. Esther Buregyeya in partnership with Dr. Stephen Mephram of the Royal Free London NHS Foundation Trust, and funded by the Commonwealth Partnerships for Antimicrobial Stewardship, the project deployed a Hub and Spoke model across four health facilities in Mukono District, including

Mukono General Hospital, Kojja HCIV 3, Nakifuma HCIII and Goma HCIII. Its central insight was that nurses, by virtue of their frontline position, are the most strategic lever for changing prescribing culture in resource-constrained settings. The project proved that insight correct.

Beyond the clinical outcomes, Mukono General Hospital is now producing alcohol-based hand rub and has been mandated by the district to supply facilities outside the original project scope. A £50,000 grant generated outcomes that the district has chosen to sustain and expand independently. That is the clearest measure of impact available in public health and a compelling demonstration of what MakSPH’s research partnerships can achieve in the real world.



## Ekyaalo: Bringing the Specialist to the Patient

For too many women in Uganda, a breast cancer diagnosis arrives too late not because the disease was invisible, but because the specialist was too far away. In 2025, MakSPH, MUST, and Johns Hopkins University took direct aim at that gap. Together, we advanced Ekyaalo Diagnostics: a low-cost, AI-enabled device that allows a health worker at a Health Centre IV or general hospital to capture a tissue sample image and share it instantly with a pathologist no physical transport, no weeks-long wait, no journey to a referral hospital. A multidisciplinary Johns Hopkins bioengineering team worked alongside Ugandan researchers in clinical settings, shaping the device around real health system constraints affordability, usability, and reliability in low-resource environments. The result is a



Assoc. Prof. Peter Waiswa (left) and the MakSPH Centre for Maternal, Newborn, and Child Health Research team with biomedical engineering graduate students from the Centre for Biomedical Innovation and Design at Johns Hopkins University, 2025.

technology that fits where it is needed most. For women in rural Uganda, Ekyaalo is shifting the moment of diagnosis earlier, when treatment works best and survival is most likely



Ekyaalo Diagnostics hardware – a whole slide scanner and laptop displaying a scanned image.

# Across Africa, the Case Against Tobacco Is Getting Stronger

Tobacco use remains one of the most preventable causes of death on the continent, and the systems needed to fight it effectively, trained professionals, strong evidence, and responsive policy, are still being built in many African countries. In 2025, MakSPH advanced that work through the Enhance Tobacco Control Institutional Capacity in Africa initiative, supported by the African Capacity Building Foundation. Sixteen professionals from eleven countries completed a six-month online certificate course in tobacco control, demonstrating significant knowledge gains and strong satisfaction with the

training. Six research projects aligned to Africa's tobacco control priorities generated findings that are already shaping policy conversations, documenting cross-border illicit trade, regulatory gaps around emerging nicotine products, weaknesses in smoke-free law enforcement, and the growing role of social media in driving youth tobacco use. The programme's reach extended well beyond training and research. In Zambia, forty lead farmers were supported to move away from tobacco cultivation toward viable alternative crops, a transition that spread to hundreds of relay farmers in surrounding communities. In Uganda, coordinated advocacy through a tobacco tax coalition contributed directly to increased excise duties on tobacco products, strengthening both public health protection and domestic revenue. Working through partnerships with ministries of health, civil society, and regional institutions, MakSPH is reinforcing its role as a continental hub for the evidence, expertise, and policy engagement that African countries need to protect their populations from tobacco.

## Uganda Secured Its First Tobacco Tax Reform in Years

After several years without reform, Uganda's tobacco tax landscape shifted significantly in 2025. A 10 per cent excise duty increase on locally manufactured tobacco and a 100 per cent increase on imported products were adopted following sustained coalition advocacy supported by CTCA research and evidence-based fiscal proposals. The same momentum is building across Burundi, Kenya, and Zambia, where evidence on pricing measures that reduce tobacco consumption and generate domestic revenue for health is informing active policy dialogue. Cross-border research conducted alongside this work identified illicit trade as a persistent challenge, driven by youth unemployment, porous

borders, and governance gaps that require coordinated regional responses. Uganda's technical leadership is helping shape that regional action and strengthen commitments to global tobacco control frameworks.

Uganda adopted its first major tobacco excise reform in years in 2025, increasing excise duty on locally manufactured tobacco products by 10% and doubling taxes on imported products to strengthen public health financing and tobacco control efforts.



## Training in Tobacco Control Is Producing Remarkable Results

When professionals working on tobacco control across Africa are given structured, evidence-based training, the results are measurable. Across CTCA's advanced training programmes,

average participant scores rose from 55.5 per cent to 97.6 per cent, with high satisfaction levels reported across cohorts in Eastern and Southern Africa. Six multicountry research studies running alongside the training are informing enforcement and regulatory reform across the region, including analysis of emerging nicotine products in Kenya, assessment of implementation gaps in West Africa, and new evidence on how social media is shaping tobacco use among young people. Uganda played a central convening role, linking research outputs to policy engagement and regional knowledge exchange. These investments are producing professionals who can hold their own against tobacco industry dynamics and respond to the ways consumption patterns are changing.

## More Than 600 Farmers Have Walked Away From Tobacco

Leaving tobacco farming is not a simple decision. For many smallholder farmers, it is the only crop they know, and the transition to alternatives carries real economic risk. CTCA research

conducted in Uganda and Zambia documented what makes that transition viable, mapping successful shifts to food crops and other income sources and identifying the conditions that allow change to spread from one farmer to the next. The findings are significant. Positive experiences among supported farmers influenced wider behavioural change, with more than 600 relay farmers moving away from tobacco production in the communities where the programme operated. A regional documentary captured those stories, creating a resource that is shaping African dialogue on how to balance the economic realities of tobacco-dependent communities with the long-term imperative of reducing tobacco production and its consequences for population health.



An interview involving a former tobacco farmer who changed to growing maize in Zambia, 2025.

## Key CTCA Researchers

### Mary Nyangi – Kenya

As a Research Scientist at the Kenya Medical Research Institute (KEMRI), Mary Nyangi's work for the Centre for Tobacco Control in Africa examined the rapidly shifting landscape of tobacco and nicotine products in the Kenyan market. Her market survey revealed critical regulatory blind spots being exploited by tobacco companies introducing emerging products. Nyangi's findings make a compelling case for urgent legislative reform in Kenya, specifically the development of comprehensive, product-agnostic regulation that closes existing loopholes and extends oversight to all nicotine delivery systems, strengthening Kenya's alignment with the WHO Framework Convention on Tobacco Control.



### Jeya Sushimitha – Uganda

A medical doctor practicing at Mulago National Referral Hospital, Jeya Sushimitha contributed pioneering research for CTCA on the intersection of digital media and tobacco use among urban African youth. Her mixed-methods study, conducted across three major African cities, revealed how social media influencers are shaping tobacco consumption behaviours among young people, a growing and underregulated public health threat. Her work calls for stronger platform regulation, integration of digital tobacco control into national youth health strategies, and the strategic deployment of trusted youth voices to counter pro-tobacco narratives online.

### Dr. Charity Syatalimi – Zambia

Sociologist and Research Associate at the Centre for Primary Care Research, Dr. Charity Syatalimi brought a critical social science lens to CTCA's work in southern Africa. Her research documented how tobacco industry tactics have systematically shaped public opinion and undermined policy processes in Zambia, a country yet to enact comprehensive tobacco control legislation. Her recommendations carry significant policy weight: enacting a Tobacco Control Act aligned with the WHO FCTC, establishing multisectoral coordination mechanisms, mandating transparency in industry-government interactions, and investing in independent research to insulate policymakers from industry-funded misinformation.



### Dr. Roger Ciza – Burundi

Head of the Department of Public Health Sciences at Burundi's National Institute of Public Health, Dr. Roger Ciza contributed CTCA-supported research examining the acceptability and implementation of smoke-free policies in health institutions and

## Dr. Jean Paul Kokou Agbeko Fantognon – Togo

A District Medical Officer and Public Health specialist in Togo, Dr. Jean Paul Fantognon conducted a CTCA-supported comparative analysis of tobacco control policy implementation across three West African countries using the WHO MPOWER framework. His findings exposed significant implementation deficits, including fragmented data systems, weak monitoring capacity, and limited cross-border policy coordination, all of which undermine regional tobacco control gains. He advocates for institutionalising regular tobacco surveillance, building monitoring and evaluation systems within ministries of health, fostering multisectoral action, and deepening cross-border collaboration to create a more unified West African response to the tobacco epidemic.



# Climate, Cities, & the Environments That Determine Health

## PUMA Study Links Urban Mobility to Health and Governance



Scan for details

In Kampala, Kigali, and Lilongwe, cities are growing faster than the systems meant to keep their residents safe. In Uganda alone, fatal road crashes rose from 4,434 to 4,602 in a single year, a 3.8 per cent increase recorded in the 2025 Uganda Police Annual Crime Report, with pedestrians bearing the greatest toll as the most vulnerable road users in urban corridors where vehicle speeds routinely exceed safety limits.

Participants at the PUMA stakeholder workshop in Kampala, examining how transport governance shapes urban mobility and public health, 21 November 2025.

The Politics of Urban Mobility study, known as PUMA and funded by the NIHR, is examining how transport governance decisions create and sustain health risks in rapidly growing African cities, in collaboration with the University of Rwanda and Kamuzu University of Health Sciences. Stakeholder engagements conducted in 2025 confirmed that the institutions responsible for urban mobility are working in silos, with health considerations rarely informing decisions about roads, speeds, and public transport. PUMA is building the evidence base to change how those decisions are made.

## What Growing Cities Are Doing to the Health of Uganda's Young People

Uganda's secondary cities are growing quickly, and the young people arriving from rural districts are leaving behind the forests, land, and natural water sources that once anchored their nutrition and livelihoods. The Cities of Youth project, funded by the Danish International Development Agency and bringing together MakSPH, the University of Southern Denmark, and Tufts University, is generating the evidence to understand what that transition means for youth health across Mbale and Mbarara.

