MAKERERE UNIVERSITY

LEVERAGING 100 YEARS OF EXCELLENCE IN BUILDING A TRANSFORMED SOCIETY

UNACOH

"Health for All & By All"

18th Joint Annual Scientific Health Conference (JASHC), 8th Uganda Medical Association General Doctors Conference (UMA GDC) , and Annual General Meeting (AGM), 30th UNACOH Conference, and 22nd Dr. Mathew Lukwiya Memorial Lecture

ABSTRACT BOOK

Child Health and Development Centre (CHDC), Makerere University

Hotel Africana, Kampala, Uganda

OCTOBER 16 -18, 2024

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Contents

Message from the Principal, Makerere University College of Health Sciences

It is with great pleasure that I welcome you to the 18th Joint Annual Scientific Health Conference (JASH 2024). This year's theme, "Global Health Security: Partnerships for Epidemic Response and Control in Sub-Saharan Africa," emphasizes the critical role of collaboration in addressing the health challenges that continue to impact our region.

At Makerere University College of Health Sciences, we understand the importance of partnerships in strengthening our collective capacity to prevent, detect, and respond to epidemics. As we navigate the complexities of global health threats, from infectious disease outbreaks to emerging pandemics, it is clear that no single entity can tackle these challenges alone. Multidisciplinary collaboration is key to ensuring the resilience of our health systems.

I extend my deepest appreciation to our partners, particularly the Uganda National Association of Community and Occupational Health (UNACOH), the Uganda Medical Association (UMA), and all stakeholders who have contributed to making this conference a reality. JASH 2024 provides a valuable platform for sharing cutting-edge research, innovative strategies, and fostering new partnerships that will shape the future of global health security in Sub-Saharan Africa.

I encourage all participants to actively engage in the discussions, workshops, and networking opportunities. Together, we can make significant strides toward creating sustainable solutions for epidemic preparedness and response.

Welcome to JASH 2024!

Prof. Damalie Nakanjako

Principal, Makerere University College of Health Sciences

Message from the Dean, School of Biomedical Sciences

I am delighted to welcome you to the 18th Joint Annual Scientific Health Conference (JASH 2024). This year's focus on "Global Health Security: Partnerships for Epidemic Response and Control in Sub-Saharan Africa" comes at a time when our region faces unprecedented health challenges.

As the School of Biomedical Sciences, we are committed to fostering innovative research and strengthening collaborations across disciplines to address these challenges. This conference provides an ideal platform for researchers, practitioners, and policymakers to exchange knowledge and generate solutions that will improve the health security of our communities.

I encourage each of you to engage fully in the discussions, presentations, and exhibitions, as these interactions will inspire new ideas and collaborations that can lead to tangible outcomes.

I look forward to fruitful deliberations and innovative insights that will emerge from JASH 2024.

Prof. David Kateete
Dean, School of Biomedical Sciences
Makerere University College of Health Sciences

Message from the Chairperson, JASH 2024 Organizing Committee

On behalf of the organizing committee, I am honored to welcome you to the 18th Joint Annual Scientific Health Conference (JASH 2024). This year's theme, "Global Health Security: Partnerships for Epidemic Response and Control in Sub-Saharan Africa," speaks to the urgency of strengthening collaborations for better preparedness and response to health crises in our region.

We have put together a diverse program with presentations, discussions, and exhibitions that will allow us to share valuable insights and foster meaningful partnerships. I encourage all participants to make the most of these opportunities and engage fully with the content.

Let this be a time of learning, collaboration, and the creation of sustainable solutions for our shared health challenges.

Thank you for being part of JASH 2024, and I look forward to fruitful interactions throughout the conference.

Dr. Haruna Muwonge
Chairperson, JASH 2024 Organizing Committee

Message from the President, Uganda Medical Association

It is my great honor to welcome you to the 18th Joint Annual Scientific Health Conference (JASH 2024). This year's theme, "Global Health Security: Partnerships for Epidemic Response and Control in Sub-Saharan Africa," speaks to the importance of partnerships in strengthening our ability to effectively respond to the health crises that threaten our region.

The Uganda Medical Association (UMA) is deeply committed to safeguarding the health of our nation. In times of outbreaks, our members have consistently been on the frontlines, playing a vital role in detecting, managing, and mitigating the impact of these health emergencies. Whether it's mobilizing health workers, enhancing community awareness, or engaging policymakers in preparedness planning, UMA has been instrumental in ensuring swift and coordinated responses during public health crises. Our collaborative efforts with the Ministry of Health and other stakeholders have significantly contributed to reducing the burden of epidemics like Ebola, COVID-19, and cholera in Uganda.

As co-sponsors of JASH 2024, we are proud to continue this tradition of collaboration and capacity building. This conference offers a valuable platform to explore innovations and strategies that will strengthen epidemic prevention and control in our region. It is through partnerships like these that we can build resilient health systems, capable of addressing the challenges of the present and preparing for the health threats of the future.

