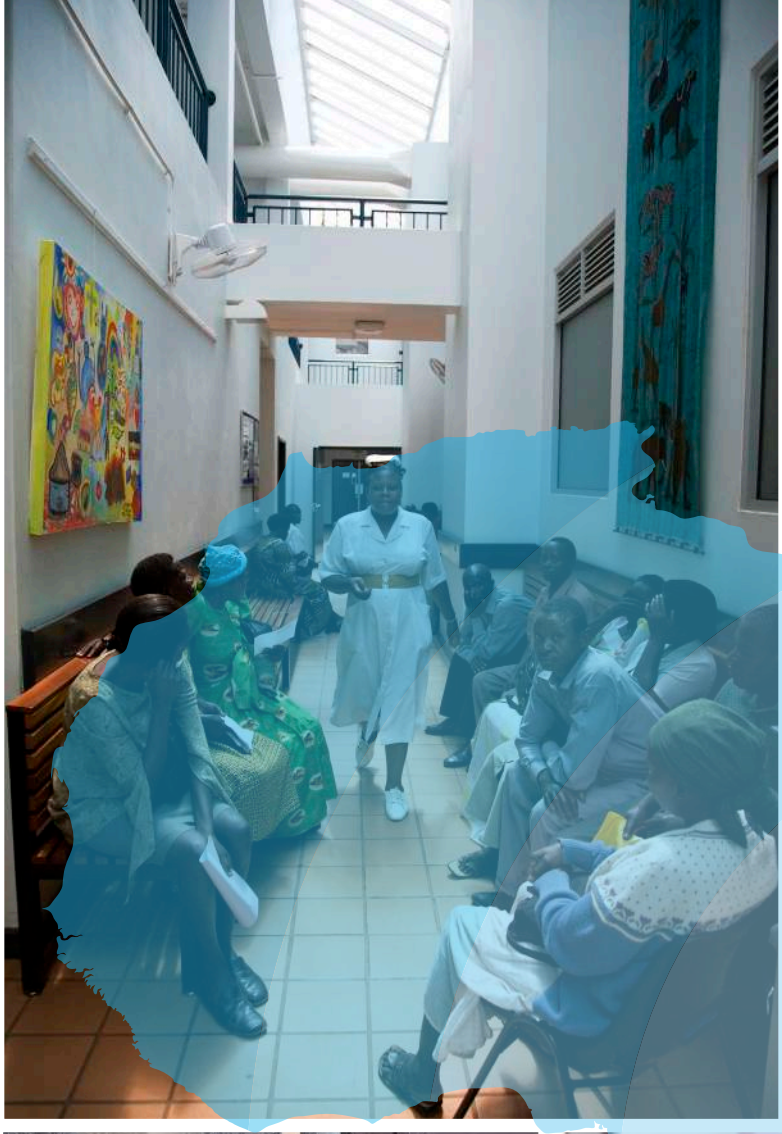
2023/24

INTEGRATED REPORT

(Abridged)

MAKERERE UNIVERSITY

IDI INFECTIOUS DISEASES INSTITUTE




PLAIN
WATER


GRATION

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OUR COMMITMENT TO ENVIRONMENT

ACRONYMS

ACE	African Centre of Excellence in Bioinformatics and Data Intensive Sciences
AGM	Annual General Meeting
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
ARTAccess	(Digital platform for) Antiretroviral Therapy Access
BAC	Board Audit Committee
CAMO-Net	Centres for Antimicrobial Optimisation Network
CAP	College of American Pathologists
CDC	Centers for Disease Control and Prevention
COSO	Committee of Sponsoring Organizations of the Treadway Commission
CPA	Certified Public Accountant
CRO	Contract Research Organisation
DS-TB	Drug-Sensitive Tuberculosis
EAP	Employee Assistance Program
EBM	Evidence-based Medicine
ECHO	Extension for Community Healthcare Outcomes
ED	Executive Director
EID	Early Infant Diagnosis
EMR	Electronic Medical Records
ERM	Enterprise Risk Management
ESG	Environmental, Social, and Governance
FCCA	Fellow Chartered Certified Accountant
FRCP	Fellow, Royal College of Physicians
FUNAS	Uganda National Academy of Sciences
FY	Fiscal Year
GCLP	Good Clinical Laboratory Practices
GFGP	Good Financial Grant Practice
GHS	Global Health Security
GRI	Global Reporting Initiative
HICs	High-Income Countries
HIV	Human Immunodeficiency Virus
HRBP	Human Resources Business Partner
HSS	Health Systems Strengthening
IA	Internal Audit
ICPAU	Institute of Certified Public Accountants, Uganda
ICT	Information and Communication Technology
IDI	Infectious Diseases Institute
IFRS	International Financial Reporting Standards

IIRC	International Integrated Reporting Council
IR	Integrated Reporting
ISO	International Organization for Standardization
IVR	Interactive Voice Response
LMICs	Low- and Middle-Income Countries
LMIH	Leadership and Management in International Health
MDM	Mobile Device Management
MDR-TB	Multidrug-Resistant Tuberculosis
MITIC	Mobile Interactive Training for Initiative for Community Healthcare Workers
MMed	Master of Medicine
MOH	Ministry of Health
MPH	Master of Public Health
MR2	Measles-Rubella (second dose) vaccine
NCDs	Non-Communicable Diseases
NEMA	National Environment Management Authority
NGO	Non-Governmental Organization
OHSE	Occupational Health, Safety, and Environment
OVC	Orphans and Vulnerable Children
PCT	Prevention, Care, and Treatment
PDC	Program Development Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PhD	Doctor of Philosophy
PLHIV	People Living with HIV
QA	Quality Assurance
QC	Quality Control
REC	Research Ethics Committee
SAQA	South African Qualifications Authority
SDGs	United Nations Sustainability Development Goals
SMT	Senior Management Team
SOC	Security Operations Centre
SSP	Sewankambo Scholars Programme
TB	Tuberculosis
TCB	Training and Capacity Building
TPT	TB Preventive Treatment
UPDF	Uganda People's Defence Force
VMMC	Voluntary Medical Male Circumcision
VSLA	Village Savings and Loan Associations

ABOUT THE REPORT

This report, covers our progress for the year ending 30 June 2024. "The Infectious Diseases Institute," "IDI," and "The Institute" are interchangeably used but refer to the same entity.

The IDI integrated report is addressed to all our stakeholders in our sector and society, with whom we partner and to whom we are accountable. It provides leadership insight and disclosure on which they can assess our ability to meet their expectations and align their interests over time, creating enterprise value over the short, medium, and long term.

In our report, we set out the Institute's strategy, assessed our progress against its objectives, and discussed our expectations for the medium term in the context of the longer-term trends affecting our sector. We cover the value outcomes we achieved, our key stakeholders, and society from 1 July 2023 to 30 June 2024 (FY2023/24).

Report boundary and scope

Integrated Reporting Award

Our journey in integrated reporting reached a significant milestone, evolving from certificate of recognition in the previous year to winning the Best Integrated Report Award under the Non-Profit Organisations category at the FiRE Awards 2024.

This accolade exemplifies our steadfast dedication to the highest standards of transparency, accountability, and excellence in reporting. It also highlights our significant progress and reinforces our resolve to consistently elevate our communication of performance and impact, setting new benchmarks in our industry.

Reporting Suite

Donor Reports: Demonstrate the tangible results of donor contributions, acknowledging donor support, highlighting programme outcomes, providing financial transparency, and inspiring continued support through a clear call to action. These reports combine storytelling with data to illustrate how IDI utilised financial resources to create the positive change, build trust, and encourage repeat donations, enhancing the Institute's credibility by highlighting achievements and financial transparency.

Financial Report: Provide stakeholders with a detailed overview of IDI's financial performance and position over a specific period. They include financial statements such as income statements, balance sheets, and cash flow statements. These reports help IDI's stakeholders understand revenue, expenses, profits, and financial management practices, ensuring transparency and accountability.

Integrated report: Provides material information to stakeholders highlighting financial results, social, environmental impact, and governance practices. This demonstrates how the Institute is positioning itself for long-term success. The report sheds light on the strategic priorities driving sustainable competitive advantage and relationships with the six capitals.

Internal Reports: These reports provide an overview of IDI's internal operations, highlighting achievements, challenges, and future objectives. They inform strategic decisions, improve operational efficiency, and ensure alignment with organizational goals. They often include project updates, financial summaries, and recommendations for improvement and are essential for decision-making, strategic planning, and operational efficiency.

IDI staff receiving award during the FiRE Award 2024 celebrations

OUR PURPOSE

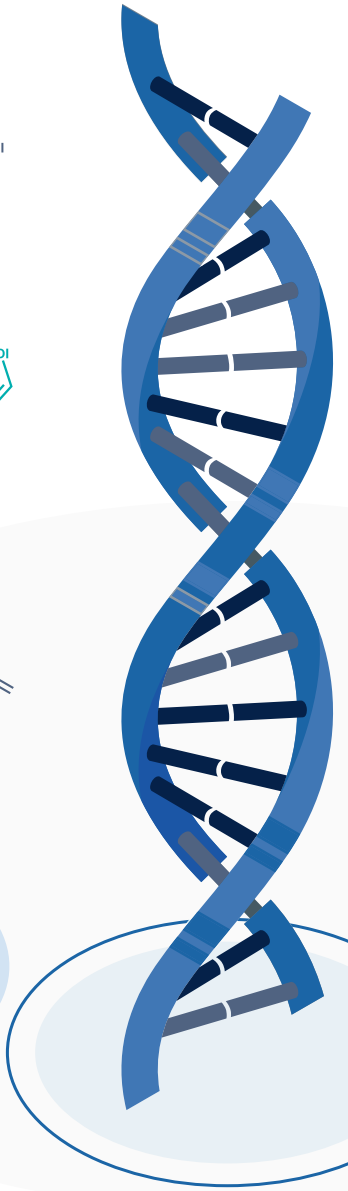
Who We Are

The Infectious Diseases Institute (IDI) is a research and capacity development NGO wholly owned by Makerere University. Established in 2002, the Institute vision focuses on freeing Africa from the burden of infectious diseases. We are currently a leading health implementing partner of the government of Uganda through our six core programmes (Clinical Services, Laboratory Services, Research & Development, Health Systems Strengthening, Training & Capacity Development, and Global Health Security). The core programmes are reinforced by three sub-programmes (Academy for Health Innovation, Africa Centre of Excellence in Bioinformatics and Data Intensive Science, and IDI Kasangati HIV Prevention Site).

INNOVATION
We are constantly looking for ways to improve.
We embrace change as an opportunity.

INTEGRITY
We are fair, honest and truthful in all interactions. We seek to adhere to the highest ethical and scientific standards and conduct.

EXCELLENCE
We are proud to be part of a high-quality institute and have a passion for continuous quality improvement.



CARING:
We aim to be responsive, kind and patient at all times.

ACCOUNTABILITY
We accept our responsibilities and try hard to achieve those things for which we are accountable.

TEAMWORK
We support each other to achieve the IDI objectives. We communicate actively and openly. We are reliable and loyal to each other.

OUR VISION

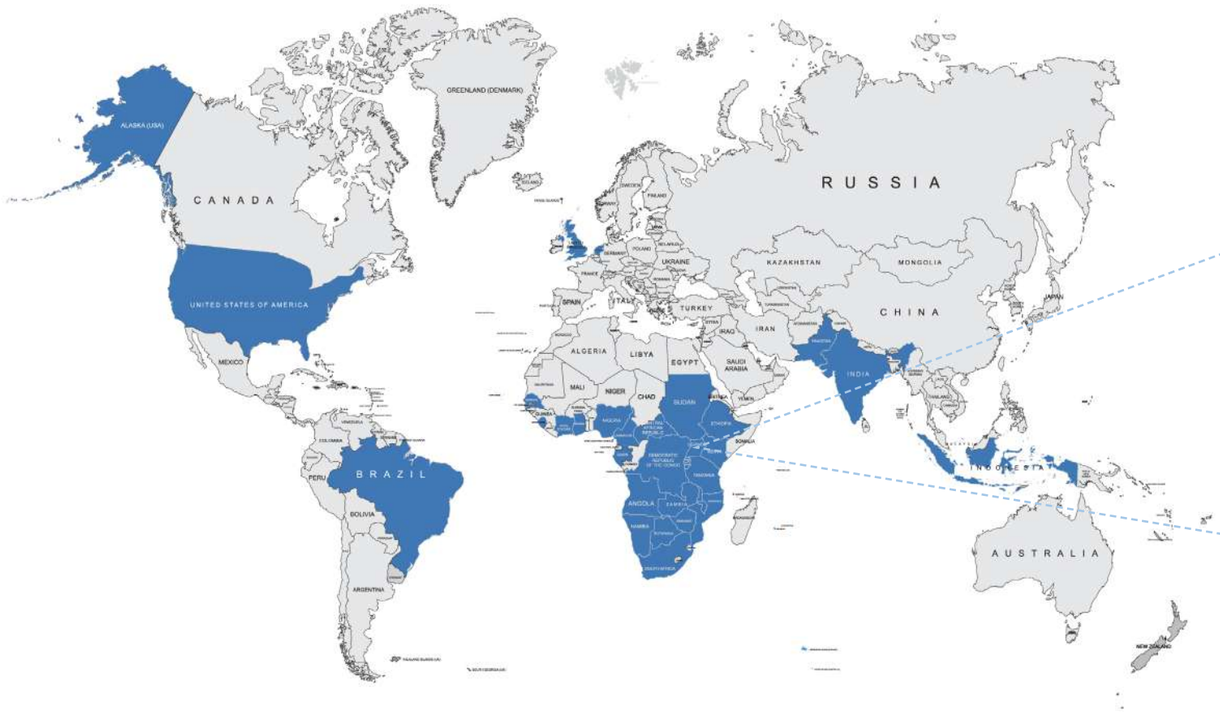
A healthy Africa, free from the burden of infectious diseases.

OUR MISSION

To strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development.

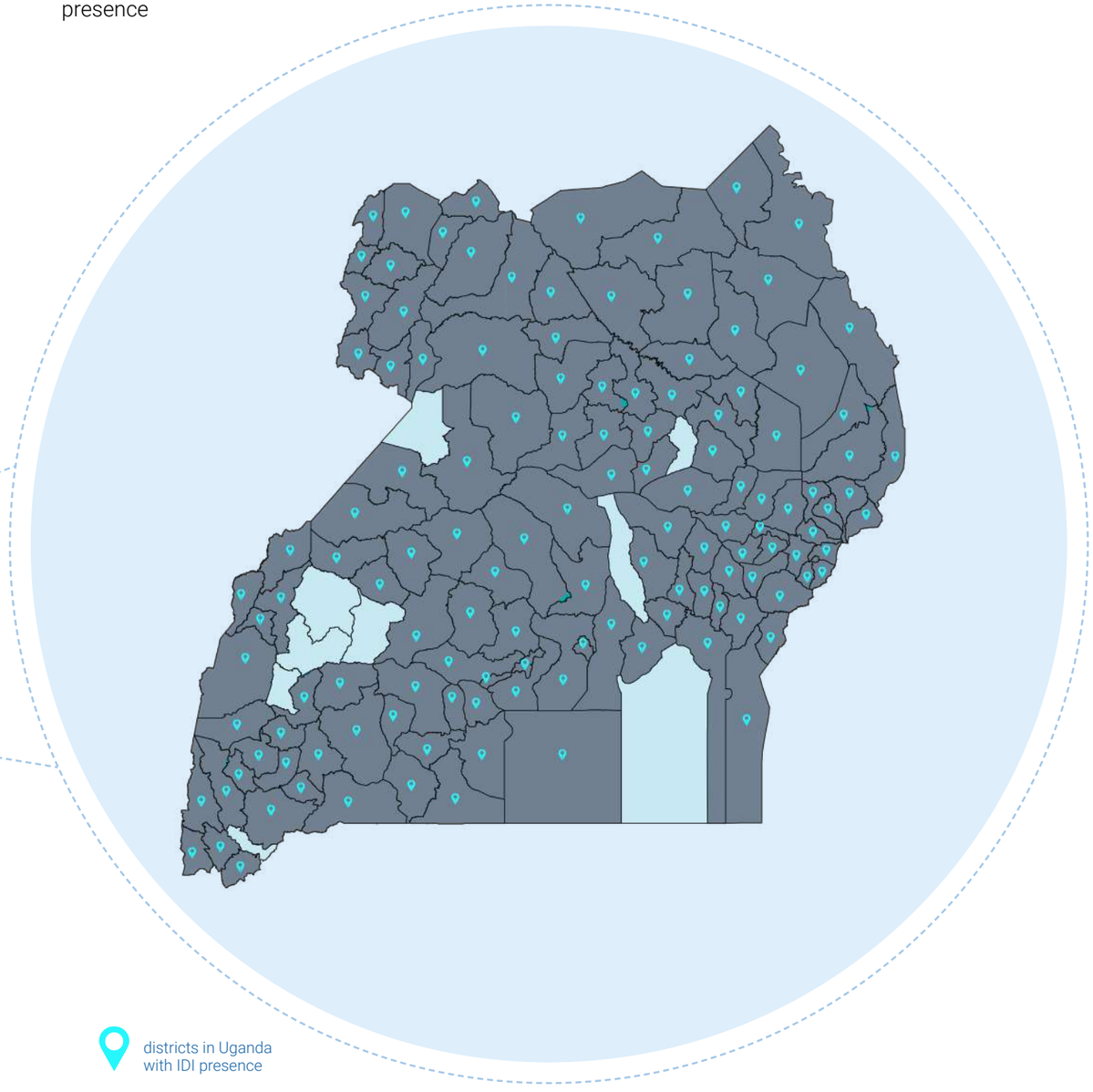
Where We Are

IDI has a presence in 92% of districts in Uganda and regional collaborations in over 20 African countries and beyond. We collaborate across borders and disciplines to connect people and ideas and strengthen health systems to withstand today's and tomorrow's health challenges.



1. Angola
2. Botswana
3. Cameroon
4. Central African Republic
5. Côte d'Ivoire
6. DR Congo
7. Ethiopia
8. Gabon
9. Ghana
10. Kenya
11. Malawi
12. Namibia
13. Nigeria
14. Rwanda
15. Senegal
16. South Africa
17. Tanzania
18. Zambia
19. Zimbabwe
20. Burundi
21. Sierra Leone
22. South Sudan
23. United States
23. United Kingdom
23. Netherlands
23. Indonesia
23. Brazil
23. Pakistan
23. India
23. Timor-Leste
23. Bangladesh

Map of Uganda showing IDI presence



districts in Uganda with IDI presence

92%

of districts in Uganda with IDI presence

FY2023/24 Overview: Facts & Figures

210,000+
Patients Served

$64.4M
Total Budget

3,970+
Number of Staff

11,600+
Healthcare Workers Trained

100+
Scholars Sponsored (Master, PhD, post-doc and Fellows)

110+
Research Studies supported

68,700+
Girls Empowered and supported

23
Countries with IDI active implementation

53,700+
Orphans and Vulnerable Children supported

140+
Publications

70+
Number of Funders (prime and sub-award)

Financial Performance at a Glance

	2021 USD	2022 USD	2023 USD	2024 USD
Income				
Grant income	56,058,227	61,259,254	63,187,840	59,721,551
Self Generated Income	3,531,269	3,883,904	4,503,592	4,247,865
Interest income	25,972	26,322	257,605	443,752
Total	**59,615,468**	**65,169,480**	**67,949,037**	**64,413,168**
Expenditure				
Restricted Grant	55,502,785	60,661,601	61,919,843	59,363,493
Unrestricted grant	555,442	597,653	1,267,997	358,058
Total	**56,058,227**	**61,259,254**	**63,187,840**	**59,721,551**

	30 June 2021	30-Jun-22	30-Jun-23	30-Jun-24
Training income	1,196,668	954,341	986,399	1,519,538
Rental	69,383	70,275	76,539	52,430
IDI Core Laboratory	1,754,040	2,140,305	2,516,603	2,064,272
Other income	511,178	718,983	924,051	611,625
Total Unrestricted Income	**3,531,269**	**3,883,904**	**4,503,592**	**4,247,865**
Overall Financial Results				
Income	59,615,468	65,169,480	67,949,037	64,413,168
Expenditure	(59,122,582)	(64,104,940)	(65,880,826)	(64,017,747)
Surplus	492,886	1,064,540	2,068,211	395,421
Human Capital				
Total Staff cost	22,324,002	24,566,743	26,072,496	28,285,539
Total staff numbers	2,058	2,568	2,604	3,973

Message from Board Chair

Rev. Prof. Samuel Abimerech Luboga

It is my great honor to present the 2023/2024 Annual Integrated Report of the Infectious Diseases Institute (IDI), a testament to our unwavering commitment to advancing public health through innovation, leadership, and measurable impact. Over the past year, IDI has steadfastly pursued its mission by integrating cutting-edge research, transformative service delivery models, and technology-driven solutions to address pressing health challenges.

Central to IDI's success is our culture of transparency, accountability, and adaptability, which enables us to respond swiftly to emerging opportunities while upholding the highest global standards of excellence. Our adoption of the Global Reporting Initiative (GRI) framework underscores this commitment to sustainability reporting, reflecting our dedication to ethical governance and responsible programme implementation.

This year's report highlights significant progress across our strategic priorities. Through targeted service delivery models, we have expanded support for adolescent girls and young women (AGYW), pregnant women, refugees, and other vulnerable populations, ensuring access to quality healthcare tailored to their unique needs.
Robust project- and organizational-level planning, monitoring, evaluation, and learning systems have further strengthened data-driven decision making, driving continuous improvement across all programs.

210,000+

People Living with HIV received comprehensive HIV services and care from IDI in FY2023/24

As highlighted in this report, IDI recognizes the critical intersection of climate change and public health.

As an active contributor to global health discourse, we are leveraging research and strategic partnerships—both locally and internationally—to integrate climate data and disease forecasting into programme design, thereby anticipating and mitigating climate-related health risks.

Equally vital is IDI's investment in human capital development. The Board's approval to revive the Sewankambo Scholars Programme (SSP) exemplifies our dedication to nurturing the next generation of health leaders and researchers.
Building on a legacy of excellence, SSP alumni now hold influential roles in academia and research institutions worldwide. In the words of Peter Drucker, "The best way to predict the future is to create it." Through such initiatives, we are shaping a future where skilled leaders drive equitable, sustainable health solutions.

Looking ahead, IDI remains resolute in our mission to strengthen health systems, advance scientific discovery, and catalyze positive change for the communities we serve. I extend my profound gratitude to our partners, funders, and dedicated staff—your collaboration and tireless efforts are the foundation of our achievements.

Here's to another year of purposeful progress and transformative impact!

Message from The Sande McKinnell Executive Director

Dr. Andrew D Kambugu

With great pride, I present the Infectious Diseases Institute's (IDI) 2023-2024 Integrated Report, highlighting our progress towards a healthier, disease-free Africa. This year, we actively expanded our impact, focusing mainly on vulnerable populations such as adolescents, pregnant women, and refugees because we believe a society's strength is measured by its treatment of the vulnerable.

With a presence in 92% of districts and regional collaborations in over 20 African countries and beyond, our commitment to strengthening regional research and data-driven health solutions remains central to our progress.
Financially, IDI has maintained a resilient and sustainable model as we continue to navigate the evolving landscape of global health. With the support of our partners and the success of our diverse programmes, we generated over USD 64.4 million in grants and self-generated income. This achievement reflects the confidence placed in our ability to deliver impactful results and enables us to reinvest in our mission.

A key milestone this year has been our progress in digital transformation. Through our innovation hub, we have adopted cutting-edge technologies to enhance healthcare accessibility and efficiency, reshaping our operations and programmes. These advancements have improved our ability to deliver care and expand community outreach.

USD 64.4M

grant and self-generated income

We have also responded to emerging global health challenges, particularly the intersection of climate change and public health. By contributing to efforts that forecast and mitigate climate-related health risks, we are safeguarding communities and setting new standards for global health security. Building on lessons from the COVID-19 pandemic, we are advancing regional product value chain development, particularly pharmacovigilance, while refining models for preventing, detecting, and responding to health emergencies.

Collaboration remains central to our approach, and we have welcomed new regional partners to navigate these challenges. Additionally, we have invested in data science capabilities across all programs and revived our flagship Sewankambo Scholars Programme, honouring its legacy while cultivating the next generation of research leaders.
I extend my deepest gratitude to our leaders, funders, and partners, whose unwavering support has been pivotal to our success. Your commitment strengthens our resolve and empowers us to expand our capabilities.

I am also profoundly thankful to our dedicated staff, whose expertise and dedication form the backbone of our institute.
Together, we will continue strengthening health systems and protecting communities from disease. With the support of our global community and strategic partnerships, we remain resolute in our mission to advance health and well-being across Africa.

OUR VALUE CREATION

- Business Model
- Strategy

Our Business Model

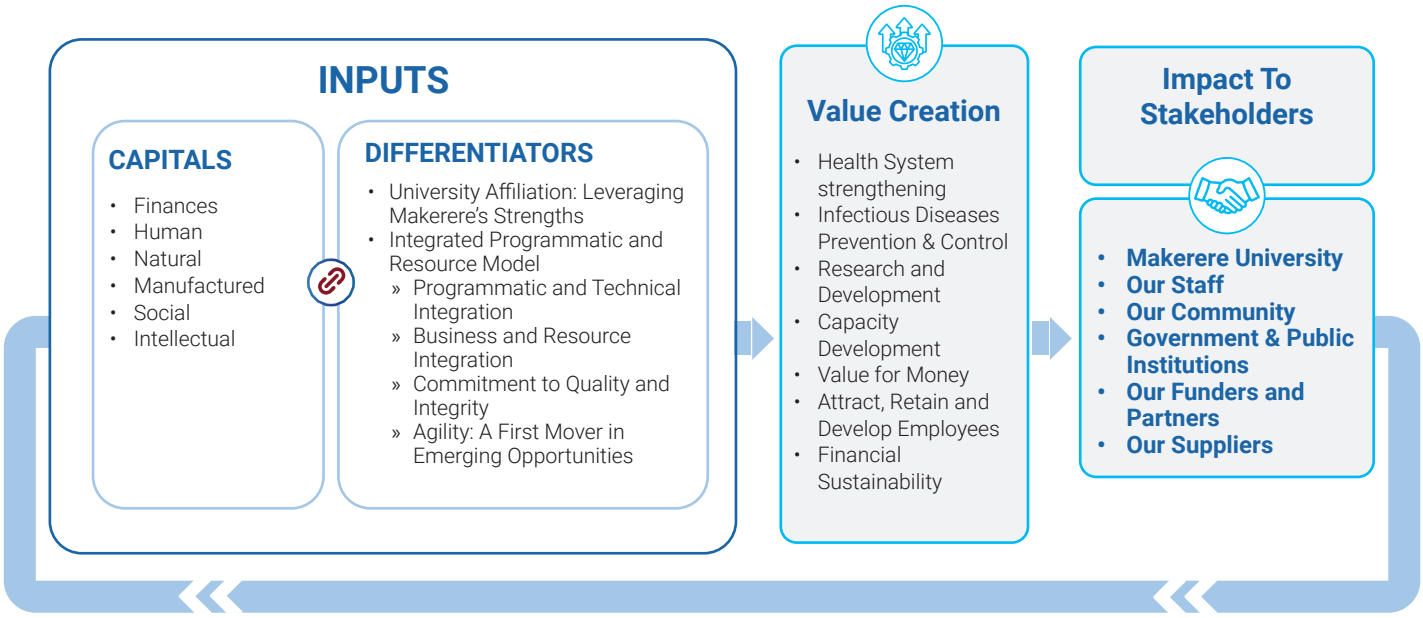
IDI is dedicated to delivering high-quality support to strengthen African health systems by integrating excellence in health programme delivery models, technology-driven solutions, and community-focused care to improve health outcomes, with a focus on infectious diseases, while maintaining financial sustainability.

Value Proposition

We offer locally relevant, proven system wide approaches to capacity building of health systems by leveraging models that we develop through our research, training and service platforms, supported by appropriate technology. Thus, we apply evidence-based solutions that are relevant to our setting to support national and regional programming to tackle infectious diseases.

We achieve our mission through 6 programmes: Research, Training and Capacity Development, Prevention Care and Treatment, Health Systems Strengthening, Global Health Security and Laboratory Services. These programmes complement and sustain each other and are backed by robust administrative, financial and governance structures that ensure maximization of quality and sustained value for all our stakeholders.

IDI's business model combines diverse capitals with key differentiators to create stakeholder value. This enables the institute to deliver locally relevant, evidence-based solutions that strengthen health systems and enhance community resilience.



Capitals

IDI's work is grounded in six key capitals—financial, human, natural, manufactured, social, and intellectual—that together enable us to deliver high-impact, sustainable health solutions. From our strong budget and skilled staff to cutting-edge infrastructure, trusted partnerships, and continuous research, these resources form the foundation of our integrated approach and lasting value creation.

Finances Capital: IDI's financial capital, exemplified by our budget of 64.4M USD this year, fuels our investments in state-of-the-art technologies, robust programme delivery, and sustainable operational practices. This strong financial base has been critical in enabling us to implement our work effectively and drive impactful health initiatives.

Human Capital: Comprised of the expertise, skills, and commitment of our staff and partners, human capital is at the core of our programmatic excellence, driving innovation and excellence in health service delivery.

Natural Capital: This natural capital reflects our commitment to preserving the environment as we serve our communities. We actively protect and manage our environmental and community resources, ensuring that our health solutions are both effective and environmentally sustainable while enhancing social well-being.

Manufactured Capital: This encompasses our state-of-the-art physical infrastructure, cutting-edge technology, and modern equipment—assets that have been significantly expanded through strategic construction projects and targeted equipment investments. This robust support system is further strengthened by strong governance and streamlined business processes, ensuring efficient delivery of high-quality health programs.

Social Capital: IDI's social capital thrives on the strength of our staff, communities, networks, and strategic partnerships. These relationships foster trust and collaboration, enabling us to implement integrated programs that improve health outcomes and enhance overall well-being.

Intellectual Capital: This capital is built on our collective knowledge developed through robust research and development, supporting policy formulation, and impactful publications. This expanding body of knowledge fuels innovative practices across our programmes, ensuring our evidence-based health solutions are both locally relevant and globally informed.

