walimu

Scaling Science That Saves Lives

2024 Annual Report

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2.	Dr. J. Lucian Davis	- American
3.	Dr. Adithya Cattamanchi	- American
4.	Dr. Shevin T. Jacob	- American
5.	Sarah Margaret Crowford	- American
6.	Dr. Matthew O. Wiens	- Canadian
7.	Dr. William Worodria	- Ugandan
8.	Elijah Goldberg	- American

Senior Management Team

1.	Dr. Nathan Kenya-Mugisha	- Executive Director
2.	Dr. Opar Bernard Toliva	- Director Programs/ Deputy Executive Director
3.	Mr. Hassan Wamaani	- Director Operations
4.	Ms. Catherine Kiggundu	- Finance and Grants Manager
5.	Mr. Alfred Latim	- Procurements and Logistics Manager
6.	Mr. Mark Wanyama	- Human Resource and Administration Manager
7.	Ms. Olive Kabajaasi	- Program Manager
8.	Ms. Talemwa Nalugwa	- Program Manager

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ACRONYMS

ADAPT	Assessing Diagnostics at Point-of-care for Tuberculosis
AI	Artificial Intelligence
C3PRO	The Candidate Clinical Correlate of Prognostic Outcome for TB Study
CAD4TB	Computer Aided Detection 4 Tuberculosis
DHIS2	District Health Information System
EIDM	Evidence Informed Decision Making
FI Care	Family Integrated Care
GFGP	Good Financial Grant Practice
GHES	Global Health Emerging Scholars
GLOCALF	Glocal - University of California Launching Future Leaders in Global Health Research Training Program
HCD-CoP	Human Centered Community of Practice
ICGU	Institute of Corporate Governance Uganda
IMS	Immunization Management Support
JSI	John Snow Institute
NTLP	National Tuberculosis and Leprosy Program
PHEOC	Public Health Emergency Operating Center
R2D2	Rapid Research for Diagnostics Development
STOPTB	Strategy for Treating Observing Managing and Preventing Tuberculosis
SMART4TB	Supporting, Mobilizing, and Accelerating Research for Tuberculosis Elimination
TIFA	Tuberculosis Implementation Framework Agreement
TPT	Tuberculosis Preventive Therapy
Trypa	Trypanosomiasis
TSway	Tongue Swab Yield
UCIIP	Uganda Contact Investigation Improvement Project
UNOPS	United Nations Office for Project Studies
VCCMS	Vaccine and Cold Chain Management Support
KEMRI	Kenya Medical Research Institute
STAIRS	The Sub-Saharan Africa consortium for the Advancement of Innovative Research and Care in Sepsis

ABOUT US

The World Alliance for Lung and Intensive Care Medicine in Uganda (WALIMU) is a registered NGO based in Uganda with a mission of Scaling Science That Saves Lives. It focuses on creating and translating research evidence into practical solutions that transform patient care to improve outcomes and eventually save lives. This is achieved through enhancing capacity and empowering health workers with the relevant knowledge, modern tools and uplifting work environments. WALIMU uses Continuous Quality Improvements (CQI) to achieve and sustain behavior change. WALIMU's philosophy is that the end point of research is not a publication but rather a change in policy and practice that improves a patient outcome. WALIMU's programming model is built around behavior change interventions that target the essential conditions for improving the quality of health care.

WALIMU's founding members were composed of a group of medical researchers working at Mulago National Referral and teaching Hospital who at that time observed that many of their research patients were dying of curable conditions because they did not receive quality care. Walimu has since evolved into an organization that is at the fore front of empowering health workers to address local health problems in innovative ways in order to transform patient care and improve outcomes through training, research and advocacy for Evidence Informed Decision Making (EIDM).

Our Mission

To Save Lives by Creating Evidence and Scaling what works.

Our Core values

- Evidence drives our work
- Excellency in all we do
- Innovation in addressing local health problems
- Integrity in our dealings
- Partnership for greater reach and impact
- Team Work

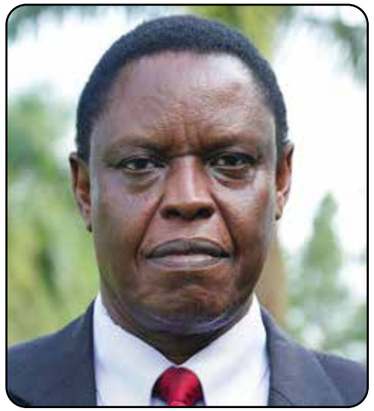
OUR APPROACH

WALIMU adopts an integrated, evidence-driven approach across key thematic areas to maximize impact, strengthen health systems, and improve population health outcomes.
Maternal and Child Health (MCH): We implement programs that focus on reducing maternal and infant morbidity and mortality through comprehensive antenatal care, skilled birth attendance, immunization coverage, nutrition interventions, and community health education. Research and monitoring inform the scaling of high-impact interventions.
Global Health Security and Epidemic Preparedness and Response (GHSEPR): Our approach emphasizes proactive surveillance, rapid response, and capacity building for emerging infectious diseases. We collaborate with national and international partners to develop early warning systems, conduct simulation exercises, and strengthen laboratory and diagnostic networks.
Health Systems Strengthening (HSS): We work to improve governance, workforce capacity, service delivery, financing, and health information systems. By integrating evidence-based interventions and operational research, we enhance resilience, efficiency, and equitable access to care.
Tuberculosis Diagnosis and Care (TB): Our programs aim to expand early detection, improve access to high-quality treatment, and reduce transmission through community engagement, laboratory strengthening, and patient-cantered care models.
Operational research informs the adoption of new diagnostics and treatment regimens.
Sepsis: We focus on early recognition, standardized treatment protocols, and capacity building for frontline healthcare workers. Through clinical research, guideline development, and quality improvement initiatives, we strengthen hospital and community-based management of sepsis to reduce preventable deaths.
Across all thematic areas, our approach integrates research, capacity building, policy engagement, and monitoring and evaluation to ensure that interventions are evidence-based, context-specific, and sustainable. This multi-pronged strategy enables the organization to address both immediate health challenges and long-term systemic improvements.

Our presence in Africa

Our presence in Uganda

EXECUTIVE DIRECTOR'S MESSAGE



Dr. Nathan Kenya- Mugisha
Executive Director.

In 2024, WALIMU achieved significant organisational growth and strengthened its role as a leader in translating research into practical health solutions that save lives.

Based on the achievements of the previous four years, WALIMU has continued to focus on strengthening its internal capabilities to attract and manage big grants as well as transforming itself into a health research platform dedicated to Scaling Science That Saves Lives

WALIMU's Key Milestones and Organizational Developments in 2024

WALIMU started the year 2024 with 26 projects. In the course of the year, eleven (11) new projects were acquired (UCIIP, GHES Fellowship 1, GHES Fellowship 2, GLOCAL Fellowship, TB Reach wave 11, ADAPT4KIDS, R2D2 C3PO, PHEOC, IMMS, VCCMS and Trypa No!3). By the end of the year, WALIMU had implemented 37 projects cutting across six thematic areas;

1. TB Diagnosis, Care, Prevention and Treatment,
2. Maternal and Child Health,
3. Health Systems Strengthening,
4. Sepsis,
5. Global Health Security,
6. Clubfoot Detection and Treatment

During the year, five (5) projects (Expand TPT, HCD-CoP, FI-Care, WHO Oxygen Study and Stigma Scale) were completed, thus ending the year 2024 with thirty-two (32) projects.

In a continued effort to strengthen its internal capabilities to attract and manage big grants, WALIMU ;

1. In the year 2024, WALIMU successfully transitioned its accounting and financial reporting framework from the
modified cash basis of accounting to the accrual basis of accounting in full compliance with the International Financial Reporting Standard (IFRS) for Small and Medium-sized Entities (SMEs). This transition aligns WALIMU's financial reporting with internationally recognised standards and enhances the accuracy and reliability of its financial statements. Previously, the organization's financial reporting was guided by internally developed accounting policies under the modified cash basis. The adoption of the IFRS for SMEs and the accrual basis provides a more comprehensive reflection of WALIMU's financial position, performance, and obligations by recognizing income and expenses when they are earned or incurred, regardless of cash movements.

2. During 2024, WALIMU embarked on the process of obtaining the Good Financial Grant Practice (GFGP) Gold Tier level certification by mid-2025. Obtaining the Gold Tier level certification will significantly increase the funders and partners confidence and trust in WALIMU's internal capability to manage big grants.

3. WALIMU has also embarked on engaging new National and International Partners in its operations in an effort to expand its scope of work and attract more funding. For example, in the area of increasing its geographical coverage in the implementation of Clubfoot detection and treatment, the Kingdom of Buganda was engaged. In the area of digital development, WALIMU is engaging Thrive Health and Living Goods. In the area of project support systems, WALIMU is in discussion with LSTM given its expertise and experience in finance, logistics and human resource management.

4. Further, WALIMU initiated and operationalized the establishment of an Internal Audit Unit to enhance internal controls and provide independent assurance on the effectiveness of risk management and governance processes. In addition, the Regulatory Affairs Unit set up process started, leveraging the expertise of two existing staff who have been managing project-specific regulatory tasks, to ensure dedicated oversight of all regulatory processes across the organization.

5. In line with improving Grants Management, WALIMU began the process of separating the Grants and Finance departments to improve the efficiency and effectiveness of the grants management cycle, focusing on both pre-award and post-award processes. This structural shift is aimed at strengthening grant acquisition, compliance, and reporting mechanisms.

6. In the year, also focused efforts were made to build staff capacity in grant management. Four staff members, including the TB Program Manager, TSWAY Study Coordinator, Project Accountant, and the Finance Manager, were trained in grant search, proposal writing, and grant management by the National Institutes of Health (NIH) at the KEMRI Institute in Nairobi, Kenya. Also, the Finance Manager attended a specialized training on grants management and the establishment of the Grants Unit conducted by Skills for Africa Training in Nairobi, Kenya.

