MAKERERE UNIVERSITY
SCHOOL OF PUBLIC HEALTH

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MakSPH News

Shaping **Health**, Empowering the **Future**

In This Issue

Cover picture caption

VC Prof. Barnabas Nawangwe (centre), MakSPH Dean Prof. Rhoda Wanyenze, Academic Registrar Prof. Buyinza Mukadasi and members of University Management during the visit to MakSPH on 18 June 2026.

From the Editor

Welcome to the inaugural issue of the *MakSPH Newsletter*, covering January-June 2026. The MakSPH Communications Office produces the newsletter to share the School's research, training, partnerships, and contributions to public health in Uganda and beyond.

Future editions will feature researchers, students and staff through news, features, interviews and perspectives. They will capture research milestones, success stories, achievements and key events, and cover MakSPH's engagement with government, communities, partners, alumni and other institutional stakeholders around evidence that informs policy and practice.

MakSPH plans to move towards quarterly editions. To propose stories, share research milestones, achievements, forthcoming events or perspectives, write to communications@musph.ac.ug.

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Message
from the Dean

Welcome to this edition of the Makerere University School of Public Health (MakSPH) Newsletter. This issue highlights a period of transformation, marked by our commitment to sustainable health financing and impactful research.

Over the past six months, our collective efforts have significantly strengthened our local and international footprint. I am pleased to highlight the vital new research partnerships we have built during this period, including our strategic collaboration with The Open University, UK to investigate local malaria transmission risks. Additionally, our milestone handover of the Monitoring and Evaluation Technical Support Programme assets directly to the Ministry of Health underscores our deep institutional link with government sectors to secure sustainable public health systems.

I extend my heartfelt appreciation to our exceptional faculty and staff, whose dedication has yielded numerous newly secured research grants. Your success in attracting robust funding from global partners allows us to pioneer critical scientific studies, such as our newly launched investigation into urban lead exposure pathways supported by Bloomberg Philanthropies. These accomplishments continue to prove that MakSPH is not just a centre for training, but a leading engine of national and regional development.

Thank you for your continued dedication to shaping health and empowering the future.

We hope you enjoy this edition

Prof. Rhoda Wanyenze
Dean, MakSPH

How Uganda Can Finance Health Services That Work

By John Okeya

MakSPH Dean Prof. Rhoda Wanyenze and Prof. Emeritus David Serwadda welcome Dr Ramathan Ggoobi ahead of his keynote address at the Public Lecture and National Dialogue on Health Financing in Uganda, 9 April 2026.

Although more than 90 percent of Ugandans live within five kilometres of a health facility, reliable access to care remains uneven because many facilities lack the staff, medicines, equipment, utilities and referral capacity needed to serve communities.

That finding came from the Office of the Prime Minister's *Rapid Assessment of the State of Service Delivery in the Health Sector*, finalised in March 2026 with technical support from Makerere University School of Public Health (MakSPH) under the Impact Evaluation for Evidence-Based Decisions (IEED) project. The assessment informed the Public Lecture and National Dialogue on Health Financing in Uganda, convened by MakSPH in collaboration with the Ministry of Health and Ministry of Finance, Planning and Economic Development on 9 April 2026.

Combining a review of sector data with 54 key-informant interviews and 15 community focus group discussions across all 15 sub-regions, the assessment found that Uganda had expanded physical access to health facilities, but access to quality care remained uneven, particularly in rural, newly created and refugee-hosting districts.

The dialogue brought health, finance and public-service leaders together to consider how Uganda can ensure that existing and future investments result in reliable services while protecting households from the cost of illness.

...health financing should be assessed by the public value it produces, rather than the size of budgets or the number of facilities constructed.

Ms Jane Kyarisiima Mwesiga, Deputy Head of Public Service responsible for service delivery, argued that health financing should be assessed by the public value it produces, rather than the size of budgets or the number of facilities constructed.

"Citizens do not experience budgets. They do not experience financing frameworks. What citizens experience is public value," Ms Mwesiga observed. *"Facilities may be well constructed, but unable to deliver services due to unreliable water or electricity. Others are operating far beyond capacity, placing strain on staff and systems."*

She acknowledged progress in expanding facilities, reducing travel distances and improving the availability of medicines and supplies. The next task, she noted, was to ensure that those investments result in services that work consistently for citizens.

"We have built. Now we must make systems work," she said.

The assessment provides evidence for that concern. Only 22 percent of facilities had more than 95 percent availability of essential medicines and supplies in the 2023/24 financial year, while only 37 percent of approved positions in public health facilities were filled in 2022/23 under the revised staffing structure. The findings point to the need to match infrastructure investment with the recurrent resources, workforce, supplies, supervision and referral arrangements that enable facilities to provide the services communities expect.

..the health-sector allocation is about 8% of the national resource envelope and remains below the 15 percent target under the 2001 Abuja Declaration.

Health as an Economic Investment

Delivering the public lecture, Dr Ramathan Ggoobi, Permanent Secretary and Secretary to the Treasury, argued that health should be treated as an economic investment and a central part of Uganda's development strategy.

"Health is not merely a social sector issue. It is an economic transformation issue, a productivity issue, and a national competitiveness issue," Dr Ggoobi said. *"No country has achieved sustained structural transformation without sustained investment in human capital."*

He noted gains in health infrastructure, diagnostic services, primary care and specialised services, but warned that the financing structure remained exposed. Development partners account for an estimated 42 percent of health expenditure, while households contribute about 31 percent through direct payments for care.

Those payments, he observed, can reduce household food consumption, deplete assets and delay care. Development-partner support remained important, but Uganda needed more predictable domestic investment and stronger financial protection for households.

"External aid can help but cannot substitute for domestic, predictable, and pooled financing," Dr Ggoobi said. *"Household protection must be prioritised."*

For the 2025/26 financial year, he reported that the health sector received Shs 5.87 trillion within a Shs 11.44 trillion Human Capital Development allocation, against a national resource envelope of Shs 72.38 trillion. He outlined a response that combines increased and protected domestic financing, longer-term domestic capital for health infrastructure and systems, and greater efficiency in how resources are allocated and spent.

Based on those figures, the health-sector allocation is about 8 percent of the national resource envelope and remains below the 15 percent target under the 2001 Abuja Declaration. The gap matters for Uganda's Tenfold Growth Strategy, which identifies the consolidation of human capital as necessary for rapid economic growth.

Representing Ministry of Health Permanent Secretary Dr Diana Atwine, Mr John Kauta, Commissioner for Health Information, Statistics, Monitoring and Evaluation, placed prevention, integration and efficiency at the centre of the financing choices ahead.

Ms Jane Kyarisiima Mwesiga addresses participants during the Public Lecture and National Dialogue on Health Financing in Uganda at the MakSPH Auditorium on 9 April 2026.

"Integration is no longer an option. It is a practical response to fragmentation," Mr Kauta said. *"One of the clearest lessons from our experience is that fragmentation is expensive. It is expensive in financing, it is expensive in implementation, and it is expensive for a patient."*

He pointed to immunisation, nutrition, sanitation, early diagnosis, surveillance and primary health care as investments that can prevent illnesses from becoming more complex and costly to treat. Services, financing, supply chains and information systems, he said, must work together around the needs of patients.

Prof. Freddie Ssengooba, Professor of Health Economics and Health Systems Management at MakSPH, linked the need for integration to Uganda's experience of parallel programmes, particularly in HIV care.

"At the frontline, health workers are already innovating. They are figuring out how to work together, how to integrate services, how to stretch resources," Prof. Ssengooba said. *"Yes, there are challenges, but there is goodwill. People want to make it work."*

From Evidence to an Action Agenda

Prof. Rhoda Wanyenze, MakSPH Dean, said the dialogue formed part of a wider effort to respond to changing global-health financing and strengthen systems led by African governments.

"For a long time, we have acknowledged that the current systems are not working well enough to deliver universal health coverage," Prof. Wanyenze said. *"So, this transition should be a catalyst for innovation, for efficiency, for sustainability, and for systems that are truly led by our governments."*

The rapid assessment and the dialogue underscored the need to increase and protect domestic health financing while ensuring that resources reach functional primary health care, reduce direct costs for households and deliver better value.

Building on this evidence and MakSPH's continuing work on health financing and universal health coverage, the School prepared in May 2026 the policy paper *Investing in Health, Investing in Uganda's Future: An Action Agenda for Sustainable Health Financing in Uganda, 2026–2030*.

The paper calls for stronger domestic public financing, functional primary health care and prevention, and expanded pooled financing to reduce direct payments when people seek care. It also proposes responsible mobilisation of domestic capital, improved efficiency and value for money, strategic purchasing that directs funding towards priority services and results, and better alignment of external support with national systems and donor-transition plans.

The paper reflects MakSPH's continuing commitment to work with government and other health-sector actors to generate evidence that informs policy and supports stronger services and population health.

Closing the dialogue, Rt Hon. Dr Crispus Walter Kiyonga, Makerere University Chancellor and Uganda's Second Deputy Prime Minister and Deputy Leader of Government Business in Parliament, called for a practical outcome that would carry the discussion forward. The Action Agenda is one contribution to that follow-up.

Its value will lie in whether its proposals inform reforms that protect households from direct costs and enable facilities to provide the reliable care communities need.

VC Prof. Barnabas Nawangwe pins a Makerere lapel pin on Dr Ramathan Ggoobi after his keynote address as Chancellor Dr Crispus Kiyonga looks on.

MakSPH-METS Transitions Digital Health Systems to Ministry Stewardship

By John Okeya

Over 15 years, the Makerere University School of Public Health Monitoring and Evaluation Technical Support Programme, known as MakSPH-METS, worked to address fragmented health reporting and limited digital systems in Uganda's HIV response and wider health sector.

On 31 March 2026, METS transitioned 16 digital health systems and related infrastructure to the Ministry of Health. The systems support patient records, disease surveillance, laboratory monitoring, medicine tracking and health-service planning. They are now under Ministry stewardship, together with responsibility for their maintenance, staffing and continued use.

For Prof. Rhoda Wanyenze, MakSPH Dean and METS Principal Investigator, government ownership was central to the programme's work. Referring to the systems and data transitioned to the Ministry, she said: "This is not our data; this is not our house; this is Ministry of Health."

Established in 2010, METS worked with the Ministry of Health, the University of California, San Francisco and other partners to strengthen health information and management systems. The U.S. Government supported the programme through the U.S. CDC and PEPFAR, providing US$103.8 million through three successive five-year grants.

The programme combined the development of digital systems with support to district health teams, health workers and programme managers to improve the quality and use of information. Its work covered health records, reporting, disease surveillance, quality improvement, data governance and planning.

Prof. Rhoda Wanyenze signs the METS asset-handover board as part of a symbolic sign-off with PS Dr Diana Atwine and then U.S. Ambassador H.E. William W. Popp.

From Fragmented Records to National Systems

At the handover, Prof. Wanyenze recalled the volume of paper records previously stored in health facilities. These records made it difficult for health workers and managers to obtain timely information for patient care, follow-up and planning.

METS supported the development and scale-up of electronic medical records, including UgandaEMR, which enables facilities to store and retrieve patient information electronically. It also supported the National Data Warehouse, which brings together information for planning and monitoring; systems that track the availability of medicines; and platforms that allow health information to be shared across services.

The programme expanded systems for following up individual HIV cases, monitoring treatment results, supporting early testing of HIV-exposed infants and reporting disease outbreaks. It also supported quality-improvement work across HIV testing and treatment, prevention of mother-to-child transmission of HIV, and services for adolescent girls and young women at higher risk of infection.

what changed

Over time, MakSPH-METS helped shift Uganda's HIV response from fragmented systems to a coordinated, data-driven national architecture.

A digital health system transformed

A nationally integrated Health Information System now enables:

- Real-time access to data
- Improved data quality and accuracy
- More informed, evidence-based decision-making

Stronger disease surveillance

- **1,300** facilities implementing Case-Based Surveillance
- **1,084** facilities implementing HIV recency surveillance
- **300** sites implementing mortality surveillance

These systems have strengthened Uganda's ability to detect, understand, and respond to public health threats in real time.

Stronger governance, accountability, and workforce capacity

Leadership and coordination across health systems have been strengthened, improving planning, oversight, and accountability. At the same time, workforce capacity in data use, monitoring and evaluation, and quality improvement has been built, ensuring sustained system performance.

Improved quality of care

Quality improvement approaches were institutionalized across priority programs, including TB/HIV, PMTCT, HTS, and DREAMS, resulting in measurable improvements in service delivery and data quality.

From then to now

Reporting performance has improved significantly, from 58% in 2020 to 98% in 2025, reflecting stronger data systems and accountability. At the same time, digital transformation has expanded rapidly, with electronic medical record coverage increasing from limited use to over 86% nationwide.

Scale of reach

Across Uganda, the program operated at national and subnational levels, supporting systems that reach millions.

- **135** districts reached
- **3,000+** health facilities supported
- **1,900** sites using electronic medical records
- **16** Regional Referral Hospitals strengthened
- **27** implementing partners coordinated
- **USD 9.3** million in ICT infrastructure deployed

By the end of the programme, METS had reached 135 districts in Uganda, supported more than 3,000 health facilities, strengthened 16 regional referral hospitals and coordinated with 27 implementing partners. Reporting performance improved from 58 per cent in 2020 to 98 per cent in 2025, while electronic medical record coverage reached more than 86 per cent nationally, with 1,900 sites using electronic medical records.