Dr Andrew Kambugu, the Executive Director, speaking to staff at the IDI Arua Regional office during the board visit to West Nile Region (left: board members and senior management team)

Stakeholders

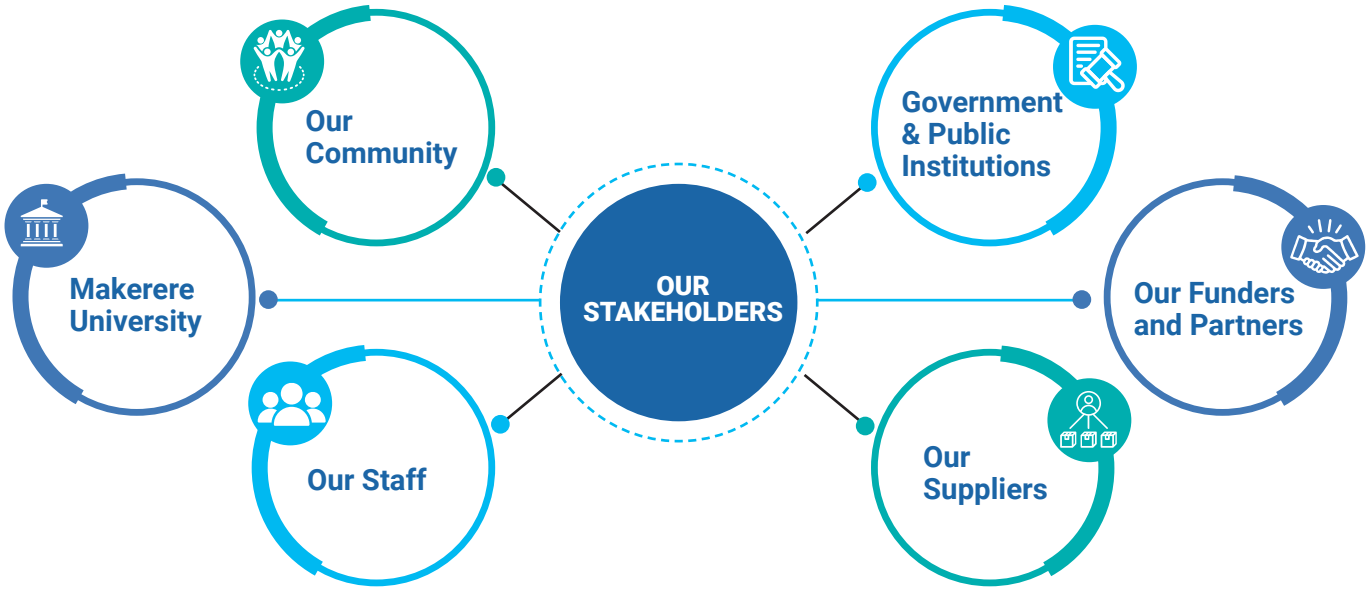
Our diverse stakeholders are key to advancing IDI's ESG commitment and building a healthier, sustainable Africa. Our staff drive innovation and high-quality care.

In close partnership with Makerere University and other academic institutions, we benefit from a rich intellectual environment. These academic partners provide a platform for cutting-edge research, education, and collaborative innovation, reinforcing our role as a leader in health sciences and technology.

Communities and local organizations help shape our programmes to meet local needs and ensure that our initiatives are both relevant and sustainable. This strong connection fosters mutual trust and ensures that the impact of our work is felt directly by the people we serve.

Government bodies align our programmes with national priorities through supportive policy frameworks, while our funders drive innovation and growth with strategic investments that ensure our initiatives are sustainable and scalable.

Local suppliers support our operations with quality and responsible practices. Together, these groups form a robust network that propels our mission forward.



Our Strategy (2023 - 2028)

Strategic Objectives	Achievements in FY2023/24	% Achievement	SDGs	Cross-cutting Challenges
Integrating Differentiated Services for Priority Populations	The HSS programme reaches populations driving national infectious disease programming outcomes, including nomadic and refugee communities, key populations, and Adolescent Girls and Young Women (AGYW). It holds major grants for these groups and supports related research, training, and capacity building. The GHS programme targets high-risk groups—such as border populations, health workers, and commercial sex workers—to support national epidemic prevention and response. The PCT programme continues to integrate various aspects of screening for non-communicable diseases and opportunistic infections into routine care. The Research programme's longitudinal cohort is refocusing on the aging population of people living with HIV while continuing to study pharmacokinetics in pregnant women.	70%		**Geographical, Policy and Stigma Barriers:** IDI finds great difficulty in consistently reaching, following up, and tracking some priority populations (such as those in the 84 islands of Kalangala).Access to some populations is also impended by policy and stigma barriers. **Workforce capacity:** IDI has limited specialist skills and tools for reaching vulnerable populations (for example through targeted data analytics and deployment of relevant technologies) **Sustainability Concerns:** Inconsistent targeted funding for priority populations threatens long-term differentiated service continuity and further development of proven contextual models for delivery.
Supporting Health Product Development, Introduction, Roll out and Evaluation (focus on Vaccines, POC diagnostics and Medicines)	The HSS programme delivers innovative drug and vaccine delivery models, including community pharmacy approaches supported by ARTAccess, an mHealth solution for patient management and community care. The GHS programme focuses on effective vaccine roll-out and uptake evaluation for diseases such as COVID-19, yellow fever, and malaria. The Research programme features a dynamic point-of-care diagnostic evaluation sub-programme that tests products for STIs and conducts drug trials for TB, HIV, and other diseases, earning regional recognition for its pharmacokinetics and pharmacodynamics research with the support of a robust Core Lab. Additionally, AMR has emerged as a significant research theme, and IDI is actively engaged in preparatory work to establish a contract research organisation.	50%		**Limited product development capacity and resources:** There is a limited stock of feasible "home-grown" solutions that IDI can tap into; most are imported and lack local linkages **Adoption & Infrastructure Challenges:** IDI has limited ability to generate acceptability/adoption and demand and overcome infrastructure barriers as well as inadequate monitoring and/or scientific evaluation capacity. This hinders effective rollout
Harnessing Big Data	The Data Science Unit spearheads the utilization of big data through several notable achievements. It has developed a research data capture tool and digital data catalogue. It is developing a data warehouse for AMR data and is becoming a key center for national/regional cancer research. The unit also supports Makerere University's Masters and PhD programmes, delivers skills-based short courses with a special focus on training young women, and demonstrates effective management of high-performance computing in resource-constrained academic settings. Additionally, it integrates data science into multiple projects and programme deliverables.	40%		**Capacity:** IDI has limited resources to compete with global demand for the high-calibre talent necessary to service its aspirational data value chain **Access and utilization:** Poor digital infrastructure, data fragmentation, and privacy concerns limit access and utilization of relevant data across programmes. **Resistance:** Resistance to adopting digital tools across the health system poses a barrier to quality data availability
Generating a Technology Pipeline (Focus on Academy)	The Academy builds AI capacity across the continent in collaboration with multiple partners. It has expanded drone operations to cover longer ranges and additional routes in remote areas. The deployment of Call for Life for long COVID studies in Malawi has been completed, and the platform is also being used in Nigeria to track displaced people.	45%		**Contextual Relevance & IP Barriers:** IDI has limited capacity to select and access (for example through licensing) products that have the greatest potential to meet local needs and contexts **Funding & Scalability Issues:** IDI has Limited access to funding and skills (such as start-up capacity and experience) to take products to scale and/or to market

Systems Objectives

Knowledge Management

Strategic Talent Management

Management & Support Systems

Sustainability, Governance & Partnerships

Compliance requirements: Some legal requirements (for example regarding tax treatment for health service, educational and scientific work) are not tailored to the not-for-profit environment , affecting IDI's capacity to maximize the social benefits of its work

Cost recovery: Restrictions on full recovery of administrative costs necessary to maintain its high quality systems impedes volume and quality of service delivery

Barriers to effective regional reach: Variations in administrative policies and practises across organizations and countries where IDI implements programmes complicates efforts to develop a solid regional footprint

OUR IMPACT TO SOCIETY

PROGRAMMES

- Our Contribution to Stakeholders
- Research and Development
- Kasangati Research Site
- African Center of Excellence in Bioinformatics and Data Intensive Sciences
- Health Systems Strengthening
- Global Health Security
- Training and Capacity Development
- Our Clinical Centre of Excellence
- Academy for Health Innovations
- Laboratory Services

CDC Director, Dr Rochelle Walensky, with one of the DREAMS girls at a safe space in Wakiso.

Introduction

IDI has six core programmes that drive social impact, each designed to address specific health challenges while collectively strengthening Africa's health systems.

The Research programme drives evidence-based innovations by supporting behavioural, clinical, and implementation research. Focused on generating actionable insights, it not only informs national and regional health policies but also builds local research capacity, paving the way for sustainable, context-specific health solutions.

The Health Systems Strengthening (HSS) programme focuses on creating integrated, systems-level interventions for underserved and vulnerable populations. By enhancing strategic planning, infrastructure, and service delivery, HSS improves access and quality of care for key populations, including adolescents, refugees, and communities in hard-to-reach areas.

The Global Health Security (GHS) programme strengthens the country's capacity to detect, respond to, and mitigate emerging health threats. Through partnerships with national and international stakeholders, GHS enhances outbreak preparedness, improves surveillance systems, and implements rapid response measures to safeguard communities from infectious disease threats. The Prevention, Care, and Treatment (PCT) programme is dedicated to delivering comprehensive, patient-centered services that combine prevention strategies with quality care and treatment. This programme ensures that priority populations receive holistic support—from antiretroviral therapy and counselling to management of co-morbidities—transforming lives through sustained community engagement.

The Training and Capacity Building (TCB) programme underpins IDI's commitment to developing a skilled workforce. By designing and delivering tailored courses and mentorship initiatives, TCB equips health professionals with the latest clinical and research competencies, ensuring that advancements in health care are both scalable and sustainable.

The Laboratory Services programme supports targeted programming through advanced diagnostic and research capabilities. With a focus on quality and innovation, this programme ensures timely and accurate diagnostics and contributes to global research networks, thereby reinforcing IDI's role as a leader in laboratory science and capacity development.

Together, these six programmes form the foundation of IDI's integrated approach to public health—each complementing the others to deliver measurable, lasting impact on the health and well-being of communities across Africa.

Our Contribution to Stakeholders

Our contributions to our stakeholders are deeply intertwined with our commitment to ESG stewardship. By fostering strong, mutually beneficial relationships with our staff, academic partners, communities, government bodies, funders, and suppliers, we ensure that our initiatives not only create value and drive innovation, but also uphold the highest standards of environmental, social, and governance practices. This integrated approach reinforces our mission and enhances our sustainable impact across Africa.

 Environment

 Social

 Governance

Our Contrubutions to our Stakeholders continued...

Makerere University

Capitals Impacted

- Social
- Human
- Intellectual
- Natural

How We Engage:

Reputation & Research Impact: Enhances the university's reputation by producing high-impact health research and publishing in top journals.
Student & Faculty Engagement: Provides hands-on training, internships, and research opportunities for students and faculty, fostering academic growth.
Collaboration & Innovation: Acts as a bridge for interdisciplinary collaboration across university departments — public health, medicine, economics, etc.
Grant Acquisition: Helps attract research funding and grants, boosting the university's overall research profile and resources.

Impact:

IDI championed sustainability initiatives in clean energy transition and carbon footprint reduction and worked with NEMA-approved waste disposal vendors to ensure responsible waste management practices within the university premises.

IDI invested over USD 12 million in research and development, leading to 143 publications involving interdisciplinary teams from various colleges. IDI co-hosted and provided the infrastructure for over 37 Masters, PhD and post-doctoral scholars in Bioinformatics. IDI's research capacity building unit supported 35 scholars including 10 PhDS and 25 masters students. There were 271 student placements under the clinic and systems strengthening programmes.

IDI is accountable to university members and submits annual reports to Members at the Annual General Meeting.

Material Matters: Research and Development and Capacity Building

Government & Public Institutions

Capitals Impacted

- Finance
- Social
- Intellectual
- Natural
- Human
- Manufuctured

How We Engage:

Health System Strengthening: Supports public health initiatives by offering expertise in health policy, data analysis, and program evaluation.
Capacity Building: Trains healthcare workers and government staff in evidence-based practices and health technologies.
Policy Support: Provides research-based recommendations to guide national and regional health policies.
Public-Private Partnerships: Collaborates with government bodies to pilot and scale effective health interventions.

Impact:

IDI championed sustainability initiatives in clean energy transition and carbon footprint reduction and collaborated with NEMA-approved waste disposal vendors. IDI joined the Cascading Climate and Health Risk in African Cities (CASCADE) consortium to tackle Africa's interconnected climate, urbanization, and health crises. IDI trained healthcare workers on environmental cleaning and disinfection.

IDI improved access to health care and strengthening health systems across 80 districts of Uganda. We trained over 11,600 health workers in evidence-based practices and health technologies, and supported policy-making. Additionally, IDI contributed over USD 7.3 million in taxes.

IDI ensured compliance with all applicable laws and guidelines, including the Financial Intelligence Authority, Uganda Revenue Authority, National Social Security Fund, and Ministry of Health.

Material Matters: Health System Strengthening, Infection Prevention and Control, Research and Development and Capacity Building

Our People

Capitals Impacted

- Social
- Human
- Intellectual
- Natural
- Finance

How We Engage:

Professional Development: Offers continuous training, workshops, and career advancement opportunities.
Job Security & Satisfaction: Fosters a supportive work environment with competitive benefits, encouraging staff retention.
Inclusion & Engagement: Promotes an inclusive culture where staff are empowered to contribute ideas and innovations.
Research Support: Helps staff secure grants, publish papers, and network with global health leaders.

Impact:

To further enhance our commitment to environmental stewardship, IDI selected 15 staff who are undergoing an ISO 14001:2015 – Environmental Management Systems training as certified environmental auditors.

IDI values its employees and fosters a supportive work environment. As of June 2024, IDI had a substantial workforce, with 1,369 new hires and USD 28.2 million spent on salaries and benefits. We prioritize employee well-being, safety, and professional development. Over 100 staff training sessions were conducted.

We strengthened our whistle-blower policy, institute anti-money laundering structures, and conduct fraud awareness training.

Material Matters: Attract, Retain and Develop Employees

Communities

Capitals Impacted

- Social
- Finance
- Natural
- Manufuctured

How We Engage:

Accessible Healthcare: Provides quality, community-based health services, especially for marginalized populations.
Health Education: Runs awareness programs on disease prevention, maternal health, and nutrition.
Employment & Empowerment: Creates local jobs and trains community health workers, boosting economic and social empowerment.
Feedback & Inclusion: Ensures community voices are integrated into program design and evaluation.

Impact:

IDI collaborated with the private sector to recycle and reuse items such as paper vehicle tyres. Through our Global Health Security programme, we also conducted community outreach and sensitization on climate and health-related challenges.

IDI works directly with communities, community-based organizations, and local governments to improve access to health services. We collaborated with numerous community-based organizations and local governments, providing USD 7.7 million in sub-grants to support various programmes targeting vulnerable populations.

We ensured community accountability through transparent reporting (publishing of Integrated Report) and actively collaborated with community structures to enhance programme effectiveness and responsiveness.

Material Matters: Health System strengthening, Infection Prevention and Control, Research and Development, Capacity Development, Value for Money, Attract, Retain and Develop Employees, Financial Sustainability

Funders & Partners

Capitals Impacted

- Finance
- Social
- Intellectual
- Human

How We Engage:

Impact & Accountability: Demonstrates measurable health outcomes and transparent use of funds.
Scalable Innovations: Highlights projects with potential for replication and scaling, ensuring funders' investments have far-reaching impact.
Collaboration & Leverage: Strengthens partnerships by co-designing programs and leveraging shared resources.
Storytelling & Visibility: Shares compelling success stories and data to show real-world impact, boosting funders' and partners' confidence.

Impact:

IDI consistently meets and often exceeds compliance requirements across numerous funder-specific assessments, demonstrating our commitment to environmental stewardship in all funded projects.

In collaboration with several funders and partners, USD 59 million was spent in providing access to health services, strengthening health systems, social and economic structures across the country and in 20 other countries

IDI maintains strong relationships with funding partners, ensuring compliance and maximizing the impact of funding. We utilize the interconnectedness between our programs to maximize shared impact and cost-effectiveness.

Material Matters: Health System strengthening, Infection Prevention and Control, Research and Development, Capacity Development, Value for Money

Suppliers

Capitals Impacted

- Finance
- Social
- Manufuctured
- Natural

How We Engage:

Sustainable Partnerships: Fosters long-term relationships with ethical suppliers to ensure reliable access to medical supplies and services.
Transparency & Fairness: Adheres to clear procurement processes, emphasizing accountability and value for money.
Capacity Building:

Impact:

IDI is dedicated to environmentally friendly procurement practices and supports local suppliers in complying with environmental regulations.

IDI spent over USD 16.7 million on a wide range of products and services from over 300 local vendors and supported over 50 vendors to transition to EFRIS

IDI prioritizes fairness, transparency, and value for money in its procurement policies and practices. Provided a platform (toll free line) to audit for vendors to report fraud and any malpractices.

Material Matters: Value for Money

The IDI Board held its first-ever meeting in the West Nile region, highlighting its strategic importance and IDI's commitment to expanding community engagement beyond the capital. Ahead of the meeting, Board members and the Senior Management Team visited River Oli Health Centre IV and Logiri Health Centre III, interacting with field staff and regional leaders to deepen their understanding of IDI's impact and strengthen stakeholder collaboration.

Dr. Andrew Kambugu interacts with Dr. Alex Andema (previously the Director Arua Regional Referral Hospital) during the board visit in June 2024.

Research and Development

In FY 2023-24, the Research and Development Programme continued to strengthen its capacity to drive impactful, globally recognized scholarship in infectious diseases, with a strong focus on Africa-centric solutions. It supported vibrant partnerships and collaborations and implemented impactful projects in sub-Saharan Africa and cross the global.

The Programme implemented 118 research studies. Our profile has expanded to cover new sites and project locations in Uganda and other African countries. Achievements in project implementation, publications, and supporting global health initiatives have further solidified our position as a leader in infectious diseases research.

143
Publications in FY 2023/24

140+
Cumulative Publications

100+
scholars supported

$11.6M
invested in research and development

Technical support to governments and global contribution to science

Our research and development programme has positioned itself to provide technical support, contribute to global science through evidence-based research, and support scientists in building their capacities. In FY 2023/24, the Research Programme contributed 143 research articles, bringing its cumulative output to 1,400 publications. These publications span a wide range of thematic areas, reflecting the programme's commitment to generating high-quality evidence that informs global health policies and practices.

This year, some of the notable contributions of IDI research(ers) include a paper on global guidelines for the diagnosis and management of cryptococcosis (published in the Lancet Infectious Diseases); a paper on the use of long-acting antiretroviral therapy (ART) (authored by the CARES Trial team and published in the Lancet) and a paper on TB treatment strategy through the two-month Regimens Using Novel Combinations to Augment Treatment Effectiveness for Drug-Sensitive Tuberculosis (authored by the TRUNCATE-TB trial team) and published in the New England Journal of Medicine).

Awards

Prof. Pauline Byakika-Kibwika

Appointed Vice Chancellor of Mbarara University of Science and Technology, .

Prof. Catriona Waitt

Received multiple awards, including the Dolores Shockley Award for Diversity and Inclusion in Research.

Assoc. Prof. Ponsiano Ocama

Elected President of the Association of Africa and Middle East Association of Gastroenterology

Assoc. Prof. David Meya

Appointed Chair of the O.R. Tambo Africa Research Chairs Initiative.

Ms. Provia Ainembabazi

Awarded the AFRIKA KOMMT! Fellowship for future African leaders.

5
Accolades received by researchers

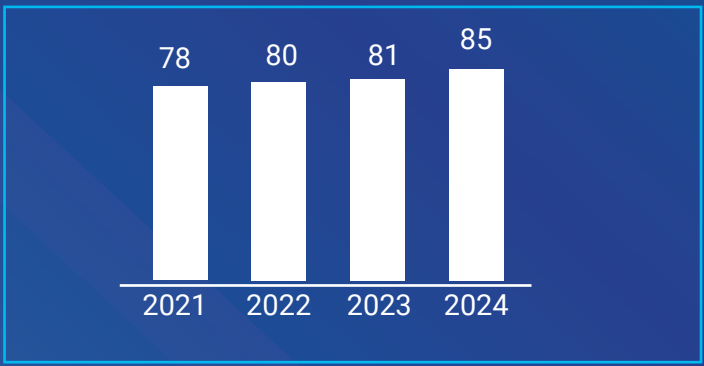
48
Research Forum Sessions

85
active clinical trials

IDI Clinical Trials Management

IDI continued to enhance its robust clinical trials infrastructure throughout the financial year 2023-24. With a focus on compliance with Good Clinical Practice (GCP), IDI supported the conduct of both industry- and investigator-initiated clinical trials. Key facilities included a dedicated clinical trial ward, comprehensive laboratory services, a research pharmacy, and a clinic, all bolstered by proficient data management and a statistics unit. Additionally, IDI upheld stringent quality assurance (QA) and quality control (QC) processes through its clinical trial quality management system.

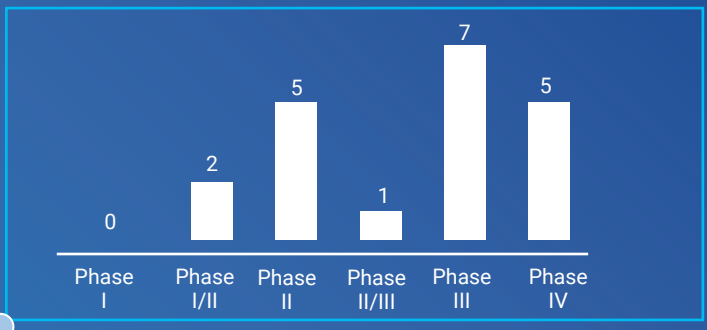
In FY 2023/2024, IDI initiated 4 new trials, contributing to an active portfolio of 85 clinical trials across various phases.



IDI also coordinated two multi-country trials with sites across Africa and Indonesia through the NADIA and HARVEST trials and these include Kenya, Zimbabwe, Indonesia and South Africa.

Active trials by phase

During the same period, 20 active clinical trials were conducted, focusing on a range of therapeutic indications. The majority of these trials addressed HIV treatment (12 trials), with additional studies on Sepsis, Contraception, Meningitis, Yellow Fever, Vaccines, Tuberculosis, Malaria, and Ebola. The majority of these trials were investigator-initiated (17 out of 20), highlighting IDI's commitment to pioneering research in infectious diseases.



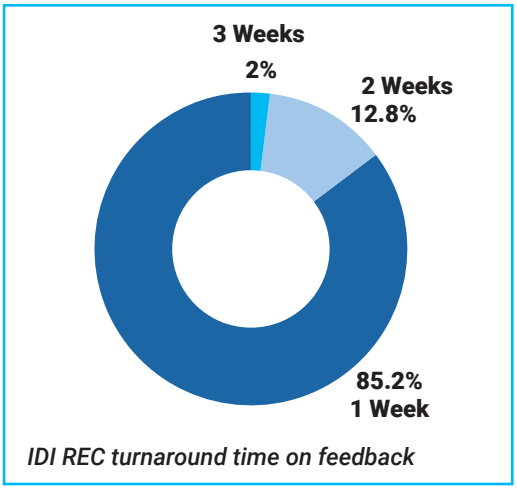
Clinical trial Phases:
Phase I: Tests a new drug or treatment on a small group (20-100 people) to assess safety and optimal dosing.
Phase II: Expands the participant group (100-300 people) to evaluate efficacy and further assess safety.
Phase III: Involves a larger group (1,000-3,000 people) to confirm effectiveness, monitor side effects, and compare it against standard treatments.
Phase IV: Conducted post-treatment to collect additional information on the treatment's long-term effects and optimal usage.

The Infectious Diseases Institute Research Ethics Committee (IDI-REC)

IDI's research department was granted a license to operate a Research Ethics Committee (REC/IRB) in 2021. A REC is a regulatory body licensed by the Uganda National Council for Science and Technology to check the scientific soundness of protocols and ensure the protection of human subjects' research participants. The IDI REC was accredited in 2021 and has since been unconditionally recredited up to 2027.

IDI REC comprises 13 multidisciplinary members, including 2 community members who represent not only the scientific interests but also the community interests.
In 2023-24, the REC reviewed and approved 34 new protocols, handled 25 renewal requests and 39 amendments, and conducted 5 site visits.

The REC has been credited by its users for its shortest turnaround time, which is attributed to the commitment and dedication of REC members.



IDI REC turnaround time on feedback

Capacity Building Unit

Our Research & Development Programme runs a vibrant capacity-building unit supporting researchers in developing the hard and soft skills required to become independent researchers and to secure and implement research grants successfully.

In this reporting period, we supported 101 scholars (post-docs, 24 PhD, 57 MSc students, 8 post doctorate and 12 research fellows) across institutions such as Makerere University, Mbarara University of Science and Technology, and the London School of Hygiene and Tropical Medicine. It conducted 48 research forum sessions providing a platform for research dissemination and 16 soft skills training sessions covering grants management, manuscript writing, and research portfolio development. Capacity building is integrated into all research projects to provide a real-world research experience for scholars and to facilitate mutual benefit between projects and scholars.

This year, the Capacity Building Unit offered a range of educational activities, including 3 online workshops on manuscript writing and epidemiology, 4 sessions on clinical research design and impact evaluation, and 2 sessions through the PhD Club for mock defense and presentation preparation. Additionally, it featured visits from two professors from the University of Turin and Johns Hopkins University and facilitated six conference presentations at local and international meetings.

Different Research & Development Programme units/projects contributed to capacity building as follows:

Regulatory Unit

Guides investigators and, facilitates the submission of research proposals to regulatory authorities, ensuring compliance with research standards

- 118 studies supported
  - 20 clinical trials
  - 84 observational studies
  - 11 diagnostic studies
  - 3 implementation science

Internal Monitoring Unit

Facilitates research proposal training and conducts study monitoring visits to ensure compliance with regulatory guidelines and approved protocols.

- 88 studies monitored

Statistics and Data Management Services

Supports data management of multinational research projects and applies comprehensive data management, statistical analysis, and data governance frameworks

- 19 studies supported with statistical services
- 29 studies supported with data management
  - 10 using DataFax/DF Discovery Software
  - 19 using REDCap Software

Capacity Building Unit

Supports researchers in developing the hard and soft skills required to secure and implement grants.

- 12 Research fellows
- 24 PhDs
- 8 Post Doctorate
- 57 Masters' students
- 2 PhD Club Sessions
- 2 Professors in Residence
- 6 conference presentations
- 17 CAMO-NET Cross-Network Workshops, 20 Travel Grants and 12 Offsite Placements
- 152 Participants trained in research ethics, personal effectiveness, and leadership (PEL), and Complex Study Designs under SCALE-IT Project
- 110 participants trained in good clinical practice (GCP) under the STAIRS Project.
- 48 Research Forums held

SPOTLIGHT: Centers For Antimicrobial Optimisation Network (CAMO-Net)

Antimrobial Resistance occurs when micro organisams like bacteria, viruses, fungi and parasites evolve to become resistant to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death.

The Centres for Antimicrobial Optimization Network (CAMO-Net), supported by Wellcome Trust, is a global research initiative established to address the impact of Antimicrobial Resistance (AMR) on human health. CAMO-Net brings together researchers from 13 hubs across low- and middle-income countries (LMICs) and high-income countries (HICs) to optimize antimicrobials and build a sustainable research ecosystem.

The Institute is leading a unique research program within CAMO-Net, focusing on antimicrobial use in the context of HIV, associated comorbidities, polypharmacy, and data- driven approaches dedicated to combat AMR. This programme aims to generate evidence, develop innovative strategies, and implement data-driven interventions to optimize antimicrobial therapy and improve patient outcomes. IDI spearheads the implementation of a capacity strengthening program that connects all the 13 CAMO-Net hubs, including national hubs, technical laboratories, and shadow national sites.

The hub also contributed to AMR research, with five manuscripts and over 10 blogs highlighting key findings and insights from its ongoing studies. CAMO-Net Uganda is enhancing AMR awareness through community engagement by leveraging storytelling initiatives such as music, dance, and drama to educate the local communities about antimicrobial resistance.

IDI staff at the AMR Run

The team actively engages stakeholders through webinars, patient sensitization sessions, policy discussions at national conferences, and nationwide AMR runs to promote awareness and drive action against AMR.

With the support of ACE, the CAMONET project created a data warehouse for AMR data (https://amrdb.idi.co.ug/), which is currently being scaled to the IDI data lake house following a modular design.

Empowering communities through sensitization is key in the fight against antimicrobial resistance (AMR).Engaging patients, families, and communities is important; their insights from lived experiences at the ground level significantly enrich the work we do. As an advocate for patient and community engagement over the past 18 years, I commend CAMO-Net Uganda hub for taking lead in using this approach.

- Regina Kamoga, ED at Community Health And Information Network (CHAIN)

SPOTLIGHT: Climate and Health

CASCADE Consortium

Climate change poses significant health risks through extreme weather events, altered disease patterns and impact on food and water which ultimately affect human health and wellbeing.

In FY 2023/24, IDI joined the Cascading Climate and Health Risk in African Cities (CASCADE) consortium to tackle Africa's interconnected climate, urbanization, and health crises. Anchored in Kampala, Harare, Accra, Johannesburg, and Cape Town, this transdisciplinary initiative—backed by Wellcome, the UK FCDO, and African partners—unites researchers, policymakers, and communities to combat cascading risks eroding public health gains. Through three pillars (Urban Climate Risk Pathways, Health Interventions, Governance), CASCADE co-develops localized solutions via City Learning Labs, amplifies grassroots voices, and strengthens urban resilience.

The consortium prioritizes empowering young African researchers and aligns with IDI's mission to advance health innovation and climate-resilient systems. By bridging policy, research, and community action, CASCADE positions IDI at the forefront of safeguarding vulnerable populations against climate-driven health threats. In FY2023/24, this partnership marked a critical stride in IDI's vision for equitable, sustainable health solutions, driving scalable strategies to secure progress across the continent.

Differentiated Services to Priority Populations

- Kasangati Research Site

Priority populations are vulnerable groups which face higher health risks and health disparities.

Our Research & Development Programme's 2023-28 strategic plan prioritizes delivering differentiated services to a number of key populations. IDI Kasangati is pivotal in executing this mandate, ensuring that new approaches to serving and learning from these populations translates into concrete health outcomes.