It was through this partnership that the School convened a seminar in February 2025, hosting Dr. Rasmus Skov Olesen, a Postdoctoral Researcher at the University of Southern Denmark, whose



Dr. Rasmus Skov Olesen of the University of Southern Denmark with Dr. Rawlance Ndejjo, Uganda Principal Investigator for the Cities of Youth project, and students following the study dissemination at MakSPH, February 2025.

longitudinal studies with 480 women in Tanzania show that proximity to forests and natural resources is directly linked to better dietary diversity, gains that erode as populations urbanise. These findings speak directly to what Cities of Youth is documenting in Uganda, where young people moving under climate pressure face complex barriers to food, livelihoods, and services, making youth health a climate and urban planning challenge that health systems must help answer.

## Building Uganda's Climate-Health Workforce Through Systems Thinking



Participants at the STiCH Project Workshop held on 26–27 August 2025 at MakSPH Auditorium.

Uganda made history in August 2024 as the first African country to launch a Health National Adaptation Plan (H-NAP), a milestone in which MakSPH played a direct role, providing technical leadership in developing both the H-NAP and its precursor, the 2023 Climate Change Health Vulnerability and Adaptation Assessment. In 2025, the School moved from building the plan to supporting its implementation.

Under the STiCH project, supported by WHO's Alliance for Health

Policy and Systems Research and delivered in collaboration with the Ministry of Health, the National Planning Authority, and the Office of the Prime Minister, MakSPH brought together more than 30 stakeholders from health, environment, agriculture, meteorology, veterinary services, disaster management, and planning for a two-day workshop in Kampala. Using systems thinking tools, participants mapped institutional roles, coordination gaps, and leverage points for accelerating H-NAP implementation, producing draft systems maps and causal loop diagrams that are now guiding Uganda's efforts to build a health workforce capable of responding to a changing climate. This work is strengthening the institutional foundations that Uganda will need to translate its pioneering H-NAP commitments into coordinated, system-wide action.

## Anticipating Climate-Driven Health Crises Before They Strike

Uganda loses health gains to floods, droughts, and climate-sensitive disease outbreaks every year, not because the warning signs are absent, but because the systems to act on them ahead of time are not yet in place. On 30 June 2025, MakSPH and the Uganda Red Cross Society convened

representatives from government, UN agencies, development partners, and academia at the Resilient Africa Network, Kampala, to map what anticipatory action for health looks like in Uganda and what it will take to scale it.

The evidence on the table was instructive. The Forecast Project, led by Malaria Consortium, is already using climate, health, and entomological data to predict malaria, yellow fever, and Rift Valley fever outbreaks before they emerge. Yet across the board, coordination remains fragmented, financing follows disasters rather than forecasting them, and government ownership of early action plans is inconsistent. The convening produced commitments to establish a multi-stakeholder technical working group, pursue a policy dialogue on mainstreaming anticipatory action into Uganda's health sector, and jointly mobilise resources to scale what works.

Participants of the marketplace event take a photo during the workshop in Kololo, 2025.



## Heavy Metal Exposure Near Uganda's Dumpsites

In Kiteezi, Katikolo, and Nkumba, families are farming soil near dumpsites, grazing animals on contaminated land, and using waste as manure, mostly unaware of the risks. A study by MakSPH scholars Mr. Abdullah Ali Halage, Mr. Tom Okade, and Dr. Juliet Kiguli, funded by the Government of Uganda through Makerere University Research and Innovation Fund and disseminated at the School in June 2025, found that among 505 people living near these dumpsites, more than three in four could not define heavy metals and fewer than half had adequate knowledge of associated health risks. Nearly two thirds of households reported practices that significantly increase contact with contaminated materials.



The consequences are serious. Heavy metal exposure through contaminated soil, food, and water is linked to kidney and liver damage, neurological impairment, developmental delays in children, and increased cancer risk, compounded when exposure is chronic and communities remain unaware. The findings are now informing engagement with health, environment, and local government actors to strengthen risk communication, improve regulation, and establish more consistent environmental monitoring in affected areas.

Dr. Sabrina Kitaka (centre), Member, Grant Management Committee, Makerere University Research and Innovations Fund, with research team members Mr. Abdullah Ali Halage, Mr. Tom Okade, and Dr. Juliet Kiguli at the dissemination of the dumpsite health risk study, June 2025.

## Learning to See a Broken Water System as an Opportunity

Water and sanitation challenges in Uganda are not going away on their own. They require people who can identify the problem, design a practical solution, and find a way to sustain it. In February 2025, MakSPH brought that challenge directly into the classroom, engaging more than 40 Bachelor of Environmental Health Science students in an intensive workshop delivered through the Majipreneurs Alliance, alongside partners including the Water and Sanitation Entrepreneurs Association Uganda, Viva Con Agua, CEWAS, and Young Water Solutions.

Working alongside sector experts, students analysed real community water and sanitation challenges,

traced root causes, and developed market-driven solutions they then had to pitch. The workshop complemented classroom learning with applied problem-solving, equipping graduates with the entrepreneurial thinking and practical skills that Uganda's WASH sector needs, professionals who see a broken water system not only as a public health failure but as an opportunity for innovation, enterprise, and lasting change.



Students engaged in co-design of WASH solutions during the training workshop in February, 2025.



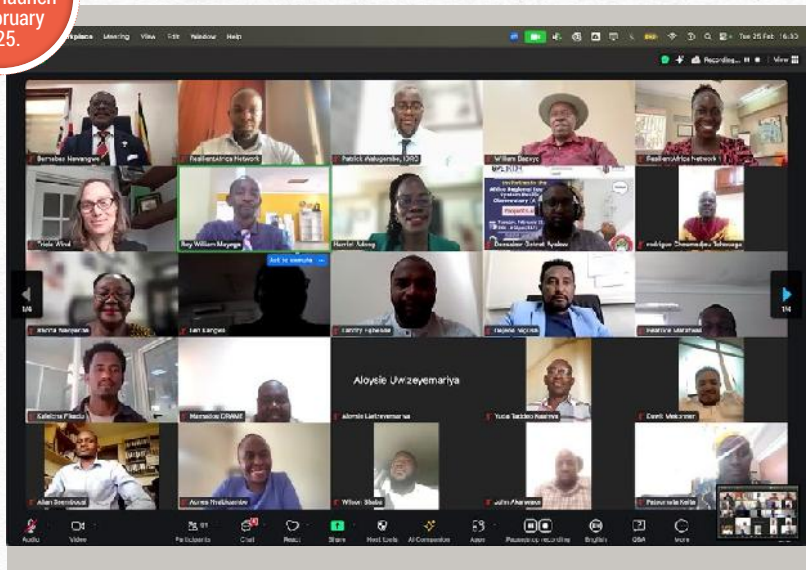
## When Education Systems Collapse, Communities Lose More Than Schooling

A pandemic closes schools. A drought displaces families. A conflict disrupts an entire generation of learning. In each case, damage to an education system is also damage to the health, stability, and future of a community. In February 2025, MakSPH launched the Africa Regional Education System Resilience Observatory (ARESRO) through the ResilientAfrica Network (RAN), implemented with Link Community Development in Uganda and the Resilience Research Centre at Dalhousie University, and forming part of the Global Partnership for Education Knowledge and Innovation Exchange.

Supporting 42 African countries, the Observatory conducted scoping studies across five regions examining how education systems from early childhood through teacher training are responding to pandemics,

climate disruption, and conflict. Early findings were presented at the Association for the Development of Education in Africa Triennial Conference in October 2025, contributing to continental thinking on education resilience. ARESRO now moves into establishing regional data observatories and building the analytical capacity for African systems to anticipate disruption and respond on their own terms.

ARESRO virtual project launch in February 2025.



# Injuries, Violence, Addiction, and the Harms Hiding in Plain Sight

## From Research Unit to Centre of Excellence in Injury Prevention

Every year, injuries claim lives and cause disability that could have been prevented. Road crashes, drowning, burns, falls, and occupational hazards do not make headlines the way infectious diseases do, but their toll on Ugandan families and communities is profound and largely avoidable. In October 2025, Makerere University Council formally elevated the Trauma, Injury and Disability Unit, established in 2010, to the Centre for Prevention of Trauma, Injury and Disability (CTRIAD), recognising over a decade of contribution to reducing the burden of injuries across Uganda and the region.

Dr. Frederick Oporia (fourth from left), Director of the MakSPH Centre for Prevention of Trauma, Injury and Disability, with members of the CTRIAD team, 2025.



In its first year as a recognised centre, CTRIAD strengthened drowning surveillance systems, convened the Second East African Symposium on Trauma and Emergency Care, developed Uganda's first community-level burns management manual for frontline health workers, and contributed to both the WHO Global Status Report on Drowning Prevention 2024 and the Global Strategy for Drowning Prevention 2025 to 2035. MakSPH is among the leading institutions on the continent producing robust national drowning surveillance data, a distinction that reflects the depth and consistency of the School's commitment to injury prevention as a core public health priority.

## MakSPH Contributes to the World's Benchmark Report on Drowning Prevention

Drowning kills approximately 300,000 people every year, with 92 per cent of deaths occurring in low- and middle-income countries and the African Region recording the highest mortality rate globally. Children and young people bear the greatest toll, with drowning among the leading causes of death for those under 15. Through CTRIAD, MakSPH contributed to the Global Status Report on Drowning Prevention 2024, the first comprehensive global assessment of drowning burden, risk factors, and country-level responses, published by the World Health Organisation.

The report documents a 38 per cent decline in global drowning rates since 2000, while identifying persistent gaps in multisectoral coordination, policy frameworks, and data systems that constrain targeted intervention. MakSPH's contribution reflects its role in advancing the research and

surveillance capacity that context-specific drowning prevention requires, informing both Uganda's national response and the global evidence base that guides it.

Demonstration of emergency medical procedures performed by the Uganda Red Cross Society at the first-ever National Water Safety Swimming Gala organised by the Ministry of Water and Environment at Greenhill Academy in Kibuli on March 21, 2026.



Scan for details

## MakSPH and the Global Drowning Prevention Framework

While data tells us how many people drown, a strategy tells us what to do about it. The Global Strategy for Drowning Prevention 2025 to 2035, developed through the Global Alliance for Drowning Prevention at WHO, sets a target of reducing drowning deaths by 35 per cent by 2035 across six pillars covering governance, multisectoral coordination, data systems, advocacy, financing, and research. Through the Center for Prevention of Trauma, Injury and Disability and its membership of the Global Alliance, MakSPH contributed to shaping this framework.

