



**MAKERERE UNIVERSITY**  
COLLEGE of HEALTH SCIENCES

**SCHOOL of PUBLIC HEALTH**

**STRATEGIC PLAN 2020–2030**



*"We Build for the Future"*





The proposed School of Public Health building due to be constructed on the Makerere campus.



# Contents

List of Abbreviations & Acronyms	v
Message from the Dean	1
<b>1.0 Introduction</b>	<b>2</b>
<b>1.1 Our Foundation</b>	<b>2</b>
<b>1.2 Overview</b>	<b>3</b>
<b>1.3 Our History and Services</b>	<b>4</b>
<b>2.0 Strategic Planning Process</b>	<b>7</b>
<b>3.0 Strategic Planning Context</b>	<b>9</b>
<b>4.0 Pillars of The Strategic Plan &amp; The Strategic Direction</b>	<b>13</b>
<b>4.1 Transformative Education</b>	<b>13</b>
<b>4.2 Knowledge Generation and Translation</b>	<b>17</b>
<b>4.3 Partnerships</b>	<b>21</b>
<b>4.4 Institutional Capacity Enhancement</b>	<b>23</b>
<b>4.4.1 Human resources</b>	<b>23</b>
<b>4.4.2 Resource mobilisation</b>	<b>23</b>
<b>4.4.3 Infrastructure and ICT capacity</b>	<b>23</b>
<b>5.0 Critical Success Factors</b>	<b>26</b>
Major Partners and Collaborators	27





↑ Bachelors of Environmental Health Science students holding an academic discussion at the MakCHS gardens.



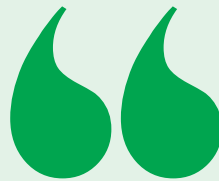
↑ The pioneer Master of Biostatistics class 2018-19 and faculty at the inaugural meeting.



# LIST OF ABBREVIATIONS & ACRONYMS

<b>AU</b>	African Union	<b>NGOs</b>	Non-Governmental Organisations
<b>BEHS</b>	Bachelor of Environmental Health Science	<b>PhD</b>	Doctor of Philosophy
<b>CDC</b>	Centers for Disease control and Prevention	<b>PESTEL</b>	Political, Economic, Social, Technological, Environmental and Legal
<b>DE</b>	Distance Education	<b>SDGs</b>	Sustainable Development Goals
<b>DC&amp;EH</b>	Department of Disease Control and Environmental Health	<b>SOPs</b>	Standard Operating Procedures
<b>EAC</b>	East African Community	<b>SOs</b>	Strategic Objectives
<b>EPIBIO</b>	Epidemiology and Biostatistics	<b>SP</b>	Strategic Plan
<b>GoU</b>	Government of Uganda	<b>SWOT</b>	Strengths, Weaknesses, Opportunities and Threats
<b>FMU</b>	Finance Management Unit	<b>UNAIDS</b>	The Joint United Nations Programme on HIV and AIDS
<b>HIV</b>	Human Immunodeficiency Virus	<b>UNMHC</b>	Uganda National Minimum Health Care Package
<b>HPPM</b>	Health Policy Planning and Management	<b>USAID</b>	United States Agency for International Development
<b>ICT</b>	Information Communication and Technology	<b>USD</b>	United States Dollars
<b>IRB</b>	Institutional Research Board	<b>WHO</b>	World Health Organisation
<b>HSSP</b>	Health Sector Strategic Plan		
<b>KCCA</b>	Kampala Capital City Authority		
<b>M&amp;E</b>	Monitoring and Evaluation		
<b>MoH</b>	Ministry of Health		
<b>MoU</b>	Memorandum of Understanding		
<b>MoV</b>	Means of Verification		
<b>MakCHS</b>	Makerere University College of Health Sciences		
<b>MPH</b>	Master of Public Health		
<b>NDP</b>	National Development Plan		





Public health challenges are getting increasingly complex and rapidly changing within the context of climate change and environmental degradation, emerging and re-emerging diseases, rapid urbanisation, and rapid population growth, particularly of the youth demographic, especially in sub-Saharan Africa.



**Dr. Rhoda Wanyenze, MBChB, MPH, PhD**  
*Professor and Dean of Makerere University School of Public Health*



# MESSAGE FROM THE DEAN

**T**his 10-year Strategic Plan for Makerere University School of Public Health (MakSPH) for the period 2020-2030 comes as we mark 65 years since the establishment of the Department of Preventive Medicine in the Medical School, which eventually grew into the first Institute of Public Health in sub-Saharan Africa in 1974, and eventually into the School of Public Health. MakSPH has expanded teaching and learning as well as research and innovations over the years. Initially MakSPH ran only one academic programme, which has since increased to 8, with the number of students increasing from fewer than 30 to about 900.

Despite the tremendous growth of the School and the major contribution it has made to public health in the region, there are several emerging and protracted challenges that we must address and opportunities we must embrace to ensure the relevance of our programs and enhance their impact on the health and wellbeing of our communities.

Public health challenges are getting increasingly complex and rapidly changing within the context of climate change and environmental degradation, emerging and re-emerging infectious diseases, rapid urbanisation, and rapid population growth, particularly of the youth demographic, especially in sub-Saharan Africa. Further, the rapid changes in the socio-cultural and political environment have had a dynamic impact on the social determinants of health. The rapidly changing context and the need

for health promotion and prevention demand a rethinking of public health policy and strategies. Increased access to the internet and multi-media offers the opportunity to rethink our delivery of the learning experience through a broad network of students and teachers globally. In addition, the promise of the digital age to improve health outcomes should be fully exploited.

This Strategic Plan, therefore, represents what we view as **a Decade of Transformation of public health teaching and learning, research and innovations** to align with the rapidly changing and increasingly complex context. Our major focus is to ensure the production of transformational leaders and the translation of high-impact research findings to provide the relevant solutions to drive the necessary changes in health and wellbeing, as well as development.