METS supported HIV case reporting in 1,300 facilities, systems to identify recent HIV infections in 1,084 facilities, and systems for monitoring deaths in 300 facilities. These systems provide health workers, districts and national programme teams with more timely information for patient follow-up, service planning, medicine forecasting and disease response.

During the COVID-19 pandemic, METS also supported emergency response, disease surveillance, infection prevention and control, and workforce development. As electronic reporting expanded, health facilities reduced their dependence on paper-based collection and reporting tools.

Prof. Wanyenze said the transition reflected the role of a university working with government to develop solutions that can be used at scale. *"For us at the University, we explore innovative and creative ways of doing things, test them, and then work with key actors to take them up, scale them and sustain them,"* she said. "It gives us joy when initiatives we have helped to start are not only taken over, but also sustained, allowed to grow and used to serve our people."

Stewardship of Systems and Infrastructure

The 16 systems transitioned to the Ministry include UgandaEMR, the National Data Warehouse, the HIV case-based surveillance dashboard, systems that track medicines and supplies, and a platform that enables the exchange of health information. Together, they support patient care, HIV programme reporting, disease surveillance, laboratory monitoring, quality improvement and management decisions.

The transferred information and communication technology infrastructure was valued at US$9.3 million.

The transition also included 725 servers, more than 4,700 computing devices, solar systems for nearly 800 health facilities, connectivity equipment for more than 1,300 sites, video-conferencing systems and network upgrades for regional referral hospitals. The transferred information and communication technology infrastructure was valued at US$9.3 million.

These assets enable facilities to operate electronic records and reporting systems, including in settings where unreliable electricity and limited connectivity have constrained digital health services.

Permanent Secretary Dr. Diana Atwine, who represented the then Minister of Health, Dr. Jane Ruth Aceng, at the handover, said the Ministry, districts and hospitals needed to safeguard the systems and equipment. She called for complete inventory management, verification, testing, deployment, maintenance, staffing and continued use, particularly for assets held by regional referral hospitals and implementing partners.

> *"I also thank Makerere University School of Public Health, through which this partnership was established, together with the METS team, for starting this programme of digitisation," Dr. Atwine said. "We have seen a lot of transformation."*

H.E. William W. Popp, then U.S. Ambassador to Uganda, said the programme had expanded digital reporting and strengthened the use of information for decision-making.

> *"Disease surveillance systems can now detect health trends earlier and track deaths more accurately," Ambassador Popp said. "This strengthens Uganda's ability to manage public health threats and supports broader global health security."*

For Prof. Wanyenze, the handover was not an endpoint but a new phase for systems developed jointly with government over 15 years. Their continued value will depend on whether they are maintained, adequately staffed and routinely used to improve care, guide planning and protect public health.

PS Dr Diana Atwine with then U.S. Ambassador H.E. William W. Popp, U.S. CDC leadership and the MakSPH-METS team led by Prof. Rhoda Wanyenze at the 31 March 2026 METS handover.

New Building Takes Shape to Strengthen Training and Research

Side elevation of the Makerere University School of Public Health (MakSPH) Phase II complex under construction on the Main Campus.

By Davidson Ndyabahika

By June 2026, construction of the new Makerere University School of Public Health (MakSPH) building had advanced substantially, bringing the School closer to completing a purpose-built facility for its expanding training, research and policy engagement.

MakSPH traces its origins to 1954 and has since grown into a regional centre for public health training and research. In the 2024/2025 academic year, the School enrolled 1,140 students across 12 degree programmes. Its research and training partnerships span institutions globally, with active work across more than 35 African countries.

The School's growth and infrastructure needs were highlighted during a public lecture and high-level dialogue on health financing held at Makerere University on 9 April 2026. Organised by MakSPH in collaboration with Uganda's Ministry of Health and the Ministry of Finance, Planning and Economic Development, the event brought together policymakers, academics and practitioners. Dr. Ramathan Ggoobi, Permanent Secretary and Secretary to the Treasury, delivered the keynote address.

At the event, MakSPH Dean, Prof. Rhoda Wanyenze, traced the School's more than 70-year journey, highlighting its growth and contribution to public health training, research and policy in Uganda and across the region.

"*When I returned to Makerere University for my master's training in public health, we were about 40 students,*" Prof. Wanyenze said. "*Today, the School has more than 1,000 students. Public health is growing and evolving, and we are doing our best to develop the skills needed for this changing landscape.*"

MakSPH is also expanding training and research in emerging areas such as health informatics and data science, alongside the coordination of regional digital

health platforms connecting countries through shared learning and practice. These developments have increased demand for suitable teaching, research and administrative space.

Building for the future

Construction of the new building began in February 2020. The facility is designed to provide a permanent home for the School, with dedicated space to support its growing student population, doctoral and postdoctoral fellows, and expanded training, research, collaboration and policy engagement.

Phase II comprises three sections. By March 2026, two were nearing completion at 98 and 89 per cent, while the third stood at 69 per cent. Progress across the three sections was in line with or ahead of planned targets. At the time, work was concentrated on tiling, terrazzo installation, external rendering and preparations for lift installation as the project advanced towards practical completion later in 2026.

At the event, Prof. David Musoke Serwadda, Emeritus Professor at Makerere University and Chair of the MakSPH Infrastructure Fundraising Committee, said the project reflected the School's "ambition, intent, and courage."

"We are not building only for today; we are building for the future," Prof. Serwadda said. *"We need to build for the next 100 years."*

That long view shaped the School's approach to construction. Building was phased to match available resources, with priority given to sections that could be brought into use early. The auditorium was officially launched on 15 March 2024 and brought into use while work continued on the remaining sections of the building.

Prof. Wanyenze said the new building would strengthen MakSPH's capacity to fulfil its responsibility to provide public health leadership within Uganda and across the continent.

"We have come a long way as the School of Public Health," she said. *"We are proud of that history, but we also recognise that it comes with responsibility."*

The auditorium was officially launched on 15 March 2024 and brought into use while work continued on the remaining sections of the building.

Strengthening investment in public health

Makerere University Vice Chancellor, Prof. Barnabas Nawangwe, situated the project within the University's broader contribution to national development, emphasising the value of investing in institutions that generate evidence and train the health workforce.

"One of the most effective ways to invest in health in Uganda is to invest properly in Makerere University," Prof. Nawangwe said. *"We must recognise Makerere as a research-led university with a special national role."*

Prof. Nawangwe thanked Dr. Ggoobi for supporting the allocation of resources towards completion of the building in the national budget for the 2026/2027 financial year.

In his keynote address, Dr. Ggoobi called for stronger collaboration between the Ministry of Finance, Planning and Economic Development and MakSPH in developing locally grounded responses to Uganda's health challenges.

"My Ministry and the School of Public Health must be partners," Dr. Ggoobi said. *"Evidence framed in fiscal terms drives policy."*

The new building will strengthen MakSPH's capacity to train public health professionals, generate evidence and support policies that respond to Uganda's and Africa's evolving health priorities.

Prof. Emeritus David Serwadda, Dr Ramathan Ggoobi, MakSPH Dean Prof. Rhoda Wanyenze and VC Prof. Barnabas Nawangwe during a visit to the MakSPH complex on 9 April 2026.

MakSPH Sets Out Priorities to Sustain Research and Graduate Training

By John Okeya

VC Prof. Barnabas Nawangwe (centre), MakSPH Dean Prof. Rhoda Wanyenze, Academic Registrar Prof. Buyinza Mukadasi and members of University Management during the visit to MakSPH on 18 June 2026.

Makerere University School of Public Health has set out priorities to sustain its contribution to graduate training, research and public health policy as Makerere strengthens its position as a research-led university.

During a visit by Vice-Chancellor (VC) Prof. Barnabas Nawangwe and University Management on 18 June 2026, MakSPH presented the academic and research systems behind a predominantly postgraduate student population, more than 350 peer-reviewed publications in 2025 and partnerships spanning more than 35 African countries.

The engagement formed part of the VC's visits to colleges, stand-alone schools and institutes to discuss the management and administration of graduate training and research. At MakSPH, discussions focused on strengthening academic capacity, emerging disciplines, infrastructure and systems to sustain the School's growth and impact.

Dean Prof. Rhoda Wanyenze traced MakSPH's development from the first Institute of Public Health in sub-Saharan Africa into a leading centre for public health education and research. Its transition to stand-alone status in 2025 marked a new stage in that institutional journey and strengthened its focus on strategic priorities.

Across its seven-decade history, MakSPH has expanded its contribution to public health in the region. In 2024/2025, the School enrolled 1,140 students across 12 degree programmes and years of study, including 908 master's and 121 doctoral students.

Prof. Wanyenze said this predominantly postgraduate profile offers useful lessons for Makerere as the University increases its focus on research and graduate training.

"Our biggest growth in this School has come from that strategic focus on bringing in more colleagues to lead research, lead networks and ensure that we are sustainable," she revealed.

Prof. Nawangwe commended MakSPH for strengthening Makerere's research standing and contributing to the management of epidemics and other public health priorities in Uganda and beyond.

"I think the School of Public Health is the perfect example of what a research-led unit should be," he said. "You are really showing the way for the rest of the University and what we should be as a research-led university."

He placed the School's work within the growing responsibility of African universities to develop solutions to disease outbreaks, population growth, climate change and other challenges affecting health and development.

"What you do as public health is extremely important, and I must applaud you for your contribution in managing the epidemics that

have been coming up. The capacity that has been built is so huge, and that is why I am saying that we can do much more," Prof. Nawangwe noted.

Research That Reaches Policy and Practice

MakSPH's research covers infectious and non-communicable diseases, maternal and child health, health systems, environmental health, injury prevention, urban health, climate and health, and other established and emerging priorities.

This work has contributed evidence to public health policy and practice. Recent examples include research that informed World Health Organization guidance on voluntary medical male circumcision and MakSPH's role in the PURPOSE 1 trial, which demonstrated the effectiveness of lenacapavir for HIV prevention among adolescent girls and young women.

"I think the School of Public Health is the perfect example of what a research-led unit should be," Prof. Nawangwe said.

The School also contributes to disease surveillance, epidemic response and health-system strengthening through partnerships with government ministries, districts, communities, universities, civil society and international agencies.

Assoc. Prof. David Musoke, now Head of the Department of Disease Control and Environmental Health and Chair of the School's Grants and Capacity Building Committee, intimated that MakSPH has deliberately strengthened its research centres, multidisciplinary teams and support systems to help faculty develop research, manage research awards and translate findings into policy and practice. The School also runs a seed-grant programme and capacity-building activities for early-career researchers and research administrators.

> *"We have strengthened our links within Africa and now lead many grants involving institutions across the continent and in the Global North," Assoc. Prof. Musoke said. "We also work with NGOs, UN agencies, communities and districts, which all help us make an impact."*

Investing in the Next Phase

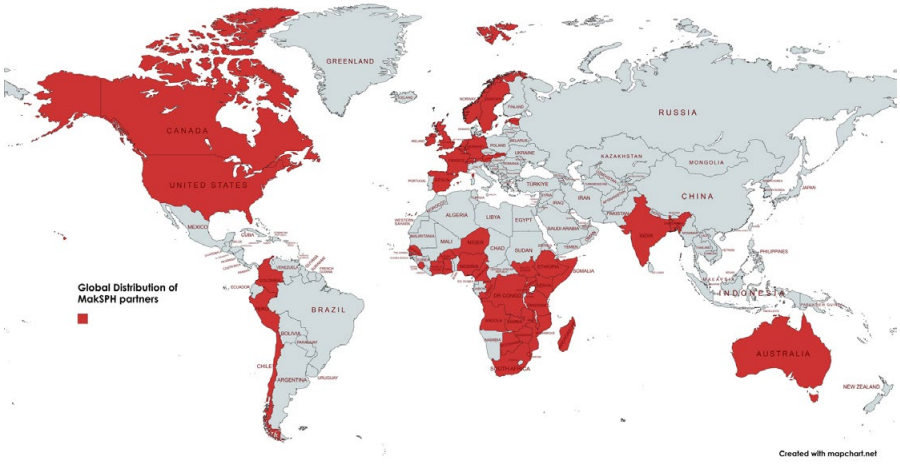
Deputy Dean Prof. Frederick Makumbi, who chairs the School's Higher Degrees Committee, outlined the systems MakSPH uses to support graduate students from admission to completion. These include early allocation of supervisors, proposal and dissertation-writing workshops, and a School-level database that tracks students alongside the University's Academic Management Information System.

"We assign supervisors early so that students can start developing their concepts and proposals. For the past five or six years, we have also organised proposal and dissertation-writing workshops," Prof. Makumbi said. To sustain this progress, the School prioritised expanding academic capacity through planned recruitment, mentorship and succession planning, while strengthening support for postgraduate supervision.

MakSPH also plans to strengthen training in emerging areas such as health economics, health data science, health promotion and communication. Its new building will provide additional teaching, research, laboratory and collaboration space to support this growth.