In the area of improving WALIMU governance, a comprehensive review of the WALIMU Memorandum and Articles of Association (MEMARTS) was initiated to address gaps in the newly adopted governance documents. In partnership with the Institute of Corporate Governance Uganda (ICGU), WALIMU commenced the process of expanding the Board to eleven (11) members to enhance strategic oversight and diversity of Board members having a mix of professions and skills like Finance, Risk, Audit, Governance, Legal and Resource Mobilisation.

For Strategic Visibility and Sustained growth, WALIMU is taking on the Smart Discharges Program as its signature project aimed at enhancing the organization's visibility and positioning WALIMU as a leader in innovative health solutions in Uganda and the Region.
We have embarked on developing a 2025-2028 strategic plan that will see us navigating change and delivering with excellence.

During the year, Stakeholder engagement remained central to our process. We deepened our

In a snapshot, WALIMU registered the following changes in year 2024:

1. The grant portfolio grew by 4.49% from USD4,536,060 in 2023 to USD4,739,909.32 in 2024
2. The number of projects increased from 26 in the year 2023 to 37 in the year 2024. By December 31st, 2024, 32 projects were ongoing while 5 were completed.
3. The number of staff increased from 141 by December 31st 2023 to 179 by December 31st 2024, reflecting 27% increase.
4. Expanded its geographical scope to West Nile in Uganda. (Trypa No!3)
5. More than twenty-one (21) research papers were published and 13 abstracts presented in conference at National and international level.
6. New funders – USAID, United Nations International Children's Emergency Fund (UNICEF)

collaboration with MOH, enhanced partnership with national and International institutions and engaged new stakeholders, including the Kingdom of Buganda, Thrive Health, and Living Goods in order to extend our impact in the community, digital innovations and geographical coverage.

Active engagement with funders, researchers and implementing partners and policy makers fostered alignment with national health priorities and built trust in WALIMU's capacity to deliver sustainable solutions. For example, in 2024, WALIMU's scope of work included Regional and International Engagements where WALIMU's supported the STAIRS Consortium partners' countries (Democratic Republic of Congo (DRC), Ghana, Sierra Leone, Mozambique, Nigeria, and Ethiopia) to attain Good Financial Grant Practice (GFGP) certification.

These milestones reaffirm our commitment to scaling science that saves lives. I extend my gratitude to the Board, Principal Investigators, funders, partners and well-wishers for their steadfast and continued support, and we look forward to continued collaboration in 2025.

Dr. Nathan Kenya- Mugisha
Executive Director.

WHAT WE DO

In 2024, project management under the leadership of the Director of Programs continued to drive the effective delivery of our research portfolio. The Programs Directorate provided oversight across diverse initiatives, ensuring that projects were implemented on time, within budget, and in alignment with the organization's strategic priorities. Structured management frameworks, regular progress reviews, and performance dashboards enabled leadership to monitor milestones effectively, while proactive risk management ensured challenges were addressed promptly. Reflecting on the year, the Director of Programs notes: "Our focus has been on strengthening collaboration across teams and building systems that enhance accountability and adaptability. By integrating digital project management tools and promoting results-based practices, we have improved efficiency and responsiveness. I am particularly proud of the dedication of our teams—over 90% of projects were completed within planned timelines and budgets, a testament to their professionalism and commitment."

Different WALIMU projects carrying out project activities

Capacity building was also central to success. Project teams received training on results-based

management, adaptive planning, and stakeholder engagement, while new digital tools enhanced coordination and reporting. Looking forward, the Directorate aims to deepen cross-project integration, embed sustainability principles into program design, and further strengthen monitoring and evaluation systems.Through this approach, the Director of Programs reaffirms the organization's commitment to delivering high-impact projects that advance our mission and generate lasting value for stakeholders and communities.

KEY HIGHLIGHTS

Projects implemented- 32
Thematic areas covered

- Maternal and Child Health (9) 28%
- Global health security and epidemic preparedness and response- (4) 13%
- Health systems strengthening- (3) 9%
- Tuberculosis diagnosis and care- (15) 47%
- Sepsis- (1) 3%
- Club foot

Finance: Growth of 4.49% from USD 4,536,060 in 2023 to USD 4,739,909.32 in 2024
Human resource 27% Increase (141 in 2023 to 179 in 2024)
Where we work (Geographical location):
Besides work in Uganda, we have continued to strengthen our partnership in Africa: Sierra Leone, Ghana, Nigeria, DRC, Ethiopia and Mozambique
In Uganda- We now have presence in all districts under the UNICEF grant

Evidence Informed Decision Making training of STAIRS team

Program overview:

There was an increase of new projects towards the end of the year, necessitating an increase in human resource requirements by 27%.The new projects included; support to health systems in immunization services, Technical support to 15 health regions comprised of 147 districts in Vaccine and Cold Chain Management, Support to the Uganda Ministry of Health PHEOC and Situation Room, deployment models for small-scale reactive tsetse control using Tiny Targets for the control of Trypanosomiasis and the Bringing innovative approaches for TB and Lung Health closer to the point of need (TB Reach Wave 11)

Walimu continued to excel in implementation of activities aimed at saving lives and building health systems. A strong demand was raised by the district heath office and partners like IRC in Lamwo District for discharge and post-discharge care for children in refugee host settings. This led to training of more of healthcare workers and village health teams (VHTs) to support children recovering from severe illness. In recognition of outstanding performance in systems strengthening through the clubfoot program, Walimu was awarded a certificate of excellence from Miracle Feet.

Under the STAIRS project, Walimu led regional efforts to advance research and capacity building in sepsis care. Training of 29 policy influencers in EIDM and 171 professionals in Good Financial and Grant Practice (GFGP) in Uganda and the partner countries, who are currently undergoing audit. Through partnerships under SMART 4 TB, R2D2 and Chase TB projects, we continued to use the novel diagnostic tools. For example, through the CHASE TB project, the AI-powered chest X-ray in the community have been performed on 82,760 people, resulting in 427 people being started on TB treatment.

Programs and Projects in 2024

1. Maternal and Child Health		
	Project Name	**Description**
1	Family Integrated Care 2	Using Video-Enhanced Teaching to Increase Maternal Participation in Neonatal Hospital Care
2	Sane Uganda Study	Finding solutions to thrive after birth asphyxia in Africa: An open-label dose finding clinical trial (Phase Ib study)
3	Smart Triage BCCF Sustainability	The Smart QI project is a scalable solution for improving the quality of care for critically ill children
4	SDOC	Smart discharges for older children
5	Thrasher Study	Smart Discharges to improve post-discharge survival following admission for infection in young infants
6	R2HC	Smart Discharges for refugee children: Improving hospital-to-community care transitions (Research for Health in Humanitarian Crisis)
7	Lacuna-Smart Discharges for Mom & Baby	Lacuna-Smart Discharges for Mom & Baby-Building capacity for data driven quality improvement in maternal newborn car
8	Smart Discharges Mom & Baby	Smart Discharges for Mom+Baby: Saving mother-newborn dyads by developing a predictive risk model to identify vulnerable dyads and guide delivery of evidence-based, locally-informed interventions for targeted post discharge care
9	ASPIRE Malongo	Evaluates the implementation of a full-scale cervical cancer screening and treatment program integrated into existing health outreach clinics in the South Busoga forest reserve area of Malongo Sub County

2- Global Health Security /Epidemic preparedness and response		
	Project Name	**Description**
10	Stigma PHD	Development of a stigma scale for Infectious Disease Outbreaks
11	TRYPA-NO!3	Assessing different deployment models for small-scale reactive tsetse control using Tiny Targets
12	PHEOC	Support to the Uganda Ministry of Health PHEOC and Situation Room

3- Health System Strengthening		
	Project Name	**Description**
13	Clubfoot	Clubfoot Program
14	IMS	Provision of technical support to selected poorly performing districts to improve the reach and vaccination of zero-dose and under-immunized children
15	VCCCMS	Technical support to 15 health regions comprised of 147 districts in Vaccine and Cold Chain Management
16	Tuberculosis Improvement Framework Agreement (TIFA)	Uganda Contact Investigation Improvement Project (UCIIP)
17	ECTB-ALSA	Automated lung sound analysis to improve the clinical diagnosis of pulmonary tuberculosis in children
18	R2D2	Rapid Research for Diagnostics Development in TB Network
19	TSWAY	TB Tongue Swab Initial Diagnostic Yield Study Uganda
20	CHASE TB Study	Hotspot versus clinic-based active case finding for TB in Uganda: A pragmatic randomized trial
21	TURN TB	Understanding the trajectories of individuals in Uganda with Trace M. tuberculosis nucleic acid in sputum
22	BMGF Study	GenXpert Trace-Positive Analysis
23	Expand TPT	Expanding provision of TB preventive therapy through home-based services in Uganda
24	EXaCT TB	Evaluating the Impact of Cash Transfers on Tuberculosis diagnosis Care.
25	HCD_CoP	Human-centered Design and Communities of Practice to Improve Delivery of Home-based TB Contact
26	RTC-PCD	Re-imagining TB Care: transforming when, where, and how services are accessed and delivered in TB affected countries
27	WAVE 11	An integrated approach for the management of TB and chronic respiratory illnesses in primary care settings in Uganda- Wave 11
28	GHES 1 Yale	Estimating the impact of non-communicable disease comorbidity on TB treatment outcomes among patients with TBHIV co-infection".
29	GHES 2 Yale	Determining the prevalence of dyslipidemia in people living with HIV in rural Uganda and the factors associated with dyslipidemia in people living with HIV in rural Uganda
30	GloCal Health Fellowship-University of California San Francisco	The role of lung sounds artificial intelligence algorithms to detect severity of pulmonary tuberculosis among children in Uganda"
31	Supporting, Mobilizing, and Accelerating Research for Tuberculosis Elimination	

	5- SEPSIS	
	Project Name	**Description**
32	STAIRS	Sub-Saharan Africa consortium for the Advancement of Innovative Research and Care in Sepsis (STAIRS)

2.0 The Projects in 2024:

In the year 2024, Walimu had 32 projects, categorized in 5 thematic areas:

1. Maternal and Child Health
2. Global Health Security and Epidemic Preparedness and Response
3. Health Systems Strengthening
4. Tuberculosis Diagnosis and Care
5. Sepsis
6. Club Foot

2.1 Maternal and Child Health

Child survival is important in development of human resource capital and achievement of global health targets. Walimu continues to contribute to improvements in child and maternal health outcomes through innovative research. We implemented six projects under the maternal and child health: five under child health and one aimed at improving maternal health:

2.1.1 Using the video-assisted teaching to improve the quality of neonatal care– The Family Integrated Care Program (FI care)

Through the family integrated care program, we piloted a video-enhanced education model in the Neonatal Intensive Care Unit (NICU) at Jinja regional referral hospital to empower mothers to actively participate in their infants' care amidst health worker challenges. The study enrolled 50 mother baby dyads and 15 healthcare providers. Using a 10-minute educational video, 94% of the mothers learnt to weigh their infants daily, assess for danger signs and monitor feeding.