We are grateful to all our stakeholders, including our staff, alumni and students, who contributed to the development of this Strategic Plan. Partnerships at the global and local levels with relevant sectors and agencies have been critical to our growth and success over the years and will become even more crucial during this Decade of Transformation.

We launch this Strategic Plan with great excitement and look forward to your continued support and partnership to further improve public health training and research in Uganda and sub-Saharan Africa, with a view to improving the health and wellbeing of our communities.



# 1.0 INTRODUCTION

## 1.1 OUR FOUNDATION

Our foundation, which will remain unchanged over the duration of the Strategic Plan, is highlighted below:

### OUR VISION

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

### OUR MISSION

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

### OUR CORE VALUES

#### Professionalism

We will exhibit a high level of commitment to MakSPH and adhere to high professional standards in all our undertakings.

#### Integrity

MakSPH staff will conduct themselves with utmost honesty and transparency in all our dealings to promote the image of the School, and to instil trust and credibility among our internal and external publics. We will do the right thing for the benefit of society, uphold strong moral principles, and be trustworthy and authentic in pursuit of our mandate.

#### Innovativeness

We will strive to embrace change and infuse dynamism in all operational areas of the School through the initiation and adoption of new ideas that add value to the business of the School and improve the health outcomes of the communities.

#### Responsiveness

We will endeavour to be responsive to both internal and external feedback and changes within the operating environment, and to respond to feedback provided on all our core functions.

#### Collaborations

Partnerships are essential in the delivery of our functions. As such, we will strengthen, develop and maintain mutually beneficial partnerships and collaborations in teaching, research and community service.

#### Equity and social justice

MakSPH will integrate the principles of health equity and social justice, including human rights, freedoms and equity in public health education, research and practices. MakSPH will endeavour to identify and design solutions to reduce inequities in access to health services and health outcomes.

## 1.2 OVERVIEW

**T**his Strategic Plan envisions the School of Public Health we want to be by 2030. It provides a framework within which we intend to unleash the power of public health to address the contemporary challenges facing society. It is underpinned by the notion that the public health challenges society faces are dynamic and, therefore, the field of public health needs to be dynamic to respond to new challenges as they evolve. In the last 10 years, sub-Saharan Africa has experienced a high fertility rate. Specifically for Uganda, the population is projected to be 63,842,360 in 2030 (World Population Prospects, 2019). Further, due to changes in diet and physical activities we are seeing an increase in morbidity and mortality attributable to cancer and metabolic disorders. All this will present a significant driver of future public health challenges, which will range from environmental impact, rapid urbanization, non-communicable diseases and health system delivery. Emerging

and re-emerging infections will continue at an accelerated rate to be a local, regional and global public health threat. The current **Covid-19** pandemic will in particular present a significant challenge on how we conduct our core business. The Strategic Plan thus focuses on how we intend to respond to the current and future public health challenges through our core functions: (a) **education** (preparing quality human resource for public health); (b) **research** (advancing public health knowledge generation and translation into policies and programmes); and (c) **service** (promoting the health and wellbeing of communities). Through this Plan, we are committed to sustaining excellence through strengthening the core functions and to

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Through this Plan, we are committed to sustaining excellence through strengthening the core functions and to disrupting the status quo, not only in the way we do our work, but in the impact we have on communities and health systems.

➔ A research supervisor at the MakSPH PMA Project visiting a research assistant after delivery. The project focuses on generating data to improve family planning services.





disrupting the status quo, not only in the way we do our work, but in the impact we have on communities and health systems.

We map out four strategic objectives that we are passionately committed to achieving in the next 10 years. These are:

- To provide transformative education to strengthen the continuum of promotive and preventive health interventions and health systems as well as health systems outcomes;
- To promote public health knowledge generation and translation for population health impact;
- To cultivate and strengthen mutually beneficial partnerships in public health with international, regional and local communities; and
- To strengthen the human resource capacity, financial resource base and infrastructure in order to facilitate efficient and effective delivery of the mandate of the School.

Our strategic objectives are in sync with the key strategic investment areas for Makerere University (Mak) and Makerere University College of Health of Health Sciences (MakCHS), namely: human capital; the institution (governance structures and processes); financing and sustainability; and the development impact (research and innovations).

The Makerere University School of Public Health (MakSPH) is a leading public health education and research institution in sub-Saharan Africa.

## 1.3 OUR HISTORY AND SERVICES

The Makerere University School of Public Health (MakSPH) is a leading public health education and research institution in sub-Saharan Africa. The School is mandated to provide training, conduct research and provide services to the community in the field of public health. MakSPH started in 1954 as a Department of Preventive Medicine of the Faculty of Medicine. The department started the first postgraduate training programme (Postgraduate Diploma in Public Health) in sub-Saharan Africa in 1967. On 1 July 1975, the Department of Preventive Medicine was transformed into an Institute of Public Health, the first public health institute in sub-Saharan Africa, although it continued to operate as a department of the Faculty of Medicine. In 2001, the Institute of Public Health was granted semi-autonomous status within the Faculty of Medicine. It started off with four departments: Epidemiology and Biostatistics (EPIBIO), Health Policy Planning and Management (HPPM), Community Health and Behavioural Sciences (CHBS) and Disease Control and Environmental Health (DCEH). In July 2007, the Institute of Public Health changed its name and status to “Makerere University School of Public Health”.