The strategy translates the evidence base into a coordinated global action plan, prioritising ten

interventions including water safety education, swimming skills, rescue capacity, and regulatory enforcement. MakSPH's inclusion in the Global Alliance reflects its contribution to advancing research, policy engagement, and capacity strengthening in injury prevention. Through CTRIAD, the School supports the generation and application of context-specific evidence, connecting Uganda's national experience to global efforts to reduce drowning deaths and strengthen community resilience.



A man crosses a water channel in a high-risk setting where drowning deaths are common, yet the circumstances behind them are often poorly documented.

## Most Children on Kampala's Roads Have No Restraint at All

On Kampala's roads, a child in a vehicle is statistically unlikely to be restrained. A roadside study conducted by CTRIAD covering more than 56,000 occupants found that only 41 per cent of vehicle occupants used seatbelts, and child restraint use sat below 2 per cent. Compliance rose when traffic police were present, and was higher among drivers, female motorists, and occupants of private vehicles. Those patterns matter because they point directly to where enforcement and education efforts can make

the most difference. The findings are strengthening calls for stricter enforcement, targeted public awareness, and dedicated policy action on child restraint use on Uganda's roads.



A traffic police officer stops a vehicle in Kampala as an unrestrained child sits in the back seat, highlighting concerns over child road safety in Uganda.



## When Alcohol Sponsors Sport, Young People Are the Target

Two companies, Nile Breweries and Uganda Breweries, are among Uganda's leading corporate sponsors of sport, supporting football, rugby, basketball, golf, and pool, and contributing to the visibility and financing of athletics across the country. That reach extends well beyond the pitch, with their brands embedded in match kits, stadium spaces, sports media, social media campaigns, branded merchandise, and promotional events, positioning alcohol within the fabric of sport and popular culture.

However, global evidence consistently links this kind of sponsorship to increased alcohol use among young people, yet Uganda currently has no statutory restrictions on alcohol sponsorship in sport, an evolving policy area in a country that already experiences relatively high levels of alcohol consumption in the region.

A study co-led by MakSPH, in partnership with the Southern Africa Alcohol Policy Alliance, the University of the Witwatersrand, and supported by FORUT, documented these dynamics and their public health implications. In January 2025, MakSPH convened key stakeholders in Kampala to share the preliminary findings and open dialogue on regulatory reform. Discussions highlighted the need to strengthen policy frameworks in line with WHO best buy recommendations, with specific approaches to safeguard young and vulnerable populations.

Prof. Nazarius Mbona Tumwesigye (Co-Investigator, MakSPH) and Dr. Isabelle Uny (University of Stirling, centre) seated with stakeholders at the dissemination of findings on alcohol sponsorship in sport, Kampala, January 2025.



Prof. Nazarius Mbona Tumwesigye engaging the media during the workshop to disseminate results of the study in 2025.



# Community Engagement

Public health knowledge only realises its full value when it reaches the communities it is meant to serve. In 2025, MakSPH deepened its commitment to translating research into action, working alongside governments, civil society, and communities to address Uganda's most pressing public health challenges.

Faculty continued to contribute expertise to national and global technical committees and advisory bodies, supporting the Ministry of Health in developing evidence-based policies and evaluating health programmes that directly benefit populations. Community-based learning remained central to the School's training mission, equipping students with first-hand understanding of local health realities and the civic responsibility that effective public health practice demands.

MakSPH's community engagement spans policy dialogue, multisectoral partnerships, and direct community action, reflecting a deliberate commitment to ensuring that the evidence generated within the School informs decisions and improves lives well beyond its walls.



# Communities at the Centre of Their Own Health

## Putting Community Innovators at the Centre of Uganda's Health System

The best solutions to local health problems often already exist within the communities experiencing them. What they lack is the structure, skills, and support to grow. SIHI Uganda, hosted by MakSPH and backed by the Swedish Embassy with links to the global TDR-coordinated network, is providing exactly that. In 2025, a targeted call for innovations in Eastern Uganda attracted strong interest from grassroots health initiatives across the region. Twelve community-based projects were selected for a six-month fellowship, with training delivered in Mbale equipping teams with practical skills in project planning, monitoring, evaluation, and entrepreneurship. Each team developed

Dr. Phyllis Awor, SIHI Uganda Hub Principal Investigator, in discussion with Prof. Barnabas Nawangwe at the project launch, April 9, 2025



management tools and sustainability plans, strengthening their ability to deliver results within local health systems. Beyond the fellowship, the programme sustained a monthly Community of Practice bringing innovators together for peer learning and exchange. Case studies on promising models were completed for publication, new research directions were developed, and catalytic grants were initiated to support the scale-up of selected interventions, including services for children with disabilities. By the close of 2025, SIHI Uganda had deepened its role as a national platform where community-driven health solutions are identified, developed, connected to decision-makers, and given the conditions they need to last.

SIHI innovators and researchers in a group photo with the Makerere University Vice Chancellor, Professor Barnabas Nawangwe, Mr. Tomas Lundström, Health Counsellor at the Swedish Embassy and Dr. Phyllis Awor, Director of the SIHI Uganda Hub at Hotel Africana.



## MakSPH's Community Approach to Antimicrobial Resistance

Antimicrobial resistance is not only a clinical challenge. It is a community one, shaped by everyday practices around water, sanitation, and hygiene that most health systems struggle to reach. In April 2025, MakSPH brought the response directly to those communities.

Under the Rohoket Project, supported by the French Embassy in Kenya, the School implemented a Training of Trainers and community outreach programme designed to build local capacity to address AMR through improved WASH practices. The training equipped participants to translate technical knowledge into practical action, while youth-



MakSPH team and participants following the Rohoket Project Training of Trainers on antimicrobial resistance, Kampala, April 2025.

led outreach, implemented in collaboration with the Uganda Youth Coalition on Antimicrobial Resistance and One Health partners, extended the programme into high-risk urban communities including Katanga, Kalerwe, and Kamwokya.

The focus was responsible antibiotic use, stronger hygiene behaviours, and environmental stewardship that reduces transmission before it begins. The results demonstrated that peer-driven, community-embedded approaches can move public health messaging in ways that clinical or policy channels alone cannot, anchoring AMR awareness in the everyday realities where behaviour change actually happens.

## When Safety at Home Shapes the Reach of Community Health

A 2025 study conducted through SIHI Uganda Hub found high lifetime exposure to sexual and physical violence among women participating in community health programmes across Uganda. The risk was not evenly distributed. Women engaged in subsistence farming, those living in male-dominated household structures, and those with disabilities faced significantly greater exposure. Where men shared domestic responsibilities, levels of violence were lower.

The findings carry a direct policy message. Community health innovation that does



A community health worker engages a household in rural Uganda, where power dynamics inside the home often shape women's safety and wellbeing.

not account for power dynamics inside the home will struggle to reach the women who need it most. The study is strengthening the national case for integrating gender-responsive approaches into community health programmes, and contributing evidence that is relevant well beyond Uganda's borders.

## In Eastern Uganda, Jiggers Are a Poverty Problem as Much as a Health Problem

Tungiasis, known locally as jiggers, is one of Uganda's most neglected public health challenges. It is also one of the most misunderstood. A study conducted under the SIHI Uganda programme documented how a community-driven project in Eastern Uganda is tackling the condition not just through treatment but through the social and economic realities that sustain it. Footwear provision, health education, and the formation of self-help groups addressed the stigma and poverty that allow infestations to persist

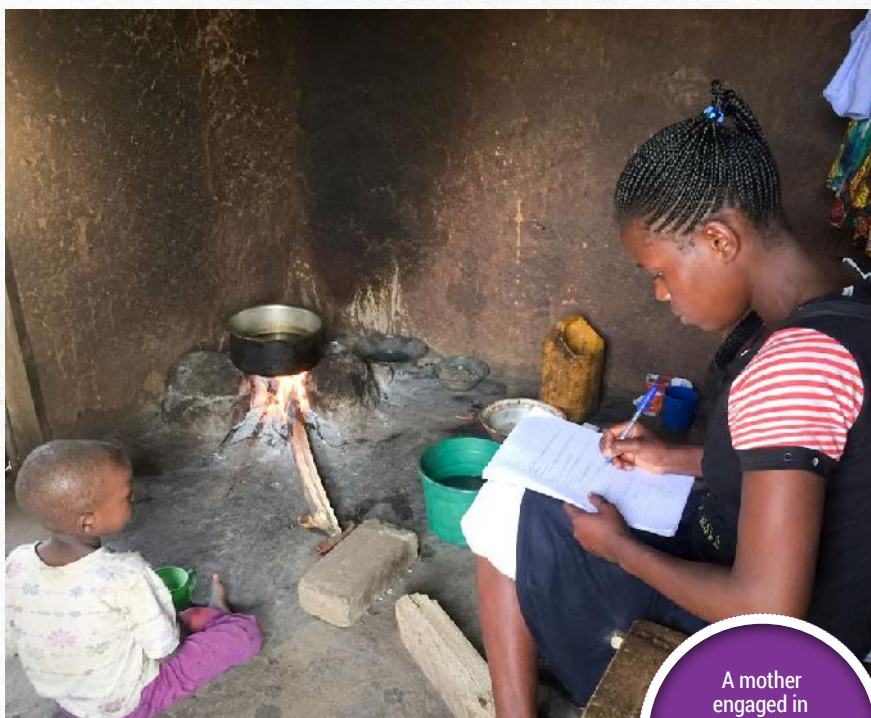


Bare feet affected by tungiasis (jiggers), highlighting the intersection of poverty, stigma, and neglected public health challenges.

across generations. The findings show that simple, locally led interventions can restore dignity, improve school attendance, and strengthen community resilience in ways that clinical treatment alone cannot achieve. Uganda's experience is now contributing to practical, scalable approaches for controlling neglected tropical diseases in some of the country's most vulnerable communities.

## Mothers in Jinja Documented the Hazards Threatening Their Own Children

In low-resource communities in Jinja City, the everyday home environment holds serious risks for children under five. Burns from biomass cooking fires, falls in overcrowded spaces, cuts, poisoning, and drowning are not rare events. They are the predictable consequences of poverty, unsafe housing, and limited household resources. CTriad researchers worked with mothers using a photovoice approach, asking them to document the hazards they saw in their own homes and neighborhoods. The result was both a body of evidence and



A mother engaged in participatory research to document the hazard threatening her own child. As photo.

a demonstration that participatory research builds awareness and ownership at the community level. The findings are now informing targeted home safety interventions and community-led strategies to reduce preventable childhood injuries across Uganda.