Prof. Nawangwe assured the School of University Management's support for its next phase. *"You are doing a great job,"* he said. *"Please expand. We shall support you."*

The priorities advance MakSPH's strategic direction and align with Makerere University's reviewed strategic plan, which places research, innovation and graduate training at the centre of the University's contribution to society. Through stronger graduate training and research that informs policy and practice, MakSPH will continue contributing to Makerere's mission to transform Uganda and the region.



MakSPH's research and training partnerships span more than 35 African countries, alongside collaborations in Europe and North America.

MakSPH Researchers Recognised for Excellence and Public Health Impact

MakSPH awardees pose after receiving the Vice Chancellor's Research Excellence Awards at Makerere University's Convocation Luncheon on 26 February 2026.

By Davidson Ndyabahika

Makerere University recognised researchers from its School of Public Health (MakSPH) for research excellence and public health impact during the University's 76th Graduation Ceremony on 25 February 2026.

Prof. Peter Waiswa, Assoc. Prof. David Musoke and Ms. Juliana Namutundu, an Assistant Lecturer, received Vice-Chancellor's Research Excellence Awards. The ceremony also recognised scholarship beyond traditional publishing: Dr. Geofrey Musinguzi, a Research Associate at MakSPH, was honoured for his book, *My Story: My Journey with Rectal Cancer from Diagnosis to Recovery*, an account of diagnosis, treatment and recovery that blends personal testimony with public health advocacy.

Coordinated by Makerere University's Directorate of Research, Innovation and Partnerships (DRIP), the annual awards recognise scholarly output that advances the University's research-led vision and responds to Uganda's development priorities.

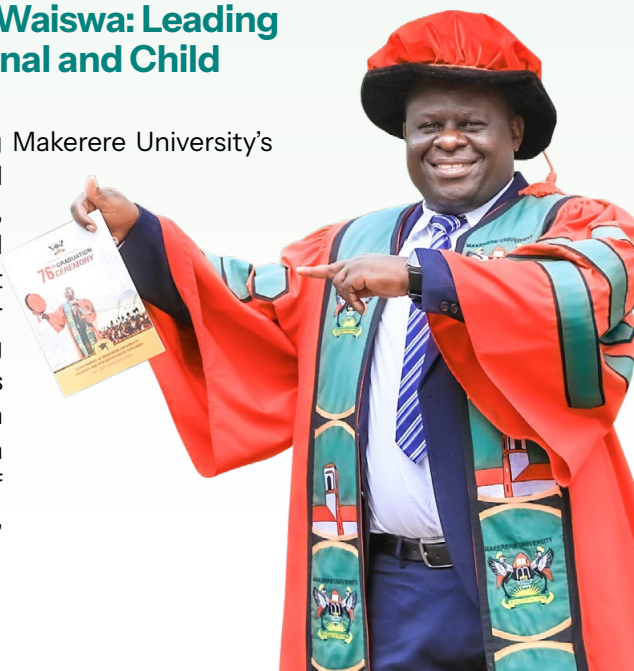
Speaking on the opening day of Makerere University's 76th Graduation Ceremony, Vice Chancellor Prof. Barnabas Nawangwe said: *"This recognition celebrates sustained excellence in research productivity and contributions to knowledge that advance both national and global discourse."*

The recognition reflected MakSPH's wider contribution to the University's research performance. In 2025, researchers at the School produced more than 350 peer-reviewed publications, while its research and partnership network spans governments, universities, research institutions and global health organisations, with active work across more than 35 African countries.

Recent contributions include the PURPOSE 1 trial, which demonstrated the effectiveness of twice-yearly injectable Lenacapavir for HIV prevention, and technical leadership for the Uganda Population-based HIV Impact Assessment (UPHIA) 2024/2025, which is generating evidence to guide Uganda's HIV response.

Prof. Peter Kyobe Waiswa: Leading Research in Maternal and Child Health

Prof. Waiswa was among Makerere University's most published researchers in 2025, with 43 peer-reviewed papers to his name that year alone. A Professor of Health Policy, Planning and Management, he is a physician and health systems scientist with more than 25 years of experience in research,



policy and implementation.

His work focuses on maternal, newborn and child health, health systems strengthening, implementation science, public health policy and equitable access to quality healthcare. He leads the Makerere University Centre of Excellence for Maternal, Newborn and Child Health and has more than 200 publications to his name over his career.

His research in Uganda and other low- and middle-income settings has contributed evidence to programmes addressing maternal and newborn survival, healthcare delivery and health-system performance.

Assoc. Prof. David Musoke: Environmental Health Leadership, Locally and Globally

Assoc. Prof. David Musoke receives a Vice-Chancellor's Research Excellence Award at Makerere University's Convocation Luncheon on 26 February 2026.

Assoc. Prof. Musoke was recognised in the senior-career category, having published 25 peer-reviewed papers in 2025 alone and more than 150 over his career. An environmental health scientist with more than two decades of experience, his research covers water, sanitation and hygiene; community health systems; antimicrobial resistance and stewardship; One Health; infectious diseases and implementation science.

He has supervised more than 50 undergraduate and postgraduate students to completion. At MakSPH, he chairs the Grants and Research Capacity Building Committee and coordinates the School's short course in Water, Sanitation and Hygiene (WASH), contributing to research development, mentorship and professional training.

His leadership continues to grow beyond the School: in May 2026, he was appointed Chair of the Department of Disease Control and Environmental Health, succeeding Assoc. Prof. Esther Buregyeya, and on 17 May he assumed the presidency of the International Federation of Environmental Health (IFEH), the global umbrella body for environmental health professionals and associations, for a term ending in 2028.

Ms. Juliana Namutundu: Advancing Early-Career Health Services Research

Ms Juliana Namutundu receives a Vice-Chancellor's Research Excellence Award at Makerere University's Convocation Luncheon on 26 February 2026.

Ms. Namutundu joined MakSPH as a Research Associate in 2015 after completing her Master of Health Services Research (MHSR) at the School. She is now an Assistant Lecturer in the Department of Epidemiology and Biostatistics, where she contributes to teaching, research and student mentorship, and was recognised in the early-career category.

A health services researcher, her work focuses on access to and quality of healthcare, economic evaluation, impact evaluation and implementation science. Her research has addressed HIV, maternal and child health, and cervical cancer screening, with particular attention to developing context-specific strategies in partnership with affected communities.

Her research continues to advance: on 10 June 2026, she successfully defended her PhD thesis on improving cervical cancer screening literacy among rural women living with HIV in eastern Uganda through user-engaged design and evaluation of strategies.

Dr. Geofrey Musinguzi: Turning a Cancer Journey into Public Health Advocacy

Dr. Musinguzi was honoured for transforming his experience with rectal cancer into a resource for public education and encouragement.

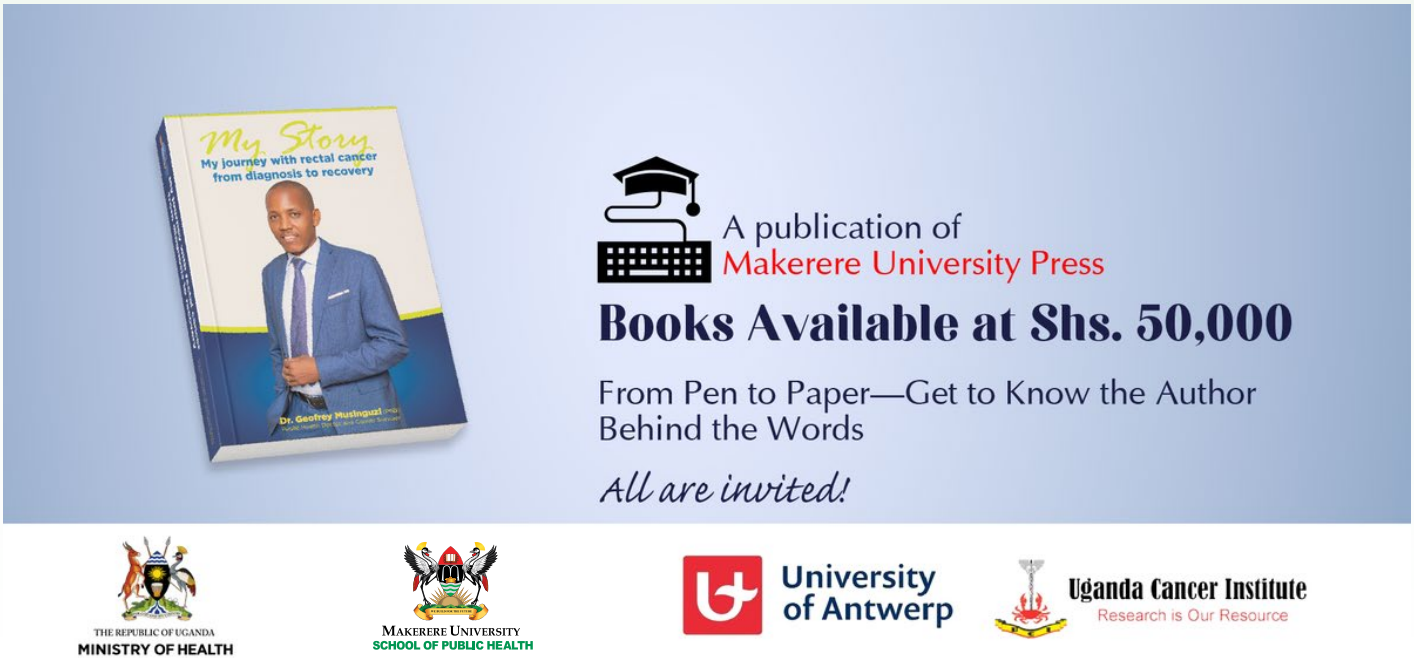
He was diagnosed in 2022 at the age of 44 after seeking medical attention for persistent rectal bleeding, back pain and changes in bowel movements. His treatment and recovery involved repeated medical examinations, surgeries, chemotherapy, radiotherapy and living with a stoma for a year.

Drawing on the resilience, faith and support that sustained him through treatment, Dr. Musinguzi documented his experience in *My Story: My Journey with Rectal Cancer from Diagnosis to Recovery*. The book was launched at the MakSPH Auditorium on 16 August 2024.

Dr Geofrey Musinguzi (centre) receives recognition for his book, ***My Story: My Journey with Rectal Cancer from Diagnosis to Recovery,*** *at Makerere University's Convocation Luncheon on 26 February 2026.*

Sharing the realities of diagnosis, treatment and recovery, Dr. Musinguzi sought to encourage others facing cancer, challenge stigma and emphasise the importance of recognising symptoms and seeking medical care early. His recognition demonstrated how lived experience and public communication can complement scientific research in advancing health awareness.

Together, the honourees reflect how MakSPH advances Makerere University's research mandate by generating evidence, developing researchers, and responding to public health priorities in Uganda and beyond.



Research probes link between maize farming and malaria risk in Uganda

Assoc. Prof. David Musoke, Dr. Paul Mulumba and Dr. Kevin Deane with participants at the Stakeholders' Workshop on 15th April 2026.

By John Okeya

A joint study between Makerere University School of Public Health (MakSPH) and The Open University, UK, is investigating a possible link between maize cultivation and malaria risk in Uganda, as evidence increasingly points to livelihoods and everyday economic activities as key drivers of transmission of the disease.

The research initiative was advanced during a stakeholders' workshop held on April 15, 2026, at MakSPH's Resilient Africa Network in Kololo, where a team led by Assoc. Prof. David Musoke of Makerere University and Dr. Kevin Deane of The Open University presented ongoing and previous findings on the social determinants of malaria. The meeting brought together academics, policymakers, and practitioners to examine how agricultural practices, particularly maize farming, may be shaping malaria patterns in both rural and urban settings in Uganda.

The work builds on a growing body of research linking malaria to economic activity. One such study, led by the two researchers and published in Global Public Health in December 2025, found that livelihood activities such as farming, livestock keeping, and night-time work significantly influence malaria exposure. The study identified agriculture, especially maize cultivation near homes, as a key factor associated with increased mosquito density and heightened infection risk.

At the workshop, Dr. Musoke said the new inquiry reflects a broader shift in how malaria is understood, outlining how livelihoods, particularly agriculture, shape exposure through multiple pathways, from crop production and water use to the timing of daily activities that coincide with peak mosquito biting hours. These patterns, he argued, extend risk beyond what conventional interventions, such as insecticide-treated nets and indoor spraying, are designed to address.

Findings show that agriculture, including crop production and animal husbandry can create conditions that support mosquito breeding through stagnant water

Uganda remains one of the countries most affected by malaria, with the disease accounting for a significant share of outpatient visits, hospital admissions, and deaths. It is consistently ranked among the leading causes of illness and mortality, particularly among children under five and pregnant women. Despite sustained investment in prevention and treatment, including widespread distribution of insecticide-treated nets and indoor residual spraying, transmission remains high in many parts of the country. This persistence has increasingly drawn attention to factors beyond conventional interventions, including the role of livelihoods, environment, and everyday exposure to mosquitoes.