In July 2008, following the publication of Statutory Instrument No. 22 on 20 June 2008 in the Uganda Gazette Vol. CI No. 31, MakSPH joined the former Faculty of Medicine, to form the Makerere University College of Health Sciences (MakCHS), a constituent college of Makerere University (Mak). The School is



headed by the Dean, who is assisted by the Deputy Dean, and comprises the following departments:

- Health Policy, Planning and Management
- Epidemiology and Biostatistics
- Disease Control and Environmental Health
- Community Health and Behavioural Sciences

MakSPH runs the following academic programmes:

- PhD programme
- Masters of Public Health (Fulltime)
- Masters of Public Health (Distance)
- Masters in Biostatistics
- Masters in Health Services Research
- Masters in Health Nutrition

↑ Recognising the previous leadership of MakSPH.

- Masters in Disaster Management
- Masters of Health Informatics
- Masters of Public Health (Monitoring and Evaluation)
- Bachelor of Environmental Health Science

In addition to the primary mandate of capacity building and research in public health, the School collaborates with the Ugandan Ministry of Health (MoH) and with district, municipal and city local governments, international agencies, and non-governmental organisations (NGOs) in supporting the planning, implementation and evaluation of health programmes.





⬆ A section of MakSPH staff at the Strategic Planning Retreat in 2018.

⬅ Staff from the Department of EpiBio at a retreat in 2018.

## 2.0 STRATEGIC PLANNING PROCESS

**T**he formulation of the Strategic Plan was through a participatory process that involved key stakeholders in public health. The initial step was to conduct a two-day strategic planning retreat on 24 and 25 January 2019. The retreat was attended by staff of MakSPH, students and other stakeholders. At the retreat, a review of the previous Strategic Plan was conducted. This is what the review involved:

- Conducting SWOT and PESTEL analyses;
- Reviewing the vision, mission and core values of the School;
- Gaining consensus on the pillars/themes of the strategic plan;
- Developing strategic objectives along the pillars; and
- Identifying the strategies to achieve each strategic objective.

Finally, interviews were conducted with strategic partners of the School, including MoH, the Centers for Disease Control and Prevention (CDC), the Uganda AIDS Commission, Kampala Capital City Authority (KCCA), The Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health

Organisation, alumni of MakSPH, and groups such as Mater of Public Health (MPH) students and the Environmental Students' Association.

The draft Strategic Plan was an outcome of the process and was subjected to further consultation with the stakeholders. The rich feedback from the stakeholders was integrated into the final Strategic Plan.

A Decade of  
Transformation of  
public health teaching  
and learning, research  
and innovations





⬆️ Rapid urbanisation and emerging slums pose unique health problems that need to be addressed.

⬅️ Africa, and indeed Uganda, is experiencing rapid population growth, i.e. Uganda's fertility rate is 5.4 children per woman.

# 3.0 STRATEGIC PLANNING CONTEXT

**T**he Strategic Plan is informed by the following continental, regional and national frameworks. These frameworks comprise several aspirations which MakSPH should respond to decisively through teaching, research and community service with a view to strengthening health systems and enhancing the health outcomes.

## **UN's Sustainable Development Goals (SDGs) (Agenda 2030)**

The post-2015 global development agenda comprises 17 goals. These are: ending poverty; ending hunger; encouraging good health and wellbeing; providing quality education; promoting gender equality; providing clean water and sanitation; promoting affordable and clean energy; providing decent work and economic growth; addressing industry, innovation and infrastructure; reducing inequalities; developing sustainable cities and communities; encouraging responsible consumption and production; taking action on climate change; promoting life below water; promoting life on land; working towards peace, justice and strong institutions; and creating partnerships to achieve SDG goals. The majority of the goals have public health implications and, therefore, provide a strong justification for the alignment of the activities of the School with them.

A very critical aspect is the cross-cutting goals and a need for multidisciplinary action in response to the complex emerging and re-emerging public health challenges, such as climate change and environmental degradation and rapid urbanisation, among others.

Over the years, MakSPH has made significant contributions to the SDG3 agenda, which focuses on health. MakSPH has implemented various projects aimed at reducing maternal mortality, preventable deaths of new-borns and children under five years of age, MakSPH has also undertaken projects that tackle infectious diseases, including HIV/AIDS, tuberculosis, malaria, waterborne diseases and other communicable diseases. Furthermore, MakSPH has implemented projects targeted at the prevention of substance abuse, including the harmful use of alcohol and tobacco control; reducing trauma and injuries from road traffic accidents; and improving access to sexual and reproductive health services, including for family planning. In addition, MakSPH has, in collaboration with several stakeholders, implemented projects to support the **Universal Health Coverage (UHC)** agenda which is a cornerstone for the attainment of SDG 3 (ensure healthy lives and promote wellbeing for all at all ages) of the global development agenda. However, more needs to be done to reduce health inequities that persist despite the progress made in a number of health indicators. There are also significant



gaps in research in some of the SDG3 priority areas, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines. Other areas with significant gaps include non-communicable diseases (NCDs), broadly including cardiovascular disease and cancer, and environmental exposure, such as exposure to hazardous chemicals and air, water and soil pollution and contamination; and early warning, risk reduction and management to mitigate global health risks. Research into some infectious diseases, including neglected tropical diseases and hepatitis, among others, also remains limited. Over the next 10 years MakSPH will deliberately realign the teaching and research with the SDG3 agenda, and especially the neglected high-burden diseases and conditions in sub-Saharan Africa, to enhance the attainment of the SDG goals and improve health outcomes within the

region. Furthermore, in a bid to contribute to the realisation of UHC, MakSPH will mainstream health promotion, health prevention and primary health care both in the teaching and community engagement initiatives.

### **African Union (AU) Agenda 2063**

Agenda 2063 is a strategic framework for the socio-economic transformation of the continent. It builds on and seeks to accelerate the implementation of past and existing continental initiatives for growth and sustainable development. By 2063, it is expected that African peoples will have a high standard of living and a high quality of life, sound health and wellbeing. Also, well-educated and skilled citizens, underpinned by science, technology and innovation for a knowledge society, will be the norm, and no child will miss school owing to poverty or any form of discrimination. Higher education institutions in general and Schools of Public Health are crucial to the realisation of the health-related aspirations of Agenda 2063 through their teaching, research and community service missions.

