



MAKERERE UNIVERSITY

IDI
INFECTIOUS
DISEASES
INSTITUTE



20²⁵

(Abridged)

INTEGRATED REPORT

*Investing in the Future,
Impacting Real Lives*



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01 | OUR PURPOSE



Who We Are



Where We Work



IDI In Numbers



Message from Board Chair



Message from Executive Director

Who We Are

The Infectious Diseases Institute (IDI) is a non-profit organisation wholly owned by Makerere University. Established in 2002 in response to the HIV/AIDS epidemic, the Institute was created to strengthen Africa's capacity in infectious disease care, research, and training.

Working closely with the Ministry of Health and other partners, IDI supports health service delivery across most districts in Uganda and collaborates with institutions across Africa and globally. Its

work is delivered through six core programmes—Clinical Services, Laboratory Services, Research and Development, Health Systems Strengthening, Training and Capacity Development, and Global Health Security—supported by strategic initiatives that advance innovation and capacity development.

Through this integrated platform, IDI contributes to strengthening health systems, generating evidence for policy and practice, and translating research into practical health solutions.

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.



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.



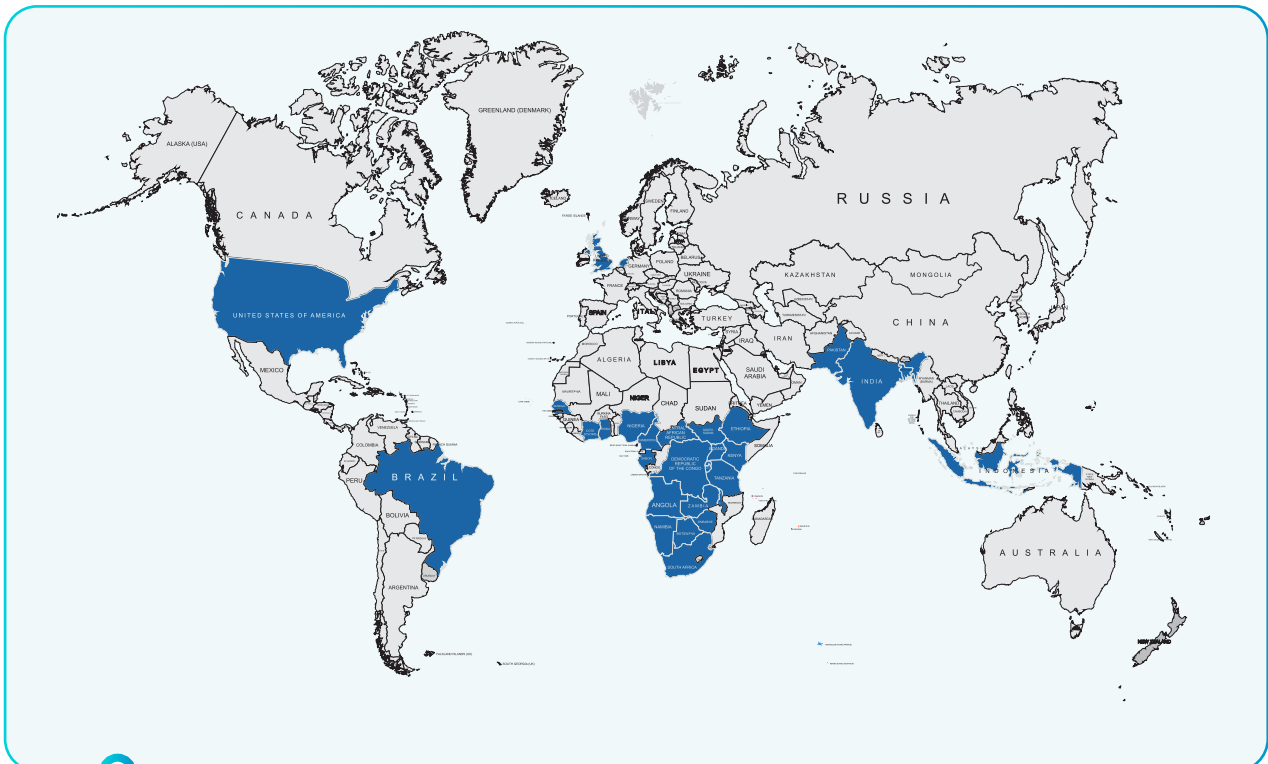
TEAMWORK

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

Where We Are

IDI operates in the majority of districts across Uganda, supporting national health programs and strengthening service delivery in partnership with the Ministry of Health and local institutions. Beyond Uganda, the Institute collaborates with partners across Africa and globally, contributing technical

expertise, research, and capacity development to address shared public health challenges. Through these partnerships, IDI helps strengthen health systems and build regional capacity to respond to both current and emerging infectious disease threats.



33

countries with IDI presence



92%

of districts in Uganda with IDI presence

In Africa:

- Angola
- Botswana
- Burundi
- Cameroon
- Central African Republic
- Cote D'Ivoire
- Democratic Republic of Congo
- Ethiopia
- Gabon
- Ghana
- Kenya
- Malawi
- Namibia
- Nigeria
- Rwanda
- Senegal
- South Africa

- South Sudan
- Tanzania
- Uganda
- Zambia
- Zimbabwe

Outside Africa

- Bangladesh
- Brazil
- India
- Indonesia
- Netherlands
- Pakistan
- Timor-Leste
- UK
- United Kingdom
- United States of America

— 2025 In the Numbers

These figures capture the scale of IDI's work and the outcomes delivered across our programmes during the year.



220,000+

Patients Served



\$67.99M

Total Revenue



3,970+

Number of Staff



2,428

*Healthcare
Workers
Trained*



40,330+

*Girls Empowered
and supported
through DREAMS*



5,600+

*Orphans and
Vulnerable Children
served with
comprehensive life-
saving OVC services*



200+

Publications



33

*Countries
with IDI active
implementation*



70+

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



70+

*Number of Funders
(prime and sub-
award)*

Message from Board Chair



IDI has remained steadfast in its mission and values. I express deep appreciation to management, staff, and partners for their efforts and reaffirm our commitment to guiding IDI through these uncertain times, toward a future marked by sustainability, excellence, and leadership in global health

The past year has been one of both opportunity and reflection for the Infectious Diseases Institute. Amidst the greatest shift that has occurred in the global health funding landscape for many years, we have continued to build on our strong foundation in research, training, and health system capacity building and focused on strengthening our institutional systems and deepening strategic partnerships in order to position ourselves as a continental leader in innovation for public health impact.

The Institute's regional footprint has continued to expand through a growing and diverse sub-granting portfolio with notable growth particularly in building regional "end to end" research capacity building (ranging from ethics to clinical trials, through to managing scholars and grants) as well as pharmacovigilance programming.

This platform has enabled us to support partners across Africa while maintaining the highest standards of accountability and performance. It has further enhanced our ability to manage complex, cross-border programs and to respond effectively to country-specific challenges through adaptive approaches.

We have also made good progress in the adoption of data-driven solutions both in our operations (primarily through the ongoing digital transformation initiative) and in our programming (through multiple data science initiatives across clinical, health system and research programming).

We have made some progress, for example in identifying a modern, forward-looking Laboratory Information Management System that will replace our decades-old system and will embark on implementing it in the next year. We continue to be at the forefront of training data scientists for the health sciences within Makerere University, with a pipeline of scholars and experts at all levels across a variety of thematic areas.

However, this year has been unprecedented in highlighting the need for renewed institutional resilience in the face of seismic changes in the funding landscape.

The evolving approach of the United States government—IDI's largest funder—signals potential reductions in support for traditional donor-supported health systems programs. These changes are already affecting (and will continue to affect) IDI's programmatic and geographic scope and have been acutely felt through staff reductions.

In response, IDI has intensified efforts to reimagine its strategic model: accelerating its ongoing diversification efforts through engagement with new partners, planning new sustainability models (such as private sector models) and investing in innovations and service lines that can sustain its impact beyond donor cycles. This proactive stance reflects our commitment to both continuity and evolution in our setting.

Despite these transitions and challenges, IDI has remained steadfast in its mission and values. The achievements that are evident in this report are a testament to the dedication, creativity, and professionalism of our management, staff, and partners amidst great uncertainty. On behalf of the Board, I express deep appreciation for their efforts and reaffirm our commitment to guiding IDI through these uncertain times, toward a future marked by sustainability, excellence, and leadership in global health.

Prof. Rev. 
Samuel Abimerech Luboga

— *Message*

from The Sande-McKinnell Executive Director



*In a year that tested many
therefore, we found strength
in the resilience of our teams,
the steadfastness of our
partners, and the trust of the
communities we serve. As
we navigate the uncertainties
of the future, our ambition
remains clear — to innovate
continuously
so as to respond to
the changes in our
environment.*

The year 2024/2025 was a defining moment in the global health funding environment because of major policy shifts in the United States- IDI's largest funder. In the short term these fast-occurring changes precipitated various institutional changes as IDI moved to respond.

Chief amongst these changes was a phased reduction in staff numbers and in programmatic and geographic scope. The medium and long term impact of these changes was yet to be fully understood even as the year ended but it will certainly call for all the agility and resilience that IDI can muster. Even amidst this uncertainty, IDI continued to demonstrate a deepening contribution to Uganda's and Africa's health security and systems strengthening.

Guided by our vision of a healthy Africa free from the burden of infectious diseases, we continued to translate science into action and partnerships into progress. Across all our programmes, we strengthened systems, built capacities, and touched lives — from communities in Kalangala's islands to health facilities across Africa's cities and border points.

Our work in HIV prevention and treatment reached over 220,000 people on life-saving ART, with viral suppression maintained at 95%. Through the DREAMS initiative, more than 40,000 adolescent girls and young women were empowered with education, economic skills, and health services that protect and restore hope. In tuberculosis control, we supported 38 districts nationwide, achieving a treatment success rate of 92% and expanding the use of AI-powered diagnostics that bring care closer to communities.

Beyond our borders, IDI's maintained regional footprint in 16 African countries, providing technical assistance in outbreak preparedness and response, pharmacovigilance, and health systems strengthening.

We stood with partners in Rwanda, DRC, and other nations to contain outbreaks such as Ebola, Marburg, and Mpox—affirming Uganda's role as a reliable leader in regional epidemic response.

These efforts were complemented by strong progress in antimicrobial resistance control, biosafety, vaccine safety monitoring, and the use of data and digital platforms to improve real-time disease intelligence.

In research and innovation, IDI scientists published nearly 200 peer-reviewed papers in leading global journals, contributing new knowledge in areas ranging from vaccine effectiveness and antimicrobial resistance to digital health and AI applications. The African Centre of Excellence in Bio-informatics and Data-Intensive Sciences (ACE-Uganda) unveiled upgraded high-performance computing infrastructure, strengthening Africa's ability to harness big data for health discovery and policy.

We also invested in people — the heart of our mission. More than 2,400 health workers were trained across Africa, new partnerships were forged to expand accredited learning, and we launched tools for online and blended learning that will ensure continued capacity building even beyond physical classrooms. Internally, we reinforced staff wellbeing through wellness programs, continuous learning, and a renewed focus on safety, inclusion, and institutional culture.

We will continue to seek sustainability through innovation and through more diversified resourcing underpinned by new models of program design and delivery. In this, we are confident that we will be supported by a variety of stakeholders that believe in championing Africa-led solutions to strengthen public health systems, advance equity, and prepare the continent for future health challenges.

To our funders, partners, and colleagues — thank you for your trust and solidarity. We look forward to meeting the challenges of the future with you.



Andrew D Kambugu



02 | OUR VALUE CREATION

- ➞ Business Model
- ➞ Our Strategy
- ➞ Our Capitals
- ➞ Business Model
- ➞ Our Stakeholders
- ➞ Business Model

Value creation is anchored in a clear business model that transforms diverse forms of capital—human, financial, intellectual, social, manufactured, and natural—into measurable health, scientific, and societal impact.

Guided by the strategy, the institute integrates research, clinical services, training, digital innovation, and partnerships to deliver sustainable outcomes for the communities and systems we serve.

This approach connects inputs and enablers—such as governance, information systems, finance, and strategic planning—to core business activities including research and innovation, clinical and

diagnostic services, capacity building, policy support, and digital health.

These activities generate tangible outputs—evidence, skilled professionals, strengthened systems, and technical guidance—which in turn translate into stronger health systems, improved disease control, increased national capacity, and institutional sustainability.



We are proud to operate in a rigorous research environment, but our strength lies in going beyond discovery—getting into the trenches to translate science into tangible solutions that improve lives. That is our commitment to Uganda, to Africa, and to the global health community.

***Dr Andrew D Kambugu,
The Sande-McKinnell Executive Director***



Our Business Model

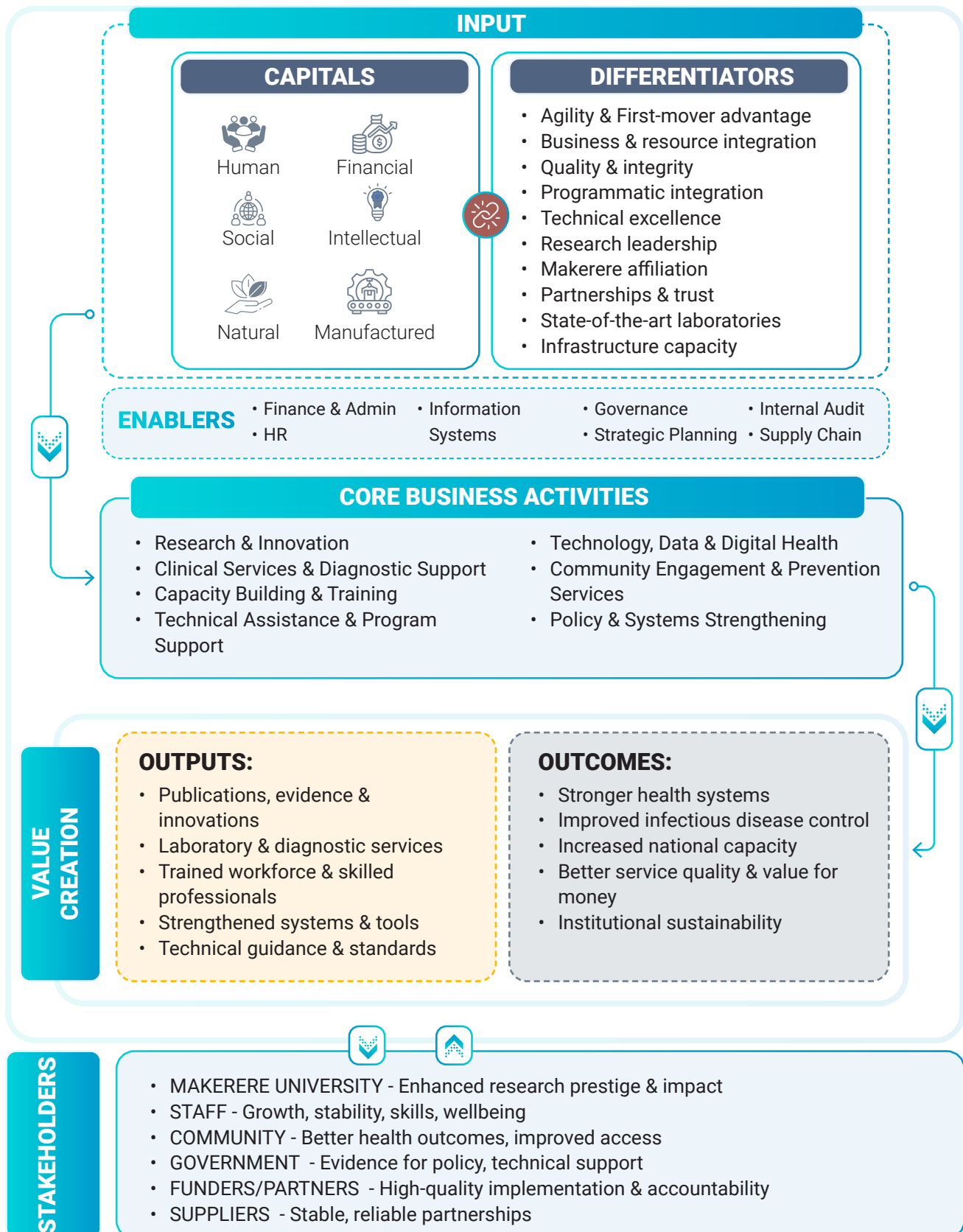
IDI's business model translates resources, expertise, and partnerships into measurable health and societal impact. At its core, the Institute mobilizes diverse forms of capital (human, financial, intellectual, social, manufactured, and natural) and integrates them through strong governance, strategic planning, and efficient management systems to deliver value.

Through core activities—research and innovation, clinical and diagnostic services, capacity building, policy support, community engagement, and digital health—we

generate evidence, strengthen systems, develop skilled professionals, and improve service quality. These outputs contribute to stronger health systems, improved disease control, enhanced national capacity, and long-term institutional sustainability.

By aligning resources with the strategy, IDI ensures that every investment, whether in people, infrastructure, technology, or partnerships, contributes to lasting impact for communities, government, partners, and the broader global health ecosystem.

Business model continued...



Our Capitals

IDI's ability to create long-term value is enabled by six interconnected capitals—financial, human, intellectual, social and relationship, manufactured, and natural. These capitals represent the resources and relationships that support our work, from funding and infrastructure to knowledge, partnerships, and skilled people.

By managing and strengthening these capitals responsibly, the Institute ensures that research, service delivery, and capacity development translate into sustainable health impact for Uganda, Africa, and the global health community.



Human

Our people are central to IDI's impact. The Institute draws on the expertise, dedication, and leadership of clinicians, scientists, programme implementers, and support staff who work together to deliver high-quality services, conduct research, and strengthen health systems. Continuous professional development, mentorship, and training ensure that this expertise continues to grow and adapt to emerging health challenges.

Key results during the year included:

- Training and mentorship of health workers across multiple districts and health facilities
- Continued professional development through clinical mentorship, fellowships, and technical training programmes
- Strengthened staff engagement and leadership during a complex funding environment



Financial

The financial capital enables the delivery of programmes, research, and capacity-building initiatives that address national and regional public health priorities. Through strong financial stewardship and partnerships with government and global health funders, the Institute mobilises resources to support service delivery, innovation, and health systems strengthening.

Key results:

- Sustained programme implementation across 92% of districts in Uganda
- Supported services for 210,000+ patients receiving HIV care and treatment
- Continued investment in research, training, and outbreak preparedness programmes



Social

Strong partnerships and community engagement are fundamental to IDI's work. The Institute collaborates closely with the Ministry of Health, academic institutions, implementing partners, communities, and global health networks. These relationships enable coordinated responses to public health challenges and strengthen trust, accountability, and shared learning.

Key results included:

- Collaboration with partners across over 20 African countries
- Engagement with policymakers and parliamentary forums to support national health policy implementation
- Strengthened partnerships with communities and health facilities supporting service delivery and surveillance programmes



Intellectual

IDI's intellectual capital is generated through research, data systems, innovation, and knowledge translation. Evidence produced through our programmes informs national policy, strengthens clinical practices, and contributes to global health knowledge. This capital enables the Institute to bridge science and implementation—turning research findings into practical health solutions.

Key results:

- Development and support of national guidelines and tools for infection prevention and control and case management
- Research and surveillance initiatives generating evidence for health system improvements and patient safety
- Contributions to regional scientific collaboration and training programmes in bioinformatics, data science, and epidemic preparedness



Manufactured

IDI's manufactured capital includes the infrastructure, laboratories, clinical facilities, digital platforms, and operational systems that support programme delivery and research. These assets provide the foundation for quality service delivery, training, and innovation across the Institute's programmes.

Key results included:

- Strengthened laboratory and clinical infrastructure supporting diagnostics, research, and training
- Digital investments that improved data systems, cybersecurity, and programme reporting
- Operational systems that enabled large-scale training, mentorship, and simulation exercises across health facilities



Natural

IDI recognises the importance of responsible environmental stewardship in delivering health services. The Institute integrates environmentally responsible practices in its operations and infrastructure management to ensure that its work contributes to sustainable and safe environments for both communities and health systems.

Key results:

- Strengthened infection prevention and waste management practices across supported health facilities
- Improved safe clinical environments through enhanced infection prevention and control systems
- Transitioned parts of the Institute's infrastructure to solar energy, reducing reliance on grid power while promoting sustainable and reliable energy for health service delivery





Our Stakeholders

IDI works within a complex ecosystem of stakeholders who contribute to and benefit from the Institute’s mission to strengthen health systems, generate evidence, and improve health outcomes across Uganda and beyond.

Our ability to translate research, innovation, and clinical expertise into meaningful impact depends on strong relationships built on

trust, collaboration, and accountability.

Through continuous engagement with our stakeholders, we align our work with national priorities, community needs, and global health goals. These partnerships enable us to mobilize resources, generate knowledge, build capacity, and deliver sustainable solutions to public health challenges.



Makerere University

How We Engage

Capitals

Impact

As a centre of excellence wholly owned by Makerere University, IDI maintains strong academic and institutional collaboration with the University community.

- Joint research initiatives and interdisciplinary collaboration across multiple colleges
- Training, mentorship, and supervision of graduate students and fellows
- Provision of advanced research infrastructure including laboratories and high-performance computing
- Contribution to academic publications and knowledge generation

Through this partnership, IDI strengthens the University’s global research profile and contributes to the development of future scientific leaders.

- Significant investment in research and innovation
- 190+ peer-reviewed publications produced during the reporting period
- Support for 18 PhD fellows, 24 Masters fellows, and 22 research fellows through mentorship and research opportunities
- 11 active clinical trials (Phases II–IV) advancing medical research; providing real-world research environments and world-class laboratory facilities

These efforts enhance Makerere University’s reputation as a leading hub for health research and innovation in Africa.



Government & Public Institutions

How We Engage



IDI works closely with the Government of Uganda and public institutions to strengthen national health systems and support evidence-based policy making.

Capitals



- Technical assistance to the Ministry of Health and other government agencies
- Training of healthcare workers and program implementers
- Support for national disease control programs and health service delivery
- Participation in national technical working groups and policy advisory platforms

Impact



Through this partnership, IDI strengthens the University's global research profile and contributes to the development of future scientific leaders.

- Support for hundreds of health facilities across Uganda
- Training of thousands of healthcare workers in clinical care, data management, and quality improvement
- Contributions to national disease control efforts including HIV, tuberculosis, antimicrobial resistance, and outbreak response
- Financial contributions through taxes and compliance with national regulations

IDI's work support government institutions translate policy into effective health services that reach communities across Uganda.



Our People

How We Engage



IDI's staff are the backbone of the Institute's impact. We invest in our people through professional development, a supportive work environment, and opportunities for innovation and leadership.