"As researchers, our role is to generate evidence, and that evidence should inform decision-making," Dr. Musoke said. "We do not work in isolation. What we hear from stakeholders matters. We are bringing together different sectors, disciplines, and institutions because this work is still in progress, and we intend

> *to build it collaboratively. Increasingly, research requires not just academics, but policymakers, implementers, and communities to be part of the process."*

The collaboration with The Open University has been central. Dr. Deane said the idea of examining the relationship between maize and malaria emerged from several years of joint research on social determinants with MakSPH. He pointed to a gap in malaria research, which has largely focused on biomedical and indoor interventions, while overlooking the role of livelihoods and outdoor exposure.

> *"We cannot continue relying solely on bed nets, spraying, and treatment," Dr. Deane said. "These remain essential, but they are not sufficient for elimination. There is significant outdoor malaria transmission, particularly among adults, and that is linked to how people live and work."*

He added that maize presents a complex case. As one of Uganda's most widely grown staple crops, it is central to both food security and household income, making it impractical to separate farming from living spaces. This, he said, underscores the need to better understand the relationship and develop responses grounded in evidence and local realities.

Evidence presented during the workshop drew on both community experiences and existing scientific literature. Prior qualitative research by the team found that mosquito populations increase during maize growing seasons, particularly in the evenings. Scientific studies also show that maize pollen can enhance mosquito survival and longevity, potentially increasing their capacity to transmit malaria.

Previous work in Wakiso district further situates maize within a wider set of risk factors. Findings show that agriculture, including crop production and animal husbandry, can create conditions that support mosquito breeding through stagnant water, water storage practices, and environmental changes. These risks are compounded by outdoor activities in the early morning and evening, when exposure is highest. The research also points to the growing role of urban agriculture, which is bringing crop cultivation and potential mosquito habitats closer to residential spaces, altering traditional patterns of transmission.

Ms. Doreen Nabwire Wamboka, in-charge at Namayumba Epicentre Health Centre III in Wakiso District, said the discussions challenged long-held assumptions that malaria is a "well-understood" condition.

> *"I used to think malaria had been fully researched, that we already knew what we needed to know," she noted. "I now see that what has been studied is the conventional side of it. There are emerging factors we have not paid attention to. This work is opening up new ways of thinking, even about things we take for granted, like the crops we grow around our homes. We treat malaria as ordinary, yet it is still one of the most common conditions. Understanding these connections could change how we approach the disease."*

The initiative will now combine spatial analysis, entomological studies, and community-based research to better understand how maize cultivation influences malaria risk. It will also involve farmers and other stakeholders in shaping potential interventions, reflecting a broader shift toward co-produced solutions.

The workshop, funded by The Open University, marked an important step in refining this research agenda. As the work progresses, its findings could inform policy and practice not only in Uganda, but also in other malaria-endemic countries where maize is widely cultivated. For now, the research signals a shift from isolated interventions to a more integrated understanding of how livelihoods and environments drive malaria transmission.

Maize grown close to homes, with damp ground conditions, may increase exposure to malaria in rural communities.

Assoc. Prof. David Musoke (left), Dr. Paul Mulumba (centre), a Health Inspector in Wakiso District, and Dr. Kevin Deane (right) share insights during the workshop at the Resilient Africa Network, Kololo, on April 15, 2026

Study Examines Possible Lead Exposure from Domestic Cookware

Participants pose for a group photo after the launch of the MakSPH study on possible lead exposure from domestic cookware in Kampala, held on 11 June 2026 at the ResilientAfrica Network in Kololo.

By Muhammad Jjumba

Across Kampala, families use saucepans, cooking pots, frying pans, kettles and pressure cookers every day. Makerere University School of Public Health (MakSPH) is investigating whether some of these items may expose households to lead, a toxic heavy metal that can enter food during cooking if contaminated materials are used to make them.

MakSPH launched the year-long study, *Assessment of Lead Contamination in Domestic Cookware, Supply Chains, and Exposure Pathways in Informal Settlements of Kampala*, on 11 June 2026 at the ResilientAfrica Network in Kololo. The Lead Exposure Elimination Project (LEEP), with funding from Bloomberg Philanthropies, supports the research. Mr. Douglas Bulafu, Mr. Tom Okade and Dr. Rawlance Ndejjo lead the study.

The team will assess total and leachable lead levels in commonly used cookware, map how products are sourced, distributed and sold, and identify feasible interventions to reduce household exposure.

Lead remains a major and preventable public-health concern. WHO reports that lead exposure can harm health at any level and estimates that it contributes to more than 3.5 million deaths worldwide, mainly through cardiovascular effects. Children and women of child-bearing age face particular risk, including impaired brain development, reduced learning ability, harm to unborn children, high blood pressure, cardiovascular disease and kidney damage.

In Uganda, concern also extends to household products and informal markets. Producers of low-cost, locally fabricated aluminium pots and saucepans may use recycled scrap metal. Where that material contains lead, the metal may leach into food during cooking or other food-contact use, creating a possible route of exposure in homes.

MakSPH researchers will test commonly used cookware in Kampala for lead content and leaching during cooking. Courtesy photo.

During the launch, Assoc. Prof. David Musoke, Head of MakSPH's Department of Disease Control and Environmental Health, underscored the importance of involving stakeholders throughout the research process. He said engagement from research design through implementation and dissemination

helps translate findings into policy, practice and community action.

"We engage with stakeholders throughout the research process, from developing ideas and designing projects to implementation and dissemination," Assoc. Prof. Musoke said. *"This workshop brings together policymakers, the Ministry of Health, non-governmental organisations, Kampala Capital City Authority, academia, staff and students. This helps ensure that research findings do not remain at the University but are beneficial to our stakeholders."*

He described cookware as an under-examined pathway of lead exposure and said the study builds on MakSPH's wider work in disease control and environmental health.

Earlier, a MakSPH team led by Mr. Abdullah Ali Halage assessed knowledge, perceptions and practices related to heavy-metal contamination among residents around Kiteezi in Kampala, Katikolo in Mukono and Nkumba in Entebbe. The 2024 study reached 505 residents and documented possible exposure to lead, arsenic, cadmium and mercury through soil, water, air, food crops, animal products and waste-handling practices. Funded through the Makerere University Research and Innovation Fund, it recommended stronger risk communication, environmental monitoring, safer land-use enforcement and community education.

The cookware study extends this work from dumpsite-related heavy-metal exposure to a possible household pathway. Mr. Bulafu, the study's Principal Investigator, said the team will examine whether commonly used cooking pots, saucepans and related utensils contribute to

Principal Investigator Mr Douglas Bulafu speaks at the cookware lead-exposure study launch in Kampala.

exposure and generate evidence to guide safer cookware use, standards and market oversight.

"Lead contamination has been documented from sources such as paint, fuel and air pollution, but less attention has been given to cookware as a potential pathway of exposure," Mr. Bulafu said. *"When people buy these products, they often do not know where they were made, what materials were used or whether they contain lead. The supply chains are also poorly understood, meaning households could be exposed without knowing."*

The study will use a cross-sectional, mixed-methods design to connect laboratory evidence with supply-chain realities in Kampala's informal settlements. The team will purchase about 100 cookware samples from open-air markets, roadside vendors, retail shops and supermarkets, test them for total and leachable lead, and conduct about 30 key-informant interviews across the supply chain to understand how cookware is sourced, produced, distributed and used.

The study recommended stronger risk communication, environmental monitoring, safer land-use enforcement and community education.

The team will validate findings with stakeholders and identify feasible interventions, including stronger regulation and enforcement, raw-material control, better manufacturing practices, market surveillance and consumer awareness. The evidence will support standards development, product testing, policy uptake and public guidance on cookware choices.

Speaking for the Ministry of Health, Dr. Didacus Namanya, a health geographer and environmental health expert, welcomed the study and called for evidence that informs decisions beyond academia. He urged the team to ensure the findings guide policy, strengthen public-health practice and help communities reduce lead exposure.

Health Workers Without Work in Systems That Need Them

By Muhammad Jjumba

Across Africa, health systems continue to need more staff, even as many trained doctors, nurses and midwives cannot secure stable work that uses their skills. That contradiction, between unmet health needs and limited employment, brought researchers, policymakers, regulators and health professionals together at Makerere University School of Public Health on 5 March 2026.

The School hosted the launch of *Not enough and too many: Professional personhood among Africa's paradoxically surplus health workers*, a five-year study in Uganda, Nigeria and Zambia. Wellcome funds the study, which will examine unemployment, underemployment and precarious work among doctors, nurses and midwives. At its core, the study asks how these conditions affect livelihoods, careers and professional identity, how health workers see themselves, how families and communities view them, and what happens when training does not lead to the professional role and livelihood a person expected.

WHO's May 2026 report, *State of the Health Workforce in Africa 2026: Plan. Train. Retain.*, estimated that 943,000 trained health workers in the African Region were unemployed in 2024, even as the region faced a projected shortage of 5.85 million health workers by 2030. The report argues that countries must link training with employment, deployment, retention and investment if they are to expand access to care.

Researchers from partner institutions at the launch of the Not enough and too many study at MakSPH on 5 March 2026.

Uganda reflects the same tension. A 2023 Health Labour Market Analysis by the Ministry of Health, with WHO support, found 25.9 doctors, nurses and midwives per 10,000 people in 2022, or 58% of the Sustainable Development Goal threshold of 44.5. It also estimated that 66% of nursing professionals and 68% of midwifery professionals worked outside the health sector or were unemployed, while cautioning that data gaps prevent a precise unemployment rate.

Representing MakSPH Dean Prof. Rhoda Wanyenze, Dr Suzanne Kiwanuka described a workforce that has grown in overall numbers without necessarily reaching the places it's needed most.

> *"We have moved from barely having enough to having a lot, but still having too few where they should be, and this is the subject matter of this project. We want to interrogate not only what policies and reforms could be needed, but the underlying causes of this problem, the partners that can be leveraged, and how we can help countries address this challenge."*

Inside the Study

The project brings together health-systems researchers, anthropologists, sociologists, health economists and policy specialists from Makerere University, the London School of Hygiene & Tropical Medicine (LSHTM), the University of Nigeria, Nsukka, and the University of Zambia.

Dr Eleanor Hutchinson of LSHTM leads the multi-country collaboration. At Makerere, Dr Freddy Eric Kitutu, the principal

investigator, leads the Uganda study with co-investigators Dr Suzanne Kiwanuka and Dr Richard Muhindo. Prof Chidi Ugwu and Dr Sanny Mulubale lead the Nigeria and Zambia components, respectively, while Prof Stefan Swartling Peterson serves on the advisory committee.

A shift in the medicines-retail sector first pointed Dr Kitutu and Dr Hutchinson toward the Uganda study. Drug shops, clinics and pharmacies that relatives and friends had commonly operated increasingly had qualified health workers behind their counters, sometimes in outlets that did not even return a profit. Those observations raised deeper questions about unemployment and precarious work among people trained for health professions.

The workforce matters, Kitutu said, because it connects every part of the health system to the patient.

> *"The commodities do not get to patients by themselves. They go through a series of enablers and steps, and the health workforce is part of that, starting with the clinicians, who are usually at the forefront. But behind the clinicians, there are supply-chain people, pharmacists and laboratory personnel."*

Dr Hutchinson traced the project's origins to earlier Uganda research.

> *"It was a shock as a researcher to find someone you would expect to make a smooth pathway into the public health system that we knew had a shortage of nurses, but instead we were finding them behind a counter, being paid very little money and not using all of the skills they had taken from their training at nursing school and sometimes at university."*

The study will follow people at different stages of professional life, including students and interns, combining ethnographic research, longitudinal surveys, life-history interviews, policy analysis and stakeholder dialogue.

Policy Questions from the Launch

The launch panel discussions brought the policy choices behind the paradox into focus. Mr Martin Luvaga of the Uganda Nurses and Midwives Council reported 18,114 registrations in the 2023/24 financial year, falling to 11,858 in 2024/25, a drop that sharpens the central planning question of whether health systems can finance positions, deploy workers equitably and support viable career pathways for

Dr Eleanor Hutchinson of the London School of Hygiene & Tropical Medicine sets out the questions behind the Not enough and too many study at its launch at MakSPH on 5 March 2026.

trained professionals.

Coordinated training policy, spanning undergraduate education, internship, residency and specialist training, was Dr Wilberforce Kabweru's central call on behalf of the Uganda Medical Association. Prof Dina Balabanova of LSHTM urged the project to examine fiscal space, governance, global migration pressures and wider health-system dynamics alongside workforce numbers.

Over the next five years, the partnership will build evidence on how training, employment, deployment and regulation interact. That evidence can give governments, training institutions, professional bodies and health systems a stronger basis to align investment with need and create viable pathways for trained professionals into practice.

Assoc. Prof. Suzanne Kiwanuka, MakSPH co-investigator, speaks at the launch of the Not enough and too many study at MakSPH on 5 March 2026.

Research Identifies Priorities for Reliable Access to Medicines in Uganda

By Muhammad Jjumba

Assoc. Prof. Suzanne Kiwanuka (front row, centre) with participants at the dissemination workshop on research priorities for Uganda's health supply chain at Kabira Country Club, Kampala, on 30 June 2026.

Digital systems have strengthened the management of medicines and other essential health commodities in Uganda, but sustainable financing, effective governance and reliable last-mile delivery will determine whether patients consistently obtain the medicines they need.