### **Uganda's Vision 2040**

Vision 2040 envisages Ugandans living in peace and harmony, prosperity for all, improved infrastructure with multi-lane paved roads, a rail network, airports, and world-class schools and hospitals. Vision 2040 acknowledges low and inadequate human resource among some of Uganda's key challenges, and thus the need for quality training and education. MakSPH, as the leading trainer of human resource for public health, can contribute to the aspiration in NDP11 through providing highly skilled human resource for public health.



A School of Public Health graduate (in jacket) supervising a disinfection exercise in a burial simulation for an Ebola outbreak in Western Uganda in 2019.

### **National Development Plan III (2020/21 – 2024/25)**

Human capital development is prioritised as one of the investment areas in the National Development Plan III (2020/21-2024/25). The objectives of this investment area include, *inter alia*, achieving equitable access to relevant and quality education and training; ensuring the delivery of relevant and quality education; and enhancing the efficiency and effectiveness of education service delivery at all levels. Therefore, the Strategic Plan of MakSPH should align with the imperative to increase access to and enhance the quality of teaching (and learning) and research.

### **The Government of Uganda Health Sector Strategic Investment Plan (HSSP) (2018–2022)**

The HSSP recognises the changing health status of the population which has been triggered by the emergence of new diseases. Similarly, new issues such as changing food habits, sedentary lifestyles, and changing climate affect the health status of the population. In response to the Uganda health challenges, the Ministry of Health (MoH) has designed the Uganda National Minimum Health Care Package (UNMHCP) as the main vehicle for the delivery of health services. The UNMHCP covers environmental health, health promotion, disease prevention, and community health initiatives; maternal and child health; prevention, and management and control of communicable diseases; and prevention, management and control of non-communicable diseases. The UNMHCP has several public health dimensions and this, therefore, makes it necessary that MakSPH's curricula, research programmes and service delivery align with the Ugandan national health priorities.

Finally, the Government of Uganda envisages to roll out the National Health Insurance Scheme within the HSSIP period as part of the measures to achieve UHC which demands individuals should have access to quality health services on the basis of need and not the ability to pay. The Scheme is intended to address high levels of out of pocket expenditure in order to protect households from catastrophic spending. Available statistics show that the actual percentage of household out of pocket expenditure to the current health expenditure increased from 33% in 2014/15 to 37% in 2015/16 (MoH, 2019). The high out of pocket expenditure on health drives the citizens into poverty since a sizeable proportion of the population has to borrow money or sell their assets to pay for healthcare. The Scheme has implications on the curriculum of MakSPH.

### **Makerere University & MakCHS Strategic Plan (2020–2030)**

The Makerere University Strategic Plan (2020–2030) was cascaded to MakCHS through the development of the College Strategic Plan (2020–2030). The Strategic Plan of MakSPH in turn is cascaded from the MakCHS Strategic Plan (2020–2030). The key strategic investment areas for Makerere University and the College in general include: human capital; the institution (governance structures and processes); financing and sustainability; and the development impact (research and innovations). These strategic investment areas have informed the strategic objectives and interventions of the School.

MakSPH, as the leading trainer of human resources for public health, can contribute to the aspiration in NDP III through providing highly skilled human resource for public health.





Use of technology in broadening students' learning and training them in practical skills in the community for building transformative leaders in public health.



# 4.0 PILLARS OF THE STRATEGIC PLAN & THE STRATEGIC DIRECTION

**M**akSPH will be guided by four pillars or thematic areas during the next 10 years. In each pillar, we highlight where we are (the status), the gaps in what we do, and where we envisage we shall be by 2030.

## 4.1 TRANSFORMATIVE EDUCATION

Within our teaching mission, we aspire to maintain leadership in producing outstanding, innovative and diverse human resource for health. We pride ourselves on having produced high-quality graduates who oversee the entire healthcare system in Uganda and who are highly sought after in other countries in the region. Given the rapidly changing needs and complexity of public health challenges, especially in the **Covid-19** context, we are committed to further strengthening our teaching to produce graduates with the capability to cause transformative change in society.

We take cognisance of the notion that transformative education has two broad dimensions: the institutional dimension

(where people train) and the instructional dimension which hinges on the curriculum. Within the institutional dimension, public health professionals ought to train at all levels of the healthcare system in a multidisciplinary environment. All our programmes in MakSPH integrate field-based placements, although this is varied and limited to just a few weeks in some programmes. We have been discussing how programmes with limited field placements, such as MPHN and MDM, can beef this up in the same way as the MPHFT. Under the instructional dimension, there has been a shift, albeit with challenges, from the content delivery model to problem-based learning. Nevertheless, the dominant delivery model is teacher-led lectures. The potential for learning using digital platforms has also not been fully exploited. The **Covid-19** pandemic gives us a great impetus to urgently implement this. Similarly, our academic programmes lean more towards discipline-specific competences and limited emphasis is placed on generic competences (traversal or transferable skills), such as leadership, communication, interpersonal and policy advocacy competences. A critical gap in the current teaching and learning is the relatively small number of PhD students

enrolled over the past 10 years. Training at PhD level with adequate post-doctoral support is critical to increasing the pool of independent scientists to sustainably drive public health research in Uganda and the region.