In FY 2023-24, six projects were implemented, at Kasangati focusing on priority populations, including people who use drugs (PWUD), sex workers, and refugee populations. The site introduced peer-led initiatives which have been instrumental in mobilizing communities, delivering preventive services, and improving research outcomes.

"I reduced my drug use, saved money, and started a small business. Now I adhere to PrEP and feel hopeful about my future."

Harnessing Big Data:
African Centre of Excellence in Bioinformatics and Data Intensive Sciences

Big data analytics is increasingly critical for gaining insights into population health trends and disease patterns leading to the design of targeted interventions to improve health outcomes and policies.

The African Centres of Excellence in Bioinformatics and Data Intensive Sciences Uganda (ACE-Uganda) is one of only two FNIH-supported centers aimed at building capacity for the use of data-intensive approaches to support Research and Training that enhances health in Africa. Established in 2019, ACE-Uganda continues supporting research efforts at IDI and beyond.

12
continuing Masters' students

12
PhDs

13
participants trained in bio-image analysis

30
participants trained in genetic predictions in order to enhance personalized treatment and care

To support Uganda's government efforts through the Ministry of Health, ACE tested the MOH's Integrated Epidemiology Surveillance and Public Health Emergencies (IES&PHE) tool for accuracy, relevance, and timeliness with district surveillance officers in Wakiso, Mukono, and Kampala.

This offered valuable lessons for IDI and MOH, and informed the planned development of an offline version which is more appropriate for Ugandan settings.

Through collaboration with other stakeholders, ACE advanced training opportunities, particularly for women in data science and bioinformatics, through the SHEDS project supported by the University of California, San Francisco (UCSF). The initiative supported 2 PhD scholars, 3 MSc students, and 7 SHEDS interns, fostering growth in research and leadership. This effort is contributing to greater gender inclusion and expertise in computational science.

The unit received new HPC equipment from the Texas Advanced Computing Company (TACC) with 4.3 times the original RAM and 5.95 times the original number of compute cores. It won the best poster award at the PEARC HPC Conference and presented an Abstract at the Ubuntu Net-Connect 2024 conference.

Health Systems Strengthening

IDI's health system strengthening (HSS) program currently covers over 42 districts of Uganda (51 Districts cumulatively over the years) with projects and models that support local and national government health systems to address not only "the big three" infectious diseases but also a range of associated morbidities.

HSS provides extensive support for the full cycle of national health programming from planning, management and infrastructure development/remodeling through to the 6 pillars of the health system (health service delivery, health workforce, health information systems; health products and logistics, health system financing, and health leadership and governance) in both urban and rural settings, and at all levels of the health system (national, district, health facility and community).

$24.1M

Amount spent on comprehensive HIV programming (West Nile and Masaka -Wakiso)

900,000+

Tested for HIV

15,000+

Identified HIV Positive and linked to care:

216,000

On antiretroviral therapy (ART):

Delivering HIV prevention, care and treatment: West Nile, Masaka and Wakiso

Through the Masaka Wakiso Comprehensive HIV Project funded by CDC, 584,168 individuals were tested for HIV, identifying 11,786 new cases with over 95% linkage to antiretroviral therapy (ART). In total, 216,000 individuals are currently receiving ART through IDI-supported programs, achieving an impressive 97% viral load suppression rate. This success is a testament to the effectiveness of our community-based approach, which combines widespread testing with robust treatment and support systems.

In the West Nile region, our comprehensive HIV programming has focused on improving access to ART and early infant diagnosis (EID) services. We implemented a series of interventions, including facility renovations, peer support, and staff training, to ensure that pregnant and breastfeeding women living with HIV could access ART and EID services on-site. This eliminated the need for them to travel long distances, reducing both financial and emotional burdens.

Amb. WIlliam Popp's visit to US government-supported project sites in the West Nile region, where we are implementing HIV and TB projects- reaching 3.5 million people.

HIV Programming on the Islands of Lake Victoria

Kalangala District, an archipelago of 84 islands (64 inhabited) in Uganda's Lake Victoria, faces unique health challenges due to its remote geography, sparse infrastructure, and socio-economic barriers. With HIV prevalence at 12.8%—nearly triple the national average—the islands' 74,500 residents endure limited healthcare access, mobility constraints, and high-risk lifestyles. Since 2023, the Infectious Diseases Institute (IDI), funded by PEPFAR through the CDC, has implemented a transformative HIV program to address these systemic gaps through community-driven innovation.

Key Achievements

- 30,699 individuals tested for HIV; 682 (2.2%) new cases identified.
- 99% (676/682) of new cases initiated on ART, raising total ART clients to 7,318 (88% retention rate).
- 96% viral load coverage with a 94% suppression rate across IDI-supported sites.
- 1,417 males circumcised; 106 syphilis cases treated (95% success).
- 52 HIV-positive pregnant women linked to lifelong ART.
- 473 TB cases identified and treated.

I'm Maama Sylvia, a boat owner and businesswoman in Bujjumba. Many of my employees are HIV-positive. Before IDI, managing their health was hard. Transport to the clinic was expensive and time-consuming, impacting my business.

IDI engaged boat owners, asking how we could help. I suggested they give me the medication to deliver to my employees on the islands. Now, the facility provides the drugs, and I distribute them directly. This has made a huge difference. There are no more transport costs or lost work time for my employees. My business also benefits—I save money, and my employees are healthier and more productive.

I am so grateful! "Njagala okweyama nti njakusigala nga ntwaliira abakozi bange bona eddagala lyaabwe kuba nange kinyaambyee nnyo mukudukanya omulimu gwange ogwobuvubi," – I will continue to deliver drugs to my workers because this benefits my fishing business. I urge all health facilities to embrace this model. It reduces costs, empowers employers, and promotes well-being. It's a win-win for our community.

An IDI vehicle enroute to Bussi Island for support work

Addressing Structural Barriers to the HIV Response

Targeting orphans and vulnerable children (OVC) in HIV programmes is crucial because they are disproportionately affected by the epidemic due to increased risk of infection, malnutrition and lack of access to social services.

Orphans and Vulnerable Children (OVC) Programming

In 23/24 IDI implemented Orphans and Vulnerable Children Inter-regional (OVC) Activity with funding from USAID. The activity span across 11 districts: Wakiso, Arua, Madi-Okollo, Nebbi, Pakwach, Kiryandongo, Masindi, Hoima, Kikuube, Kibaale, and Kagadi, as well as two cities, Hoima and Arua, covering three regions of Uganda. The program's goal is to prevent new HIV infections, promote child survival, and reduce vulnerability among orphans and vulnerable children (OVC), adolescents, their families, and communities.

The USAID OVC Inter-regional Activity effectively exceeded its targets across health, economic strengthening, and education support domains. Through the health interventions, we served 56,437 individuals (104% of target), with 53,765 beneficiaries receiving comprehensive OVC services. The support reached 36,200 children and 17,565 caregivers across 16,183 households.

$2.9M
Spent on OVC programming

53,700+
beneficiaries were served with comprehensive OVC services

Under economic strengthening services, the project oversaw 447 active Village Savings and Loan Associations (VSLAs), involving 3,857 beneficiaries and managing over 1.32 billion Ugandan Shillings in savings. 48 groups registered with the government and 38 were successfully linked to financial institutions, enhancing their financial growth.

The project also supported 219 vulnerable OVC in transitional classes at risk of dropping out by providing education subsidies and linking 144 to tertiary institutions, ensuring their continued education and improved future prospects.

To combat gender-based violence and enhance child protection, we supported 29 community dialogues across all inter-regional activity districts with focus on changing community norms and improving GBV reporting mechanisms.

Additionally, 14 district child wellbeing committee meetings promoted better coordination and monitoring, with 678 cases reported through District Action Centers. The project also implemented the "No Means No" curriculum for HIV and violence prevention, reaching 2,672 young adolescent males. These interventions have significantly contributed to building long-term resilience and improving safety, health, economic stability, and educational outcomes among vulnerable children and their caregivers.

447
active VSLA groups mobilized and monitored

2,670+
young adolescents males were reached with the revised No Means No training

219
critically vulnerable OVC in transitional classes and at the risk of dropping out of school supported with an education subsidy

School going girls supported under the OVC programme

DREAMS Programming

The DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe Women) program with funding from PEPFAR through the Centers for Disease Control and Prevention (CDC). This initiative is part of the Ministry of Health's strategy and offers a comprehensive package of health and socio-economic empowerment interventions to tackle the structural vulnerabilities that contribute to HIV.

The program aims to reduce new HIV infections among vulnerable adolescent girls and young women (AGYW) in high-risk communities.

Through DREAMS, 80,184 young women have been supported with a range of services, including HIV risk screening, HIV testing, and HIV combination prevention packages, education subsidies, vocational skills training, and mental health support. The program has trained 52 peers to provide mental health and psychotherapy services, ensuring that AGYW have access to the emotional support they need.

$2.7M
Amount spent on DREAMS programming

68,700+
girls were supported through DREAMS

We supported 68,789 girls through a range of empowering educational programmes These include Journeys Plus, which focuses on leadership and personal growth, the Sinovuyo training that promotes positive, non-violent parenting, and the No Means No Violence Prevention Training that equips girls to tackle gender-based violence. Additionally, participants completed Stepping Stones, a sexual health education program, and a select group of DREAMS Peers were trained to provide mental health and psychotherapy support within their communities.

My life was transformed through the DREAMS Programme. After being abandoned and struggling to survive, I joined the program, learned soap-making and concrete practice, and now I earn a steady income. I plan to expand my business and achieve full independence.

22-year-old single mother trained in concrete practice and paver making under the DREAMS programme

Voluntary Medical Male Circumcision

108 health workers trained in Safe Male Circumcision (SMC) skills from Ankole region (60), Kampala region (22) Masaka region and West Nile region (8). By cadre, 6 were Medical Officers, 31 Clinical Officers, 3 NursingOfficers and the majority were Enrolled Nurses. A Trainer of Trainer course was conducted for 5 health workers in order to strengthen sustainability efforts for provision of VMMC services in the West Nile Region.

108
health workers trained in Safe Male Circumcision skills

As a proxy of quality of services, the Adverse Event rate was low (0.01%) of the 67,188 recipients reached with VMMC for HIV prevention. IDI has continued to provide VMMC services through supported HFs and outreach services in catchment areas with a high unmet need for the service .

TB PROGRAMMING

Uganda is one of 30 high burden tuberculosis countries globally making TB a significant public health threat.

IDI's TB programming covers a wide scope ranging from TB clinical services provided through the IDI PCT programme's Mulago clinic and as part of comprehensive HIV services provided by the HSS programme in 26 Districts and a targeted project addressing a TB hotspot in Karamoja. IDI also provides above-site support to the National TB Program and conducts operational and clinical research, including trials, on TB prevention, detection, and treatment. At the regional level, IDI advanced TB elimination efforts by integrating mental health support into TB care across Uganda, Tanzania, South Africa, and Zimbabwe.

In FY2023/24, notable IDI contributions to national TB programming included enhancing national guidelines and improving the three major TB indicators in the supported regions (TB preventive therapy, treatment coverage and treatment success rate).

Regional Impact

In Fiscal Year 2023/24, IDI advanced regional tuberculosis (TB) elimination efforts through the USAID-funded COMMIT-Africa Project. This initiative integrates mental health support into TB care across Uganda, Tanzania, South Africa, and Zimbabwe, aligning with WHO's "End TB" targets. It addresses gaps in TB treatment compliance among populations with mental health and alcohol use disorders prevalent in these high-burden TB/HIV/MDR-TB countries.

IDI led a regional assessment to identify gaps in TB/Mental Health (MH) service delivery, developing tailored integration roadmaps and patient care pathways. In collaboration with Health Ministries, IDI revised national TB guidelines to include mental health screenings and contributed to training materials for integrated TB/MH management across Uganda.

IDI also enhanced the Mental Health and Psychosocial Support (MHPSS) Toolkit for TB patients to support psychosocial care during treatment. Active in key events like World TB Day and the 2024 Mental Health Summit, IDI advocated for integrated health approaches and ICT utilization in mental health.

Additionally, IDI refined MHPSS resources for USAID's HIV programs, promoting standardized integration across global HIV/TB programming.

National Level Support

In FY2023/24, IDI, under the USAID LPHS-TB Activity, supported the National Tuberculosis and Leprosy Programme (NTLP) by enhancing the technical capacity and leadership through strategic secondment of six senior technical staff to the Ministry of Health's National TB and Leprosy Division. This support led to the revision of national guidelines for contact investigation and the programmatic management of TB, as well as the integration of TB and Leprosy management guidelines.

Notably, the strategy for increasing the coverage of innovative tools such as mobile X-ray units was developed and implemented. Additionally, the accreditation process for four more referral hospitals to manage drug-resistant TB was completed, and shorter, more effective regimens for the management and prevention of drug-resistant TB were introduced.

IDI supported the incorporation of TB prevention into HIV workplace policies, the integration of TB services into social assistance grants for the elderly, and the inclusion of TB-focused initiatives in the budget call circular for 2024/25.

$6M
Spent on TB programming

32,800+
TB patients in Uganda directly supported by IDI out of 93,300+ total reported by Ministry of Health

91%
TB Treatment coverage achieved in IDI supported regions (93% at national level)

91%
Treatment success rate for all DS-TB cases achieved in IDI supported regions (91% at national level)

77%
TPT coverage among eligible contacts achieved in IDI supported regions (91% at national level)

District Level Programming

IDI has made an impact within the regions directly supported for TB services. Of the 86,617 TB patients diagnosed and notified nationally, IDI directly supported the diagnosis and notification of 32,873 of these patients. IDI's support helped maintain a treatment success rate of 91% for all drug-sensitive TB cases in the regions it supported, closely aligning with the national achievement rate of 93%.

Additionally, TB preventive treatment coverage among eligible contacts achieved a rate of 77%, demonstrating the effectiveness of IDI's targeted interventions in these areas. The treatment success rate in these regions also remained strong at 91%, reflecting the robustness of the support and strategies implemented by IDI in enhancing TB care and management.

In our comprehensive approach to health services, IDI has integrated TB services within HIV grants to deliver holistic care. In the Masaka-Wakiso and West Nile regions, this integration has shown notable results.

	TB-CN. Number of incident TB cases notified	TB Treatment coverage	Treatment success rate for all DS-TB cases	TPT coverage among eligible contacts
USAID LPHS TB Activity	12,819	101%	89%	70%
USAID PACT Karamoja	4,246	79%	93%	93%
Masaka-Wakiso Project	6,004	87%	89%	57%
West Nile Project	6,697	84%	94%	87%

IDI reported success in managing drug-resistant TB cases, with 458 of 519 cases completing their treatment, achieving an 88.2% success rate. This highlights IDI's effective strategies in tackling more complex TB cases across the regions.

TB Programming in Karamoja:

The remote and underserved nature of Karamoja posed unique challenges. Despite these challenges, IDI's initiatives achieved an 84% TB Case Detection Rate through integrated Community Awareness, Screening, Testing, and Prevention (CAST+) campaigns and mobile digital X-ray units. Treatment success rates improved significantly from 89% to 93%, with a cure rate increase to 85%. The region also saw a 175% investigation coverage in contact tracing, and a 95% completion rate in preventive therapy.

Our staff in the manyatas during home visits in Kotido

Global Health Security (GHS)

The IDI's Global Health Security (GHS) Programme enhances Uganda's preparedness and response to infectious disease threats through seven interrelated focus areas. The regional nature of such threats demands that the programme establishes strategic partnerships with key national , regional and international stakeholders to execute its mandate and to align with Uganda's National Action Plan for Health Security (NAPHS).

As such, in FY2023/24, the Programme collaborated with the Ministry of Health, Africa CDC, the World Health Organization (WHO), National Public Health Institutes, and other global entities, to address emerging health security challenges across its seven core focal areas.

Key Highlights

The GHS Programme achieved significant milestones in FY2023/24, advancing regional collaboration and health security:

$10.1M
Spent on global health security

7,890
children received Measles Rubella (MR2) vaccines

15
African Countries supported to strengthen vaccine systems

11
public health outbreaks supported, including cholera and anthrax.

25,000
high-risk individuals received Ebola vaccination

1,980
health workers trained in IPC and case management and scaled up IPC practices in 400+ health facilities across 20 districts

Health Policy, Advocacy, and Economics

Dr Andrew Kambugu, ED (L) handing over emergency medical services supplies to Ministry of Health

The programme made key contributions to aligning Uganda's health policy, advocacy, and economic frameworks to international health security standards. It also contributed to national and international policy reform and/or development that improved disease surveillance and reporting systems.

At the national level, the programme advised on revisions to the International Health Regulations (IHR) 2005 and contributed to Uganda's negotiations for the Pandemic Agreement. It further supported the government in developing and implementing critical health policy and legal frameworks including key public health law reforms.
The programme also played a significant role in the End Term Evaluation of Uganda's National Action Plan for Health Security (NAPHS) 2019–2023 and contributed to the development of the new NAPHS 2024–2028. A major milestone was the launch of Uganda's first standardized national guidelines for laboratory response to public health threats, strengthening the country's preparedness and response to emerging diseases.

On the regional and international front, the GHS Programme played a key advocacy role in the launch of the second Joint External Evaluation (JEE), a critical assessment tool for measuring national health security capacities. It also contributed to the compilation of the Africa-CDC-led Africa Public Health Intelligence Report, which is set to be unveiled in 2025. These efforts reinforced Uganda's position as a proactive player in regional and global health security discussions, and ensured that national policies are informed by and contribute to broader international health initiatives.

Key policy and legal documents Supported

1. Awareness creation on the Public Health (Amendment) Act, 2023
2. Revision of the Public Health (Notifiable Diseases) Rules SI 281-21
3. Sensitization on Public Health (Prevention of Infectious Diseases) (Conditions of Entry) Order SI 281-28
4. Amendment of the Animal Diseases Act Cap 38
5. Finalization of the Regulatory Impact Assessment on One Health Approach in Uganda and policy formulation
6. Support to the Ministry of Health in the WHO Pandemic Accord and International Health Regulations
7. Provided technical support to conduct the Biosafety Biosecurity (BSBS) Regulatory Impact Assessment (RIA) for the new Biosafety Law
8. Fast-tracked approval and dissemination of the case definitions for priority animal diseases in Uganda
9. Development of the National One Health Strategic Plan II
10. Developed and disseminated Guidelines for the National Animal Sample Transportation Network for MAAIF
11. Drafting the National Animal Laboratory strategy
12. Development of the National Action Plan for Health Security

Laboratory, Biosafety, and Biosecurity

The programme supported laboratory infrastructure upgrades at Jinja, Arua RRHs, and CPHL, ensuring compliance with international laboratory standards and improving diagnostic capabilities. Additionally, biosafety training was conducted for laboratory professionals, and antimicrobial resistance (AMR) surveillance techniques were enhanced.

A major milestone was the establishment of the Integrated Microbiology Support Centre at the National Microbiology Reference Laboratory, which now provides telemicrobiology assistance to peripheral laboratories.

Planetary Health, Water, Sanitation, and Hygiene (WASH)

WASH facilities were upgraded in 30 healthcare centres, and community sensitization campaigns were conducted to promote hygiene practices. Healthcare workers in Kabarole district received training on environmental cleaning and disinfection.

Additionally, partnerships with the University of North Carolina and Uganda's Ministry of Health were explored to establish a WASH Community of Practice, fostering collaboration in improving sanitation standards.

Antimicrobial Resistance (AMR)

In alignment with the WHO Global Action Plan on AMR, the programme advanced Uganda's National AMR Action Plan through research and capacity-building initiatives. Quarterly point prevalence surveys were conducted at nine regional referral hospitals to monitor antimicrobial use patterns using WHO methodologies.

Technical assistance was provided to ministries in developing five- year AMR policy frameworks, and 57 pharmacists were trained in antimicrobial stewardship. The Integrated Microbiology Support Centre was also expanded to provide real-time laboratory guidance. The program also contributed to global gonorrhea surveillance by reporting on 700 isolates to the WHO's Enhanced Gonococcal Antimicrobial Surveillance Programme (EGASP).

Case Management, Infection Prevention, and Control (IPC)

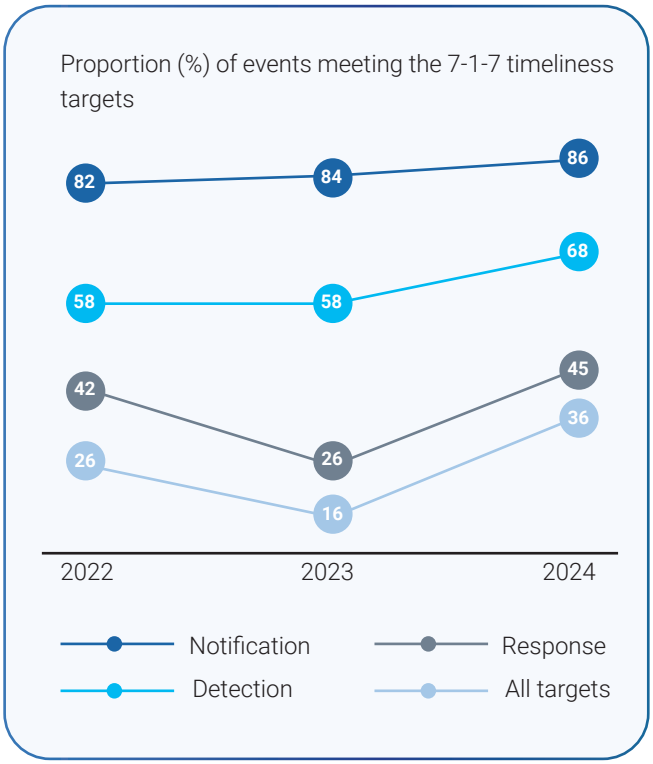
Efforts in IPC programming focused on improving outbreak response and healthcare safety. A total of 1,980 healthcare workers across 20 districts received training in IPC protocols, contributing to better compliance in over 400 healthcare facilities.

The programme also renovated 02 Ebola treatment units ((Kihihi and Bwera) and developed a Viral Haemorrhagic Fever case management handbook with support from the Foreign, Commonwealth & Development Office. Additionally, six GHS staff members were certified in advanced IPC practices, further strengthening Uganda's outbreak preparedness.

Epidemic Intelligence and Community Health

The programme improved early disease detection by conducting 11 multi-hazard risk assessments to guide outbreak responses. Systematic surveillance was enhanced for healthcare associated infections, acute febrile illnesses, and zoonotic diseases. IDI is a key advocate and implementer of 7-1-7, a framework which is increasingly being adopted as the global standard for epidemic response. It prescribes a target of 7 days to detect a suspected infectious disease outbreak, 1 day to notify public health authorities to start an investigation and 7 days to complete an initial response.

Timeliness evaluations and early action reviews show that key performance indicators for response have improved as a result of IDI support to national institutionalization of 7-1-7.



Vaccines and Medical Countermeasures

The programme deployed preventive Ebola vaccinations to 25,000 high-risk individuals and integrated COVID-19 vaccination strategies into national policies. School immunization campaigns were supported, leading to the vaccination of thousands of children against measles and rubella.

Furthermore, the Zero-Dose Project was launched, successfully vaccinating over 5,000 children in the West Nile region, ensuring that vulnerable populations received critical immunizations.

Vaccination supported in West-nile region

5000+

children received vaccination under the zero-dose project

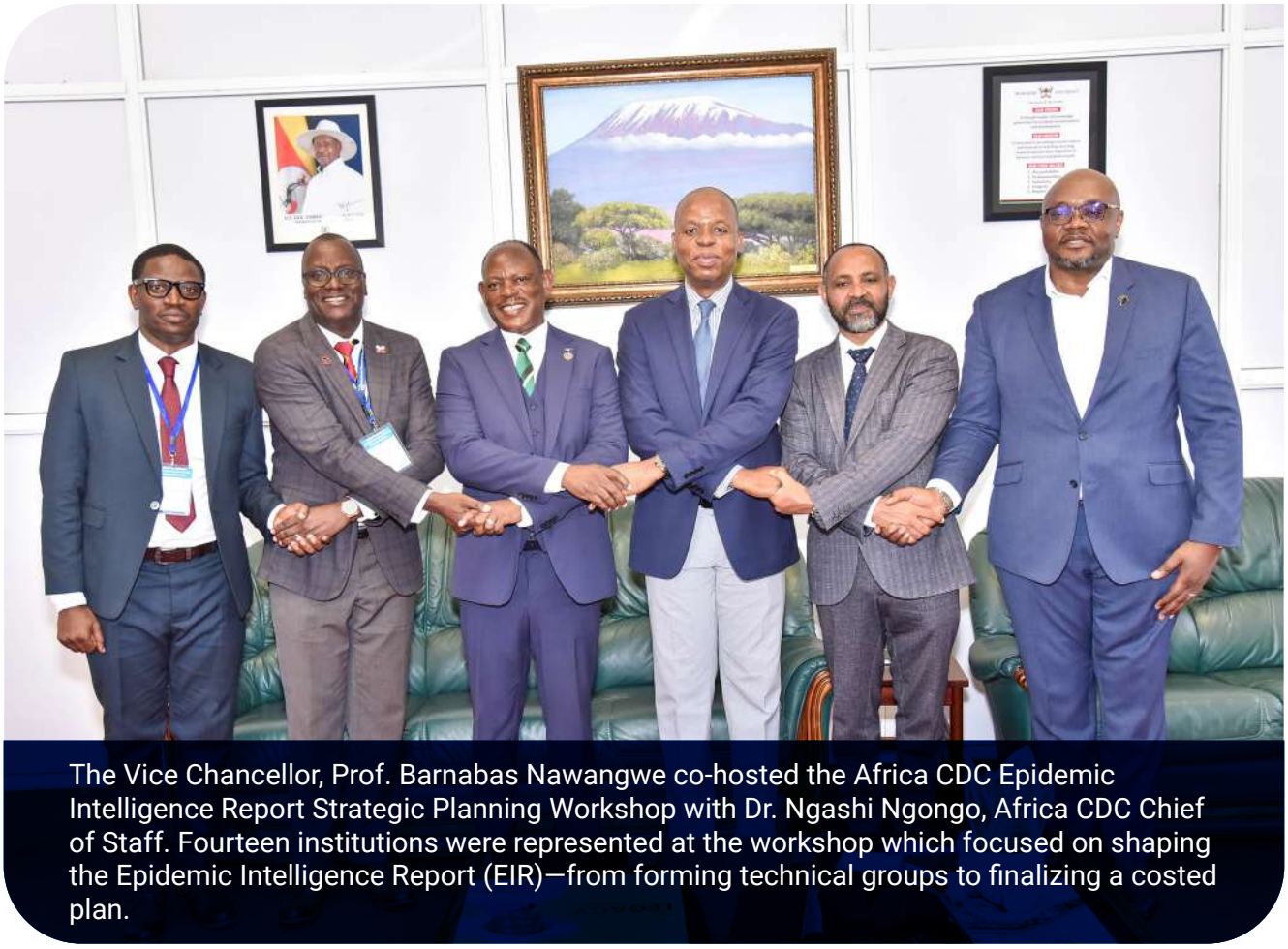
Zero-dose children: children that have not received any routine vaccine.

Supporting the Regional Agenda for Research in Health Emergency Settings

The GHS Programme leveraged its university affiliation and IDI's strong research foundation to establish itself as a leader in health emergency research across Africa. The programme used the platforms it created in 13 African countries through PROVE an implementation science initiative under the Saving Lives and Livelihoods (SLL) program (a collaboration between Africa CDC and the Mastercard Foundation) to strengthen research capacity across the continent.

A significant technical achievement was the completion of implementation science projects to determine the effectiveness of the COVID-19 vaccine rollout and uptake in 12 countries. The PROVE project also supported the training of 60 scientists in Data Science and 56 NIPH staff (from 12 countries).

Finally, the PROVE project also supported the deployment of a centralized data management system using REDCap, hosted at Africa CDC. This system streamlined data entry and management across multiple research sites and has been widely adopted by French-speaking countries, ensuring a more inclusive and efficient research framework.

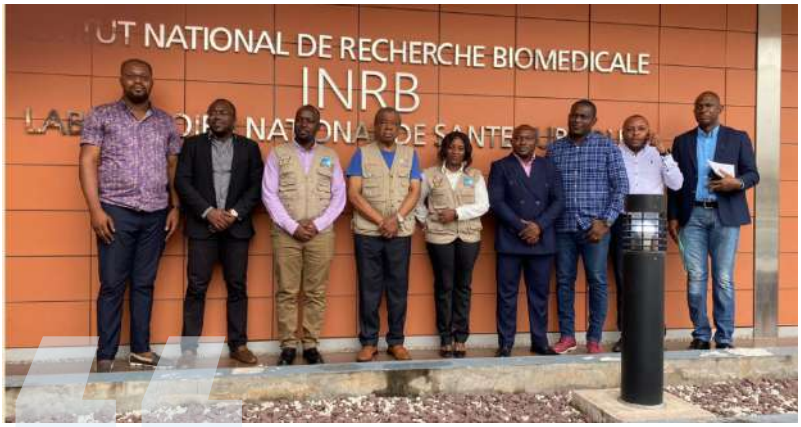


The Vice Chancellor, Prof. Barnabas Nawangwe co-hosted the Africa CDC Epidemic Intelligence Report Strategic Planning Workshop with Dr. Ngashi Ngongo, Africa CDC Chief of Staff. Fourteen institutions were represented at the workshop which focused on shaping the Epidemic Intelligence Report (EIR)—from forming technical groups to finalizing a costed plan.

PROVE also demonstrated effective stakeholder engagement and research site activation across the region.

Through strategic participation in events such as the AFREHealth Symposium and side meetings at major conferences like CPHIA in Lusaka, the programme facilitated cross- country discussions and strengthened coordinated research efforts.

These initiatives have reinforced the programme's role as a key driver of collaborative research and capacity-building in African health emergency settings.



The presence of the IDI team on site in Kinshasa has further strengthened our collaboration with INRB, we look forward to more of such collaborations in future especially research capacity-building endeavours to strengthen the research skillsets of our young scientists.
- Congo

Looking Forward

The IDI's Global Health Security Programme is poised for strategic growth in multiple areas to enhance health security in Africa. A key focus will be maximizing laboratory infrastructure by integrating genomic sequencing while expanding telemicrobiology support to peripheral labs. Additionally, the programme aims to strengthen its presence in regional and international health policy networks, positioning IDI as a thought leader in shaping health security frameworks.