# When Research Moves, Systems Follow

## Strengthening Evidence-to-Policy Systems Across Africa

From 8 to 10 July 2025, MakSPH hosted the KNOSA Annual Learning Forum under the Partnerships for Stronger Knowledge Systems in Africa initiative, in partnership with the WHO Alliance for Health Policy and Systems Research. More than 25 participants from Uganda, Kenya, Ethiopia, and Somalia examined how evidence moves beyond generation into routine use, communication, and sustained application within the institutions meant to act on it.

Through peer learning and structured reflection, country



Dignitaries at the KNOSA East Africa learning forum hosted MakSPH in July 2025.

teams mapped how research actually reaches policy, examined what sustains evidence use over time, and refined their own evaluation and communication plans to strengthen that process at home.

The forum closed with a national dialogue involving government, academia, media, and civil society, extending the conversation on evidence-informed decision-making beyond policy circles alone. Countries worked through different conditions toward the same goal. MakSPH and its partners used the convening to advance a shared regional effort to embed evidence use in institutional culture and build more durable policy-research partnerships.



## Uganda's District Hospitals and the Weight of the Health System

Prof. Freddie Ssengooba (MakSPH), AFRHiCARE Uganda PI, with Ministry of Health representatives and project stakeholders at the AFRHiCARE project launch, Kampala, January 30, 2025.

District hospitals are where most Ugandans encounter the health system at its most critical moments. They manage stroke, cancer, mental health, HIV, tuberculosis, and complex emergencies. Yet they remain among the least researched facilities in sub-Saharan Africa, and among the most under-resourced. Sub-Saharan Africa faces a projected shortfall of 2.8 million health workers by 2030. Financing constraints limit recruitment. Junior, non-specialist staff increasingly shoulder clinical demands that were never designed for them, managing

complex conditions through informal task-sharing, often without adequate governance or organisational support.

The AFRHiCARE project, a multidisciplinary research partnership led by Oxford University across Kenya, Uganda, and South Africa, is generating the evidence to understand what is actually happening inside these facilities and what it would take to make them work better. In Uganda, MakSPH is leading the country component, drawing on three complementary sources. A patient responsiveness survey that captures the experience of care from the people receiving it, a health workforce survey that examines motivation, burnout, retention, and working conditions and a health facility assessment that covers governance, leadership, management, and financing.

Together, these datasets offer something rarely available in Uganda's health system research, a connected picture of performance seen simultaneously through the eyes of patients, providers, and the structures that shape what both groups experience. Findings will be disseminated in 2026.

## Building an East African Movement for Safer, Healthier Urban Streets

Walking and cycling in East African cities should not feel like a risk. But for millions of urban residents, unsafe roads, poor infrastructure, and car-dominated planning make active travel difficult and dangerous. The CityMove Kampala project, supported by the European Union, is working to change that through policy engagement, research, and cross-city collaboration.

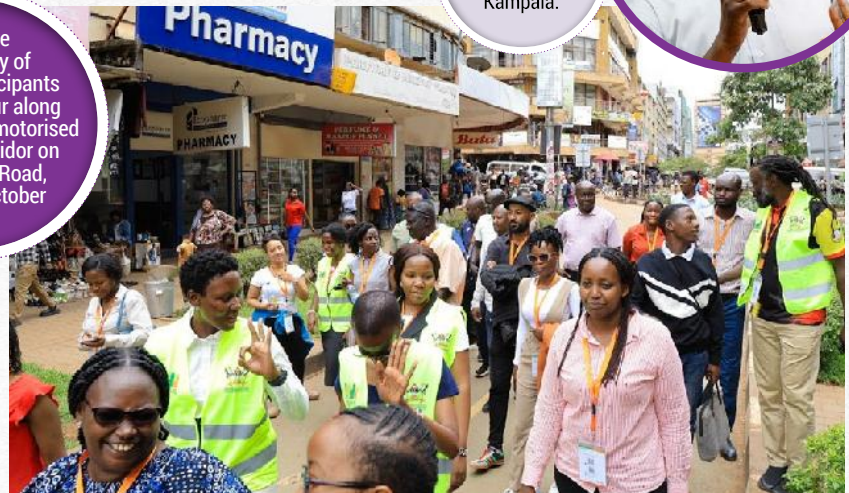
In October 2025, CityMove convened more than 30 policymakers, urban planners, public health professionals, researchers, and civil society actors from across East Africa for a two-day Community of Practice in Kampala. Participants visited Kampala's non-motorised

transport corridor, examined case studies from Kigali and Addis Ababa, and worked through technical sessions on car-free initiatives, cycling infrastructure, and community-led approaches to active mobility. Together, they co-created a regional theory of change, a shared framework to guide policy, investment, and programming on active transport across East Africa, sustained through the Community of Practice platform established through CityMove.

Dr. Rawlance Ndejo, PI, CityMove Project, Kampala.



CityMove Community of Practice participants on a study tour along Kampala's non-motorised transport corridor on Namirembe Road, Kampala, October 2025.



## Media Capacity Building for Refugee Health and Migration Reporting



Accurate, ethical reporting on refugee health and migration is not just a media challenge. It is a public health one. In October 2025, MakSPH, in partnership with Africa Humanitarian Action, Emesco Development Foundation, the Basque Government, and Farmamundi, convened a Media Training Workshop on Refugee Health and Migration Reporting in Kampala, bringing together

20 journalists from print, broadcast, digital, and community media outlets across Uganda.

The training strengthened participants' capacity to report accurately, ethically, and with empathy on refugee health and migration issues, building practical skills in ethical storytelling, informed consent, fact-checking, and solutions-oriented journalism. The workshop fostered collaboration between media, academia, and humanitarian partners, and generated concrete recommendations for sustained professional engagement, including the establishment of a Community of Practice and small story grants for investigative refugee reporting, strengthening the foundations for more informed and rights-centred media practice in Uganda.

Journalists and facilitators at the Media Training Workshop on Refugee Health and Migration Reporting, RAN Complex, Kololo, Kampala, October 3, 2025.

## RISKWASH Advances Risk-Based WASH Responses in Refugee Settlements

Refugee settlements remain highly vulnerable to waterborne disease where sanitation and safe water infrastructure are inadequate. Through RISKWASH, researchers are generating evidence to identify contamination risks and strengthen targeted WASH interventions in humanitarian settings.

Led by Dr. Richard Mugambe at Makerere University School of Public Health, in partnership with IHE Delft Institute for Water Education, icddr,b, BRAC Uganda, and Uganda Red Cross Society, with support from the Dutch Ministry of Foreign Affairs, the project applies SaniPath, Sanitation Safety Planning, and Quantitative Microbial Risk Assessment to support evidence-based humanitarian response.

In July 2025, RISKWASH convened a six-day Workshop and Annual General Meeting across Kampala and Imvepi Refugee Settlement in Terego District, home to more



RISKWASH project team during the Annual General Meeting in Arua, West Nile, July 2025.

than 60,000 South Sudanese refugees. The engagement brought together researchers, policymakers, and WASH professionals from Uganda, Bangladesh, and international institutions for training, field learning, and collaborative planning on sanitation risk assessment, environmental monitoring, emergency WASH response, and policy translation.

During the year, field data collection was completed in Imvepi and Cox's Bazar refugee camps in Bangladesh, while findings published in BMC Public Health informed risk-based approaches to WASH investment in emergency settings. The project also trained 40 practitioners and policymakers, including officials from Uganda's Ministry of Water and Environment, and is supporting doctoral training for MakSPH Research Associates Ms. Winnie Kansime and Ms. Aisha Nalugya. Through RISKWASH, MakSPH continues to strengthen its role in generating operational research, building regional capacity, and informing evidence-based humanitarian WASH responses in vulnerable settings.

Dr. Richard Mugambe (seated, second right) and RISKWASH project partners with stakeholders during the project workshop, Kampala, July 2025.





# Partnerships and Collaboration

Partnerships and collaborations are central to Makerere University School of Public Health's mandate, underpinning transformative education, impactful research, and community engagement. The achievements documented in this report were not built alone. Every research breakthrough, every policy contribution, every community intervention, and every graduate trained in 2025 reflects the commitment of partners who brought resources, expertise, and trust to a shared agenda. From the Ministry of Health, Uganda's most enduring anchor of the School's work, to bilateral and multilateral development partners, African regional consortia, and global academic institutions, MakSPH's partnership portfolio in 2025 spanned health systems strengthening, HIV, climate and health, digital health, antimicrobial resistance, and non-communicable diseases.

In a year when the global health financing landscape shifted significantly, that breadth proved its value. South-to-South collaborations grew, with new consortia advancing shared priorities across the region, complementing the School's longstanding North-South partnerships and reflecting a deliberate commitment to building more diverse, equitable, and sustainable models of collaboration.

MakSPH enters its Strategic Plan 2025 to 2030 committed to deepening those relationships, structured around equity, mutual accountability, and a shared determination to generate the evidence and build the institutions that African public health needs to thrive.



## NACNDC and JASHC 2025, Bringing Uganda's Disease Agendas Together

Uganda's communicable and non-communicable disease burdens increasingly converge within the same communities, health facilities, and financing systems, yet responses have often evolved through separate programmes, funding streams, and policy platforms.

In November 2025, the Ministry of Health and Makerere University School of Public Health sought to bridge that divide by convening the inaugural National Annual Communicable and Non-Communicable Diseases Conference (NACNDC) alongside the 19th Joint Annual Scientific Health Conference (JASHC) under the theme Unified Action Against Communicable and Non-Communicable Diseases in Uganda. It marked the first time both disease agendas were brought together within a single national platform, signalling a shift towards more integrated approaches to health policy, research, and service delivery.

Held over five days at Speke Resort Munyonyo, the conference brought together more than 500 participants from government, academia, civil society, development partners, the private sector, and communities. More than 600 abstracts were submitted, with 308 accepted across seven thematic tracks spanning integrated diagnostics and epidemic readiness, community engagement, health financing, digital innovation, rehabilitation, One Health, and health system resilience.