In the next 10 years, we are committed to providing education that challenges convention and develops diverse leaders who can transform the health of communities and who possess the knowledge and skills necessary to adapt in a rapidly changing world. We hope to achieve our aspiration by: (a) aligning the programmes with the shifting public health context, *inter alia*, urbanisation; global warming, environmental degradation and pollution; conflicts and displacements; emerging and re-emerging infections; and increasing life expectancy and aging; (b) affording the students an opportunity to learn by doing through training in the entire health system; (c) training students in leadership and management and leveraging technology for independent and lifelong learning; (d) promoting a balance between subject and generic competences in the curriculum; (e) expanding PhD and post-doctoral training; and (f) **use of IT-Platform to deliver all learning materials.**

## BOX 1: TRANSFORMATIVE EDUCATION PILLAR

**Strategic Objective:** To provide transformative education to strengthen health systems and outcomes.

**Sub-objective 1:** To promote field-based multidisciplinary and multicultural learning opportunities at all levels of the health system.

### Strategies

- Promote learning by doing in the field
- Promote multidisciplinary teaching
- Strengthen field attachments and opportunities for joint placements with international students and multiple disciplines for mutual learning
- Strengthen partnerships with health facilities and districts for experiential learning

**Sub-objective 2:** To achieve excellence in teaching and learning

### Strategies

- Align programmes with the public health context and priorities in the SDGs agenda, NDP and HSSP
- Expand partnerships to enhance public health training within the sub-Saharan African region and beyond
- Streamline the management of academic programmes, accountability for teaching and supervision, and support to students at various levels
- **Expand e-learning and distance learning modes**

**Sub-objective 3:** To enhance opportunities for master's, doctoral and post-doctoral training

### Strategies

- Increase enrolment on masters and PhD programmes
- Internationalise/globalise the masters and PhD programmes
- Scale up opportunities for post-doctoral training





Students are a major stakeholder in MakSPH.

Transformative Education  
for Improved Health  
Leveraging an Information  
Technology Platform



↑ Researchers from Makerere University School of Public Health and collaborators found that circumcision can reduce HIV acquisition.



← Staff members from Makerere University School of Public Health evaluated home-based self-testing and found this to be a practical way to increase knowledge of HIV status; this is now implemented throughout the country by the Ministry of Health.



## 4.2 KNOWLEDGE GENERATION AND TRANSLATION

**W**e have, over the years, been at the forefront of expanding the frontiers of knowledge in public health through ground-breaking research. This is evidenced by the volume of publications registered since 2009. On average, the School publishes over 200 journal articles per year in high-impact journals. The favourable ranking of Makerere University under the various ranking schemes can, in part, be attributed to our research output. Secondly, our grant portfolio is among the best at Makerere University. Between 2008/2009 and 2017/2018, we won 757 projects. Nevertheless, our grants and publications are skewed towards areas that are well-funded internationally at the expense of some critical areas in the SDGs agenda and the Health Sector Strategic Plan (HSSP). Furthermore, research productivity is mostly skewed to the senior faculty and the engagement of young faculty and students in research is minimal. Lastly, we are not fully optimising the use of IT-Platform to widely disseminate research findings.

We continue to witness a disconnect between knowledge generation and knowledge translation. Whereas we have generated substantial knowledge and impacted several policies, we need to make greater strides to ensure the translation of knowledge into real-world

public health solutions (or evidence-based policies and programmes) to affect health outcomes.

Therefore, under this pillar, we commit ourselves to fundamentally changing the research approach to deal with the increasingly complex health threats and opportunities of tomorrow. We shall promote and engage in impactful research that addresses national, regional, continental and international needs and emerging public health concerns so as to improve health outcomes; and to prioritise advocacy, engagement and knowledge translation as well as tracking and documentation of the learning to inform the design of future interventions and solutions. Specifically, in addition to other priority research areas, we shall anchor our Research Agenda and research activities around SDG3 and other SDGs, the Uganda NDP, and Health Sector Plans.



Impactful  
Research and  
Innovations to  
transform lives



## BOX 2: KNOWLEDGE GENERATION AND TRANSLATION PILLAR

**Strategic Objective:** To promote public health knowledge generation and translation for population health impact.

**Sub-objective 1:** To promote impactful public health research and evaluations that address national, regional, continental and international needs.

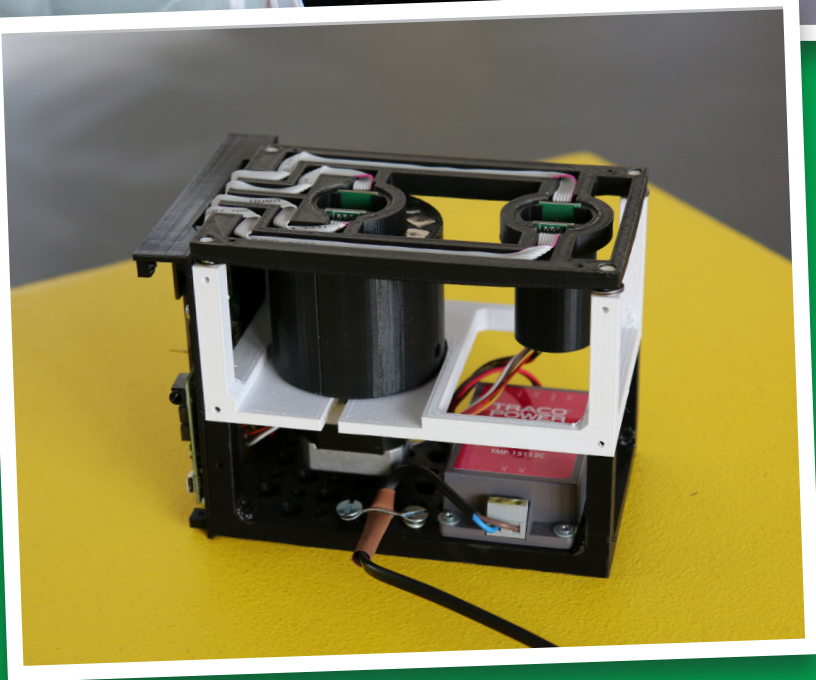
### Strategies

- Expand the research and evaluation scope and align with the SDGs, NDP and HSSP to enhance the relevance of the knowledge to national and global development
- Expand opportunities for student participation in research and scholarship
- Invest in innovative technologies and incubation of innovations
- Develop mechanisms to facilitate multidisciplinary research within MakSPH, CHS and other units
- Enhance the research management environment
- In collaboration with KCCA, develop the urban health strategy and research agenda, and establish an urban demographics surveillance site

**Sub-objective 2:** To enhance knowledge translation into real-world public health solutions (policies and programmes) to affect health outcomes.