Capitals



- Continuous professional development, training, and mentorship programs
- Opportunities for research collaboration and global engagement
- Wellness programs, inclusive policies, and strong institutional culture
- Platforms for staff to contribute ideas and drive innovation

Impact



Our commitment to people enables the Institute to sustain high-quality scientific and programmatic work.

- A diverse workforce contributing expertise across research, clinical services, training, and program implementation
- Expanded training and learning opportunities that support career growth
- A strong institutional culture focused on safety, wellbeing, and professional excellence

we ensure that the Institute remains resilient, innovative, and capable of responding to evolving global health challenges.



Communities

How We Engage



Communities are at the centre of IDI's work. We collaborate closely with community leaders, community-based organizations, and local governments to design and implement programs that respond to local health needs.

Capitals



- Community outreach and health education initiatives
- Partnerships with community-based organizations
- Support for community health systems and referral networks
- Engagement platforms that integrate community feedback into program design

Impact



Through these engagements, IDI improves access to healthcare services and empowers communities to participate in strengthening their own health systems.

- Expanded access to prevention, treatment, and care services across multiple districts
- Economic and social empowerment through training of community health workers
- Community-led approaches to addressing health challenges including infectious diseases and climate-related health risks
- Support to local organizations through grants and collaborative programs

These partnerships ensure that our interventions remain responsive, inclusive, and sustainable.



Funders & Partners

How We Engage



IDI collaborates with a diverse network of global and regional funders, research institutions, and development partners to deliver impactful programs.

Capitals



- Co-design and implementation of research and health programs
- Transparent financial management and reporting
- Regular monitoring, evaluation, and knowledge sharing
- Joint learning platforms and collaborative innovation initiatives

Impact



Through these partnerships, the Institute delivers large-scale health interventions and scientific discoveries that improve health outcomes locally and globally.

- Tens of millions of dollars invested annually in health services, research, and system strengthening initiatives
- Expanded technical support across multiple countries in Africa
- Development of scalable innovations in digital health, antimicrobial resistance control, and outbreak preparedness

These partnerships enable IDI to maximize the impact of donor investments and advance Africa-led solutions to global health challenges.



Suppliers



Human



Financial



Social



Intellectual



Natural



Manufactured

How We Engage

Capitals



IDI works with a wide range of suppliers and service providers to support the delivery of its programs and operations.

- Transparent and competitive procurement processes
- Long-term partnerships with ethical and compliant vendors
- Capacity strengthening for suppliers, including compliance with national systems such as EFRIS
- Mechanisms for accountability, including fraud reporting channels

Impact

Responsible procurement practices contribute to both program effectiveness and local economic development.

- Engagement with hundreds of local suppliers supporting medical, laboratory, and operational services
- Significant investment in goods and services from local vendors
- Promotion of environmentally responsible procurement practices
- Strengthening of transparency, fairness, and value for money in procurement systems

IDI contributes to sustainable supply chains that support both health service delivery and economic growth.

Sustainable health impact is built through collaboration. By working closely with our stakeholders, we transform knowledge, resources, and partnerships into stronger health systems and healthier communities.





Our Strategy

IDI's strategy is built on a clear conviction: research must translate into results. As a centre of excellence embedded within a research university yet deeply rooted in frontline implementation, we deliberately bridge discovery and delivery. The four strategic objectives provide the framework through which we convert knowledge, partnerships, and innovation into tangible public health gains.

By integrating differentiated services for priority populations, accelerating health product development and adoption, harnessing big data, and building a sustainable technology and talent pipeline, IDI

ensures that every investment strengthens systems and improves lives. This strategy shapes how resources are allocated, programmes are designed, partnerships are formed, and success is measured.

In FY 2024/25, these objectives guided response in a constrained funding environment, enabling the institute to protect essential services, advance innovation, strengthen data systems, and build capacity across Uganda and the region. The value created under each objective demonstrates how IDI transforms scientific rigor into practical solutions, policy influence, and measurable health outcomes.

Strategic Objective

Integrating Differentiated Services for Priority Populations

Capitals



Value Created

- Delivered integrated HIV, TB, and community health services across 25 districts, supporting over 220,000 people living with HIV.
- Achieved high viral load suppression and retention through differentiated service delivery models, including community pharmacies, outreach clinics, and island-based services.
- Expanded access to care for hard-to-reach and mobile populations, including fisherfolk and urban priority communities.
- Reduced HIV vulnerability among adolescent girls and young women through DREAMS, combining prevention services, education, and economic empowerment.
- Strengthened protection and continuity of care for vulnerable children and households through OVC programming.
- Scaled community-led HIV services via civil society partners, improving early diagnosis, referrals, and continuity of care.

SDGs



Supporting Health Product Development, Introduction, Roll out and Evaluation (focus on Vaccines, POC diagnostics and Medicines)

Capitals



- Supported the introduction and scale-up of innovative TB diagnostics, including AI-powered digital X-ray systems and MinXray platforms for early detection.
- Strengthened laboratory systems and pharmacovigilance to support safe and effective use of medicines.
- Maintained high-quality ART delivery and monitoring, including viral load testing and differentiated drug distribution models.
- Integrated point-of-care diagnostics, including ultrasound and rapid testing tools, into routine clinical care.
- Generated real-world evidence to inform national product adoption and rollout decisions for diagnostics and treatment tools.



The value created across our programmes is not incidental – it is the deliberate outcome of a strategy that integrates science, service, capacity development, and partnership into a coherent pathway toward sustainable health impact.



Strategic Objective

Harnessing Big Data

Capitals



Value Created

SDGs

- Developed and approved a costed Digital Transformation Roadmap to guide institutional data and technology investments.
- Consolidated institutional datasets into a centralized Health Data Lakehouse, improving data governance and access.
- Strengthened analytics and reporting across HIV, TB, empowerment, and surveillance programmes.
- Advanced Data-as-a-Program, enabling evidence-based decision-making and public health intelligence.
- Implemented AI governance and cybersecurity frameworks to protect data while enabling responsible innovation.
- Supported regional and national data use for policy, research, and program improvement.



Generating a Technology Pipeline (Focus on Academy)

Capitals



- Strengthened health and science talent pipelines through Training and Capacity Development (TCD) and ACE-Uganda.
- Trained 2,400+ of health workers, scientists, and technologists across clinical care, laboratory systems, data science, and digital health.
- Advanced women's participation in technology and data science through the SHEDS programme.
- Hosted East Africa's first AlphaFold training workshop, expanding regional capacity in AI-driven biomedical research.
- Supported graduate training, internships, and experiential learning across bioinformatics, data science, and clinical research.
- Initiated international accreditation of training programmes, enhancing global recognition of IDI-issued credentials.



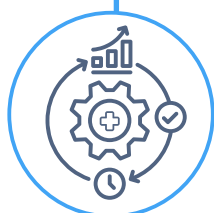
Systems Objectives

Knowledge Management: Strengthen systems for generating, capturing, and sharing knowledge to ensure that evidence, research, and programmatic learning inform decision-making, policy, and improved health outcomes.

Management & Support Systems: Enhance institutional management and operational support systems to ensure efficient, accountable, and high-quality programme delivery across all areas of IDI's work.

Strategic Talent Management: Attract, develop, and retain a skilled and motivated workforce that drives innovation, leadership, and excellence in delivering IDI's mission.

Sustainability, Governance & Partnerships: Strengthen institutional sustainability through robust governance, strategic partnerships, and responsible resource management to support long-term impact.





03 | OUR IMPACT TO SOCIETY

- ➞ 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

Our work is ultimately measured by the difference it makes in people's lives and in the resilience of the health systems that serve them.



Beyond delivering clinical services, research, and training, IDI's mandate is to generate lasting social value—improving health outcomes, reducing vulnerability, strengthening trust in public health institutions, and contributing to national and regional development.

During FY 2024/25, IDI's impact to society was reflected in expanded access to quality healthcare for priority populations, stronger community engagement, enhanced health workforce capacity, and the adoption of innovative technologies and data-driven approaches. Even in a challenging funding

environment, the Institutemaintainedcontinuityofcare, protected essential services, and continued to advance solutions that respond to evolving public health needs.

Through partnerships with communities, government, academia, civil society, and the private sector, IDI translated knowledge into action—supporting healthier individuals, more resilient communities, and better-informed health policies. The sections that follow highlight how IDI's programs, innovations, and people collectively contributed to societal well-being across Uganda and the region.

Research and Development

The Infectious Diseases Institute (IDI) Research Department continued to deliver internationally recognised, policy-relevant science in 2024/2025, maintaining its leadership in infectious diseases research in Africa. This year, the department prioritised both technical and professional development, equipping scientists with platforms, mentorship, and resources to conduct impactful research that informs policy and practice. Five IDI scientists served on national technical working groups, including those for HIV/ART, TB, and PrEP, demonstrating the department's growing influence in shaping Uganda's health policies.

202

*Publications published in
FY2024/25*

72

Scholars supported

\$11.6M

*invested in research and
development*



Scientific Output and Global Leadership

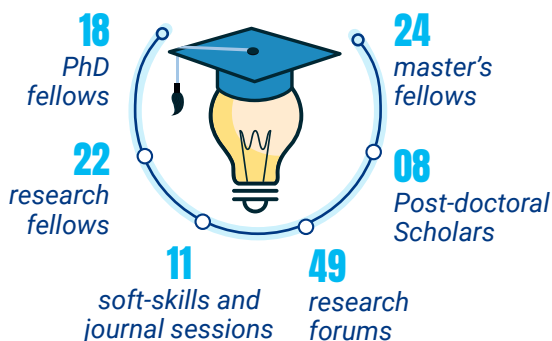
During the reporting year, IDI researchers published 202 scientific articles in leading international journals. Several senior scientists received global recognition—Dr Andrew Mujugira joined the organising committee of the prestigious Conference on Retroviruses and Opportunistic Infections (CROI). At the same time, Dr Barbara Castelnuovo continued her leadership as Editor-in-Chief of AIDS Research and Therapy.

Collectively, the 1,710 publications to date highlight IDI's central role in advancing the science of global infectious diseases.



Capacity Building and Mentorship

IDI sustained its strong training pipeline, mentoring eight postdoctoral fellows, 18 PhD fellows, 24 master's fellows, and 22 research fellows throughout the year. Scholars benefited from 49 research forums, 11 soft-skills and journal sessions, and seven institute-wide trainings, along with conference presentations and laboratory placements. This consistent output demonstrates IDI's role as a hub for nurturing Africa's next generation of scientific leaders.



Research Governance and Clinical Trials

Governance systems were strengthened through the Clinical Trials, Monitoring, and Regulatory Units. The Clinical Trials Unit managed 11 active trials (Phases II–IV). It initiated six new ones, adopting digital systems like Veeva SiteVault and REDCap e-Consent to streamline documentation and participant engagement.

11

*Active clinical
trials (phases
II - IV)*

The Monitoring Unit completed 69 monitoring visits (62 internal, seven external), achieving two successful regulatory inspections with no critical findings. The Regulatory Unit conducted 12 protocol training sessions and 55 binder reviews, and deployed the enhanced Regulatory Affairs Information System (RAIS), thereby improving compliance and efficiency across all studies.



Research Ethics Committee (IDI REC)

The IDI Research Ethics Committee reviewed 54 protocols—an increase from 43 in FY 2023/24—with 87% from established researchers. Sixty per cent originated from IDI projects, underscoring growing external confidence in the committee's capacity to ensure ethical and regulatory compliance.

STATISTICS UNIT

The Statistics Unit, under the Research Department at the Infectious Diseases Institute (IDI), continues to advance excellence in data management, statistical support, and capacity building. Guided by its vision to transform data into actionable insights that inform policy and improve health outcomes, the Unit supports both IDI researchers and external collaborators through innovative, secure, and high-quality data solutions.

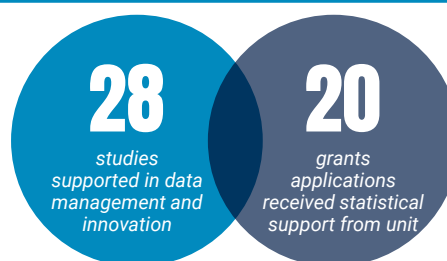
Data Management and Innovation

The Unit supported 28 studies (15 in REDCap, 11 in DataFax, 2 in ODK/KoboCollect). All studies were successfully migrated from DataFax to REDCap, resulting in reduced costs and improved efficiency. Key innovations included REDCap email automation, piloting e-consenting with a new SOP, and developing a data warehouse with the University of Liverpool and the STAIRS Project, now linked to PowerBI dashboards. Work began on data standardization (CDISC) and an online service request platform, alongside improved secure data transfer mechanisms.

Statistical Support and Capacity Building

The team provided statistical support to 15 studies, mentored 3 Master's and 5 PhD candidates, and assisted with 20 grant applications and 17 publications or conference abstracts. Four hands-on trainings in data management and statistics benefited both IDI and external participants.

Six thematic mentorship groups were established in advanced statistics, data management, geospatial analysis, mathematical modelling, impact evaluation, and data science—each guided by renowned international mentors.



Climate change and Health

The Cascading Climate and Health Risks in African Cities (CASCADE) brought together researchers, policymakers, and community actors to co-develop locally grounded responses to the growing intersection of climate and health risks in African cities. Participants from Accra, Ghana; Cape Town, South Africa; Harare, Zimbabwe; and Kampala, Uganda. Synthesised milestones that will strengthen collaboration, capacity, and collective learning across the CASCADE network.

In this meeting, African city representatives and experts aimed to deepen their understanding of how floods, air pollution, food insecurity, and disease interact with social and institutional systems. Using participatory approaches such as storytelling, mess mapping, and policy reflection, participants—drawn from communities, government agencies, NGOs, academia, and youth groups—identified five interlinked priorities: air pollution, food insecurity, waste management, displacement, and disease. Discussions emphasised the need for multi-sectoral coordination, stronger local data systems, and inclusive governance that integrates informal and community-led initiatives.





Harnessing Big Data – ACE-Uganda

13

Bioinformatics graduates (12 master's and 1 PhD)

IDI's African Centre of Excellence in Bioinformatics and Data-Intensive Sciences (ACE-Uganda) advanced its leadership in data-driven research, curating 17 shared datasets, creating the IDI Data Lakehouse and launching the AMR Data Warehouse.

ACE-Uganda produced 36 publications in top-tier journals (including Nature Communications and Lancet Digital Health) and secured multiple grants—including Data-Driven Infrastructure for Combating Antimicrobial Resistance in Uganda (DARING), High Performance Computing for HIV (HPC4HIV), and an AI-driven chatbot for peer support among adolescents and young people living with HIV in Uganda.

Training achievements included 9 data science and bioinformatics interns, 12 Master's graduates, and 1 PhD graduate (both in Bioinformatics), expanding the alumni network to 38.

On May 29, 2025, ACE-Uganda unveiled its upgraded HPC cluster. The enhanced 56-node system—now offering over 15,232 CPU cores and 5 TB of RAM—delivers a fivefold increase in computational power. Hosted under the NIH/NIAID-facilitated ACE Global consortium, the launch was graced by U.S. Ambassador William W. Popp.



SHE-DATA Science (SHEDS) project

The SHE-DATA Science (SHEDS) project is a partnership between the African Center of Excellence in Bioinformatics and Data-Intensive Sciences (ACE-Uganda) at IDI, Makerere University, and the University of California, San Francisco (UCSF).

The three-year program empowers women in bioinformatics and data science at the Master's, PhD, and professional levels, strengthening their role in digital health and research. So far, SHEDS has supported three Master's students, two PhD candidates, and ten interns, while also training professionals from the Uganda Police Force, Gulu University, and the Uganda National Health Laboratory Services.

Fellows have contributed to regional initiatives such as Biostruct Africa and presented their work at national and international scientific meetings, including the IDI Science Fair.

The Permanent Secretary of the Ministry of ICT and National Guidance, Dr. Aminah Zawedde, launched the SHEDS logo, commending its alignment with Uganda's Digital Transformation Roadmap and efforts to promote women's participation in ICT and innovation.



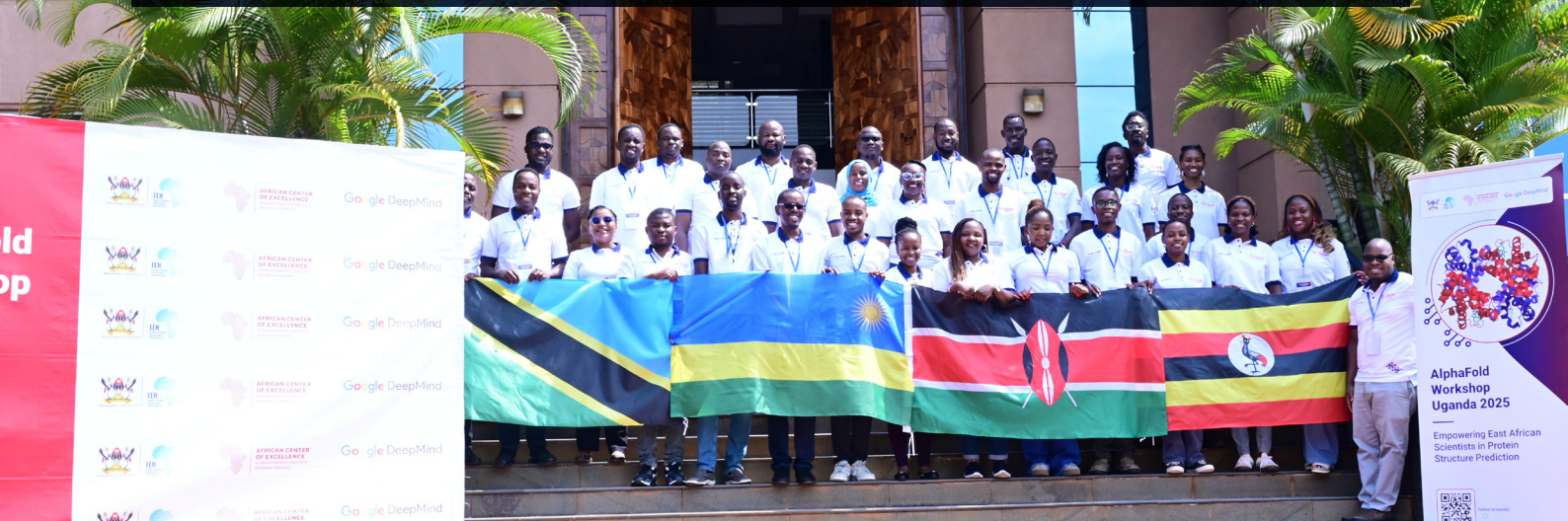
Pioneering AI in Science: East Africa's First AlphaFold Workshop

With funding from Google, the African Center of Excellence in Bioinformatics and Data-Intensive Sciences (ACE-Uganda) hosted East Africa's first AlphaFold training workshop from June 16–20, 2025. The workshop brought together 24 researchers and students from Uganda, Kenya, Tanzania, and Rwanda, marking a milestone in advancing computational biology in the region.

Participants were introduced to AlphaFold, the AI tool by Google DeepMind that predicts protein structures—an innovation awarded the 2024

Nobel Prize in Chemistry. The tool accelerates scientific discovery by enabling faster, more accurate protein modeling, helping researchers design new molecules and understand disease mechanisms.

This initiative strengthened regional capacity in AI-driven biomedical research, positioning ACE-Uganda and IDI as leaders in advancing data-intensive science in Africa.



Differentiated Services for Priority Populations

1,180

clients enrolled in community programmes

IDI expanded its community-focused research infrastructure by launching the IDI-Kalangala Research Centre, complementing the IDI-Kasangati. Both sites deliver tailored services for key and priority populations. Kasangati also broke ground for a new laboratory repository and published 26 papers on implementation science.

The site expanded into five refugee settlements—reaching 12 health centres and enrolling 1,180 clients in community programmes, a substantial increase from 2023/24. Strategic partnerships with the University of Washington, Western University (Canada), ViiV Healthcare, and MSD Merck further strengthened service delivery and innovation.



Ground-breaking ceremony



Construction progress



Spotlight Projects

The Centres for Antimicrobial Optimisation Network (CAMO-Net)

The Centres for Antimicrobial Optimisation Network (CAMO-Net) is a global initiative aimed at addressing the critical issue of antimicrobial resistance (AMR) and optimising the use of antimicrobials in human health. CAMO-Net advanced Uganda's antimicrobial resistance (AMR) agenda by combining economics, implementation science, and bioinformatics. Its study on the economic burden of AMR—showing that infections cost Uganda \$25 million annually—was presented to Parliament, shaping national policy discussions.



Maternal and Infant Lactation pharmacokinetic (MiLK Study)

The Maternal and Infant Lactation pharmacokinetic (Milk Study) (in collaboration with the University of Liverpool) improved communication in maternal health research by identifying culturally sensitive terminology and promoting inclusive engagement with participants.



Sub-Saharan Africa consorTium for the Advancement of Innovative Research and Care in Sepsis (STAIRS) consortium

Sub-Saharan Africa consorTium for the Advancement of Innovative Research and Care in Sepsis (STAIRS) consortium (STAIRS Project) trained 226 health researchers across seven African countries in Good Clinical Practice and protocol operationalisation, building regional capacity for sepsis research and care.



Health System Strengthening

Through the Health Systems Strengthening (HSS) programme, the Institute advanced Uganda's capacity to deliver high-quality, integrated, and sustainable HIV and TB services. Guided by the six WHO health system building blocks, IDI focused on strengthening leadership and governance, enhancing the health workforce, improving digital health systems, and promoting innovative, community-led models of care.

Working closely with the Ministry of Health, local governments, civil society, and development partners, the Institute supported service delivery across multiple regions—expanding access to treatment and prevention, improving data-driven decision-making, and fostering resilience at national and community levels.



220,974

clients on ART (15% of national burden)



95%

Viral Load Suppression



89%

Retention



402

Health facilities supported



3,664

Health workers trained

Expanding Access and Quality of HIV Treatment

IDI continued to deliver comprehensive HIV prevention, care, and treatment services through two major regional projects — Masaka–Wakiso (MW) in South-Central Uganda and West Nile (WN) in Northern Uganda. Together, these projects form the backbone of IDI's HIV programming, covering 25 districts, 2 cities, and 402 health facilities (including 330 ART sites).

The Masaka–Wakiso Project spans 13 districts and one city, while the West Nile Project operates across 12 districts and one city, collectively reaching some of the country's most underserved communities including refugees in WN and fisher folk in the islands of Kalangala. Through these projects, 220,974 individuals were supported on antiretroviral therapy (ART) during the reporting period — representing 15% of Uganda's total HIV treatment coverage.