To improve epidemic intelligence, the programme will actively pursue context-relevant, technology-driven solutions such as AI-based epidemic forecasting and real-time surveillance dashboards for epidemic-prone diseases. Partnerships will be sought to sustain these innovations in low-resource settings. In antimicrobial resistance (AMR), efforts will focus on cross- sector integration of AMR surveillance and expanding collaborations with internal and international researchers to influence policy and practice. In addition, the Global Health Security Programme will support the evaluation and deployment of medical counter-measures and enhance the development and rollout of case clinical management protocols for emerging and re-emerging pathogens.

Recognizing the link between climate change and disease transmission, WASH initiatives will incorporate research on climate-driven sanitation challenges, informing adaptation strategies for long-term health security. The climate adaptation strategies will focus on community and health facility-based infection and prevention to break chains of disease transmission. Similarly, the programme will collaborate with the private sector and other agencies to engage in vaccine research focused on optimizing vaccine delivery systems, validation of vaccine efficacy, and developing sustainable pharmacovigilance systems suited for the African context.

Finally, the programme will strengthen clinical and epidemiological research by fostering long-term collaborations between academic, research institutions, NPHIs, and multilateral health agencies. This will help build a "research-ready" network capable of rapid activation in health emergencies, ensuring a more effective and coordinated response to future health crises

Training and Capacity Building

USD 0.6M
Amount spent for training

11,600+
healthcare professionals trained for FY2023/24

56
Course delivered for FY2023/24

The Infectious Diseases Institute's (IDI) Training and Capacity Development Programme contributes significantly to strengthening Africa's health resilience. Through innovation, collaboration, and localized training, the Programme transforms frontline care, equipping healthcare workers to lead, adapt, and innovate in the face of evolving health challenges.

In FY2023/24, IDI amplified its impact through scalable training models, strategic partnerships, and digital solutions, directly contributing to stronger health systems, epidemic control, and progress toward universal health coverage.

The organization implemented various training programmes, encompassing Good Clinical Laboratory Practices, Basic HIV Counselling, Resource Mobilization, Grants, Financial Management, and Compliance. This report highlights key achievements, transformative initiatives, and the Programme's sustained commitment to building a healthier future for the continent.

Empowering Africa's Health Workforce

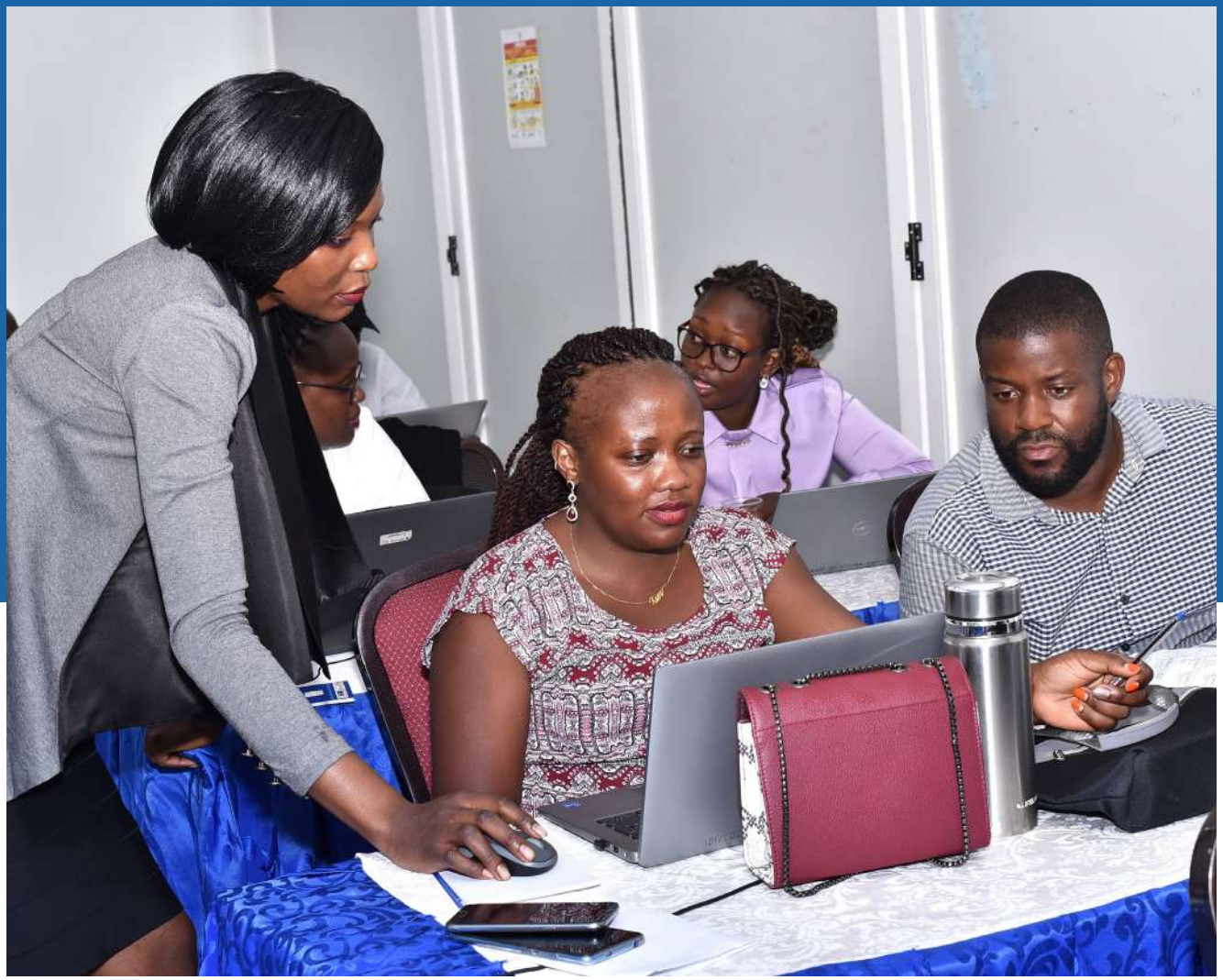
In FY2023/24, IDI trained 11,601 healthcare professionals across 56 courses, leveraging field-based learning (63% of courses), virtual mentorship, and blended approaches. These efforts directly advanced IDI's mission to strengthen health systems, accelerate epidemic control, and drive progress toward universal health coverage.

The Programme's emphasis on localized, practical training ensured that 95.9% of participants engaged in high-impact field activities, bridging theory and practice in underserved communities. Notably, these efforts advanced critical outcomes, including a 40% reduction in inappropriate antibiotic use in Uganda's Masaka Regional Referral Hospital and a 60% decrease in HIV/TB treatment errors through virtual ECHO mentorship.

New Curricula Developed:

During the fiscal year 2023/24, IDI developed seven new curricula:

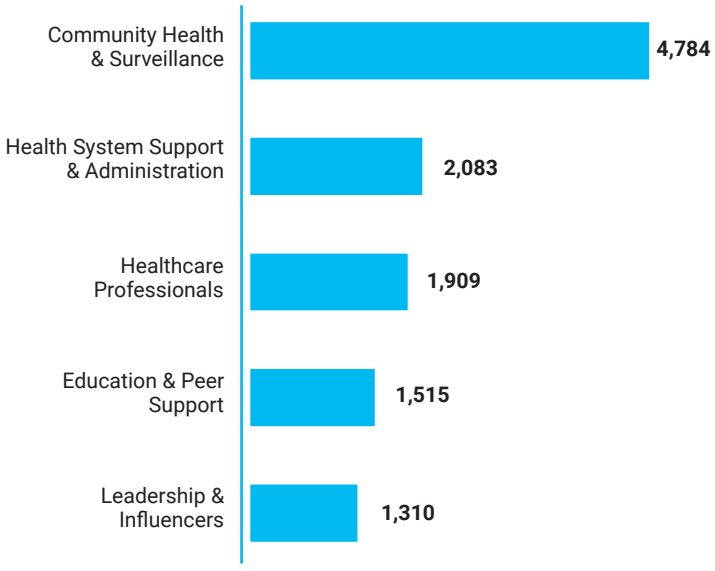
- Good Clinical Laboratory Practices
- Basic HIV Counselling
- Resource Mobilization, Grants, Financial Management, and Compliance
- Public Health Emergency Management (PHEM) for outbreak preparedness
- Prevention, early detection and response to acute febrile illness (AFI)
- Investment and Micro-Business for Community-Based Organizations
- STATA 13 Data Analysis Course



Training Activities and Reach

This year, IDI focused on critical areas of global health security, infectious disease control, antimicrobial resistance (AMR), maternal health, and digital health. We trained a diverse range of healthcare professionals, including but not limited to lab technicians, nurses, doctors, and counsellors from 15+ African countries, significantly enhancing their skills and knowledge.

Uganda served as the regional hub, with expanded partnerships in Malawi, South Sudan, Mozambique, and Kenya through the UPDF HIV ECHO network. Our training delivery prioritized accessibility and relevance:



Trainees by Category

Impactful Project and Initiatives

Combating Antimicrobial Resistance (Pfizer IMAMR Project)

- 137 health workers trained at Masaka Regional Referral Hospital.
- 40% reduction in antibiotic misuse achieved.
- 78% growth in AMR testing capacity.

PROVE Implementation Science Programme

- 56 public health leaders from 14 countries completed the course with a 90% completion rate.
- Participants applied skills to accelerate vaccine rollouts and double TB detection rates in Zambia.

ECHO Virtual Mentorship:

- 24 learning sessions reached 3,528 providers.
- 60% reduction in TB treatment errors reported.
- 4 countries adopted the ECHO model, positioning IDI as Africa's leading tele-mentorship hub.

Mobile Interactive Training for Initiative for Community Healthcare Workers (MITIC) Training:

- 10,000+ Village Health Teams trained via IVR in 6 local languages, overcoming literacy barriers.
- Scaled to address HIV and maternal health disparities post-COVID-19.

Looking Forward

In FY2023/24, IDI's Training and Capacity Development Programme significantly strengthened Africa's health workforce and health systems through strategic training initiatives, innovative approaches, and strong partnerships.

As we look ahead, we reaffirm our commitment to collaboration, scalability, and sustainability—ensuring no community is left behind in our journey towards universal health coverage and epidemic control across the continent. In FY2024/25, we will:

- Expand Digital Learning: Democratize access through AI-driven platforms and low-tech IVR solutions.
- Scale ECHO Networks: Grow to 22 facilities and launch Lab ECHO for diagnostic excellence.
- Address Emerging Threats: Develop curricula for malaria, neglected tropical diseases (NTDs), and climate-related health risks.
- Strengthen Sustainability: Diversify funding streams and deepen partnerships for long-term impact.

Recognising Dr. Umaru Ssekabira's LContribution to IDI

We announce the departure of our esteemed colleague, Dr. Umaru Ssekabira one of our Senior Management Team members. Dr. Umaru Ssekabira served as the Head of the Training, Development and Capacity Building Programme at IDI from 2012 to 2024, playing a pivotal role in advancing the Institute's mission to strengthen health systems through skilled and empowered healthcare workers.

He began his journey at IDI as a Manager under the Malaria Project and, through his leadership and dedication, rose to head the entire programme. His background with the Local government Health system provided strategic insight that enabled the Institute to identify and address critical gaps in healthcare worker training across the country.

Dr. Umaru Ssekabira's tenure marked a period of remarkable growth, innovation, and expansion in health workforce development.

Capacity Building

Dr. Ssekabira played a central role in strengthening healthcare worker (HCW) skills across Uganda and the region. Drawing from his prior experience at the District Health level , he championed a strategic approach to identifying and addressing health workforce gaps. Under his leadership, several competency-based training curricula were developed (about 20) , equipping HCWs with practical, relevant skills to meet evolving healthcare needs. During his tenure, over 60,000 healthcare workers were trained through a growing portfolio of in-person and virtual courses, ensuring widespread impact across multiple levels of the health system.

Programming

As a seasoned programme leader, Dr. Ssekabira oversaw numerous flagship initiatives that advanced IDI's training mandate. These included Especially dangerous pathogens Training program for East Africa Health workers (the first donor funded project that commenced efforts to build East African country capacity to manage GHS priority diseases), The Joint Uganda malaria Training program (the project developed the intergarted management of malaria course that was adopted by the MOH), Use of virtual reality for training, (some of the major projects during his time) the ECHO Project, which leveraged virtual mentorship to reach health workers in remote settings, as well as targeted malaria capacity-building efforts.

Innovation

Dr Umaru was part of the team that spearheaded the integration of virtual learning into IDI's training framework, a timely shift that enabled continued learning during the COVID-19 pandemic when physical training was disrupted. In response to the national and global strategic change in Health care worker capacity building, where VHTs have become key players in health care service provision, he led efforts that expanded IDI Training teams capacity to develop training materials for informal health care providers especially Village Health Teams and community health workers. He also led efforts to develop new courses in response to emerging healthcare needs, including the Point-of-Care Ultrasound (POCUS) course and others aligned with clinical priorities.

E-learning and ATIC

A key area of Dr. Ssekabira's legacy lies in the growth of ATIC (Advanced Treatment Information Centre) and the expansion of IDI's distance learning program. Through ATIC, health workers gained free access to updated treatment guidelines, case discussions, and continuing professional development (CPD) opportunities via the IDI e-learning platform. The platform now supports health workers across Uganda—and beyond—with technical support. The integration of CPD certification and real-time expert advice via ATIC and the call centre greatly expanded the reach and credibility of IDI's training offerings.

Through these strategic investments in people, platforms, and programs, Dr. Umar's leadership has left a lasting imprint on IDI's capacity-building mission and the broader health system.

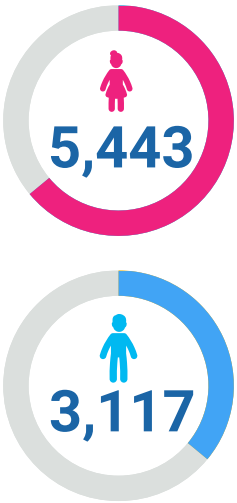
Our Clinical Centre of Excellence

IDI's Prevention Care and Treatment (PCT) programme manages a Clinical Centre of Excellence (CoE) that is a model for addressing infectious diseases such as HIV, tuberculosis (TB), and sexually transmitted infections (STIs) in Uganda. Via a multidisciplinary approach, the clinic integrates prevention, care, and treatment services while advancing research, training, and knowledge dissemination. Our mission is to deliver innovative, patient-centric, and comprehensive care that not only tackles infectious diseases but also related comorbidities like non-communicable diseases (NCDs) among our patients who are we fondly call our "friends". By leveraging community engagement, differentiated care delivery models, and a commitment to quality, the clinic continues to transform lives and set new benchmarks in delivering chronic care.

Service Delivery and Reach

During this reporting period, our clinical CoE provided care to 8,560 patients, who we call friends. Notably, 44% of our clients were aged 50 years and above, while almost two-thirds are were over 45 years. This reflects a longer life expectancy, with average age now at 48 years, with the men on average being slightly older than women

Since our friends are now living longer, their average age is increasing; this suggests a future with changing care needs related to aging, especially the increasing burden of NCDs that include hypertension, diabetes, abnormal cholesterol, kidney disease, various cancers, mental health, and aging related issues, among other conditions. This is self-evident in from the burden and complexity of NCD comorbidities we are seeing among our friends.



Number of patients (friends) cared for in PCT programme FY2023/24

8,560

Total Number of patients (friends) cared for

$2.3M

Invested in patient care (friends) at the IDI clinic-Mulago

Non communicable diseases in PCT

Our clinical is a pioneer in the provision of integrated care for NCDs. With a team that includes three physicians, the clinic has engaged an in-house psychiatrist, a gynecologist, gastroenterologist/ hepatologist, a geriatric HIV medicine team, has access to a nephrologist, endocrinologists, cardiologists and an in-house physiotherapist, to support the complex care.

We are also in negotiations with the Uganda Cancer Institute to establish a care and management system for friends diagnosed and on treatment for cancer alongside HIV care. Among all the 8,560 friends who received care during the reporting period, about 25% have hypertension, 6% have diabetes, 2% have a mental health condition, and 1% have kidney impairment. We plan to document other comorbidities better and also have systematic evaluation of aging related issues like frailty. We also continue to provide NCD medications on -site depending on the available resources.

Our PCT staff providing testing services at a medical camp

Community testing and linkage

In support of the first UNAIDS target of ensuring that 95% of all adults know their HIV status, during this reporting period, we implemented 24 community outreaches to various heavily populated areas within Kampala district that included; Kaleerwe, Namuwongo, Katwe, Bwaise, Busega, and Nateete.
Among the 2,463 individuals tested in these outreaches, 64% were men, and the overall prevalence of HIV seropositivity among those tested was 1.7%: specifically, 1.2% among men and 2.6% among women. We linked 100% of those who tested positive to HIV care.

2,463
individuals tested during outreaches organized by PCT for FY2023/24

42
individuals tested positive FY2023/24

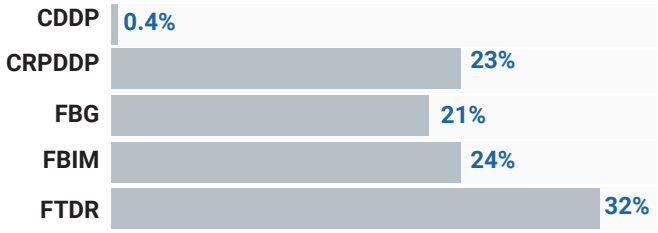
42
individuals linked to care FY 2023/24

Differentiated service delivery models

Differentiated service delivery models for care available in PCT include:

- Community-based Drug Distribution Point (CDDP)
- Community Retail Pharmacy Drug Distribution Points (CRPDDP)
- Facility Based Group (FBG)
- Facility Based Individual Management (FBIM)
- Fast Track Drug Refill (FTDR).
- FBIN

Majority of patients received care via the FTDR model (32%), while almost equal numbers are shared between CRPDDP (23%), FBG (21%), and FBIM (24%). In addition, 10% of our patients access via the Co-Pay clinic process where they pay a convenience fee to secure an appointment for a faster service.



Patient-Centric Care

Our delivery of care involves working with the friends who contribute to peer-led activities that include creative arts, psychosocial peer support, community tracing for those who are lost, adherence support, and support with disclosure, especially for discordant couples and young adults.

The above activities are coordinated by the Greater Involvement of Persons Living with HIV/ AIDS coordinator (GIPA), presently working with 15 drama group members, and 8 volunteers. Our patient-centric holistic care approach emphasizes the friends' involvement and empowerment, while complementing biomedical care, with relevant psychosocial support that draws from the lived experiences of the friends.

Typically, the drama group (who refer to themselves as the IDI Ambassadors) creates original material using several types of performing arts including; songs, poems, skits, and dance routines, to entertain, inform, and support key aspects of care. They refer to this as 'edutainment'. During this period, the drama group participated in facility-based activities at IDI once or twice a week and participated in 70% of the outreaches. Distinctively outreaches supported by the drama group usually have 3-4 times higher turn-up, testing, and yield, therefore better efficacy in identifying new friends and supporting faster linkage to care.

The IDI Ambassadors sharing with Friends in PCT and participating in a community outreach.

Perception and Quality of care

We afford opportunities for the friends to provide feedback, first via a continuous routine self-administered survey for all Ministry of Health (MOH) facilities, and also via the annual clinic specific client satisfaction survey. Towards the end of this period, we initiated the routine MOH satisfaction survey, and unfortunately also the clinic specific survey for this reporting period was not implemented in time. Nonetheless it is being done for the 2024-2025. We plan to provide findings from both surveys in the next reporting period. We have had opportunities to hear back from the friends during annual celebrations like World AIDS day. Below is a quote from one of them.

> ***I want to express my deepest gratitude to all the health workers. I was born with HIV, and my mother passed away when I was 8 years old. At first, I resisted taking my HIV treatment, but in 2005, I came in with a CD4 count of 26 and was not looking well at all. I am truly thankful to everyone who has been part of my care [at IDI], from the security guard at the entrance to the last point of care. Thank you so much for your compassion and care***

The IDI Ambassadors performing to Friends at the clinic - they share important health messages through music, dance and drama.

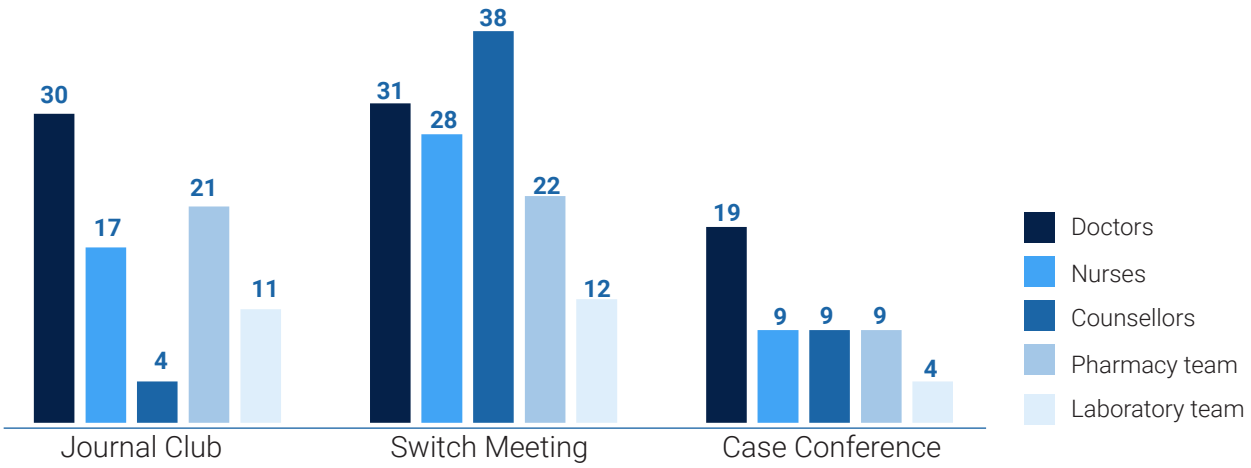
Training and Education:

As an integral part of Makerere University, co-located within the College of Health Sciences, and Mulago National Referral Teaching Hospital, our clinical CoE supports clinical infectious diseases training at all levels. Both local and international trainees are supported with clinical training to complete their diplomas, bachelor's degrees, postgraduate degrees, and fellowships.

Taking advantage of the unique clinical expertise, patient mix, services, equipment, and clinical setting, we support trainee nurses, pharmacists, counselors, medical students, graduate doctors, and fellows to hone in relevant clinical skills for optimal health care delivery. During this reporting period, we supported 256 trainees from various institutions majority of whom were undergraduate medical students (89%).

229	16	1	7	3
Medical students (under graduate)	*Medical students (post graduate)*	*Visiting residents*	*Medical Personnel in practice*	*Fellows*

The clinic had 97 sessions of weekly medical education platforms that included; 33 Journal club sessions, 38 Switch meetings and 26 Case conferences. Via these platforms the team discusses friends' related care, educate/train medical students, and provide an opportunity for continuing medical education (CME) to staff or other attendees. The average number attended by staff for each of these sessions is illustrated below.



Journal Club

During Journal Club we review, appraise, and discuss new research relevant in the care of our friends. First, we understand the research, then evaluate quality of the science, and lastly determine how the new findings influence how we deliver care. This year we identified studies whose findings warranted contextual replication using local data and we are currently implementing these analyses.

Switch Meeting

These patient-focused management meetings are arranged to discuss and provide a multidisciplinary approach to address unique challenges related to achieving optimal HIV viral suppression for the friends. Using a multifaceted approach, we have learnt to work with all team members to create customized patient-focused solutions tailored to unique challenges.

Case Conference

In the course of delivering care, our team encounters Friends who challenge and provide learning opportunities. We clinically investigate, document and package these experiences into Case Conferences that are presented to staff and other health professionals. These are opportunities to share our expertise, teach and also learn from others who contribute to the discussion.

Introducing Dr Aggrey Semeere

Dr. Aggrey S. Semeere is the Head of the Department of Prevention, Care, and Treatment at the Infectious Diseases Institute (IDI), a position he assumed in August 2023. A seasoned General Internal Medicine physician, he brings over 20 years of HIV clinical care to to our center of clinical excellence. Dr. Semeere earned his bachelor's degree and specialist Internal Medicine training at Makerere University, followed by an Internal Medicine visiting residency at St. Joseph's Hospital, McMaster University (Canada), where he trained under Prof. Gordon Guyatt—renowned pioneer of evidence-based medicine (EBM) and Canadian Medical Hall of Fame inductee.

Also trained as a researcher and implementation scientist at the University of California San Francisco (UCSF), Dr. Semeere champions EBM, integrating clinical expertise, research evidence, patient values, and practice context to optimize care. His work, particularly in HIV, emphasizes translating evidence into impactful health solutions.

A Principal Investigator at IDI since 2014, he has led a number of research projects and mentors trainees in Internal Medicine, Epidemiology, and Implementation Science. Passionate about education, he remains dedicated to cultivating the next generation of healthcare leaders while driving innovation in delivery of clinical care.

Looking Forward

Being a pioneer patient facing unit at IDI, the clinical CoE is keen to embody IDI's value of care by effectively innovating to address the prevailing care challenges first for friends living with HIV and then take lessons from HIV and apply them to other relevant infectious and chronic conditions. HIV still has no cure and we must maintain delivery of lifelong antiretroviral treatment learning more as we go.

This includes for instance advancing efforts to increase access to long-acting oral and injectable antiretroviral therapy for HIV, and continuing to explore optimal and sustainable prevention and integrated care models. We shall also explore development of enhanced and contextually appropriate HIV prevention approaches especially for the young people.

Taking this a step further, IDI's clinic CoE is keen to support efforts and provide guidance regarding care for other present and emerging infectious diseases locally, regionally and internationally.

Academy for Health Innovations

IDI's Academy for Health Innovation strives to transform healthcare delivery across Uganda and Sub-Saharan Africa through innovative, technology-driven solutions. In the fiscal year 2023/24, the Academy's innovations, including Call for Life and the Medical Drones Project, were implemented in multiple African countries, demonstrating their potential for regional scalability.

These efforts have strengthened health systems, improved access to care, and empowered healthcare workers across the continent.

The key achievements across our strategic themes of **Innovate, Advance, and Scale,** showcase how our initiatives have strengthened health systems, empowered communities, addressed emerging health threats, and improved health outcomes for vulnerable populations.

INNOVATE: Pioneering Technology-Driven Healthcare Solutions

The Innovate theme focuses on integrating novel and emerging technologies to improve health outcomes. In FY2023/24, the Academy made significant strides in leveraging artificial intelligence (AI), drone technology, and digital health tools to address critical health challenges. These included:

Medical Drones Project Expansion

With support from the Medical Research Council and the International Science Partnerships Fund, the Medical Drones Project expanded its reach from six to 24 islands in Kalangala district. The project, serving over 100 clients, including 22 on drugs other than ARVs, demonstrated the feasibility of using drones to deliver lifesaving HIV medication to remote areas.

A research study published in PLOS Global Health highlighted the acceptability of medical drones among healthcare workers and key opinion leaders, noting their potential to reduce transport costs, improve medication delivery times, and alleviate healthcare worker workload. A cluster-randomised trial is underway to assess the impact of drone-delivered HIV medications on virologic outcomes, addressing the unique challenges of HIV management in remote areas.

AI Innovations for Maternal and Reproductive Health (HASH Project)

Through the Hub on Artificial Intelligence for Maternal, Sexual, and Reproductive Health in Sub-Saharan Africa (HASH) Project, the Academy successfully supported ten local innovators from seven African countries to develop AI-driven tools, including chatbots, predictive analytics, and image analysis algorithms.

These innovations focused on maternal health, sexually transmitted infections, adolescent reproductive health, and HIV, with the HASH Network fostering collaboration across disciplines. The Hub also provided training and technical support to enhance the capacity of these innovators.

STAIRS Consortium: Improving Sepsis Recovery with Call for Life

As part of the Sub-Saharan Africa Consortium for the Advancement of Innovative Research and Care in Sepsis (STAIRS), the Academy evaluated the use of the Call for Life interactive voice response (IVR) system to improve post-discharge sepsis care in Uganda, Ghana, Nigeria, and Mozambique. The goal is to enhance patient recovery, reduce antibiotic misuse, and combat antimicrobial resistance (AMR) by ensuring timely follow-up and reducing antibiotic misuse.

MDR-TB Treatment Adherence: Self-Administered Therapy with Smart Pill Containers

A clinical trial at Mulago and Lira Referral Hospitals tested the effectiveness of the WISECAP smart pill container in improving treatment adherence for multidrug-resistant tuberculosis (MDR-TB) patients. Preliminary results at the 2024 Innovations in Tuberculosis Conference in Uganda indicated that WISECAP technology is user-friendly and acceptable to patients. Further analysis is ongoing to assess the full impact on patient health outcomes.

Point of Care Technologies for Sexually Transmitted Infections

Researchers proposed a study to understand the aetiology of Genital Ulcer Disease (GUD) in Uganda, determine the prevalence of macrolide-resistant T. pallidum, and evaluate the utility of syphilis point-of-care (POC) tests in patients with GUD.D. This research aims to address the low utilisation of POC syphilis testing in Sub-Saharan Africa and explore its application outside antenatal care settings.

ADVANCE: Strengthening Health Systems Through Adoption of Health Technologies

The Advance theme emphasises adopting health technologies and strengthening partnerships to enhance operational efficiency and policy alignment. In FY2023/24, through the Academy, the Institute deepened its collaborations with government entities, international organisations, and local innovators.

The Academy trained healthcare workers from over 123 private pharmacies and 80 public health facilities in the use of the ARTAccess system to support people living with HIV through the community pharmacy refill model.

Strategic Government Partnerships:

The Academy collaborated with the Ugandan Ministry of Health and the Ministry of ICT to align health technology initiatives with national policies, fostering an integrated approach to implementation.

These collaborations provided critical insights that guided strategies, including maximising ARTACCESS within the IDI clinic and deploying Call for Life for remote data collection in Malawi. Invitations to co-curate digital health conferences in Uganda and Senegal underscored the Academy's growing regional influence.

PROVE Project: Enhancing Vaccine Outcome Monitoring with Call for Life

In FY2023/24, the Academy modified the Call for Life system for the Programme for Research on Vaccine Effectiveness (PROVE) project to address the challenges of vaccine outcome monitoring in Low —and Middle-Income Countries (LMICs), supporting the WHO's global vaccine strategy to enhance safety, coverage, and effectiveness.