Discussions moved beyond disease-specific programming to confront the realities of a changing financing environment, explore pathways for integrated, people-centred care, and examine how Uganda can sustain health gains while responding to emerging threats. The Dr Mathew Lukwiya Memorial Lecture



### The 7 Thematic Tracks

Integrated diagnostics, AMR & epidemic readiness

Community engagement for disease prevention

Policy, financing & cross-sector integration

Care, treatment & rehabilitation



Digital health, data & innovation

Health system resilience & emergency preparedness

One Health & emergency preparedness



anchored these conversations in Uganda's own experience of epidemic preparedness and the continuing imperative to strengthen resilience.

The conference closed with a declaration committing government, academia, civil society, and development partners to confront Uganda's dual disease burden as one shared agenda, sustain the cross-sector collaboration built over the five days, and carry NACNDIC and JASHC forward as a continuing joint platform for the country's national health dialogue.



# Partnerships That Have Stood the Test of Time

## A Partnership That Grew into a Global Health Platform

What began in 2000 as a Sida-funded doctoral training partnership between Makerere University and Karolinska Institutet, Sweden, has become one of the most enduring research collaborations between an African and a European university. Twenty-five years on, the partnership has produced more than 60 PhD graduates, 34 holding double degrees, over 500 peer-reviewed articles, more than 400 students and lecturers exchanged across medicine, nursing, public health, and midwifery, and a body of work recognised in Nature in 2023.

In 2021, both universities built on



Makerere University and Karolinska Institutet teams celebrate after Prof. Barnabas Nawangwe, Vice Chancellor of Makerere University, and Prof. Annika Östman Wernerson, President of Karolinska Institutet, signed a renewed Memorandum of Understanding extending the partnership to 2030. Photo: Kseniya Hartvigsson.

that foundation to establish the Centre of Excellence for Sustainable Health (CESH), jointly driving research on sexual and reproductive health, children's health, non-communicable diseases, and climate change across a growing network of sub-Saharan African partners. In October 2025, the Vice Chancellors of both institutions gathered in Stockholm to sign a renewed Memorandum of Understanding extending the partnership to 2030, reaffirming a shared commitment to equity, sustainability, and impact.

## Sweden's Continued Investment in a 25-Year Partnership

For 25 years, MakSPH's partnership with Sweden has evolved through sustained collaboration among academic institutions, development partners, and government actors, supporting research, training, and innovations that respond to Uganda's public health priorities.

In November 2025, MakSPH hosted Sweden's Ambassador for Health, Karin Tegmark Wisell, Sida's Lead Health Policy Specialist, Cristina de Carvalho Eriksson, and the Swedish Embassy's Counsellor for Health and Humanitarian Affairs in Kampala for discussions with Dean Prof. Rhoda Wanyenze and Dr. Phyllis Awor, Director of the Uganda Social Innovation Hub, on the strategic direction of the



Sweden's Ambassador for Health, Karin Tegmark Wisell, and MakSPH Dean Prof. Rhoda Wanyenze with members of the Swedish and MakSPH delegations following discussions on the strategic direction of their 25-year partnership.

partnership through the Centre of Excellence for Sustainable Health.

The discussions centred on EMBOLDEN and MIDWIZE, two initiatives that illustrate how the partnership has evolved. Rather than remaining confined to academic exchange, the collaboration increasingly supports the design, testing, and adaptation of approaches intended to improve maternal, newborn, child, and adolescent health services, while linking facility-based interventions with innovations emerging from communities.

Twenty-five years on, the partnership demonstrates how sustained investment can move beyond supporting research and training to creating pathways through which evidence, innovation, and implementation increasingly inform health system improvement and locally grounded models of care.

## The NTU-Mak Partnership Has Outlasted Trends and Keeps Delivering

Most university partnerships start with ambition and fade within a few years. The MakSPH and Nottingham Trent University partnership started over fifteen years ago and is still growing. Over that time it has produced more than 20 research grants, over 20 publications and two book chapters, more than 200 exchange visits, and training for over 1,000 health practitioners and community health workers. Makerere is NTU's 4th International Strategic Partner globally, a recognition that reflects how seriously both institutions have invested in making this work.

In February 2025, Assoc. Prof. David Musoke took the partnership's story



Makerere University DVC (Academic Affairs) Prof. Sarah Ssali (fourth right) with the NTU delegation led by Executive Dean Prof. Neil Mansfield (third right), Kampala, November 2025.

to London, presenting its shared ownership model at the inaugural British Academy Conference on Equitable Partnerships, where it was held up as a reference for how North-South collaborations can be done differently.

In November 2025, a senior NTU delegation led by Executive Dean Prof. Neil Mansfield visited Kampala. Received by Deputy Vice Chancellor Prof. Sarah Ssali, the discussions focused on taking the partnership beyond public health into engineering, climate science, and digital innovation. A broader university-wide MoU is now in development. What began in one school is becoming something that spans two universities.

## Making Research Partnerships Work for Africa, Not Just in Africa

International research collaborations hold genuine potential, but realising that potential requires local institutions to exercise meaningful influence over funding, authorship, and agenda-setting, not merely contribute access and participants. Through a British Academy funded project led by Assoc. Prof. David Musoke and Prof. Linda Gibson under the NTU-Mak Partnership, and expanded to

include Mountains of the Moon University, Uganda Martyrs University, and the National Agricultural Research Organisation, MakSPH is advancing co-designed research, equitable resource sharing, and stronger local leadership across the full research cycle.

In August 2025, MakSPH convened a national workshop where researchers, policymakers, and institutional leaders examined how Uganda can derive greater benefit from global research collaborations. In his keynote, Prof. David Serwadda, Professor Emeritus and founding director of the Rakai Health Sciences Programme with over four decades of research leadership, argued that partnerships grounded in mutual respect, fair resource sharing, and shared decision-making produce knowledge that is both globally relevant and locally impactful. The work is generating concrete priorities around institutional policy, partnership governance, and accountability in funding and authorship structures, contributing to a broader reform agenda for how research collaborations are designed and governed across Africa.

Participants at the Equitable Partnerships Workshop hosted by MakSPH in August 2025.



## MakSPH and Albany, Strengthening a Longstanding Collaboration

Representatives from MakSPH, the University at Albany and Engeye Health Centre following discussions on existing collaboration and priorities for its next phase, January 2025.



Collaboration between MakSPH and the University at Albany has evolved from individual academic linkages into an institutional partnership supporting joint research, faculty and student exchanges, laboratory capacity strengthening, and curriculum development for the Certificate in Water, Sanitation and Hygiene programme, which continues to train environmental health professionals from Uganda and across the region. Assoc. Prof. John C. Ssempebwa, an Albany alumnus now on MakSPH faculty, reflects what that exchange has built over time.

In January 2025, MakSPH hosted Prof. John Justino, Director of the Center for Global Health at the University at Albany School of Public Health, together with representatives of Engeye Health Centre in

Lwengo District. Discussions with the Dean, Heads of Department, and faculty reviewed existing collaboration and identified priorities for the partnership's next phase.

That next phase points toward implementation research and community-engaged public health work conducted alongside Engeye Health Centre, extending the partnership beyond academic exchange and into field-based collaboration tested where care is actually delivered.



Prof. John Justino exchanging gifts with Prof. Rhoda Wanyenze during the meeting in January 2025.

# New Agreements, Deeper Commitments

## Makerere University and UNICEF Unite Around Every Child in Uganda

Makerere University VC Prof. Barnabas Nawangwe and UNICEF Uganda Representative Dr. Robin Nandy, flanked by leadership from both institutions, following the signing of the Makerere University-UNICEF Uganda MoU on August 14, 2025.



The Vice Chancellor Professor Barnabas Nawangwe (Right) and UNICEF Uganda Representative Dr. Robin Nandy (Left) show off the signed MoU on August 14, 2025.

On 14 August 2025, Makerere University and UNICEF Uganda signed a Memorandum of Understanding anchoring a formal partnership in service of Uganda's children. The agreement spans the College of Health Sciences, the School of Public Health, the College of Education and External Studies, and the College of Humanities and Social Sciences,

bringing Makerere's full disciplinary range to challenges facing children across health, nutrition, education, and protection.

The partnership commits both institutions to child-focused research and data generation, analysis of programme interventions, professionalisation of the social sector workforce, and advocacy for child rights legislation. It also creates direct pathways for students through internships and communities of practice on child rights, ensuring the partnership reaches into the classroom as well as the policy space. Signed by UNICEF Uganda Representative Dr. Robin Nandy and Vice Chancellor Prof. Barnabas Nawangwe, the two-year renewable agreement positions Makerere University as a direct contributor to UNICEF's mandate in Uganda, translating academic capacity into measurable gains for children and communities.

## Uganda and China Launch a Joint Laboratory for Disaster Science at Makerere

On 17 December 2025, China's Ambassador to Uganda H.E. Zhang Lizhong and Uganda's State Minister for Higher Education jointly launched the China-Uganda Belt and Road Joint Laboratory on Natural Disaster Monitoring and Early Warning at Makerere University, established through a partnership with Tsinghua University's Hefei Institute for Public Safety Research, one of China's leading centres in disaster prevention, public safety, and emergency management.



Minister for Higher Education Dr. John Chrysostom Musingo, together with Makerere University leadership, jointly launch the China-Uganda Belt and Road Joint Laboratory on Natural Disaster Monitoring and Early Warning at Makerere University Main on December 17, 2025.

The partnership is grounded in shared experience, with Uganda's history of Ebola, cholera, COVID-19, landslides, flooding, and rising road fatalities mapping directly onto the research areas where Tsinghua has spent two decades building expertise. For MakSPH, the laboratory creates a formal platform for equitable collaboration on epidemic modelling, early warning systems, and integrated emergency preparedness, combining the hard-won knowledge of both institutions to advance disaster science that serves Uganda, China, and the broader global effort to build more resilient societies.



## A Partnership Years in the Making, Now Formalised

Collaboration between Makerere University School of Public Health and Ghent University has expanded over time through joint doctoral training, student exchanges, research on substance use disorders in Uganda, internship placements for Ghent Master's students, and faculty development. The partnership has also strengthened institutional capacity within the School,

including through Ghent-supported training and joint doctoral programmes involving MakSPH researchers.