Nurses spent minimal time 0-3minutes answering questions, reviewing errors on knowledge assessment, and offering hands-on demonstrations, making the model highly efficient. All mothers found the teaching acceptable and believed it would improve their baby's health. All health workers identified danger sign assessment as most critical, while weighing babies was the easiest for mothers to learn (75%). This model demonstrates potential for national scale up as a low cost solution to improve neonatal care through caregiver involvement.

Study nurses observe the first mother weighing her baby

2.1.2 Finding solutions to thrive after birth asphyxia in Africa- The SANE Clinical Trial Study.

Improving the understanding of Neonatal Encephalopathy (NE) in Low Income Countries (LICs) is crucial for developing interventions, providing access to affordable and easy to administer treatment after birth.
Through the SANE clinical trial, Walimu investigated the feasibility, safety and tolerability of administering Sildenafil as a neuroprotective/ neurorestorative strategy to improve early brain development in a cohort of children with NE in Uganda. Cumulatively, 265 neonates were screened, 24/30 enrolled and 13 completed treatments over a period of 2 years. Data analysis is ongoing. The findings from this study is expected to contribute to informing future policies and practice on management of birth asphyxia.

2.1.3 Enabling Health Workers to Rapidly Identify Children Requiring the Most Urgent Care – Smart Triage.

To enable health workers, optimize allocation of existing resources, the Smart Triage–Smart spot digital platform was used by front line health care providers to rapidly identify and prioritize the critically ill children to access timely treatment and appropriate care.

During this year, we focused on integration into digital health systems and strengthened quality improvement components. We achieved the integration of the Smart Triage into electronic medical record (EMR) systems at St. Joseph's Hospital Kitovu and Uganda Martyrs Ibanda Hospital. This integration reflects a key strategic shift toward interoperability, allowing Smart Triage to operate more seamlessly within existing hospital data systems and enhancing the continuity of care and decision-making.

From a clinical perspective, the project's impact remained strong. At Jinja Regional Referral Hospital, Smart Triage contributed to a 17% reduction in the time to administer intravenous antibiotics and a 34% reduction in pediatric admissions compared to baseline. These outcomes demonstrate the tool's effectiveness in improving triage accuracy, optimizing resource use, and enhancing the timeliness and appropriateness of clinical interventions.

2.1.4 Transitioning Care for Children Recovering from Severe Illness from Hospital to Community -Smart Discharges Program

WALIMU continued to lead efforts in transforming post-discharge pediatric care through the Smart Discharges (SD) program. This initiative focuses on bridging the critical care gap that exists once children are discharged from health facilities, particularly those at high risk of post-discharge complications or mortality. We implemented two projects; Smart discharges for older children and the smart discharges in refugee settings.

2.1.4.1 Smart Discharge for Older Children (SDOC)

In the SD for older is children, Walimu was part of a multi-country study involving Rwanda, Tanzania and Uganda. We made significant progress in collecting data for developing tools for risk prediction at Mbarara RRH, Jinja RRH and Holy Innocents Children's hospital. To date, 742 participants have been enrolled in addition to collecting data to understand the health-related quality of life.

2.1.4.2 R2HC

Walimu expanded the Smart Discharges model to address health disparities in refugee-hosting settings, specifically in Palabek Refugee settlement, Lamwo District. The first component, aimed to validate, calibrate, and refine the Smart Discharges risk-prediction algorithm in a representative cohort of refugee children. Since inception, 1,207 children have been enrolled, 52% of whom were refugees. Of the 1,207 enrolled, 1193 (99%) were discharged while 14(1%) died at the facility. Of the discharged, 1191 (99.8%) were successfully followed up to 6-months post-discharge. Among the followed up 2% (n=20) died and 43% (n=509) were readmitted within 6 months of discharge.

The second component strengthened discharge and post-discharge care for refugee children. We evaluated the pediatric discharge processes on resources, technology readiness, discharge care observations, caregiver and health worker satisfaction. We found performance gaps and highlighted priority areas for quality improvement.

To address the gaps, we trained 26 health workers and 11 Health Assistants (HAs) from eight facilities around the Palabek refugee settlement. HAs cascaded the training to 199 Community Health Workers (CHWs). Following the training, facilities were equipped with tools to support improved discharge care. Community dialogues involving 182 CHWs and 74 health workers were conducted to understand perceptions of the SD program, where HCWs reported that community linkages enabled better monitoring of children post-discharge and improved understanding of risk factors contributing to mortality. Following the 4 months follow up, there was 66% improvement in clinical assessments and discharge education. These findings demonstrate meaningful improvements in the quality of pediatric discharge care and a strengthened continuum from hospital to community

2.1.4.3 Smart Discharge (SD) Sustainability

The SD program also maintained its support for facility-based implementation while contributing critical evidence to national policy. We continuously engaged with the Ministry of Health as we moved closer to finalizing the integration of Smart Discharges into Uganda's national digital health ecosystem. This policy milestone is expected to institutionalize the model and enable its use across public health facilities, providing a sustainable framework for reducing post-discharge mortality at scale.

TOP L & R training of health workers and vhts in lamwo

BOTTOM LEFT Smartdischarges and smart triage at the digital health confrence hosted by moh. Where clare had a presenteation about smart qi

BOTTOM RIGHT Community health retreat in Mbale

2.1.5 Improving Maternal Health:- Expanding Access to Cervical Cancer Screening and Treatment through Community-Based Integration – ASPIRE MALONGO

The ASPIRE Study is an implementation science project that evaluates a full-scale cervical cancer screening and treatment program integrated into community health outreach systems in Malongo Sub-county, Mayuge District. The study focuses on improving access to preventive services for underserved women living around the South Busoga Forest Reserve by embedding care within existing outreach structures. Cumulatively, 1,500 out of 3,095 participants have been screened for cervical cancer. In 2024, we substantially improved access to cervical cancer screening in a remote, high-need setting through peer educators and local leaders, fostering trust and increasing awareness. Continued recruitment, community engagement, and capacity building will be critical to reaching the full target and informing national scale-up.

3.0 Global Health Security and Epidemic preparedness and Response

WALIMU is a key partner to Ministry of Health and World Health Organization in responding to diseases of epidemic potential. We have substantially contributed to preparing national guidelines for handling severe illnesses as well as participating in training health workers and responding to epidemics. One challenge observed in response efforts is the handling of stigma associated with epidemics. In 2024, Walimu undertook innovations to tackle stigma in epidemic situations.

3.1 Validating a Cross-outbreak Stigma Scale in Infectious Disease Outbreak-affected Communities – Stigma Scale

In collaboration with the University of Oxford, a mixed methods stigma scale study was launched following the 2022 Sudan virus Ebola outbreak in Mubende and Kassanda districts in Central Uganda. The project was part of the international project evaluating three diverse outbreak settings: Ebola disease in Uganda, Mpox in the UK, and Nipah virus disease in Bangladesh. We administered and validated a stigma scale to assist with recognition and reduction of infectious disease outbreak-related stigma in Ebola affected communities in Uganda. This work was done through international stakeholder's interviews, (n=34) stakeholders across different outbreaks and a community based survey (n=302). A total of 302 respondents from Mubende Kassanda and Kyegegwa districts in central Uganda were interviewed (30 HCWs, who responded, 50 Ebola survivors, 88 household members and 132 community members who didn't have an Ebola patient in their household). Data analysis is ongoing and findings will influence policy and practice.

3.2 Trypanomiasis Post Elimination of Tsetse Monitoring and Reactive control, Using Tiny Targets – TRYPA NO!3

This project commenced in December with contract signing and is in its preparatory phase. The project will involve monitoring tsetse populations in a post-elimination setting over an area of 4,000 km2 distributed through parts of Arua/Terego, Maracha, Koboko, Moyo, Yumbe, Adjumani and Amuru districts in the West Nile region. Monitoring will be done quarterly using the already established fixed sentinel sites. In addition, there will be capacity to implement reactive tsetse control in a 50km2 area if a new case of Trypanosomiasis is reported. There will be three operational research studies to implement. Sensitization of communities throughout the post-elimination intervention area with focus on explaining the rationale for scaling back the Tiny Target intervention and answering the question of sustainability will be key.

3.3 Support to the Uganda Ministry of Health PHEOC and Situation Room.

This is a WHO funded support to human resource to strengthen the Ministry of Health response to Mpox and Covid 19 Public Health Emmenrgency Operations Center (PHEOC)-Walimu basically supports the Human resource of the operations centre with payment of salaries.

