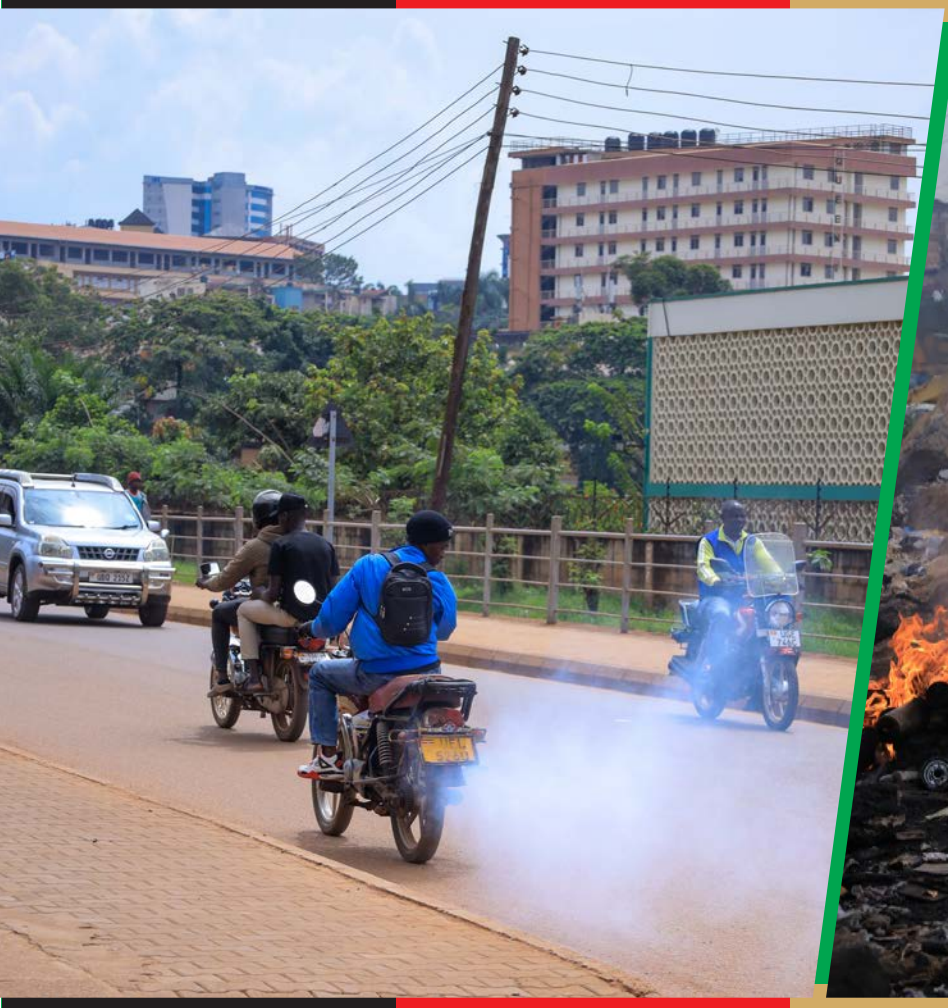
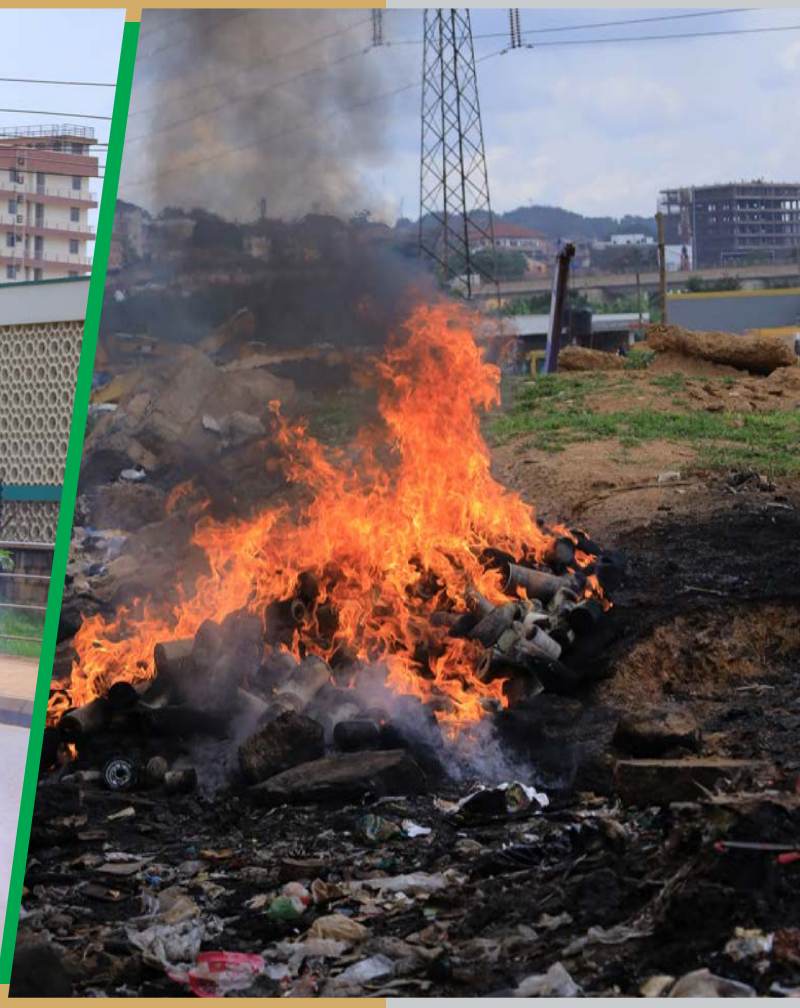
MAKERERE UNIVERSITY
SCHOOL OF PUBLIC HEALTH

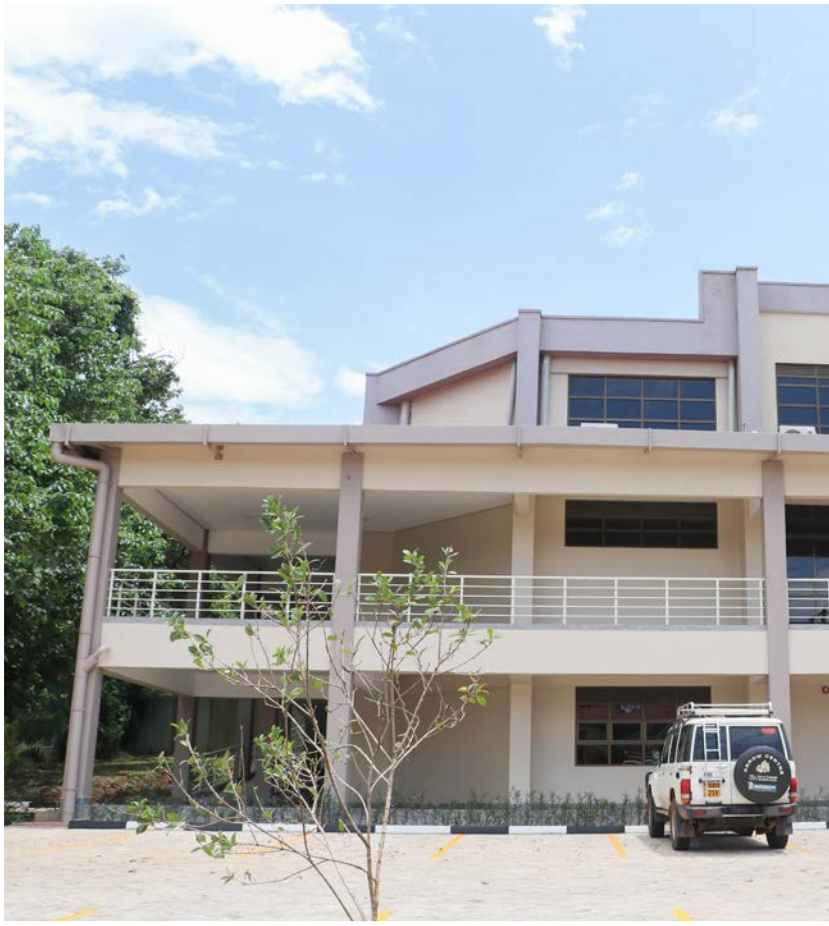
STRATEGIC PLAN 2025–2030

"Shaping Health, Empowering the Future"





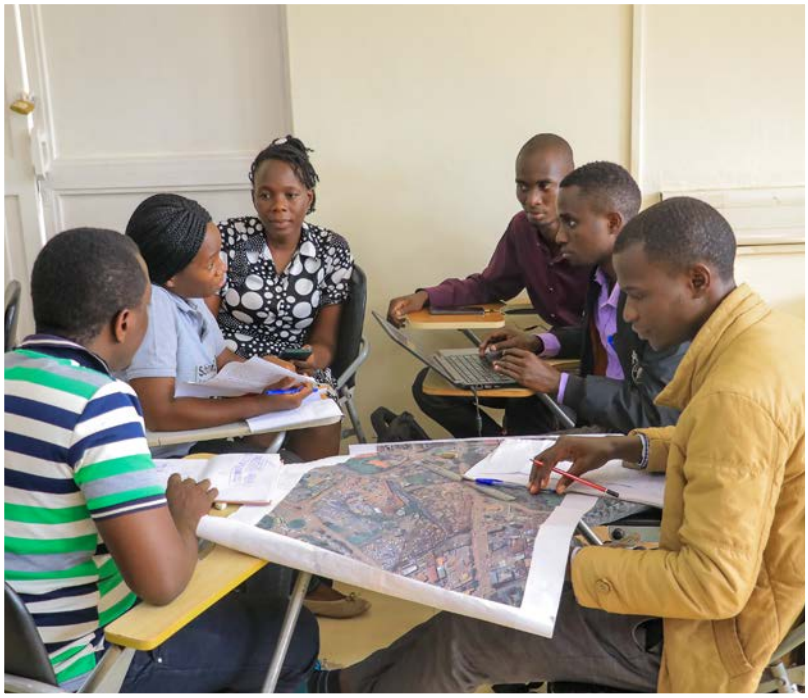
"We Build for the Future"



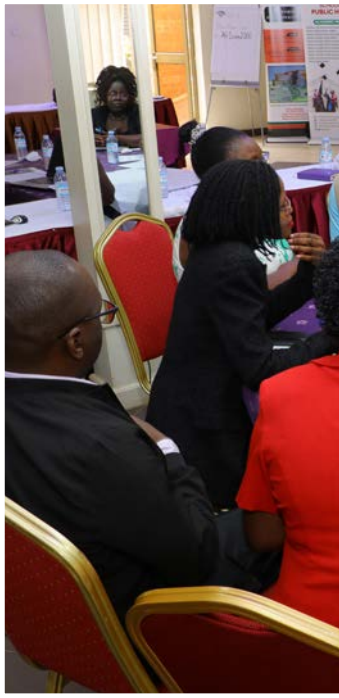
The construction of a new multi-storey building on the Makerere University Main Campus is currently underway.