On 28 August 2025, an eight-member delegation from Ghent University, led by Vice Rector Prof. Mieke Van Herreweghe visited MakSPH as part of broader engagements with Makerere University. Discussions with the Dean and departmental leadership reviewed ongoing collaboration and identified priorities for expansion, including joint PhD and MSc supervision, co-teaching, academic mobility, and specialised training in epidemiology, data science, community health, and health systems.

The engagement culminated in Makerere University signing an agreement with Ghent University, establishing a formal framework for student mobility between Uganda and Belgium and creating opportunities to deepen joint training and research in areas of shared public health interest.

MakSPH hosts a delegation from Ghent University, led by Vice Rector Prof. Mieke Van Herreweghe, marking a milestone in the two institutions' longstanding partnership, August 28, 2025.

## Where the Science Leads, Partners Follow Investigating the Intersection of Air Pollution and Tuberculosis

Air pollution and tuberculosis remain major public health challenges in Kampala's informal settlements, yet little is known about how exposure to particulate matter influences TB transmission. Through the KTB-Air project, MakSPH and Rutgers School of Public Health are investigating these interactions in Namuwongo, where environmental exposures and infectious disease risks frequently overlap.

The study examines whether exposure to polluted air increases the infectiousness of individuals with active tuberculosis and heightens vulnerability among close contacts, bringing together Rutgers' expertise in immune responses to pollution and lung

injury with MakSPH's research infrastructure and field experience in informal urban settings. In July 2025, Assoc. Prof. Stephan Schwander and Prof. Raymond Rancourt from Rutgers visited MakSPH to review progress with Dean Prof. Rhoda Wanyenze and reaffirm the collaboration.

By generating evidence on an underexplored determinant of tuberculosis transmission while supporting research capacity development, the partnership is advancing multidisciplinary approaches that connect environmental health and infectious disease control and may inform efforts to address the complex exposures shaping health outcomes in rapidly urbanising communities.

MakSPH and Rutgers University researchers during a progress review meeting on the KTBair air pollution and TB study, Kampala, 2025.



## Building Partnerships for Urban Health Research in Africa

In January 2025, MakSPH launched the Political Economy of Urban Mobility in Africa (PUMA), a 12-month project funded by the National Institute for Health and Care Research (NIHR) to examine how governance structures and policy choices shape urban mobility in Uganda, Rwanda, and Malawi. Led by MakSPH, the consortium brings together Canterbury Christ Church University in the United Kingdom, the University of Rwanda, Kamuzu University of Health Sciences in Malawi, and the University of Antwerp in Belgium.

In February 2025, MakSPH hosted Dr Catherine Jones,

From right: Prof. Rhoda Wanyenze, Dr. Aloysius Ssenyonjo, Dr. Catherine Jones of Canterbury Christ Church University, and Dr. Jimmy Osuret, during the inception visit of the PUMA study at MakSPH, Kampala, 2025.



Co-Investigator on the project, for the consortium's inception meeting, formally initiating collaboration among partner institutions. The engagement established a platform for interdisciplinary research, policy analysis, stakeholder engagement, and capacity strengthening aimed at understanding pathways of policy influence and informing contextually adapted approaches to sustainable urban mobility.

The partnership reflects MakSPH's growing role in convening multi-country collaborations that address emerging urban health challenges. By bringing together expertise from public health, urbanisation, and governance, the consortium expands opportunities for comparative research and strengthens the evidence base needed to support healthier, safer, and more inclusive African cities.

## Exploring Collaboration in Vaccine Cold Chain Research



Maintaining vaccine potency throughout the supply chain remains a persistent challenge for immunisation programmes, particularly in resource-constrained settings where weaknesses in cold-chain performance can compromise vaccine effectiveness and delivery.

In November 2025, MakSPH hosted Dr. René Umlauf, a Postdoctoral Researcher in the Department of

MakSPH Dean, Prof. Rhoda Wanyenze, together with Assoc. Prof. Suzanne Kiwanuka, Head of HPPM, hosted Dr. René Umlauf, Postdoctoral Researcher at the Department of Human Geography, Freie Universität Berlin, on November 11, 2025.

Human Geography at Freie Universität Berlin, for a focused technical exchange with Dean Prof. Rhoda Wanyenze and Assoc. Prof. Suzanne Kiwanuka, Head of the Department of Health Policy, Planning and Management. Discussions reviewed ongoing work on vaccine cold-chain systems and explored emerging opportunities for collaboration, including joint studies and approaches to strengthening research integration within low-resource health systems.

The visit marked the start of an academic linkage between two institutions working on a shared problem, vaccine delivery systems that hold up under the conditions where they matter most, with both sides signalling interest in building the collaboration further.

## MakSPH and DUT Explore Opportunities for Collaboration

In November 2025, MakSPH hosted a delegation from Durban University of Technology (DUT), South Africa, led by Prof. Gugu Mchunu, Executive Dean of the Faculty of Health Sciences. The delegation, which included Dr. Moeti Kgwane and other faculty members, was received by Dean Prof. Rhoda Wanyenze, alongside Assoc. Prof. David Musoke and Heads of Department.

Discussions identified opportunities to align expertise and institutional priorities through academic mobility, joint programmes, and collaborative inquiry into shared public health challenges, establishing a clearer basis for future cooperation and knowledge exchange.

The engagement brought together faculty and institutional leadership to define pathways



MakSPH Dean Prof. Rhoda Wanyenze and Prof. Gugu Mchunu, Executive Dean of the Faculty of Health Sciences at Durban University of Technology, with representatives from both institutions following discussions on future collaboration, November 2025.

for a more structured partnership, strengthening prospects for sustained collaboration, knowledge exchange, and the development of complementary expertise. It reflected a growing commitment by both institutions to building enduring academic relationships that support innovation and capacity development in public health.

## Aligning MakSPH Expertise with Africa CDC's Continental Agenda

Africa CDC is strengthening the continent's capacity to detect, prevent, and respond to public health threats with greater speed and coordination, an agenda that relies on the research, training, and institutional capabilities that MakSPH has developed over decades. In February 2025, MakSPH engaged Africa CDC through discussions with Dr. Mosoka Papa Fallah, Acting Director of Science, Research and Innovation, joined by Prof. Stefan Swartling Peterson of Karolinska Institutet, to examine how the School's expertise could contribute to these continental priorities.

Discussions identified areas of alignment in surveillance, data



MakSPH Dean Prof. Rhoda Wanyenze and team with Dr. Mosoka Papa Fallah, Acting Director of Science and Innovation, Africa CDC, during a strategic engagement at MakSPH on February 17, 2025.

analytics, climate change, health financing, innovation, health diplomacy, and emergency preparedness, where MakSPH's existing strengths in research, training, and technical support closely correspond with Africa CDC's evolving science and innovation agenda. The engagement established a basis for continued collaboration and highlighted opportunities for the School to contribute expertise to efforts aimed at strengthening public health institutions, systems, and workforce capacity across Africa.



# Institutional Capacity Enhancement

The advances documented throughout this report, from research and training to partnerships, policy engagement, and community service, are underpinned by the people, systems, and resources that enable MakSPH to operate effectively. Sustaining impact at this scale requires more than technical expertise; it depends on capable staff, sound financial stewardship, reliable infrastructure, and institutional systems that can adapt to changing demands.

Having attained stand-alone status within Makerere University in 2025, the School continued to strengthen the operational and governance functions necessary to support its expanding mandate. Investments in human capital, resource mobilisation, infrastructure development, digital systems, and operational efficiency enabled MakSPH to maintain continuity in its core functions, uphold accountability, advance critical infrastructure projects, and respond effectively to a challenging funding environment.

These investments reinforced the institutional foundations that make sustained impact possible, enabling the School to continue generating evidence, training public health leaders, engaging with communities and policymakers, and supporting health systems in Uganda and across Africa.



## Investing in Infrastructure for the Future of Public Health

Construction of the new Makerere University School of Public Health complex on the University's Main Campus continued steadily through 2025. The project, which broke ground on 28 February 2020, represents the largest infrastructure investment in the School's history and responds to longstanding constraints associated with operating from facilities in Mulago that no longer adequately support the School's growing teaching, research, and partnership portfolio.

Designed as a modern hub for public health training, research, innovation, and collaboration, the multi-storey facility will house teaching spaces, specialised laboratories, offices, student and researcher workspaces, digital learning infrastructure, and an auditorium. Construction across the three phases progressed substantially during 2025 under professional oversight, with full completion targeted for 2026.

Ongoing works for MakSPH new building, near the eastern gate at Makerere University Main Campus.



Once completed, the facility will provide the infrastructure needed to sustain MakSPH's expanding role in training public health leaders, generating evidence, and supporting health systems in Uganda and across Africa.

## Strengthening Research Ethics and Oversight

Makerere University School of Public Health Research and Ethics Committee (MakSPH-REC) is one of Uganda's longest-standing institutional research ethics committees, operational since 2001 and accredited by the Uganda National Council for Science and Technology. Its mandate is to ensure that all

research conducted under the School's auspices upholds the highest ethical and scientific standards, safeguarding the rights, dignity, and welfare of research participants.

Governed by a 19-member committee drawn from public health, clinical medicine, social sciences, and the community, the MakSPH-REC brings multidisciplinary and community-grounded perspectives to every protocol it reviews. That breadth of membership reflects a commitment to ethical research not as a bureaucratic exercise but as a moral obligation to the people at the centre of the work.

In 2025, the Committee reviewed 103 initial protocols and conducted 93 continuing reviews, with 220 studies currently active under its oversight. Site monitoring visits grew from two in 2023 to five in 2025, reflecting deliberate investment in robust research governance. As MakSPH's research agenda grows in scale and complexity, the REC's role in ensuring that scientific ambition and ethical responsibility advance together becomes more, not less, consequential.

**374**  
Total initial reviews

**281**  
Total continuing reviews

**220**  
Currently active protocols

**Est. 2001**  
Operational since

**2011**  
First UNCST accreditation

**19**  
Committee members

**12**  
Full board meetings per year

# Resource Mobilisation

## Financial Stewardship and Grants Performance

The Finance and Grants Support Team, comprising 15 staff, closed 2025 with strong results that reflect MakSPH's commitment to accountability, service excellence, and institutional growth. The School maintained unqualified audit opinions at both institutional and project levels, while positive due diligence and capacity assessments from key partners reaffirmed confidence in its financial and grants management systems. These achievements continue to underpin MakSPH's ability to attract, manage, and sustain strategic investments in public health.