4.0 Health Systems Strengthening

SD launch at St. Charles Lwanga Hospital - HEALTH WORKER TRAINING

4.1 Expanding the Early Detection and Treatment of Clubfoot in Uganda

Walimu continued to support the Ministry of Health through the clubfoot program, to implement activities aimed at eliminating disability caused by untreated congenital clubfoot by ensuring early identification and access to timely treatment. The program uses the Ponseti method—an internationally recognized, non-surgical approach that is highly effective when started early in life. In line with national targets, the program seeks to increase awareness, strengthen referral systems, and expand access to treatment services, particularly for infants under 12 months of age. A summary of 2024 Key performance indicator targets and corresponding achievements are shown in the table below:

Table 1: Key Performance Indicator Targets vs Achievements

Key Performing Indicators	Target	Achieved
Enrollment of new cases	1,173	1,191 (101.5%)
Percentage of less than 12 months enrolled	More than 75%	84%
Casting dro- out rate	Less than 10%	7.75%
Bracing dropout	Less than 20%	23.5%
Tenotomy rate	Over 80%	87.8%
Average number of casts	4- 6	4.5

“ the program trained 5,198 CHWs, including VHTs and 8,442 health workers both in and pre service across participating districts

By the end of the reporting period, enrolment of new children with clubfoot was high, exceeding the national target by 1.5%. Notably, 84% of the enrolled children were under 12 months old, aligning closely with the program’s goal of early intervention. To ensure early detection, referral and support, community-based surveillance, the program trained 5,198 CHWs, including VHTs and 8,442 health workers both in and pre service across participating districts. Following this training, clinics reported that this initiative significantly increased the number of timely referrals.

Health workers across clubfoot centers continued to apply the Ponseti method, and, the program had achieved 87.8% tenotomy rate— a critical step in the successful correction of clubfoot. The casting dropout rate remained low, under 8%, reflecting improved caregiver counseling and follow-up mechanisms. In addition, three new clubfoot clinics were established during the year, bringing the national total to 32 operational treatment centers.

Through strategic partnerships, the clubfoot program has grown significantly. With funding from Miraclefeet, a dedicated treatment home at Mulago National Referral Hospital was rehabilitated. We maintain strong collaborations with Makerere University (led by a global advocate Dr. Waiswa), the Orthopedic Society of Uganda, the Makerere–Johns Hopkins collaboration, UPMB, WENZETU, and the Kingdom of Buganda, whose support increased in 2024. All efforts are coordinated under the leadership of the Ministry of Health. These collaborations contributed to Uganda’s first Congenital Anomalies Policy Framework (draft). In recognition of its success, WALIMU received a Certificate of Excellence and hosted a Knowledge Exchange Program attended by teams from Sierra Leone, Tanzania, and Madagascar.

Miraclefeet annual learning session held in Kampala, April 2024 bringing-Tanzania, Madagascar, Sierra Leone to Uganda

World Clubfoot Day commemoration, chief walkers MoH Assistant Commissioner Palliative Care, Executive Director Mulago NRH and Executive Director WALIMU begin the CF remembrance walk journey held on 27th June 2024

Certificate of recognition of Excellent performance by Walimu from The funders- Miraclefeet.

Clubfoot sensitization for clinic students and nurses at Gulu institute of health science

4.2 Strengthening provision of Immunization services in Uganda

Two UNICEF supported projects commenced in December 2024, aimed at strengthening provision of immunisation services in 147 districts covering 15 health regions of Uganda.

4.2.1 Immunization Management Support (IMS)

The Immunisation Management Support project focuses on supporting selected poorly performing districts in immunization service delivery to achieve and sustain greater than 95% coverage for all the routine antigens, and contribute to achieving a 25% reduction in the number of zero dose children by December 2025, in line with the Immunization Agenda 2030.

4.2.2 Vaccine and Cold Chain Management support (VCCMS)

The Vaccine and Cold Chain Management Support project manages vaccines and cold chain for improving Key Performance Indicators (KPI) in effective vaccine management. By the end of the year recruitment and deployment of 30 health workers had been concluded.

4. 3 Strengthening TB Contact Investigation in Uganda

Recognizing the critical role of contact investigation in ending the TB epidemic, WALIMU in collaboration with the Uganda's MOH-NTLP received funding from USAID Tuberculosis Commitment Grant under TIFA to support the implementation of the Uganda Contact Investigation Improvement Project (UCIIP). The project was officially launched in February 2024 aimed at strengthening national capacity to coordinate the implementation of TB contact investigation (TBCI) and contribute to ending the national tuberculosis epidemic. In addition, it aims to increase screening among TB patients' contacts in the Acholi sub region from 80 to 90 % and increase TPT coverage among eligible contact from 13% to 45%.

As a result of this project, a 20-member **TB/Leprosy Contact Investigation Technical Working Committee was established** at NTLP to provide national-level leadership and coordination. The

Hon. Minister of Health, Dr. Jane Ruth Acieng endorsing the reviewed books of TB contact investigations

project supported NTLP in reviewing and updating the national guidelines for TB and Leprosy contact investigation and case management. These revised guidelines were formally launched by the Right Honorable Prime Minister, reflecting strong political support and national commitment to TB elimination. To operationalize the updated guidelines, the project trained to 31 national trainers of trainers (TOTs), 31 regional TOTs, and 255 district-level health workers in Acholi in TBCI protocols and the use of the electronic case-based surveillance system (eCBSS). This effort laid the groundwork for a more consistent, data-driven approach to contact investigation and follow-up care. In support of the digital transition, the project procured and distributed 100 computer tablets to 85 diagnostic and treatment units (DTUs) and all District TB Leprosy Supervisors (DTLS) across the Acholi region. By the end of the reporting period, we had achieved 100% eCBSS reporting coverage in the region. This digital system allows for real-time data entry and monitoring, improving the quality and efficiency of TB contact tracing efforts. By focusing on system-wide coordination, frontline capacity-building, and digital transformation, the project achievements have laid ground for sustainable improvement in TB contact investigation and preventive care, and offer a model for national scale-up,

5.0 Tuberculosis Diagnosis and Care

Uganda remains one of the TB High burden countries in the world. As part of dedication to generating evidence to advance NTLP's vision of a TB Free Uganda, WALIMU implemented research projects covering 19 distinct initiatives, focused on addressing crucial aspects of TB prevention, diagnostics and care. These projects are clustered into five key areas: Diagnostics, Treatment, Prevention, Care and Support and Implementation Science. This comprehensive approach ensures that our research tackles challenges across the entire TB continuum, from innovative diagnostics tools to community –based care models and strategies to optimize treatment and prevention.

WALIMU's Tuberculosis program is implemented under The Uganda TB Implementation Research Consortium (U-TIRC), a collaboration of research scientists at Makerere University led by Dr. Achilles Katamba, public health officials at the Uganda Ministry of Health and the Uganda National TB and Leprosy Programme (NTLP) in Uganda, and research scientists from the University of California San Francisco, Yale University, and Johns Hopkins University in the USA and the London School of Hygiene and Tropical Medicine in the UK. U-TIRC focuses on improving tuberculosis diagnosis and care by undertaking high-quality clinical, epidemiological and implementation science research that seeks to identify barriers to TB evaluation, to develop implementation strategies to address the barriers, and to evaluate the impact and effectiveness of these strategies at different health centers in Uganda.

Tuberculosis diagnostics	Tuberculosis dynamics and disease transmission (Epidemiology)	Implementation science	Capacity building For early career researchers.
ALSA	The Protect	EXPAND TPT	GHES Fellowship 1
ADAPT for KIDS	Chase TB Study	EXaCT TB Study	GHES Fellowship 2
SMART4TB _TA 2	Turn TB Study	HCD-CoP Study	Glocal Fellowship
GHL PA-19	BMGF GeneXpert	RTC - PCD Phase 1	
R2D2 Study		TB Reach Wave 11	
TSWAY			
R2D2 C3PO study			

5.1 Tuberculosis diagnostics

5.1.1 End Childhood TB (Smart 4 Tb/ADAPT/ PROTECT and ALSA study

In partnership with the University of California San Francisco, Makerere University College of Health Sciences, Infectious Diseases Institute and NTLP, WALIMU continued to undertake novel diagnostic TB researches for children. - using non- sputum biomarkers ie. In blood, Urine and stool in order to improve diagnosis and treatment monitoring in children.

5.1.1.1 ALSA

The end childhood TB was a prospective cohort study of children with either presumptive intra-thoracic TB or diagnosed TB based at Mulago Hospital Pediatric TB Clinic. The study aimed to determine the diagnostic accuracy of a novel breath sensor for diagnosis of childhood TB. The study received referrals from the pediatric wards, the outpatient care clinic, and other clinics and hospitals in and around Kampala. Since 2018, we cumulatively enrolled 1350 children <15 years with presumed or confirmed TB, and 145 comparisons from November 2018 to September 2024. We concluded recruitment, and are currently following up participants, analyzing data and working on manuscripts for publication.

5.1.1.2 Assessing Diagnostics at Point of care for Tuberculosis for children (ADAPT4KIDS)

The end Childhood TB gave birth to The Rapid Research for Diagnostics Development TB Network for children (R2D2 Kids), a prospective diagnostic study based at Mulago National Referral Hospital. The study builds on the previous work done under the Evaluation of novel diagnostics and biomarker studies. We assessed diagnostics at Point-of-care for Tuberculosis for children (ADAPT for Kids). In this study we rigorously assessed promising, design-locked point-of-care (POC) non-sputum TB diagnostic tests for children under 15 years. However, recruitment commenced in December 2024 on a targeted sample size of 720.

5.1.2 NOVEL TB DIAGNOSTICS

Analysis of care cascades and prevalence surveys indicate that 40-60% of patients with TB are not initiated on effective treatment. The Rapid Research in Diagnostics Development for TB Network (R2D2 TB Network) study continues to identify and rigorously assess promising early stage tuberculosis triage, diagnostic and drug resistance tests in Uganda

5.1.2.2 R2D2 Study- Rapid Research for Diagnostics Development in TB Network

The R2D2 study is a multicenter study conducted in Uganda, India, South Africa, Georgia, Philippine and Vietnam. In Uganda, we enroll adult patients in Kisenyi HCVI, Mulago NRRH, and aims to reduce the global TB burden by improving diagnostic accuracy, speed, simplicity, and affordability.