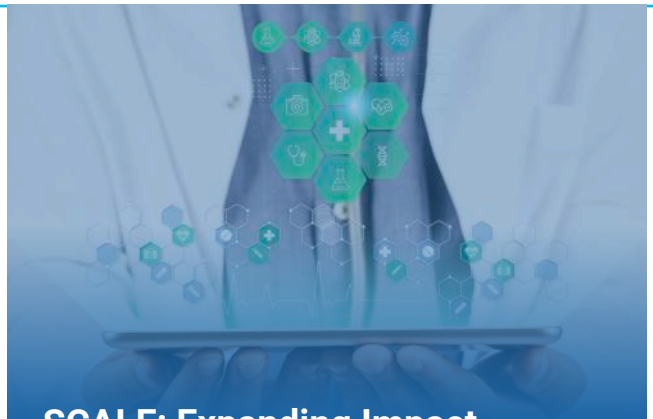
In Malawi, the system enabled effective COVID-19 surveys and post-vaccine monitoring, reaching 10,029 participants and providing critical insights into vaccine safety and coverage.

Improving Immunisation Coverage for Displaced Children in Nigeria:

In collaboration with the Cambridge Africa ALBORADA Research Fund, the Academy conducted a pilot study using Call for Life to improve immunisation coverage among internally displaced children in Borno State, Nigeria.

Automated voice calls and text messages in local languages ensured timely vaccine receipt, demonstrating the potential to scale this approach in conflict-affected regions and inform future public health policies.

Our staff training personnel at a community pharmacy on how to use Call for Life application.



SCALE: Expanding Impact and Reach Through Product Development & Customization

The Scale theme diversifies the Academy's project portfolio to maximise innovation and impact. In FY2023/24, the Academy achieved significant milestones in scaling digital health solutions and improving access to care for Ugandans through strong partnerships with the Ministry of Health and other key stakeholders.

ARTACCESS Expansion

In the reporting periods, ARTACCESS, a web-based digital health system, was enhanced to integrate family planning, noncommunicable diseases (NCDs), and HIV pre-exposure prophylaxis (PrEP) modules with Uganda's National Electronic Medical Records (EMR) system. The system now operates in 121 health facilities and 177 community pharmacies across Uganda, serving over 51,000 clients and simplifying medication refills for people living with HIV.

Vxnaid for Immunization Workflows

In FY2023/24, the Ministry of Health approved the development of Vxnaid, a digital system for improving routine immunisation workflows in Uganda. In the same period, IDI piloted Vxnaid for immunisation workflows, an immunisation information system in Wakiso district to streamline immunisation data management and reporting. The system supports correct vaccine administration, provides efficiencies within the vaccine workflow, and offers real-time program health facility reporting.

IDI is collaborating with SolDevelo to customise the application to inform the Ministry of Health's SMART guidelines on digitising the national immunisation registry. With 80% of the system already built, it will soon make immunisation data management and reporting easier and help health facilities plan more efficiently for their clients.

A Decade of The Academy Advisory Board

The Advisory Board provides strategic guidance and oversight for the effective establishment and implementation of all the Academy program activities.

The Board's strategic guidance has propelled the Academy's growth from a single project, "Connect for Life," to managing 15 innovations across 34 projects. This expansion highlights the Board's dedication to fostering healthcare innovation. Their oversight has been crucial in scaling operations, identifying opportunities, and ensuring sustainable impact. The Board's commitment to excellence remains vital as the Academy continues to advance its mission, building on this strong foundation of achievement.

Looking Forward

The IDI Academy for Health Innovation has made remarkable progress in FY2023/24, driven by its commitment to innovation, collaboration, and scalability. Through innovative projects like the Medical Drones Project, HASH, and the expansion of ARTACCESS, the Academy has demonstrated its commitment to leveraging technology to improve healthcare outcomes.

As we look ahead, we remain dedicated to advancing health equity, strengthening health systems, and addressing emerging health challenges through innovative, sustainable solutions that address critical health challenges and improve the lives of individuals across Uganda and Africa.

Recognizing Dr. Rosalind Parkes-Ratanshi's Contribution to IDI

As we reflect on our journey and continued growth, we take this opportunity to acknowledge the profound impact of Dr. Rosalind Parkes-Ratanshi, whose visionary leadership has shaped several key pillars of IDI's work. Dr. Rosalind served as Head of Department for the Prevention, Care, and Treatment (PCT) programme between 2012 and 2015 followed by the establishment and leadership of the Academy for Health Innovation.

Transforming HIV Care through PCT Leadership

During her tenure as Head of PCT, Dr. Rosalind led a major restructuring during a time of high patient load and reduced funding. She introduced the Co-Pay Clinic in 2014—offering private, appointment-based care that improved service for VIP clients and supported sustainability. Under her leadership, new models such as mental health and second-line clinics were added, positioning PCT as a centre of excellence and a source of valuable research data.

Founding the Academy for Health Innovation

Recognising the need to advance health innovations beyond the clinic, Dr. Rosalind led efforts with the Ministry of Health and global partners to establish the Academy for Health Innovation in 2015. Formed through a pioneering collaboration with Janssen and the Johnson & Johnson Corporate Citizenship Trust, the Academy became the first flagship of the Connect for Life™ initiative and a hub for innovative solutions in HIV, TB, and maternal and child health. Under Dr. Rosalind's leadership, the Academy forged partnerships, secured core funding, and rolled out a portfolio of impactful innovations, including:

- **Use digital platforms** to improve patient retention and adherence—ARTAccess enables stable HIV clients to refill medication through community pharmacies using algorithm-guided dispensing, and currently supports nearly 50,000 PLHIV countrywide to access drugs with ease at their local pharmacy. Call for Life delivers personalized, two-way voice messages via basic mobile phones using IVR technology and has supported people living with HIV, with TB and those in hospital during the COVID pandemic. It is being tested in pregnant mothers in Nigeria as well as for those discharged from hospital with sepsis across Africa in STAIRs project.
- **Medical drone delivery systems** to support logistics in hard-to-reach areas; piloted in Kalangala District, the medical drones have been safely delivering antiretroviral therapy (ART) to remote island communities with limited access to care for the last 2 years. Rosalind is PI on a large research study funded by the UK Medical Research Council is evaluating their effectiveness, cost effectiveness and carbon footprint.
- **AI in health research** through the HASH project-a multidisciplinary initiative bringing together medical professionals, data scientists, computer scientists, and public health experts to harness AI in improving maternal, sexual, and reproductive health in Sub-Saharan Africa, with 11 active projects across Africa.
- **Public engagement** through arts and culture, exemplified by the History of HIV in Uganda exhibition developed in collaboration with TASO and the Uganda AIDS Commission. This interactive exhibition not only preserves the collective memory of Uganda's HIV journey but also revitalizes HIV prevention efforts by fostering intergenerational dialogue and awareness among young people—many of whom have not experienced the crisis years of the epidemic.
- **The Health Innovations Conference**, a platform to engage stakeholders, foster learning and collaboration and encourage partnerships between health experts and innovators. She oversaw 4 editions of this conference.

Dr. Rosalind has published over 110 peer-reviewed publications, mentoring many junior African researchers as first authors and supervising numerous PhD and Master's students at Makerere. Under her leadership, the Academy secured over US$12 million in funding from partners such as Janssen, UKRI, Wellcome Trust, Irish AID, BMGF, and IDRC.

Now a Professor of Global Health at Queen's University Belfast, she continues as a Senior Research Scientist at IDI, and our strong collaboration remains as we pursue shared goals.

Laboratory Services

The IDI Laboratory Services Program comprises of two complimentary units, the IDI Core Laboratory and the IDI Translational Laboratory. The IDI Core Laboratory is accredited by the College of American Pathologists (CAP) and adheres to Good Clinical Laboratory Practices (GCLP) standards. The Translational Laboratory supports the conduct of innovative in-house and collaborative basic research, from ideation, research and development (R&D) to deployment onto the market for clinical applications. Our services are possible due to IDI's investment in strategic infrastructure, equipment and human capital.

$2.4M

Total Sales Volume

improve patient care and public health

Research and development

Translational Laboratory

The IDI's Translational Research Laboratory accelerates the application of scientific discoveries to improve patient care and public health. Partnering with Makerere University College of Health Sciences, the lab also provides basic science training and capacity building through graduate, postgraduate, and specialized short courses.

Key Achievements:
In 2023/24, the IDI Translational Research Lab achieved significant milestones in research, diagnostics, training, and capacity building. These accomplishments demonstrate the lab's commitment to translating scientific discoveries into improved patient care and public health while fostering scientific excellence and developing future leaders.

Research Support:
The lab supported over 37 research studies and projects focusing on infectious disease immunology, pharmacokinetics, and molecular diagnostics.

Research and Diagnostic Testing:
The lab performed over 16,900 tests, including molecular, immunological, and microbiological analyses.

Training and Capacity Building:
The lab trained one undergraduate student, four master's students, two medical residents, two PhD researchers, and three postdoctoral fellows. These individuals gained skills in laboratory techniques, data analysis, and translational research, contributing to the development of future scientific leaders.

Visiting Professor:
The lab hosted a professor from Johns Hopkins University, promoting academic exchange, mentorship, and collaborative research. This strengthened scientific discussions and provided expert guidance for ongoing studies and lab operations.

IDI CAP-Accredited Laboratory

The IDI Core Laboratory is not just a service provider; it is a catalyst for economic and knowledge-driven impact. In the 2023/2024 financial year, we generated over $2.1 million in revenue, contributing significantly to IDI's sustainability. Our lab has supported over 83,000 tests and played a pivotal role in 10+ multinational clinical trials, including studies on HIV prevention and COVID-19 vaccines, which have informed global health policies.

We are equally committed to capacity building, having trained 33 lab professionals in the past year in areas such as GCLP, financial management, and laboratory audits. Our collaborations with institutions like the African Society of Laboratory Medicine and DAIDs ensure that our team remains at the forefront of laboratory diagnostics.

By investing in our staff and infrastructure, we continue to deliver accurate, timely, and impactful results that save lives and drive innovation.

83,000+
tests supported in FY2023-24

Quality assurance officer at our central lab.

Key Achievements:

- 83,272 tests were conducted in the 2023/2024 financial year, ensuring accurate diagnostics and timely treatment for thousands of patients.
- Supported **10+ multinational clinical trials,** contributing to groundbreaking research on HIV, COVID-19, and other infectious diseases.
- Achieved a **99% accuracy rate** in CAP external quality assessments, exceeding industry standards.
- Trained **33 lab professionals** in GCLP, biosafety, and quality management, enhancing local capacity.
- Generated **$2.1 million in revenue,** reinforcing IDI's financial sustainability.
- Pioneered sustainability initiatives, including waste recycling and digitalization, to reduce our environmental footprint.

Looking Forward

The IDI's Laboratory Services programme is poised for significant advancement in the coming year, focusing on research, training, quality management, and expanded service delivery. A primary goal is to enhance basic science research capacity by recruiting expert scientists, securing research funding, fostering collaborations, and establishing advanced protocols. This will be supported by strong mentorship programs to improve staff research proficiency.

Training initiatives will include an open-door policy for research students, leveraging the research department's capacity-building unit, and providing access to sample repositories. Connecting scholars with principal investigators within IDI and its networks will be prioritized.

Maintaining its CAP-accredited status, the Core Lab will focus on sustaining its Laboratory Quality Management System through continuous Quality Improvement Projects. Simultaneously, the IDI aims to transform into a Clinical Research Organization (CRO) by integrating laboratory services across the organization, streamlining management systems, and offering comprehensive technical support.

Service expansion includes establishing Clinical Microbiology Services, starting with bacteriology and blood culture services, and later expanding to parasitology, virology, and mycology. The IDI will also reorganize its biorepository into a professional, accredited biobanking service, centralizing biorepositories and pursuing certifications like UNCST and ISO 20387.

Finally, to improve access to affordable clinical laboratory services, the IDI plans to leverage and expand its STAT laboratories, starting with pilots in IDI Kasangati and the PCT clinic.

Our medical laboratory technologists at the central Lab carefully managing frozen samples in state-of-the-art freezers, ensuring the highest standards for researchand diagnostic results

OUR MANAGEMENT SYSTEMS

- Business Development and Grants Management
- Finance
- People and Culture
- Information Services
- Supply Chain

Business Development and Grants Management

The Infectious Diseases Institute's (IDI) Business Development and Grants/Subgrants Management functions are within the Strategic Planning Department (SPD). SPD integrates these functions into a cycle that begins with strategy development and continues through business development, grants management, subgrantee management, and strategic information utilization. Through this cycle, IDI establishes its strategic goals and objectives, secures the necessary resources for their implementation, and diligently manages and reports on the use of these resources, both internally and by downstream subgrantees.

Diversification of funding sources

The IDI's 2023/2028 strategy explicitly commits the institute to doubling its diversification efforts. Evident in 2023/2024, these efforts take various forms. One such form is reducing overall dependency on US government funds from 85.5 % to 80.4% of total revenues, accompanied by notable growth in funding from the EU and UK.

Furthermore, the trend towards greater diversification across agencies within the US government grants portfolio broadly continued, as did the diversification across programmes, albeit more gradually.

Funding Sources	2023/24	2022/23	2021/22
US Govt PEPFAR	44.8%	45.6%	51.7%
US Govt Non PEPFAR	31.9%	37.4%	26.3%
Europe Govt	7.9%	6.9%	5.4%
Other - Non-Government	4.7%	4.4%	4.3%
Self-Generated Revenues	4.1%	0.0%	6.2%
US Non Govt	3.7%	2.5%	2.3%
Europe Non Govt	1.8%	2.1%	2.4%
Other - Government	0.8%	0.8%	0.2%
Govt of Uganda	0.4%	0.2%	1.0%

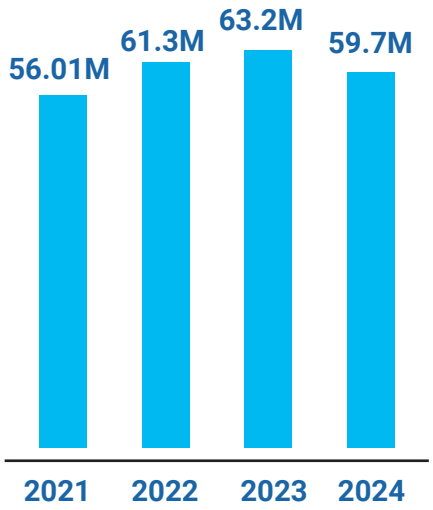
Overall Business Development Trends

IDI's responses to health emergencies, notably the COVID-19 and Ebola outbreaks significantly buoyed grant revenues in FY2022/2023 to USD 63.2M. Total grant revenues decreased to USD 59.7M in FY 2023/2024, along with a slight reduction in percentage cost recovery from 13.51% to 12.37%.

New funders secured by IDI this year include the Science for Africa Foundation and the British High Commission Kampala. The Institute dedicated considerable time to standardizing its institutional profile across multiple funder platforms to address legacy inconsistencies.

Grants Management

Over 150 grants and contracts were managed to a high degree of excellence during FY 2023/2024.



In the reporting period, the grants function managed a portfolio of over 150 grants.

The function provides organization-level support for ongoing restricted budget and expenditure forecasting, grants pipeline monitoring, "burn rate" management, servicing of funder-specific audits, staff time charge monitoring and compliance, partner management, and receivables management, among other duties.
Following a deliberate effort to increase team staffing, the current workload is more manageable, resulting in improved overall quality of team outputs and reduced stress on team members.

$59.7M
total grant income value in FY2023/24

The CAP-certified IDI Core Laboratory and other non-grant/contract (unrestricted) income of $4.7M augmented grant income totalling $59.7M, bringing total revenues to $64.4M. By June 2024, we estimated the pipeline for signed, unspent multi-year grant and contract funds at $50M.

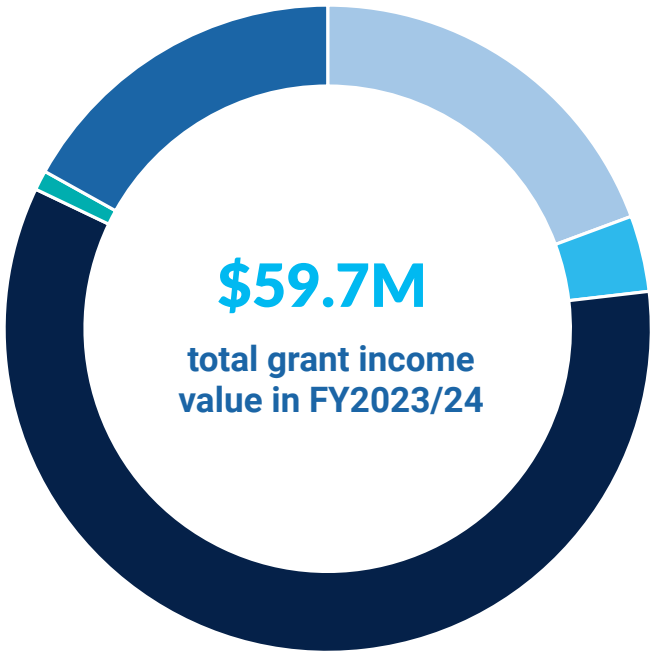


Figure showing grant value by programmme.

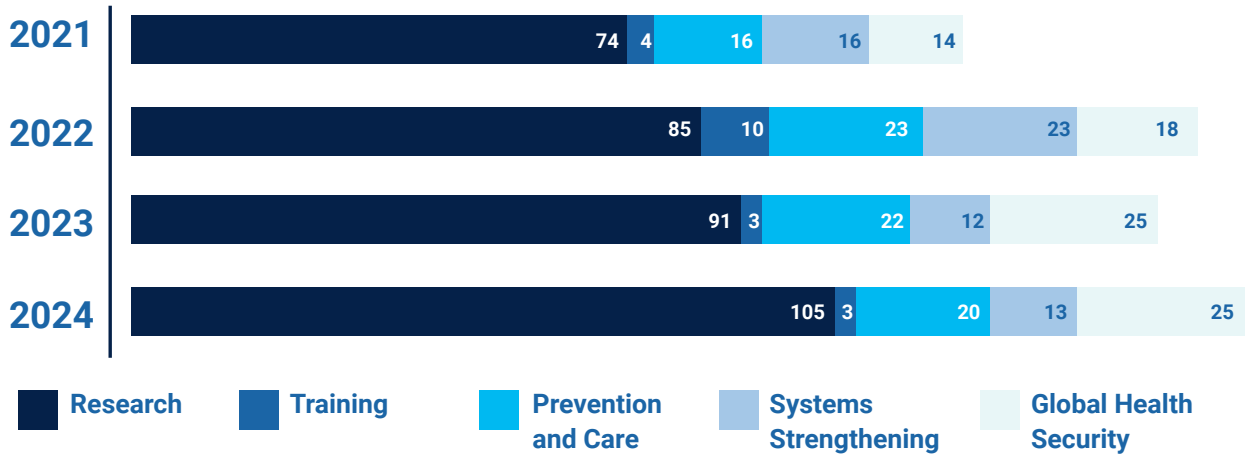


Figure showing number of projects by programmme.

Grants Management Certifications

In FY2023/24, IDI undertook strategic initiatives to enhance its institutional capacity and ensure adherence to best practices in grant management and organizational compliance. In alignment with its commitment to excellence, IDI is pursuing a Good Financial Grant Practice (GFGP) certification. This certification is increasingly recognized within the international development sector, as demonstrating adherence to rigorous standards in grants management. IDI's objective is to attain gold-tier certification, demonstrating its dedication to the highest level of financial stewardship.

IDI intends to leverage this achievement to develop and implement training and certification programmes for its partners, including subgrantees, promoting widespread adoption of these standards. IDI also successfully renewed its Equivalence Determination (ED) certification. This renewal affirms IDI's equivalency to a 501(c)(3) organization (a US public charity), facilitating tax deductible donations from the USA.

Rethinking the IDI Business Model

The Board charged IDI management with proposing new initiatives for sustainability beyond grant funding. One initiative proposed this year was establishing an independent Contract Research Organization (CRO) to monetize/commercialize IDI's research capabilities, focusing on industry-sponsored research. IDI Management presented an initial concept to the Board and it was mandated to explore this idea further, with a view to creating opportunities for fee-for-service models with a broader range of therapeutic and clinical research service focus areas.

Management has already embarked on extensive business research to develop a more robust case for potential investment, including consultations with individuals and organizations with technical and business expertise in the clinical research sector (including a possible joint venture partner). These efforts will culminate in a full proposal to the Board next year.

Grants Management Capacity Building

IDI successfully delivered its inaugural self-sponsored online training course focused on resource mobilization, grants management, financial administration, and regulatory compliance. This programme, designed to enhance professional expertise, engaged 22 participants from both domestic and international contexts. Recognizing the value of this initiative, IDI intends to establish this training as a recurring programme, with plans to conduct sessions at least bi-annually.

In response to a special request from our Clinical Services, IDI facilitated a tailored in-house training programme. This programme addressed cost recovery and sustainability principles, thereby supporting our strategic objectives for the delivery of clinical services.

Sub-granting and Strategic Partnerships

IDI significantly expanded its impact by strategically developing and managing a robust sub-granting portfolio. This expansion reflects IDI's commitment to fostering collaborative partnerships that extend our reach and deepen our impact across national and regional landscapes.

During the reporting period, IDI effectively managed a network of 133 partners. This network includes 107 national sub-grantees, instrumental in delivering critical community-level clinical support across 48 districts. These national partnerships are vital to strengthening healthcare delivery at the grassroots level.

Furthermore, IDI cultivated 26 regional sub-grantee partnerships, extending our collaborative efforts to 19 countries. These partnerships primarily focus on implementation research, artificial intelligence and research capacity-building, with a combined value of USD 8.8 million as of June 30, 2024. This regional expansion underscores IDI's role in advancing research and knowledge dissemination across diverse geographic contexts.

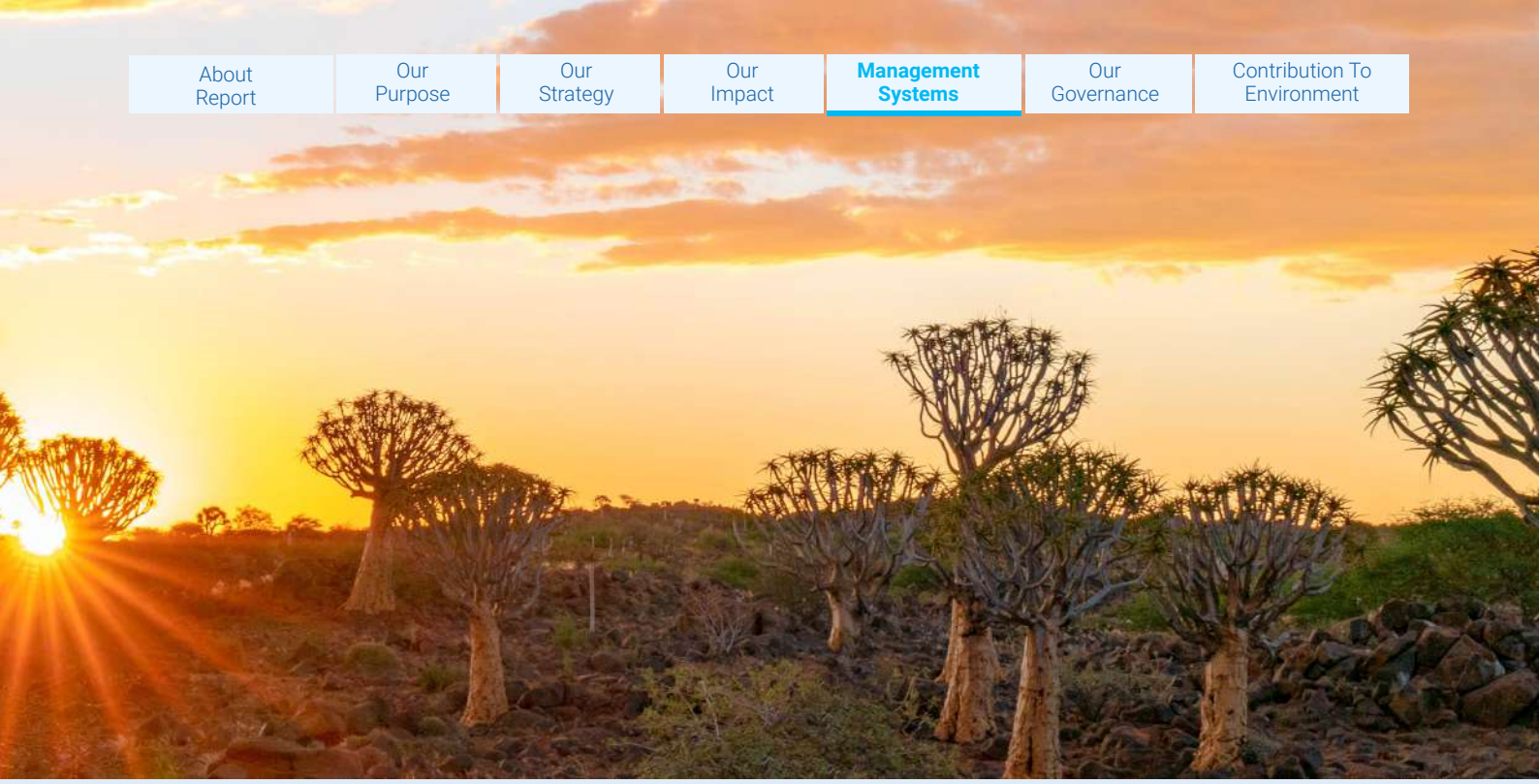
133
sub-grants (107 national and 26 regional) in 19 countries

$8.8M
total value sub-granted in FY2023/24

Strategic Information

IDI recognizes the critical role of robust strategic information in driving organizational effectiveness and achieving its strategic objectives. Our Strategic Information (SI) function fostered a collaborative and integrated data management and performance analysis approach.

These KPIs, alongside other M&E tools, are instrumental in generating reports that measure progress against organization-wide goals and strategic objectives. This rigorous monitoring ensures accountability and enables data-driven decision-making.



Citation of Honor

AFREhealth is a pan-African network of 700+ health professionals working to improve healthcare through research, education, and capacity building across over 36 countries. IDI is partnering with AFREhealth on several projects including the PROVE program, which studies COVID-19 vaccine effectiveness and health system resilience across 13 African countries.

Sylvan Kaboha, our deputy head of strategic planning and development was honored with a Citation of Honour in recognition of his significant contributions to AFREhealth, particularly during the establishment of its Secretariat in Kumasi, Ghana.

His leadership and commitment were instrumental in shaping the Secretariat into a self-sustaining entity, ensuring the implementation of key recommendations that helped AFREhealth thrive as a leading organization in interprofessional health education, research, and service delivery.
IDI was awarded a citation for its role in supporting Afrehealth across a wide range of programmatic and administrative areas.

Looking Forward

IDI will continue with concerted efforts to diversify the entire funding cycle. Specifically, we aim to increase the range of opportunities that IDI responds to by subscribing to more networks and services that disseminate non-government opportunities and using a more targeted approach in circulating them within the IDI community. We aim to use such targeted efforts to generate internal consensus and interest for opportunities of greater strategic interest, e.g., those that build new data science capacity or provide opportunities for regional growth. Similarly, the team will continue to identify key strategic partners in IDI's strategic themes to create a more consistent (and more efficient) pipeline of joint applications with these partners.

IDI will continue strategically pursuing funding from non-governmental and private sources to support programme innovation and sustainable growth. Concurrently, management will enhance internal capabilities in business development, contract, and financial management to facilitate IDI's expansion into contract research, thereby enabling the creation of alternative business models.

Finance

Susan Lamunu Shereni

Head of Finance and Administration

Despite facing ongoing funding uncertainties, IDI remained steadfast in its commitment to delivering exceptional value to our stakeholders throughout FY23/24. While financial growth was modest during the year, we are pleased to report a surplus that has significantly strengthened our financial reserves.

This surplus not only reinforces our financial stability but also provides a critical cushion, enabling us to continue fulfilling our mission and sustaining our relevance within the communities we serve.

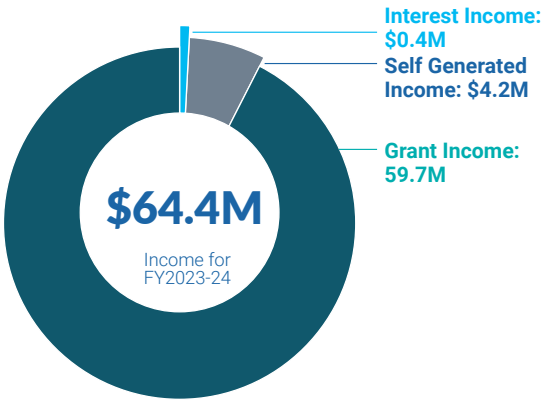
Our ability to navigate these challenges with resilience reflects our strong fiscal discipline and strategic foresight, ensuring that we remain well-positioned to adapt to evolving needs and continue making a meaningful impact in the years ahead. We are proud of the progress we have made and remain focused on fostering long-term sustainability, empowering our communities, and staying true to our vision of positive change.

The performance during the period reflects a consistent upward trajectory, highlighting IDI's unwavering commitment to delivering impactful programs, while maintaining stringent fiscal discipline. The institute remains focused on ensuring financial sustainability over the medium to long term, prioritizing transparency and the efficient management of resources.

IDI experienced consistent income growth from $59.6M in 2020-21 to $67.9M in 2022-23, largely driven by restricted grants and self-generated revenue, before a 5% decline to $64.4M in 2023-24.

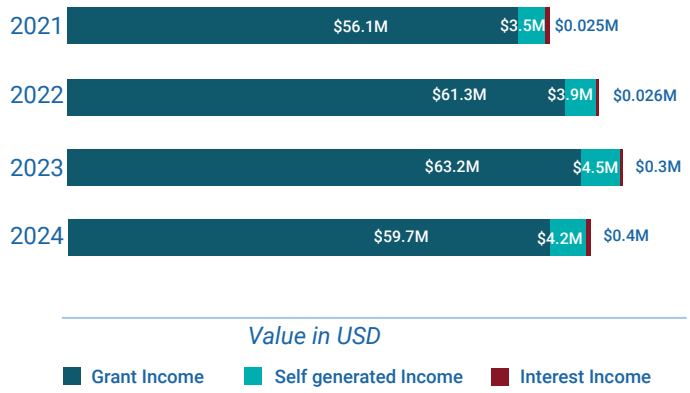
Despite the decline in overall income, training income grew by 14%, significantly bolstering self-generated revenue. Additionally, interest income grew by 72% during the same period, reflecting a strategic shift in investment practices and effective financial stewardship of an expanding asset base.