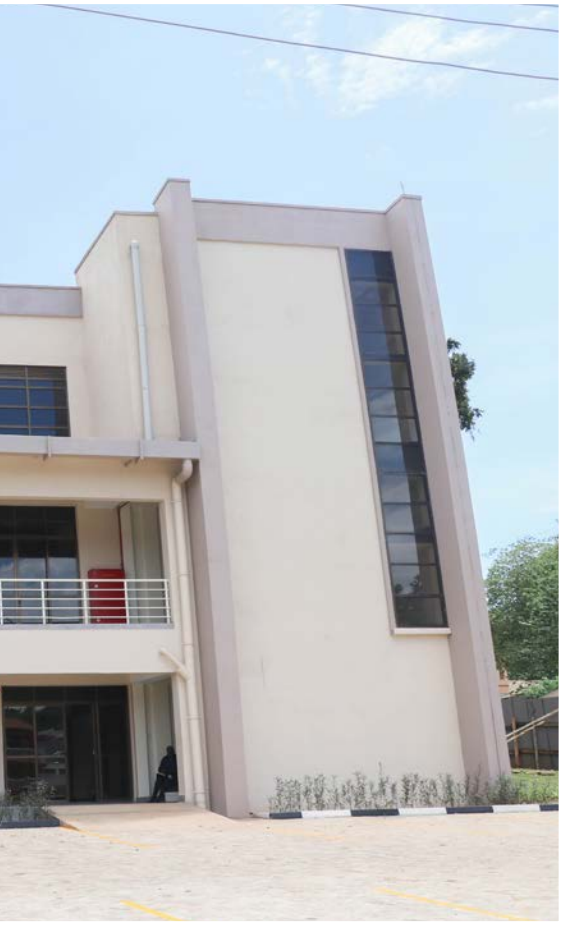
The newly finished auditorium, part of the MakSPH new home under construction.

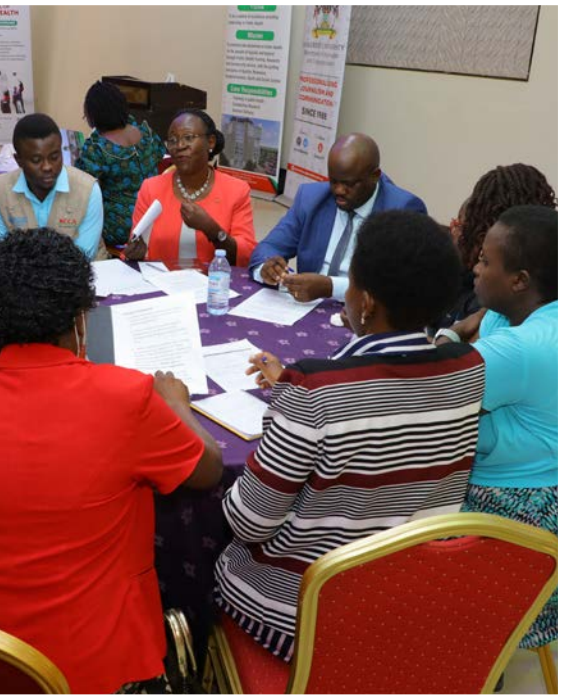
MakSPH students mapping out data collection sites for their field studies.



Co-design workshop for the Master of Health Promotion and Communication (MHPC) curriculum jointly proposed by Department of Community Health and Behavioural Sciences (CHBS) and the Department of Journalism and Communication.







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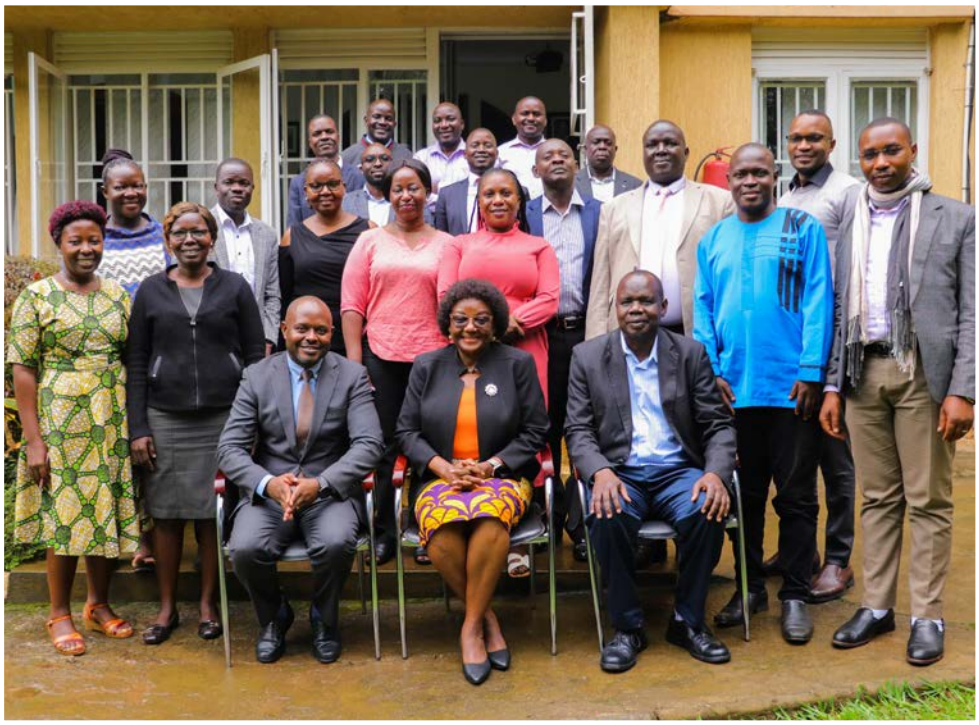
MakPH students joined the career guidance session on October 4, 2024, at the New Auditorium.



Pioneer students of the taught PhD in Public Health program at MakSPH with Dean, Prof. Rhoda Wanyenze, program coordinator, Dr. John Bosco Isunju and Dr. Adoke Yeka one of the instructors of the program on August 12, 2024.

LIST OF ABBREVIATIONS & ACRONYMS

AI	Artificial Intelligence
AU	African Union
BEHS	Bachelor of Environmental Health Science
CARTA	Consortium for Advanced Research Training in Africa
CBOs	Community Based Organisations
CDC	Centers for Disease Control and Prevention
CESH	Centre of Excellence in Sustainable Health
CHS	College of Health Sciences
DCEH	Disease Control and Environmental Health
EPIBIO	Epidemiology and Biostatistics
EU	European Union
HIV	Human Immunodeficiency Virus
HPPM	Health Policy, Planning and Management
ICT	Information Communication and Technology
KCCA	Kampala Capital City Authority
LMICs	Low and Middle Income Countries
MakCHS	Makerere University College of Health Sciences
Mak	Makerere University
MakSPH	Makerere University School of Public Health
MoH	Ministry of Health
MPH	Master of Public Health
NDP	National Development Plan
NEHCP	National Essential Health Care Package
NGOs	Non-Governmental Organisations
PhD	Doctor of Philosophy
SDGs	Sustainable Development Goals
SPEED	Supporting Policy Engagement for Evidence-based Decision-making for UHC
SP	Strategic Plan
UBOS	Uganda Bureau of Statistics
UHC	Universal Health Coverage
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization

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 …The Road Ahead

This five -year Strategic Plan for Makerere University School of Public Health (MakSPH) for the period 2025-2030 comes as we mark 70 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. This Plan also coincides with the transformation of MakSPH into an Independent School within Makerere University and the opportunity for further growth and development. 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 eleven (11) programs, with the number of students increasing from fewer than 40 to about 1000.

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, 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 our aspirations 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 local and global 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 half a 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 our business 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

This 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 (such as air pollution, outbreaks, climate change, environmental change, non-communicable diseases, demographic shifts, maternal and adolescent health) and yet-imagined challenges facing society. It is underpinned by the notion that the public health challenges society faces are always changing and, therefore, the field of public health needs to be dynamic to respond to new challenges as they evolve. In the last 15 years, sub-Saharan Africa has experienced a high fertility rate. Specifically, for Uganda, the population which currently stands at 45.9 million people (UBOS, 2024) is projected to be 63,842,360 in 2030 (World Population Prospects, 2019). This represents a significant driver of future public health challenges, which will range from environmental impact and health system delivery to rapid urbanisation. The Strategic Plan 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 advocating its translation into policies, practices and programmes); and (c) *service* (promoting the health and wellbeing of communities). Through this Plan, we are committed to sustaining excellence by 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.

Midwives at China-Uganda Friendship Hospital, Naguru, are holding a stool, an innovative tool that helps mothers deliver safely. This is an innovation through the MIDWIZE Project under the Centre of Excellence for Sustainable Health (CESH), a collaboration between Karolinska Institutet and Makerere University.

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

- To provide transformative education to strengthen health systems and outcomes;
- To promote public health knowledge generation and translation for population health impact;
- To deepen engagement with the local and international community to address public health challenges;
- To cultivate and strengthen mutually beneficial partnerships in public health with international, regional and local communities; and
- To strengthen the human resource capacity, financial base, infrastructure and management capacity to facilitate efficient and effective delivery of the School's mandate.

Our strategic objectives are in line 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 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

Historical: The staff members of the department of preventive medicine in the 1960s. Prof. Josephine Nambooze, Prof. Gilbert Bukenya, Prof. John Tuhe Kakitahi (R.I.P), among others.

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 (Taught PhD and PhD by research)
- Master of Public Health (Fulltime)
- Master of Public Health (Distance)
- Master of Biostatistics
- Master of Health Services Research
- Master of Public Health Nutrition
- Master of Public Health Disaster Management
- Master of Health Informatics
- Master of Public Health (Monitoring and Evaluation)
- Master of Environmental and Occupational Health
- 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) as well as with district, municipal and city local governments, international agencies, and non-governmental organisations (NGOs) in supporting the planning, implementation and evaluation of health programmes.

Ahumuza Bridget, a year II BEHS student at MakSPH, emerged 3rd in the International Federation of Environmental Health (IFEH) Africa Region Outstanding Student Awards held in 2024.