We enroll all people (adolescents and adults) identified as non-hospitalized adults (age ≥ 12 years) with either 1) cough ≥2 weeks' duration, and those with risk factors will be included if they screen positive for TB based on a WHO-recommended screening tools. By the end of 2024, a cumulative total of 1,989 of 2,100 participants had been enrolled as per table 2 below;

Table 2: Cumulative enrollment as at end of 2024

	Specimens	Number	Remarks
1.	Samples analyzed	1989 (12/12/24)	Chest x-rays performed=1855
2.	Xpert tests and cultures done	1989	Sputum testing
3.	Novel tests		
	GHL Tongue swabs per protocol	1823	
	Breath	543	
	Pluslife (Sputum &Tongue swabs)	136	
	Paxgene	390	
	Xpert LTBI	120	

5.1.2.3 GHL PA-19- Evaluation of rapid non-sputum based biomarker tests for tuberculosis

The Project Objective Summary 2024 R2D2

Rapid Research in Diagnostics Development for TB Network study aims to develop novel tuberculosis diagnostics and evaluate and compare their accuracy against a reference standard, including smear microscopy, Xpert MTB/RIF Ultra, and samples collected from presumptive TB patients. Novel diagnostics are used to test for Mycobacterium tuberculosis (MTB) and drug resistance on sputum, blood, oral/nasal swab, saliva, breath, and Urine specimens.

The overall objectives are:

- To conduct pilot studies of the diagnostic accuracy and usability of early and late prototypes of novel TB tests in the setting of intended use to inform their further development.
- To conduct large-scale validation studies of the diagnostic accuracy and usability of the design-locked novel TB test to inform policy development.

R2D2 Study team during an update meeting with visiting collaborators

Study staff during novel test sample collection

5.1.3 TSWAY- TB Diagnostic Clinical Network Support- A multicentre study involving Uganda, Zambia, the Philippines and Vietnam.

TSwaY study is a collaboration between investigators from University of California that compares the diagnostic yield of tongue swabs vs. sputum Gene Xpert for Tuberculosis (TB) detection. It enrolls both children and adults identified as having symptoms of TB as per local guidelines. Study staff collect two swabs by scrapping the surface of the tongue using sterile swabs for 30 seconds. These swabs are sent to the laboratory for molecular testing using Pluslife and Molbio (currently stored at -80oC as we await testing kits). A capillary or venous blood sample is also collected for HIV testing (if HIV status is unknown). Patients are then referred to the routine health center system for further management, including sputum collection if possible.

The study is being conducted in two sites in Uganda: Kasangati HCIV and Bweyogerere HCIII. By the end of the year, 391 out of 650 people had been enrolled.

5.1.4 Candidate Clinical Correlate of Prognostic Outcome for TB (C3PO) Study

This study has funds available; it is at Pre-Implementation phase. Planning and training is ongoing and submission to IRB for review has been done. Approval is awaited.

5.2 Tuberculosis dynamics, disease transmission (Epidemiology)

In the area of Tuberculosis Epidemiology, four studies were done details as follows:

5.2.1 Clinic versus Hotspot Active Case Finding and Linkage to TB Preventive Therapy (ACF/TPT) Strategy Evaluation for Tuberculosis (CHASE-TB)

This is a cluster-randomized, multi-period cross-over trial comparing facility-based and hotspot-focused approaches to TB active case finding (ACF) and linkage to Tuberculosis Preventive therapy (TPT). The trial is in its 3rd year, and is being implemented in 12 sites in central Uganda. Eight intervention sites receive a total of six 4-month intervention periods over a four-year period, with a 4-month wash-out period after each intervention. Individuals willing to participate are offered chest x-ray screening (with in-built artificial intelligence) for TB (CAD for TB), followed by confirmatory sputum Xpert testing for those with abnormal X-rays, and by evaluation for TB preventive therapy eligibility for those who are determined not to have active TB. The CAD for TB also identifies other non-TB abnormalities including cardiomegaly, lung nodules, pleural effusion and all these are referred for further clinical evaluation.

To date, we have screened 85,425 people, performed 82,760 X-rays. 12,512 participants have been eligible for TB sputum testing (Xpert). 552 participants have been referred for treatment after being positive on Xpert. Of these, 427(77%) have started treatment for TB.

Community Hotspot Screening

Left: *Inside the X-ray tent*

5.2.2 Understanding the trajectories of individuals in Uganda with Trace M. tuberculosis nucleic acid in sputum -**Turn TB**

5.2.3- BMGF Gene Xpert Study

These projects seek to closely evaluate and follow a cohort of people with Ultra-trace positive sputum, in order to clarify their current burden and future risk of TB, while gaining insight into the disease dynamics that underlie their Ultra results. It includes a cohort of individuals with trace-positive Ultra results that are obtained during community-based screening for tuberculosis (i.e. who were not seeking health care evaluation for TB-related symptoms) and a cohort of individuals with a result of trace on a sputum Xpert Ultra test during TB diagnostic evaluation at a health facility. The study is being conducted in Kampala and Wakiso with screening zones in public transportation hubs, markets, entrances of clinics and pharmacies, community halls, churches and mosques, factories and other large workplaces.

The approved study sample size is 870: 350 with trace results (150 from community; 200 from health facilities), 270 TB negative controls (170 from community; 100 from health facilities), 250 TB-positive controls (150 from community; 100 from health facilities). Cumulatively, we have screened 18,790 and enrolled 824. The study stopped enrolment for the community cohort in April 2024 with 130 cases with trace results and for the facility setting cohort we stopped in December 2024 with 200 cases of ultra-trace results. While results are still being analyzed and follow up being conducted, 45 (35%) of the community cohort, were recommended at baseline for treatment and a further 20, were recommended during the follow up period adding up to 55% of the cases being eligible for treatment. This is indicative of a possible need for treatment of ultra-trace tuberculosis cases.

5.3 Implementation Science

5.3 1 Expanding provision of TB preventive therapy through home-based services in Uganda (EXPAND TPT)

This was an implementation science project aimed at improving the uptake and completion of tuberculosis preventive therapy (TPT) among household and close contacts of TB patients. It was implemented at 25 health facilities across four high-burden peri-urban districts of Jinja, Iganga, Luwero, and Buikwe in Uganda. Prior to the intervention, uptake of TPT was low due to health facility-centered care, logistical barriers, limited knowledge, stigma, and a lack of reliable point-of-care diagnostic tools for latent TB infection (LTBI). This project collaborated closely with the Uganda National TB and Leprosy Program (NTLP), district health leadership, and implementing partners to address critical challenges, such as stock outs, logistical constraints, and the sustainability of community-based intervention. Home based TPT initiation and monthly refills by CHWs, task shifting through CHW training, using tailored resources to enhance awareness, introduction of Cy-TB skin tests to identify contacts needing genuine TPT and adherence monitoring through IsoScreen urine tests were innovative strategies used to overcome access barriers. Our achievements were overwhelming. We planned to screen 8,926 people, but a total of 17,552 people and close contacts were screened for TB, nearly doubling the initial target (197% achievement). Of the 17,152 contacts eligible for TPT, 16,367 (95%) accepted initiation and 16,125(98.5%) successfully completed treatment. During the implementation period, the evaluation population (EP) identified 11,235 additional TBI-eligible contacts, representing a 63% increase from baseline. In contrast, the control population (CP) experienced a decrease of 2,502 TBI-eligible contacts, reflecting a 20% decline from baseline. In the EP, 13,737 more contacts initiated TBI treatment compared to baseline, marking an 83% increase. These results underscore the project's substantial impact in successfully identifying, initiating, and sustaining more individuals on tuberculosis preventive therapy (TPT). Although most index patients welcomed home-based visits, a minority declined them, citing fear of stigma from neighbors. Data analysis is ongoing and the findings will be disseminated locally through stakeholder meetings and internationally via conference presentations and publications in peer-reviewed journals.

5.3.2 Evaluating the Impact of Cash Transfers Plus on Tuberculosis outcomes in Uganda: ExaCT TB study

Walimu is collaborating with the National TB and Leprosy Program (NTLP) evaluate the performance, feasibility, acceptability and impact of treatment-decision algorithms for pulmonary tuberculosis in children in Uganda and their unmet social needs. We describe the unmet social needs, social protection coverage, and dissaving among children under 10 years old being evaluated for pulmonary TB and their households in Uganda at six health centers in Wakiso district, Uganda and three health facilities within Kampala.

In 2024, as part of a social protection strategy and intervention, we analyzed qualitative data that was collected the previous year. (Interviews of stakeholders in the line ministry of Gender, Labor and Social Development and other key informants with knowledge of the social protection status in the country). This work was aimed at understanding the landscape of social protection in the country as well as the implementation dynamics of the available schemes. Data analysis was proceeded with manuscript writing. The study has produced 2 manuscripts and made 2 presentations: National and International conferences.

5.3.4 Human- Centered Design and Communities of Practice (HCD-CoP)

This study aimed at Improving TB Contact Investigation in Uganda. Data collection was completed in 2023, however, the year 2024 was dedicated to data analysis and manuscript development. Five manuscripts have been drafted to completion and two presentations made at international conferences:

5.3.5 Re-Imagining TB Care: Transforming When, Where, And How Services Are Accessed and Delivered in TB Affected Countries- Phase one

WALIMU partnered with Uganda Ministry of Health, Division of Health Information Management, Department of Community Health, Health Education and Promotion Department, NTLP and the technical partners mandated by MoH to manage DHIS2 (HISP), Electronic Community Health Information System (Medic Mobile) and Lab expert (Gen Lab). The study focused on developing the Digital and AI tools to integrate **C**ommunity **A**wareness, **S**creening, **P**revention, **T**esting and treatment (CAST+) for TB, HIV, Malaria, Maternal Child Health, Malnutrition and Water and Sanitation into the an already existing Health Information Systems in line with MoH guidelines and the lessons learnt will inform the 2025/26 - 20230 National TB and Leprosy Strategic Plan. The study protocol from evaluating implementation of the paper-based to a digital and artificial intelligence-based strategy to empower and equip community health extension workers for TB and comorbidities awaits ethical approval for continuity to phase 2 of the study.