Self-generated income saw steady growth from 2020-21 to 2022-23, reaching a peak of $4.5M. While there was a slight decline in 2023-24, this income stream continues to play a crucial role in supporting operations alongside grant funding. Restricted grants also grew consistently through 2022-23 but recorded a 6% decline in 2023-24.



A key strategic partner, programmatically and financially, for IDI is the Government of Uganda (GOU). The Institute receives funding from the GOU, which, together with other partners and IDI's core resources, provide critical support in maintaining the clinic, its staff and lifesaving medication to over 8,000 PLHIV. This year, the contribution was $225,000.

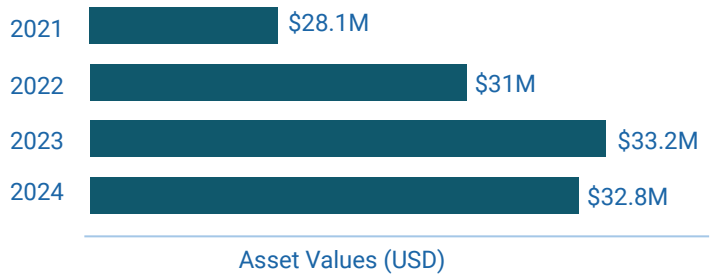
IDI Income Trends



Interest income grew by 72% during the same period, reflecting a strategic shift in investment practices and effective financial stewardship of an expanding asset base. Self-generated income saw steady growth from 2020-21 to 2022-23, reaching a peak of $4.5M.

While there was a slight decline in 2023-24, this income stream continues to play a crucial role in supporting operations alongside grant funding. Restricted grants also grew consistently through 2022-23 but recorded a 6% decline in 2023-24.

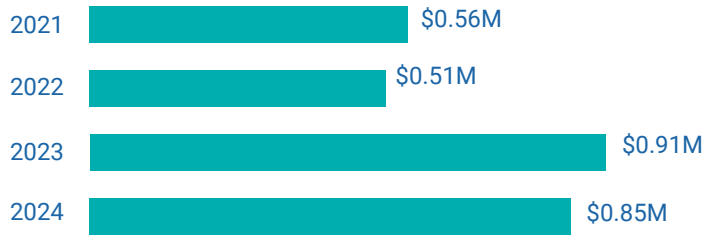
IDI Total Asset Trend Analysis (2021-2024)



The institute asset base has had a steady growth from $28M in 2020-21 to $33M in 2022-23.

Despite the slight decline in 2023-24, the overall trajectory indicates consistent growth over the period, demonstrating sound asset management and strategic investments.

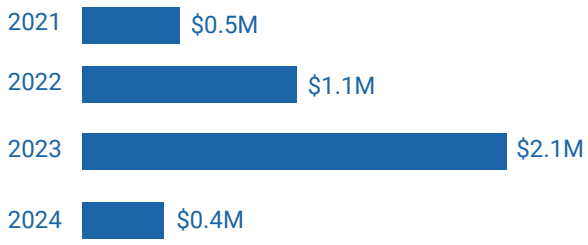
Capital Expenditure



IDI is cognizant that investment in capital assets is necessary to improve program delivery, facilitate future growth, adapt to changes in the environment, and reduce operational costs in the mid to long-term even though returns may be limited in the short term.

Annually, the middle managers in the Institute assess existing assets and recommend changes in the context of projected operational needs and strategic objectives. The split between the replacement of used assets and new investments is, on average, 50/50 annually.

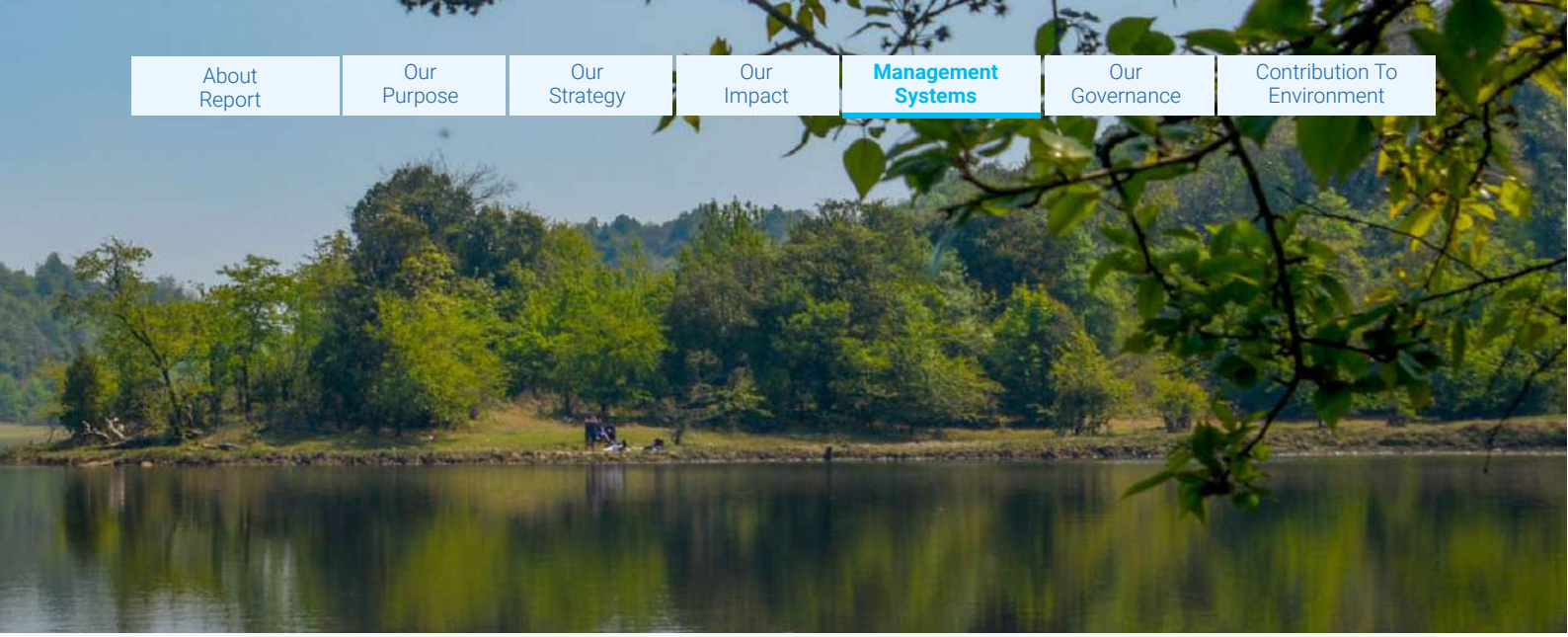
Bottomline Results (2021-2024)



IDI has sustained a surplus result over the 4 years with significant jumps in 2022 and 2023 from windfalls of one-off major program activities. However, 2024 had a significant contraction in bottom-line surplus driven by changes in the funding environment.

Statement of Comprehensive Income (Profit and Loss)

	2021 USD	2022 USD	2023 USD	2024 USD
INCOME				
Grant income	56,058,227	61,259,254	63,187,840	59,721,551
Self Generated Income	3,531,269	3,883,904	4,503,592	4,247,865
Interest income	25,972	26,322	257,605	443,752
	59,615,468	**65,169,480**	**67,949,037**	**64,413,168**
EXPENDITURE				
Salaries and benefits	22,324,002	24,566,744	26,072,496	28,285,539
Program expenses	26,234,288	29,046,591	27,854,838	24,020,781
Transportation	3,947,904	3,358,236	4,297,006	4,520,948
Office expenses	1,391,432	1,708,947	16,066,950	1,518,800
Facilities expenses	2,656,346	3,030,642	3,730,395	2,373,927
Administration expenses	2,131,689	1,856,133	1,900,232	2,781,364
Direct Lab test	471,641	539,870	528,279	517,561
Foreign exchange (gain)/Loss	(34,720)	(2,221)	112,370	(1,173)
	59,122,582	**64,104,941**	**65,880,826**	**64,017,747**
(Deficit)/ surplus for the year	492,886	1,064,539	2,068,211	395,421
OTHER COMPREHENSIVE INCOME				
TOTAL COMPREHENSIVE (LOSS)/ INCOME	**492,886**	**1,064,539**	**2,068,211**	**395,421**



Statement of Financial Position (Balance Sheet)

	2021 USD	2022 USD	2023 USD	2024 USD
ASSETS				
Non-current assets				
Intangible Asset	-	-	4,382	-
Property and equipment	4,213,337	3,928,211	4,033,093	4,114,123
Right of Use Asset	100,241	412,496	309,333	1,138,918
	4,313,578	**4,340,707**	**4,346,808**	**5,253,041**
CURRENT ASSETS				
Inventories	258,629	171,500	449,612	355,315
Financial Investments			3,816,244	6,776,281
Receivables and prepayments	5,032,157	6,156,285	7,627,463	6,662,557
Cash and cash equivalents	18,495,323	22,597,301	16,967,845	13,813,519
	23,786,109	28,925,086	28,861,164	27,607,672
Total assets	**28,099,686**	**33,265,793**	**33,207,972**	**32,860,713**
FUNDS AND LIABILITIES				
Fund Balance				
Accumulated surplus	14,447,998	15,512,536	17,580,749	17,976,170
LIABILITIES				
Non-current liabilities				
Retirement benefit obligation	808,224	242,172		
Deferred Income	10,602,572	13,674,259	2,524,781	1,796,549
Lease Liability	64,848	273,773	170,214	597,737
	11,475,644	**14,190,204**	**2,694,995**	**2,394,286**
CURRENT LIABILITIES				
Payable and accrued expenses	2,137,550	3,435,641	2,828,188	3,507,514
Deferred Income			9,962,115	8,506,416
Lease Liability	38,495	127,411	141,925	476,327
	2,176,045	**3,563,052**	**12,932,228**	**12,490,257**
Total funds and Liabilities	**28,099,687**	**33,265,792**	**33,207,972**	**32,860,713**

Tax Contribution to the Economy

In FY2023/24, IDI prioritized tax compliance and capacity building, ensuring that our teams and senior management team (SMT) remain well-informed on evolving tax regulations. Through routine training sessions, we have strengthened internal knowledge, fostering a proactive approach to tax management. Additionally, IDI has maintained close collaboration with the Uganda Revenue Authority (URA), obtaining several key tax rulings and official guidance to enhance compliance and operational efficiency.

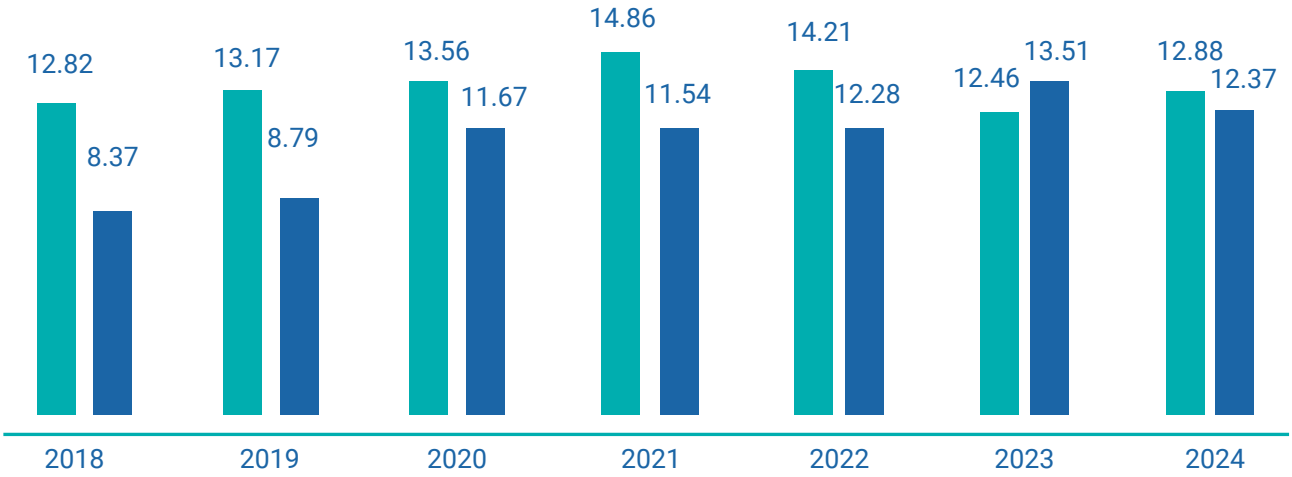
A significant milestone was the successful completion of a tax review, affirming our commitment to transparency and adherence to tax obligations. Furthermore, IDI contributed a total of $7,309,535 in taxes to the national treasury in Financial Year 2024 through PAYE, VAT, and various Withholding Tax (WHT) mechanisms, underscoring our commitment to compliance and positive collaboration with the government.

	2021 USD	2022 USD	2023 USD	2024 USD
Tax contribution to the economy				
Tax contribution	5,920,174	6,414,995	7,413,475	7,309,535

Indirect Cost Recovery

IDI's audited indirect cost rate has remained within a modest range of upto 14.8% (currently 12.3%).
An analysis of IDI's indirect cost recovery reveals that actual recoveries from projects have consistently fallen below this rate. This indicates that despite its relative effeciency, IDI subsidizes project implementation, underscoring its deep commitment to delivering impactful programs beyond contractual constraints.

While this reflects our dedication to public health and community outreach, it also presents an opportunity to engage our partners and funders in supporting recovery of the full costs of programme delivery. Optimizing cost recoveries will enhance IDI's financial sustainability, ensuring the long-term viability of our interventions and continued service to the communities we support.



Indirect cost rate recovery (%)

For detailed Audited Financials, visit:
https://idi.mak.ac.ug/wp-content/uploads/2025/04/IDI-Audited-financials-IDI-2025.pdf

Finance Internal Stakeholder Feedback

The Finance team has prioritized client satisfaction as a key pillar of its strategic objectives, aiming for a 95% satisfaction rating. To track progress, an annual survey evaluates the team's performance across three core areas: People, Processes/Systems, and Services.

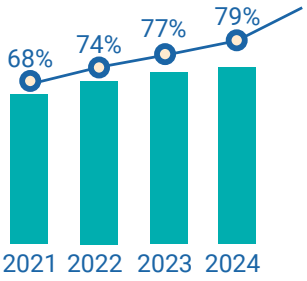
Since the survey's inception, client satisfaction has shown a remarkable upward trajectory, improving from 68% in FY2020-21 to 79% in FY2023-24. This growth reflects the team's unwavering commitment to meeting client expectations, continuously enhancing its operations, and addressing feedback positively.

Insights from the survey have been instrumental in driving positive change. The leadership team has proactively uses the feedback to refine processes, address gaps, and implement solutions that ensure long term improvements in service delivery. This ongoing effort underscores the team's dedication to achieving excellence and fostering trust within its stakeholders.

79%

client satisfaction

a remarkable upward trajectory, improving from 58% in FY2019-20



Finance Unit Performance Trend

Recognizing Excellence

Susan Lamunu Shereni, our Head of Finance & Administration, won the prestigious Environment, Social, and Governance (ESG) Sector Chief Financial Officer (CFO) of the Year award at the ACCA Africa CFO Awards. This award underscores Shereni's exceptional leadership and commitment to integrating ESG principles into our financial strategy, solidifying her position as a true leader in sustainable finance.

Looking Forward

IDI is committed to making strategic investments in digital transformation, a key initiative that will not only drive operational efficiency but also enhance our capabilities in big data programming. As part of this forward-looking approach, the finance function will focus on integrating cutting-edge artificial intelligence into financial management processes, ensuring smarter, data-driven decision-making.

In addition to these technological advancements, the finance function will play a pivotal role in supporting IDI's diversification efforts. This includes not only making prudent investments to generate unrestricted revenue, but also exploring innovative avenues such as green financing and pursuing profit-generating spin-offs. These initiatives will strengthen IDI's financial position and also fortify our commitment to long-term sustainability.

As part of our strategic vision, IDI is positioning itself as a thought leader in sustainability within the not-for-profit sector. To this end, IDI will dedicate resources to voluntarily adopting the International Financial Reporting Standards (IFRS) S1 and S2, guiding our organization toward enhanced transparency and accountability. Furthermore, we will actively support our partners in navigating this transition, fostering collective progress toward sustainable financial practices across the sector.

This comprehensive approach reflects IDI's unwavering commitment to driving both innovation and sustainability, ensuring that our operations remain resilient, responsible, and aligned with global best practices.

People and Culture

Paul Rugambwa Rumanda

Head of Human Resources

At IDI, our people are at the heart of everything we do. As we navigate a rapidly evolving operational landscape and position ourselves as a leading regional institution, our commitment to strengthening organizational capability remains steadfast.

The HR function has driven strategic initiatives to enhance our workforce's effectiveness, engagement, and well-being. From a comprehensive review of our organizational structure and compensation framework to the implementation of the HR Business Partner model, we have focused on aligning our human capital strategy with IDI's long-term vision. Additionally, leadership development programs, employee engagement efforts, and a renewed emphasis on occupational health and safety have reinforced our people-centered approach.

The exceptional teamwork and camaraderie displayed by the HR team were instrumental in ensuring a seamless onboarding experience, reinforcing IDI's commitment to people-centered service delivery and organizational excellence.
Through these initiatives, we continue to build a high-performing, engaged, and resilient workforce—one that is well-equipped to advance IDI's mission and make a lasting impact in healthcare and research across the region.

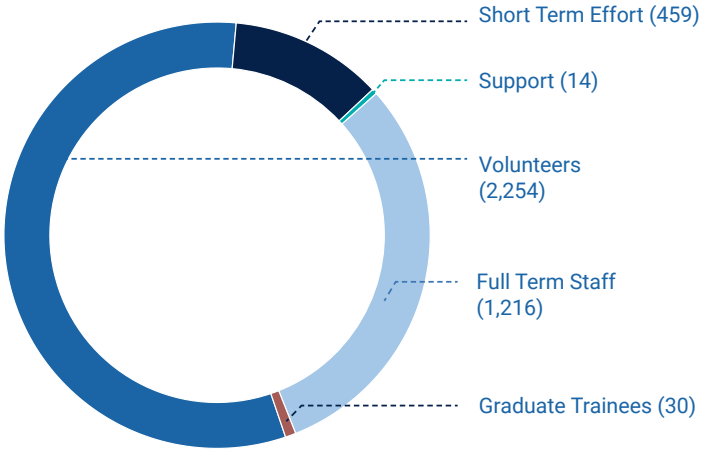
In the 2023/2024 financial year, IDI's workforce grew by 56% compared to the previous year, driven primarily by the onboarding of staff under the Masaka-Wakiso Comprehensive HIV Project in October 2023. This expansion also influenced the Institute's gender distribution, which now stands at 59% female and 41% male.

Managing this significant growth required a strategic and coordinated approach, with the HRBP model and the proactive, service-centric culture introduced in 2022 playing a pivotal role. Through strong collaboration with program heads and other departments, the HR team successfully facilitated the smooth transition and integration of new employees, many of whom had previously been engaged with partner organizations.

41% | 59%

3,973

staff as of June 2024



Strengthening Organizational Capability for the Future

In response to the evolving operational landscape and IDI's ambition to become a leading regional player in Africa, we undertook a comprehensive review of the Institute's organizational structure, job roles, and compensation framework in partnership with Deloitte Uganda, one of the big four audit firms. This process gave us an opportunity to objectively review our organisational structure which has
organically grown with a long-term view of where we envisage to be in the future.

Employees participated in the process at the point of analysis and through middle management, who calibrated their input. This informed a tailored a Job evaluation which was designed to ensure that our human capital strategy remains aligned with our long-term strategic objectives while fostering an equitable and competitive work environment.

A number of organizational design workshops were held at the SMT level to revisit the overall institutional and organizational structures, culminating into recommendations to the Board

- A high-level review of the organizational structure to enhance alignment with IDI's strategic priorities.
- A detailed job analysis across all programmatic and support service functions.
- A comprehensive review and update of job descriptions, ensuring clarity in roles, responsibilities, and competencies.
- A job evaluation process to establish a fair and transparent grading system.
- A review of salary and benefits structures to maintain internal equity and external competitiveness.

The outcomes of this initiative provide a foundation for strengthening workforce planning, career development, talent management, and employee engagement—critical drivers for achieving our mission and overall success.

Employee Engagement and Well-being

At IDI, we recognize that a thriving workforce is built on engagement, well-being, and access to support. Throughout the year, we prioritized employee connection through HR Clinics conducted in Masaka, Karamoja, and West Nile. These sessions provided a platform for teams to share insights, discuss challenges, and collaboratively develop solutions. These sessions also enabled the employee relations team to sensitize staff on key policies affecting their well-being, ensuring they are informed and empowered

> ***To further support employee well- being, we continued to enhance the utilization of our Employee Assistance Program, which successfully completed its first year of implementation. Over this period, 196 individual sessions were conducted, offering professional support to staff and their immediate family members***

While the program has made a positive impact, awareness and uptake remain areas for improvement.
Findings from a recent EAP survey indicated that only 21% of respondents had accessed the service—an uptake that does not fully reflect the mental health concerns frequently raised in staff interactions. Although some employees are referred to the program, the self-referral option remains underutilized,
underscoring the need for further education and advocacy.

Moving forward, IDI is committed to expanding awareness and accessibility of EAP services, including leveraging technology to ensure
real-time access for staff across all locations. Strengthening these initiatives will foster a healthier, more resilient workforce, ultimately enhancing overall well-being and organizational effectiveness

Building Leadership Capacity: The Manager's Toolkit

Investing in leadership development remains a cornerstone of our HR strategy. As part of this commitment, we launched the Manager's Toolkit, a strategic investment in our middle managers.

This SAQA-accredited skills program was designed to equip leaders with the essential competencies needed to drive performance, foster a positive workplace culture, and champion organizational growth. Covering key areas such as modern leadership, effective communication, coaching, change management, and team decision-making, the program provided a structured and immersive learning experience.

Delivered through a blend of online study and virtual workshops, participants dedicated time each week over a 14-week period to engage with course materials and attend interactive two-hour workshops, where they exchanged insights and practical applications of the learning modules.

This investment has not only enhanced individual leadership capabilities but has also instilled greater accountability and a transformational mindset, empowering managers to become catalysts for change within the Institute.

37

middle managers graduated achieving a 100% graduation rate

The program concluded with the graduation of 37 middle managers—achieving a 100% graduation rate. As we continue to assess the long-term impact of this initiative, we look forward to a second intake, ensuring that future leaders across all programs and departments are equipped with the skills required to advance IDI's mission and strategic goals.

Through these strategic HR initiatives, we continue to strengthen IDI's organizational capability, cultivate a high-performing workforce, and position the Institute for long-term success in a rapidly evolving healthcare and research landscape.

Celebrating the graduation of our middle managers, who successfully completed the 14-week SAQA-accredited Manager's Toolkit training.

Occupational Health, Safety, Environment (OHSE) & Safeguarding

In FY 2023/24, IDI's OHSE & Safeguarding function remained focused on promoting employee safety, well-being, child and youth safeguarding, and environmental sustainability across all operations. This aligns with the HR department's commitment to fostering an inclusive and supportive workplace, where employees feel valued, motivated, and engaged. Dedicated OHSE representatives utilized multiple intitives to embed a "health and Safety First" culture across IDI's regions and workstations.

An organization-wide OHSE & Safeguarding Committee continued to provide oversight and guidance, supported by departmental representatives and senior management. The Committee conducted four quarterly meetings, eleven monthly reviews, and one dedicated First Aiders & Marshals forum to track progress and share knowledge.

OHSE committee members attending training session

Training sessions were held to enhance committee members' understanding of OHSE regulations, compliance monitoring, and incident management. A key outcome of the training was the integration of OHSE responsibilities into employee performance indicators, ensuring shared accountability for safety across all levels. Annual OHSE & Safeguarding Performance Highlights include: a total of 61 training sessions were conducted, reaching 2,527 staff and totaling 367,425.8 training hours.

Of these, 58 sessions were delivered internally, while three were facilitated by external consultants. The OHSE & Safeguarding Orientation was attended by 346 new employees. Toolbox talk awareness sessions engaged 140 staff, reinforcing daily safety best practices. A Child and Youth Safeguarding Policy was developed and approved.

The following OHSE management system tools were developed and operationalized:

- Drivers and Passengers' Code of Conduct (Approved)
- Vaccination Policy (Draft)
- First Aid Procedures (Approved)
- Toolbox Talks Procedure (Approved and launched across all operations)
- A legal compliance register was maintained, with IDI achieving 82% compliance with OHSE regulations. Gaps identified included:
  - » Phasing out ozone-depleting substances in line with environmental commitments.
  - » Implementing pre-employment medical examinations.
  - » Obtaining NEMA certification for IDI-owned and occupied facilities.
- Risk Management & Workplace Inspections
- Job Hazard Analysis & Risk Profiling was conducted for nine departments, with ongoing risk assessments for field offices.
- Regular workplace inspections were undertaken to identify and address safety hazards.
- A corrective action register was maintained to track and close identified risks.

61
training sessions were conducted, 58 sessions were delivered internally, 3 were facilitated by external consultants

2,527
staff reached in training sessions totaling 367,425.8 training hours

First Aiders & Marshals Training

51 staff were trained across all departments and workstations to build capacity in emergency response and first aid administration. The program focused on Life-saving techniques and first aid case responses, proper use of emergency equipment (e.g., First Aid kits), hands-on practice with common workplace emergency scenarios, and regular emergency drills will be conducted to reinforce skills and readiness.

Staff attending the First Aiders and Marshals training

Incident Reporting & Management

A total of 82 incident notifications were received, with 70% of affected employees fully recovered and returning to work. Unfortunately, a fatal incident was recorded in January 2024 under the Masaka- Wakiso Comprehensive HIV Project. A comprehensive investigation was conducted, and the findings were reported to the OHSE & Safeguarding Committee.

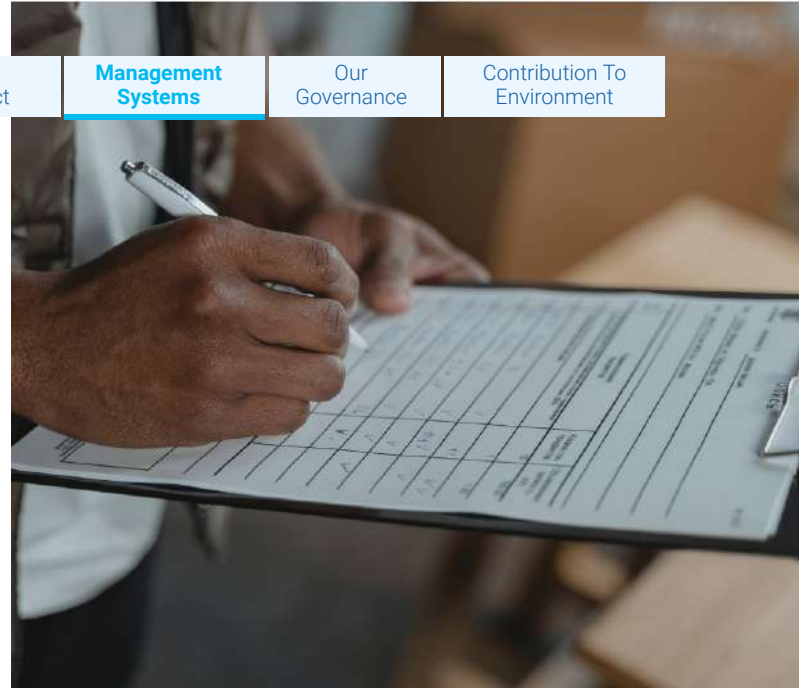
60% of recorded incidents involved road traffic accidents, primarily motorcycle-related. The remaining 40% were associated with assaults, musculoskeletal injuries, needle pricks, and other workplace injuries.

HR Engagement Survey

Employee engagement remains a key priority at the Infectious Diseases Institute, as we strive to foster a workplace culture that encourages collaboration, professional growth, and shared purpose. In the reporting year, participation in the employee engagement survey increased by 21% compared to the previous year, reflecting a growing commitment among staff to share their experiences and perspectives.

While the overall engagement score remained steady at 76%, notable improvements were observed in employees' perceptions of organizational leadership and staff development. These gains underscore our ongoing efforts to enhance transparency, communication, and career growth opportunities within the Institute.

A key driver of engagement has been the culture of co-creation in addressing workplace concerns. Through the action planning sessions led by the Employee Relations section, employees were actively involved in shaping solutions to challenges identified in the survey.



This participatory approach has strengthened trust and accountability across teams.

Building on this momentum, these structured engagement processes will continue in the next year, ensuring that employee feedback translates into meaningful action. By embedding continuous dialogue and collaborative problem-solving into our culture, we aim to further enhance engagement and create a thriving work environment for all staff.

Looking Forward

IDI remains committed to building a high-performing, agile, and motivated workforce poised to deliver lasting impact on Africa's healthcare landscape. The following strategic priorities will guide our future efforts.

Enhancing Performance and Talent Management: IDI will prioritize strengthening performance management processes to ensure employees receive clear, actionable feedback and targeted development opportunities. Building on our organizational review, we will implement robust succession planning frameworks for critical roles and key talent, securing long-term sustainability and fostering a pipeline of future leaders aligned with IDI's strategic goals.

Expanding Leadership Development Initiatives: Following the successful graduation of 37 managers from the Manager's Toolkit program, IDI will launch a second cohort to deepen leadership capabilities across the Institute. This initiative will equip managers with advanced skills in driving high performance, leading change, and cultivating an inclusive workplace culture, ensuring alignment with IDI's mission and regional ambitions.

Employee Well-being and Engagement: To address gaps in awareness and uptake, IDI will enhance the Employee Assistance Program (EAP) by leveraging technology for real-time access and launching targeted campaigns to promote mental health resources. By prioritizing accessibility and education, we aim to increase utilization beyond the current 21% and foster a resilient, supported workforce. These efforts, coupled with ongoing engagement surveys and co-creation forums, will strengthen trust and well-being across all teams.

Information Services

The Information Services (IS) department remained pivotal in ensuring that IDI's digital infrastructure remains resilient, secure, and future-ready. In the financial year 2023/24, the following developments were notable:

Digital Transformation

The Board recommended that management contract Charter, a Canadian firm, to revive the Digital Transformation Initiative. This initiative aims to enhance IDI's business processes, improve productivity, and elevate the customer experience. To achieve this, Charter will address data silos, systems interoperability, cyber risks, and workforce skill development. Previously, Charter and IDI's local IT team completed a "forklift" upgrade of IDI's entire information systems hardware and network infrastructure as part of the in-house capacity.