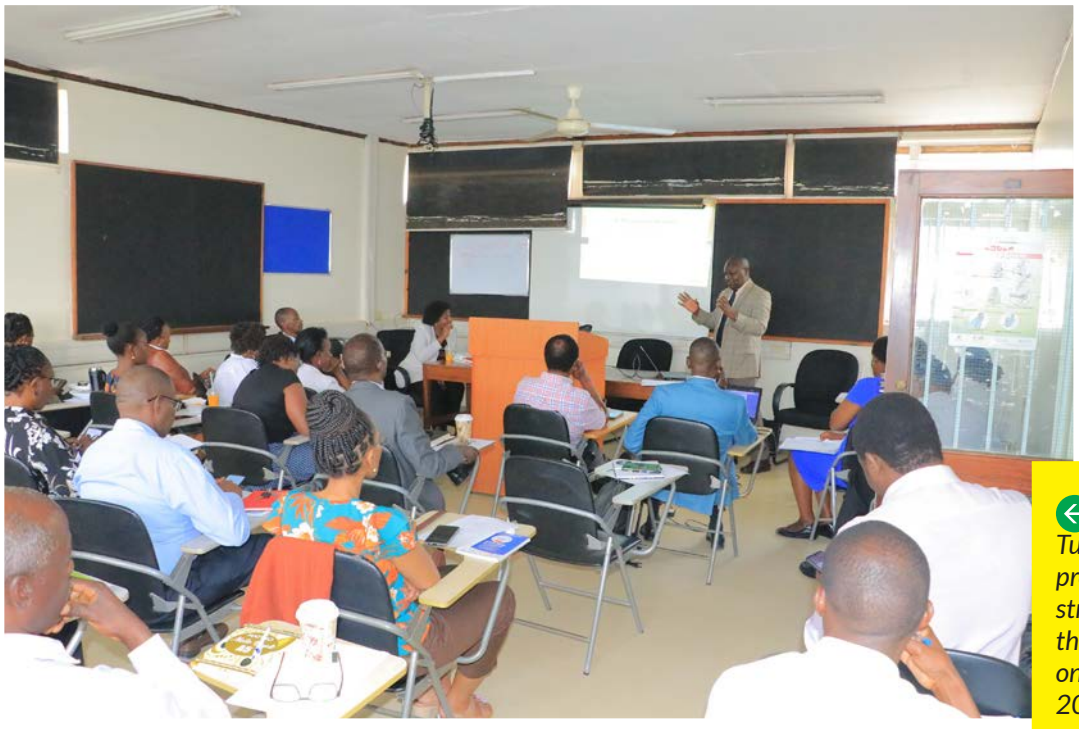
Students from Makerere University participated in a retreat on SDG innovations, organized by the Centre of Excellence for Sustainable Health (CESH).

1.4 OUR NEW AUTONOMOUS STATUS: LOOKING AT THE FUTURE

The Makerere University Governing Council granted MakSPH the status of an Independent School within Makerere University effective January 2025. This status will provide the much-needed impetus to the School to effectively execute its mandate in new and innovative ways. The School has been growing exponentially over the past decade in terms of student numbers, partnerships, research and other projects. The advent of the School's autonomy, will enable it to adequately respond to current and emerging aspects of public health nationally and regionally, and that had been constrained by the current status. The flexibility to develop cutting-edge programs and courses that address emerging global health challenges, promote operational efficiency whereby administrative processes will be streamlined to reduce bureaucratic delays and improve both teaching and research. The independence will also strengthen our advocacy and impact by amplifying the School's voice in influencing health policies and addressing regional and global health challenges in addition to supporting our financial sustainability as a result of more strategic financial management and growth in funding streams as donors pivot to fund directly to LMICs.

MakSPH will have flexibility in not only acquisition of additional human resources, establishment and enhancement of critical support systems in finance, procurement and monitoring and evaluation, but also in acquiring both teaching and research infrastructure. The School's independent position requires respective departments to scale up their productivity in terms of research outputs, teaching and learning, and community service. Notwithstanding our new status, MakSPH will continue to collaborate with and provide support to academic units (and programmes) within the College of Health Sciences as has been the case. It is envisaged that our new status will firmly place MakSPH on the trajectory of re-affirming our position as a leader in Public Health training, research and community service.

MakSPH staff during the strategic plan development process on 19th November, 2024.



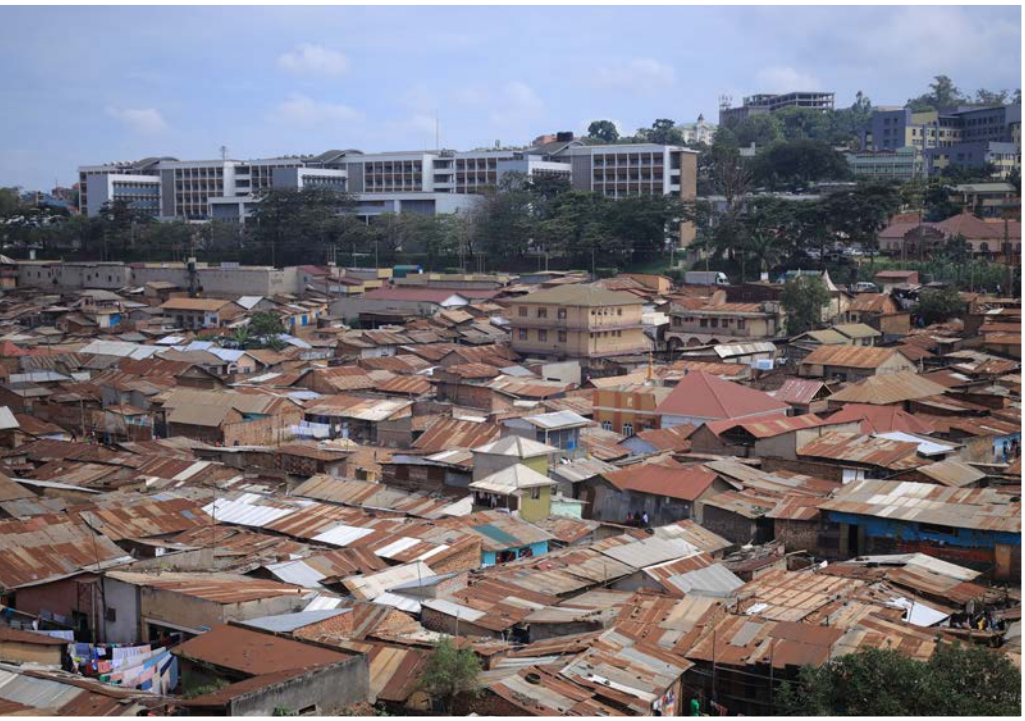
Dr. Wilberforce Turyasingura presents the draft strategic plan to the MakSPH staff on 19th November, 2024.

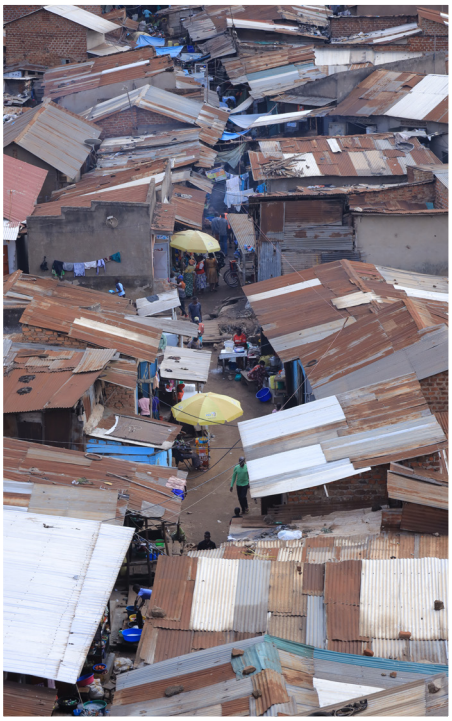
2.0 STRATEGIC PLANNING PROCESS

The formulation of the Strategic Plan was through a participatory process that involved key stakeholders in public health both in the academia and practice. It is worth noting that MakSPH has been implementing a 10-year Strategic Plan (SP) that was set to end in 2030. However, changes within the operating environment, both internal and external called for the re-examination of the previous SP, and development of a new one, while mindful of aspects of the previous SP that remain relevant for the next five years. Therefore, the initial step was conducting a review the previous SP. The findings provided information on the status of implementation of the strategies (and attendant targets), the impact registered by MakSPH in terms of influencing policy, programmes, practice and projects; and improving health systems as a result of implementing the strategies. The second step was holding consultative meetings and interviews with the key stakeholders from within and outside Makerere University. During these meetings, an internal and external environmental scanning was conducted. The views of the stakeholders on the next strategic direction of MakSPH, in view of the changes in the national and global healthcare landscape, were sought.

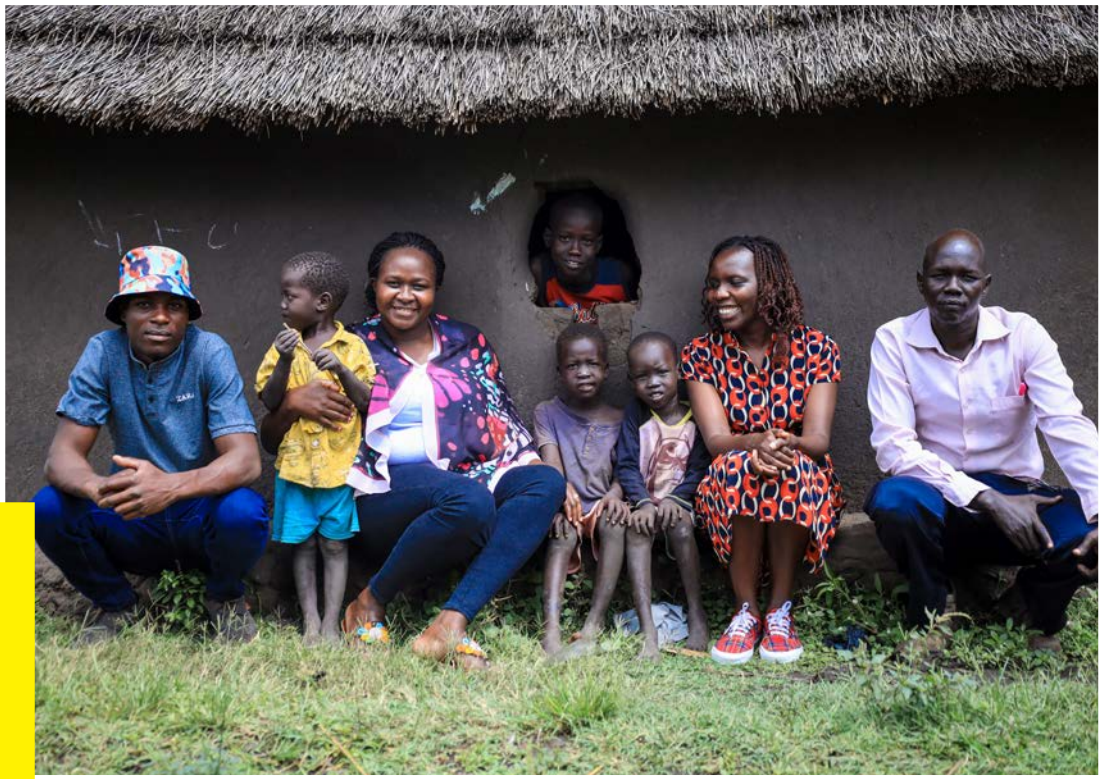
The Strategic Plan (2025-2030) was an outcome of the twin-processes and was subjected to further consultations with the stakeholders at Strategic Planning committee level and departments in the School. The rich feedback from the stakeholders was integrated into the final Strategic Plan which was approved by the MakSPH Board on 19th November 2024.