### Strategies

- Translate and disseminate research findings into policies and actions to benefit population health
- Establish a mechanism for high-level interaction between MakSPH and MoH on policy matters
- Enhance the capacity of staff in policy advocacy
- Establish an advocacy and communication platform including digital to advance policy translation
- Design and implement a system for tracking the impact of research outputs



⬆ A Matibabu team engaging with a laboratory member of staff at Kawaala Hospital in Uganda. End user feedback is important in innovation.

⬅ The Matibabu: A non-invasive technology for malaria diagnosis.





← 25 Years of the MPH Programme: The Minister of Health, Dr. Jane Aceng, receives an award on behalf of the Ministry of Health.

↓ Key partnerships - MakSPH signs an MoU with WHO.

↓ MakSPH and Johns Hopkins University have been running a student exchange programme for the last 7 years. Students of Bachelor of Environmental Health Sciences of MakSPH and students of Johns Hopkins University visiting the Rakai Health Sciences Programme.



Over the next decade, we aim to deepen engagements with the local, national and international communities to engender a greater collective impact on health.



## 4.3 PARTNERSHIPS

This pillar hinges on partnership between MakSPH and the larger community for a mutually beneficial exchange of knowledge and resources in a context of reciprocity. MakSPH has a large network of national and international partners. However, our partnerships are largely driven by external requests and are not fully institutionalised while engagements with the private sector remain limited.

Over the next decade, we aim to deliberately map and proactively seek partnerships with the local, national and international communities to engender a greater collective impact on health in line with our stated priorities. We shall partner with the community, government and industry to harness resources to address the priority needs of the community. We will, through partnerships, expand our global reach and embed our students and faculty into communities alongside multidisciplinary and global researchers and students for mutual learning. We firmly believe that partnerships with communities will, among other benefits, enhance the students' educational experience, strengthen research and have a positive impact on population health.

### BOX 3: PARTNERSHIPS PILLAR

**Strategic Objective:** To cultivate and strengthen mutually beneficial partnerships in public health with international, regional and local communities

**Sub-objective 1:** To strengthen partnerships at local, national, regional and international levels

#### Strategies

- Develop and implement a strategy for community engagement
- Promote university-community research collaborations and propagate networks for innovative public health models and social innovations
- Intensify engagement with the alumni (e.g. reunions, open days etc.)
- Establish the office of partnerships (and collaborations)
- Retain existing partners through excellence in teaching, learning and impactful research

**Sub-objective 2:** To establish new partnerships at national, regional and international levels, including private sector partnerships.

#### Strategies

- Conduct mapping and develop key strategic partnerships in public and private sectors
- Establish national, regional and international partnerships for research
- Establish community outreach programmes
- Strengthen the coordination and enhance consultancy work



⬆️ ➡️ Key partnerships: Refurbished infrastructure at the MakSPH Kasangati campus housing the Centre for Sexual and Reproductive Health, under the SET SRHR Project.

⬇️ Faculty and students at the MakSPH Kololo annex. The annex was refurbished by the RAN Project.





## 4.4 INSTITUTIONAL CAPACITY ENHANCEMENT

**T**his pillar focuses on ensuring that we are an efficient and effective entity with the ability to deliver high-quality teaching and learning, research and community service as well as proactively address the operational challenges. Under this pillar, we shall focus on three areas: human resources, resource mobilisation, and infrastructure.

### 4.4.1 Human resources

Human capital is critical to actualising our triple core missions. In terms of the quality of staff, we have registered commendable progress, as evidenced by over 80% of our teaching staff holding PhDs. However, there are gaps in post-doctoral support and mentorship, and pedagogy among our staff. Similarly, there are apparent gaps in expertise such as environmental engineering, entomology, and occupational hygiene, among others. Furthermore, there has been an unprecedented growth in our student portfolio and an expansion in the research and community needs, which has outstripped the capacity of staff in terms of numbers. Finally, our demographics point to gender inequality in terms of staffing and academic rank. Women constitute about 30% of the overall staffing of academic positions, with only one woman at professorial level. Therefore, we will aim to enhance the human resource in terms of skills and numbers and the required disciplines and equitable representation, to address the complex public health issues.

### 4.4.2 Resource mobilisation

We require adequate financial resources to develop the infrastructure, procure teaching and learning resources, and support our operations. Currently, we are resource-constrained e.g. the laboratory capacity and support for fieldbased experiential learning, among other gaps. Most of our funding is from allocations by Makerere University and the grants. However, the indirect costs from the grants are inadequate to support our operations. We have not fully exploited opportunities for resource mobilisation such as public-private partnerships and private student tuition partly owing to the absence of a resource mobilisation strategy. MakSPH will prioritise the development and implementation of a robust resource mobilisation strategy to support the institutional growth and expanded public health teaching and research.

### 4.4.3 Infrastructure and ICT capacity

Despite the amount of growth it has achieved over the years, MakSPH still has limited physical, laboratory, library and ICT infrastructure, and transport facilities. Most of the basic office, laboratory, tutorial room and lecture room equipment were acquired before 2005. The current infrastructure is therefore, insufficient to meet our education and research needs. The surge in student numbers has outstripped the current infrastructure. Expansion of space, laboratory and ICT infrastructure will be critical to the attainment of the core missions of MakSPH over the next 10 years.