As MakSPH implements its 2025–2030 Strategic Plan, efforts are underway to advance a comprehensive resource mobilisation strategy aimed at deepening engagement with public and private sector partners, strengthening tuition-based revenues, and expanding opportunities for long-term institutional sustainability.

Continued investments in grants management systems, staff development, and engagement with international research



Ms. Elizabeth Nambi, Head, Finance Management Unit

management networks have enhanced efficiency in proposal development, due diligence, compliance, and institutional planning, while reinforcing MakSPH's reputation as a trusted partner for research and development investments. The Seed Grants Programme remained an important mechanism for nurturing emerging investigators and innovative research, with approximately 70 per cent of supported projects completed and several progressing to publication and securing additional funding.

Collectively, these efforts have supported the School's broader achievements in 2025, including sustained scientific productivity, expanded partnerships and collaborations, continued technical support to government, and progress in implementing its Strategic Plan as a stand-alone School. They also reflect the confidence and commitment of funders, government agencies, academic institutions, and implementing partners whose collaboration continues to strengthen MakSPH's capacity to generate evidence, inform policy, train the public health workforce, and contribute to improved health outcomes in Uganda, across Africa, and beyond.

Some members of the FMU team led by Ms. Elizabeth Nambi together with Ms. Amos Dembe, the Auditor.



# Human Resources

## Contract Appointments And Promotions 2025

MakSPH continued to strengthen its academic and administrative workforce in 2025 through new appointments, promotions, confirmations in appointment, and post-retirement engagements, reflecting sustained investment in institutional capacity and talent retention. More than 80 per cent of faculty now hold PhDs, underscoring the depth of expertise that supports the School's teaching, research, and policy engagement mandates.

The year marked important career milestones for staff, including promotions earned through academic achievement, confirmations in appointment, and contract extensions that enabled the School to retain critical expertise and institutional memory. The School also recognised the contributions of colleagues who retired or transitioned to other roles during the year.

Consistent with priorities outlined in the 2025–2030 Strategic Plan, MakSPH remains focused on strengthening gender equity in academic staffing, addressing critical disciplinary gaps, supporting faculty mentorship, and developing the next generation of public health scholars and leaders. The appointments reflected in this section were approved by the Makerere University Appointments Board during 2025.



**Prof. Freddie Peter Ssenooba**  
Awarded a 4-year Post-retirement Contract



**Prof. Christopher Garimoi Orach**  
Awarded a 4-year Post-retirement Contract



**Dr. David Musoke**  
Promoted to Associate Professor



**Dr. Suzanne Kiwanuka**  
Promoted to Associate Professor



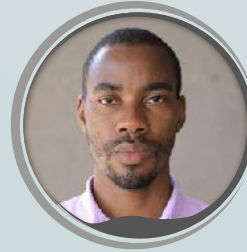
**Dr. Rawlance Ndejjo**  
Promoted to Lecturer



**Dr. Gertrude Namazzi**  
Appointed as a Lecturer



**Dr. Edward Buzigi**  
Confirmed as Lecturer



**Mr. Andrew Kayondo**  
Appointed on a 4-year contract as Technician



**Dr. John Bosco Isunju**  
was appointed STEM disciplines representative to the Editorial Board of the Makerere University Press.





## MakSPH Staff SACCO at Nine Years

The MakSPH SACCO enters its ninth year as one of the most tangible expressions of what a staff community can build together. Membership stood at 327 in 2025, more than double the 118 members recorded in 2017, reflecting sustained confidence in the cooperative and what it offers. Over the same period, the SACCO has recorded consistent growth in member contributions, share capital, and overall assets. As of 31 December 2025, members' equity had reached a significant milestone, underpinned by disciplined saving and a deepening

sense of shared ownership.

Supported by the technical oversight of the Finance Management Unit, the SACCO operates within a strong governance and accountability framework. It has become more than a savings vehicle. For MakSPH staff, it is a reliable platform for consistent saving, access to affordable credit, and confident long-term investment. That trajectory reflects a maturing cooperative whose contribution to staff wellbeing and institutional resilience is growing year on year.



Members of the MakSPH Staff Savings and Credit Cooperative at their 9th Annual General Meeting, held on 13 June 2025 at the ResilientAfrica Network premises, Plot 30 Upper Kololo Terrace, Kampala.



## RETIREMENTS AND RECOGNITION OF SERVICE

### To Professor Rutebemberwa, With Gratitude and Admiration

Professor Elizeus Rutebemberwa did not arrive at public health by a straight road. Born on 20 October 1965 in Buhara, Kabale District, his career was a series of deliberate turns, each one requiring him to set down what he had built and begin something new. Not because the previous chapter had failed, but because something larger was calling.

His first path led to Rome. After completing his O-levels at St. Paul's Seminary in Kabale and his A-levels at Kitabi Seminary, he pursued philosophy and theology at Urbanian University in Rome, earning a Bachelor of Sacred Theology in 1991 with First Class Honours. For many, that would have been enough. For him, it was not.

Something drew him toward medicine and the places where knowledge meets suffering and has to do something about it. So he went back to secondary school, retook his A-levels

in Physics, Chemistry, and Biology alongside students half his age, earned the grades, and entered Makerere University's School of Medicine. He graduated in 1998, completed his internship at Mulago Hospital, and went on to lead Kamuli

Mission Hospital as Medical Superintendent.

Another man might have stayed. But Professor Rutebemberwa was not finished turning. He enrolled in the Master of Public Health programme at Makerere in 2001, completed it in 2003, and walked into what was then the Makerere University Institute of Public Health as a Research Fellow, beginning again for the third time, in a new discipline, at an institution that would become his professional home for the next 22 years.

He was already something rare when he arrived. A clinician who had led a hospital. A theologian who had studied in Rome. A man who had proven more than once that he could start from the beginning and see it through to excellence.

What followed were 22 years that shaped MakSPH in ways still visible today. He enrolled simultaneously as a PhD student under the Sida/SAREC collaboration between Makerere University and Karolinska Institutet, a programme that produced more than 60 PhD graduates, among them 34 who earned double degrees from both institutions. Professor Rutebemberwa is counted among that distinguished cohort. He coordinated the MPH field programme, supervised doctoral and postgraduate students, led the Iganga-Mayuge Demographic Surveillance Site, served as Acting Head of the HPPM Department, and directed major national research initiatives, including Uganda's National Tuberculosis Prevalence Survey. He also pioneered mobile phone survey methodology in collaboration with Johns Hopkins University. In February 2022, he was appointed Deputy Dean of MakSPH, and four months later, the Makerere University Appointments Board promoted him to the rank of Professor.

Those who studied or worked alongside him speak of his standards. He arrived early, prepared thoroughly, and held the work to the level it deserved.

On 20 October 2025, his 60th birthday, Professor Rutebemberwa retired from University service on his own terms, as he had lived every chapter before it. MakSPH is grateful in a way that only becomes clear over time, when you look at what is still standing and realise it is standing partly because he refused to accept anything less than what the work demanded.

May this next chapter be as full of purpose as every one that came before it.



## MakSPH Seed Grants: Supporting the Next Generation of Researchers

Sustaining a competitive research institution requires deliberate investment in early-career researchers. Through the MakSPH Seed Grants Programme, the School is strengthening the pipeline of independent investigators equipped to address national, regional, and global public health priorities.

Since its establishment in 2020, the programme has provided early-career researchers with competitive funding, mentorship, and grantsmanship support to advance research independence. To date, 33 researchers have been supported across priority areas, including climate change and

health, antimicrobial resistance, One Health, urban health, non-communicable diseases, neglected tropical diseases, and global health security. Fourteen projects have already produced peer-reviewed publications, while 95 per cent of surveyed awardees reported that the grants contributed to their research progression, including enrolment in PhD programmes, new collaborations, and subsequent funding opportunities.

The programme combines seed funding with structured proposal review, mentorship, and post-award support, helping researchers strengthen the scientific, financial, and project management competencies required to lead independent research. At the School's end-of-year celebration in December 2025, three researchers were recognised as the latest cohort of awardees, whose projects reflect emerging areas of inquiry and the breadth of expertise being cultivated across MakSPH.

### *Awardees*



**Mr. Andrew Kayondo**

Assessing the microbial safety of black soldier fly larvae used in livestock feed and implications for public health in Wakiso District.



**Dr. Esther Bayiga**

Co-designing interventions to reduce road traffic crashes at the Kaleerwe Market Flyover in Kampala.



**Mr. Perez Ochanda**

Examining barriers and opportunities for translating research into policy and practice at MakSPH.

# Infrastructure and ICT capacity

## ICT Infrastructure and Capacity-Driven Operational Efficiency

Reliable digital infrastructure is increasingly critical to MakSPH's teaching, research, and administrative functions. In 2025, the School invested in strengthening its ICT systems to improve network reliability, enhance cybersecurity, and support business continuity. These investments have contributed to a more stable digital environment for online learning, virtual collaboration, and

access to academic and administrative resources.

The School also strengthened cybersecurity safeguards, successfully mitigating attempts to compromise institutional systems through phishing and email impersonation campaigns, while maintaining compliance with applicable data protection requirements. Investments in power backup systems further improved the resilience of critical digital services amid recurring utility disruptions.

Consistent with the MakSPH Strategic Plan 2025–2030, the School will continue to invest in scalable, secure, and resilient ICT infrastructure to support its expanding portfolio of teaching, research, partnerships, and institutional operations.