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.



Researchers from the MakSPH's Disaster and Refugee Healthcare Research Group assess the impact of floods in Adjumani refugee settlements.

3.0 STRATEGIC PLANNING CONTEXT

The Strategic Plan is informed by the continental, regional and national frameworks, and the new digital moment. The 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 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 interdisciplinary and 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 SDG 3 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 implemented projects to support the universal health coverage (UHC) agenda, in collaboration with several stakeholders. 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 SDG 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 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 five years, MakSPH will deliberately realign teaching and research with the SDG 3 agenda, and especially the neglected high-burden diseases and conditions in sub-Saharan Africa, to enhance the attainment of the SDGs and improve health outcomes within the region.

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 people will have a high standard of living and quality of life, sound health and wellbeing. In addition, 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. Linked to these initiatives is the "**New Public Health Order for Africa**" that was launched by the African Union through the Africa CDC to address deeper structural public health deficiencies at national, regional and global levels. 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 NDP III through providing highly skilled human resource for public health.

A KCCA medical officer giving a debrief to MakSPH field epidemiologists and surveillance team during the COVID-19 pandemic.

National Development Plan IV (2025/2026 – 2029/30)

Human capital development is prioritised as one of the investment areas in the National Development Plan IV (2025/26-2029/30). The objectives of this investment area include: enhancing human capital development along the entire life cycle; *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 Ministry of Health Strategic Plan (2020/2021-2024/2025 and the National Essential Health Care Package (NEHCP, 2024)

This plan aims to provide quality and accessible healthcare to all Ugandans, in line with Uganda Vision 2040. It builds on the Human Capital Development Component of the NDP IV and lays the foundation for Universal Health Coverage (UHC). The changing health status of the population which has been triggered by the emergence of new diseases is highlighted. 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 National Essential Health Care Package (NEHCP) to guide the delivery of health services. These services include health promotion, disease prevention and community health initiatives, management and control of communicable diseases, and management and control of non-communicable diseases. Other areas of focus are reproductive, maternal, newborn, child, and adolescent health; surgical and anesthesia care, emergency, critical and high dependency care; and lastly, geriatric care. NEHCP 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 as part of the measures to achieve UHC which demands that 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 contributes to citizens getting into poverty since a sizeable proportion of the population has to borrow money or sell their assets to pay for healthcare. The Scheme may have implications on the curricula of MakSPH.

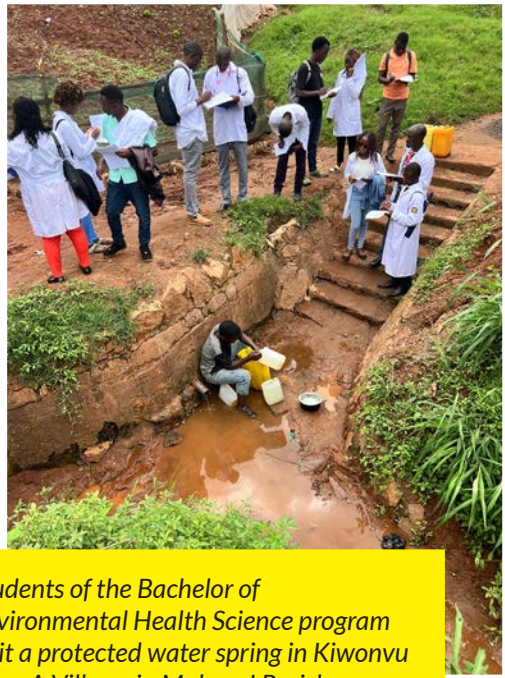
MakSPH, as the leading trainer of human resources for public health, can contribute to the aspiration in NDP III through providing highly skilled human resource.

MakCHS Strategic Plan (2020–2030)

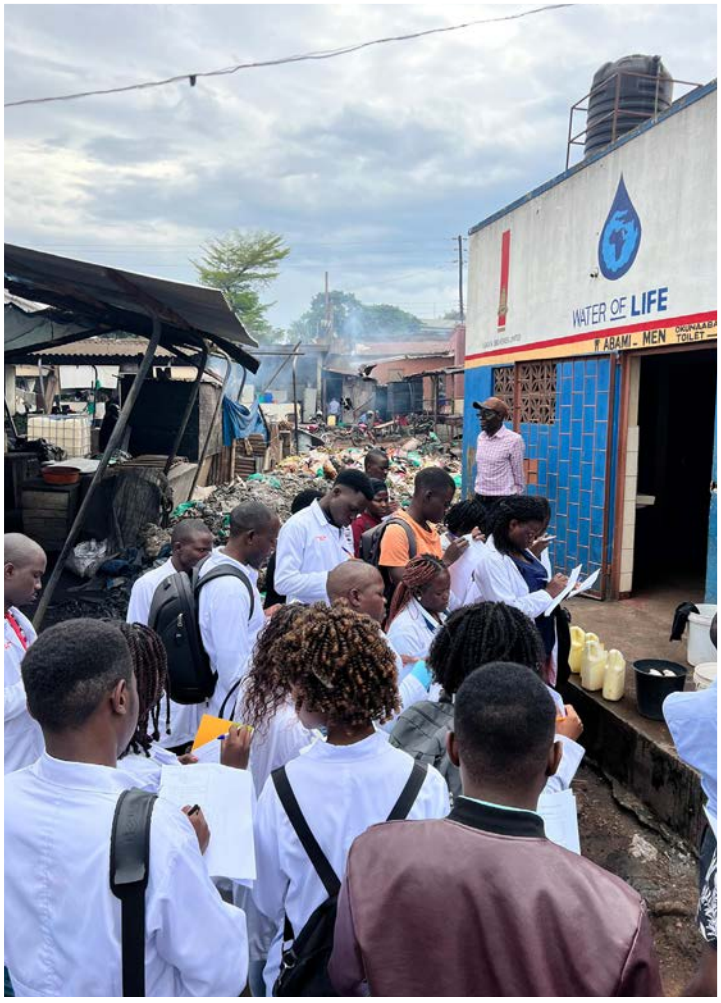
The Makerere University Strategic Plan (2020-2030) was cascaded to MakCHS through the development of the College Strategic Plan (2020-2030). The Strategic Plan of MakSPH in turn is cascaded from the MakCHS Strategic Plan (2020-2030). The key strategic investment areas for Makerere University and the 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.

The New Technology Moment

The increasing power and application of artificial intelligence (AI), robotics, data warehousing and analytics, have significant and far-reaching implications for the future direction of universities and their academic units. The new digital moment is profoundly reshaping teaching and research. The digital moment calls for re-examining the scientific method in the context of the new approaches constantly being developed. Universities, and their units, are required to harness the power of the digital moment in teaching and research; and build foundational strength in AI, data science and research computing, and to consolidate and invest in infrastructure that will better support scholarship, creative work and research.



Students of the Bachelor of Environmental Health Science program visit a protected water spring in Kiwonvu Zone A Village, in Mulago I Parish, Kawempe, Kampala to identify potential sources of water contamination.



The second-year class of the Bachelor of Environmental Health Science program in a rural and urban water supply session at Mulago Market to understand water supply chains in the community.

4.0 PILLARS OF THE STRATEGIC PLAN & THE STRATEGIC DIRECTION

MakSPH will be guided by five pillars or thematic areas during the next five 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 in having produced high-quality graduates who oversee the 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, 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 curricula. Within the institutional dimension, public health professionals ought to train at all levels of the healthcare system in a multidisciplinary environment. All our programmes at MakSPH integrate field-based placements, although this is varied and limited to just a few weeks in some programmes. Programmes with limited field placements such as Masters of Public Health Nutrition and Masters of Public Health Disaster Management can strengthen this aspect in the same way as MPH full time. 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. 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 skills. A critical gap in the current programme offerings is lack of the right mix of master's and PhD student numbers. Additionally, much as the MPH offers broad core competences to students, it has since been over-disaggregated thereby creating several strands of programmes. 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 five 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 experiential training in the entire health system; (c) leveraging the digital platforms for instruction; (d) promoting a balance between subject specific and generic competences in the curriculum; (e) expanding PhD and post-doctoral training and (f) internationalise programmes of the School. MakSPH will focus on both *instructional* and *institutional* mechanisms in the quest to deliver transformative education.

BOX 1: TRANSFORMATIVE EDUCATION PILLAR

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

Instructional sub-objectives

Sub-objective 1: To enhance responsiveness of the curricula to labour market needs, and promote field-based multidisciplinary and multicultural learning opportunities at all levels of the health system.

Strategies

a) Align programmes with the public health context and priorities in the SDG agenda, NDP, African Agenda, and Ministry of Health policy frameworks
b) Promote learning by doing in the field
c) Promote multidisciplinary and interdisciplinary teaching and learning
d) Strengthen field attachments and opportunities for joint placements with international students and multiple disciplines for mutual learning
e) Rationalise existing programmes and introduce new ones

Sub-objective 2: To harness new technologies to achieve excellence in teaching and learning.