Of Uganda's estimated 1.5 million people living with HIV (PLHIV),

- The West Nile Project supported 33,199 clients (2.2% of the national burden).
- The Masaka–Wakiso Project supported 188,471 clients (13% of the national burden).

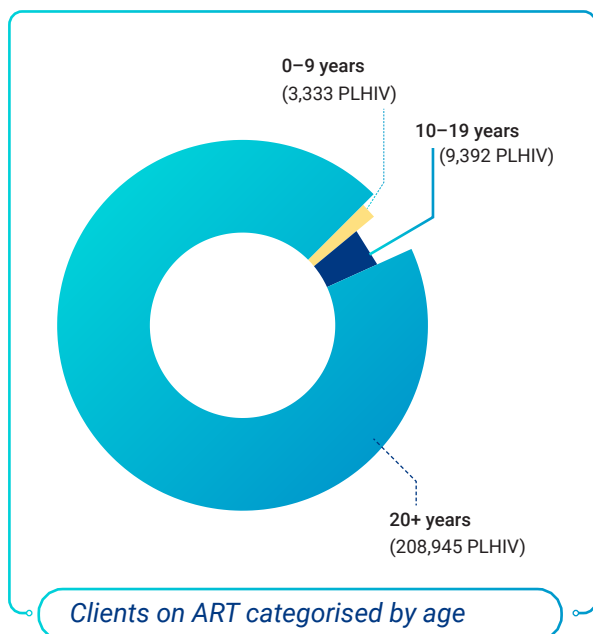
To enhance service quality and continuity, 3,664 health workers were trained across disciplines including clinical care, data management, and quality improvement.



Case Identification and Treatment

During the year, 18,349 new HIV-positive individuals were identified, of whom 98% (17,935) were successfully linked to ART. Currently, the program manages 220,974 clients on treatment – including 3,333 children (0–9 years), 9,392 adolescents (10–19 years), and 208,945 adults (20+ years).

Client-Centred care remains central to IDI's success: 99% (219,793) of clients are managed under differentiated service delivery (DSD) models, which ease care at the facility and bring treatment closer to communities through community based DSD models. The program achieved a one-year retention rate of 89%, viral load suppression of 95%, and viral load coverage of 93% – well above national averages.



Achieving HIV epidemic control by 2030 requires more than programs—it requires trust, community engagement, and an unwavering commitment to equity. When communities like Ddiimo Landing Site and its fishermen are actively included and confident in the services provided, we move closer to sustainable impact.

~ William W. Popp US Ambassador to Uganda

Support to Government Systems

Aligned with the WHO's six health system building blocks, IDI contributed to national and subnational capacity strengthening through:



Governance and Leadership: Sub-grants to 33 local governments (27 districts, 2 cities, and 6 municipalities) to advance district-led programming and improve local ownership.



Health Workforce: Provision of technical assistance and site-level staffing support to address workforce shortages and enhance service quality.



Health Information Systems: Support to digitalization through electronic medical records – UgEMR (312 facilities), eCBSS (321 facilities), and Eafya (8 facilities) – alongside ongoing efforts to advance the paperless facility agenda.



Health Financing: Leveraging CDC/PEPFAR support to strengthen local financing mechanisms in the West Nile region.

Innovative Models of Care

Under the Community Retail Pharmacy Differentiated Drug Distribution Point (CRPDDP) model, the Masaka–Wakiso Project has expanded access to ART refills through 24 partner pharmacies across 10 districts. By June 2025, 7,010 clients were receiving treatment through this model, demonstrating 100% viral load suppression and less than 1% treatment interruption.

The model's success attracted high-level recognition – including visits by the U.S. Ambassador to Uganda and the CDC Country Director – underscoring its potential for national scale-up and sustainability within the broader differentiated service delivery framework.



Empowering Adolescent Girls and Young Women (DREAMS)

During the reporting year, IDI continued to implement the DREAMS initiative under the Masaka–Wakiso HIV project, focusing on reducing HIV infections among adolescent girls and young women (AGYW) through layered, evidence-based interventions that combine health, education, and economic empowerment.

In FY2024/25, the program reached 40,334 AGYW across 10 districts in the Greater Masaka region and Wakiso district. Of these, 99% (40,328) received at least one primary HIV prevention service—including HIV testing, PrEP, STI screening and treatment, and mental health care—while 62% (24,661) accessed additional secondary services that address broader risk factors such as education, livelihood support, family planning, and gender-based violence prevention.

To strengthen education retention, 10,700 girls received direct school support—covering tuition, scholastic materials, and mentorship. Out-of-school AGYW participated in socioeconomic strengthening (SES) interventions, designed to reduce dependency on risky survival strategies and build sustainable livelihoods.

Under the **Basic SES program**, participants were trained in short-term trades such as bakery, soap-making, cosmetology, screen printing, photography, and agribusiness. These trainings were delivered through partnerships with 18 local artisans, providing hands-on skills that translated into immediate income opportunities.

Under the **Enhanced SES program**, 5,716 AGYW received long-term skills training in tailoring, hairdressing, catering, computer literacy, decoration, industrial knitting, and photography, among others—equipping them with the tools to achieve financial independence and resilience.



In Masaka District, three young women—Catherine (18), Justine (18), and Latifa (17)—joined DREAMS after facing early motherhood and school dropout. After completing behavioural sessions and vocational training in welding and metal fabrication at MUMMY's Institute, they were hired to fabricate parts for a new building at the school. Proud of their progress, the group, calling themselves "The Stars", now earns a daily income and has begun saving to open their own workshop.

"We are proud that our work now stands on this building. DREAMS gave us confidence and a future we never imagined."

— Latifa, DREAMS Beneficiary

40,334

AGYW enrolled across 10 districts

10,700

AGYW received education support



Resilient HIV Services for Vulnerable Children and Caregivers

During the reporting year, IDI continued to implement the Orphans and Vulnerable Children (OVC) Inter-Regional Activity, focusing on providing life-saving HIV and social support services to children, adolescents, and their caregivers under the Life-Saving HIV Services Provision Waiver. The activity reached 13 districts, ensuring that even amid transition processes, essential services remained uninterrupted for those most in need.

In FY2024/25, the program served a total of 5,644 beneficiaries, including HIV-exposed infants at risk, children and adolescents living with HIV (C/ALHIV), and their caregivers. Through these efforts, IDI strengthened household-level support systems and improved continuity of treatment and well-being for vulnerable families.

Two thousand, two hundred twenty seven (2,227) children tested HIV-negative and 269 were HIV-exposed infants being followed up through the EMTCT cascade.

Among the 1,462 C/ALHIV on ART, 1,348 (92%) received viral load testing, and 402 (39%) achieved viral suppression. Those unsuppressed continued to receive intensified case management, including:

- Linkage to differentiated service delivery (DSD) models.
- Directly observed therapy (DOTs).
- Adherence counselling and treatment support groups.
- Clinic appointment reminders and ART regimen optimization.

The program also supported 235 HIV-exposed infants, ensuring follow-up, adherence monitoring, and cascade completion – with 23 infants discharged HIV-negative during the year.

3,689

Out of 3,958 children aged 0–17 years, 3,689 (93%) had a known HIV status

1,462

children and adolescents living with HIV, all on ART.



Fifteen-year-old Sarah from Nyangam village in Nebbi municipality is the only HIV-positive child in a household of eight. She contracted HIV as an infant through traditional breastfeeding practices and, for years, struggled with adherence and stigma.

When IDI's OVC team intervened, case workers conducted a Root Cause Analysis with the health facility team, engaged Sarah's family for daily DOTs, coordinated school-based disclosure, and linked her to peer support under the YAPS program. Within six months, Sarah achieved viral suppression, returned to school, and regained confidence. "I now believe that my medication is my life," says Sarah, smiling as she prepares for her end-of-term exams.

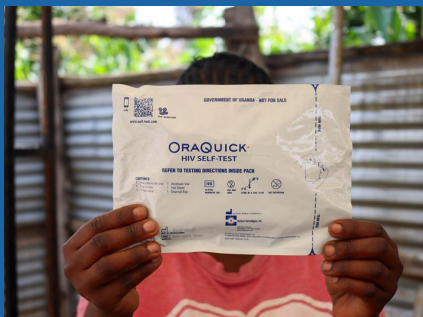
Community-based, family-centered HIV care restores hope and stability for young people living with HIV.



CSO-Led HIV Service Delivery Mechanism

During the year, IDI strengthened Uganda's community-based HIV response through the National CSO-led HIV Service Delivery Mechanism, which empowers civil society organizations (CSOs) to deliver client-centred prevention, screening, care, and treatment services using the Community Systems Strengthening (CSS)

Expanding Reach and Impact



Through sub-grants to 21 CSOs across 18 districts and four cities, the mechanism partnered with 80 public health facilities to reach key and priority populations with tailored interventions.

Key results achieved include:

- 4.4 million condoms and 21,600 HIV self-test kits distributed.
- 15,000 individuals reached

through peer education.

- 170,000 screenings for STIs, TB, mental health, and gender-based violence.
- Over 2,700 referrals made for specialized care and support.

These community-driven approaches improved access, trust, and uptake of HIV services among populations at elevated risk.

Building CSO Capacity



IDI, in collaboration with the Ministry of Health and partners, provided targeted support to more than 100 CSOs and Drop-In Centers (DICs) nationwide. Achievements included:

- Launch of the National CSO Quality Improvement Collaborative at 77 DICs, enhancing mentorship and community-facility referral systems.
- Strengthened data and financial management, raising HIV tracker reporting from 38% (2021) to 97% (2024) and achieving 100% financial compliance in key areas.

- Improved security infrastructure (CCTV, biometric access) to ensure client and data safety.
- Conducted 102 Mpox awareness sessions, screening 323 suspected cases and confirming 41—demonstrating responsiveness to emerging public-health threats.

As a result, the referral success rate rose from 10% to 73%, while reporting compliance became nearly universal, enabling stronger data-driven decision-making.

Promoting Sustainable HIV Uptake



To improve treatment continuity and resilience, IDI supported 89 ART and PrEP client savings groups in six CDC regions. These groups combined livelihood support with HIV service delivery—enhancing retention, reducing stigma, and building social and financial resilience.

Over 990 members remained active on PrEP and 598 on ART, with several groups using

savings for nutrition and medical support. Forty high-performing groups received additional support, including boda bodas for community-based delivery of ART and commodities.

This integration of economic empowerment and health service delivery continues to strengthen sustainability and local ownership of HIV programs.

Voluntary Medical Male Circumcision (VMMC) for HIV Prevention

During FY 2024/25, IDI's Voluntary Medical Male Circumcision (VMMC) program continued to play a key role in HIV prevention by reaching nearly 49,000 males aged 15 years and above across supported regions. The majority of clients were young men between 15 and 29 years, representing a critical demographic for targeted HIV prevention interventions.

Service delivery standards remained exceptionally high throughout the year, with an adverse event rate of only 0.04%—well below the WHO/PEPFAR threshold of 2%, reflecting strong adherence to safety and quality protocols.

49,000

*males aged 15 years
and above reached
across supported
regions*

In alignment with Uganda's combination HIV prevention strategy, most clients also received HIV testing services and personalized counselling on sexual health and risk reduction. The HIV positivity

rate among those tested was 0.01%, reinforcing the effectiveness of VMMC as a preventive measure among HIV-negative populations. Beyond the surgical procedure, the program emphasized behavioural prevention and linkage to complementary services. Clients were provided with access to PrEP and PEP, alongside risk-reduction counselling and condom education. Over 108,000 condoms were distributed through self-pickup stations, accompanied by age-appropriate guidance on correct and consistent use.

To promote sustainability and ensure continued service delivery beyond donor funding, 74 health workers from the Masaka–Wakiso and West Nile regions were trained and certified in Safe Male Circumcision (SMC). These skilled providers are now positioned to integrate VMMC within routine facility-based HIV prevention services—strengthening local ownership and ensuring that the benefits of this proven intervention endure.

Reaching Hard-to-Access Communities

In Kalangala District, IDI continued to expand access to HIV services among some of Uganda's most remote and mobile populations. The district's 84 islands, many of them only reachable by boat, pose significant challenges for healthcare delivery. Through a combination of targeted outreaches, peer-led mobilization, and strategic partnerships with marine service providers, IDI successfully extended testing, treatment, and prevention services to fishing communities that traditionally remain underserved.

Over the year, thousands of fisherfolk were reached with comprehensive HIV prevention and care interventions. Testing coverage remained high, and nearly all individuals identified as HIV-

positive were successfully linked to antiretroviral therapy. These efforts not only improved access to life-saving treatment but also strengthened community trust and engagement in health programs. By working closely with local networks and boat operators, IDI ensured continuous service delivery despite the logistical challenges of the island terrain, demonstrating how tailored, community-centered approaches can effectively bridge the gap in hard-to-reach settings.

13,004

*fisherfolk reached with
prevention services*

9,786

*tested for HIV, with 128 new
positives identified; 127 (99.2%)
were linked to ART*

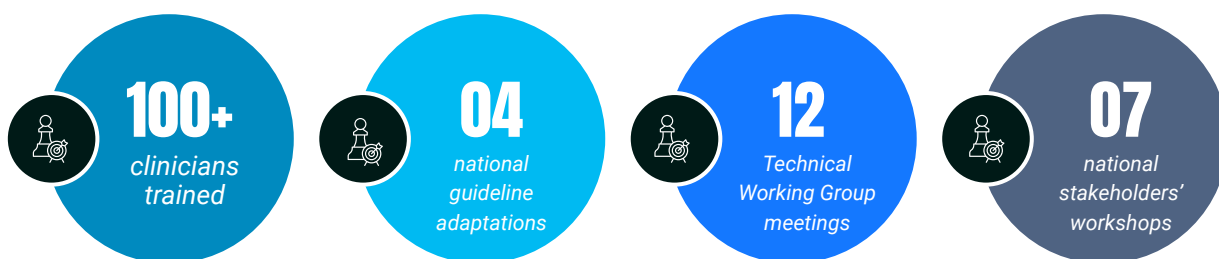


TB PREVENTION, CARE, AND SYSTEMS STRENGTHENING

Regional TB Support

Through the USAID Community Mental Health Integration with Tuberculosis Care in Africa (COMMIT Africa) project, IDI advanced an innovative regional approach to TB care that integrates mental health support across Uganda, South Africa, Tanzania, and Zimbabwe. Working with partners THINK (South Africa), Kibong'oto Infectious Diseases Hospital (Tanzania), and the Union Zimbabwe Trust, IDI spearheaded the design of patient-centred care pathways, national training materials, and monitoring tools for managing TB and mental health comorbidities.

During the year, the project developed and refined the pilot protocol and data collection tools, established national technical working groups, and supported adaptation of integrated TB-Mental Health guidelines in all four countries. IDI provided technical mentorship and supervision visits to partner institutions, aligning pilot implementation plans and budgets with country priorities.



In Uganda, IDI also participated in the 7th Annual TB and Leprosy Stakeholders Conference, highlighting the need for multi-sectoral collaboration and integration of psychosocial care within TB programs.

These regional efforts are building the evidence base for scalable, integrated TB and mental health services that strengthen health systems, reduce patient vulnerability, and promote holistic care across Africa.

National TB Support



Strengthening TB Case Detection and Treatment

Through these efforts, Uganda's TB detection and management capacity continued to improve. Of an estimated 33,368 TB cases, 29,629 were notified, representing a case detection rate of 89%. Treatment outcomes remained strong, with a treatment success rate of 92%, while TB preventive therapy (TPT) coverage among household contacts reached 73%.

To accelerate early diagnosis, IDI supported X-ray screening for over 97,000 individuals, identifying 1,281 TB cases. The deployment of 48 portable, AI-powered digital X-ray units (CAD4TB) and the training of 115 health workers have enhanced access to screening, particularly in remote and high-



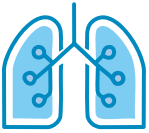
burden communities. Additionally, the integration of LabXpert technology across diagnostic sites enabled the transmission of over 551,000 real-time test results, drastically reducing turnaround time and ensuring timely linkage to treatment.



Managing Drug-Resistant TB (DR-TB)

As part of national capacity strengthening, IDI supported the NTLP to update the Programmatic Management of Drug-Resistant TB (PMDT) guidelines and trained both national and regional mentors to enhance the quality of DR-TB care. A total of 36 national trainers and 188 regional participants were equipped to roll out

the updated protocols. The initiative also integrated digital adherence technologies (DAT) and new LabXpert DR-TB modules into the electronic case-based surveillance system (eCBSS), improving case tracking, adherence monitoring, and data quality across 310 GeneXpert sites nationwide.



Introducing AI for Early TB Detection

To further strengthen early detection, IDI secured a USD 1.3 million subgrant under the Introducing New Tools Project (iNTP) to expand AI-assisted TB screening in underserved communities. Through this project, 14 new MinXray units will be procured, increasing Uganda's national pool of portable digital X-ray systems to 79 units.

These units, powered by advanced Qure.ai software, are capable of detecting up to 20 additional lung abnormalities, improving diagnostic accuracy and enabling faster referral for care in hard-to-reach areas.



IDI's support has greatly strengthened TB control efforts in hard-to-reach communities like Koome Island. Through innovations such as the Boat model, intensified screening, and continuous community engagement, access to diagnosis and treatment has improved significantly, and more people are now completing treatment successfully

Namale Marjorie,
Executive
Director, Sikyomu
Development
Organisation





Spotlight: PACT-Karamoja – Five Years of Impact

The conclusion of the PACT-Karamoja Project in FY 2024/25 marked the end of a transformative five-year journey that reshaped tuberculosis (TB) prevention and care in one of Uganda's most challenging regions. Implemented by IDI in partnership with the Ministry of Health, the project built strong community and health-system capacity that will sustain TB control efforts long after project closure.

Over the five years (2019–2024), the region recorded remarkable improvements across all major TB performance indicators. The treatment success rate rose from 52% in 2019 to 93% in 2024, while the cure rate increased from 28% to 85%, evidence of enhanced treatment adherence, patient follow-up, and quality of care.

The case detection rate consistently exceeded 100%, reflecting stronger community-based surveillance and improved diagnostic access. Importantly, the contribution of community-identified cases grew from just 2% at baseline to 50% by project end, showing the power of local ownership and engagement in disease control.

Through intensified case finding and integration of drug-resistant TB (DR-TB) management, the project identified 189 DR-TB patients, achieving 141% of its cumulative target. The region's health facilities are now better equipped, data systems have been strengthened, and district and community structures possess the skills and tools to sustain progress.

The PACT-Karamoja experience demonstrated that sustained investments in local capacity, community engagement, and data-driven innovations can transform TB outcomes even in resource-limited and hard-to-reach settings. The lessons and systems established through this project now provide a blueprint for scaling successful models across other regions of Uganda.

Key Achievements over 5 years:

	2019		2025
Treatment Success Rate	52%	→	93%
TB Case Detection	28%	→	85%

Prevention Care and Treatment

8,324



*clients ('friends')
living with HIV
received care*

The Prevention, Care and Treatment (PCT) department—one of IDI's founding pillars—delivers comprehensive, multidisciplinary care for infectious diseases while advancing research, training, and policy engagement at national, regional, and global levels.

PCT remains at the forefront of HIV prevention and treatment in Uganda and across the region, while also addressing other major infectious diseases such as tuberculosis, malaria, and sexually transmitted infections (STIs). The program extends its focus to managing long-term complications and comorbidities including hypertension, diabetes, and cancer, reflecting the evolving needs of people living with chronic conditions.

Working closely with Makerere University and international partners, PCT provides a holistic model of care—centered on patients ("friends"), supporting caregivers, building provider capacity, and informing evidence-based health policy. Despite funding constraints and temporary program interruptions, PCT maintained essential services and continuity of care.

In FY 2024/25, the department served 8,324 clients living with HIV, including 145 newly enrolled, with women comprising the majority. The average age of clients has risen to 48 years, a reflection of improved longevity from antiretroviral therapy and the growing number of referrals for patients managing age-related comorbidities.



Care with digital support

The Prevention, Care, and Treatment (PCT) program uses the Integrated Clinic Enterprise Application (ICEA)—an in-house electronic health record system—to manage patient data, support clinical decisions, and streamline reporting. Initially built for HIV care, ICEA now covers TB, sexual and reproductive health, pharmacy, and laboratory services.

PCT is upgrading ICEA to include AI-driven decision support, lab integration, and mobile access for faster, smarter care. The introduction of Butterfly iQ3 handheld ultrasound devices is also enhancing diagnostics by enabling point-of-care imaging during routine assessments.

3,342



*clients with non-communicable
diseases managed*

Managing Non-Communicable disease

Overtime care for our friends has transitioned from only managing opportunistic infections/ infection related comorbidity, and we have added chronic Non-communicable diseases (NCDs). The transition has included learning how to screen, diagnose and refer patients with in HIV care, and now we are we not only optimizing NCD

care but also supporting management of complications.

We have 2608 (31%) patients with diagnosed hypertension, 577 (7%) with diabetes and 157 (1.9%) with various mental health challenges including depression, bipolar-affective disorder and dementia.

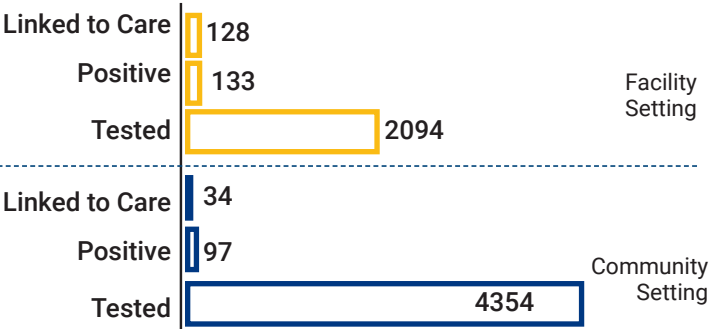
HIV testing and linkage

The Prevention, Care, and Treatment (PCT) program continued to expand access to HIV testing both within the IDI Mulago facility and in surrounding communities. Using innovative, community-centered approaches, PCT focused on high-volume areas to reach more people with HIV testing and prevention messages.

A key innovation has been the use of IDI Ambassadors, who engage communities through music, drama, and interactive sessions to raise awareness about HIV risk, prevention, and treatment. These activities not only increase testing uptake but also help

reduce stigma and encourage timely care-seeking. Immediate linkage to treatment remains a central part of the approach—ensuring that individuals who test positive, whether at IDI or in the community, are quickly initiated on ART to achieve viral suppression and prevent new infections.

While some individuals identified during community testing are already in care, others initiate treatment later through our partner facilities, reflecting the continued reach and influence of these engagement efforts.