I encourage all attendees to actively participate in the discussions, workshops, and networking opportunities. Let us work together to ensure that the outcomes of this conference translate into concrete actions that will enhance health security across Sub-Saharan Africa.

Thank you for your commitment to advancing health in our communities, and I wish you all a productive and engaging conference.

Dr. Herbert Luswata
President, Uganda Medical Association

Message from the President, Uganda National Association of Community and Occupational Health (UNACOH)

It is my pleasure to welcome you to the 18th Joint Annual Scientific Health Conference (JASH 2024). This year's theme, "Global Health Security: Partnerships for Epidemic Response and Control in Sub-Saharan Africa," resonates deeply with UNACOH's mission of promoting health and safety in communities and workplaces.

UNACOH has played a pivotal role in building health resilience through public health campaigns, occupational health initiatives, and epidemic preparedness. Over the years, our members have been instrumental in responding to outbreaks by working directly with communities, health workers, and government agencies to provide life-saving interventions and ensure that prevention measures are in place. Our efforts in promoting biosafety, community health, and occupational safety have not only improved the well-being of Ugandans but have also helped mitigate the spread of diseases in vulnerable areas.

As co-hosts of this conference, we are committed to facilitating dialogue that will lead to practical solutions for epidemic response. We believe that collaboration across sectors is the foundation for building robust health systems capable of handling current and future health challenges.

I encourage you all to participate actively in the sessions, workshops, and exhibitions. Let us seize this opportunity to forge new partnerships and strengthen existing ones, so that together, we can build a more secure and healthy future for all.

Thank you for your dedication to advancing health in our communities, and I look forward to the rich outcomes of JASH 2024.

Prof. Robert Basaza
President, Uganda National Association of Community and Occupational Health (UNACOH)

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PROGRAM

18th Joint Annual Scientific Health Conference (JASHC), 8th Uganda Medical Association General Doctors Conference (UMA GDC), and Annual General Meeting (AGM), 30th UNACOH Conference, and 22nd Dr. Mathew Lukwiya Memorial Lecture

Hotel Africana, Kampala, Uganda

OCTOBER 16 -18, 2024

Day 1: October 16, 2024

7:30 - 8:00 AM	**Arrival and Registration** of Participants *Responsible: JASH Secretariat*
8:00 - 9:00 AM	**Opening Ceremony** **Chair:** Dr. Freddie Bwanga (Chair, Department of Immunology & Molecular Biology) *Co-Chair: Dr. Edith Nakku Joloba (Clinical Epidemiologist MakSPH, IPP UMA)*
8:00 - 8:05 AM	**Welcome Remarks** *from the Chair, Conference Organizing Committee:* Dr. Haruna Muwonge
8:05 - 8:10 AM	**Remarks from President**, *Uganda Medical Association (UMA):* Dr. Herbert Luswata
8:10 - 8:15 AM	**Remarks from President,** *UNACOH:* Prof. Robert Basaza
8:15 - 8:25 AM	**Remarks from the Dean**, *School of Biomedical Sciences: Prof. David Kateete*
8:25 - 8:40 AM	**Keynote Speech** *from the Principal, College of Health Sciences:* Prof. Damalie Nakanjako. Topic: Building Global Health Resilience through Strategic Partnerships: The Role of Makerere University College of Health Sciences in Outbreak Response
8:40 - 9:00 AM	**Keynote Speech** *from the Vice Chancellor, Makerere University:* Prof. Barnabas Nawangwe; Topic: The Role of Higher Education Institutions in Global Health Response to Outbreaks, Pandemics, and Epidemics
9:00 - 9:20 AM	**Keynote Address:** Pandemic Treaty and IHR *Speaker: Dr. Tegegn Yonas Woldemariam (Outgoing WHO Country Representative)*
9:20 - 9:40 AM	**Keynote Address:** US Global Health Security Agenda *Speaker: USAID Country Representative*