Strategies

a) Expand the e-learning and distance learning modes of delivery
b) Increase the use of existing datasets for students' research
c) Support innovations and experimentation of new technologies in teaching and learning
d) Increase the use of AI by staff and students in teaching, assessments and learning

Institutional sub-objective:

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

Strategies

a) Ensure the right mix of masters and PhD numbers

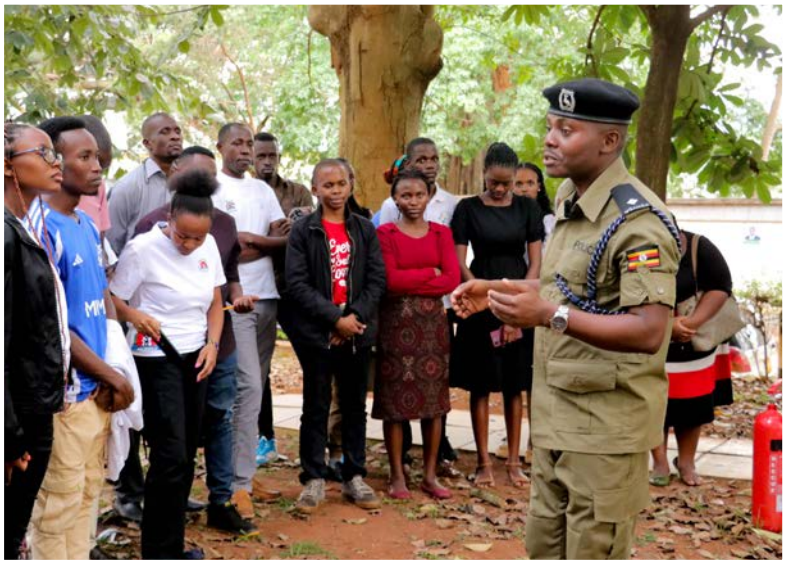
b) Internationalise the masters and PhD programmes

c) Scale up opportunities for post-doctoral training

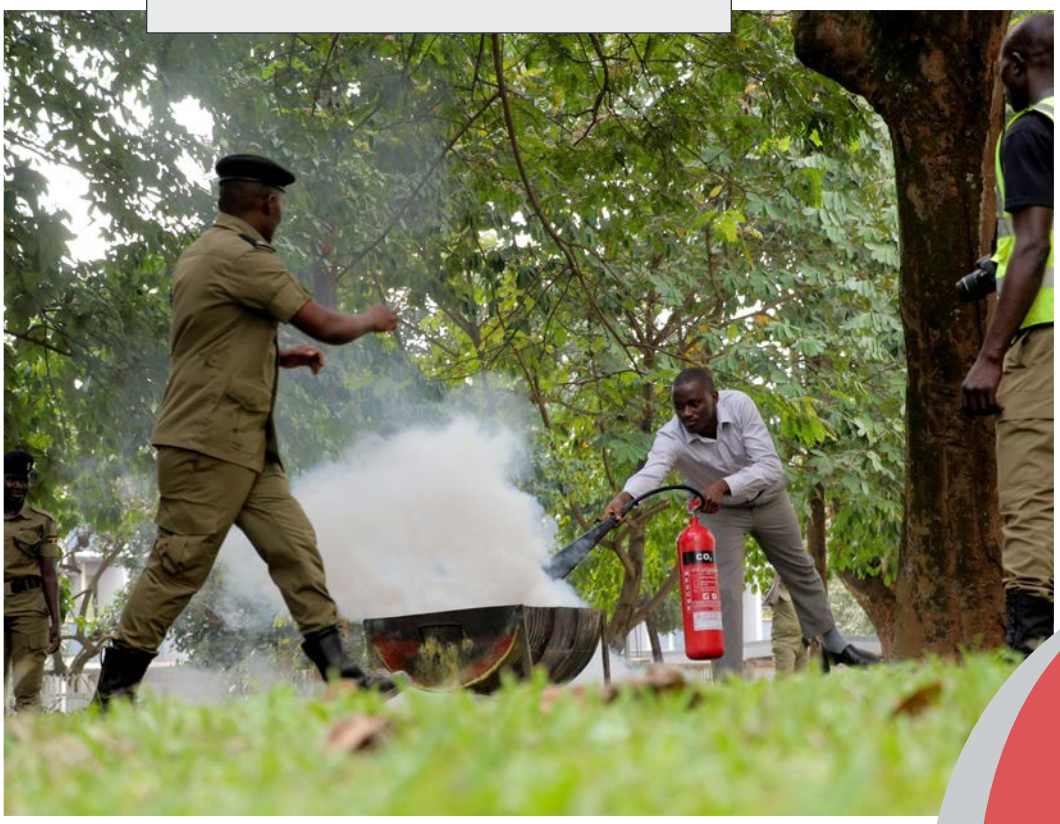
d) Strengthen support for postgraduate students

e) Strengthen partnerships with public health organisations, health facilities and districts for experiential learning

f) Increase the capacity to use big data

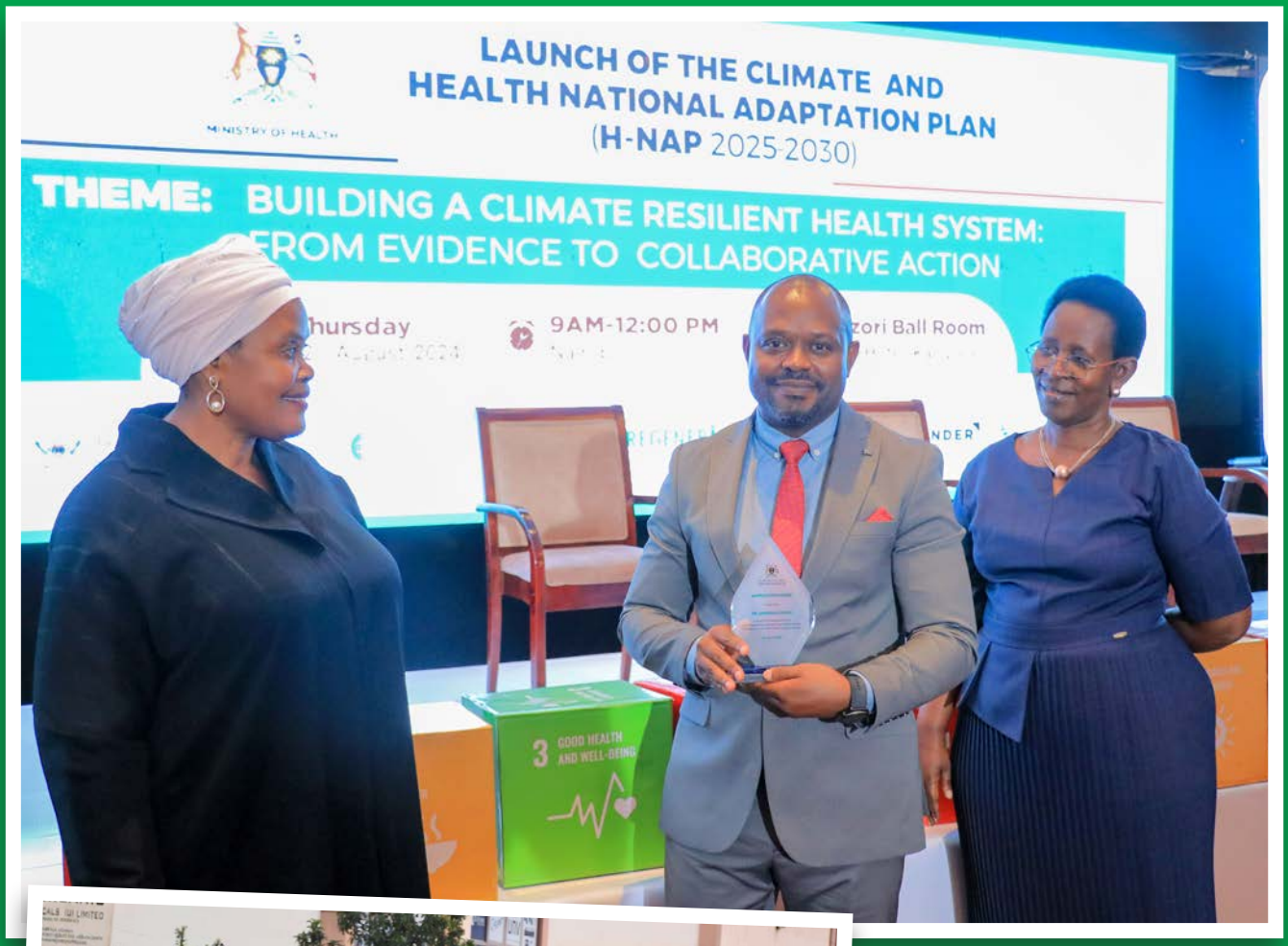


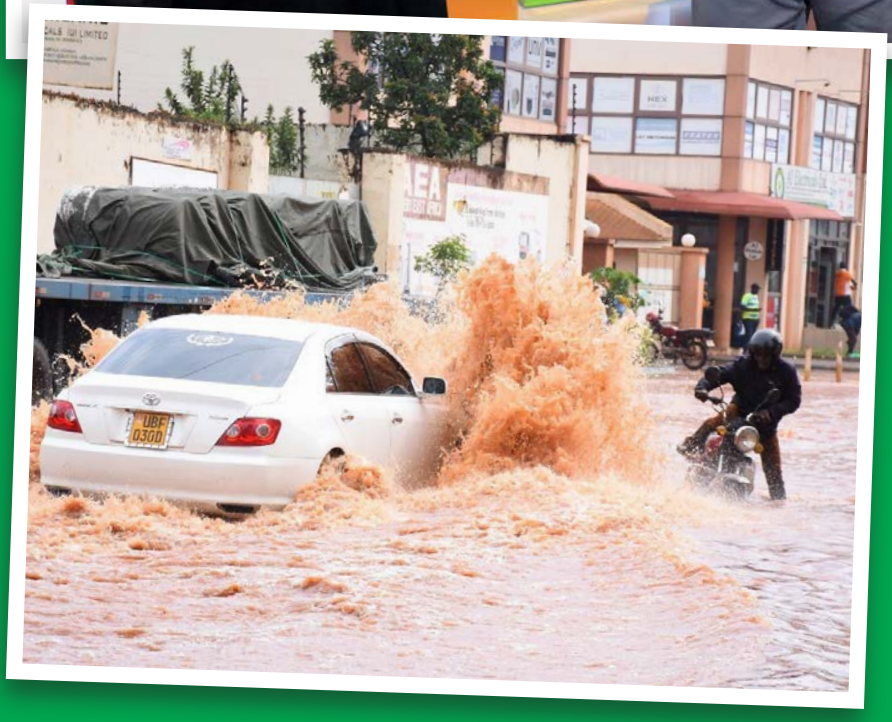
Mr. Levi Mwesigye, a certified fire safety trainer from the Uganda Police Force's Directorate of Fire Prevention and Rescue, conducts fire safety awareness drills with MakSPH students on September 27, 2024.



A student of MakSPH practices how to put out a fire with guidance from Uganda Police Fire Brigade officers.

Transformative Education for Improved Health through practical field training





Dr. John Bosco Isunju receives an award from Uganda's Ministry of Health for his leadership in conducting the Climate Change Vulnerability and Adptation Assessment and developing the Health National Adaptation Plan in 2024.

Climate change-related disasters like floods increase mobility challenges.