## BOX 4: INSTITUTIONAL CAPACITY DEVELOPMENT PILLAR

**Strategic Objective:** To strengthen the human resource capacity, financial resource base, and infrastructure to facilitate efficient and effective delivery of the mandate of the School.

**Sub-objective 1:** To strengthen the human resource capacity of the School to deliver the core mandate

### Strategies

- Enhance the capacity of staff in terms of skills, numbers and diversity across disciplines to match HR requirements of both academic and non-academic staff
- Establish and implement a performance management and reward system, that recognises and rewards outstanding students, faculty and staff
- Design and implement mentorship programmes that support faculty and staff advancement

**Sub-objective 2:** To maintain a strong sustainable school financial position

### Strategies

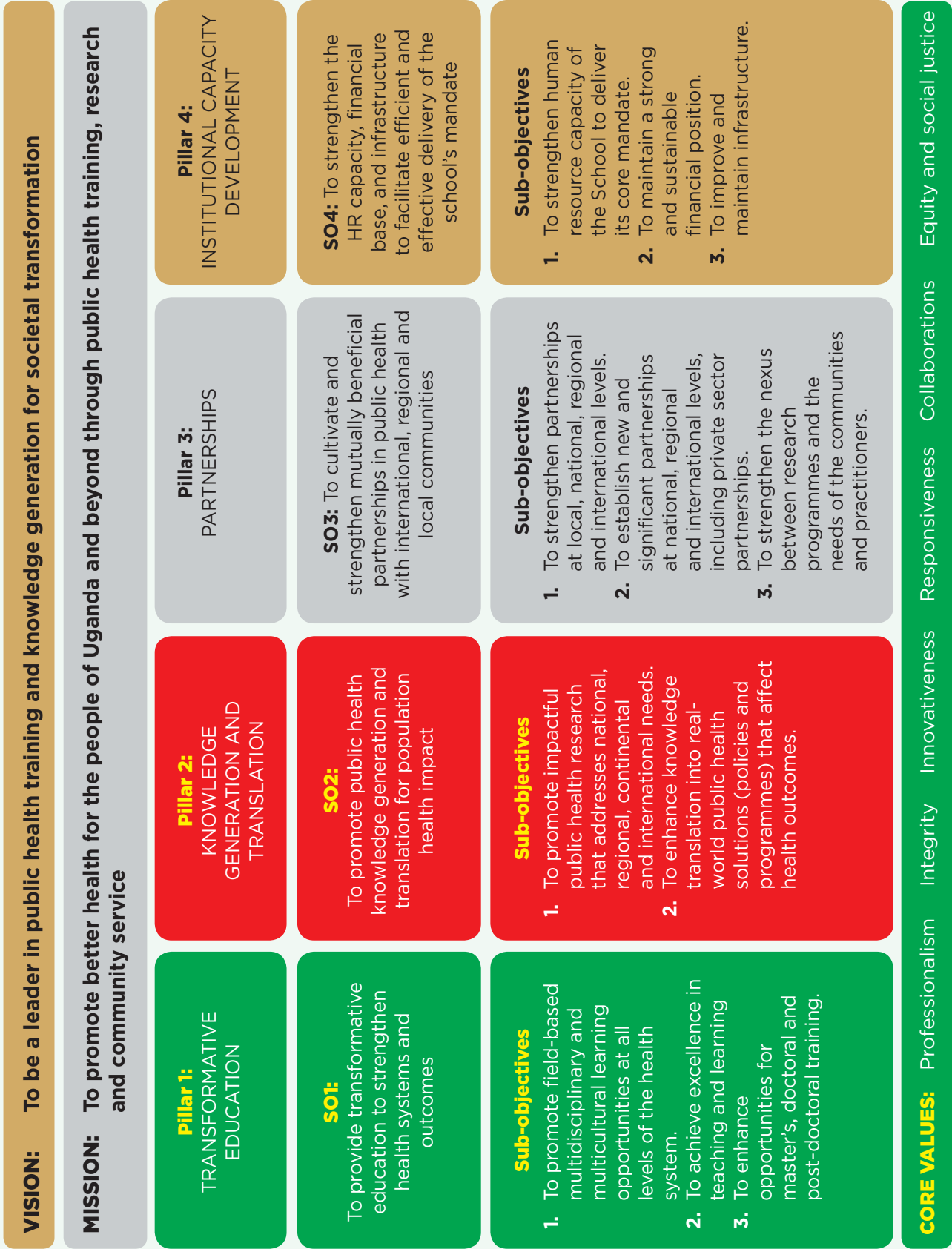
- Develop and implement a resource mobilisation strategy
- Diversify income sources including public-private partnerships
- Strengthen the grant management function
- Enhance the Business development structures in the School

**Sub-objective 3:** To improve and maintain infrastructure

### Strategies

- Enhance laboratory infrastructure to support teaching and research
- Strengthen ICT infrastructure to support research and e-learning
- Equip the library with appropriate resources

Fig 1: MakSPH Strategic Framework 2020 -2030



# 5.0 CRITICAL SUCCESS FACTORS

The successful implementation of this Strategic Plan is highly contingent on the following:

## **Ability to mobilise the required resources**

Successful implementation of the Strategic Plan is dependent on the School's ability to identify and exploit the opportunities for resource mobilisation through a well thought-out resource mobilisation strategy as well as an efficient mechanism for the deployment and utilisation of the resources.

## **Ability to marshal and coordinate efforts of all the stakeholders and implementers**

Implementation of the Strategic Plan requires efficient coordination of the different departments as well as other internal and external stakeholders who need to function as full partners. A coordination framework will improve communication and align the different players towards a common goal and vision.