9:40 - 10:00 AM	**Keynote Address:** Supporting Global Health Security in Uganda and Africa *Speaker: CDC Country Director*
10:00 - 10:20 AM	**Keynote Address:** Community Engagement and Education for Epidemic Response *Speaker: Prof. Francis G. Omaswa*
10:20 - 10:40 AM	**Keynote Address:** The Case of 'Slim Disease' in Rakai District *Speakers: Prof. David Serwadda (Emeritus Professor, Makerere University)*
10:40 - 11:10 AM	Tea Break and Networking
11:10 AM - 11:30 AM	**Keynote Address:** Preparing Africa for Life under Global Pestilences and Disasters: AFROHUN OH Academy. *Speaker: Professor John David Kabasa, Makerere University.*
11:30AM - 11:50 AM	**Keynote Address: Biobanks: A Crucial Component to Improve Global Health Security** *Speaker: Dr. Rita Lawlor, Biobank and Model Bank Director, Research Coordinator at ARC-NET: Centre for Applied Research on Cancer*
11:50AM -12:10 PM	**Keynote Address:** Uganda's Experience with Ebola Virus Outbreaks *Speaker: Dr. Sam Okware (Director, UNHRO)*
12:10 -12:30 PM	**Opening Ceremony Guest of Honor Speech:** Streamlining Local Epidemic Response Leadership and International Partnerships. *Speaker: Hon. Dr. Jane-Ruth Aceng Ocero (Minister of Health)*
12:30 -1:00 PM	**Keynote Address:** A Regionalized Response to Epidemic Outbreaks in Africa *Speaker: HE Jean Kaseya (Director General, Africa CDC)*
1:00 - 2:00 PM	Lunch Break
2:00 - 2:30 PM	**Topic:** Global Health Security: Preparing Africa for the Emerging Health Challenges of the 21st Century *Speaker: Dr. Dennis Carroll, Chief Scientist, URC*
2:30 - 4:30 PM	Parallel Sessions

	Nile Hall: Emergency Operation Centers in Preventing, Detecting and Controlling Epidemics (USAID Uganda Health Activity (USAID UHA) *Chair: Dr. Nathan Onyachi, Hospital Director, LRRH.*

	Topic	Presenter	Designation	Affiliation
	Chair: Dr. Nathan Onyachi, Hospital Director, LRRH			
2:20-2:30 pm	Opening remarks	Dr. Issa Makumbi	Director of the Public Health Emergency Operations Centre (PHEOC).	MOH

2:30-2:40 pm	Overview of the PHEOCs in Uganda	Mr. Joshua Kayiwa	Information Analyst, PHEOC, NIPH	MOH
2:40-2:50 pm	The role of partnerships in operationalizing the Regional PHEOCs	Mr Simon Kyazze	GHSA - Uganda MOH - PH Emergency Operations Center	WHO / MoH
2:50-3:00 pm	USAID UHAs GHS mandate	Dr. Andrew Ocero	Regional Program Director	UHA
3:00-3:10 pm	Role of Hub and Spoke in supporting Regional PHEOCs	Dr. Micheal Mulowozza	Head Community Health Department	Jinja RRH
3:10-3:20 pm	Mbale Regional PHEOC: what has worked, learnings, innovations and best practices for scale up	Dr. William Okiror	Operations manager EOC Mbale	Mbale EOC
3:20-3:30 pm	The Busia District One Health Team experience in responding to a Rabies Outbreak	Dr.Patrick Barasa	District Veterinary Officer	Busia DLG
3:30-3. 50 pm	Question and Answer Session	All		
3.50 – 4.00 pm	USAID's GHSA Strategic direction for Uganda and last words	USAID GHS Lead	USAID	UHA
4.00 – 4.10 pm	Closing Remarks			MoH
4.10 – 4.40 pm	Walk-about: EOC Story Boards.			Moderator

Kagera Hall: One Health Symposium: Prevention, preparedness, and response efforts undertaken by AFROHUN.
Chair: Dr Esther Buregyeya

No	Title	Presenter
	Chair: Dr Esther Buregyeya	
1	Infectious diseases outbreaks preparedness: The power of field simulations	Abel Wilson Walekhwa- Office of the President.
2	Understanding Ebola outbreak dynamics: Lessons from Past Experiences and Recommendations for Ebola virus outbreak Prevention	Dr. James Muleme- MakSPH.

3	Rabies Situation analysis and needs assessment findings for the Transboundary Regional RCCE course	Dr. Flavia Nakanjako-MAAIF.
4	Understanding the management and control of Rabies in the Era One Health; Student engagement and field experiential learning	Dr. Dickson Tayebwa-MakCOVAB.
5	Hostage of AFROHUN TAPROD interns and faculty fellows at the Mbarara Regional Veterinary Laboratory; Lessons learnt and collaborations established.	Dr. Andrew Akashaba-Mbarara District Local Government
6	Shared Experience working with Mbale regional Emergency Operations Centre during preparedness and response to zoonotic disease outbreaks.	Dr. William Okiror.
7	Building structures to strengthen One health; Establishment of District One Health teams in Uganda	Dr. Kungu- MakCOVAB