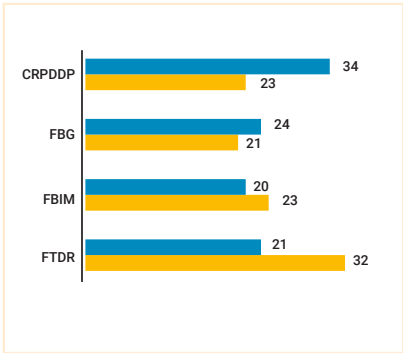
Needs within differentiated service delivery models

We continue to provide our services relying on various models of differentiated service delivery models that were pioneered in PCT. Specifically these include: Community Client-Led ART delivery (CCLAD), Community-based Drug Distribution Point (CDDP), Community Retail Pharmacy Drug Distribution Points (CRPDDP), Facility Based Group (FBG), Facility Based Individual Management

(FBIM), and Fast Track Drug Refill (FTDR).

Importantly patients are not fixed but might oscillate between models depending on clinical problems, HIV viral suppression, comorbidity control and even sometimes patient choice.

In our last report majority of patients received care via the FTDR model (32%), while almost equal numbers are shared between CRPDDP (23%), FBG (21%), and FBIM (23%).



Presently most patients are receiving care under the CRPDDP (34%), follow by FBG (25%), FBIM (21%), and FTDR (21%).

Supporting Training:

The PCT program continued to serve as a training ground for diverse health professionals. In FY 2024/25, 158 trainees participated in formal graduate programs and experiential learning through internships, gaining exposure to IDI's standards of excellence in patient care, data management, and health information systems.

Although the number of trainees declined slightly due to the stop-work order disruptions, PCT

Students	
Postgraduates	10
Fellow	1
MBCHB	121

Internship	
Pharmacy	22
Counselling	3
Records	1

CME sessions	
Journal club	15
Switch Meeting	21
Case Conference	21

maintained its commitment to professional development through regular Continuous Medical Education (CME) sessions, including weekly journal clubs, switch meetings, and case conferences. While participation dropped during the February–May 2025 period, these platforms continued to strengthen knowledge sharing and uphold quality clinical practice across teams.

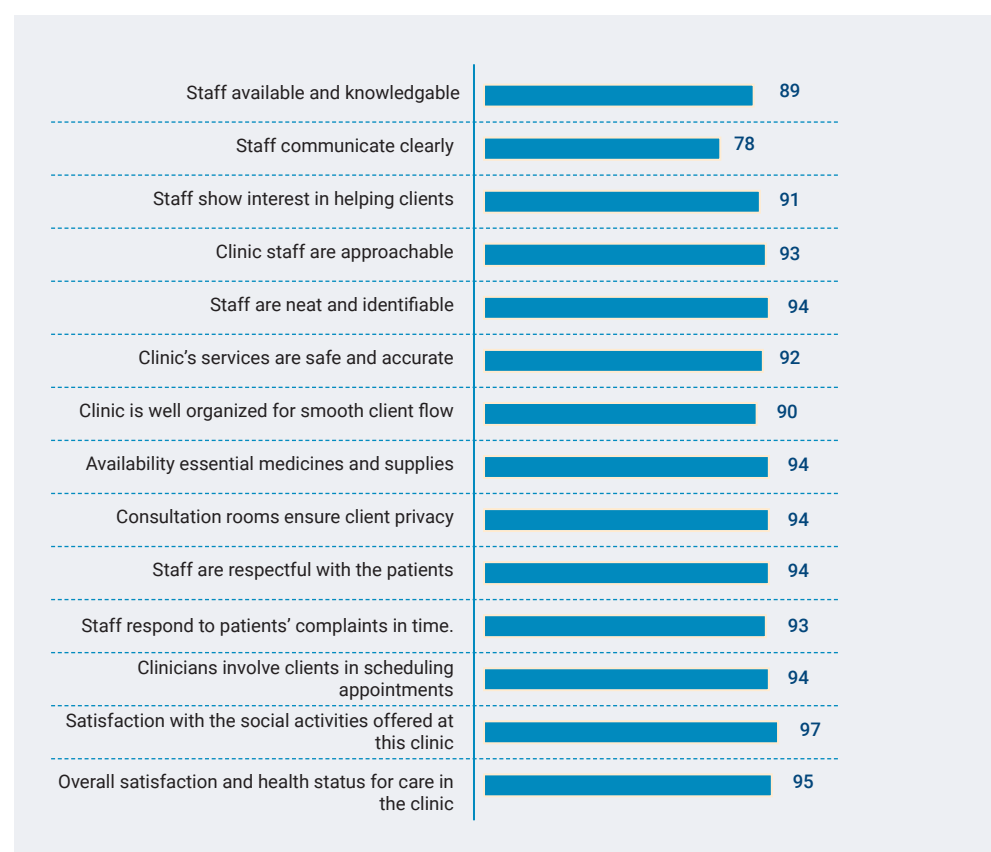
Patient-Centric Care

Each year, the Prevention, Care, and Treatment (PCT) program invites feedback from the people we serve—affectionately known as our friends—to ensure that our services remain responsive, respectful, and aligned with their needs. Guided by IDI's core values of integrity and accountability, this feedback forms an important part of our continuous quality improvement process.

In FY 2024/25, we engaged a random sample of 290 clients to assess their experiences across key service areas, including reception, triage, consultation, counselling, and waiting spaces. Overall, clients expressed satisfaction with the quality of care and professionalism of staff, reaffirming IDI's reputation for compassion and excellence. Many also noted the positive changes within the clinic

environment, such as improved aesthetics following renovations and new furnishings, which have enhanced comfort and privacy.

However, clients also shared valuable suggestions for further improvement. Some expressed the need for more social and recreational activities within the



clinic, while others emphasized the importance of ensuring consistent access to essential medicines, especially for managing non-communicable diseases in addition to ART.

Encouragingly, nearly 97 percent of clients reported that the IDI Ambassadors—who use music

and drama to promote health awareness—had positively influenced their knowledge and behaviour. This feedback continues to inspire our teams to strengthen patient engagement, foster community connection, and deliver care that truly reflects the needs and voices of those we serve.

Contribution to the Evolving Science

PCT analyzed real-world data demonstrating that patients transitioning from protease inhibitor-based second-line regimens to dolutegravir-based therapy sustained viral suppression at lower cost, validating national guideline recommendations.

The team also shared evidence on cervical cancer screening uptake, adherence counselling, and advanced HIV disease during IDI's Science Fair, reinforcing its contribution to national and global learning.



Public-Private Partnerships. CFAO Mobility Uganda Joins Hands with IDI-PCT

During this reporting period, IDI-PCT established a partnership with CFAO Mobility Uganda under the company's Corporate Social Responsibility (CSR) initiative. Launched on World AIDS Day 2024, this collaboration reflects CFAO's commitment to making a positive and lasting contribution to the communities served by PCT. Through this partnership, CFAO's financial support has focused on HIV/AIDS prevention and community sensitization, particularly by strengthening the activities of PCT's Music, Dance, and Drama (MDD) team. With CFAO's generous contribution, the team is upgrading costumes, sound equipment, and musical instruments—resources that will significantly enhance their HIV prevention messaging during community outreaches.

IDI-PCT is deeply grateful to CFAO Mobility Uganda for this valuable support and looks forward to sustaining and expanding this partnership to other potential partners. There are many unmet needs of our community—especially among adolescents and young adults—we aspire to produce high-quality, contextually relevant, and engaging audio-visual materials that promote not only HIV prevention but also awareness of other pressing infectious diseases. However, realizing this vision remains constrained by limited resources but with such partnerships can keep transforming lives—one message, one performance, and one community at a time.



CFAO Mobility Uganda is committed to CSR that is rooted in the sustainable development. We partnered with IDI because we believe that corporate responsibility must go beyond the boardrooms, It must reach the heart of our communities. By supporting HIV prevention through education, drama and storytelling, we are not just funding a cause; rather we are empowering lives, building trust, and proving that when private sector and NGOs unite, It's a shared responsibility and long-term investment in human dignity

Ms. Evelyn Angeyo

Head Human Resources & CSR
CFAO Mobility Uganda Limited



Building Leadership and Institutional Capacity

During the year, Dr. Owarwo successfully completed the Female Future Program under the Federation of Uganda Employers, enhancing her leadership and governance skills. Her achievement reflects IDI's investment in nurturing female leadership and fostering inclusive growth within the institution.



Global Health Security (GHS)

Strengthening preparedness for emerging and re-emerging infectious diseases is central to safeguarding health systems, communities, and economies.

In FY2024/25, the Global Health Security (GHS) Programme continued to strengthen Uganda's and Africa's capacity to prevent, detect, and respond to emerging infectious disease threats.

Working in close collaboration with governments, regional institutions, and global health partners, the programme supported outbreak preparedness and

response, strengthened surveillance and laboratory systems, advanced antimicrobial resistance containment, and improved access to vaccines and other medical countermeasures.

IDI's GHS work is grounded in a One Health approach that recognises the interconnectedness of human, animal, and environmental health. By combining operational experience, scientific research, and policy leadership, the programme contributes to building resilient health systems capable of responding to current threats while preparing for future pandemics.



Antimicrobial Resistance (AMR)

Antimicrobial resistance (AMR) remains a growing global health threat, undermining the effectiveness of life-saving medicines and increasing the risk of untreatable infections. During FY2024/25, the Global Health Security Programme strengthened national and regional efforts to contain AMR through policy advocacy, surveillance, capacity building, and multisectoral collaboration.

IDI provided technical and financial support to advance Uganda's AMR agenda, including facilitating the launch of the second National Action Plan for Antimicrobial Resistance and supporting the establishment of the Uganda Parliamentary Forum on AMR. These initiatives strengthened policy dialogue, elevated AMR on the national legislative agenda, and contributed to increased attention to the economic and public health burden of drug-resistant infections.



To strengthen antimicrobial stewardship and surveillance, the programme supported the generation of AMR data through national and international surveillance initiatives, including the Enhanced Gonococcal Antimicrobial Surveillance Programme (EGASP). These efforts contribute to improved understanding of resistance patterns and inform clinical guidelines and treatment strategies.

The programme also invested in building national expertise through specialised fellowship programmes and professional training initiatives, equipping healthcare professionals with the skills required to monitor antimicrobial use, strengthen diagnostics, and promote responsible antibiotic use across health systems.



19 AMR fellows trained

Through these efforts, IDI continues to contribute to stronger surveillance systems, informed policy development, and sustainable action to mitigate the growing threat of antimicrobial resistance in Uganda and across the region.



Laboratory, Biosafety, And Biosecurity

1,760+

Samples tested during outbreak response activities in Masaka, West Nile, and Kampala Metropolitan Area

Strong laboratory systems are essential for the rapid detection and confirmation of infectious diseases and for enabling timely outbreak response. During FY2024/25, the Global Health Security Programme strengthened Uganda's laboratory preparedness by supporting biosafety and biosecurity systems, improving diagnostic capacity, and enhancing national laboratory networks.

IDI provided technical assistance to laboratory outbreak response activities for Mpox and Ebola outbreaks in Uganda

(across the Kampala Metropolitan Area, Masaka, and West Nile regions) as well as Marburg and Mpox in Rwanda and DRC. Support focused on strengthening sample collection and transportation systems, biosafety practices, reference testing, and results management to ensure timely and reliable diagnostics during public health emergencies.

The programme also contributed to national policy and strategic frameworks by supporting the development of national guidelines for handling high-consequence pathogens and contributing to Uganda's national genomics strategy to expand pathogen sequencing capacity. In addition, quality assurance efforts were strengthened through continued support to national reference laboratories to maintain international accreditation standards and laboratory quality systems.

Through these efforts, the programme continues to enhance Uganda's laboratory readiness to safely detect and manage emerging and re-emerging infectious disease threats.



Epidemic Intelligence And Community Health

During FY2024/25, the Global Health Security Programme strengthened surveillance systems, data analysis, and community engagement to improve outbreak preparedness and response in Uganda and across the region.

the skills to identify, report, and investigate priority diseases more effectively.

In addition, community engagement activities strengthened local awareness and participation in disease detection and response. These efforts helped improve communication between communities and health systems, enabling faster identification of potential outbreaks and promoting timely health-seeking behaviour.

Together, these interventions strengthened Uganda's epidemic intelligence capacity and supported more responsive and resilient public health systems.



The programme supported national and regional partners to strengthen early warning systems and enhance the use of surveillance data for decision-making. Through initiatives such as the 7-1-7 surveillance approach and Integrated Disease Surveillance

and Response (IDSR), healthcare workers and surveillance teams were equipped with

15,000+

healthcare workers enrolled in the clinical Integrated Disease Surveillance and Response (c-IDSR) course



Infection Prevention, Control, And Case Management

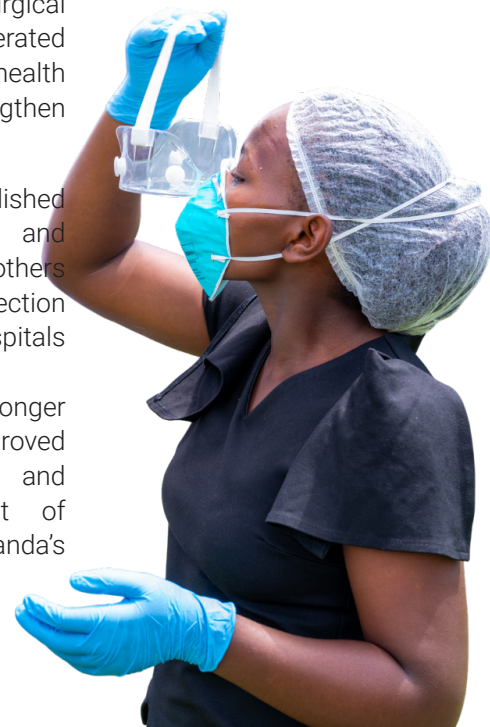
Strong infection prevention and control (IPC) systems and effective case management are critical for reducing transmission of infectious diseases and protecting both patients and healthcare workers. During FY2024/25, the Global Health Security Programme strengthened national capacity for epidemic preparedness by supporting IPC systems, clinical care protocols, and frontline health worker training.

Through the Epidemic-Ready Primary Health Care (ERPHC) initiative, the programme supported improvements in IPC practices across 330 primary health facilities, strengthening surveillance, governance, and safe clinical care environments. Simulation exercises and mentorship programmes were conducted to assess facility readiness, identify gaps, and enhance preparedness for high-consequence infectious disease outbreaks.

IDI also supported the development and finalisation of national infection prevention and control guidelines and case management tools to standardise clinical practices across health facilities. In addition, surveillance initiatives such as the Caesarean section surgical site infection programme generated evidence to inform national health system improvements and strengthen patient safety.

The programme established Maternal sepsis surveillance and have followed up 12000 mothers who delivered by caesarean section at four regional referral hospitals

These efforts contributed to stronger facility-level preparedness, improved infection prevention practices, and enhanced clinical management of infectious diseases across Uganda's health system.



20,000+

healthcare workers
trained across 330
primary health facilities



With the increasing number of outbreaks in our region, it is important that health workers are well prepared. The IPC training and mentorship supported by IDI came at the right time. It has strengthened our skills and confidence to respond safely and protect both patients and health workers in our facilities.~healthcare worker



Vaccines And Medical Countermeasures

Vaccines and medical countermeasures are critical tools for preventing disease and responding effectively to public health emergencies. During FY2024/25, the Global Health Security Programme strengthened national capacity for vaccine deployment, safety surveillance, and access to essential medical countermeasures to support outbreak preparedness and response.

IDI supported the rollout of priority vaccination initiatives, including Ebola and Mpox vaccination campaigns targeting high-risk populations such as healthcare workers, security personnel, and vulnerable community groups. These efforts contributed to strengthening national readiness for epidemic response while building confidence in vaccination programmes.

The programme also advanced vaccine safety monitoring across Africa through the implementation of a multi-country pharmacovigilance initiative under the Africa CDC and Mastercard Foundation Saving Lives and Livelihoods programme. This initiative is strengthening national systems to monitor adverse events following immunisation and generate evidence to guide vaccine safety and policy decisions.

In addition, training and community mobilisation initiatives supported healthcare workers and community actors to improve vaccine uptake and expand access to life-saving immunisation services. These efforts contribute to stronger health security systems capable of rapidly deploying vaccines and other medical countermeasures during public health emergencies.



109,400+

people vaccinated
against Mpox





Planetary Health and Wash

Environmental factors and climate change are increasingly influencing the emergence and spread of infectious diseases. The GHS Programme strengthened efforts to integrate environmental health, climate resilience, and water, sanitation, and hygiene (WASH) interventions into national health security systems.

The programme contributed to national climate and health policy development by supporting the launch of Uganda's Climate Change and Health National Adaptation Plan (2025–2030) and participating in the Climate and Health Technical Working Group. These efforts support the integration of climate risk considerations into national public health preparedness and surveillance systems.

The programme also supported the strengthening of WASH infrastructure in maternal and child health units in rural health facilities. Improvements such as functional hand hygiene stations, safe water systems, and better waste management practices contributed to improved infection prevention and control and enhanced the safety of healthcare environments for patients and health workers.

By linking environmental health, climate resilience, and infection prevention, these initiatives support more sustainable and resilient health systems capable of responding to emerging public health threats.



Health Policy, Advocacy, and Economics

In FY2024/25, the GHS Programme contributed technical expertise to national and global policy discussions, helping shape strategies and frameworks that strengthen preparedness and response to public health emergencies.

IDI provided legal and technical input into the development and prioritisation of Uganda's second National Action Plan for Health Security (NAPHS II), supporting government efforts to strengthen International Health Regulations (IHR) core capacities and coordinate multisectoral preparedness efforts. The programme also supported similar health security planning processes in other African countries through regional technical assistance initiatives.

At the global level, the programme contributed expertise to international policy discussions on pandemic preparedness, including participation in negotiations related to the proposed global pandemic agreement. These engagements helped ensure that Africa's perspectives on equitable access, preparedness financing, and regional collaboration were reflected in global health governance discussions.

Through policy engagement, technical advisory support, and economic analysis, the programme continues to strengthen the policy environment needed to advance sustainable and coordinated health security systems in Uganda and across the region.

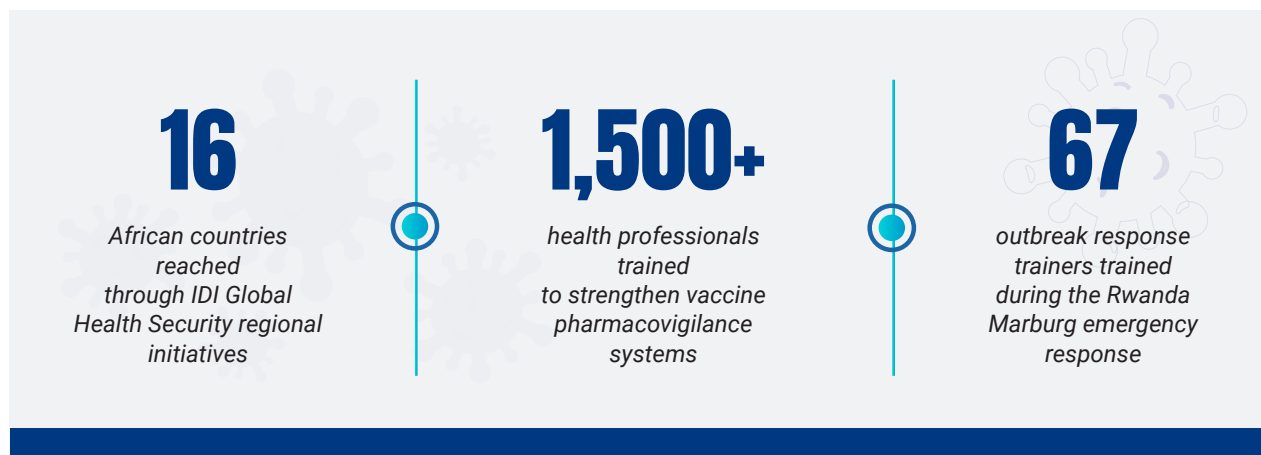


Partnerships with institutions such as IDI are critical in shaping and strengthening Uganda's response to antimicrobial resistance. Through the Parliamentary Forum, we continue to translate policy commitments into action and advance the implementation of the National Action Plan on AMR - Hon. Dr Ayume Charles shared in his remarks at the CAMO-Net dissemination meeting.



Regionalisation of Global Health Security Efforts

The GHS Programme expanded IDI's regional footprint by providing technical assistance and outbreak response support across Africa, strengthening preparedness and collaboration to address cross-border public health threats.



IDI supported the Marburg Virus Disease outbreak response in Rwanda, deploying a multidisciplinary emergency response team to strengthen infection prevention and control systems, health facility preparedness, and clinical care readiness. The team also trained 67 national master trainers, enhancing Rwanda's capacity to respond to future outbreaks.

Regional support was also extended to the Democratic Republic of Congo (DRC) during the ongoing Mpox outbreak through the UK FCDO-funded Tackling Deadly Diseases in Africa Programme Phase 2 (TDDAP2). IDI experts worked with national institutions and international partners to strengthen outbreak coordination, surveillance systems, and health security planning.



Beyond outbreak response, IDI expanded regional health security initiatives through the Africa CDC–Mastercard Foundation Saving Lives and Livelihoods programme, which strengthened vaccine pharmacovigilance systems in 14 African Union Member States and trained more than 1,500 healthcare professionals.

Training and Capacity Development

In FY 2024/25, the Training and Capacity Development Department made significant strides toward transforming from a project-dependent unit into a semi-autonomous centre of excellence for health capacity building.

The year was marked by measurable progress in expanding access to training, diversifying programmes, and strengthening systems that ensure quality, innovation, and sustainability.



2,428

Healthcare workers trained

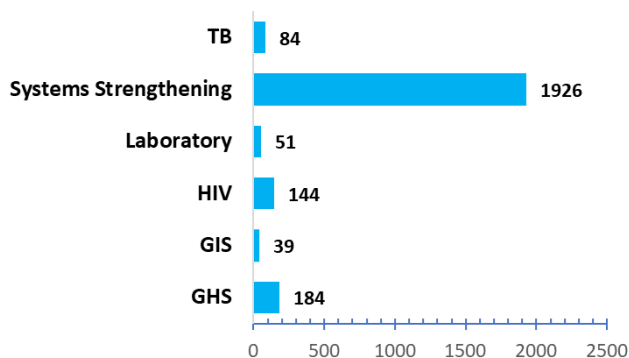


Expanding Reach and Diversifying Training

During the reporting period, TCD trained 2,428 health workers, surpassing the annual target of 2,000. A total of 62 courses were delivered—an increase from 50 planned—including new offerings that extended beyond biomedical disciplines into health systems management, finance, and social sciences.