## **Ability to mobilise continued support from Makerere University and MakCHS**

The leadership of the School needs to continuously lobby and seek support from Makerere University and MakCHS and, by so doing, continue to demonstrate that it can set a desirable pace for other Schools, especially in research productivity.

## **Ability to initiate and sustain innovation**

Innovation is the key ingredient in the School's strategic positioning. Hence, the success of MakSPH in the implementation of the Strategic Plan calls for the leadership of the School to provide an enabling environment for people to create, test and actualise new ideas.

## **Efficient monitoring and evaluation mechanisms**

Expansion and investment in human resource that is required for the function of monitoring and evaluation will be instrumental in the successful implementation of this Strategic Plan.

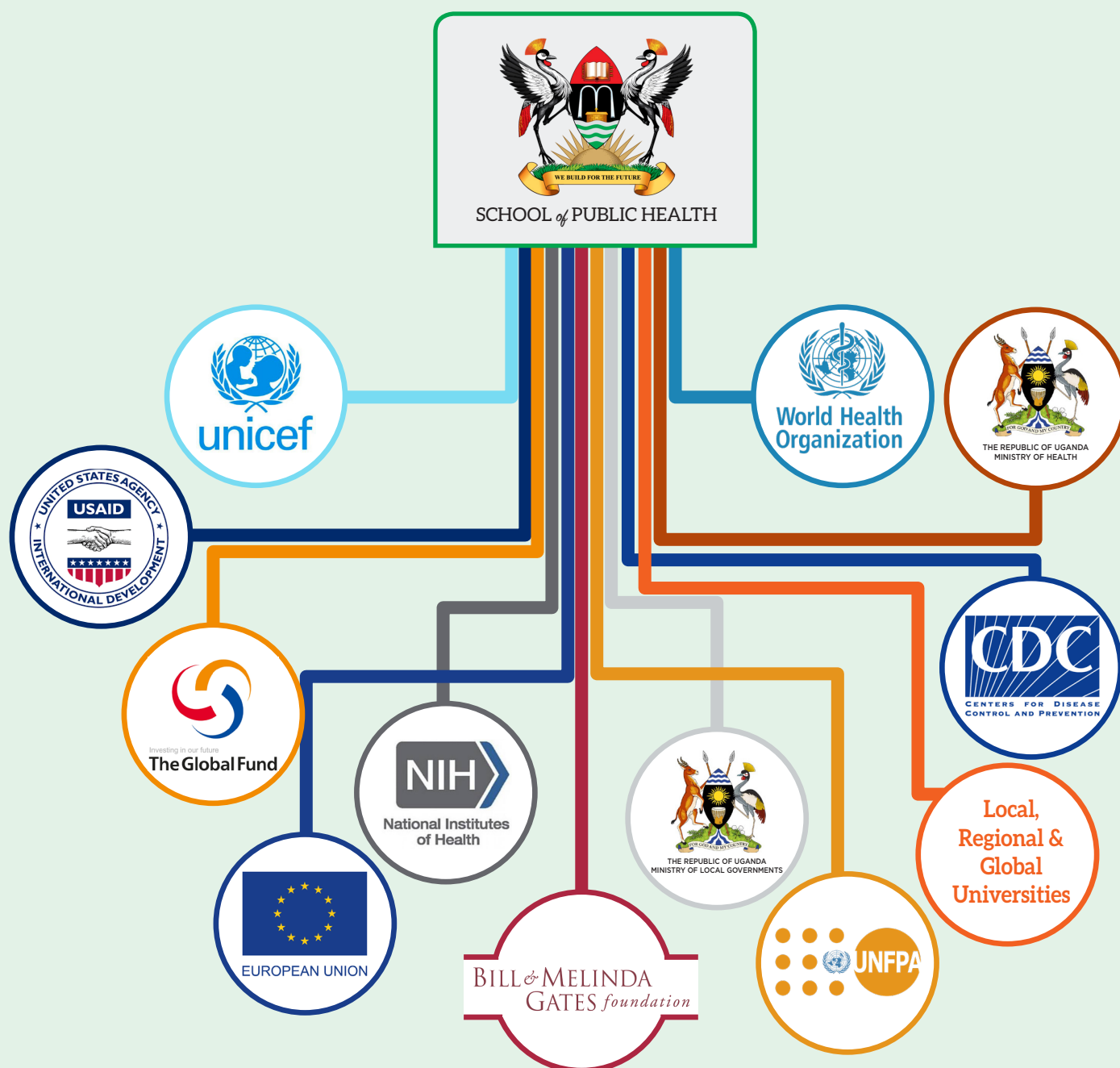
## **The identification and role of champions for each strategic theme**

As a mechanism to support the monitoring and evaluation function, the School leadership will identify specific champions among faculty, each of whom will directly be responsible for a specific strategic theme. The roles of these six champions will be to ensure that the key objectives under each strategic theme are implemented and successfully met.

The champions should have direct access to the School leadership with the mandate to implement the 2020–2030 Strategic Plan. The champions should be mandated to disseminate these strategic themes throughout the School, work with the monitoring and evaluation unit of MakSPH and departmental/administrative heads to implement the strategic objectives under their strategic theme as they monitor the expected progress.



# MAJOR PARTNERS AND COLLABORATORS





↑ EpiTent – ‘a tent that breathes’, now being used in Adjumani district, one of the hottest districts in Uganda.



↑ Mr Moses Atwine, Director Planning, Kampala Capital City Authority, gracing the launch of the pedaltap at the Makerere University main campus.





← ↶ ↷ Masters of Public Health Programme (MPH) at 25 awards ceremony.

↓ Students are a major stakeholder in MakSPH.







**MAKERERE UNIVERSITY**

*"We Build for the Future"*