Makerere University School of Public Health researchers presented findings from a series of implementation research studies at a dissemination workshop at Kabira Country Club on 30 June 2026. Ministry of Health officials, development partners, researchers and health supply-chain stakeholders joined the engagement to consider practical actions for strengthening Uganda's health supply chain.

Opening the workshop, Co-Principal Investigator Assoc. Prof. Suzanne Kiwanuka said the meeting gave researchers and stakeholders space to interpret the evidence together and identify practical actions. She noted that decisions at national, district and facility levels ultimately shape whether patients obtain the medicines they need.

The studies examined digital supply-chain systems, financing, medicine governance, local pharmaceutical manufacturing and sub-national delivery. Together, they show how financing, data use, supervision and distribution influence medicine availability at health facilities and in communities.

Digital systems support better supply-chain management

Health facilities increasingly use digital platforms to monitor medicine stocks, submit orders, track deliveries and generate reports. The studies found that these systems improve commodity visibility, help health managers identify shortages earlier, and support faster decisions on redistribution.

Digital tools also support forecasting and ordering based on reported demand, while improving traceability and reducing errors associated with manual records. These gains can strengthen the management of commodities from national warehouses to health facilities.

The research also identified priorities for extending these benefits. Many facilities continue to face unreliable internet connectivity and electricity, inadequate computer equipment, gaps in user skills and limited technical support. Separate digital platforms also require health workers to enter

the same information into multiple systems, reducing efficiency.

The researchers recommend investment in digital infrastructure, equipment, training and user support, alongside clear oversight roles for the Ministry of Health, districts and health facilities. Integrating existing platforms into an interoperable national system can further strengthen coordination, data use and accountability.

Financing, governance and delivery sustain gains

A fiscal-space analysis found that government financing for essential medicines has increased over time, but several functions that support delivery remain underfunded. These include transport, warehousing, digital systems, supervision, workforce development, logistics management and infrastructure.

When these functions lack adequate financing, facilities can experience delays in receiving commodities even when supplies remain available at national level. The studies also noted continued development-partner support for logistics, digital systems, supervision and programme implementation, reinforcing the need for stronger domestic financing, better budget prioritisation and efficient use of available resources.

The research examined governance interventions that support medicine management within health facilities. Medicines and Therapeutics Committees provide multidisciplinary oversight of medicine selection, prescribing and use, while the Supervision, Performance Assessment and Recognition Strategy supports stock management, record keeping, forecasting, ordering and inventory practices.

Sustained supervision and capacity development can help health workers maintain these improvements and strengthen accountability for medicines at facility level.

The studies also examined local pharmaceutical manufacturing as part of Uganda's longer-term supply-chain resilience. Government initiatives, including the Build Uganda, Buy Uganda policy, support domestic production and offer opportunities to reduce dependence on imported medicines. Manufacturers, however, continue to face high production costs, expensive imported raw materials, lengthy product-registration processes, limited technology transfer and shortages of specialised personnel.

At the last mile, the research found that although most patients obtained some prescribed medicines during facility visits, more than one-third left without at least one prescribed medicine. Public facilities and hospitalised patients experienced shortages more often. When facilities could not provide a medicine, patients often bought it from private pharmacies, delayed treatment or received an alternative.

Health facilities have increasingly used redistribution to manage shortages and prevent medicine expiry. Village Health Teams also extend services to communities, though they need stronger transport, financing, digital infrastructure and technical support.

Assoc. Prof. Kiwanuka emphasised that the findings require action across the system, linking national policy and financing decisions with the daily work of districts, health facilities and community-level providers.

The research provides an evidence base for coordinated action across the health supply chain. By linking digital systems with predictable financing, effective governance, local manufacturing capacity and stronger last-mile delivery, Uganda can build on existing progress and improve reliable access to essential medicines.

Assoc. Prof. Suzanne Kiwanuka speaks at the dissemination workshop on research priorities for Uganda's health supply chain at Kabira Country Club, Kampala, on 30 June 2026.

MakSPH-CTRIAD Newsletter Highlights Progress in Drowning Prevention and Road Safety

By Lilian Tushabe

Makerere University School of Public Health's Center for Prevention of Trauma, Injury and Disability (MakSPH-CTRIAD) released its January-June 2026 newsletter, highlighting progress in drowning prevention and road safety through research, capacity building and policy engagement.

During the period, the Centre strengthened collaboration with Bloomberg Philanthropies and the Johns Hopkins International Injury Research Unit, contributed evidence to national water-safety discussions, and supported capacity building for the Uganda Police Marine on drowning prevention.

In Mayuge and Ntungamo districts, CTRIAD worked with Village Health Teams to strengthen the identification, documentation, and reporting of drowning incidents through the electronic Community Health Information System. This work supports local prevention planning and public-health action.

On road safety, the Centre supported data collection under the Bloomberg Philanthropies Initiative for Global Road Safety, contributed to the national Safe Systems dialogue, and trained 30 journalists from more than 10 media houses in the Albertine region on accurate, ethical and evidence-informed reporting.

Center for Prevention of Trauma, Injury & Disability

Vol. 01 Issue 02 JANUARY - JUNE 2026

Newsletter

https://triad.musph.ac.ug/

Editorial

Dear colleagues,

As we close the first half of 2026, I am proud to reflect on the journey we have taken together as Makerere University School of Public Health Center for Prevention of Trauma, Injury and Disability (MakSPH-CTRIAD).
This has been a season of growth, learning, and impact, one that has reaffirmed our role as a hub for Injury Prevention research, capacity building, and stakeholder engagement.

From January to June, MakSPH-CTRIAD has had the honor to host and participate in a wide range of activities.
We welcomed Rebecca Bavinger from Bloomberg Philanthropies, and colleagues from the Johns Hopkins International Injury Research Unit, who joined us in the field to witness the work we are doing with communities. We strengthened our partnerships through strategic planning retreats, scientific conferences, and collaborative meetings within the university, while also contributing to national events like Water Safety Week and convening journalists for training on Road Safety reporting.

Our commitment to capacity building and student support continues. We also continue to improve data quality as evident in the 11th round of Bloomberg Philanthropies Initiative for Global Road Safety (BIGRS) data collection training, the community surveillance fieldwork, and the webinars on road safety and research dissemination.
These engagements have not only advanced knowledge but also empowered practitioners, journalists, and community health workers to play a more active role in injury prevention.

We also celebrate the achievements of our team! Mr. Jimmy Osuret graduated with a PhD and Mr. Otto Businge with a Master's degree, all of which are a testament to our dedication to capacity building of great leaders in the field of injury prevention.

While we celebrate these successes, we pause to honor the life and legacy of Dr. Margie Peden, our long term global injury prevention expert and researcher whose work inspired many of us. Her passion for injury prevention and her collaboration with MakSPH-CTRIAD on several projects will remain a guiding light in our efforts to protect vulnerable communities. Margie was my examiner, and I cannot put price to what I learned from her. We will truly miss her mentorship.

Looking ahead, the second half of 2026 promises even greater opportunities, most outstanding is the 16th World Conference on Injury Prevention and Safety Promotion in Cape Town, South Africa! We will be at Safety2026. We will also continue to expand our partnerships, deepen our research, and amplify our advocacy, ensuring that injury prevention remains at the forefront of Uganda's Public Health agenda.

On behalf of Makerere School of Public Health- Center for Prevention of Trauma Injury and Disability(MakSPH-CTRIAD), I extend my gratitude to all our partners, funders, and colleagues who have walked this journey with us. Together, we are building an injury-free, safer, healthier future for our communities!

Warm regards,
Dr. Frederick Oporia
Executive Director,
MakSPH-CTRIAD

Scan the QR code to read MakSPH-CTRIAD's January-June 2026 newsletter.

MakSPH Presents 231 Graduates to Strengthen Public Health Capacity

MakSPH PhD graduands pose for a photo at Makerere University's 76th Graduation Ceremony on 25 February 2026.

By Davidson Ndyabahika

Makerere University School of Public Health (MakSPH) presented 231 graduates at Makerere University's 76th Graduation Ceremony on 25 February 2026, adding advanced expertise in public health research, policy, practice and environmental health to Uganda and the wider region.

The School's graduating class comprised seven doctoral, 195 master's and 29 Bachelor of Environmental Health Science graduates. With more than 87 per cent graduating at postgraduate level, the cohort reflected MakSPH's contribution to developing the specialised expertise required to address changing public health needs.

MakSPH graduates were presented on the second day of the four-day ceremony at Freedom Square alongside graduands from the College of Natural Sciences, College of Veterinary Medicine, Animal Resources and Biosecurity, and College of Health Sciences.

Across the ceremony, Makerere University conferred degrees and awarded diplomas to 9,295 graduates, including a record 213 PhDs, 2,503 master's degrees, 6,343 bachelor's degrees, 206 postgraduate diplomas and 30 undergraduate diplomas.

Knowledge guided by responsibility

Delivering the Day Two commencement address, Prof. Margaret Blick Kigozi, Board Chairperson of the Makerere University Endowment Fund, challenged graduates to exercise the influence provided by their education with responsibility and humanity.

Prof. Kigozi reflected on graduating from Makerere University in 1976 with a Bachelor of Medicine and Bachelor of Surgery, during a period of national uncertainty, and on the resilience required as she began her professional and family life. Drawing on that experience, she urged graduates to remain grounded in purpose and values as they entered changing and sometimes difficult professional environments.

The School presented 195 master's graduates & 29 BEHS graduands.

"Power does not make you important; it makes you responsible," she said. *"Your education has trained you to ask better questions, but your humanity must guide the answers."*

For MakSPH graduates entering research, public service, health programmes and community practice, her message underscored the responsibility to ensure that evidence and professional decisions respond to the experiences and needs of the populations they are intended to serve.

Vice Chancellor Prof. Barnabas Nawangwe situated the graduating cohort within Africa's need for more highly trained researchers and public health leaders. He noted that the continent had approximately 80 researchers per million people, compared with a global average of 1,081.

> *"Today, the School of Public Health presents graduands joining the field at a time when Africa faces a critical shortage of highly trained public health leaders," **Prof. Nawangwe** said.*

Advancing research and public health practice

MakSPH's seven doctoral graduates were Dr. Harriet Odonga Aber, Dr. Henry Komakech, Dr. David Lubogo, Dr. Olivia Nakisita, Dr. Samalie Namukose, Dr. Moses Ntaro and Dr. Jimmy Osuret.

Their research addressed maternal and child health, epidemic preparedness, sanitation and behaviour change, nutrition systems and injury prevention. These areas respond to health challenges that require locally generated evidence, effective programmes and sustained engagement with communities and decision-makers.

The School also presented 195 master's graduates trained across its public health disciplines. Their preparation in areas including epidemiology, health systems, environmental and occupational health, monitoring and evaluation, nutrition, health informatics and disaster management equips them to contribute across government, academia, healthcare institutions, civil society and development programmes.

Among the 29 Bachelor of Environmental Health Science graduates were four first-class honours recipients. Mr. Phillip Acaye led the cohort with a cumulative grade point average of 4.63, followed by Ms. Bushirah Nakulima with 4.58, Mr. Alphersiiru Mujurani with 4.44

Dr. Maggie Kigozi, (C) in the Chancellor's Procession during the Mak 76th Graduation Ceremony.

and Mr. Eric Cherop with 4.41. Their training prepared them to address environmental and occupational health risks, sanitation, disease prevention and other conditions that shape population health.

Makerere University Chancellor Dr. Crispus Kiyonga emphasised that the value of university research lies in its contribution to society.

"Research plays a very vital role in the development of any community," he said, calling for continued investment in research and its application to Uganda's development challenges.

Representing the First Lady and Minister of Education and Sports, State Minister for Primary Education Dr. Joyce Moriku Kaducu also called for the continued expansion of doctoral training to strengthen Uganda's research base and academic leadership.

"Universities must produce more PhDs to strengthen the national research agenda," she said.

For MakSPH, the graduation marked both the completion of academic training and the extension of the School's public health contribution through its graduates. As they move into research, policy, practice and further training, the 231 graduates carry forward the School's mandate to generate evidence, strengthen systems and improve population health in Uganda and beyond.

University Chancellor Dr. Crispus Kiyonga confers a Doctorate Degree upon one of the graduands.

2026 Graduation Highlights

Across bachelor's, master's, and doctoral training, MakSPH's 2026 graduands show how public health education turns lived experience, research, and professional commitment into stronger health systems. This selection profiles three graduates whose work reaches from environmental health practice and Kampala's taxi parks to refugee-hosting districts in West Nile.

Philliph Acaye and the Making of Uganda's Environmental Health Workforce

Philliph Acaye graduated as the best student in MakSPH's Bachelor of Environmental Health Science cohort at Makerere University's 76th Graduation Ceremony, earning a CGPA of 4.63.

His achievement followed a childhood and schooling disrupted by conflict in northern Uganda, a diploma in environmental health, and frontline work as a Health Inspector in Kitgum District. He joined MakSPH in 2022 to deepen his understanding of surveillance, planning, and evidence-based decision-making.

The programme built on his field experience and strengthened his capacity for public-health action. Acaye now sees his first-class degree as a platform for further study and continued service in Uganda's environmental health workforce.