Six new courses were developed, achieving 86% of the annual development target, while digital platforms became integral to delivery. The Virtual Community of Learning (VCL) platform mentored over 500 trainees globally, and more than 22,000 participants engaged through SMS, WhatsApp, and voice-based learning channels.

Trainees by program Area FY 2024/2025



Driving Digital Transformation

Adoption of online learning continued to grow steadily. The number of online trainees increased by 11.7 %, from 800 to 894, affirming the strategic importance of e-learning in extending IDI's reach.

11.7 %

*Increase in
number of online
trainees*

The programme launched a new Virtual Penta Synergy Model, integrating five complementary digital tools to enable scalable, interactive, and context-specific training. This innovation enhances flexibility and reduces delivery costs, directly contributing to IDI's sustainability goals.

Strengthening National and Regional Capacity

TCD's work extended beyond Uganda through partnerships such as the PROVE Project, which supported REDCap training in 15 African Union member states, and through collaboration with the Global Health Systems (GHS) project, which saw over 8,000 healthcare workers complete cIDSR online training.

Nationally, the department supported the Ministry of Health to train 4,461 health workers on highly hazardous pathogens—including Mpox, Ebola, and COVID-19—bolstering Uganda's frontline preparedness.

Two UPDF laboratories were supported to achieve ISO

accreditation, and the UPDF ECHO Programme was recognized as the best performing in Africa, with other militaries benchmarking from it.



4,461

*Healthcare workers
trained on highly
hazardous pathogens*



"I am grateful to have been part of this training. The course was well organised and practical, and it has strengthened my capacity to address the financial management needs of my organisation. I also appreciated the opportunity to connect and learn from colleagues across institutions."

— Oceng Francis Leone - Resource Mobilization class of July 2025

Fostering Collaboration and Innovation

TCD strengthened its partnerships with universities and implementing agencies. It collaborated with the University of Washington to co-develop online courses in health economics and management, partnered with ACCORD to sponsor participants for point-of-care ultrasound training, and supported Makerere University School of Public Health (Kisoboka study) to provide phlebotomy training to research assistants.

Localized Village Savings and Loan Association (VSLA) and financial-literacy trainings were conducted in local languages, improving practical uptake and empowering communities economically.

Enhancing Quality and Moving Toward Accreditation

Quality improvement remained central to the Training and Capacity Development (TCD) Department's work in FY 2024/25. Building on its ISO 15189 laboratory certification, TCD initiated the process of obtaining international accreditation for its training functions to ensure global recognition of IDI-issued certificates.

Internal reviews confirmed strong performance across key indicators, including high trainee satisfaction and positive partner feedback, reinforcing TCD's commitment to excellence and continuous learning. The department also strengthened its quality assurance framework, aligning course development and delivery with international standards while retaining

contextual relevance for African health systems.

The Uganda National Health Laboratory Services (UNHLS) recognized IDI as "the first implementing partner to offer Training of Trainers in the revised ISO 15189:2022 standard," reflecting its leadership in quality and standardization.

These efforts are laying the groundwork for a fully accredited, internationally recognized Centre of Excellence for Health Workforce Capacity Building at IDI.



300+

*patients received
counselling through the
ATIC*

Linking Capacity Building to Health Outcomes

Through the Antiretroviral Treatment Information Centre (ATIC), TCD provided real-time clinical support, linking 13 patients into HIV care, counselling over 300 patients, and referring 25 others for appropriate treatment. One notable case involved counselling a teenager engaged in risky sexual behaviour and securing support through the DREAMS Project to help her return to school.

Looking Ahead

FY 2025/26 will focus on achieving international accreditation, deepening collaborations, monetizing online platforms, and scaling the Integrated Antimicrobial Stewardship (IMAMR) capacity-building model to additional regions.

The department also plans to establish dedicated resource-mobilization functions and training hubs to ensure sustainability, alignment with IDI's five-year strategy, and continued contribution to Uganda's and Africa's health-workforce resilience.

Laboratory Services

IDI's Laboratory Services continued to position the institute as a regional leader in accredited, high-quality diagnostics, supporting clinical care, research, and public health through reliable and efficient operations.

Despite funding and staffing shifts, the programme maintained broad testing capacity, processed diverse specimens at scale, and expanded its biorepository. Investments in new technologies,

strengthened quality and biosafety systems, increased specimen shipments, and strategic partnerships further elevated scientific excellence.

With a sustained focus on capacity building and operational resilience, the laboratory remained central to advancing health outcomes and diagnostic innovation across Uganda and the region.

60,000+

Samples Processed

70,000+

Diagnostic tests were conducted

50%

Increase in Specimen shipments

Precision Diagnostics Empowering Health and Innovation

In FY2024/25, the Laboratory Services at the Infectious Diseases Institute (IDI) continued to set the standard for diagnostic excellence in Uganda and the region. Through advanced, reliable, and innovative testing, the programme played a pivotal role in supporting clinical care, research, and public health. Internationally accredited and aligned with global quality standards, the laboratory remains committed to operational excellence, biosafety, and regulatory compliance.

Explore the key milestones that demonstrate how IDI's laboratory innovations are driving impact, strengthening health systems, and shaping the future of diagnostics.

Sample Processing and Management

Over 60,000 diverse samples—including whole blood, plasma, serum, saliva, breastmilk, CSF supernatant, cell pellets, and PBMCs—were processed at the IDI Core Laboratory. These derivatives support critical endpoint testing for high-impact research and evidence-based clinical care.

Testing Services

More than 70,000 diagnostic tests were conducted across haematology, chemistry, immunology, serology, flow cytometry, molecular biology, and genetic sequencing. Despite a 10% decline in volume due to external funding and staffing adjustments, the lab continued to serve as a high-quality referral hub, demonstrating resilience and adaptability.



Bio-repository and Specimen Bio-banking

The biorepository now securely stores over 400,000 specimens at controlled temperatures ranging from ambient to liquid nitrogen vapour (< -190°C). Strategic partnerships with Global Health Uganda and the Makerere University Walter Reed Program have reinforced IDI's position as a trusted regional biobank.

Specimen Shipping

Specimen shipments increased by 50%, reflecting shifts in global funding. All shipments adhered strictly to international protocols, ensuring specimen integrity, chain of custody, and participant confidentiality—with zero regulatory deviations.

Support for Clinical Care and Research

IDI Laboratory Services supported over 75 clinical research studies. The introduction and validation of point-of-care diagnostic platforms significantly reduced turnaround times, enhancing clinical decision-making and reinforcing IDI's leadership in responsive diagnostics.

Capacity Building and Technological Advancement

The lab expanded its team with four expertly trained staff members, strengthening operational capacity. New equipment acquisitions—including the Abbott Architect Chemistry and Immunoassay Analyser, Hologic Panther for Oral HPV testing, the Cobas 5800 Molecular Analyser, and the BD FACSLyric Flow Cytometry Analyser—enhanced testing capabilities and efficiency.

Strategic Partnerships

Collaborations with Global Health Uganda and the Makerere University Walter Reed Program have designated IDI's biorepository as both a primary and backup storage hub, strengthening regional research infrastructure and fostering scientific excellence.

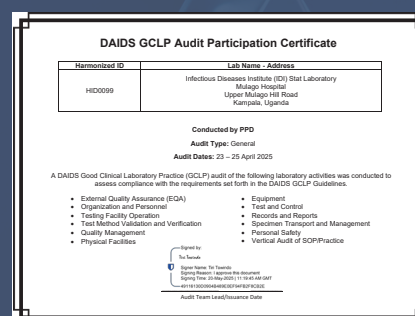
Future Outlook

IDI Laboratory Services is poised for strategic growth, with plans to extend high-quality diagnostics beyond clinical trials to broader populations. This vision supports sustainability, expands access to essential diagnostics, and strengthens health outcomes for the communities we serve.

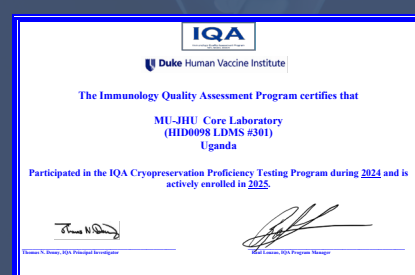
Awards and Recognition



College of American Pathologists
Certificate of Accreditation



DAIDS Good Clinical Laboratory
Practice (GCLP) Audit Participation
Certificate, April 2025



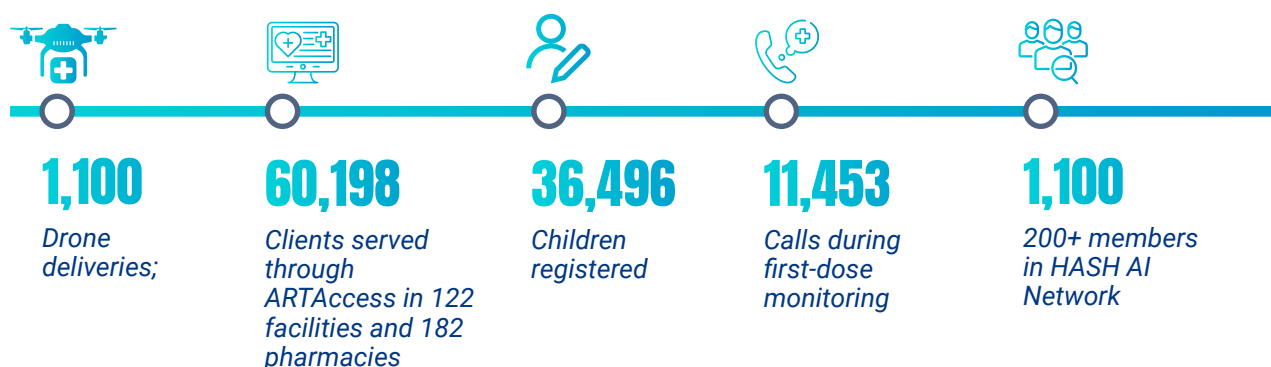
2025 IQA Cryopreservation
Proficiency Testing Certificate –
Duke Human Vaccine Institute



Academy for Health Innovations

The Academy for Health Innovations Uganda, an initiative of the Infectious Diseases Institute (IDI), in collaboration with the Ministry of Health, Janssen, PEPFAR, and the U.S. CDC, continues to lead transformative health innovations across Uganda. Anchored in the Connect for Life™ platform, the Academy has expanded its scope beyond HIV/AIDS to address tuberculosis, maternal and child health, and emerging health threats.

This year's report showcases the Academy's integrated approach to innovation, strategic partnerships, and scalable impact. By combining global best practices with local insights, the Academy strengthens Uganda's health systems and positions IDI as a trusted leader in health innovation across Africa.



Innovate: Advancing Technology-Driven Healthcare

In FY2024/25, the Academy deepened its health impact through bold, tech-enabled solutions. The Medical Drones Project, supported by the Medical Research Council and the International Science Partnerships Fund, expanded HIV medication deliveries to all 24 islands in Kalangala—reaching remote communities with life-saving care. A cluster-randomised trial is underway to assess its impact, cost-effectiveness, and environmental sustainability.

Phase Two of the HASH (Hub for Artificial Intelligence in Maternal, Sexual, and Reproductive Health) has scaled AI-powered chatbots, predictive tools, and image analytics across seven African countries and is now extending to Nepal and Pakistan. The Maternal Ultrasound Prospective Observational Study enriched global datasets to improve gestational age estimation, reinforcing the Academy's commitment to equitable AI innovation.



Other breakthroughs included the validation of Quo-Lab® point-of-care HbA1c testing for diabetes management in Uganda, participation in the STAIRS Consortium for sepsis follow-up via IVR systems, and the adaptation of the Call for Life platform to support immunisation in conflict-affected Borno State, Nigeria.

Advance: Enhancing Adoption and Partnerships

The Academy accelerated the uptake of its innovations across regions. The ALBORADA pilot improved immunisation coverage among displaced children by using multilingual voice and SMS reminders, thereby strengthening continuity of care in fragile settings.

Digital platforms ARTACCESS and VXNAID saw significant expansion. ARTACCESS now operates in 122 health facilities and 182 pharmacies across 51 districts, integrating modules for TB, PrEP, NCDs,

and family planning. VXNAID digitised immunisation workflows in 96 facilities, registering 36,496 children and enhancing user confidence through responsive upgrades.

The Academy also led the nationwide rollout of the Call for Life AEFI-Ebola IVR system in Ghana, enabling real-time monitoring of Ebola vaccine side effects and showcasing operational excellence in digital surveillance.



182

Pharmacies
operated across 51
districts

122

health facilities
operating ARTAccess

96

health facilities operating
VXNAID registering
36,496 children

Scale: Delivering Impact and Sustainability

The Academy's strategic portfolio is designed for scale and sustainability. In FY2024/25, over 60,000 people living with HIV, 2,500 with TB, and 36,496 children were reached through its innovations. A total

of 3,457 healthcare workers across 218 facilities leveraged Academy-developed digital tools.

The 5th Health Innovations Conference brought together over 145 stakeholders, including leadership from the CDC and Uganda's Ministry of Science, Technology, and Innovation, underscoring the crucial role of technology in addressing evolving health challenges.

Looking ahead, the Academy plans to scale the Medical Drones Project district-wide, expand HASH's AI solutions under its 2025–2030 strategy, and broaden ARTACCESS and VXNAID coverage—building a resilient ecosystem for innovation-led health improvements.





04 | OUR MANAGEMENT SYSTEMS

- ➡ Strategic Planning and Development
- ➡ Finance
- ➡ People and Culture
- ➡ Information Services
- ➡ Supply Chain
- ➡ Operations

Strategic Planning and Development

The Infectious Diseases Institute (IDI) delivers its Organizational Planning, Business Development and Grants/Subgrants Management functions through the Strategic Planning and Development (SPD) department. SPD integrates these functions within a continuous cycle encompassing strategy formulation, resource mobilization, grants and subgrants

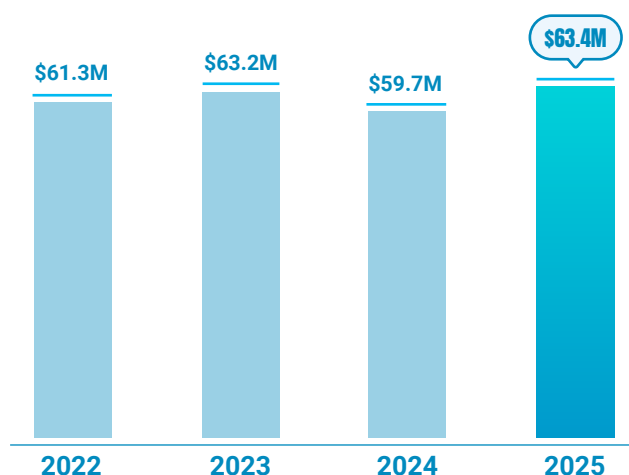
management, and strategic information. This integrated approach enables IDI to define institutional priorities, secure and manage resources effectively, and ensure transparent reporting to partners and stakeholders, across internal programs as well as lower tier partners and subgrantee.

Grant Income Value



\$63.4M

Total grant income value
in FY2024/25



Diversifying Strategic Partnerships and Resource Acquisition

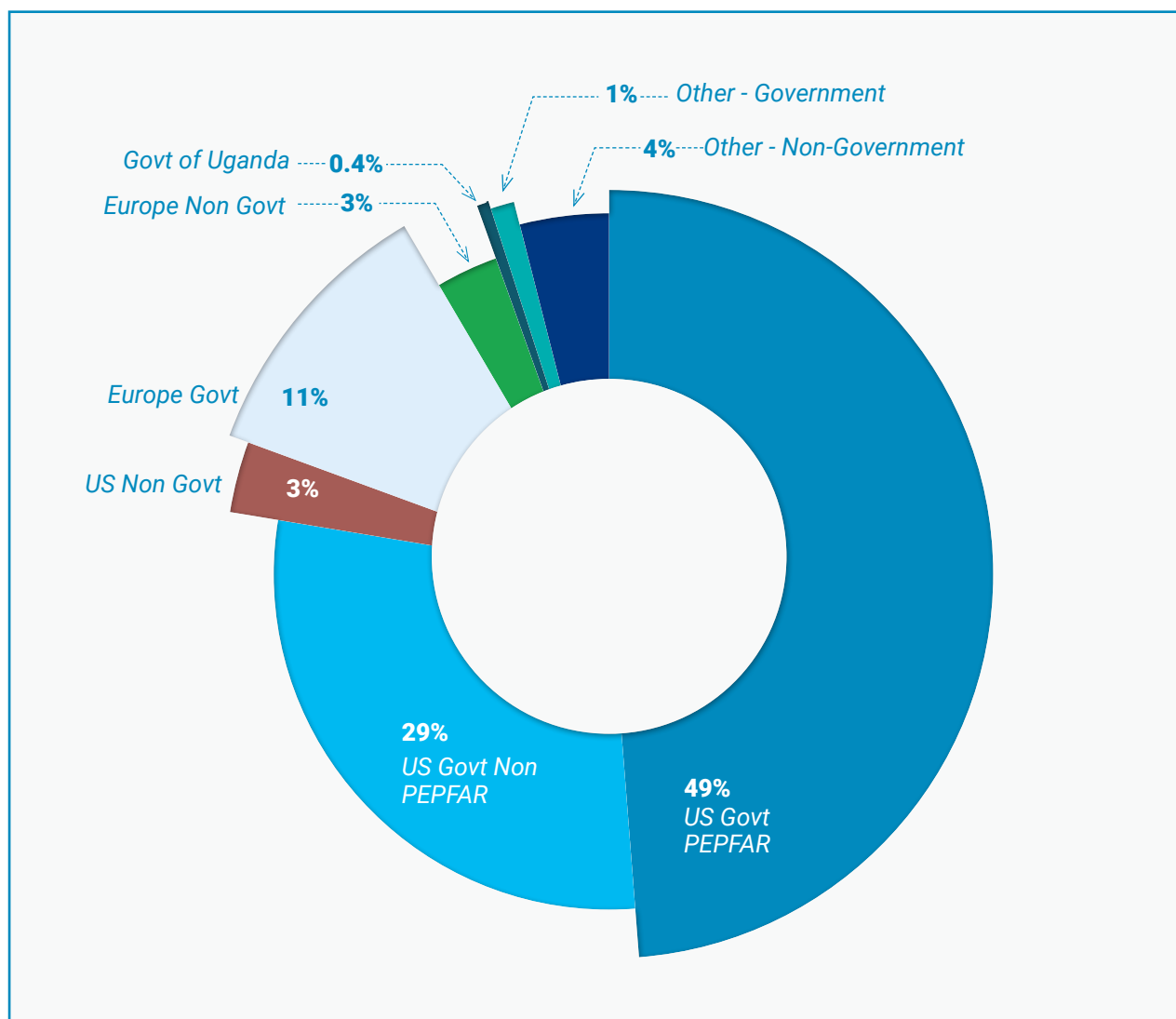
IDI continued its deliberate efforts to diversify its partnership and resource pools. MoUs were signed to formalize collaboration with partners that will drive growth in key strategic areas such as data science and analytics (including African Population and Health Research Center (APHRC) in Kenya, Africa CDC, Google DeepMind and HISP South Africa), new technology platforms (including LumiraDx for portable diagnostics and Emergent BioSolutions for epidemic-prone infectious diseases), neglected tropical diseases (NTDs) (Simprints), quantitative systems pharmacology (QSP) (Indiana University) and vaccination programming for new and existing vaccines (notably J&J's Ebola vaccine and the Measles-Rubella (MR2) vaccines (with the Uganda National Expanded Programme for Immunization (UNEPI)).

Strategic collaborations were also established where IDI and various partners had complementary strengths for both long term mutual benefit at institutional level (notably with Amsterdam Institute for Global Health and Development (AIGHD) as well as for specific funding opportunities such as the Epidemic Science Leadership and Innovation Networks (EPSILON) series of grants.

There was an overall change on USG funding from 85.5 % to 80.4% of total revenues. This was accompanied by notable growth in funding from European Partners (from 10% to 14%).

This year was pivotal, with major changes in US funding mechanisms significantly affecting IDI's projected grant revenue streams given that the US government is IDI's largest single funder. The variety and depth of new collaborations therefore underpinned continuing efforts to diversify income sources at program, funder and agency levels, with overall change on USG from 85.5 % to 80.4% of total revenues. This was accompanied by notable growth

in funding from European Partners (from 10% to 14%). Notably, more than ten (10) substantially multi-program submissions were made during the period. This reflects the growing cross-disciplinary cooperation and coordination across IDI programs and/or units. This in turn supports better overall sustainability given that resources are less siloed within the organization.



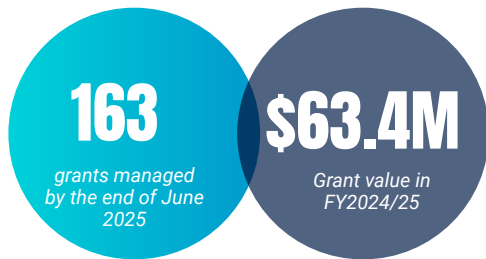
Steady progress was made in establishing an independent Contract Research Organization (CRO) to monetize/commercialize IDI's research capabilities to target industry-sponsored research. During the year, the IDI Board approved a fund for this purpose. Through this fund, a feasibility study was conducted, followed by a draft investment proposal to the Board.

By the end of the year, substantial progress had been made in drafting legal and financial planning documents to strengthen the business case for the entity so as to support a final proposal. This will facilitate Makerere University approval for registration of the entity.