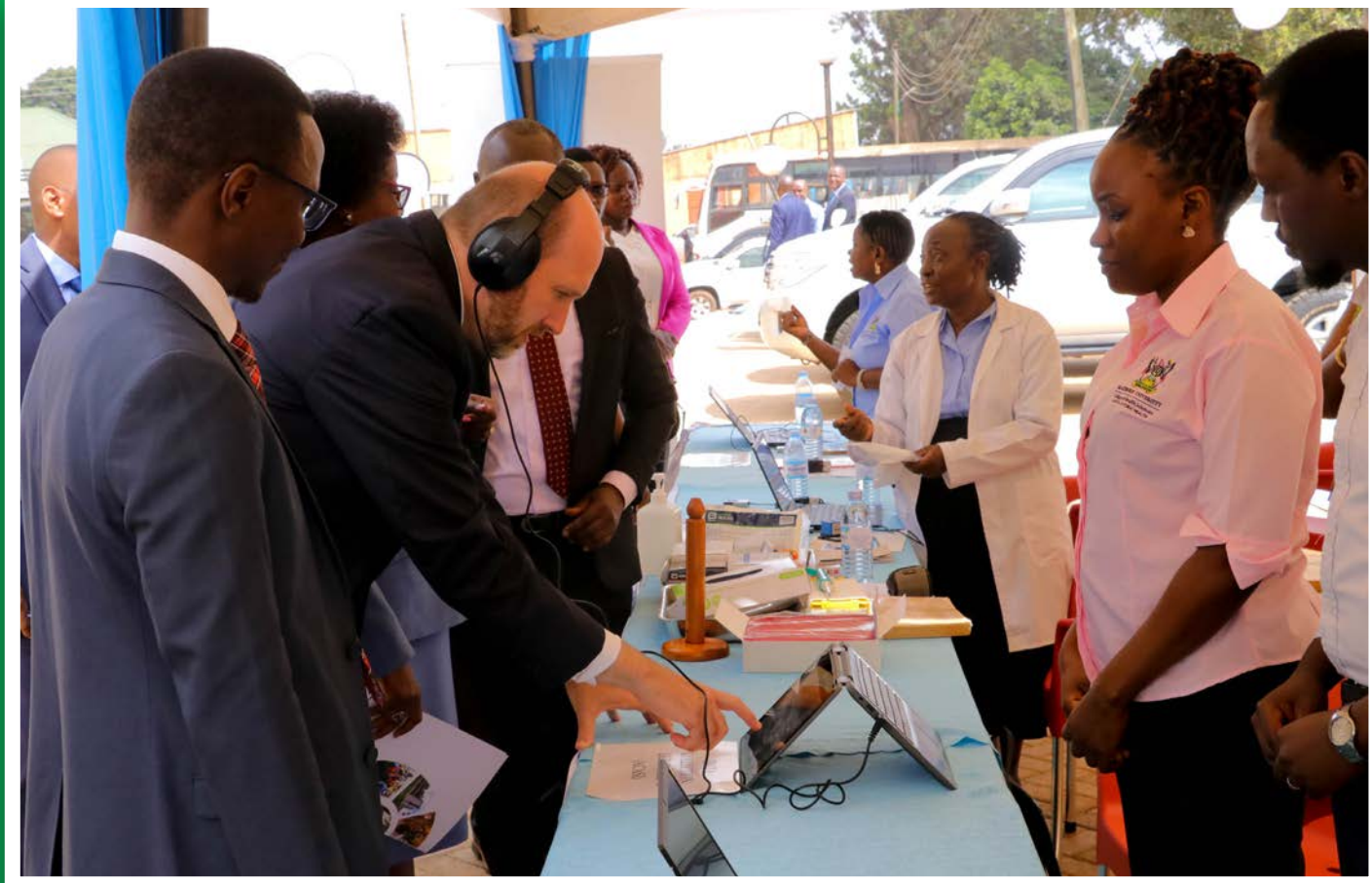
4.2 KNOWLEDGE GENERATION AND TRANSLATION

We 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 2020. On average, the School publishes over 250 journal articles per year in high-impact journals. Our novel research over the last five years has positively impacted the local and global health landscape. Over the past five years, the number of young faculty members securing research grants and contributing to publications has risen significantly. Nevertheless, our grants and publications are skewed towards areas that are well-funded internationally at the expense of some critical areas in the SDG 3 agenda and the MoH Strategic Plan. Finally, we have not fully harnessed the potential of AI and big data science in research endeavours.

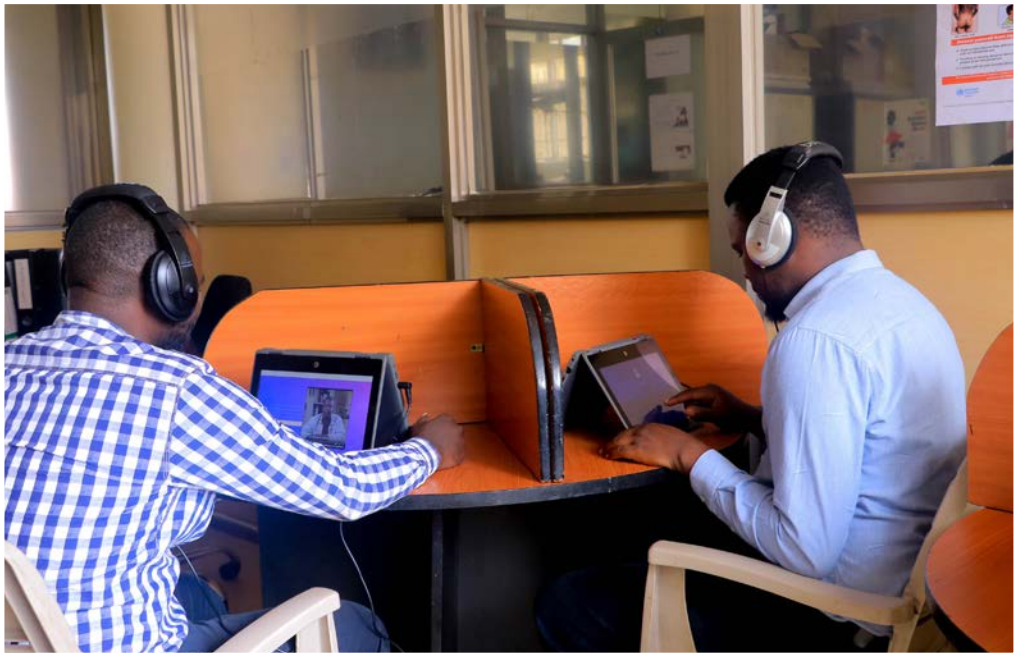
We continue to witness a disconnect between knowledge generation and knowledge translation. Whereas we have generated substantial knowledge and impacted several policies, we need to make greater strides to ensure the translation of knowledge into real-world public health solutions (or evidence-based 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 innovative methodologies for research and evaluation to enrich and reinforce our evidence base. 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; leverage big data and AI in research; 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 activities around Goal 3.8 – "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all" of SDG 3 of the global development agenda; and transform research groups into centers. The School will strengthen its institutional capacity by establishing a Knowledge Management and Communications Unit to facilitate knowledge translation and communication functions.

Impactful Research and Innovations to transform lives



U.S. Ambassador William W. Popp explores ACASI, a computerized HIV screening tool, during an exhibition at MakSPH on October 16, 2024.



The audio-computer assisted self-interview (ACASI) is an HIV screening tool that provides privacy and confidentiality.

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 addresses national, regional, continental and international needs.

Strategies

a) Enhance the capacity of researchers (numbers, skills, disciplines, etc.)

b) Develop and implement a research agenda that is aligned to national and global development agenda

c) Expand opportunities for student participation in research and scholarship

d) Strengthen the infrastructure to harness the power of big data and AI in new and more systematic ways

e) Develop mechanisms to facilitate multidisciplinary and interdisciplinary research within MakSPH and other units

f) Enhance the research management environment

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

Strategies

a) To develop a knowledge translation strategy

b) Translate and disseminate research findings into action to benefit population health

c) Enhance the capacity of staff in policy analysis, advice and influence

d) Establish a Knowledge Management and Communication Unit

e) Design and implement a system for tracking the impact of research outputs

Participants including the Minister of Health at the 2nd International UHC Symposium organised by MakSPH and partners.

Dr. David Musoke and the field team heading to the Bussi Islands, Wakiso district on Lake Victoria to hold trainings on pandemic and epidemic response among the Village Health Teams, as part of collaborative projects between Makerere University and Nottingham Trent University in the UK.

In August 2024, MakSPH hosted CARTA's APAS program, which aims to enhance institutional support for graduate training and research. The program brings together key university officials from six African countries to foster collaboration and strengthen the research ecosystem.

4.3 COMMUNITY ENGAGEMENT

We are deeply committed to engaging with our communities, working to bridge the gap between academic knowledge and real-world impact. Rather than remaining isolated in academia, we actively collaborate with local, national, and international partners to address pressing public health issues and improve population health outcomes. Through our civic mission, we have supported Uganda's MoH in developing evidence-based policies, implementing impactful interventions, and evaluating programmes that directly benefit communities. This engagement extends to training healthcare workers, enhancing local capacities, and empowering community health extension workers who play a crucial role in underserved areas, especially in addressing family planning and maternal health gaps. Our faculty have brought their expertise to technical committees and advisory boards nationally and globally, and contributed valuable insights to shape health policies and practices. We have cultivated an extensive network of partnerships with government bodies, non-governmental organizations, and international institutions, in a bid to create a platform to advocate research findings that improve the lives of the communities we serve. Finally, our community engagement is also rooted in education where we integrate community-based learning into the curricula to prepare students to become active, civically responsible public health professionals. This experiential learning approach enables students to understand local health challenges first hand and fosters a commitment to serving the public good.

However, our community engagement initiatives have not fully harnessed cross-disciplinary approaches to provide culturally sensitive interventions. Further, we need to understand the constantly changing community health needs in view of the dynamic context. Finally, we need to increase working with Community Based Organisations (CBOs) providing health outreach programmes.

Looking ahead, MakSPH aims to deepen our engagement and impact by: (a) further aligning our research with community needs; (b) expanding partnerships, particularly with local CBOs; (c) collaborating across disciplines within Makerere University and beyond; d) championing multisectoral whole-of-society and whole-of-government approaches to sustainable health; and e) Establishing / participating in think tanks, fostering citizen engagement, and hosting high-level policy dialogues to provide actionable, evidence-informed policy advice for health and development. This integrated multipronged approach will position us as a critical change agent, a trusted communicator of real-world challenges and a promoter of inclusive, contextually adapted, evidence-informed and politically feasible solutions in public health.

Sustained collaboration | The President of Karolinska Institutet, Prof. Annika Östman Wernerson, was welcomed by her Makerere University counterpart, Prof. Barnabas Nawangwe, in November 2024. Makerere University and Karolinska Institutet have collaborated for 25 years.

The SPEED Project Director, Prof. Freddie Ssengooba (3rd Rt) with other Mak and MOH dignitaries welcome the Representative of EU Ambassador at launch of the Book on Universal Health Coverage in Uganda.

Walking the Talk: MakSPH joined partners at the WHO Uganda Country Office in Kololo, along with the UN family, MoH and other partners to commemorate World Health Day themed on promoting physical and mental health.

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

BOX 3: COMMUNITY ENGAGEMENT

Strategic Objective: To deepen engagement with the local and international community to address public health challenges.