Read Philliph Acaye's full profile

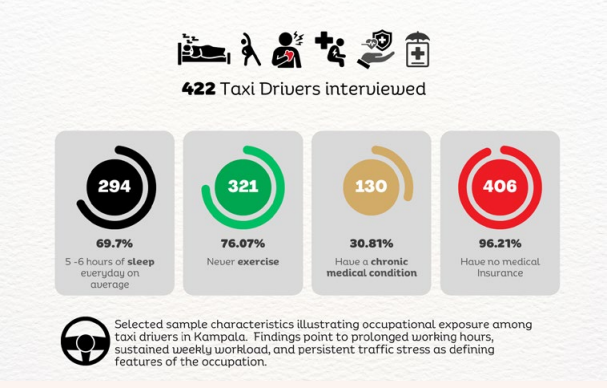
82% Stressed: Uncovering the Hidden Mental Health Burden Among Kampala's Taxi Drivers

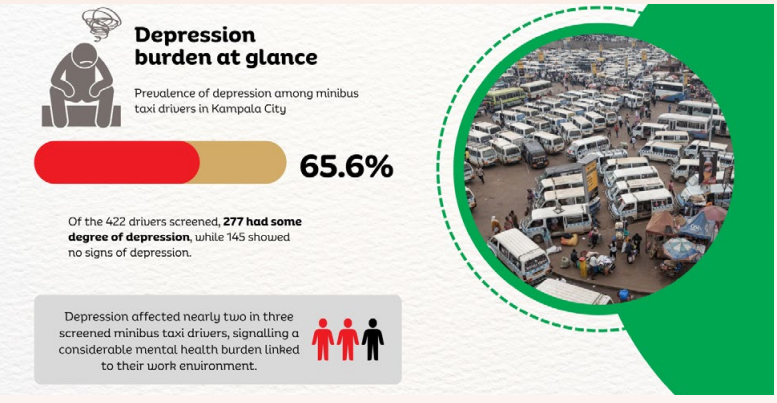
Dr Linda Kyomuhendo Jovia's Master of Public Health dissertation identified high levels of psychological distress among minibus taxi drivers in Kampala.

In a cross-sectional survey of 422 drivers across seven major taxi parks, 65.6 per cent screened positive for symptoms of depression, more than 70 per cent for anxiety, and 82 per cent for stress. Short sleep, economic pressure, chronic health conditions and recent road-traffic crashes were among the factors associated with higher distress.

The findings position driver well-being as both an occupational-health and road-safety concern, with implications for the passengers and communities that depend on pu blic transport each day. They also show how MakSPH's MPH training supports students to investigate urgent urban health challenges through evidence.

Read Dr Kyomuhendo's full story





Where Garimoi Orach Built the Field, Komakech Studied Its Exit: *Advancing Health Systems Resilience Amid Refugee Arrivals & Repatriation*

Dr Henry Komakech graduated with a PhD in Public Health for research on how health systems in West Nile adjust when refugees return home, and humanitarian partners scale down their support.

His mixed-methods study of the 2006-09 repatriation of nearly 95,000 South Sudanese refugees from Arua, Moyo and Adjumani found that districts inherited health facilities and services, often without sustained medicines, staffing or operational funding.

The findings call for repatriation to be managed as a planned health-systems transition: humanitarian exit strategies should align with district planning, refugee-supported services should be integrated early, and government and partners should sustain investment in essential care.

The study extends MakSPH's long-standing scholarship on refugee health and complex emergencies, built by Prof. Christopher Garimoi Orach, Komakech's principal supervisor.

Read Dr Komakech's full story

CARTA's Impact at Makerere Goes Beyond the PhD

MakSPH Dean Prof. Rhoda Wanyenze, Prof. Thorkild Tylleskär of the University of Bergen and CARTA Board Chair Prof. Christopher Joseph Odhiambo join fellows and facilitators during JAS 1 in Kololo, Kampala.

By John Okeya

Makerere University School of Public Health hosted 24 doctoral fellows of the Consortium for Advanced Research Training in Africa (CARTA) from partner universities and research institutions across Africa for Joint Advanced Seminar 1 (JAS 1) of Cohort 12, held from 2 to 20 March 2026 at the School's Resilient Africa Network in Kololo, Kampala.

The seminar brought a new cohort into a programme that has helped strengthen research leadership and doctoral training at Makerere and across the continent, while supporting researchers whose work informs policy and practice.

Four Makerere fellows joined the cohort. They were Assistant Lecturers Ms Hellen Butungi and Ms Martha Nalweyiso, Senior Lecturer Dr Rebecca Claire Lusobya, and technician Mr Walter Okello.

Founded in 2008, CARTA is an African-led, Africa-based consortium co-led by the African Population and Health Research Center (APHRC) and the University of the Witwatersrand. Makerere partners with the consortium on doctoral training, research support, supervision and the development of researchers equipped to address the continent's public and population-health priorities.

JAS is CARTA's flagship doctoral-training programme, comprising four residential seminars delivered at key stages of the PhD journey. JAS 1, hosted at MakSPH, introduces fellows to research conceptualisation, academic writing, critical thinking and proposal development, and connects them with peers, mentors, supervisors and technical experts from across Africa.

CARTA has graduated 196 doctoral fellows. Across the consortium, fellows have secured more than US$45 million in external grants and supervised more than 790 students. At Makerere University, more than 25 CARTA-supported fellows have completed their PhDs.

Building Researchers and Research Systems

Prof. Christopher Joseph Odhiambo, Chairperson of CARTA's Board of Management and Professor of Literature and Applied Drama at Moi University, said the consortium exists to strengthen African research capacity and ensure that research answers the continent's own needs.

"We can no longer carry out research merely for the sake of research; research must transform society," Prof. Odhiambo said. *"CARTA gives fellows an opportunity, but that opportunity goes beyond the individual. Each person is expected to help change the way things are done in their own country."*

That, he said, takes more than support for individual doctoral students. CARTA has worked with partner institutions to strengthen postgraduate supervision and train the academic, professional and administrative staff

whose work shapes students' progress.

"The postgraduate ecosystem is more complex than just the relationship between the supervisor and the supervisee," he said. *"The supervisee needs the support of all these stakeholders to complete their research in good time."*

Earlier CARTA fellows at MakSPH illustrate that wider contribution. Dr Frederick Oporia, a CARTA graduate and Director of the School's Centre for Prevention of Trauma, Injury and Disability, has advanced drowning prevention through research, community surveillance and policy engagement, contributing to Uganda's first National Strategy for Drowning Prevention and to global drowning-prevention work through the World Health Organization.

Meanwhile, Dr Flavia Matovu Kiweewa, a Cohort 4 CARTA fellow and Uganda's national Principal Investigator for PURPOSE 1, led the country's participation in the multi-country trial of twice-yearly injectable lenacapavir for HIV prevention, with MakSPH managing the Makerere-Kalangala study site that contributed to its findings. The trial provided evidence that lenacapavir is a highly effective option for HIV prevention.

Cohort 12 Takes Up the Challenge

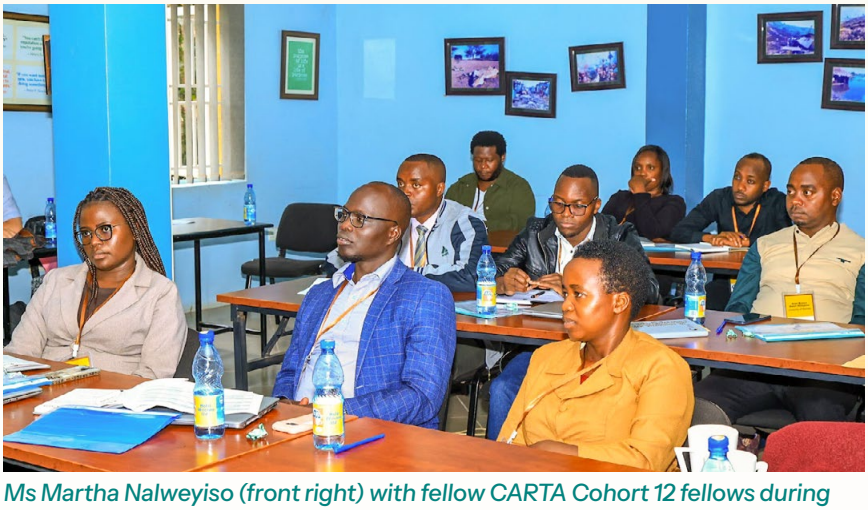
For Ms Martha Nalweyiso, who is undertaking a PhD in Public Health at MakSPH, JAS 1 was a chance to sharpen the focus of her research on brucellosis around Lake Mburo. Her work will examine disease transmission at the human-animal-wildlife interface and the diagnostic and health-system factors that shape its detection and control.

"I have had an idea in mind, but I believe that, through CARTA, I will be able to critically identify the gap and better situate my PhD research," she said. *"Through this training and engagement with scholars from African universities, I believe I will be able to ground my research, identify the gap and develop SMART objectives."*

MakSPH Dean Prof. Rhoda Wanyenze opens Joint Advanced Seminar 1 alongside Prof. Thorkild Tylleskär (left) and CARTA Board Chair Prof. Christopher Joseph Odhiambo in Kololo, Kampala.

Officiating the seminar, MakSPH Dean Prof. Rhoda Wanyenze said the fellows' development must extend beyond scientific competence to leadership, teamwork and the ability to build effective partnerships across countries. She encouraged them to use the cohort to develop relationships and networks that will support their research and professional growth.

"Once again, congratulations. I hope you enjoy the journey. If things do not work well, speak up and engage those responsible so that the journey can be made more enjoyable and you can get the best out of it," Prof. Wanyenze said.



Ms Martha Nalweyiso (front right) with fellow CARTA Cohort 12 fellows during a Joint Advanced Seminar 1 session at the ResilientAfrica Network in Kololo, Kampala.

ALAMIME Training of Trainers Builds Malaria Leadership Across Africa

By Christine Awor

"I no longer simply follow instructions; I provide guidance, mobilize teams, and help set the direction."

These words from Dr. Christel Muteba of the Democratic Republic of the Congo (DRC) reflect the transformation taking place among health professionals participating in the African Leadership and Management Training for Impact in Malaria Eradication (ALAMIME).

Established in 2021, ALAMIME is implemented by Makerere University School of Public Health (MakSPH) with funding from the Gates Foundation. The programme equips malaria professionals across nine high-burden African countries with leadership and management skills to strengthen national malaria programmes and advance malaria elimination.

Malaria remains one of Africa's greatest public health challenges. According to WHO's *World malaria report 2025*, there were an estimated 282 million malaria cases and 610,000 deaths globally in 2024. The African Region accounted for 94% of the cases and approximately 95% of the deaths, three quarters of which occurred among children under five years of age.

Prof. Dosithee Ngo Bebe, Francophone Hub Director, delivers a leadership and facilitation session during the ALAMIME Training of Trainers (ToT) workshop in DRC.

The nine countries participating in ALAMIME are Nigeria, the Democratic Republic of the Congo, Uganda, Tanzania, Burkina Faso, Niger, Sierra Leone, Benin and Togo.

While investments in insecticide-treated nets, diagnostics, medicines and seasonal malaria chemoprevention have contributed to significant progress, malaria elimination also requires strong leadership, effective management, evidence-informed decision-making and a skilled workforce. These capabilities are critical to translating policies into action and ensuring that lifesaving interventions reach the communities that need them most.

Through its Training of Trainers (ToT) Programme, ALAMIME equips malaria professionals to train and mentor others. Participants who once attended ALAMIME sessions as learners are now facilitating training, mentoring colleagues, and contributing to decisions within ministries of health, universities, and national malaria programmes.

A cross-section of participants during the ALAMIME Training of Trainers (ToT) workshop in Nigeria.

From Learning to Leading

For Pharm. Hadiza Suleiman Ribadu, Logistics Officer with Nigeria's Federal Capital Territory Malaria Elimination Program, ALAMIME strengthened her confidence, leadership and ability to mentor others.

"The transition from learner to trainer enhanced my confidence, strengthened my leadership abilities, and improved my ability to inspire teams, manage change, and contribute to better public health outcomes."

\Mr Silver Kasoozi guiding Village Health Teams (VHTs) during the pilot of the mobile malaria testing app in Lira

She applied these skills during the 2026 Seasonal Malaria Chemoprevention State Training of Trainers and subsequent cascade trainings. She facilitated sessions, mentored healthcare workers and strengthened malaria commodity supply chain management across the Federal Capital Territory. She says the programme also taught her to listen actively, provide meaningful feedback and delegate in ways that build both people and systems.

In the DRC, Dr. Christel Muteba, a specialist in surveillance and climatology, has moved from implementing technical activities to contributing to strategic decision-making within the National Malaria Control Program. She serves on the country's Malaria and Climate Task Force, leads data review meetings, mentors provincial field teams and promotes planning informed by epidemiological and climate data.

> *"The ALAMIME Program enabled me to transition from an implementer to a leader capable of training, mentoring, and influencing public health policies based on evidence," she says.*

For Silver Kasozi, Communications Officer at Uganda's National Malaria Elimination Division, ALAMIME has created opportunities for continued learning and service beyond the formal training.