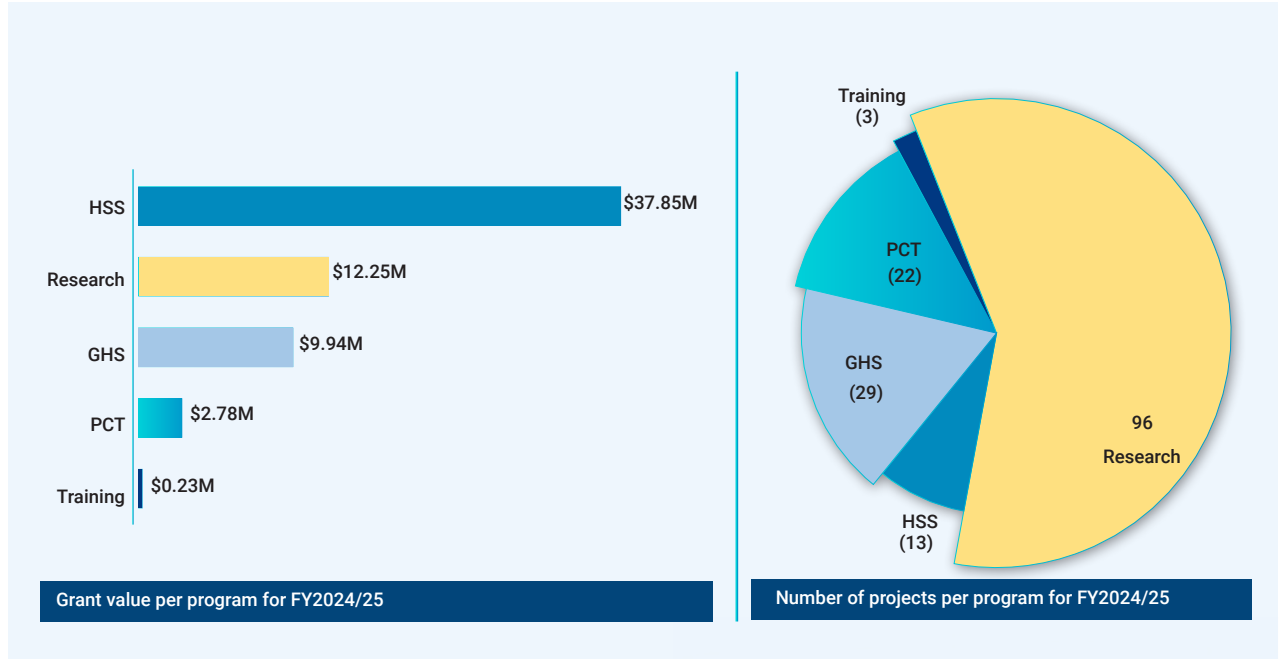
Grants Management

In collaboration with the Finance team, the IDI Grants team completed a Good Finance and Grants Practice (GFGP) assessment, attaining a gold-tier certification (2nd highest tier). The “Upstream” Grants Management team managed a portfolio of 163 grants by the end of June 2025 from over 15 funding agencies (Government agencies, multilateral agencies, Governments, international Universities and Foundations (an average portfolio of 13 grants per grants staff in the 12-member upstream grants management team) with a multi-year value of approximately USD 140M.

During the year, the Grants Management Init (GMU) enhanced the functionality of its Grants Expenditure and Monitoring System (GEMS),



achieving efficiencies in budgeting and Fund Control, Validation and Compliance Controls, Transaction Cycle Tracking with less turnaround time, real-time variance reporting, more budget visibility for program administrators/PIs and grants and user convenience across the requisition and approval processes



This year, the grants team further serviced more than fourteen funder-specific audits, reviews, and financial and administrative capacity assessments from agencies such as IQVIA, Yale University, Foreign, Commonwealth & Development Office (FCDO), Epsilon, Reckitt Global Hygiene Institute (RGHI), Wellcome Trust, National Institute for Health and Care Research (NIHR), African Society for Laboratory Medicine (ASLM), Lacuna Fund, the ELMA Foundation, Itad, and the University of Manchester which informed further strengthening of IDI’s grants and financial management and compliance systems.



Grants Management Capacity Building



IDI was selected to receive a Gates Foundation grant aimed at delivering finance & grants management training for malaria endemic-country recipients of research grants.

Through this grant, the SPD, Research and Finance teams jointly designed a course titled Principles of Management Excellence for Research (PRIMER) targeting Early Career Researchers (ECRs), Principal Investigators, Research Administrators, Project Managers, Finance and Grants Managers.

The course is designed using the Good Financial Grant Practice (GFGP) framework and is intended to demonstrate

how it can be applied to real-world management of specific stages of the entire research project cycle. The PRIMER course was piloted in January 2025 through a 5-day hybrid online/physical training with 27 trainees drawn from the Center for Research in Infectious Diseases (CRID) in Cameroon and the University of Science Technologies and Techniques of Bamako (USTT/B) from Mali.

IDI will continue to pilot the PRIMER course, with an initial preference for training sites in Francophone Africa to strengthen its content and to make the delivery methods applicable in a variety of settings.

“*When the message comes from a trusted external voice, it carries weight. IDI’s training reinforced the importance of engaging finance teams early to ensure institutional costs are properly covered. This is essential for long-term sustainability.* ~ Falenne Yinike Kwalar, Head of Finance, Centre for Research in Infectious Diseases (CRID)

Sub-granting

Over the year IDI’s sub-granting unit expanded its downstream partner network from 133 to 152 entities. One hundred and six (106) local/national entities delivered facility and community-level health services and supported projects to combat Anti-Microbial Resistance (AMR) and to conduct research and innovation across 48 districts in Uganda.

The number of regional partners increased from 26 to 48 across 31 countries in 4 continents conducting implementation research, AMR programming,

48

*Regional partners
across 31
countries*

pharmacovigilance, artificial intelligence (AI) solutions and research capacity-building.

The expansion of IDI’s regional sub granting portfolio continued to enhance institutional capacity to manage diverse partners and deepen our understanding of country-specific African contexts. This informed development of innovative, risk-responsive management approaches. It also created opportunities to develop longer-term relationships with competent, trusted, compliant country-level partners with repeat sub-grants to at least 21 Non-Ugandan/regional Sub-grantees across projects to date.

Despite continuing growth in partnerships, subgrant funding declined from USD 12.9M to USD 10.8M for the year, partly due to complex country regulations that affected implementation, as well as changes in the funding environment.



This training shifted our mindset—from managing grants as transactions to viewing them as instruments for long-term institutional sustainability.

Participant, Resource Mobilization & Grants Management Course

The Grants and Contracts team, working closely with the training department, successfully conducted two (2) self-sponsored online training courses in Nov 2024 and March 2025 in resource mobilization, grants, financial management, and compliance, attracting thirty (30) trainees from over 15 institutions (both local and international).

Of the 30 trainees, 14 were from government of Uganda facilities (National Drug Authority, MoH, Kabale RRH, Kawempe RRH and other Government Health centres), 3 from international organizations (CORDAID South Sudan, Samaritan Purse South Sudan and others), 12 from local institutions (Barefoot Law, Makerere Gender Mainstreaming Division, IDRC, Kabarole Women Development Initiative, Africa Evangelistic Enterprise, Uganda Cares, IDI, Quality Chemicals Industries Limited etc)

The course is planned to be conducted at least bi-annually. The SPD team further held online training to support the IDI research community in responding to new funding requirements that were introduced during the year following funding freezes that affected USG grants.

Strategic Information (SI)

The IDI's Board Programmes and Development Committee (PDC) is now fully constituted and operational, with all 6 IDI programs now routinely scheduled to present progress towards program-specific strategic objectives (SOs) (which are drawn from the 5-year organizational SOs) at least once a year.

The Strategic Information (SI) function supported the monitoring of program-level reports to the PDC and the continuous documentation, incorporation and subsequent monitoring of PDC recommendations at program level. While it continued to produce the usual organization-level quarterly key performance indicator (KPI) reports, plans are underway to make them more responsive to board/strategy level needs.

Awards



Dr. Tom Kakaire the Head of SPD received a PhD in Business Administration from the Gordon Institute of Business Science (GIBS), University of Pretoria, reinforcing IDI's commitment to leadership, strategy, and evidence-driven health systems

Finance

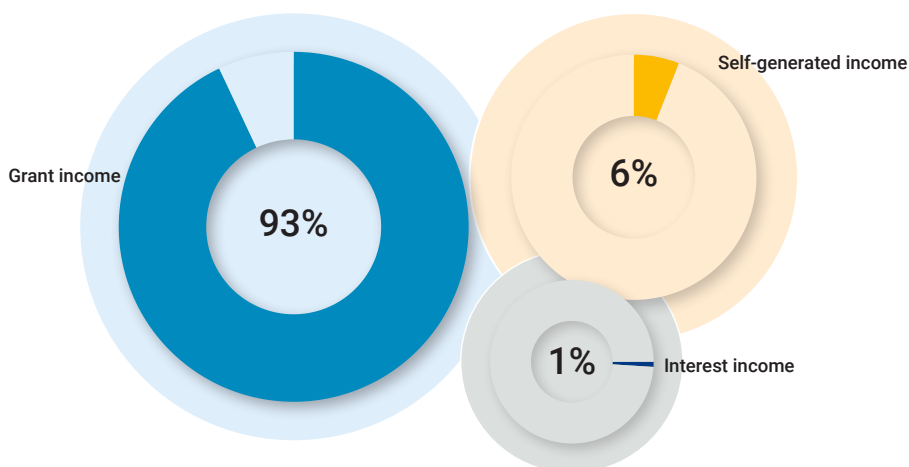
\$67.99M

Total Revenue for
FY2024/25

In comparison with FY2023/24, the Institute recorded a 6% growth in incomes for the financial year ended June 2025. The key drivers to this growth were grant income (with 6% growth to \$63,4M) and Interest income (with 54% growth to \$0.68M).

Despite the modest growth in overall income, the self-generated incomes declined by 8% with the main movers by the training & lab services where work volumes reduced due to transitions in the funding landscape especially in the second half of the financial year.

The Institute prides in the strategic & sustained partnership with the GOU that has enabled lifesaving activities within the IDI Clinic. For the FY2024/2025, the GOU made a contribution of \$ 235,007.

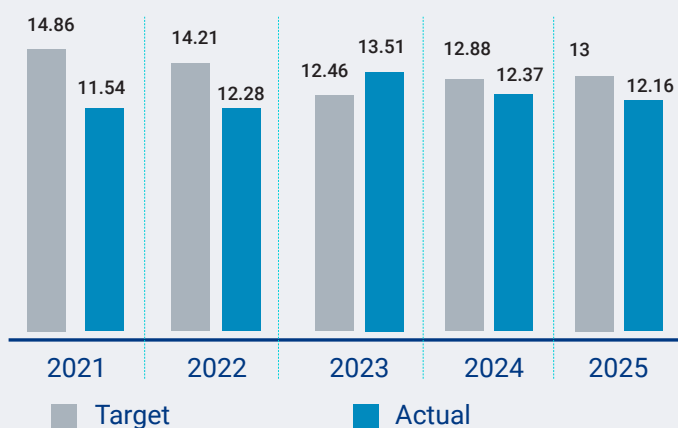


Indirect Cost Recovery

In FY2024/25, IDI achieved an indirect cost recovery rate of 12% against a target of 13%. While slightly below target, the recovery reflects the funding structures of several programmes where indirect costs are not fully covered.

In such cases, IDI absorbs part of the institutional costs required to support programme implementation, ensuring that critical public health activities

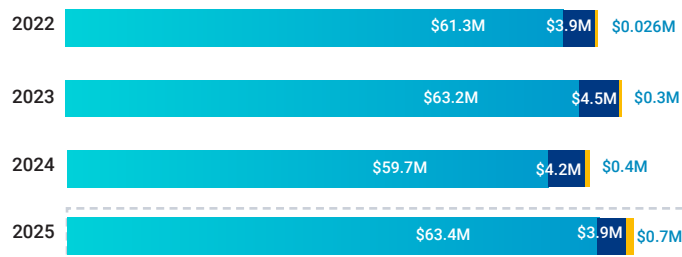
continue uninterrupted. Strengthening dialogue with partners on full cost recovery remains important to support the Institute's long-term financial sustainability.



Income Trends

Interest income grew by 54% during the Financial year, demonstrating a sustained effort in effective financial stewardship of the expanding asset base (to 6%) in the FY24/25.

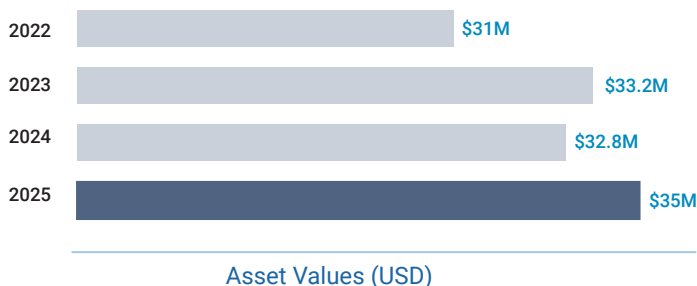
Due to the transitions in business space, the self-generated income reduced by 8% in the FY24/25. Nonetheless, management continues to review possible opportunities to improve the performance of this income stream given it's to the sustainability of the Institute



Total Asset Trend Analysis

The Institute's asset base registered a 6% growth from \$32.8M in 2023-24 to \$35M in 2024-25.

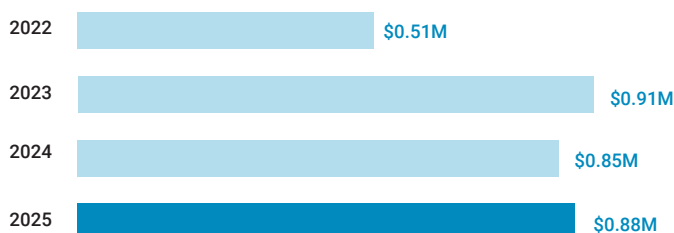
This trajectory is a testament that IDI continues to strengthen its financial position thus contributing to the much desired resilience in the current uncertain funding space.



Capital Expenditure

IDI's deliberate investment in capital expenditure reflects a strategic direction aimed at strengthening its service delivery, operational capacity and long-term sustainability.

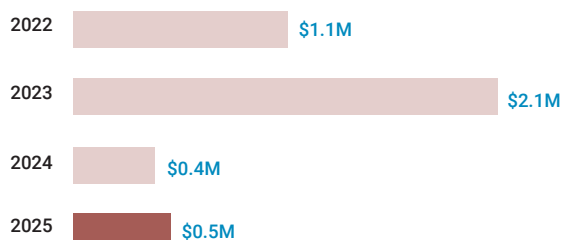
The capital expenditure for the FY2024/25 was \$877,500.



Bottom-line Results

IDI recorded a modest surplus in the FY24/25 representing a 22% improvement from FY23/24.

These results confirms management's solid financial stewardship as evidenced by the sustained revenue mobilization efforts amidst the significant funding shocks.



\$7.9M

Taxes contributed in
FY2024/25

an increase from USD 7.3
contributed in FY2023/24



Tax Contribution to the Economy

In the Financial Year (FY) 2024-25, IDI continued to prioritize strong tax compliance, internal capacity-building, and proactive engagement with evolving tax legislation. Our teams and Senior Management Team (SMT) participated in targeted tax trainings throughout the year, ensuring a deepened understanding of regulatory changes and promoting a forward-looking approach to tax risk management.

IDI also maintained active collaboration with the Uganda Revenue Authority (URA), seeking timely clarifications, rulings, and technical guidance to enhance both compliance and operational efficiency. This partnership has supported smoother implementation of tax requirements across programs and strengthened our governance posture.

Another key milestone during the year was our success in the landmark case, Infectious Diseases Institute v Uganda Revenue Authority (Civil Appeal No. 006 of 2022), where the High Court clarified the distinction between employees and consultants for tax purposes thereby reinforcing our approach to consultant engagements and providing clarity on a topic that affects very many tax payers.

During the year, IDI contributed a total of USD 7,899,281 to the national treasury through PAYE, Income Tax Withholding (IT-WHT), Reverse Charge VAT (RCVAT) and VAT Withholding. This reflects an increase from USD 7,309,535 contributed in FY2023/24 and underscores our sustained commitment to tax transparency, regulatory compliance and meaningful contribution to Uganda's economy.

Finance Internal Stakeholder Feedback

The finance feedback survey results for FY2024/25 indicate a strong level of stakeholder satisfaction, with an overall score of 82%. This outcome reflects positive perceptions of the finance function's effectiveness in the core areas; people, systems and services.

The high rating suggests that finance systems and controls are

generally well understood and trusted, contributing to smooth operational support across the Institute.

Additionally, the results provide a useful baseline for continuous improvement, with opportunities to further enhance service delivery, turnaround times, and stakeholder engagement in the next financial year.



STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2025

	2025	2024
	US\$	US\$
INCOME		
Grant income	63,394,724	59,721,551
Self-generated income	3,921,091	4,247,865
Interest income	682,297	443,752
	67,998,112	64,413,168
EXPENDITURE		
Salaries and benefits	28,557,350	28,285,539
Program expenses	25,321,944	24,020,781
Transportation	5,401,324	4,520,948
Office expenses	1,595,815	1,518,800
Facilities expenses	2,698,750	2,373,927
Administration expenses	3,498,584	2,781,364
Direct laboratory test	567,279	517,561
Foreign exchange gain	(124,341)	(1,173)
	67,516,705	64,017,747
Surplus for the year	481,407	395,421
Other comprehensive income	-	-
TOTAL COMPREHENSIVE INCOME	481,407	395,421

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025

		2025	2024
		US\$	US\$
ASSETS	Non-current assets		
	Right-of-use asset	794,220	1,138,918
	Property and equipment	4,129,355	4,114,123
		4,923,575	5,253,041
Current assets	Cash and bank balances	13,351,338	13,813,519
	Financial investments	8,780,766	6,776,281
	Receivables and prepayments	7,656,273	6,662,557
	Inventories	306,692	355,315
		30,095,069	27,607,672
	TOTAL ASSETS	35,018,644	32,860,713
FUNDS AND LIABILITIES	Reserves		
	Accumulated surplus	18,457,577	17,976,170
		18,457,577	17,976,170
LIABILITIES	Non-current liabilities		
	Deferred income	1,903,537	1,796,549
	Lease liability	394,510	597,737
		2,298,047	2,394,286
Current liabilities	Payables and accrued expenses	4,844,192	3,507,514
	Deferred income	9,002,622	8,506,416
	Lease liability	416,206	476,327
		14,263,020	12,490,257
	TOTAL FUNDS AND LIABILITIES	35,018,644	32,860,713

People and Culture

FY 2024/25 was a defining period for the HR Department. Tested by complex shifts in the operating environment, we refined our systems, strengthened our people processes, and emerged more resilient. Our growth this year exemplifies the antifragile principle, advancing through disruption and transforming challenges into opportunities for sustainable impact.

Beginning the year with a clear performance focus, the HR team aligned its action plans with the strategic priorities of the organization's six program areas

and four support departments. Our commitment to building an agile and motivated workforce remained unwavering. Succession planning continued to anchor our talent management strategy, while our contributions to the Institute's regionalization and digitalization initiatives gained further traction.

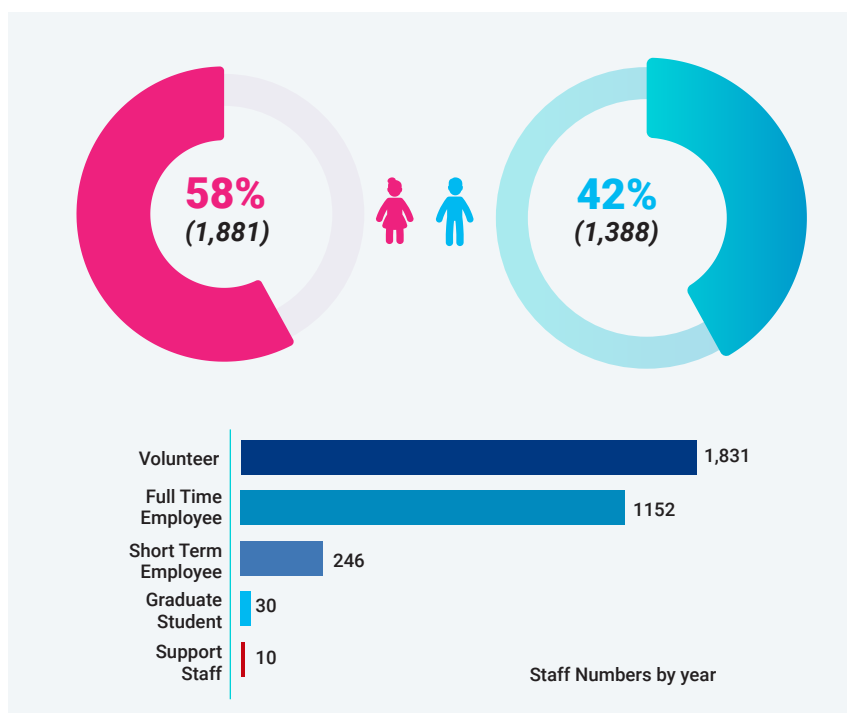
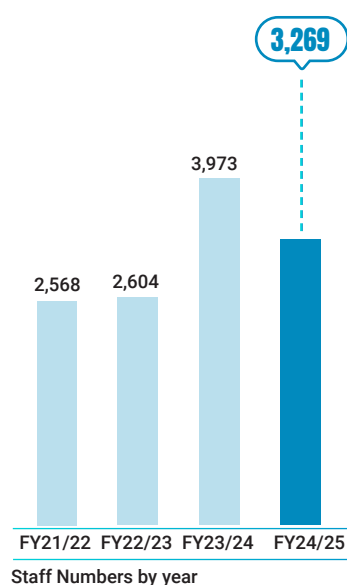
Our achievements in the year reflect the camaraderie not only within the team but across the institute, enshrined in the IDI's strong foundation and values.

Our People Profile: Headcount and Retention

In the 2023/2024 financial year, IDI's workforce declined by 17.8% from the previous year, driven primarily by changes in our operations as a result of the Stop-Work orders issued late in January 2025. Our female colleagues still account for the highest percentage, at 58%, while the males make up 42%. Our voluntary turnover stood at 6.72%, with a number of exits post-January 2025.

The disruptive curveball caused by the uncertainty of funding saw the closure of one of our four USAID projects. Given the diversity of projects across the institute, we were able to reassign some of the staff; however, these changes required us to revisit our operational efficiencies, which continue to this day.

The anxiety and state of mind of our people as a result of the unprecedented and immediate changes remained central to our work in the second half of the year. As the old adage goes, "fortune favours the prepared mind", we saw ourselves as fortunate amidst the confusion. Central to our support of the teams was the EAP support provided by Minet as a service provider enrolled in October 2024. They tended to the psycho-social needs of the teams, offering onsite services at our Mulago and MKC campuses with tele support to the teams across the country.



Launch of the Revised HR Manual and New EAP Service Provider

To strengthen a unified and transparent organizational culture, IDI rolled out its revised Human Resource Manual in October 2024. The updated manual introduced several progressive provisions, including support for colleagues opting for surrogacy, extended funeral benefits for volunteers in HIV programs, clearer disciplinary and grievance procedures, adjusted compassionate leave, and a new sabbatical leave policy for long-serving staff. The launch, attended by Board representatives, reaffirmed the Institute's commitment to good governance and accountability.



IDI also launched a new Employee Assistance Program (EAP) in partnership with Minet, selected for its nationwide reach and digital platforms that enable staff and their dependants to easily access wellness and counselling support.

Employee Engagement

Employee engagement remained central to our people strategy, with the Employee Relations team leading proactive initiatives throughout the year. In the first half of FY 2024/25, HR roadshows were held to help staff understand the revised HR policies, followed by town halls with the Executive Director across Kampala and Wakiso in January 2025. These culminated in a virtual all-staff meeting held just before the first stop-work order, laying the foundation for open communication during a challenging period. The continuous dialogue helped reassure staff, sustain morale, and ensure uninterrupted service delivery to the communities we serve.