## DCEH DEPARTMENT ACADEMIC STAFF

S/N	Name of Staff	Gender	Designation
1	Prof. Rhoda Wanyenze	F	Professor
2	Prof. David Serwadda	M	Professor Emeritus
3	Prof. Fred Nuwaha	M	Professor
4	Dr. Esther Buregyeya	F	Associate Professor
5	Dr. John Ssempebwa	M	Associate Professor
6	Dr. David Musoke	M	Associate Professor
7	Dr. Juliet Babirye	F	Senior Lecturer
8	Dr. John Bosco Isunju	M	Senior Lecturer
9	Dr. Richard Mugambe	M	Senior Lecturer
10	Dr. Adoke Yeka	M	Lecturer
11	Dr. Rawlance Ndejjo	M	Lecturer
12	Dr. John Bosco Ddamulira	M	Lecturer
13	Mr. Ali Halage Abdullah	M	Assistant Lecturer
14	Ms. Ruth N. Mubeezi	F	Assistant Lecturer
15	Dr. Marianna Agaba Nyangire	F	Assistant Lecturer
16	Mr. Charles Ssemugabo	M	Research Associate
17	Mr. Jimmy Osuret	M	Research Associate
18	Mr. Frederick Oporia	M	Research Associate
19	Ms. Rebecca Nuwematsiko	F	Research Associate
20	Ms. Winnie Kansiiime	F	Research Associate
21	Ms. Edwinah Atusingize	F	Research Associate
22	Mr. Solomon Wafula	M	Research Associate
23	Dr. James Muleme	M	Research Associate
24	Dr. Joseph Matovu	M	Research Associate
25	Dr. Violet Gwokyalya	F	Research Associate
26	Dr. Trasias Mukama	M	Research Associate
27	Mr. Samuel Etajak	M	Research Associate
28	Mr. Michael Omodo	M	Lab Chief Technician
29	Mr. Andrew Kayondo	M	Laboratory Technician

**EPI-BIO DEPARTMENT ACADEMIC STAFF**

<b>S/N</b>	<b>Name of Staff</b>	<b>Gender</b>	<b>Designation</b>
1	Prof. David Guwatudde Yawe	M	Professor
2	Prof. Nazarius Mbona Tumwesigye	M	Professor
3	Prof. Fredrick Makumbi Edward	M	Professor
4	Prof. Noah Kiwanuka	M	Professor
5	Dr. Kasasa Simon	M	Associate Professor
6	Dr. Edith Nakku Joloba	F	Senior Lecturer
7	Dr. Joan Mutyoba	F	Senior Lecturer
8	Dr. Roy William Mayega	M	Senior Lecturer
9	Dr. Mukose Aggrey David	M	Senior Lecturer
10	Dr. Victoria Nankabirwa	F	Lecturer
11	Dr. Joseph Kagaayi	M	Lecturer
12	Dr. Eva Barbara Kirunda	F	Lecturer
13	Dr. John M Ssenkusu	M	Lecturer
14	Ms. Juliana Namutundu	F	Assistant Lecturer
15	Ms. Irene Wanyana	F	Assistant Lecturer
16	Dr. Kiberu Vincent	M	Research Associate
17	Mr. Gichuhi Haron	M	Research Associate
18	Mr. Chris Balwanaki	M	Research Associate
19	Ms. Cissie Namanda	F	Research Associate
20	Ms. Nabukeera Sarah	F	Research Associate
21	Mr. James Serubugo	M	Research Associate
22	Mr. Julius Kiwanuka	M	Research Associate
23	Mr. Kusolo Ronald	M	Research Associate
24	Ms. Kaakyo Mary	F	Research Associate
25	Ms. Biribawa Claire	F	Research Associate
26	Ms. Joan Nakibuka	F	Research Associate
27	Dr. Simon Kigozi	M	Research Associate
28	Ms. Muhumuza Christine	F	Research Associate
29	Mr. Ronald Ssenyonga	M	Research Associate
30	Mr. Jonathan Kizito	M	Research Associate
31	Mr. Anthony Ssebagereka	M	Research Associate
32	Mr. Nathan Tumuhamy	M	Research Associate
33	Ms. Bertha Tendo Kyozaire	F	Research Associate

## HPPM DEPARTMENT ACADEMIC STAFF

No	Name	Gender	Designation
1	Prof. Freddie Ssenyooba	M	Professor
2	Dr. Suzanne Kiwanuka	F	Associate Professor
3	Dr. Peter Waiswa	M	Associate Professor
4	Dr. Elizabeth Ekirapa	F	Associate Professor
5	Dr. Aloysius Ssenyonjo	M	Senior Lecturer
6	Dr. Chrispus Mayora	M	Lecturer
7	Dr. Dinah Amongin	F	Lecturer
8	Mr. Perez Ochanda	M	Assistant Lecturer
9	Dr. Catherine Birabwa	F	Research Associate
10	Dr. Raymond Tweheyo	M	Research Associate
11	Ms. Christine Aanyu	F	Research Associate
12	Ms. Angela Kisakye	F	Research Associate
13	Mr. Noel Namuhani	M	Research Associate
14	Dr. Susan Babirye	F	Research Associate
15	Mr. Aloysius Mutebi	M	Research Associate
16	Dr. Justine Namakula	F	Research Associate
17	Ms. Adelaine Aryaija - Karemani	F	Research Associate
18	Dr. Michael Kakinda	M	Research Associate
19	Ms. Brenda Nakimuli	F	Research Associate
20	Ms. Martha Akulume	F	Research Associate
21	Dr. Michael Ediau	M	Research Associate
22	Dr. Beatrice Mirembe	F	Research Associate
23	Dr. Nait Connie	F	Research Associate
24	Dr. Amuzah Nshabaruhanga	M	Research Associate

**CHBS DEPARTMENT ACADEMIC STAFF**

<b>No.</b>	<b>Name</b>	<b>Gender</b>	<b>Designation</b>
1	Prof. Christopher Garimoi Orach	M	Professor
2	Assoc. Prof. Lynn Atuyambe	M	Associate Professor
3	Dr. Christine Nalwadda (Chair)	F	Associate Professor
4	Dr. Juliet Kiguli	F	Senior Lecturer
5	Dr. David Lubogo	M	Senior Lecturer
6	Dr. Justine Bukenya	F	Senior Lecturer
7	Dr. Simon Peter Kibira	M	Senior Lecturer
8	Dr. Phyllis Awor	F	Lecturer
9	Dr. Edward Buzigi	M	Lecturer
10	Dr. Dathan B. Mirembe	M	Lecturer
11	Dr. Gertrude Namazzi	F	Lecturer
12	Mr. Saul Kamukama	M	Assistant Lecturer
13	Dr. Richard Kajura	M	Research Associate
14	Dr. Agnes Nyabigambo	F	Research Associate
15	Ms. Florence Tushemerirwe	F	Research Associate
16	Dr. Henry Komakech	M	Research Associate
17	Dr. Olivia Nakisita	F	Research Associate
18	Ms. Esther Amulen	F	Research Associate
19	Dr. Arthur Bagonza	M	Research Associate
20	Ms. Sandra Mwima	F	Research Associate
21	Ms. Pamela Kihembo	F	Research Associate
22	Mr. Micheal Wagaba	M	Research Associate
23	Dr. Richard Mangwi	M	Research Associate
24	Dr. Steven Kabwama	M	Research Associate
25	Mr. Andrew Tusubira	M	Research Associate
26	Ms. Hajara Nakitende	F	Research Associate
27	Dr. Joseph Mbabazi	M	Research Associate
28	Ms. Christinah Nuwahereza	F	Research Associate
29	Ms. Lydia Kabwijamu	F	Research Associate
30	Mr. Juma Said Tusubira	M	Research Associate

## ADMINISTRATION AND OPERATIONS

### Office of the Dean

1	Ms. Farida Mbambu	Administrative Officer
2	Ms. Hadija Omar	Administrative Officer
3	Ms. Brenda Wagaba	Partnerships Officer
4	Mr. John Okeya	Communications Officer
5	Ms. Diana Michele Kisakye	IT Officer
6	Ms. Racheal Kitiibwa	Senior Assistant Technician

### Academic Registrar and Programmes

1	Ms. Maxentia Namujumbi Walusimbi	Manager, Graduate Programmes
2	Ms. Adikini Josephine Oketch	Manager, Department of Health Policy Planning and Management
3	Ms. Anita Kyamugabwa	Planning Officer
4	Ms. Annet Khabuya Lubuya	Administrative Assistant
5	Mr. Nambwira Medad Mayende	Administrative Assistant
6	Ms. Jackline Adlyn Kiyingi	Administrative Assistant
7	Mr. Ivan Mutyaba	Administrator, Department of Epidemiology and Biostatistics
8	Mr. Huzaiifah Mutyaba	MPHDE Programme Manager, Department of Epidemiology and Biostatistics
9	Ms. Damalie Ninsiima	Administrative Assistant, Department of Health Policy Planning and Management
10	Ms. Irene Nassazi	Administrative Secretary, Department of Disease Control and Environmental Health
11	Ms. Ndagire Shajeah	Administrator, Department of Community Health and Behavioural Sciences
12	Mr. George William Ssali	Volunteer

### Library

1	Ms. Cossy Namuddu	Library Attendant
2	Ms. Gertrude Akulu	Senior Clerical Officer

### Finance Management Unit

1	Ms. Elizabeth Nambi	Manager
2	Mr. Amos Dembe	Internal Auditor
3	Ms. Stella Kakeeto	Grants Manager
4	Ms. Melissa Nakiyaga	Grants Officer
5	Ms. Sharifah Kiranda	Grants Assistant
6	Ms. Monica Mudaaki	Procurement Officer
7	Ms. Lydia Itaaga Aliba	Accountant/ Deputy Finance Manager

8	Ms. Edna Angelique Karungi	Accountant
9	Mr. Johnson Ayikirize	Accountant
10	Ms. Leah Zansanze	Assistant Accountant
11	Mr. Herbert Ampaire	Accountant
12	Ms. Zuriah Namakula	Accountant
13	Ms. Marion Nabwire	Assistant Accountant
14	Ms. Nakazibwe Stella	SACCO Administrator
15	Mr. Anthony Okiror	Accounts Clerk/ SACCO Administrative Assistant

### Former Staff

1	Ms. Gladys Khamili	Principal Registrar
2	Mr. Davidson Ndyabahika	Communications Officer
3	Ms. Ruth V. Nagawa	Administrator
4	Mrs. Enid N. Sajjabi	Accountant
5	Mr. Emma Muwanika	Accounts Clerk
6	Mr. Jude Oboth	IT Officer

### Drivers

1	Mr. George William Katwalo
2	Mr. Emmanuel Ssempeera
3	Mr. Dalton Okullo
4	Mr. Mugume Edson
5	Mr. Nsiiro Sulaiman
6	Mr. Mawogole Samuel
7	Mr. Otuta Denis

### Front Desk

1	Ms. Nakayiza Claire	Custodian
2	Mr. Tumusiime Amon	Stores Assistant/ Front Desk Assistant

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