Sub-objective 1: To ensure impactful community engagement.

Strategies

a) Develop and implement a community engagement strategy
b) Increase partnership with local Community Based Organisations
c) Enhance our community representation in technical committees
d) Strengthen engagement with local governments, alumni and MoH and other government agencies
e) Reinforce political analysis and action to effectively navigate the political realities of public health research, policy and practice

Sub-objective 2: To improve access to public health services to the community through community-driven outreach services.

Strategies

a) Strengthen advocacy for research translation at the community level
b) Strengthen collaboration across Makerere University to develop comprehensive community engagement solutions
c) Expand alumni and workforce continuing education and workforce development offerings.
d) Establish community outreach programmes
e) Increase responsiveness to public health emergencies

4.4 PARTNERSHIPS AND COLLABORATIONS

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 five years, 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 objectives. We shall partner with the community, government and industry to harness resources to address the priority needs. 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 4: 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

a) Develop and implement a partnership strategy
b) Expand partnerships to enhance public health training within the sub-Saharan African and other regions
c) Propagate networks for innovative public health models, including social innovations
d) Intensify engagement with alumni (e.g. reunions, open days, etc.)
e) Establish an office of partnerships (and collaborations)
f) Proactively establish and sustain equitable and mutually benefitial partnerships

Sub-objective 2: To establish and sustain new partnerships with the private sector and industry at national, regional and international levels.

Strategies

a) Map and prioritize strategic partners in the private sector and industry at national, regional and international levels
b) Develop and implement tailored partnership engagement frameworks for the private sector and industry
c) Establish a monitoring, evaluation and learning (MEL) framework to assess the effectiveness and impact of partnerships with the private sector and industry over time

4.5 INSTITUTIONAL CAPACITY ENHANCEMENT

This 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 four areas: human resources, resource mobilisation, infrastructure and operational efficiency.

4.5.1 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, occupational hygiene, applied system thinking and complexity science, relevant social sciences, data science, and health informatics 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.

4.5.2 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 such as the laboratory capacity and support for field-based experiential learning, among other gaps. Most of our funding is from allocations by Makerere University and 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.

4.5.3 Infrastructure and ICT capacity

Despite the amount of growth that 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 five years.

4.5.4 Capacity-driven operational efficiency

MakSPH will effective January 2025 assume an independent status. In the next five years, the departments are required to leverage the new School status to fulfil their mandates. There is a need for departments and other units such as research centers to prioritise developing their capacities and improving their internal processes to deliver. This calls for cascading the School SP to departments and develop operational plans for effective implementation.

BOX 5: INSTITUTIONAL CAPACITY ENHANCEMENT PILLAR

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

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

Strategies

a) Attract and retain high caliber staff in the School
b) Enhance the capacity of both academic and non-academic staff in terms numbers, diversity across disciplines and seniority levels to match School requirements
c) Establish and implement a performance management and reward system that recognises and rewards outstanding students, faculty, staff and external collaborators
d) Design and implement mentorship and other career development programmes for faculty and staff
e) Establish functions for monitoring and evaluation and support for local and international students
f) Streamline the management and administration of academic programmes

Sub-objective 2: To maintain a solid sustainable School financial position.

Strategies

a) Develop and implement a resource mobilisation strategy
b) Diversify income sources including Public-Private-Partnerships (PPP)
c) Strengthen the grant management function
d) Establish a business arm for the School

Sub-objective 3: To improve and maintain infrastructure.

Strategies

a) Enhance laboratory infrastructure to support teaching and research
b) Strengthen ICT infrastructure to support research and e-learning
c) Equip the library with appropriate resources
d) Complete the new MakSPH complex under construction
e) Leverage technology in the processes of the School

Sub-objective 4: To enhance management capacity and operational efficiency of the School, Departments and other units.

Strategies

a) Develop and implement Departmental specific strategic plans
b) Strengthen leadership, management and governance structures at various levels of the School
c) Digitise and improve efficiency of administrative and students' support systems
d) Promote interdepartmental collaboration, interdisciplinary initiatives and cross-cutting functions
e) Strengthen the brand and visibility of the School

Fig 1: MakSPH Strategic Framework 2025 –2030

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

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

TRANSFORMATIVE EDUCATION	KNOWLEDGE GENERATION AND TRANSLATION	COMMUNITY ENGAGEMENT	PARTNERSHIPS AND COLLABORATIONS	INSTITUTIONAL CAPACITY DEVELOPMENT
SO1: To provide transformative education to strengthen health systems and outcomes	**SO2:** To promote public health knowledge generation and translation for population health impact	**SO3:** To deepen engagement with the local and international community to address public health	**SO4:** To cultivate and strengthen mutually beneficial partnerships in public health with international, regional and local communities	**SO5:** To strengthen the human resource capacity, financial base, infrastructure and management capacity to facilitate efficient and effective delivery of the School's mandate
Sub-objectives INSTRUCTIONAL 1. To enhance responsiveness of the curricula to labour market needs, and promote field-based multidisciplinary and multicultural learning opportunities at all levels of the health system. 2. To harness new technologies to achieve excellence in teaching and learning. INSTITUTIONAL 3. To enhance opportunities for Masters, Doctoral and postdoctoral training.	**Sub-objectives** 1. To promote impactful public health research and evaluation that addresses national, regional, continental and international needs. 2. To enhance knowledge translation into real world public health solutions (policies and programmes) to affect health.	**Sub-objectives** 1. To ensure impactful community engagement. 2. To improve access to public health services to the community through community-driven outreach services.	**Sub-objectives** 1. To strengthen partnerships at local, national, regional and international levels. 2. To establish and sustain new partnerships with the private sector and industry at national, regional and international levels.	**Sub-objectives** 1. To strengthen human resource capacity of the School to deliver its core mandate. 2. To maintain a strong and sustainable School financial position 3. To improve and maintain infrastructure 4. To enhance management capacity and operational efficiency of the School, Departments and other units.

CORE VALUES: Professionalism Integrity Innovativeness Responsiveness Collaborations Equity and social justice

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

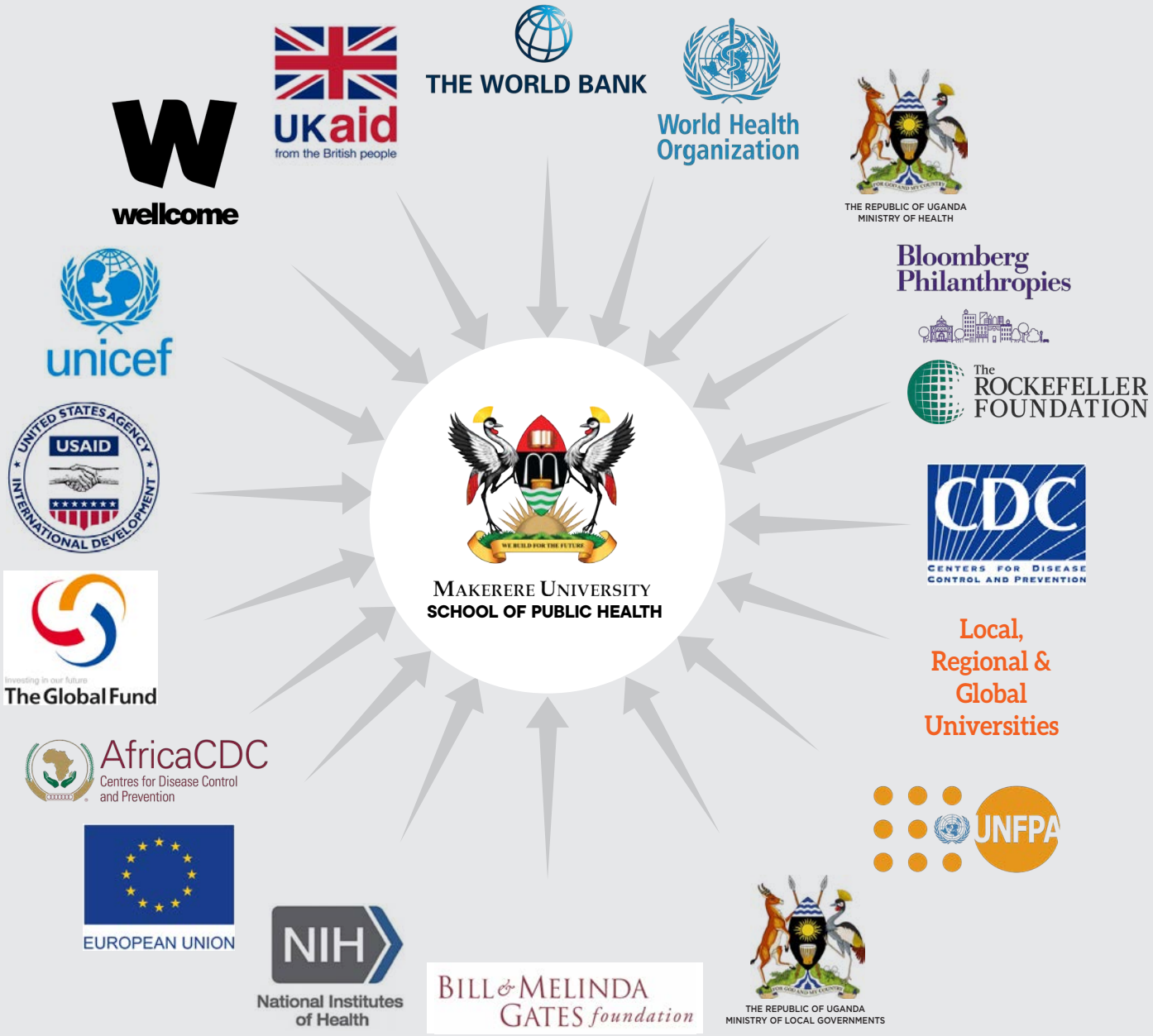
Ability to initiate and sustain innovation
Innovation is the key ingredient in the School's strategic positioning. Therefore, the success of MakSPH in the implementation of the Strategic Plan calls for the leadership of the School to provide an enabling environment for people to create, test and actualise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