5.3.6 An integrated approach for the management of TB and chronic respiratory illnesses in primary care settings in Uganda- Wave 11

This is an implementation research that will involve carrying out a community-based, integrated screening for TB and chronic respiratory illnesses in areas served by six primary health care facilities in Kampala using both WHO symptom screen and Chest x-ray (CXR +CAD). The project dedicated time for pre-Implementation preparations in the last quarter of 2024 ready to commence implementation in 2025.

5.4 Capacity building for early career researchers.

In the year 2014, Walimu benefited from three slots for capacity building for early career researchers: GHES Fellowship 1, 2 and 3-Glocal Health Equity Scholars Program and University of California Launching Future Leaders in Global Health Research Training Program. (GHES)

5.4.1. GHES 1-Yale

Under the Global Health Equity Scholarship Dr. Stella Zawedde-Muyanja was awarded to study "Estimating the impact of non-communicable disease comorbidity on TB treatment outcomes among patients with TBHIV co-infection".
In the year 2024, she completed the pre implementation arrangement: Obtaining ethical clearance from the Makerere School of Public Health IRB, submission of study proposal to the Uganda National Council for Science and Technology for permission to conduct the study, obtaining administrative clearance from Kampala and Wakiso District Health Offices and preparation of data collection tools.

5.4.2 GHES 2- Yale

Under this fellowship Dr. Juliet Babirye was awarded a GHES postdoctoral fellow to conduct a research study aimed at **"Determining the prevalence of dyslipidemia in people living with HIV in rural Uganda and the factors associated with dyslipidemia in people living with HIV in rural Uganda."**
In 2024, she concentrated on completion of the pre implementation phases.

5.4.3. GloCal Health Fellowship- University of California San Francisco

Under the GloCal Fellowship, Dr. Pater Wambi was awarded to study **"The role of lung sounds artificial intelligence algorithms to detect severity of pulmonary tuberculosis among children in Uganda"**

Distinguishing severe from non-severe disease is based on chest X-ray. However, radiology services are not available in primary health care (PHC) settings that have the most TB cases. This project was aimed at evaluating the accuracy of lung-sounds recorded by a simple digital stethoscope and analyzed using artificial intelligence to distinguish severe from non-severe TB in children. Lung sound analysis using a digital stethoscope could provide an alternative to radiology, predict severity, and support treatment shortening at the PHC level as recommended by WHO.

SMART4TB (WALIMU) - Project Summary 2024

In 2024, WALIMU continued its role as a key technical partner in the USAID-supported SMART4TB initiative, with a strong focus on building capacity for early-career TB researchers and providing regional leadership. The highlight of the year was the successful launch of the Early-Stage Investigator (ESI) Scholar Program Cohort 2, Phase 1, which opened for applications in early 2024 and closed on March 8. This phase targeted young researchers and early-career investigators in TB, aligning their work with national and regional TB research priorities. WALIMU, as Secretariat, coordinated the call for applications, ensured institutional endorsements, and facilitated engagement with national TB programs and universities. Selected scholars benefited from structured mentorship, technical consultations, and access to resources designed to strengthen their research skills and leadership in TB studies.
Alongside capacity building, WALIMU provided technical oversight and regional guidance through the leadership of Prof. Moses Joloba (Regional Lead) and Dr. Achilles Katamba (Regional Co-Lead). Their contributions ensured quality support to SMART4TB's training and mentorship processes while strengthening collaboration across institutions in high TB burden countries in Southern Africa. WALIMU also worked closely with the SMART4TB Training and Mentorship Committee to monitor progress, uphold program standards, and align with USAID requirements. Overall, the year's efforts contributed significantly to strengthening regional TB research capacity, nurturing the next generation of investigators, and advancing the broader SMART4TB goal of accelerating research and innovation for TB elimination.

6.0 Sepsis

STAIRS Director Dr. Shevin T Jacob, WALIMU ED Dr. Nathan Kenya Mugisha , Director of Programs Dr. Opar T Bernard and team from AFIDEP during the EIDM Training in Entebbe Uganda

6.1 The Sub-Saharan Africa ConsorTium for the Advancement of Innovative Research and Care in Sepsis (STAIRS) program.

Walimu collaborated with the German Ministry of Health (MoH) and Global Sepsis Alliance (GSA) to implement the 2017 WHA resolutions through the STAIRS program. STAIRS builds upon longstanding existing groundwork with African-German cooperation to conduct high-quality research addressing critical knowledge gaps in the epidemiology, diagnosis and quality care of patients with sepsis, across seven African countries (Uganda, Ethiopia, Democratic Republic of Congo, Mozambique, Ghana, Sierra Leone and Nigeria). Alongside the research work package, STAIRS' additional objectives are being addressed through capacity building, networking and policy engagement work packages implemented by different partners.

6.1.1 Research

The research initiative encompasses five tasks aimed at enhancing the understanding of and response to sepsis in sub-Saharan Africa.

6.1.1.1 RT1- Evaluating and exploring the burden of sepsis and sepsis sequelae in the community setting using a mixed methods approach

During the year, development of the study protocol and the qualitative and quantitative questionnaires to be used in the study commenced.

6.1.1.2 RT2- Evaluation of the efficacy of two post-discharge follow-up strategies for patients hospitalized with sepsis

Development of the study protocol has commenced. Walimu and the Infectious Diseases Institute are taking lead.

6.1.1. RT3-Establishing a prospective multi-country network cohort of hospitalized adult and pediatric sepsis patients to characterize epidemiology and outcomes; identify pathogen, antimicrobial resistance and host response profiles and evaluate performance characteristics of novel diagnostic workflows

During the year, pre-Implementation arrangements were completed: Study protocol and consent forms were developed, submitted to REC and UNCST and were approved. The REDCap database for data collection, study SOPs and logs have all been developed. Administrative clearance from all the three study sites have been obtained.

6.1.1.4 RT4- Evaluating the acceptability, feasibility and impact on sepsis processes of care of a novel electronic quality improvement platform for sepsis

Walimu worked with iStreams team and successfully completed the development of the initial prototype of the eSIMS App. The study protocol development was also commenced during the year.

6.1.1.5 RT5- Evaluation of a novel comprehensive sepsis panel

Work on this package will commence in 2025.

6.1.2 Capacity building

6.1.2.1 GFGP Certification

We supported the 6 partner countries by building their capacity to apply for accreditation in Good Financial Grant Practice (GFGP) through training of staff in finance, human resource and procurement departments. By the end of the year, all partners had submitted to Africa Academy of Science for review. It is hoped that the partners, including Walimu will pass the assessment and acquire the GFGP certification to enhance their ability to attract and manage grants by demonstrating financial integrity and good governance.

6.1.2.2 Building technical and Institutional Research Capacity, including Clinical trials on Sepsis

In partnership with the Infectious Diseases Institute (IDI) in Uganda, a curriculum was developed to advance technical and institutional research capacity towards clinical trial implementation and administration of research grants across all network sites. In addition, IDI has trained 171 people across all the partner countries on the principals of Good Clinical Practice (GCP) aimed at equipping partners with knowledge on the proper practices for conducting research. The countries include Nigeria (n=27), Sierra Leone (N=14), DRC (n=30), Ghana (n=30), Ethiopia (n=23), Mozambique (n=38) and Uganda (n=09).

6.1.2.3 Student program

Studentships at the PhD and MSc levels are being offered across the network with the goal of establishing a network of mentored early career researchers who aim to address issues related to sepsis within their settings and beyond. In Uganda, one PhD student enrolled at the Liverpool School of Tropical Medicine (LSTM) and the program is looking forward to enrolling 2 Masters students at any public university in Uganda.

6.1.2.4 Exploring the use of telemedicine to improve clinical care

The STAIRS network is leveraging experiences of Charité University in telemedical intensive care, and collaborating closely with the African Federation of Emergency Medicine (AFEM) to build local capacity for telemedicine and teleconsultancy, aiming at improving early diagnosis and response to severe illness and sepsis in the partner countries with a focus on sustainability, local ownership, and continuous capacity building. In 2024, STAIRS set out to explore feasibility and acceptability of telemedicine and teleconsultancy in pilot hospitals in the two partner countries of Ethiopia and Ghana. Two people were supported, 1 from Ghana and 1 from Ethiopia to attend a conference on teleconsultancy in Berlin Germany.

WALIMU STAIRS Team With Partners From MOH, AFIDEP, UNHCO and MUCHAP during the EIDM Training

6.1.3 Networking

This work package aims at establishing a robust sepsis research network across sub-Saharan Africa. STAIRS commenced, building on its capacity building efforts to galvanize a network of African research institutions well-positioned to manage and conduct sepsis research, including clinical trials in a total of 8 African institutions and 2 German partner universities. Close collaboration has been initiated with institutions like the African Sepsis Alliance, Global Sepsis Alliance, Africa CDC and the World Health Organization to strengthen sepsis programs and initiatives in partner countries. Linkages of key stakeholders across the network to industry partners with the ultimate goal of improving affordability and accessibility of diagnostics for sepsis in Africa was commenced during the year.

6.1.4 Policy Engagement and Research Transfer

In collaboration with AFIDEP training on Evidence-Informed Decision Making (EIDM) across all the partner countries was conducted. This was a one-week training of various stakeholders, policy influencers and policy makers in each country. A total of 152 stakeholders were trained of which, 29 were from Uganda. This training resulted in drafting of various policy briefs.

INTERNAL SYSTEMS AND CAPABILITIES

2024 was another year of smoothening the team, our operations management framework continued to provide the backbone for effective program delivery, ensuring that human resources, financial systems, grants administration, procurement, logistics, and governance structures operated in harmony to support the organization's mission.