The programme equips malaria professionals across nine high-burden African countries

> *"The webinars continue to shape my understanding of what needs to be done to win the fight against malaria in Uganda. Being an ALAMIME alumnus has also opened new opportunities for me to serve," he says.*

Strengthening Capacity from Within

These experiences reflect a wider shift across the consortium. ToT graduates are facilitating ALAMIME sessions, mentoring participants, leading webinars and supporting national initiatives. In Uganda, graduates advocated for the integration of ALAMIME into the country's funding application for Global Fund Grant Cycle 8.

In the Francophone Hub, graduates are contributing to national malaria strategies, institutional training and evidence-based planning. According to Prof. Kayode Osungbade, Nigeria Hub Director, fewer than 20% of an estimated 2,700 malaria health workers in Nigeria have undergone ALAMIME training. Locally based trainers therefore provide an important pathway for expanding access to the training within workplaces and across the consortium.

Dr. Violet Gwokyalya, Anglophone Hub Director based at MakSPH, says the approach reduces reliance on a small group of external facilitators by developing local leaders who can continue training and mentoring others while adapting the programme to national priorities.

By enabling malaria professionals to train colleagues, mentor teams, and influence institutional decisions, the ToT Programme is embedding leadership capacity within national systems. This multiplier effect allows ALAMIME graduates to extend learning beyond the classroom and contribute to stronger malaria programme implementation across Africa.

In Nigeria and the DRC, ALAMIME Alumni Put Training into Practice

By John Mulo Mugwanya

In Edo State, Nigeria, Ms. Oronsaye Annabel Lolo is working with malaria control managers and health facilities to improve the quality and use of surveillance data. In Haut-Katanga Province in the Democratic Republic of the Congo (DRC), Mr. Hubert Kitenge Belge is supporting improvements in the distribution of malaria medicines.

Their work shows how alumni of the African Leadership and Management Training for Impact in Malaria Eradication (ALAMIME) are applying leadership, management and data-use skills within malaria programmes. Led by Makerere University School of Public Health in collaboration with consortium partners, ALAMIME has trained 923 programme managers and policymakers across nine African countries, including 372 alumni from Cohorts 1 to 4 in Nigeria and the DRC.

Applying Skills to Programme Challenges

According to WHO's *World malaria report 2025*, Nigeria accounted for approximately 24.3% of global malaria cases and 30.3% of malaria deaths in 2024, the highest burden of any country. In Edo State, Ms. Oronsaye is addressing poor data quality and its limited use in planning malaria responses.

> *"Through ALAMIME, we learned how to identify programme challenges, use data effectively and apply planning strategies that work on the ground. The training has equipped us to design stronger programmes and improve planning in ways that can accelerate progress in my country. Personally, it has deepened my knowledge of data collation and analysis for decision-making,"* she says.

Ms. Oronsaye Annabel Lolo providing support supervision in one of the health facilities in Edo State

Her work includes integrated monitoring and supervisory visits to health facilities, data-quality assessments and training for doctors and pharmacists on malaria case management. She has conducted visits across Edo State's 18 local government areas, carried out data-quality assessments at the facilities reached and trained 36 healthcare professionals during a two-day workshop in Benin City. She has also supported public awareness activities during World Malaria Day.

Through these activities, Ms. Oronsaye is supporting efforts to improve the quality and use of malaria data in Edo State.

ALAMIME has trained

923 programme managers and policymakers

While Ms. Oronsaye is addressing the use of malaria data in Nigeria, Mr. Kitenge is applying his ALAMIME training to a different programme challenge in the DRC. According to the same WHO report, the country accounted for an estimated 12.5% of global malaria cases and 11.1% of malaria deaths in 2024.

In Haut-Katanga, his work seeks to address frequent stock-outs of artemisinin-based combination therapies by supporting a transition from a push distribution system, in which medicines are allocated to facilities, to a pull system driven by reported demand. He trains health workers

in logistics and data management, advocates for government co-financing of malaria commodities and supports last-mile delivery to health facilities.

Mr. Kitenge has trained 220 health workers and pharmacists across eight of Haut-Katanga's 27 health zones. In 2024, he also supported the operationalisation of the pull system and last-mile delivery in the province.

> *"ALAMIME doesn't just train technicians; the program forges leaders capable of transforming the science of elimination into concrete actions on the ground," he says. "This approach has pushed us to treat surveillance data no longer as mere statistics, but as true decision-making compasses."*

Sustaining Learning Across Countries

Lessons from Edo State, Haut-Katanga and other settings reach a wider audience through ALAMIME's webinar series. The sessions connect alumni, malaria professionals, policymakers, programme managers, technical experts and members of the public.

Topics have included social and behavioural barriers to malaria interventions, parasite and vector resistance, and locally made evaporative coolers, known as *canari frigos*, for malaria vaccine storage.

Mr. Hubert Kitenge Belge –with hands on the key board going about his work with his colleagues

Between February 2024 and December 2025, ALAMIME conducted 174 country-specific webinars and four consortium-wide webinars, recording 11,181 attendances. A further 45 country-specific webinars were delivered during the first five months of 2026.

Prof. Kayode Osungbade, Director of the Nigeria Hub for ALAMIME and Professor of Health Policy and Management at the University of Ibadan, says the webinars enable alumni working at different levels to exchange experiences in programme planning, implementation, monitoring and evaluation.

> *"Success stories shared from different parts of the country have been used to shape malaria activities of other alumni conducting similar programs," he says.*

The work in Edo State and Haut-Katanga, together with the exchange facilitated by the webinars, shows how ALAMIME is extending learning beyond formal training. Alumni are applying their skills to programme challenges and sharing lessons that can inform the work of malaria professionals in other settings.

Mr. Hubert Kitenge Belge after a training session for some of the health workers and pharmacists in Haut-Katanga Province

Inside Dr Musoke's Plan for the Department of Disease Control and Environmental Health

By John Okeya

When Assoc. Prof. David Musoke took over as Chair of the Department of Disease Control and Environmental Health at MakSPH in May 2026, he assumed responsibility for a department that has shaped his journey from student to academic leader.

The appointment comes 25 years after the School's four original academic departments were formed in 2001. The Department of Disease Control and Environmental Health began with a small founding group. At its first departmental meeting, Prof. David Serwadda, the Department's first Head, recalls, only four people were present.

> *"We started with a very small department," says Prof. Serwadda, who later served as Director of the Institute of Public Health and Dean of MakSPH. "We did not have a programme of our own. We then started the Bachelor of Environmental Health Science as an undergraduate programme. We did not have a postgraduate programme, but we now do."*

That progression defines the platform Dr Musoke inherits. MakSPH's only undergraduate programme, the Bachelor of Environmental Health Science (BEHS), has produced more than 1,000 graduates over 25 years. The Department has also added the Master of Environmental and Occupational Health, first offered in 2022/23, and contributes to PhD training in Public Health. In February 2026, MakSPH graduated 29 BEHS students. By June, the Master's programme had produced 13 graduates from its first two cohorts.

Prof. Serwadda remembers Dr. Musoke as part of the generation shaped by that early undergraduate programme.

> *"David was always a very promising student, right from his undergraduate years," he says. "He quickly went on to do his Master's and then a PhD. He has had a rapid progression in his training. When he finished, he developed strong networks, which generated collaboration and a great deal of research work."*

Assoc. Prof. David Musoke receives the Department's leadership from Assoc. Prof. Esther Buregyeya as MakSPH Dean Prof. Rhoda Wanyenze and School staff witness the formal handover.

Dr Musoke graduated at the top of his BEHS class at Makerere University in 2006 and joined MakSPH as a Teaching Assistant the following year. He earned a Master of Science in International Primary Health Care from the University of London in 2010 and a PhD in Public Health from Cardiff Metropolitan University in 2015. Makerere University appointed him Assistant Lecturer in 2012, and he progressed through the academic ranks, becoming Associate Professor in June 2025.

He has built experience in environmental health, malaria prevention, water, sanitation and hygiene, community health and research capacity development. As Chair of the School's Grants and Research Capacity Building Committee, he also contributes to its wider research and partnership agenda. Elected President-Elect of the International Federation of Environmental Health (IFEH) in 2024, he assumed its presidency in May 2026 for a two-year term.

From 2018 to 2025, Dr. Musoke co-chaired Health Systems Global's Community Health Workers Thematic Working Group. He is also an affiliate member of the African Academy of Sciences (AAS) and a Fellow of the Uganda National Academy of Sciences (UNAS).

Building on a stronger foundation

Dr Musoke succeeds Assoc. Prof. Esther Buregyeya, who led the Department from January 2017 to May 2026. During her tenure, the Department reviewed the undergraduate curriculum, developed the master's programme, expanded online learning resources and

strengthened laboratory capacity, mentorship, and shared leadership. Dr Musoke inherits these gains, along with the Department's continuing responsibility for coordinating the PhD by coursework and research at the School.

"David, I have great trust in you to lead the Department, and I am happy that we have you as our Chair," Dr Buregyeya said. *"It has been a privilege and an honour to serve."*

His task is to make the Department's training, research and partnerships more responsive to Uganda and the region's changing public-health needs.

At the Department's June 2026 retreat in Jinja, he set out that direction. His immediate priority is to improve students' learning experience through stronger practical and competence-based training, better field exposure and wider internship opportunities across local government, industry, civil society and the private sector.

"My vision is to ensure that we can consolidate our gains over the years and ensure that we support our current students to have better experiences," Dr Musoke told staff.

The plan places staff at the centre of that work. It calls for stronger mentorship for students and early-career researchers, support for postdoctoral scholars and research groups that can respond to climate and environmental health, urban health, antimicrobial resistance, NCDs, neglected tropical diseases and other emerging threats.

It also treats research as part of teaching rather than a separate undertaking. Students should be able to learn through active research and fieldwork, while staff generate evidence that communities, local governments and national policymakers can use.

The Department already has a practical example of that approach. Through the NTU-Mak Partnership, which has operated for more than 15 years with Dr Musoke co-leading its work in Uganda, the partnership has trained more than 600 health practitioners and 1,300 community health workers in antimicrobial stewardship between 2019 and 2025, strengthening leadership capacity among health workers in more than 60 public health facilities and surrounding communities in central Uganda.

Over the same period, it has also enabled more than 120 people, including Makerere University undergraduates, master's and PhD students alongside academic and non-academic staff, to travel to NTU in the UK for capacity building, knowledge exchange and two-way learning.

A mandate for the next chapter

Prof. Rhoda Wanyenze, MakSPH Dean and a senior colleague in the Department, thanked Dr Buregyeya for her leadership and said the transition offers an opportunity to deepen the Department's contribution to prevention, training and public-health practice.

> *"David, I encourage you to develop a clear work plan for your tenure and pursue the priorities that will move the Department forward," she said. "But you do not have to carry this responsibility alone. We will be there to support you. Lean on the people in the pipeline who have been there, and together we can continue to grow the Department and develop new areas."*

Her counsel sets out four linked priorities for the new Chair. The Department must develop its people, strengthen laboratory and teaching infrastructure, deepen specialist expertise and extend its work into emerging areas of public health.

The result, which Dr Musoke is now pursuing, is a Department that equips graduates for practice, enables staff to lead relevant teaching and research, and turns evidence into action for communities and public-health systems.

Assoc. Prof. David Musoke and Prof. David Serwadda with the departmental team during a retreat in Jinja.

MakSPH Deepens International Collaboration Through Sida Engagement on EMBOLDEN Initiative

By Jjumba Muhammad

The School marked its third major international partnership engagement of the year on March 10, 2026, as representatives from the Swedish International Development Cooperation Agency (Sida) paid a visit to discussion the proposed EMBOLDEN initiative.

The visit was led by Ms. Ulrika Hertel, Health, Sexual and Reproductive Health and Rights (SRHR) Specialist at Sida, who met with Makerere University School of Public Health (MakSPH) researchers and partners to review progress on the EMBOLDEN proposal, led by Dean Prof. Rhoda Wanyenze and collaborating partners. The discussions also explored opportunities to further strengthen and advance the initiative.

The discussions were hosted by Prof. Rhoda Wanyenze, and brought together Dr. Denis Kintu, Dr. Phyllis Awor, Dr. Johanna Blomgren, Ms. Rebecca Nuwemastiko, Dr. Phillip Wanduru and Ms. Brenda Wagaba. Ms. Hertel also held discussions with Dr. Richard Mugahi, Commissioner for Reproductive and Child Health at Uganda's Ministry of Health, underscoring the importance of government engagement in the proposed programme.

The EMBOLDEN initiative seeks to improve the health and wellbeing of women, children and adolescents through an integrated approach that combines three complementary programmes. These include MIDWIZE, which promotes high-quality, respectful maternity care during childbirth; SPICH, which focuses on strengthening preventive child health services for children aged 0–5 years; and an adolescent sexual and reproductive health component designed to address teenage pregnancy and improve youth wellbeing.

MakSPH Dean Prof. Rhoda Wanyenze and Sida representative Ms Ulrika Hertel with members of the EMBOLDEN initiative team during the engagement at MakSPH on 10 March 2026.

As part of the engagement, the delegation visited China-Uganda Friendship Hospital, Naguru, where they interacted with MIDWIZE ambassadors and observed how the midwife-led quality improvement approach is enhancing respectful maternity care and improving childbirth outcomes. The field visit provided an opportunity to gather practical insights that will inform the further development of the EMBOLDEN proposal.