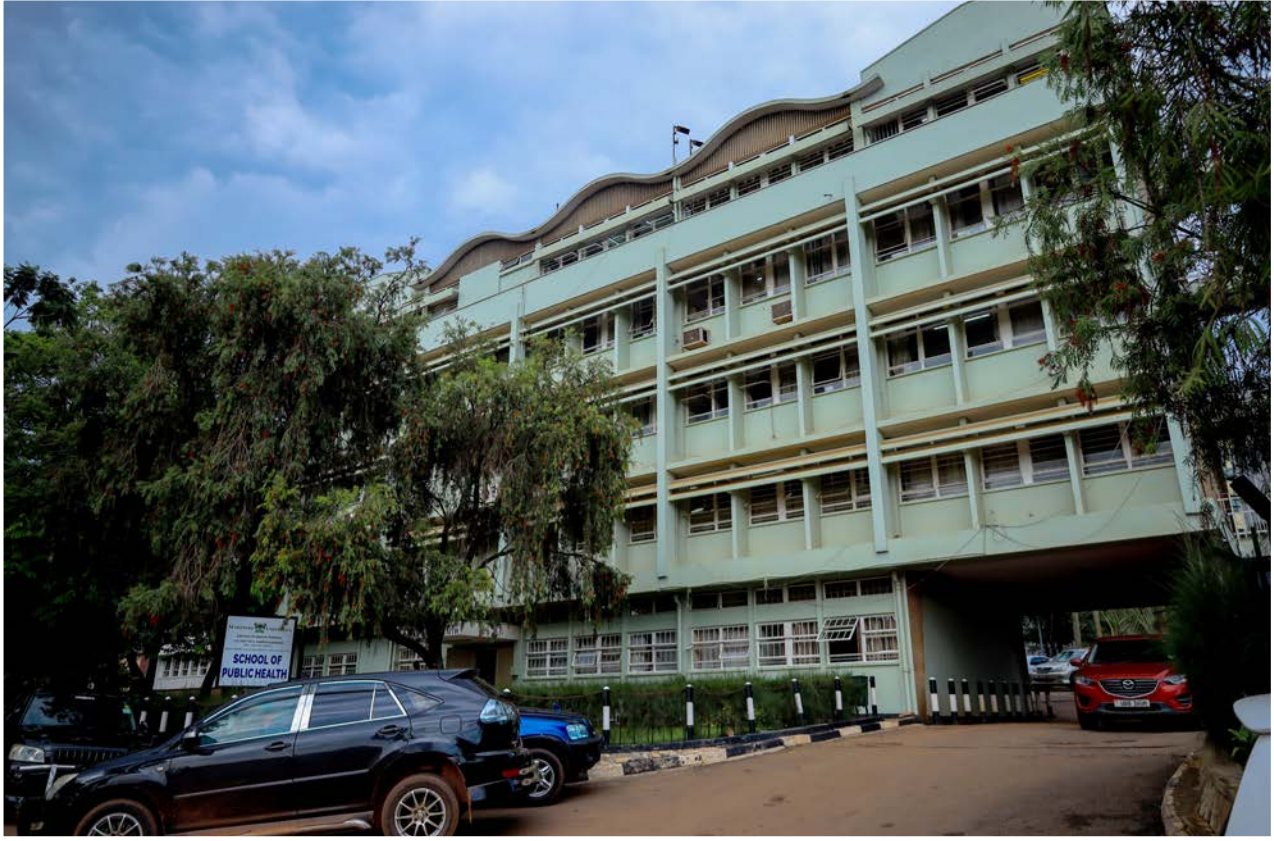
Efficient monitoring and evaluation mechanisms
Expansion and investment in human resource that is required for the function of monitoring and evaluation will be instrumental in the successful implementation of this Strategic Plan.

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 five champions will be to ensure that the key objectives under each strategic theme are implemented and successfully met.

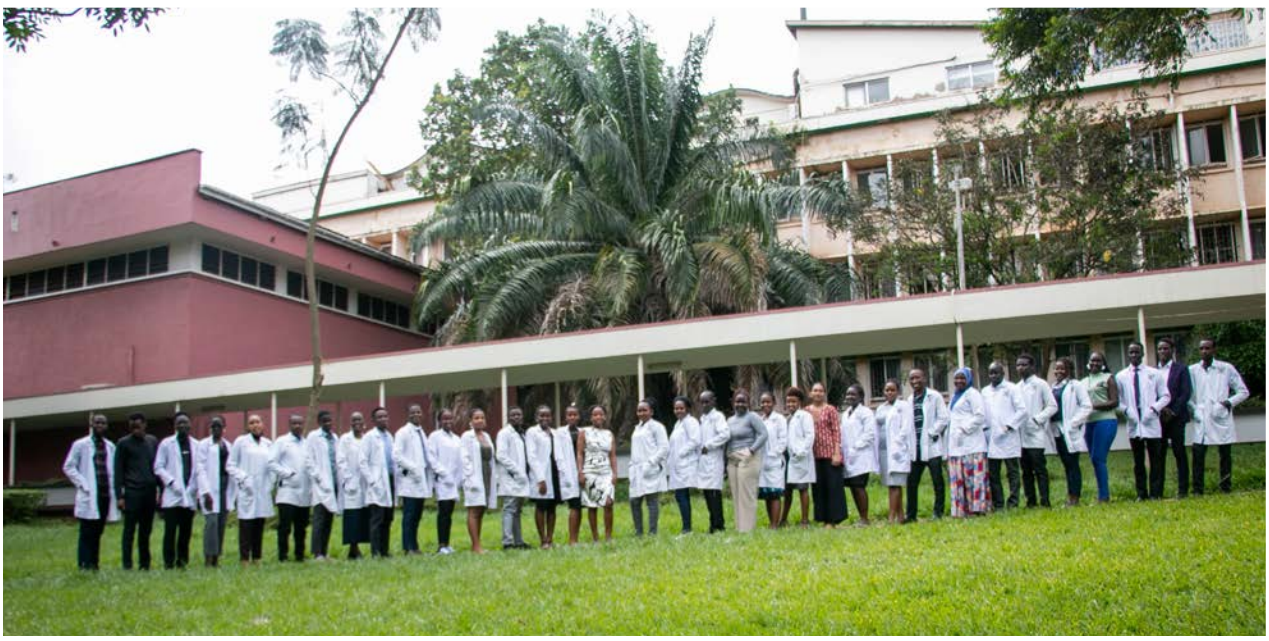
The champions should have direct access to the School leadership with the mandate to implement the 2025–2030 Strategic Plan. The champions should also be mandated to disseminate these strategic themes throughout the School, work with the monitoring and evaluation unit of MakSPH and departmental/administrative heads to implement the strategic objectives under their strategic theme as they monitor the expected progress.

MAJOR PARTNERS AND COLLABORATORS





The current four-storey MakSPH building, established in 1971 with support from the Rockefeller Foundation and the governments of Denmark and Norway.



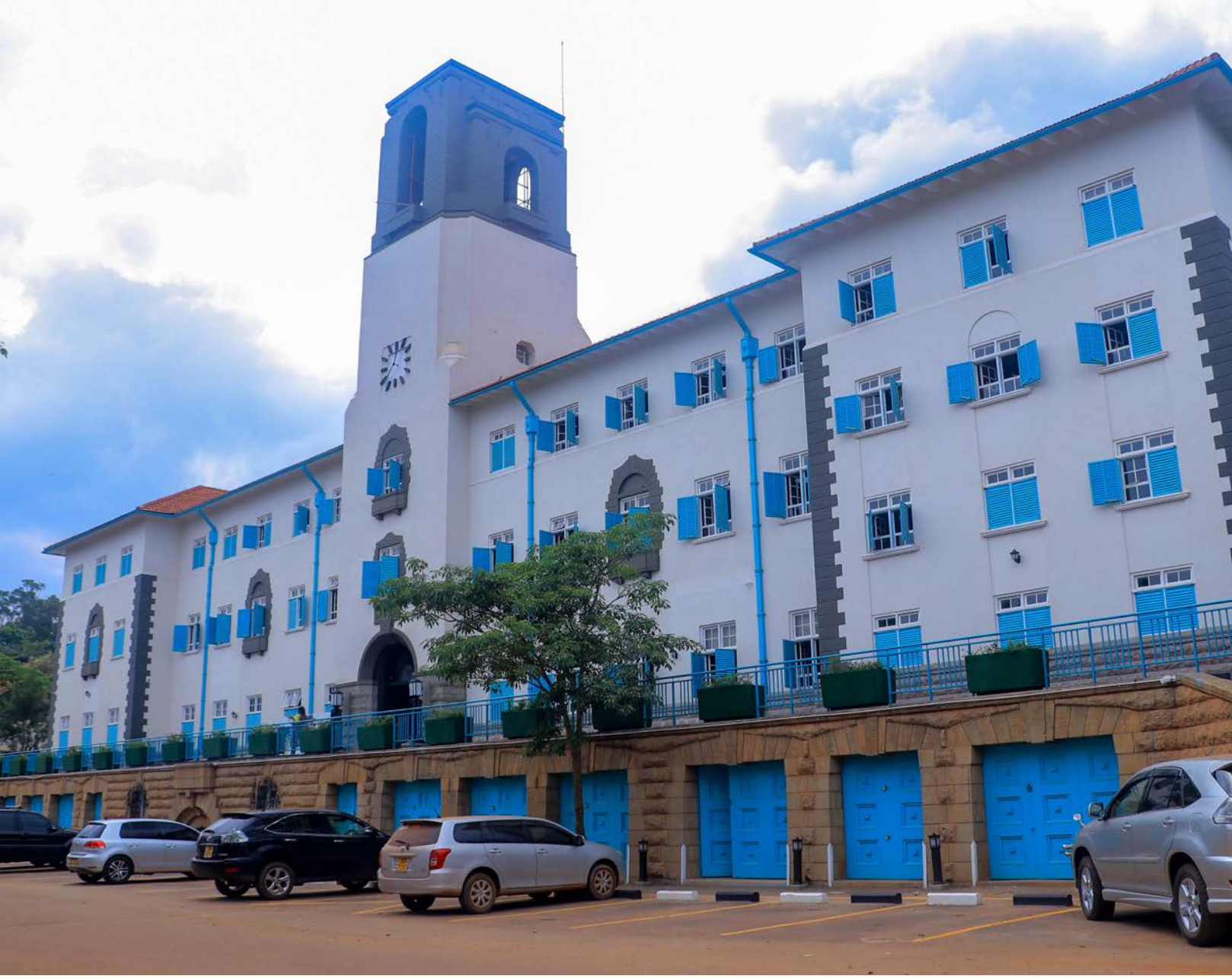
MakSPH continues to teach public health to students in the College of Health Sciences (MakCHS).

Princess Royal, Anne Elizabeth Alice Louise (3rd left and Prof. John Kakitahi) during her visit to Mwana mugimu nutrition center in late 1950s.

MakSPH past leaders, L-R Dr. Konde Lule, Prof. John Tuhe Kakitahi (R.I.P), Dr. Stephen Lwanga and Professor Emeritus David Serwadda.

Samuel Etajak Ebuut, a Research Fellow and Air quality Scientist, demonstrates the measurement of PM2.5 concentration using BAM 1022 reference instrument to MakSPH students.

MakSPH Staff at a retreat at Speke Resort Munyonyo in December 2022.



MAKERERE UNIVERSITY
SCHOOL OF PUBLIC HEALTH