Engagement efforts also focused on key moments such as Independence Day, Labour Day, Women's Day, and Men's Day, fostering inclusivity and team spirit. Despite these efforts, the overall engagement score declined slightly by 0.4% to 75.6%, with participation dropping by 32%, reflecting the impact of organizational changes following reduced donor funding. Encouragingly, scores for leadership and culture improved, demonstrating appreciation for the Institute's transparent communication and steady leadership. Looking ahead, IDI will continue to explore creative ways to strengthen staff connection and feedback as the organization navigates this transition period.



During a difficult period, it meant a lot to see leadership show up, listen, and speak openly with us. The town halls and regular updates made me feel informed, valued, and part of the journey ~ staff during town hall engagement

Learning and Development (L&D)

Investing in our people's learning and development remains central to our organization's commitment to continuous improvement and innovation. It also supports our employees' personal and professional growth within the Institute.

11,849

*hours were recorded
as dedicated
to learning and
development*



To enhance access to relevant, self-paced, and on-demand skills development, the IDI onboarded Udemy for Business, an online learning platform. This investment complemented the efforts of our internal Training Department, which focuses on program-specific training needs. Through Udemy's extensive library of high-quality and up-to-date courses, we expanded learning opportunities across departments.

With 74 users enrolled, staff enrolled in a range of courses, from French language to meet programmatic needs, to Project Management (PMP, PRINCE2), Advanced Graphic Design, Critical Thinking, Advanced MS Excel, and Public Speaking, among others. A total of 130 courses were completed between Aug 2024 – June 2025. Udemy for Business remains a key component of our L&D framework, providing flexibility for staff to learn at their own pace while enabling

managers to assign targeted courses aligned with institutional priorities.

We also prioritised professional upskilling for teams within Finance & Administration, Internal Audit, and Strategy, Planning and Development, ensuring they remained up to date with evolving standards. This included refresher IFRS training, tax compliance sessions for key staff, and AML and ESG training for the Board and SMT.

In total, 11,849 hours were recorded as dedicated to learning and development. While this figure may not fully capture all learning activities undertaken, it reflects our continued investment in and commitment to the growth and capacity development of our people

Occupational Health, Safety, Environment (OHSE) & Safeguarding

Anchored in leadership and active staff engagement, IDI continues to build a safety-first culture that protects its staff, sustains the environment and advances its mission with integrity. Guided by Uganda's evolving regulatory framework and aligned with global standards including ISO 45001, ISO 14001 and ISO 9001, the IDI continues to foster safe, healthy and inclusive workplaces across all its operations.

The 2024/ 2025 reporting year marked a period of consolidation and progress in embedding a culture of safety and safeguarding. Through targeted training, innovative reporting tools and strong partnerships, IDI strengthened its systems, empowered staff and enhanced collective accountability for health, safety, and wellbeing.

Training and Awareness

Through the OHSE team, 117 OHSE and safeguarding training sessions were delivered in the year, reaching 6,546 staff across various programmes and workstations. These included sessions on general occupational safety, emergency preparedness, fire safety, first aid, and safeguarding.

The Emergency Preparedness and Response Programme strengthened the institute's capacity to handle emergencies through refresher fire drills, and an intensive 8-hour First Aid course for 50 Transport Assistants in collaboration with the Emergency Care Association of Uganda (ECAU).

These trainings significantly improved staff competence in identifying hazards, preventing accidents and responding effectively to emergencies as share institutional responsibilities.

To reinforce the culture of safety in operations, IDI introduced the **OHSE Champion of the Year Award**, presented to a staff member who demonstrated exceptional stewardship, dedication, and commitment to championing a safe and healthy work environment.

The award recognised individuals who go beyond compliance those who model positive behaviour, identify and address hazards, promote wellbeing, and inspire colleagues to uphold safety in their daily work. This year's award highlighted the importance of personal leadership in advancing our institutional OHSE priorities.

Incident Control and Management

With strengthened reporting, investigation, and corrective action processes, we maintained a commendable safety performance trend. While incidents were reported during the year, consistent training, awareness campaigns, and management follow-up contributed to reduced recurrence and improved response times.



59

incidents were reported
FY2024/25
(decrease from 62
for FY2023/24)

Thanks to the culture in place, we were able to register 136 workplace inspections across departments to enable early detection and control of risks, and gratitude to our OHSE Representatives who ensured timely close-out of approximately 70% of identified safety issues through local corrective actions and follow-up with landlords and vendors. These efforts reflect IDI's progress toward proactive incident management and continual improvement in workplace safety performance.



Harriet Najjuko
OHSE Champion of the Year

Innovations Strengthening Safety Culture



The Institute championed occupational health & Safety innovations that have created a transparent, responsive and a motivated workforce, driving continuous improvement in its safety performance.

Safety Cross Boards were introduced at key workstations, including Makerere (MKC), Mulago, Kasangati, and Ntinda Warehouse. Updated daily by OHSE Representatives, these visual tools track incident-free days using color codes and communicate safety trends transparently. This innovation has improved staff vigilance, strengthened hazard reporting and promoted collective accountability.

The Executive Director's Award for Best OHSE Representative further motivated staff to uphold

and promote safe work practices. Recognizing exemplary commitment to inspections, incident reporting and corrective action, this initiative has driven positive competition and improved Health and safety communication.

The establishment of a 24/7 HR-OHSE toll-free line enhanced ease of reporting incidents, emergencies, and safeguarding concerns hence enabling timely response and institutional accountability.

Through a strategic partnership with CFAO Motors, IDI staff accessed subsidised, high-quality safety helmets, improving protection for commuting and field staff and reinforcing the Institute's broader road safety agenda.

Workplace Wellness and Staff Wellbeing



The Employee Assistance Program (EAP), managed through Minet, continued to offer 24/7 confidential counselling, psychosocial support, and financial and legal advisory services to staff and their dependents, ensuring accessibility even for remote teams.

The Workplace Fitness Program, launched at Makerere (MKC) and Mulago, engaged 640 staff who participated in instructor-led sessions after pre-exercise health screening. The initiative recorded strong female participation and strengthened team cohesion and productivity.

Recreational wellness was enhanced by providing board and outdoor games (Scrabble, Chess, Ludo, Badminton, Monopoly) to all workstations, which encouraged social interaction, stress relief, and teamwork during breaks.

These initiatives continue to build a motivated and resilient workforce, promoting a balanced approach to staff wellbeing, mental health, and productivity.





Due Diligence Inspections and Environmental Sustainability

To strengthen environmental, health and safety compliance, 36 due diligence inspections were conducted for service providers including waste handlers, food vendors and training institutions. These assessments ensured compliance with IDI's OHSE and Safeguarding Policies, verifying adherence to national environmental regulations and standards.

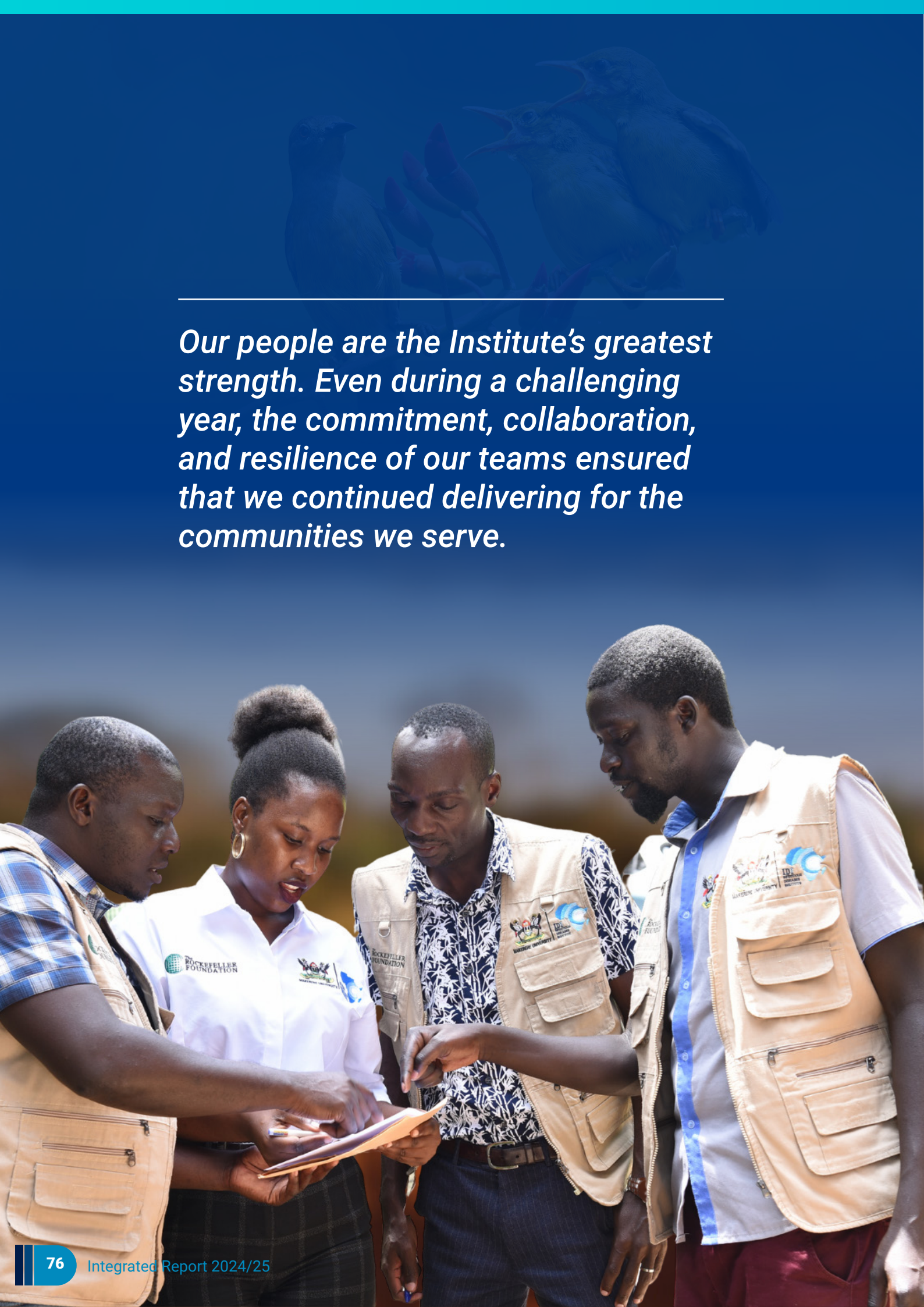
This initiative underscores IDI's commitment to integrating environmental sustainability and ethical responsibility within its business operations and supply chains, promoting a broader culture of accountability among partners and vendors.

Safeguarding Capacity and Partnerships

IDI strengthened its safeguarding framework through continuous training and collaboration. A key milestone was the development of the Anti-Trafficking in Persons Policy, aligning the Institute with global safeguarding expectations and national legislation.

In partnership with the Human Trafficking Institute of Uganda, a high-level capacity-building session was delivered to senior management and programme teams.

Additionally, targeted safeguarding trainings were held for field teams, vendors and vulnerable youth under the DREAMS Safe Spaces initiative. These sessions enhanced staff awareness, improved reporting systems, and reinforced IDI's zero-tolerance approach to exploitation, abuse and harassment.



Our people are the Institute's greatest strength. Even during a challenging year, the commitment, collaboration, and resilience of our teams ensured that we continued delivering for the communities we serve.

Information Services

In FY2024/25, IDI strengthened its digital backbone through strategic investments in information systems. These efforts enhanced digital transformation, data governance, and infrastructure resilience, supporting research, clinical care, and public health innovation.

Cybersecurity and AI Governance

Recognising the dual nature of Generative AI (GenAI), IDI developed an institution-wide AI Policy to guide responsible use. The Information Systems team conducted cybersecurity awareness campaigns, hardened core systems, and implemented proactive vulnerability management across platforms, including Windows, Active Directory, VMware, and Office 365.

Enhanced incident response capabilities, forensic investigations, and upgraded network infrastructure ensure robust protection of institutional data and systems—reinforced by a rapid response mechanism beyond business hours.

Data Governance and Institutional Intelligence

In partnership with ACE, the Information Systems department led the development of data governance policies and reorganised key HIV and TB datasets. Two new datasets—Empowerment and Call-For-Life—were integrated into IDI's centralised data warehouse, alongside seven existing datasets.

Through over 30 consultative meetings, consent was secured for more than 50 data sources, now accessible via the institutional data catalogue (Health Db by IDI). This standardised model enhances research quality, supports evidence-based decision-making, and strengthens institutional intelligence.

Leadership and Recognition

IDI's commitment to digital excellence was recognised regionally. Richard Ssenono, Head of Information Services, was named among East Africa's top Chief Technology Officers and awarded AHILA membership in 2025 for his contributions to health information and evidence-based care.

Strategic Digital Transformation

The development and approval of a costed Digital Transformation Roadmap, guided by the Open Group Architecture Framework (TOGAF), marked a major milestone. This roadmap consolidates 48 investment capabilities into 18 thematic areas under five strategic pillars, setting a clear trajectory for institutional growth and innovation.

- ERP Integration for streamlined operations across HR, supply chain, asset, and fleet management
- LIMS Implementation to enhance laboratory data integrity and turnaround times
- EDRMS Deployment to foster a paperless, collaborative work culture
- Cybersecurity Enhancements to protect against evolving digital threats
- Data-as-a-Programme to elevate analytics and public health intelligence
- Infrastructure Upgrades to support scalability and resilience



Supply Chain

In FY 2024/2025, the Infectious Diseases Institute (IDI) faced a dynamic and challenging supply chain environment shaped by significant funding cuts, global trade tensions, and rising demands for sustainable procurement. Despite these constraints, IDI remained committed to operational excellence, local empowerment, and environmental stewardship.

Key Challenges and Strategic Responses



1. Funding Cuts from Major Donors

With reduced financial support from key partners, including the US government, IDI adopted a cost-optimization strategy across the supply chain:

- Consolidated procurement volumes to leverage economies of scale.
- Enhanced supplier negotiations to secure volume discounts and subsequently better value for money.
- Prioritized essential goods and services, aligning procurement with core programmatic needs.
- Expanded use of locally manufactured goods.



2. Global Trade tensions and US Tariffs

The global trade war and increased tariff barriers disrupted international sourcing and inflated costs. IDI responded by:

- Deepening local sourcing, maintaining over 97% procurement within Uganda.
- Strengthening East African supplier networks to reduce dependency on international imports.
- Accelerating vendor prequalification and quality assurance to ensure reliability and compliance amid shifting global standards..



3. Green Procurement and Sustainability

In alignment with global trends and stakeholder expectations, IDI scaled up its green procurement including:

Shortened logistics routes and decentralized procurement continued to reduce carbon emissions.

Expanding the use of renewable energy particularly through procurement and installation of a 153KWH solar system at our Makerere campus and a 165KWH at our Mulago campus together with multiple project level solar installations across the country.

Incorporation of environmental performance criterion in evaluation and award decisions for key equipment like air conditioners, motor vehicles as well as in vendor selection/prequalification.

Vendor screening and prequalification:

For most of IDI's procurements, we perform closed competitive bidding where various vendors we have screened and prequalified are invited to participate in our procurements. Vendor prequalification offers several advantages by ensuring that suppliers meet defined standards before engagement. It helps reduce risks related to quality, delays, and non-compliance, while promoting cost efficiency and regulatory adherence. Prequalification also streamlines procurement processes and fosters reliable, long-term supplier relationships, ultimately supporting consistent and high-quality service delivery.

In this financial year we successfully completed a prequalification exercise identifying vendors we shall be working with for a three year period. The exercise had over 1,500 vendors participate out of which 575 vendors met all requirements.

The vendor screening and prequalification exercise was a rigorous and multidimensional process aimed at ensuring that only competent, compliant, and ethically aligned suppliers were engaged. The evaluation criteria encompassed:

- Operational Capacity and Technical Capability to deliver the required goods and services.
- Statutory and Regulatory Compliance, including adherence to national laws and international standards.
- Professional Competence in relevant domains.

Ethical and Value-Based Considerations, such as:

- Demonstrated commitment to environmental sustainability.
- Assurance of non-employment of child labor.
- Compliance with ethical business practices.

Vendors who successfully met the prequalification criteria were subsequently enrolled in a comprehensive induction and orientation program. This program included targeted training sessions covering: IDI Procurement Policies and Purchase-to-Pay (P2P) Processes, Child Protection and Anti-Sexual Harassment Policies, zero Tolerance to Fraud and Corruption, whistleblower guidelines, child protection policies and Occupational Health, Safety, and Environmental (OHSE) Standards and other IDI institutional values and commitments

All vendors that qualified through this process are either local Ugandan enterprises or multinational corporations with established local offices in Uganda, ensuring contextual relevance, environmental/social protection and operational proximity

No	Categories	No. of firms that applied	No. of firms that passed preliminary evaluation	No. of firms that passed the due diligence stage
1	Supplies	968	537	363
2	Services	482	267	186
3	Works	78	32	26
Total		1,528	836	575

Procurement sourcing

In this year, we continued to emphasize our commitment to supporting local economies and reducing our carbon footprint through reduced haulage distances/ reduced millage, we do this majorly through sourcing from local vendors within Uganda and the East African community wherever possible

Procurement sourcing	2021-2022		2022-2023		2023-2024		2024-2025	
	Value (USD)	% Spend	Value (USD)	% Spend	Value (USD)	% Spend	Value (USD)	% Spend
International	701,525	4.92%	394,920	3.42%	283,149	1.66%	460,190	2.63%
East African Community	88,808	0.62%	123,160	1.07%	128,634	0.75%	39,176	0.22%
LOCAL (Uganda)	13,478,450	94.46%	11,028,773	945.51%	16,682,281	97.59%	16,991,401	97.14%
TOTAL	14,268,783		11,546,853		17,094,064		17,490,767	

Warehousing and Distribution:

Inventory management:

Accurate inventory management—and the consistency between physical stock and recorded quantities (bin accuracy score)—is fundamental to efficient warehouse operations and overall supply chain performance.

Throughout FY 2024/2025, we maintained a strong focus on improving inventory accuracy through real-time transaction recording, use of technology-driven tools, and in-process controls designed to minimize human error.

As a result, our bin accuracy score improved from 94.3% in FY 2023/2024 to 96.8% in FY 2024/2025, reflecting our commitment to continuous improvement and evidence-based decision-making in warehouse management.



Storage conditions:

Maintaining optimal temperature and humidity within warehouse facilities is essential to ensure the quality, safety, and shelf life of stored goods. These factors are especially critical for temperature-sensitive items such as pharmaceuticals, food products, electronics, and paper-based materials.

During FY 2024/2025, IDI enhanced its warehouse environmental monitoring by installing automated temperature and humidity monitoring and recording devices, replacing the previous manual system. Manual recording had presented several challenges, including:

- Susceptibility to human error during data entry and transcription
- Limited monitoring restricted to working hours
- Absence of alerts in the event of temperature or humidity excursions

The new system provides real-time monitoring and automated alerts via email and SMS whenever conditions deviate from acceptable ranges. This upgrade enables prompt corrective action, ensuring consistent compliance with storage standards and improved product integrity across the supply chain.

ISO Certification and Process Standardization:

In 2024, IDI embarked on a strategic and transformative journey to align its management systems with internationally recognized standards by pursuing certification for both the Quality Management System (QMS) under ISO 9001:2015 and the Environmental Management System (EMS) under ISO 14001:2015.

The first phase of this initiative focused on three key departments: Training, Human Resources, and Finance & Administration. To guide implementation, IDI established an ISO Oversight Committee and a cross-functional Quality and Environmental Management Team (QEMT). The team underwent extensive capacity-building, resulting in over 12 certified QMS and EMS implementers and auditors, accredited by the International

Register of Certified Auditors (IRCA) and the Chartered Quality Institute (CQI).

The QEMT has been instrumental in driving process improvement and standardization across the institute. To date, more than 185 Standard Operating Procedures (SOPs), along with supporting policies, guidelines, and frameworks, have been developed across the three departments in the initial phase.

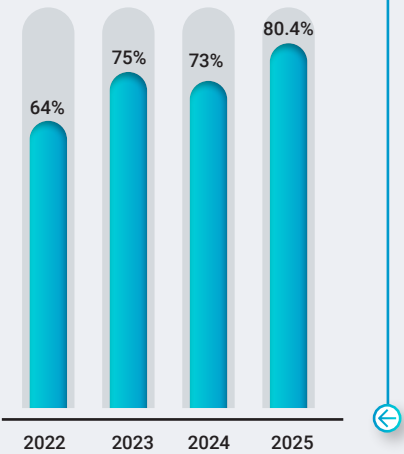
Beyond documentation, targeted improvements were made to close gaps identified during the gap analysis, training, and document development stages. These efforts have strengthened IDI's operational efficiency, compliance, and reinforced its commitment to quality, sustainability, and continuous improvement.



Supply Chain Internal Stakeholder Feedback

Internal stakeholder satisfaction with supply chain services improved to 80.4%, reflecting progress in strengthening procurement planning, coordination, and service delivery.

While operational pressures remained during the year, particularly in supporting programmes across multiple regions and adapting to evolving funding environments, targeted improvements in planning and engagement with programme teams helped enhance responsiveness and efficiency.





05 | OUR GOVERNANCE

- ⇒ Board of Directors
- ⇒ Senior Management Team
- ⇒ Internal Audit

Introduction

Strong governance remains the foundation of IDI’s credibility, sustainability, and impact. As a research-intensive institution operating in complex health and funding environments, we recognize that scientific excellence must be matched with transparency, accountability, and sound stewardship.

The governance framework ensures clear oversight by the Board, strong executive leadership, effective risk management, and robust internal controls. Through well-defined policies, delegated authorities, audit mechanisms, and compliance systems, IDI safeguards resources entrusted to us and ensures that they are deployed efficiently and ethically in pursuit of our mission.