The initiative is being developed under the Centre of Excellence for Sustainable Health (CESH), a long-standing partnership between Makerere University and Karolinska Institutet in Sweden. With support from Sida, the partnership has become an important platform for advancing collaborative research, capacity building and evidence-based solutions to improve health outcomes in Uganda and beyond.

Sida, Sweden's government agency for international development cooperation, supports programmes that promote health, gender equality, democracy, human rights, climate resilience and sustainable development. Its engagement with MakSPH highlights a shared commitment to strengthening health systems through locally driven research, innovation and strategic partnerships.

The visit reaffirmed MakSPH's position as a trusted partner in global health and demonstrated the value of sustained international collaboration in addressing some of the region's most pressing public health challenges.

MakSPH Strengthens Environmental Health Agenda Through Strategic Partnership with COR4A

By Jjumba Muhammad

The School continued to expand its portfolio of strategic partnerships on **18 June** with a high-level engagement with **Carbon Monoxide Research for Africa (COR4A)**, reinforcing its commitment to addressing emerging environmental health challenges through research, innovation and collaborative action.

The strategic meeting, hosted by the Department of Disease Control and Environmental Health, was led by Associate Professor David Musoke, Head of Department, and Dr. Solomon Wafula, alongside Dr. Antony Nyombi, Chief Coordination Officer of COR4A. The engagement was dominated by discussions to explore opportunities for long-term collaboration in tackling the growing public health burden posed by carbon monoxide exposure and air pollution.

The discussions built on an emerging partnership founded on a shared recognition that carbon monoxide exposure and air pollution remain among the most overlooked environmental health threats in Africa. Despite their significant contribution to illness and premature death, these risks are often under-measured, under-reported and insufficiently translated into evidence-based public health interventions and policy.

Recognising this gap, MakSPH and COR4A committed to advancing a collaborative agenda that prioritises high-quality research, knowledge generation and practical solutions to improve environmental health outcomes. The partnership will support joint research initiatives, student training and internship opportunities, community engagement, and the generation of policy-relevant evidence to strengthen environmental health practice.

Assoc. Prof. David Musoke (centre), Dr Solomon Wafula and Dr Antony Nyombi with MakSPH and COR4A colleagues during the strategic partnership engagement on 18 June 2026.

The collaboration also seeks to enhance local capacity by equipping the next generation of public health professionals with the skills needed to monitor and address air pollution and carbon monoxide exposure. Through shared expertise and institutional collaboration, both organisations aim to expand opportunities for joint programming, resource mobilisation and multidisciplinary research.

By combining MakSPH's leadership in public health research and training with COR4A's technical expertise in carbon monoxide and air pollution, the partnership is expected to strengthen evidence-informed decision-making and contribute to the development of policies and interventions that reduce exposure and protect communities from preventable environmental health risks.

The engagement reflects the school's broader commitment to forging strategic partnerships that respond to pressing public health challenges while advancing research excellence, capacity building and policy impact. As environmental health continues to emerge as a critical priority across Africa, the collaboration with COR4A positions MakSPH to play an even greater role in generating the evidence needed to improve population health and shape sustainable environmental health policies in Uganda and across the continent.

MakSPH Students Take Up Key Roles in Makerere's 92nd Guild Government

By Jjumba Muhammad

MakSPH CGC Chairperson Ms Denise Kainomugisha, Guild Representative Councillors and other School student leaders take the oath of office in May 2026.

Three students from Makerere University School of Public Health (MakSPH) are serving in key positions within Makerere University's 92nd Guild Government, expanding the School's representation in student governance.

Ms. Denise Kainomugisha, a second-year Bachelor of Environmental Health Science student, was elected Chairperson of MakSPH's inaugural College Guild Council (CGC). She also serves as Vice Minister of Health in the Guild Government.

At the central Guild level, the School's Guild Representative Councillors, Ms. Evas Akello and Mr. Abdurahim Butanda, hold additional leadership positions. Evas was elected Deputy Speaker of the Guild House, while Abdurahim was appointed Minister for Off-Campus Affairs.

Their leadership comes as MakSPH consolidates its standalone status and implements its Strategic Plan 2025–2030, which prioritises transformative education, impactful research, community engagement, strategic partnerships and institutional growth. The three leaders see their positions as an opportunity to strengthen student participation in these areas while increasing the visibility of public health across the University.

Leading MakSPH's Inaugural Guild Council

For Denise, who was sworn in as Chairperson alongside the other members of MakSPH's inaugural CGC Executive in May 2026, leading the Council is an opportunity to serve students and help establish structures through which they can participate more actively in the School and the wider University.

> *"I am humbled by God's choice," she said. "Being the first Chairperson of the CGC at MakSPH is something I believe God prepared long before I even imagined it. I am equally grateful to the friends who believed in me throughout the campaign because, without their encouragement, this journey would not have been possible."*

Denise joined Makerere University in August 2024 to pursue a Bachelor of Environmental Health Science at MakSPH. Although medicine had initially been her preferred programme, she says studying Environmental Health has broadened her understanding of health and the importance of disease prevention.

> *"I was inspired by Bridget Nagawa Tamale to appreciate what public health truly means," she said. "Today, I realise that disease prevention is just as important as treatment, and I am grateful that this journey brought me here."*

Having served in leadership positions throughout primary and secondary school, Denise believes those experiences prepared her for her current responsibilities.

Ms Denise Kainomugisha and her deputy assume leadership of MakSPH's inaugural College Guild Council.

Her priorities include strengthening research mentorship between undergraduate and postgraduate students, creating more

opportunities for students to develop their public speaking skills, and building stronger connections with alumni and students from other colleges and schools.

She also plans to work with the Makerere University Environmental Health Students' Association (MUEHSA) Executive to further strengthen student engagement in the MUEHSA Annual Scientific Conference and expand opportunities for students to develop and exhibit innovations. Through these initiatives, she hopes to create more opportunities for students to share research, present ideas and learn from experienced public health professionals.

Strengthening MakSPH's Voice in the Guild

As Deputy Speaker, Evas views her election as an opportunity to strengthen student representation and give public health a more visible place in university governance.

> *"It is a profound honour and one I do not take lightly," she said. "I see this not as history made by me alone, but as history made possible by the collective aspirations of public health students who believed our School deserved a stronger voice within university leadership."*

Inspired by her interest in public speaking and student advocacy, Evas intends to promote integrity, accountability and inclusivity while ensuring that students' concerns receive adequate attention in the Guild House.

She also wants to improve understanding of public health within and beyond the University and establish sustainable platforms through which students can develop their public speaking and self-expression skills.

> *"Public health is one of the most impactful disciplines, yet many people still do not fully understand what we do," she said. "We must change that narrative."*

Evas believes effective communication is essential for public health professionals, particularly when presenting evidence, engaging communities and advocating for policies that improve health.

For Abdurahim, serving as Minister for Off-Campus Affairs carries a responsibility to represent both MakSPH and the wider community of students living outside the University's halls of residence.

> *"Leadership comes from God," he said. "Being the first Minister for Off-Campus Affairs from the School of Public Health is not just a personal achievement. It is an opportunity to showcase what our School can contribute to the entire University."*

He believes the training received by public health students equips them to identify community needs, engage different groups and develop practical responses. His priorities include road and fire safety campaigns, cholera prevention programmes and environmental sanitation activities.

Abdurahim intends to use these initiatives to address challenges affecting students and surrounding communities while contributing to the community engagement priorities of the School's Strategic Plan.

The students' election and appointment give MakSPH representation at both School and central Guild levels at an important stage of its institutional development. Their term provides an opportunity to translate that representation into stronger student participation, practical public health initiatives and sustained engagement with the wider University community.

Their contribution will be reflected in how effectively they represent students, create opportunities for participation and turn their proposed priorities into initiatives that support student welfare and advance MakSPH's teaching, research and community engagement mandate.

Members of MakSPH's inaugural College Guild Council Executive for 2026/2027.

MakSPH Honours Gladys Khamili After 14 Years of Service

Dr. Rhoda Wanyenze presents a plaque to Ms. Gladys Khamili, joined by MakSPH management.

By Davidson Ndyabahika

Makerere University School of Public Health honoured its outgoing Registrar, Ms. Gladys Khamili, on 15 April 2026, marking 14 years of service to the School.

Held during the School's 239th Management Meeting, the ceremony recognised Ms. Khamili's role in strengthening academic systems and supporting students throughout their academic journey. It also marked the formal handover of the Registrar's office to Ms. Annet Khabuya as Ms. Khamili moved to a senior role in Makerere University's Senate Division.

As part of the handover, Ms. Khamili identified areas for continued attention, including stronger documentation and follow-up of pending tasks...

MakSPH Dean, Prof. Rhoda Wanyenze, joined members of the School's management in presenting Ms. Khamili with a plaque in recognition of her service. Prof. Wanyenze noted that Ms. Khamili had served with distinction, demonstrating dedication, professionalism and commitment to excellence.

"She has been with us and supported us in many ways," Prof. Wanyenze said. *"I wish her the very best. We shall continue to work with her, and she will continue to serve us in a different capacity."*

Ms. Khamili joined MakSPH on 15 March 2012 from the College of Computing and Information Sciences, where she had served as an Assistant Registrar.

During her tenure, Ms. Khamili helped strengthen MakSPH's academic systems supporting students from admission and registration through examinations to graduation. By the close of the 2024/2025 academic year, the School had 1,140 students enrolled across 12 degree programmes. While still serving as Registrar, she also coordinated the presentation of 231 graduands for the award of degrees at Makerere University's 76th Graduation Ceremony

on 25 February 2026, reflecting her contribution to supporting students through to completion.

Her contribution extended to institutional governance, where she served as secretary to the Academic Board, Examinations and Results Committee, and Appointments and Promotions Committee. Reflecting on her tenure, Ms. Khamili highlighted achievements that had

> *"improved efficiency in the students' registration processes and strengthened records management and data accuracy."*

As part of the handover, Ms. Khamili identified areas for continued attention, including stronger documentation and follow-up of pending tasks, improved coordination across departments, and the decentralisation of selected academic services.

During her tenure, Ms. Khamili helped strengthen MakSPH's academic systems supporting students from admission and registration through examinations to graduation.

Internal Auditor Mr. Amos Dembe, who oversaw the handover, underscored the integrity and professionalism required of the Registrar's office.

"The office of the Registrar is very sensitive. It is at the core of what we do and what we stand for as a School," he said, adding that Ms. Khamili's contribution would endure through the institutional knowledge, systems and standards she passed on to support continuity under Ms. Khabuya.

Dr. Joan Mutyoba, Head of the Department of Epidemiology and Biostatistics, described Ms. Khamili as one of the most thorough and dependable colleagues she had worked with.

In her farewell remarks, Ms. Khamili thanked colleagues for their support and reflected warmly on her time at MakSPH.

> *"My work brought me into contact with everyone across the School. The people, supportive environment and strong work culture made my time here very worthwhile," she said.*

Ms. Gladys Khamili (L) symbolically hands over to the office of Registrar MakSPH to Ms. Annet Khabuya (R).

Ms. Khamili was appointed Deputy Academic Registrar in charge of the Senate Division, extending her experience in academic administration to a University-wide role focused on academic standards, policy, and governance.

Ms. Khabuya joined MakSPH from Makerere University's Examinations and Transcripts Division, having previously served in the College of Natural Sciences and the School of Statistics and Planning. Her experience across these University units provided a strong grounding in examinations, records, and academic administration as she assumed responsibility for supporting MakSPH's growing student population.

"I have seen the systems, I have seen the organisation, and I can confidently say there is continuity. I look forward to building on this work and working with all of you," Ms. Khabuya said.

Ms. Gladys Khamili signs her handover report as Dr. Joan Mutyoba, Prof. Rhoda Wanyenze, Mr. Amos Dembe, and incoming Registrar Ms. Annet Khabuya look on.

MakSPH 2025 Annual Report: A Defining Year of Growth, Partnership and Public Health Impact

The Makerere University School of Public Health 2025 Annual Report records a defining year in the School's institutional journey. Effective January 2025, MakSPH attained stand-alone status within Makerere University, recognising over seven decades of growth in public health training, research, policy engagement and community service.

At the end of the 2024/2025 academic year, MakSPH enrolled 1,140 students across 12 degree programmes. The School presented 269 graduands at Makerere University's 75th Graduation Ceremony, including doctoral, master's and Bachelor of Environmental Health Science graduands. District field-training sites and student participation in outbreak response, disease surveillance and community action kept training closely connected to practice.

MakSPH produced more than 350 peer-reviewed publications in 2025, advancing evidence across HIV, tuberculosis, maternal and newborn health, health systems, climate change, environmental health, injuries and noncommunicable diseases. The School also contributed to the PURPOSE 1 trial, which demonstrated more than 99 per cent protection against HIV from twice-yearly injectable lenacapavir.

The Report further captures expanding partnerships, progress on the new MakSPH building, and the School's contribution to stronger health systems in Uganda, across Africa and beyond.

Guided by its 2025–2030 Strategic Plan, MakSPH continues to train public-health leaders and generate evidence that informs policy and practice.

Read the full MakSPH 2025 Annual Report via

https://t.ly/s7MYX

OR

Scan the QR to read the full report

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