The initial digitalization strategy mapping commenced in 2022 but the ensuing needs assessment report issued in 2023 by the first local consultant did not meet management expectations due to lack of a solid Enterprise Architectural framework to institutionalize the digitalization effort over the longer term. After a management review, the decision was made to formally re-contract Charter to lead the digital transformation effort together with the local team.

Management constituted a Digital Transformation Steering Committee whose members are overseeing the process following the TOGAF (The Open Group Architecture Framework) architecture on behalf of IDI management with the support of a local consultant. The process is expected to take up to 12 months with the following planned milestones over a period of up to a year:

- Department level Interviews
- Workshops with user groups and key informants
- Preliminary Assessment Report
- Report on Enterprise Architecture Framework
- Roadmap & Dashboard
- Dashboard Execution Planning
- Presentation of digital transformation Roadmap

Data Security and Privacy

To respond to evolving cyberthreats the IS department rolled out various initiatives including Multi-Factor Authentication (MFA) for senior leaders , a 24/7 Security Operations Centre (SOC), a Mobile Device Management (MDM) solution and strengthening of NetApp flash storage real-time data replication for Disaster Recovery and Business Continuity.

Knowledge Management and Collaboration

In line with IDI's Knowledge Management Strategy (2023–2027), significant progress was made in archiving and collaboration.

In FY2023/24, over 1,500 medical texts were archived in a digital library, leading to significant time savings for researchers with historical medical studies now retrievable within seconds. An enhanced Microsoft Teams platform provided a more collaborative environment for 8,921 virtual meetings with 1.8 million audio minutes of remote engagement.

Data Governance and Analytics

The department initiated a review of IDI's data governance framework to uphold standards of data ethics, quality, and accountability.
Also, IDI's Open ICEA (MUJHU) platform was successfully deployed to digitize patient records at Makerere University Johns Hopkins, benefiting the entire University and research community through enhancing the precision and accessibility of patient care.

Looking Forward

In FY2024/25, the Information Services department will continue to position itself as a leader in technological innovation within the healthcare and research sectors by completing the IDI's digital transformation roadmap . This is expected to provide a living framework which will guide investments in digital infrastructure, cybersecurity and data-driven decision-making in support of IDI's mission and strategic goals.

Supply Chain

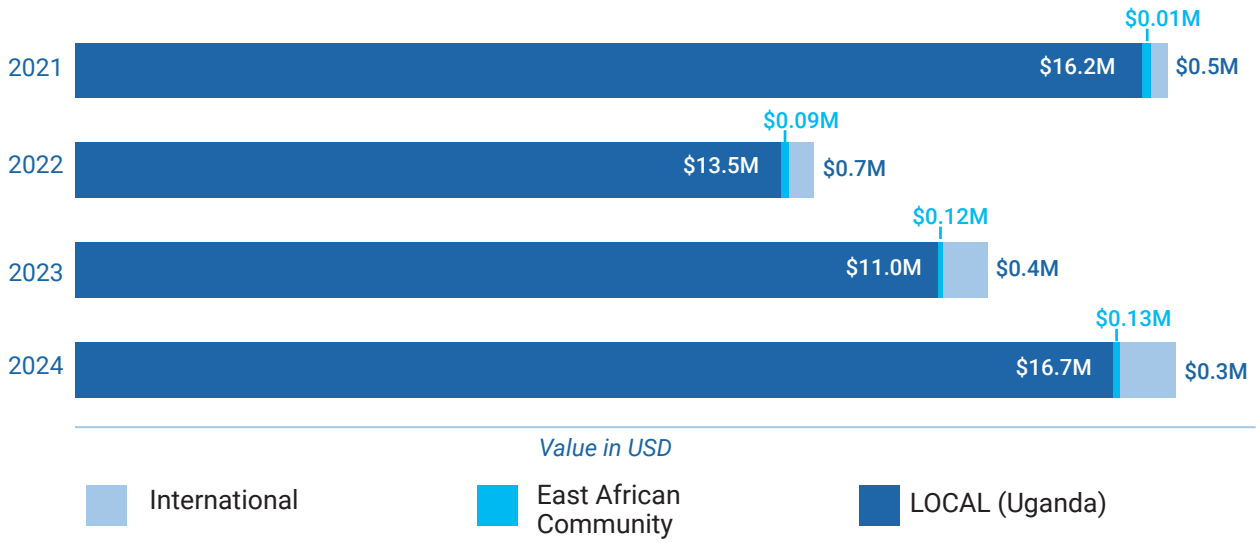
IDI appreciates the strategic contribution of the supply chain in achieving its mandate and is aware that any improvements made in the IDI supply chain directly impact overall organizational performance. We therefore continue to focus on the elimination of wastes including, but not limited to, excess inventory, waiting (unnecessary delays and redundancies), correction (reworks, inspection, returns) and unnecessary mileage and movement through multiple deliveries.

We do this majorly by leveraging upstream and downstream supply chain stakeholder relationships and information sharing across the user departments, the procurement function, suppliers, central warehousing, regional storage facilities/ distribution centers and technical user representatives.

Procurement

In the financial year 2023/2024, we continued to support local communities through our sourcing strategies with 97.59% of our procurements sourced within Uganda. This permits local trade to grow and flourish, thus contributing to the local economy. We further decentralized procurement to the beneficiary communities/districts across the country, with the number of suppliers within the same district that the service/ supplies are consumed now exceeding 70. We continue to identify vendors within the districts in which our various projects are located and to support and develop their capacity to meet our requirements in order to aid the growth of their businesses

These arrangements result into shorter logistics routes, eliminate unnecessary mileage and therefore significantly reduce our carbon footprint. Where this results into higher unit costs and /or suboptimal quality of goods and services, IDI invests in supplier training and development, negotiation and rigorous inspection/ verification of incoming goods.



Vendor relationship Management:

In January 2024, as part of our continuous engagement of vendors and relationship management, we ran a survey to collect feedback from our vendors and received 112 responses on key parameters including communication, professionalism of the Teams, courtesy and care:

Parameter	Number of Respondents		
	Excellent	Average	Poor
Clarity of specifications in the requests for quotations	86	25	1
Appropriateness of time provided to respond/provide quotations	105	0	7
Response time from submission of quotation to award of business	71	38	3
Clarity of the purchase order and consistency with what was quoted	103	8	1
Professionalism of the procurement team	104	8	0
Support of the warehouse when receiving items	99	0	4
Courtesy and care from the warehouse team receiving supplies	100	1	0
Professionalism of the warehouse team	93	8	0
Effectiveness of the communication with the IDI procurement Team	99	6	6

Disposal Process:

After the useful life of IDI assets including vehicles, motor cycles, furniture, IT equipment among other assets, IDI auctions these items to our staff who refurbish these assets and extend their useful life or repurpose them thus reducing the amount of waste that is disposed off into the earth. In 2024 we disposed of over 380 used assets and recovered over USD 80, 857 which can be used to support our various activities.

$80,857
worth of assets disposed in FY2023/24

Paper waste from our various operations (including outdated material such as data collection tools) is sold to paper recycling companies who turn it into useful household items including toilet paper, serviettes and scholastic material like book covers. This reduces the number of trees that would have been cut down to produce paper for these items but also ensures that paper can be used more than once.

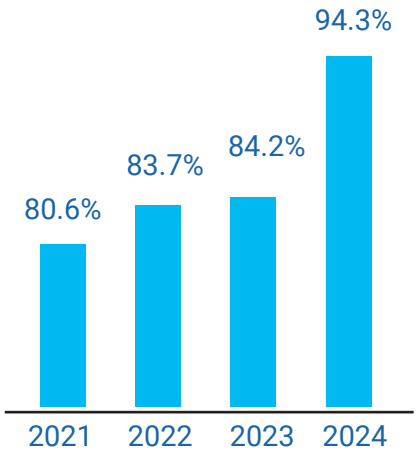
Order processing efficiency:

Speed and accuracy remain a critical measure of warehouse efficiency. As such, we continue to track order processing time against target under the different categories of orders:

Inventory Management:

We take keen interest in our inventory accuracy score and continue to implement improvement measures all aspects of inventory/warehouse management. We monitor stock bin accuracy specifically as it is a measure of how effective all the measures in place are in eliminating error and ensuring full accountability for every unit of stock that is handled through the warehouse,

This year, our inventory accuracy score was 94.3% up from 84.2% in the previous year.



Quality control/ quality assurance:

We implement stringent upstream measures in our supply chain to ensure excellent quality of incoming goods and services. For example, we prequalify vendors and , purchase from authorized distributors and local technical representatives of manufacturers. The IDI supply chain continued to delivers on its mandate of ridding the institute of any counterfeit and substandard items through:

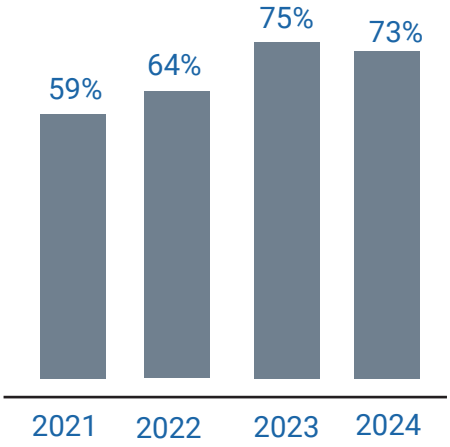
- Joint verification of incoming goods with technical users in the various categories ie electrical engineers, mechanical engineers, IT equipment specialist, branding and communications specialists and artisans.
- Organoleptic testing using the 5 senses to detect leakages, weak packaging, discoloration, changed smell, inconsistent labeling, spelling errors among others to identify and quarantine suspected counterfeit and substandard products.

Our forklift operator efficiently organizes inventory in the central warehouse.

Supply Chain Internal Stakeholder Feedback

In 2023/2024, we observed a significant decline in internal stakeholder satisfaction, primarily due to extended lead times in supporting a new major grant operating in a new region.

This challenge was further exacerbated by the ongoing global supply chain disruptions, which impacted lead times. We are fully committed to addressing and closing the majority of these supply chain gaps in financial year 2024/2025.



Looking Forward

As IDI continues to advance its supply chain excellence, two strategic priorities will guide our efforts in FY2024/25:

Vendor-Driven Community Initiatives: Building on our commitment to local sourcing (97.59% procurement within Uganda), we will deepen partnerships with vendors to amplify sustainable impact. Vendors will be incentivized to participate in community give-back programmes, such as sponsoring environmental conservation projects, educational workshops, or health outreach in the districts where we operate.

This collaborative approach reinforces our shared responsibility to uplift local economies while aligning with IDI's waste reduction and circular economy goals.

ISO Integration for Global Compliance: To elevate transparency and operational rigor, IDI will fully integrate ISO standards (e.g., ISO 9001 for quality management, ISO 14001 for environmental systems) into our supply chain processes. This includes certifying supplier audits, embedding ISO-aligned protocols in procurement and warehousing, and training vendors on compliance requirements. By harmonizing our practices with international benchmarks, we aim to reduce risks, enhance stakeholder trust, and drive continuous improvement across the value chain.

Our Governance

- Board of Directors
- Senior Management Teams
- Risk management
- Internal Audit

Introduction

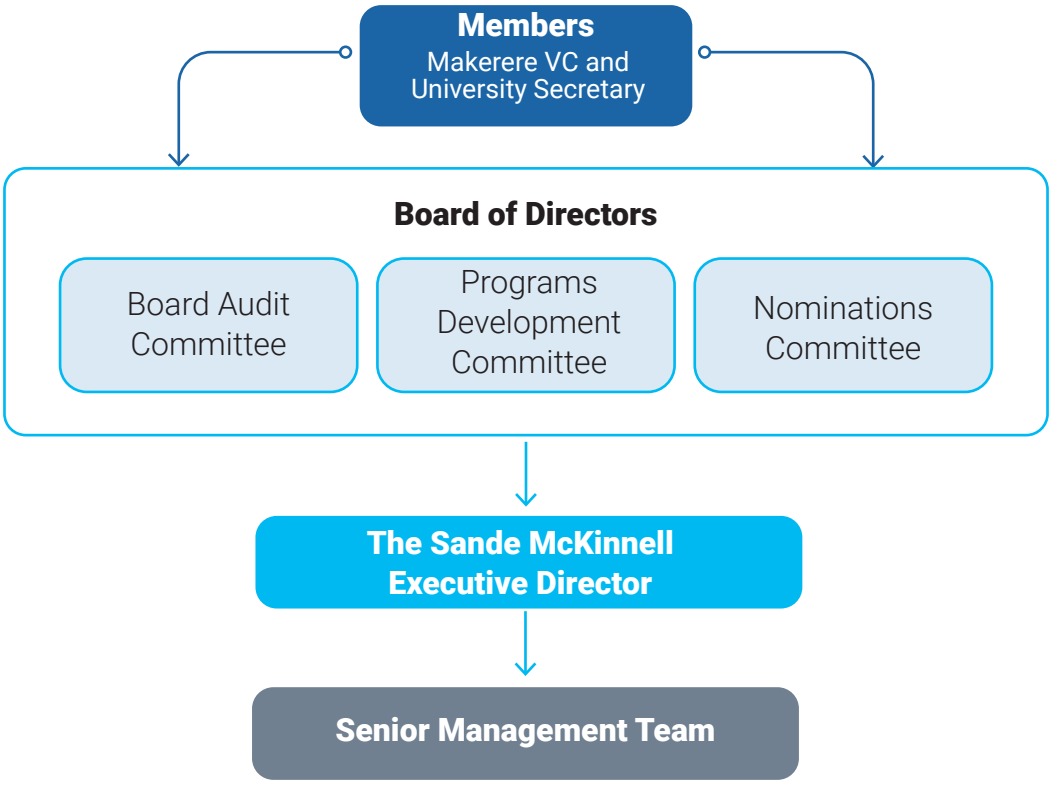
The Infectious Diseases Institute (IDI) is a non-profit company owned by Makerere University. Our unique structure ensures a strong academic foundation while maintaining operational autonomy.

The Board of Directors are identified by the Board's Nominations Committee, and appointed by the Members for a maximum of two consecutive four year terms. These individuals represent diverse expertise and backgrounds and contribute to the advancement of IDI's mission. The Board convenes at least three times annually to provide strategic oversight.

Three key committees support the Board's work:

- **Nominations Committee (Ad-hoc):** This committee identifies and recommends qualified candidates for Board membership as vacancies arise and oversees the appointment of the Executive Director.
- **Board Audit Committee (BAC) (Standing):** This committee monitors IDI's financial health and ensures compliance with all applicable regulations.
- **Program Development Committee (PDC) (Standing):** This committee oversees IDI's program outputs and ensures alignment with strategic objectives.

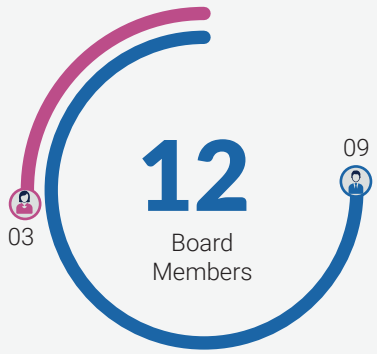
The Senior Management Team (SMT) actively provides IDI's operational leadership. The SMT includes the Executive Director, six heads of core programmes, three heads of support services (each with a deputy), and two heads of sub-programmes. This structure effectively manages and implements IDI's strategic initiatives.



Board of Directors

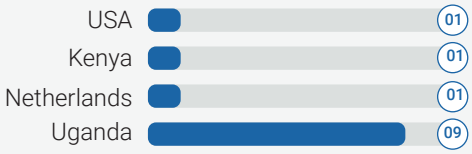
In the past year, the IDI Board and its committees played a pivotal role in steering the Institute towards greater sustainability, impact, and strategic growth. Through a series of deliberations and decisions, the Board provided oversight on critical financial, operational, and programmatic aspects of IDI's work. Specifically, the Board and it various committees provided the following strategic oversight:

Board Composition by Gender



Board Member Location by Country

Members represent a global view with representation from the global north and south as well as various constituencies in Uganda.



Board Meetings Held

	Target	Actual	%
Programme Development Committee	3	3	100%
Board Audit Committee	3	4	133%
Nominations Committee	2	2	100%
Full Board	3	4	133%

Note: Extra ordinary meetings were held during the FY2023/24 leading to 133%.

Board Commitee Meeting Membership Attendance

	Full Board		Programmes and Development		Board Audit Committee	
Period	**Target**	Actual	**Target**	Actual	**Target**	Actual
Nov 2023	**12**	11	**2**	2	**4**	4
Feb 2024	**12**	9	**-**	-	**4**	4
Mar 2024	**12**	9	**2**	2	**4**	4
Jun 2024	**12**	9	**2**	2	**4**	4
		79%		**100%**		**100%**

Board Activities

Full Board

Capitals Impacted

- Human
- Intellectual
- Social
- Finance
- Natural
- Manufuctured

Stakeholders

- Government of Uganda
- Makerere University
- Our Peoplle
- Community
- Funders and Partners
- Suppliers

The Board provides strategic oversight to ensure the organization remains true to IDI mission and goals. It manages risks, monitors performance, and ensures that resources are used effectively and ethically. Additionally, the Board guides financial stewardship and policy-making while fostering accountability and transparency to stakeholders.

The full Board approved committee recommendations, endorsed the 2023-2028 Strategic Plan, and advanced IDI's regionalization efforts across Africa. Key discussions included validation of IDI's risk framework, support to the Ministry of Health in outbreak response, sustainability initiatives, and the revival of the Sewankambo Scholars Program. Additionally, the Board recommended the establishment of specialized subcommittees and reviewed IDI's alignment with Makerere University policies.

West Nile district was selected for this year's annual Board field visit. The Board, with senior management and district officials visited various field sites, interacted closely with field staff and held their scheduled formal session in Arua. As a result of the visit, the Board noted the strategic location of the West Nile region bordering both South Sudan and DRC which are infectious diseases hotpots and recommended that management propose a plan for a strategic presence in the region. District officials were very supportive of this suggestion.

Through these efforts, the Board reaffirmed its commitment to IDI's mission, sustainability, and long-term impact.

Board Audit Committee

Capitals Impacted

- Human
- Intellectual
- Social
- Finance
- Natural
- Manufactured

Stakeholders

- Government of Uganda
- Makerere University
- Our people
- Community
- Funders and Partners
- Suppliers

The Board Audit Committee is responsible for guiding comprehensive financial planning and risk management to ensure that the organization effectively mitigates potential risks while capitalizing on growth opportunities. It evaluates and strengthens internal controls to maintain robust governance standards and ensure regulatory compliance.

The committee also oversees both internal and external audits, ensuring transparency and accountability in financial reporting. Additionally, it scrutinizes resource allocation to maximize efficiency and support the organization's strategic objectives.

This year, the Board Audit Committee rigorously evaluated critical financial matters, providing recommendations on the annual budget, selecting external auditors, and identifying major investment opportunities to boost IDI's long-term sustainability.

It conducted a comprehensive assessment of financial performance while scrutinizing efforts to diversify funding sources.

Additionally, the committee monitored the progress of the institute's digital transformation initiatives, ensuring robust financial governance and positioning IDI for future growth.

Programs and Development Commitee

Capitals Impacted

- Human
- Intellectual
- Social
- Natural

Stakeholders

- Government of Uganda
- Our people
- Community

The committee supports program management by monitoring and evaluating existing programs to ensure they align with the organization's vision, mission, and goals, reviewing strategies, schedules, deliverables, and risks, and assessing performance indicators as needed.

It also oversees program adaptability by identifying new opportunities and service delivery mechanisms and advising on the integration of innovations. The committee develops and monitors resource development priorities, identifies potential external funding sources, and actively participates in fundraising efforts by engaging new partners and coordinating board involvement.

This year, the Program Development Committee assessed risks, opportunities, and challenges in all IDI's programs.

The committee promoted interdepartmental collaboration by identifying opportunities for resource sharing and joint planning across programs, such as HSS, Research, and Training, while strengthening internal and external partnerships.

It emphasized capacity building and innovative training—particularly in Global Health Security—and called for integrating research with public policy impact, including the development of clear business plans and sustainable funding strategies.

Additionally, the committee focused on expanding regional technical assistance, enhancing visibility through strategic storytelling and partnerships, and positioning IDI as a leading institution in Africa.

Adhoc Nominations Committee

Capitals Impacted

- Human
- Social

Stakeholders

- Makerere
- Community
- Our People

The Ad Hoc Nominations Committee is responsible for proactively identifying and thoroughly vetting potential board candidates, ensuring each nominee aligns with the organization's mission and strategic priorities. The committee evaluates candidates based on merit, diversity, and the skills required to drive the organization forward.

In FY2023/24, the adhoc nominations committee evaluated and recommended a new organizational structure, and salary framework based on a job evaluation exercise conducted by Deloitte.

The committee held a series of meetings to consider various potential board member appointments to replace retiring members. This process is still underway with the objective of having a pipeline that will sustain board membership across the various required board competencies.

Members

The Vice-Chancellor (VC) and University Secretary (US) of Makerere University are the members of IDIL, a company limited by guarantee. The members represent the university council and appoint the IDI Board of Directors, a body of 13 members.

The IDI members (Makerere University VC and US) hold an Annual General Meeting (AGM) to review IDI's performance and approve significant policy, governance, financial, and compliance matters.

The AGM is attended by the IDI Board Chair, the Executive Director, and legal counsel, with the Head of Finance and Administration attending by invitation.

Prof. Barnabas Nawangwe
Vice Chancellor

Mr. Yusuf Kiranda
University Secretary

Board of Directors

Member of Board Audit Committee

Member of Programs and Development Committee

Prof. Rev. Samuel Abimerech Luboga

IDI Board Chair

Chair, Education Service Commission

PhD, M.Med Surgery, MBCh

Skills:

- Patient Care & Clinical Leadership
- Quality Assurance & Curriculum Innovation
- Institutional Governance & Administration
- Capacity building, board governance, and partnerships with international academic and health organizations.

Mr Wilfred Griekspoor

IDI Board Audit Committee Chair

Director Emeritus of the global management consulting firm McKinsey & Company

B.Sc mathematics and physics; M.Sc. Medical Physics

Skills:

- Global Management & Strategy
- Financial Systems & Management
- Corporate Governance Design
- Venture Capital & Investment
- Public Health & NGO Governance
- Leadership Development
- Grant & Project Management

Prof Yuka Manabe

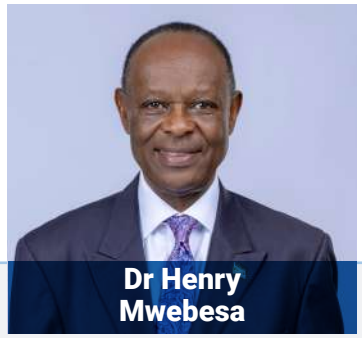
IDI Board Program and Development Committee Chair

Professor, Division of Infectious Diseases, Department of Medicine, Johns Hopkins; Associate Director Global Health Research and Innovation, Center for Global Health, Johns Hopkins

PhD; MS Molecular Biophysics & Biochemistry;

Skills:

- Performance evaluation and impactful use of infectious disease diagnostics
- Clinical Translational Research
- Clinician in infectious diseases
- Research capacity building
- Grant & Project Management



Dr Henry Mwebesa

Director General Health Services, Ministry of Health

Master in Public Health Medicine; Bachelor of Medicine and Bachelor of Surgery

Skills:

- Quality Improvement and performance systems
- Designing and implementing M&E frameworks
- Financial & Resource Management
- Policy & Regulation Development
- Stakeholder Coordination for donors, private sector, and civil society

Prof Umar Kakumba

Former Deputy Vice Chancellor (Academic Affairs) & Associate Professor (Public Sector Management), Makerere University.

PhD in Public Affairs Management, Master of Public Administration & Management, Diploma in Business Administration; Bachelor's in Social Sciences

Skills:

- Academic Leadership & Administration
- Public sector management, local governance, and HR management
- Policy Analysis & Institutional Governance:
- International Collaboration & Consultancy
- Capacity Building & Mentorship

Dr Alex Opio

Project Coordinator/East Africa Public Health Laboratory Networking Project, Co-Director Public Health Fellowship Programme, Survey Director - Uganda HIV AIDS Impact Assessment (MoH)

PhD Epidemiology & Biostatistics; Msc. Maternal & Child Health; Msc. Epidemiology & Biostatistics; Bachelor of Medicine and Bachelor of Surgery

Skills:

- Leadership in health policy and program oversight
- Infectious Disease Expertise in prevention and control of communicable diseases
- Research & Evaluation
- Project Management of donor-funded initiatives and complex programs
- Capacity Building

Prof Harriet Mayanja Kizza

Professor of Medicine, College of Health Sciences, Makerere University

PhD; MSc Immunology/ Pathology; Mmed Internal Medicine; Bachelor of Medicine and Bachelor of Surgery

Skills:

- Clinical & Patient Care
- Academic & Policy Leadership
- Research & Evidence-Based Practice
- Educational Leadership - leading clinical education and service delivery
- Operational Management - managing and improving healthcare delivery systems

Prof Charles Ibingira

Professor of Anatomy, Makerere University

PhD; Mmed Internal Medicine; FCS; Pgd Dip. International Research Ethics; Bachelor of Medicine and Bachelor of Surgery

Skills:

- Academic Leadership & Governance
- Research & Grant Management
- Ethics & Global Health Education:
- Clinical & Surgical Expertise
- Mentoring & Faculty Development

Ms Milly Katana

Director Operations -Senior Support Services -Kampala

Msc. Public Health; MA Practicing Management; Master of Business Administration; Post-graduate Diploma in Managing HIV; Post-Graduate Diploma in Management; Bachelor in Commerce

Skills:

- Community & Public Health promotion
- Operational Management & strategic planning
- Financial Oversight
- Advocacy and policy
- Capacity Building in training and organizational development initiatives

Mr Samuel Kanakulya Lubinga

Executive Director Singo United Investments

Master of Business Administration; Dip in Risk Management in Finance and Banking; Bachelor of Science in Agriculture;

Skills:

- Financial Management & Strategic Planning
- Risk & Procurement Management
- People Leadership & Team Building
- Financial systems management.
- Stakeholder engagement and business development.

Prof Moses R. Joloba

Professor – Department of Medical Microbiology, Makerere University.

PhD; MSc Microbiology; Bachelor of Medicine and Bachelor of Surgery

Skills:

- Clinical & Laboratory Expertise in infectious diseases, and diagnostics
- Research & Innovation
- Molecular diagnostics and bioinformatics
- Operational Leadership in establishing high-quality laboratory networks
- Program Development - integrating traditional and modern diagnostic approaches

Dr. Mawa Jeremiah Chakaya

Technical Advisor and Executive Director, Kenya Association for the Prevention of Tuberculosis and Lung Disease; Chief Research Officer, Kenya Medical Research Institute

Diploma Thoracic Medicine; M.MedInternal Medicine; Bachelor of Medicine and Bachelor of Surgery

Skills:

- Clinical Expertise -focusing on TB and lung diseases
- Patient Care, Training & Mentorship
- Research & Advisory
- Program Implementation (designing and executing TB/HIV programs)
- Strategic Collaboration: International partnerships and Public–Private Mix initiatives

Senior Management Team (SMT)

The IDI Senior Management Team (SMT) comprises of an Executive Director (ED), 6 heads of core programmes and 3 heads of support services (each with a deputy) as well as 2 heads of sub-programmes.

DR. ANDREW D KAMBUGU

Sande McKinell Executive Director

Academic Qualifications:

- Bachelor of Medicine and Bachelor of Surgery (M.B.Ch.B.);
- Master of Medicine, (Internal Medicine)

Appointment to SMT

- 2005 Head of Prevention Care & Treatment Programme
- 2012 Head of Research Programme
- 2018 Executive Director

Honors

- 2014 - Fellow, Royal College of Physicians (FRCP)- London Chapter
- 2023 - Fellow, Uganda National Academy of Sciences (FUNAS) – Medical Science Category

Trainings:

- Fellowship in Infectious Diseases (University of Utah/University of Manitoba)
- Leadership & Management – Centre for Creative Leadership
- Certificate Seven Habits of Highly Effective People course by the Franklin Covey ® Company
- Certificate, The 4 Disciplines of Execution course by the Franklin Covey ® Company
- Certificate in Leadership and Management in International Health (LMIH) course, University of Washington

Skills:

- Clinician (Infectious Diseases Specialty, including HIV/AIDS and TB)
- Scientific Research (Clinical Trials, Implementation Science)
- Scientific writing
- Clinical & Research mentorship
- Management Mentorship
- Corporate Communication
- Corporate Governance
- Global Health Leadership (Researchers for Global Health)Boards & Scientific Advisory Committees
- Uganda Young Positives (UYP) - Board Member
- SASA Innovations Centre Limited - Board Member
- PEPFAR Scientific Advisory Committee - Member

DR. TOM KAKAIRE

Head of Department, Strategic Planning and Development

Academic Qualifications:

- Bachelor of Business Administration (Accounting); Makerere University
- M.A Development Studies (NGO Management); Uganda Matrys University
- Post graduate Diploma in Financial Management - Uganda Management Institute
- PhD (Business Administration) Gordon Institute of Business Science, University of Pretoria

Appointment to SMT

- 2012

Trainings:

- Executive Development/Leadership Programs (various)
- Financial Management (Various)
- Grants Management & Compliance
- International Health

Skills:

- Strategic Leadership
- Business Development
- Grants Management
- Program design
- Social Enterprise Development

SUSAN LAMUNU SHERENI

Head of Department, Finance and Administration

Academic Qualifications:

- MBA -Strategic Planning – Heriot-Watt University
- Fellow Chartered Certified Accountant
- Certified Public Accountant- ICPAU
- Prince2 Practitioner-APMG international

Appointment to SMT

- 2012

Trainings:

- Innovation and strategy- Harvard University Extension school
- Leadership and Management- Centre for Creative Leadership
- ESG, climate change and social activism, risk, opportunities and investor perspective - Wharton Business School

Skills:

- Finance & Accounting
- Risk and Project Management
- Strategy Development & Execution
- Leadership and Management
- Supply Chain Management

DR. ALEX MUGANZI

Head of Department, Health Systems Strengthening

Academic Qualifications:

- Bachelor of Medicine and Bachelor of Surgery (MBChB);
- Master of Public Health (MPH);
- Post Graduate Diploma in Project Planning and Management

Appointment to SMT

- 2010

Trainings:

- HIV Fellowship for Doctors, Weill Cornell Medical College, New York, USA
- Executive Leadership Program, Wharton School, Philadelphia, USA
- Principles of STD/HIV Research course, UW, Seattle, USA
- Advanced HIV/AIDS Treatment Course for HIV Clinicians by the European AIDS Clinical Society, University of Montpellier, France

Skills:

- Programme implementation and Management
- Resource Mobilisation
- Stakeholder management

DR. BARBARA CASTELNUOVO

Head of Department, Research

Academic Qualifications:
- Bachelor of Medicine and Bachelor of Surgery (M.B.Ch.B.)
- Master in Infectious Diseases
- PhD Medical Sciences

Appointment to SMT
- 2014

Trainings:
- Applied clinical research and evidence based medicine. Royal Tropical Institute, Amsterdam/Makerere University, Uganda
- Bioethics

Skills:
- Scientific writing
- Research mentorship
- Project management

DR UMAR SSEKABIRA

Head of Department, Training and Capacity Development

Academic Qualifications:
- MBChB: Bachelor of Medicine and Bachelor of Surgery;
- MSC CEB: Master of Science in Clinical Epidemiology and Biostatistics.