Our Human Resources function prioritized staff development, well-being, and retention, introducing new training programs and performance management tools to strengthen capacity across all departments. Finance and grants management maintained strict adherence to international standards and donor requirements, with improved reporting processes and digital systems enhancing accountability and efficiency. Procurement and logistics services ensured the timely and transparent acquisition of goods and services, supported by reinforced internal controls and a new vendor management system that increased cost-effectiveness and compliance. Logistics capacity was expanded to provide reliable support for field operations and research activities, minimizing delays and ensuring smooth project implementation. Governance also remained a central pillar, with oversight provided by the Board and senior management through regular reviews, policy updates, and strengthened risk management practices. These measures safeguarded institutional integrity while promoting transparency and accountability at all levels.

Looking ahead, operations will continue to focus on integration, efficiency, and sustainability, leveraging digital tools, enhancing internal controls, and investing in staff development to ensure that our operational backbone remains strong, adaptive, and aligned with strategic priorities

HUMAN CAPITAL

The Human Resources function at WALIMU is dedicated to attracting, supporting, and developing a talented and mission-driven workforce to deliver our strategic goals.

In 2024, WALIMU experienced significant growth in its workforce expanding to 179 full-time employees, representing a 27% increase from the previous year. Of the total staff, 52% were female and 48% were male. Most of the female staff were recruited for research studies that required nurses, a field where women generally outnumber men even in the job market. The staff growth reflects the organization's expansion, with support now extended to 32 active projects and wider institutional development. Much of the increase was attributed to the launch of new projects such as STAIRS and UNICEF, and the takeover of TRYPANO3-LSTM in Arua, and strategic hiring through the CORE structure. These efforts were aimed at strengthening operational departments and ensuring optimal support for program implementation.

Key Achievements in the year

a. Recruitment & Talent Acquisition: Successfully on boarded 49 new staff across the programs and Uganda, with improved turnaround time from vacancy declaration to onboarding.

b. Statutory Compliance: Achieved up to 100% registration of eligible staff for NSSF and PAYE with continued improvement in tax reporting systems.

c. Policy and Systems Strengthening: Updated critical HR policies by revising the HR manual with keen attention to include the Performance Appraisal Policy and Remote Work Guidelines.

1. **Key Challenges Encountered**

   a. Absence of automation for HR systems and records management, resulting in a higher administrative workload and extended downtime.

2. **Future Plans – 2025 and Beyond**

   a. **Digitisation:** Implement a Human Resource Information System (HRIS) to improve efficiency, data management and protection and automation.

   b. **Talent Development:** Launch a leadership development program and establish a learning calendar tailored to project and support staff. Compulsory attention will be on leadership, safeguarding, and HR compliance across departments.

   c. **Capacity Building:** Concretize the capacity building plan, ensuring that compulsory L&D is instituted for such sections that are considered critical for WALIMU staff, as shall be aligned with WALIMU's strategic direction and funding pipeline.

3. **Conclusion**

2024 was a year of growth and realignment for the HR function at WALIMU. With increased staffing and more robust systems in place, the department remains committed to supporting a motivated, skilled, and compliant workforce that upholds WALIMU's values.

PROCUREMENT AND LOGISTICS

The Procurement and Logistics function at Walimu continued to uphold its greater mandate of providing timely and efficient support to program implementation in accordance with established policies and procedures. In 2024 there was improved compliance to procurement guidelines by users in the various departments.

Key Activities

With support from the procurement Committee, the department completed thourough prequalification exercise to update and expand the list of prequalified suppliers. This helped to broaden a range of available services and improved the supplier database giving staff more options to meet their procurement needs.

As WALIMU's takeover of the Trypano3 Project funded by the Liverpool School of Tropical Medicine operating in the West Nile region, the organization strengthened its logistical capacity through the acquisition of 16 motorbikes and two motor vehicles. This expansion of the fleet significantly improved field mobility and supported smooth operations in the region.

With the organizations asset base growing significantly in the year, the department placed all core assets under an all risk insurance policy to protect them. Procurement planning and forecasting also improved compared to the previous year, leading to better cost savings.

Notable Challenges

With an increased Shipping routine and direct acquisitions from manufacturers overseas, shipping processes have been challenging In terms of bureaucracies from the respective Government departments and authorities especially at the point of securing import authorizations and where applicable, Tax exemptions. The process has proved laborious with no improvements resulting to hold up of consignments at customs and the related surcharges for warehousing.

FINANCES

In 2024, WALIMU made significant progress in strengthening financial governance, accountability, and compliance.

WALIMU was classified under the Medium Taxpayers Category by the Uganda Revenue Authority (URA), a recognition of its consistent compliance with statutory deductions and tax remittances. Building on this compliance, WALIMU transitioned from using internal accounting policies and the modified cash basis of accounting to International Financial Reporting Standards (IFRS) for Small and Medium-Sized Enterprises (SMEs) on the accrual basis of accounting. This transition has enhanced transparency, comparability, and accuracy of financial reporting, aligning WALIMU's practices with global standards and donor requirements. To support this transition, the accounting system was upgraded and customized, resulting in improved efficiency, streamlined reporting, and stronger internal controls.

Capacity strengthening remained a key focus. Two finance staff benefited from Finance and Grants Training organized by the National Institutes of Health (NIH) at the KEMRI Institute in Nairobi, while one staff member was trained in Finance and Grants Management by Skills for Africa, also in Nairobi. Furthermore, through the STAIRS Project, one finance staff and the Finance and Administrator provided technical support to partners in Mozambique, Nigeria, Ghana, Sierra Leone, DRC, and Ethiopia, enabling them to achieve different levels of Good Financial Grant Practice (GFGP) certification. This milestone positioned WALIMU as a regional leader in partner financial capacity building.

At the institutional level, WALIMU also embarked on the process of obtaining the GFGP Gold Tier Certification, targeted for mid-2025. Achieving this standard will further strengthen funders and partners' confidence in WALIMU's capability to manage larger and more complex grants. Additionally, with the initiation and operationalization of the Internal Audit Unit in 2024, it has provided independent assurance on the effectiveness of financial internal controls and risk management processes, ensuring a stronger foundation for financial accountability.

Overall, FY 2024 marked a year of transformation for WALIMU's financial management. From stronger systems and compliance recognition, to enhanced staff expertise, regional partner support, and the establishment of internal audit, the department has positioned WALIMU as a financially resilient, transparent, and accountable organization ready to deliver on its mission at both national and regional levels.

FINANCIAL STATEMENT

STATEMENT OF FINANCIAL POSITION

	2024 UGX	Restated 2023 UGX	2024 USD	Restated 2023 USD
ASSETS				
Non-Current Assets				
Property and Equipment	1,175,930,689	1,504,521,985	323,618	412,585
Current Assets				
Other Receivables	1,137,087,752	456,546,787	309,389	120,709
Grants Receivable	2,275,299,372	1,167,507,712	619,084	299,974
Cash and Cash equivalents	8,145,618,294	3,960,566,079	2,216,286	1,047,349
Total Current Assets	**11,558,005,418**	**5,584,620,578**	**3,144,759**	**1,468,032**
TOTAL ASSETS	**12,733,936,107**	**7,089,142,563**	**3,468,377**	**1,880,617**
FUNDS & LIABILITIES				
Funds				
General Fund	1,372,854,079	1,512,944,544	373,665	435,127
Capital Reserve Fund	117,779,959	151,670,411	32,863	41,787
Total funds	**1,490,634,038**	**1,664,614,955**	**406,528**	**476,914**
Non-Current Liabilities				
Deferred Capital Grants	1,058,150,729	1,352,851,573	290,755	370,798
Current Liabilities				
Deferred Revenue Grants	8,866,520,902	3,822,437,586	2,412,481	963,980
Other Payables	1,318,630,438	249,238,449	358,613	68,925
Total Current Liabilities	**10,185,151,340**	**4,071,676,035**	**2,771,094**	**1,032,905**
TOTAL FUNDS & LIABILITIES	**12,733,936,107**	**7,089,142,563**	**3,468,377**	**1,880,617**

GRANTS MANAGEMENT

Grants Management vs Achievements – FY 2024

Walimu's grants management function continued to play a pivotal role in advancing the organization's research mission by ensuring that all funding is administered with transparency, efficiency, and accountability. The fully established Grants Office oversees the full lifecycle of awards from proposal development and compliance review to financial reporting and close-out while maintaining strong alignment with donor requirements and organizational policies.

Over the year, we successfully managed more than 32 active grants funded by diverse national and international partners. Rigorous pre-award and post-award processes safeguarded compliance with funder terms and conditions, while timely financial reporting ensured that all obligations were consistently met. Notably, 98% of donor reports were submitted on or ahead of schedule, underscoring the team's commitment to reliability and responsiveness.

Capacity building remained a priority, with targeted training sessions conducted for project leads and finance teams on best practices in grant administration, budgeting, and cost allowability. Additionally, the establishment of a dedicated Grants Management Unit streamlined workflows, improved data accuracy, and enhanced transparency for both internal and external stakeholders.

Looking ahead, we aim to deepen donor engagement, diversify our funding portfolio, and further refine monitoring tools to maximize the impact of grant resources on our research priorities. Through these efforts, we continue to reinforce donor confidence while upholding our commitment to excellence in financial stewardship

INTERNAL AUDITS

Internal Audit & Compliance Achievements – FY 2024

WALIMU internal audit and compliance program continued to serve as a cornerstone of accountability and transparency across the organization. Through systematic reviews and risk-based assessments, the Internal Audit Unit provided independent assurance on the effectiveness of internal controls, financial integrity, and operational efficiency.

During the year, the team completed six planned audits covering financial management systems, procurement processes, Human resources, and information security. Each audit resulted in actionable recommendations that were reviewed with management, leading to measurable improvements in governance and process efficiency. Follow-up reviews confirmed that more than 85% of recommendations were implemented within the agreed timelines, reflecting strong organizational commitment to continuous improvement. Compliance monitoring was further enhanced through and Staff awareness also remained a priority, with targeted training sessions delivered on internal controls, fraud prevention, and ethical conduct.