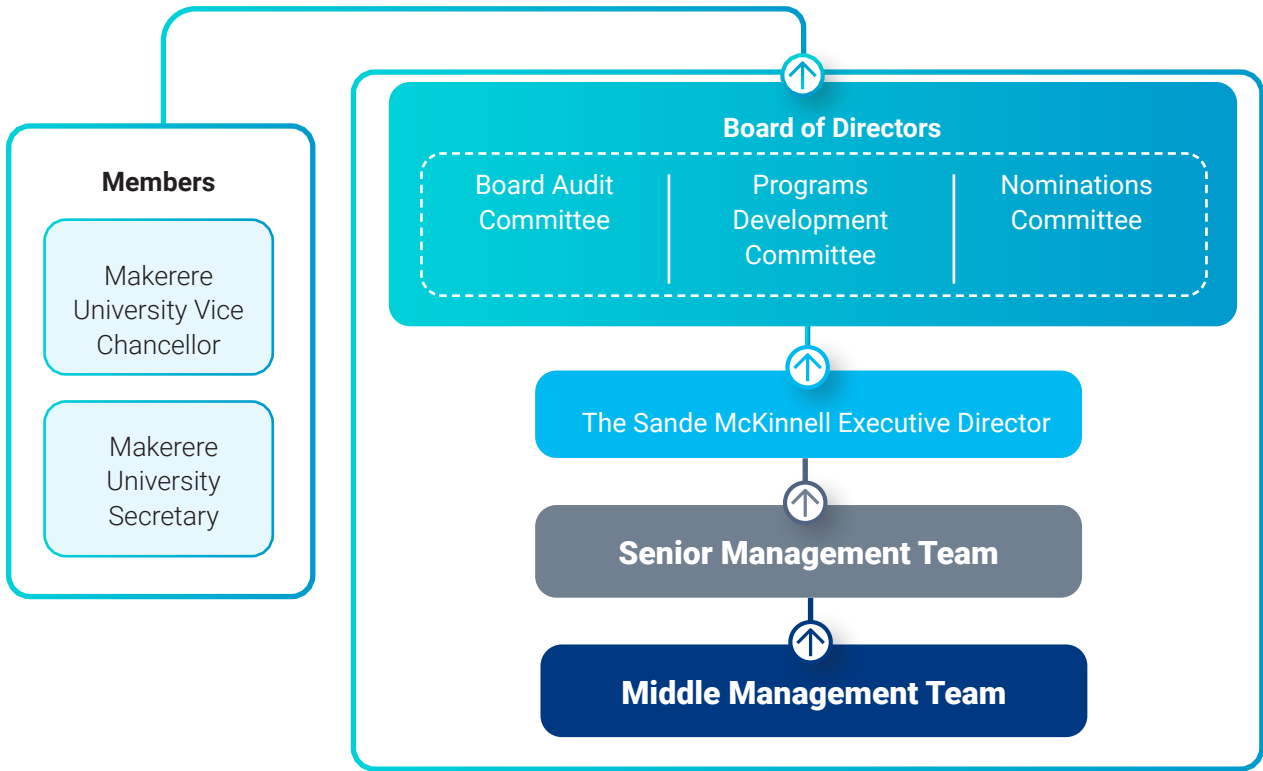
During FY 2024/25—amid evolving donor landscapes and operational adjustments—our governance structures provided stability and strategic direction. The Board and management worked closely to oversee institutional resilience, guide strategic priorities, manage risk exposure, and uphold compliance across all programs. This disciplined governance approach enabled IDI to maintain service continuity, protect institutional integrity, and continue delivering measurable value to communities, partners, and the broader health ecosystem.

Governance at IDI is therefore a compliance function—it is an enabler of impact, ensuring that research, innovation, and service delivery are conducted responsibly, sustainably, and in alignment with national and global health priorities.

The Leadership Structure

As a wholly owned Institute of Makerere University, IDI reports to the Vice Chancellor and the University Secretary, who serve as Members within the governance framework. Strategic oversight is provided by the Board of Directors, while operational leadership is delegated to the

Executive Director and supported by the Senior Management Team. Middle management and staff drive programme implementation and service delivery, ensuring accountability and performance across all levels of the Institute.



Board of Directors

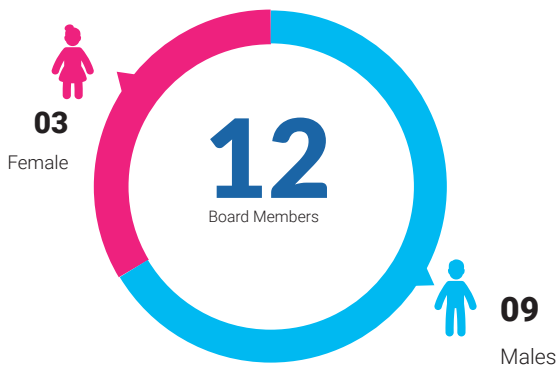
The Board of Directors provides strategic oversight, fiduciary stewardship, and governance leadership to ensure that the Institute fulfills its mandate with integrity and accountability.

Board members are identified through the Nominations Committee and appointed by the Members for defined

terms, ensuring continuity, independence, and renewal of expertise.

The Board comprises individuals with diverse professional backgrounds, including public health, academia, finance, governance, and private sector leadership, bringing broad perspectives to guide IDI's strategic direction.

Board Composition by Gender



Board Member Location by Country

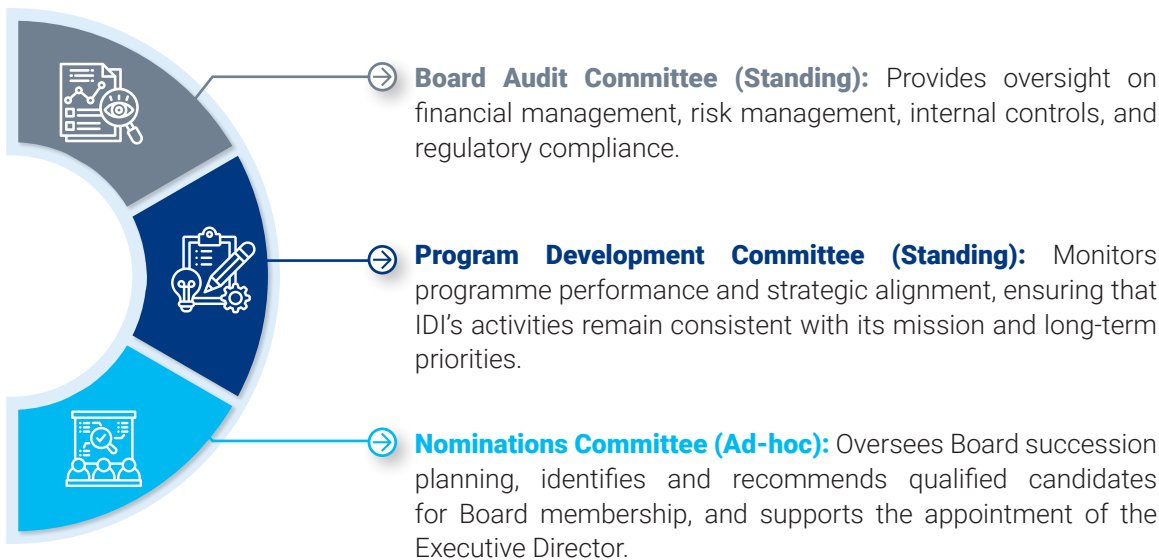
Members represent a global view with representation from the global north and south as well as various constituencies in Uganda.



Board Responsibilities

The composition of the Board reflects diverse professional expertise across health, academia, finance, governance, and development practice. This diversity strengthens decision-making and supports the advancement of IDI's mandate.

The Board convenes at least three times annually to review institutional performance, approve strategic direction, monitor risk, and provide high-level oversight of financial and programmatic results.



Through this structured governance framework, the Board ensures that IDI remains financially sound, strategically focused, and aligned with its mission to translate research into measurable public health impact.

Board Meetings Held

	Target	Actual	%
Programme Development Committee	3	4	133.3%
Board Audit Committee	3	4	133.3%
Nominations Committee	2	2	100%
Full Board	3	5	166.7%

Board Committee Meeting Membership Attendance

	Full Board		Programmes and Development		Board Audit Committee	
Period	Target	Actual	Target	Actual	Target	Actual
Nov 2024	12	10	3	3	4	4
Feb 2025	12	10	3	3	4	4
Mar 2025	12	11	3	3	4	4
Jun 2025	12	12	3	3	4	4
		89.6%		100%		100%

The Nominations Committee continued to play a key role in strengthening the governance of the Institute during the year. In response to upcoming Board transitions, the Committee held additional engagements and consultations to support a structured and transparent process for identifying and recommending qualified candidates for Board membership.

These concerted efforts were aimed at ensuring that the Board continues to reflect diverse expertise, strategic leadership, and strong institutional oversight aligned with IDI's evolving strategic priorities. The Committee worked closely with the Members to guide the nomination process and support the continued strengthening of the Institute's governance framework.

	Nominations Committee	
Period	Target	Actual
Nov 2024	3	3
Feb 2025	3	3
Mar 2025	3	3
Apr 2025	3	3
May 2025	3	3
June 2025	3	3

Prof. Barnabas Nawangwe
Vice Chancellor
Makerere University



Yusuf Kiranda
University Secretary
Makerere University



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.

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

Prof. 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



**Mr Samuel
Kanakulya Lubinga**

**Executive Director Singo
United Investments**

Msc. Public Health; MA 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.



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



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



**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





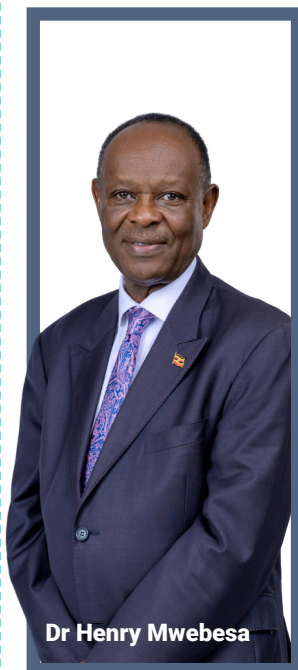
Prof Umar Kakumba

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 Henry Mwebesa

Chairperson of the Health Service Commission

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 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



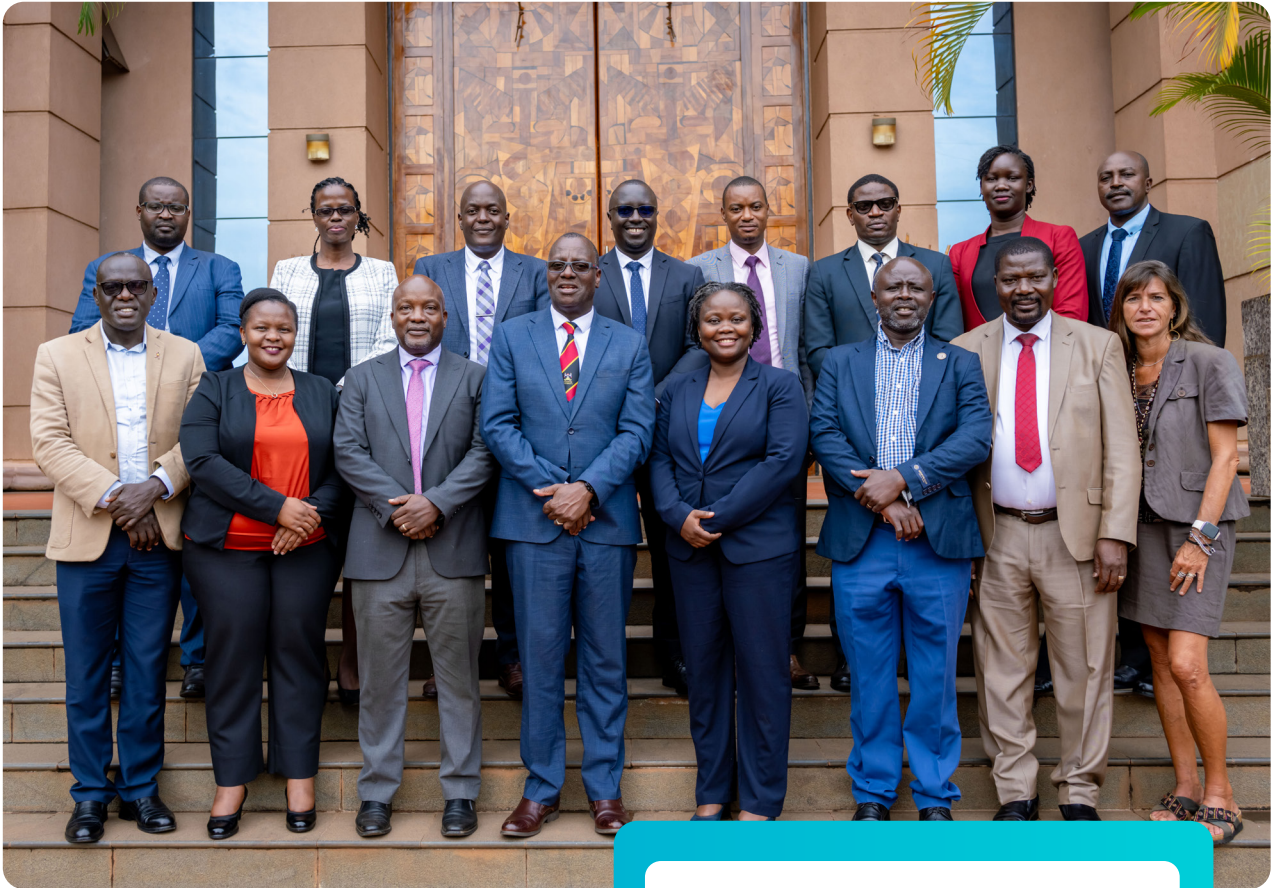
Dr. Mawa Jeremiah Chakaya

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

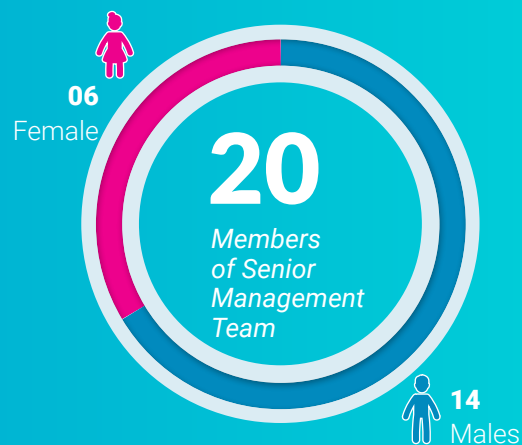


Senior Management Team

The Senior Management Team (SMT), led by the Executive Director, provides strategic and operational leadership across the Institute. The team comprises the Executive Director, Heads of Core Programmes, Heads of Support Services, and leaders of key sub-programmes, who collectively guide programme implementation, institutional performance, and resource stewardship.

Working closely with the Board of Directors, the SMT is responsible for translating strategy into action—overseeing programme delivery, strengthening partnerships, ensuring financial and operational accountability, and sustaining IDI's research, service, and training mandate.

During FY2024/25, the SMT played a critical role in navigating a complex funding environment marked by shifts in donor support. Through coordinated leadership, transparent



communication with staff, and careful prioritisation of institutional resources, the team helped maintain essential services, safeguard key programmes, and ensure continuity of support to the communities and partners served by IDI.

Internal Audit

The Internal Audit (IA) function at IDI plays a pivotal role in strengthening institutional governance, accountability, and risk management. By providing independent, objective assurance on risk mitigation, internal control effectiveness, and organisational processes, IA supports management and the Board Audit Committee (BAC) in safeguarding resources and enhancing operational efficiency in line with international standards.

Audit Assignments and Achievements

During FY 2024/25, IA executed 20 of 35 scheduled audit assignments (57% completion), supplemented by 20 unscheduled engagements, including pre-award risk assessments for 21 organisations and special investigations.

The team audited 22 sub-grantees in the Masaka-Wakiso region, confirming improvements in fund management and internal controls. Pre-award assessments also categorised 21 potential sub-recipients by risk level (10 high, 6 medium, 3 low, 2 other), with tailored recommendations improving grant readiness and regulatory compliance.

Fraud Risk Management

IA conducted eleven fraud investigations, ensuring timely reporting and disciplinary follow-up, exemplifying IDI's zero-tolerance fraud policy. Whistle-blower mechanisms were actively managed, and multiple fraud awareness and anti-money laundering training sessions reinforced organisational vigilance and ethical conduct.

20

Scheduled
Audits

11

Fraud
Investigations



Capacity Building and Professional Development

The IA team prioritised capacity enhancement, delivering seven internal trainings and attending a three-day workshop on the latest Global Internal Audit Standards by the Institute of Internal Auditors (IIA).

This alignment with international auditing standards ensures compliance, enhances audit quality, and equips the team to address complex institutional challenges.



07

Training Sessions
Conducted

Challenges and Opportunities

Resource constraints continue to be a challenge, limiting audit coverage and timely reporting. However, adoption of audit software has enhanced team efficiency and reduced paper use, advancing sustainability goals while supporting robust audit execution.





06 | IMPACT TO ENVIRONMENT

IDI recognises that protecting the environment is essential to sustaining healthy communities and resilient health systems. As we expand our programmes and infrastructure, we remain committed to responsible resource use, reducing our environmental footprint, and integrating environmentally sustainable practices across our operations.

Operations

The Operations Department continued to serve as a strategic enabler of IDI's mission—delivering high-quality healthcare, research, and training through resilient infrastructure, sustainable systems, and efficient support services.

In FY2024/25, the department made significant progress across infrastructure development, energy sustainability, fleet management, and technical support, reinforcing IDI's institutional capacity and operational excellence.

Infrastructure Improvement Drive

A major milestone was the construction of the IDI Research Centre at Kalangala Health Centre IV, supported by the Operations team's end-to-end project design, supervision, and compliance oversight.

Additionally, the completion of the Kasangati Main Access Gate, featuring advanced security systems including CCTV, boom barriers, and visitor management tools, has enhanced staff safety, asset protection, and operational efficiency.



Technical Support for Laboratory Services



Operations enhanced laboratory cold storage capacity through the acquisition of ultra-low-temperature freezers and modern technologies, ensuring reliable specimen preservation critical to research and diagnostics.

Fleet Management and Efficiency

IDI's fleet continued to expand and modernize, now comprising 82 vehicles (including one electric and three hybrid), 347 motorcycles (two electric), and one speedboat. Despite reduced mileage resulting from temporary operational pauses, overall fuel efficiency improved to 9.4 km/L—reflecting IDI's ongoing commitment to sustainability, cost-effectiveness, and environmentally responsible fleet operations.



82

*Vehicles in
fleet and 347
Motorcycles*



153 kWh

*Solar energy
panels Installed
at MKC*



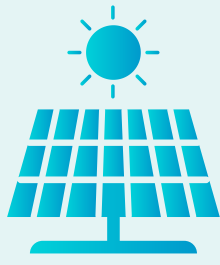
163 kWh

*Solar energy
panels Installed
at Mulago*



14

*Laboratory
Freezer Units
Upgraded*



316-kWh

*installation
completed at the
McKinnell Knowledge
Centre (MKC) and
Mulago campuses*

Sustainability Through Solar Energy



In alignment with IDI's ESG goals and Uganda's climate commitments (SDG 7 and SDG 13), the department completed a 316-kWh solar PV installation at the McKinnell Knowledge Centre (MKC) and Mulago campuses. Additional panels were installed at Makerere University's School of Pharmacy and School of Physiology.

Through CDC funding, 36 health facilities in Masaka and Wakiso were upgraded with solar backup systems, with 49 more planned for FY2025/26, marking a significant expansion in access to clean energy and a reduction in reliance on grid electricity and diesel generators.



Looking Foward

IDI will focus on strengthening infrastructure resilience and operational excellence through two major initiatives. IDI plans to establish a Laboratory Equipment Calibration Centre at the IDI Kasangati campus to enhance quality assurance, reduce turnaround time for calibration services, and support national laboratory capacity.

Additionally, the department will provision Battery Energy Storage Systems (BESS) for the Makerere IDI Core (MKC) solar PV system to improve energy reliability and efficiency. Together, these investments will bolster IDI's laboratory sustainability, energy independence, and service quality across all programs.

Financial Summary

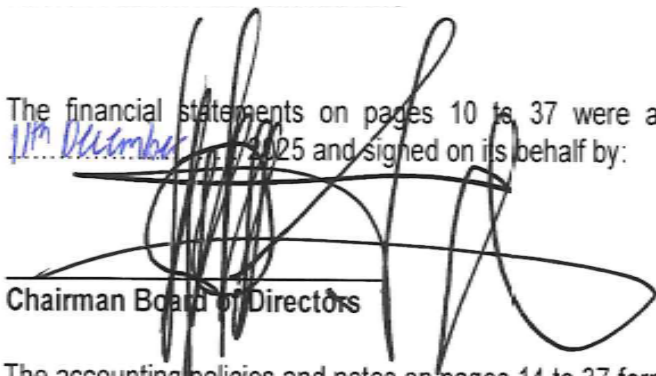
STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2025

	2025	2024
INCOME	US\$	US\$
Grant income	63,394,724	59,721,551
Self-generated income	3,921,091	4,247,865
Interest income	682,297	443,752
	67,998,112	64,413,168
EXPENDITURE		
Salaries and benefits	28,557,350	28,285,539
Program expenses	25,321,944	24,020,781
Transportation	5,401,324	4,520,948
Office expenses	1,595,815	1,518,800
Facilities expenses	2,698,750	2,373,927
Administration expenses	3,498,584	2,781,364
Direct laboratory test	567,279	517,561
Foreign exchange gain	(124,341)	(1,173)
	67,516,705	64,017,747
Surplus for the year	481,407	395,421
Other comprehensive income	-	-
TOTAL COMPREHENSIVE INCOME	481,407	395,421

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025

		2025	2024
	Note	US\$	US\$
ASSETS			
Non-current assets			
Right-of-use asset	21 (a)	794,220	1,138,918
Property and equipment	22	4,129,355	4,114,123
		4,923,575	5,253,041
Current assets			
Cash and bank balances	16	12,635,025	13,813,519
Financial investments	17	8,780,766	6,776,281
Receivables and prepayments	18	7,656,273	6,662,557
Inventories	19	306,692	355,315
		29,378,756	27,607,672
TOTAL ASSETS		34,302,331	32,860,713
FUNDS AND LIABILITIES			
Reserves			
Accumulated surplus	23	18,457,577	17,976,170
		18,457,577	17,976,170
LIABILITIES			
Non-current liabilities			
Deferred income	25	1,187,224	1,796,549
Lease liability	21(b)	394,510	597,737
		1,581,734	2,394,286
Current liabilities			
Payables and accrued expenses	24	4,844,192	3,507,514
Deferred income	25	9,002,622	8,506,416
Lease liability	21(b)	416,206	476,327
		14,263,020	12,490,257
TOTAL FUNDS AND LIABILITIES		34,302,331	32,860,713

The financial statements on pages 10 to 37 were approved by the Board of Directors on for issue
11th December 2025 and signed on its behalf by:


Chairman Board of Directors


Executive Director

The accounting policies and notes on pages 14 to 37 form an integral part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2025

	Accumulated surplus US\$
At 1 July 2023	17,580,749
Surplus for the year	395,421
At 30 June 2024	17,976,170
At 1 July 2024	17,976,170
Surplus for the year	481,407
At 30 June 2025	18,457,577



Infectious Diseases Institute

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