Appointment to SMT
- 2012

Trainings:
- Certificate in Project planning and management from Uganda Management Institute
- Certificate in leadership essentials
- Certificate in Monitoring and Evaluation.
- Curriculum development and Training of Trainers course

Skills:
- Curriculum development/ Training material development
- Training needs assessment
- Training program design, implementation and evaluation
- Training and mentorship skills

JOHN BOSCO KAFUFU

Laboratory Administrative Director

Academic Qualifications:
- Bachelors in Biomedical Laboratory Technology;
- Masters in Medical Laboratory Science and Management;
- Postgraduate Diploma in Management

Appointment to SMT
- 2018

Trainings:
- Good Clinical Laboratory Practice
- Classification of Infectious Substances and Genetically Modified Organisms
- DAIDS Human Subjects Protection/Good Clinical Practice
- Basic biological research and clinical diagnosis in pathology

Skills:
- Regulatory Compliance
- Team Leadership & Staff Development
- Lab Equipment Maintenance & Management
- Cell Cycle & DNA Analysis

DR. FRANCIS KAKOOZA

Interim Head of Department, Global Health Security

Academic Qualifications:
- Bachelors of Biomedical Laboratory Technology, Makerere University.
- Master of Science in International Infectious Diseases Management, Makerere University.
- Doctor of Philosophy, Molecular Epidemiology, Makerere University.

Appointment to SMT
- 2021

Trainings:
- Post-doctoral Global Health (on-going), University of California San Francisco
- Leadership and Management in Health, University of Washington.

Skills:
- Antimicrobial resistance surveillance and research
- Public Health Emergencies preparedness and response
- International Health program implementation strategies.

PAUL RUMANDA RUGAMBWA

Head of Department, Human Resources

Academic Qualifications:
- BA (Hons) Social Science
- Post Graduate Diploma- Human Resource Management and Development
- Masters of Business Administration

Appointment to SMT
- 2022

Trainings:
- Global Remuneration Professional
- SAMTRAC
- HR Business Partner Master Class
- Global Anti-Bribery Compliance

Skills:
- Leadership Development
- Strategy Development and Execution
- Risk Management
- Change Management & Organisational Development

DR. AGGREY SEMEERE

Head of Department, Prevention, Care, and Treatment

Academic Qualifications:
- MB.ChB- Makerere University;
- M.Med Internal Medicine;
- M.A.S (Cert. Implementation Science)

Appointment to SMT
- 2023

Trainings:
- Fellow, East Central and Southern Africa College of Physicians
- Fellow, American College of Epidemiology

Skills:
- General Internal Medicine
- Epidemiology and Biostatistics
- Implementation Science
- Mentorship and training

DR. JOANITA KIGOZI

Deputy Head of Department, Health Systems Strengthening

Academic Qualifications:

- MBChB (MUK)
- MRCP (UK)
- MSc Infectious Diseases(LSHTM)
- Honors: FRCP (UK)

Appointment to SMT

- 2015

Trainings:

- Arthur Ashe HIV/AIDS Fellowship for International Health Care workers, Cornell University, New York, USA
- Leadership and management in Health University of Washington
- Designing clinical research

Skills:

- Project management
- Stakeholder engagement
- Resource mobilisation
- Program monitoring and evaluation

RICHARD SSENONO

Acting Head of Department, Information Services

Academic Qualifications:

- BA Library &Information Sciences; PGD, Information Technology;
- MA Information Technology;

Appointment to SMT

- 2012

Trainings:

- Project management professional
- Web programming
- Cyber security management
- Evidence Synthesis & Information Retrieval

Skills:

- IT Strategic management
- IT Governance
- Digital strategy and transformation
- Cyber security and Data protection

MILLY OCAYA LAKER

Deputy Head of Department, Finance and Administration

Academic Qualifications:

- Association of Chartered Certified Accountants (ACCA);
- Certified Public Accountant (CPA)
- MBA Strategic Planning;
- BSc Accounting and Finance

Appointment to SMT

- 2017

Trainings:

- Project Management

Skills:

- Risk management
- Financial planning and analysis
- Strategy development and articulation to business processes
- Supply chain management
- Project management

SYLVAN KABOHA

Deputy Head of Department, Strategic Planning and Development

Academic Qualifications:

- BA Social Sciences;

Appointment to SMT

- 2018

Trainings:

- Strategy planning and execution
- Management Essential
- Leadership Transition
- Lot Quality Assurance Sampling techniques - LQAS (World Bank)

Skills:

- Strategy Development and execution
- Fund management (grants and sub granting)
- Organization development
- Partnership development

JOSEPH WALTER ARINAITWE

Deputy Head of Department, Training and Capacity Development

Academic Qualifications:

- Bachelor of Pharmacy
- Master of Science, Global eHealth

Appointment to SMT

- 2017

Trainings:

- Model-Informed Drug Development, University of Florida
- Strategic Innovation for Community Health, INSEAD

Skills:

- eLearning & digital health
- Curriculum development
- Supply chain & logistics management
- Quantitative pharmacology

DR. STEPHEN OKOBOI

Deputy Head of Department, Research

Academic Qualifications:

- BSc Health Services Management;
- Master of Public Health;
- MSc, Health Economics;
- PhD Medical Sciences (Epidemiology Major)

Appointment to SMT

- 2022

Trainings:

- Qualitative research methods
- Advanced epidemiological methods
- Research administration and management
- Grants and scientific writing

Skills:

- Research management
- Research Administration
- Scientific and grant writing
- Research leadership

DR. NOELA CLARA OWARWO

Deputy Head of Department, Prevention, Care, and Treatment

Academic Qualifications:

- Bachelor of Medicine and Bachelor of Surgery (MBChB)
- Master of Medicine, Internal Medicine

Appointment to SMT

- 2021

Trainings:

- Fellow, East, Central and Southern College of Physicians
- Leadership and Governance – Female Future Program

Skills:

- Specialist Clinical Care
- Program implementation and management
- Clinical Research
- Training and Mentorship
- Resource Mobilisation

DR. ANDREW MUJUGIRA

Lead, IDI Kasangati HIV Prevention Site

Academic Qualifications:

- Bachelor of Medicine and Bachelor of Surgery;
- Postgraduate Diploma Infectious Diseases;
- Master of Science in Infectious Diseases;
- Master of Public Health Epidemiology;
- PhD Epidemiology

Appointment to SMT

- 2017

Trainings:

- Training Institute for Dissemination and Implementation Research in Health, U.S. National Institutes of Health
- Fundamentals of Implementation Science in Global Health, University of Washington

Skills:

- Clinical Trial Design, Management and Analysis
- Qualitative Research
- Community Engaged Research
- Scientific and Grant Writing

DR. RUTH OBAIKOL

Co-Lead, Academy for Health Innovations

Academic Qualifications:

- Bachelor of Medicine and Bachelor of Surgery
- MMED Surgery

Appointment to SMT

- 2020

Trainings:

- Global policies-local challenges ; Tampere University-Finland
- Governance and Management
- Currently PhD scholar in Public Health Science (injury and Violence) University of Turku-Finland

Skills:

- Health Management
- Strategic leadership
- Project management
- Scale and implementation of Health innovations.
- Surgery

DR. ROSALIND PARKES-RATANSHI

Lead, Academy for Health Innovations

Academic Qualifications:

- PhD in Infectious Diseases
- Bachelor of Medicine and Surgery
- Bachelor/Master of Arts (MA Hons) Natural Sciences
- Diploma in Genitourinary Medicine
- Diploma in Sexual and Reproductive Health

Appointment to SMT

- 2020

Trainings:

- Certificate of Completion of Specialist Training HIV/GUM
- Governance and management
- Leadership and Strategy
- Health Innovation

Skills:

- Clinical Medicine & Public Health
- Leadership & Strategy
- Research & Academic Expertise
- Technology & Innovation
- Teaching & Mentorship

Risk Management

Risk management at our Institute is a Board-level responsibility that is closely overseen through a structured management framework. The Board provides strategic direction and delegates day-to-day risk oversight to senior management, ensuring that risk management processes are embedded across all levels of the organization.

Board Oversight and Delegation

The Board has a central role in establishing and maintaining an effective risk management culture. It oversees the development and implementation of the Enterprise Risk Management (ERM) Framework, while management is responsible for the identification, assessment, and mitigation of risks.

This clear delegation of responsibilities ensures that risk management remains proactive and comprehensive throughout the Institute.

This year, the Board reviewed and approved the Institute's top ten risks—identified through rigorous internal and external assessments. Management presented these risks along with detailed evaluations and key mitigation strategies, providing insight into significant changes in the Institute's risk environment. This process not only reinforced our commitment to addressing critical risks but also enhanced our focus on continuous improvement in risk oversight.

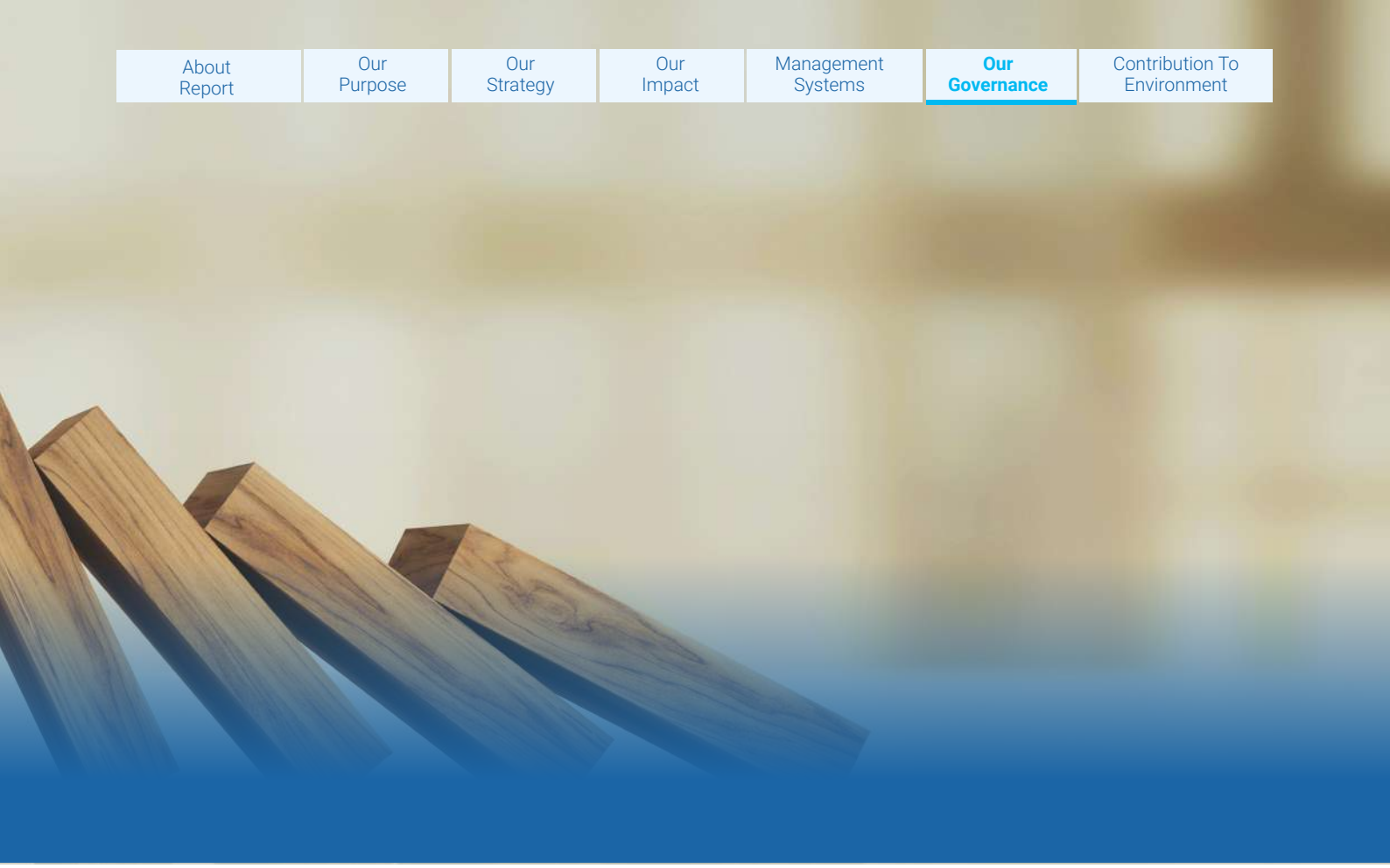
Enterprise Risk Management

This year, IDI significantly strengthened its enterprise risk framework by seamlessly integrating the COSO framework with the ISO 37000 standard. This enhancement has refined the organization's approach to risk management, ensuring that its processes and operations are more resilient, transparent, and aligned with global best practices.

Enhanced Departmental Risk Registers

Recognizing that robust risk management starts at the departmental level, the Board has emphasized the need for improved risk registers across all departments. This initiative is designed to empower individual units to more effectively identify, monitor, and manage risks, thereby supporting the overall resilience and strategic objectives of the Institute.

Ongoing Development of the ERM Framework Guided by the Board Audit Committee, the ERM Framework is a work in progress. Continuous efforts are underway to refine and expand this framework, ensuring that risk management practices remain comprehensive and adaptable to an evolving risk landscape.



Internal Audit

The Infectious Diseases Institute (IDI) is committed to sound governance and effective risk management. The Internal Audit function provides objective assurance across the Institute's risk management, internal control, and governance processes. During the fiscal year 2023/2024, the Internal Audit function prioritized audit efficiency, risk mitigation, and capacity building.

This focus resulted in the completion of 60% of planned audits. While this represents less achievement of planned activity based on the approved calendar, it allowed for the timely identification and resolution of emerging critical risks, including compliance gaps and potential fraud.

15
Fraud Awareness Sessions

29
Pre-Award Assessments

5
Whistle-Blower Reports

21
Audits Completed

In FY2023/24, the IA function scheduled 35 audit assignments and completed 21, representing a 60% completion rate. Additionally, 10 unplanned assignments were undertaken, including pre-award risk assessments of 29 organizations.

The Institute also significantly contributed to the capacity building of sub-grantees through routine audits and targeted internal capacity-building initiatives, leading to a noticeable decrease in disallowed costs.

Auditors assessed nine sub-grantees during the reporting period to determine fund utilization, compliance with grant agreements, and the effectiveness of internal controls. The findings were primarily operational, with few compliance issues, indicating substantial improvements in sub-award fund management and the strengthening of sub-grantee internal controls.

Risk Assessments & Due Diligence

As part of IDI's risk management framework, the IA function conducts pre-award risk assessments and due diligence for potential sub-recipients. In FY2023/24, we carried out pre-award assessments for 29 organizations (28 local and one regional entity). These assessments evaluated the organizations' capacity to manage sub-grants and adhere to regulatory and donor requirements effectively.

Evaluations covered key areas such as governance, financial management, operational processes, and legal compliance. The assessment results informed a risk-based categorization of organizations, and we provided tailored recommendations to mitigate potential risks and enhance their readiness for sub-granting.

Fraud Risk Management

Effective fraud risk management is crucial for safeguarding the organization's resources and maintaining stakeholder trust. During the reporting period, the IA function implemented various initiatives to strengthen fraud prevention, detection, and response mechanisms.

The internal audit unit received and thoroughly reviewed five whistle-blower reports, resulting in five fraud investigations. We successfully concluded these investigations and submitted findings to management for appropriate disciplinary action against the implicated staff, reinforcing accountability and IDI's commitment to a zero-tolerance policy for fraud, corruption, and unethical conduct.

In FY2023/24, the IA function conducted four targeted fraud awareness sessions and 11 new staff orientations to promote a culture of ethics and fraud prevention. These provided employees with the knowledge to identify and report fraudulent activities. Additionally, two targeted anti-money laundering sessions were conducted, and 11 new staff orientations were conducted.

Outcomes

IDI prioritizes robust internal controls and financial stewardship. Our Internal Audit function is critical in safeguarding the Institute's financial integrity and ensuring adherence to regulatory requirements. The Internal Audit function identifies key financial and compliance risks through consistent and rigorous audits, enabling proactive implementation of corrective measures.

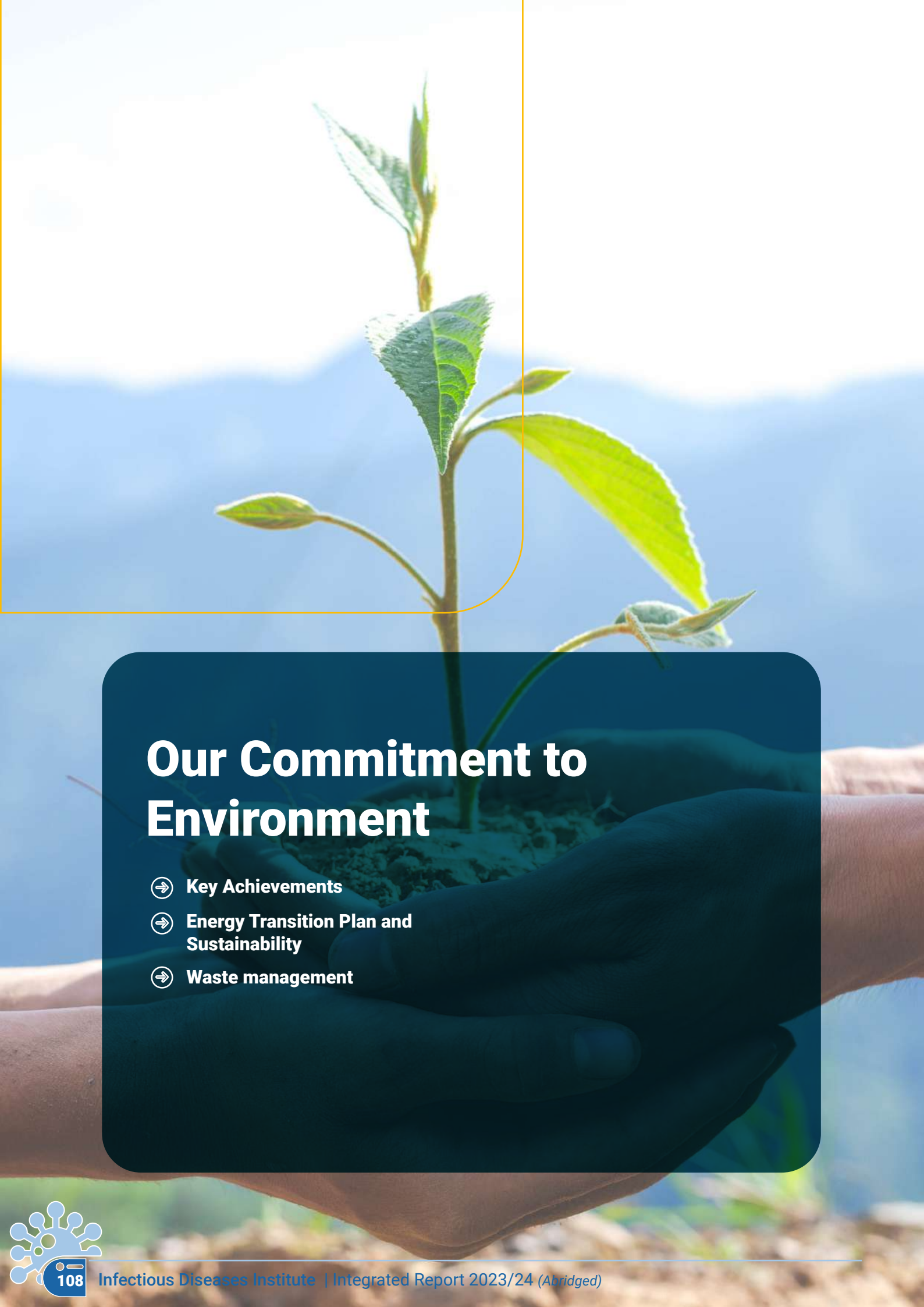
During the fiscal year 2023/2024, internal audits highlighted significant potential risks, demonstrating their value in protecting the organization. Internal audit facilitated the recovery of approximately $10,630 in unallowable costs. This recovery enhanced financial accountability and reinforces IDI's commitment to responsible resource management.

Capacity Building for Audit Team

Recognizing the importance of a well-equipped internal audit function for enhancing governance, risk management, and compliance, the IA team undertook training to strengthen their competencies, knowledge, and skills.

Training initiatives included:
USAID Financial Management and Compliance with a Non-US New Partner Focus
Tax Advisory Training
Customer relations and customer-centred service training
Internal Audit Forum hosted by the Institute of Certified Public Accountants, Uganda (ICPAU)

The team conducted three internal training sessions to further improve their skills in internal audit methodologies, such as auditing travel and fleet expenses, and to provide refresher training on the audit software. This training improved the auditors' ability to identify compliance gaps, financial risks, and internal control weaknesses. For example, post-training, the audit team detected irregular fleet and travel expense transactions, leading to enhanced fraud prevention. The training also contributed to improved team efficiency and reduced manual workload.



Our Commitment to Environment

- Key Achievements
- Energy Transition Plan and Sustainability
- Waste management

Our environmental commitments

In FY2023/24, we demonstrated our commitment responsible environmental management by delivering robust infrastructure, operational resilience, and good environmental stewardship, enabling seamless programme delivery across the country. From completing the vital IDI Nurture Space to making significant strides in sustainability, our team navigated the challenges of geographical expansion while simultaneously reducing our ecological footprint.

Key Achievements

IDI Nurture Center: Supporting Working Mothers

Recognizing the challenges faced by working mothers, IDI designed and completed a Nurture Space. This dedicated area provides a comfortable and private environment for nursing and childcare, ensuring professional commitments remain uninterrupted.

Featuring lactation rooms, baby care areas, and rest facilities, the Nurture Space supports breastfeeding mothers, promotes maternal health, and fosters work-life balance for our female employees and trainees.

Nurture center during construction

Nurture center after completion

Upgraded Ebola Treatment Facilities

IDI renovated two Ebola Treatment Facilities in Kihihi and Bwera, bolstering Uganda's healthcare system's capacity to respond to infectious disease outbreaks. This initiative reflects our dedication to public health preparedness, emergency response, and strengthening Uganda's epidemic resilience through Ministry of Health.

Ebola Treatment Facility Before

Ebola Treatment Facility After

Upgraded Fire System at IDI MKC & Mulago

IDI prioritized upgrading and automating fire safety systems at IDI Mulago and IDI Makerere, significantly improving emergency response times and ensuring compliance with international safety standards. The newly installed systems, including advanced fire alarms, suppression systems, and comprehensive emergency protocols, enhance incident response and strengthen emergency preparedness, mitigating fire-related risks and creating a safer environment for staff, patients, and visitors.

Fire system installation at IDI MKC

Energy Transition Plan and Sustainability

IDI completed the Sustainable Energy Transition Plan assessment during this reporting period indicating a three year payback period and subsequent annual cost saving of 9% . The implementation and evaluation phases will be conducted in FY2024/25 and FY2025/26, respectively.

Assessment

A feasibility study at IDI Mulago and IDI Makerere showed that solar panel installation could meet 43% and 67%, respectively, of peak energy needs.

Implementation

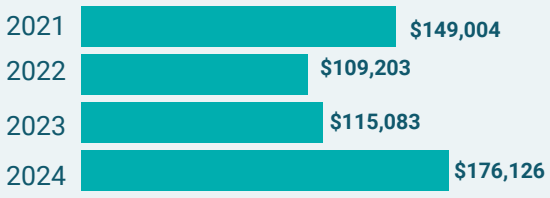
The pilot installation of a 125KWp solar system at IDI Mulago is expected in FY2024/25, with installation at IDI Makerere planned for FY2024/25. This is projected to reduce reliance on grid power by 67% in IDI Makerere and 80% in IDI Mulago Clinic.

Evaluation

We expect to commence evaluation in 2025/26, six months after initial installation.

Energy

Despite a 53% increase in energy costs, totalling $176,126, due to organizational expansion and the acquisition of new equipment (including additional heavy-duty high-tech servers, the central backup system at the African Centre of Excellence in Bioinformatics and Data Intensive Sciences, air conditioning systems, and lab equipment at IDI Mulago), plans for solar panel installations at key sites are underway for FY2024/25 to mitigate future cost increases and promote renewable energy use.



Amount spent on Electricity

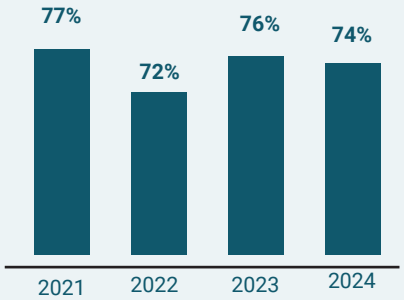
Water

Water consumption was effectively managed, with only a marginal 1.6% increase (from $35,293 in FY2022/23 to $35,866) in water bills despite organizational growth (covering an additional 13 districts and one city). This achievement reflects the successful implementation of water-saving measures, including automated taps and staff sensitization programs.

Amount spent on water

Customer Satisfaction

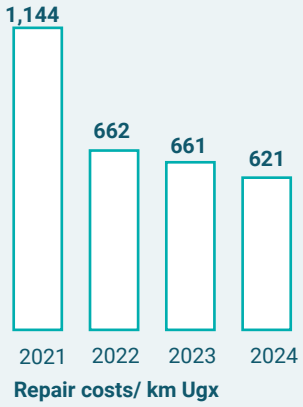
Operation team's performance experienced a slight decrease in internal client satisfaction to 74% (-2%) amidst the logistical demands of the Masaka-Wakiso expansion, which presented new learnings and logistical challenges, including navigating 84 islands. Strategies are being implemented to address this and improve satisfaction levels.



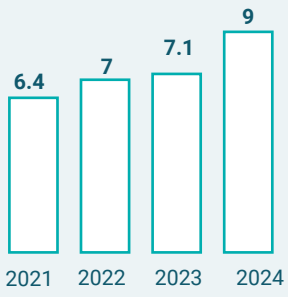
Operations Unit Performance Trend

Fleet

- We initiated a pilot transition of IDI fleet to a more sustainable fleet by acquiring eco-friendly vehicles and motorbikes.
- Sixty drivers and riders received comprehensive training in defensive driving techniques and infection control protocols, enhancing road safety and promoting best practices.
- Vehicle downtime was dramatically reduced from five to just two days through proactive maintenance strategies and the implementation of Service Alert software, optimizing logistical efficiency.



Repair costs/ km Ugx

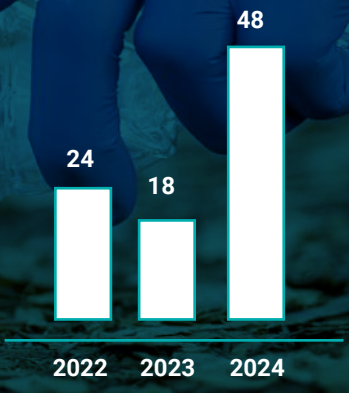


Efficiency (km/L)

Waste Management

In 2023/2024 IDI maintained its commitment to responsible environmental management implemented initiatives to recycle, manage waste and comply with regulatory laws. This aligns with IDI's broader goals of operational efficiency, resource conservation, and environmental stewardship. The following were initiatives were undertaken in 2023/2024

We initiated preparations for ISO 14001 and ISO 9001 certifications, demonstrating a commitment to internationally recognized standards for environmental management and quality management systems.
Compliance with hazardous waste regulations was maintained through established partnerships with NEMA-licensed contractors, ensuring responsible disposal practices.
Although there was a spike is waste paper (from 18 kg to 48 kg) which had been kept for compliance reasons, management ensured that the waste paper was recycled. In addition, IDI's digital transformation journey is expected to reduce waste paper.



Waste paper generated in kgs

Looking Forward

Through collective institutional efforts and continued commitment to responsible environmental management, IDI plans to implement the following in 2024/2025

Sustainable energy transition, IDI intends to complete its energy transition to solar in 2025/26 and subsequently reducing its reliance on grid electricity.
Green Fleet: IDI is looking to complete and initiate implementation of a comprehensive fleet transition plan in 2024/2025 in continued efforts to reduce the institutes carbon footprint.
Certifications: Achieve ISO 14001 and ISO 9001 certifications, demonstrating a commitment to internationally recognized standards for environmental and quality management.

Frameworks and Standards Used

Guided by internationally recognized standards and frameworks, our materiality process reinforces accountability and transparency, ensuring that our efforts consistently deliver long-term value for all our stakeholders.

Standard	Use	Link
International Financial Reporting Standards (IFRS)	Standard used to prepare financial reports	https://www.ifrs.org/
Global Reporting Initiatives (GRI)	A reference for IDI sustainability reporting	https://www.globalreporting.org/
United Nations Sustainability Development Goals (SDGs)	Reference for IDI sustainability reporting	https://sdgs.un.org/goals
International Integrated Reporting issued by (IIRC)	Main reference for IDI integrated reporting	https://www.iasplus.com/en-gb/resources/global-organisations/iirc
COSO Framework	IDI internal control environment is underpinned on the COSO framework	https://www.coso.org/
ISO 37000 guidance on governance	Reference for IDI Governance systems	https://committee.iso.org/ISO_37000_Governance

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