Looking forward, we plan to expand the audit program to include sustainability reporting, ensuring that our internal control environment continues to evolve alongside organizational priorities. By embedding strong compliance practices across all levels, we safeguard institutional resources, strengthen accountability, and uphold the trust of our stakeholders

Regulatory Achievements – FY2024

During 2024 WALIMU management dedicated resources to establish and strengthen structures and mechanisms for ensuring compliance with research planning, conduct, reporting, and publication. Institutions that conduct and accept research funding from funders must have policies and procedures in place to ensure that research is carried out in accordance with institutional, national, and international guidelines and regulations ie Good Clinical Practices among others.

The regulatory Affairs office oversees ethics and regulatory requirements for approved research protocols, as required by law, regulations, policies, and guidelines. As the office responsible for ensuring that all research activities conducted by WALIMU meet relevant laws, regulations, and ethical standards including managing aspects like human subject protection, data integrity, and conflict of interest. The office has enhanced oversight mechanisms through performing Initial Site Readiness Assessment, routine internal audits, monitoring visits, site close out visits, submission to ethics committees, maintaining essential documents, managing communications with regulatory institutions and strengthened reporting channels. These measures helped to identify potential risks early and ensure corrective actions were implemented effectively. Notably, we achieved successful outcomes in all external inspections, demonstrating our commitment to robust compliance practices.

To strengthen capacity building, one of the regulatory staffs was given opportunity to attend a training in Responsible Conduct of research. This training enhanced our knowledge in research ethics, integrity and transparency. The team has also developed Generic walimu SOPs, Logs and forms and some have been adopted by walimu studies. Looking ahead, we aim to leverage digital tools to further strengthen compliance monitoring and adapt to upcoming policy developments in areas such as artificial intelligence and data governance.

Establishment of a Regulatory Unit

The social sciences staff worked closely with research teams to ensure that community experiences and insights are integrated in study designs and implementation. For example, during the stigma scale study, we gathered useful perspectives from Ebola survivors and their families. These insights are helping to shape future interventions for addressing stigma during outbreak of infectious diseases.

To strengthen our capacity, the Lead Social Scientist attended specialized trainings in Advanced Qualitative Research Methodologies and TB Methods at McGill University, Canada. These trainings enhanced skills in data ethics and participatory approaches, which have been applied across relevant studies. The team has also provided leadership in research design, data collection, analysis, and dissemination, ensuring findings are shared with stakeholders through abstract presentations and manuscripts in peer reviewed journals.

Going forward, we aim to deepen collaboration between researchers and program staff, encouraging more projects to integrate social sciences as a core component of Walimu's work and building a fully-fledged unit with hiring of additional trained staff.

1.1 Conference presentations

1. CT radiographic findings associated with incident TB among individuals with trace sputum Xpert results during TB screening- Miriam Nantale- Union world conference on lung health-Bali, Indonesia.
2. Talemwa Nalugwa (2024). A multi-country evaluation of patient preferences for future tests using a discrete choice experiment. - Union world conference on Lung Health-Bali, Indonesia.
3. Peter James Kitonsa (2024). Quantifying sputum production challenges as a barrier to community-based TB screening: Experiences from Uganda.-. Union World Conference on Lung Health, Bali, Indonesia.
4. Musoke Mohamad (2024). Effectiveness of a person –centered model of household contact investigation for the uptake of tuberculosis preventive theraphy in Uganda: A before – and – after study.- Union World Conference on Lung Health, Bali, Indonesia'
5. Talemwa Nalugwa (2024). The impact of social protection interventions on treatment and socioeconomic outcomes of tuberculosis-affected individuals and households: a systematic review and meta-analysis- - Union World Conference on Lung Health, Bali, Indonesia.
6. Jacent Nakafero (2024). The accuracy of a three-gene host response signature to classify tuberculosis in children in Uganda and the Gambia. - - Union World Conference on Lung Health, Bali, Indonesia.
7. Grace Nanyunja (2024). Baseline assessment of social assistance programs for people affected by TB and their households in Uganda: a situation analysis.Union World Conference on Lung Health, Bali, Indonesia.
8. Job Mukwatamundu (2024). Evaluation of tongue swab and sputum-dipped swab using pluslife platform: a novel molecular test for tuberculosis diagnosis- - Union World Conference on Lung Health, Bali, Indonesia.
9. Achilles Katamba (2024). Co-creating an innovation intervention through a people centered design process for re-imaging TB Care: Reflections from Uganda- - Union World Conference on Lung Health, Bali, Indonesia.
10. The cost effectiveness of a user-centered strategy to improve the delivery of TB Contact Investigation in Uganda compared to the standard of Care |Lightening Talk |Yale EMD Symposium May 2024 | New Haven, Connecticut and The cost effectiveness of a user-centered strategy to improve the delivery of TB Contact Investigation in Uganda compared to the standard of Care |Poster Presentation | Union North America | April 2024 | Baltimore, Maryland
11. "Baseline assessment of social assistance programs for people affected by tuberculosis and their households in Uganda" at two (2) conferences- National level: At the 7Th Annual TB and Leprosy stakeholders conference held at Munyonyo Kampala.
12. Fahima Afsari Khan, Nathan Kenya Mugisha, Harriet Nambuya, Jessica Duby and Olive Kabajaasi. (2024) Family Integrated Care in Uganda: Perspectives of Healthcare Workers. Poster presentation at the Canadian association of neonatal nurses, September 2024
13. Haron Gichuhi Wanjohi (2024. Global Data Partnerships: Leveraging the Pediatric Sepsis Data CoLab to Enhance Pediatric Care in Uganda and Globaly.Uganda National Digital Health Conference.

7.2 RESEARCH PUBLICATIONS

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11. Ankur Gupta-Wright MBBS PhD, Huy Ha, Shima Abdulgadar, Rebecca Crowder, Jerusha Emmanuel, Job Mukwatamundu , Danaida Marcelo, Patrick P J Phillips, Devasahayam Jesudas Christopher, Nguyen Viet Nhung, Grant Theron, Charles Yu MD, Payam Nahid, Adithya Cattamanchi, William Worodria, Claudia M Denkinger . Evaluation of the Xpert MTB Host Response assay for the triage of patients with presumed pulmonary tuberculosis: a prospective diagnostic accuracy study in Viet Nam, India, the Philippines, Uganda, and South Africa. 2024, the Lancet Glob Health

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2025 OUTLOOK

Strategic plan development- strategic plan 2025- 2027

The Strategic plan 2025-27 is expected to be approved by the board, providing a clear roadmap to guide the organization's future direction.
As Walimu continues to grow in program management, the implementation of a digitized Human Resource Information System (HRIS) has become a priority for 2025. The system will improve efficiency, streamline data management and strengthen data protection. Walimu will also continue to collaborate closely with the Ministry of Health on a range of health initiatives, reinforcing its role as a trusted and reliable partner in Uganda's Health sector. Pursuant to its core values of partnership for greater reach, Walimu will reach out to the Kingdoms of Bunyoro, Busoga as well as the Chiefdoms of Karamoja in its endeavor to extend its reach and better serve the communities in need.

In 20205, WALIMU will continue to build its internal capacity to attract and effectively manage large grants. A key part of this effort is to continuously pursue the Good Financial Grant Practice (GFGP) Gold Tier level certification. Achieving this certification is expected to significantly boost funders and partner's confidence in WALIMU's ability and capability to manage multiple grants with transparency. To further strengthen accountability, WALIMU is also strengthening its Internal Audit Unit to help reinforce internal controls and provide independent assurance on the organization's risk management and governance systems. In addition, WALIMU has started the process of establishing a Regulatory Affairs Unit, to oversee compliance to all regulatory requirements across the organization.

Governance

WALIMU commenced the process of expanding its Board to a total of 11 members, to strengthen strategic oversight and bring in a more diversity mix of professions and skills such as finance, risk, audit, governance, legal and resource mobilization. This process is expected to be completed in 2025.

PARTNERS AND FUNDERS

1. African Federation for Emergency and Medicine (AFEM)
2. African Institute for Development Policy (AFIDEP)
3. African Sepsis Alliance (ASA)
4. Amsterdam University Medical Center. (Amsterdam UMC)
5. Bill & Melinda Gates Foundation
6. Canadian Institutes of Health Research
7. Elrha
8. German Federal Ministry of Education and Research
9. Global Health Labs
10. Global Sepsis Alliance (GSA)
11. Grand Challenges Canada
12. Infectious Diseases Institute, Makerere University
13. Institute for Global Health at British Columbia Children's and Women's Hospitals and Health Centre
14. International Rescue Committee
12. I-streams Uganda
16. Johns Hopkins University
17. Kampala Capital City Authority
18. KOICA
19. Liverpool School of Tropical Medicine
20. Makerere University
21. Makerere University Center for Population and Research. (MUCHAP)
22. Malaria Consortium
23. McGill University
24. McGill University Health Centre
25. Meridian Institute
26. Ministry of Health
27. MiracleFeet
28. National Institute of Allergy and Infectious Diseases
29. National Institutes of Health
30. National Tuberculosis Control Division (NTLD)
31. North Western University
32. Rwanda Pediatric Association
33. Stop TB Partnership
34. TB REACH
35. Thrasher Research Fund
36. U.K. Medical Research Council
37. U.K. National Institute for Health and Care Research (NIHR)
38. U.S. National Institutes of Health
39. Uganda Catholic Medical Bureau
40. Uganda National Health for Consumers Organization. (UNHCO
41. Uganda Protestant Medical Bureau
42. UNICEF
43. United States National Institutes of Health (NIH)
44. University Hospital of Munich. (LMU)
45. University of British Columbia
46. University of British Columbia BCCHF and Children's Global Care Microgrant
47. University of California, Irvine
48. University of California, San Francisco
49. University of Oxford- Pandemic Sciences Institute
50. USAID/ JSI
51. Wellcome
52. WHO
53. World Health Organization- Country Office
54. Yale University

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