Katonga Hall: IBRH3AU Biorepository symposium

Chair: Dr. Emmanuel Nasinghe

Time	Activity	Presenter	Chair
2:40 - 3:00 pm	IBRH3AU Presentation	Prof. Moses Joloba	Dr. Nasinghe
3:00 - 3:50 pm	Plenary session: "Biobanking for a Healthier Future: Transforming Research, Policy, and Healthcare."		Prof. Kateete
Panellists	Biobanks in surgery and transplant medicine in Uganda: Where are we, Where are we headed?	**Robert Kalyesubula**, *MD, FISN(USA), PhD-FRCP(London)*	
	Advances in Biobanking and Biobanking Research In Uganda	**Beth Mutumba**, *Research Ethics and regulatory Compliance*	
	Leveraging Biobanks for accelerated Biotech in Africa	**Bernard Bagaya**, *PhD, Molecular Virologist*	
	Equity in access to biobank resources: Addressing disparities.	**Erisa Mwaka**, *MD, PhD, orthopaedic surgeon, academic and bioethicist.*	
03:50 - 4:15 pm	MakBRC - A centre of Excellence for Research and Training	Prof. Moses Joloba	Dr. Kirimunda/ Ms. Nabuduwa Stephanie

Sipi Hall: BabyGel Trial symposium: Effectiveness of household alcohol based handrub in preventing sepsis, diarrhoea and pneumonia in Ugandan infants; a community cluster randomised trial

Chair: Dr. Martin Chebet

2:30 PM	Introduction	Martin Chebet
2:35 PM	Setting the scene: A patient's story of neonatal sepsis (Video)	Kathy Burgoine
2:40 PM	BabyGel Study - Study outline	Martin Chebet
2:45 PM	BabyGel video highlights	Fred Obbo
2:55 PM	Main clinical results	Martin Chebet
3:05 PM	Exploring the theory of change	David Mukunya
3:15 PM	Economic analysis	Francis Okello
3:25 PM	Benefits of a community cluster RCT	Ravi Lad
3:35 PM	Question and Answer	Martin, David, Kathy, Ravi, Francis
3:50 PM	Panel Discussion (Panellists TBD)	Kathy, Martin
4:30 PM	Session Ends	4:30 PM

4:30 – 5:00 PM **Plenary Session**

Report Back from Chairs of Breakout Sessions

Day 2: October 17, 2024

Session 1 Chair: *Prof. Harriet Mayanja,* Professor of Medicine, College of Health Sciences, Makerere University

Co-Chair: *Dr. Kabweru Wilberforce,* Senior Consultant Surgeon at MNRH, Chairperson, Ethics and Professionalism at UMA)

8:00 - 8:20 AM	**Keynote Address:** Academic Medicine and Epidemic Response ***Speaker: Prof. Nelson Sewankambo (Emeritus Professor)***
8:20 - 8:40 AM	**Keynote Address:** Role of Public Private Partnerships (PPP) in Epidemic Response ***Speaker: Prof. Charles Ibingira***
8:40 - 9:00 AM	**Keynote Address:** Health Financing for Epidemic Research ***Speaker: Prof. Freddie Ssengooba***
9:00 - 9:20 AM	**Keynote Address:** From Vision to Reality: AFROHUN's 15 Years of Driving One Health and GHS Forward ***Speaker: Professor Philemon Wambura, Sokoine University Tanzania***

9:20 - 9:40 AM	**Keynote Address:** Financing National Epidemic Research (Pathogen Economy) *Speaker: Hon. Dr. Monica Musenero (Minister of Science, Technology & Innovation)*
9:40 - 10:10 AM	Tea Break and Networking/Tour of Poster stands
10:10 - 10:40 AM	**Keynote Address:** Health Professions Partnership Initiative (HEPI) Project Uganda: Aims, Experiences, Achievements and Way forward. *Speaker: Prof. Sarah Kiguli*
10:40 AM - 12:40 PM	**Parallel Sessions**
	Nile Hall: HEPI/SHSSU Parallel session. Topic: Effective Mentorship *Facilitators: Prof Sarah Kiguli, Dr. Aloysius G Mubuuke, & Dr. Ian Munabi*
	Kagera Hall: AFROHUN - Uganda One health institute: Contribution to building workforce and Global health Security from 2016 to date. *Chair: Dr. Irene Naigaga*.

No	Title	Presenter
	Chair: Dr. Irene Naigaga.	
1	Mentorship of the next generation of One Health workers through experiential learning	*Dr. Peninah Nsamba- Makerere University.*
2	AFROHUN Uganda graduate fellowship program: Who are the alumni and where are they?	*Dr. Gabriel Tumwine/Ms Rebecca Nuwematsiko- Makerere University.*
3	The role of One Health University Networks in bridging silos.	*Dr. Irene Naigaga- Africa One Health University Network.*
4	Integration of One Health competencies in University curricula in Uganda.	*Dr. Tamale Andrew- Makerere University*
5	Health Facility Utilization for Rabies Prophylaxis After Dog Bites in the West Nile Region of Uganda.	*Dr. Catherine Atuhaire- Mbrarara University of Science and Technology.*
6	Implementation of the National Action Plan for health Security at the Uganda- DRC border. A case of the Ebola Virus Disease Preparedness and Response.	*Jonah Ainembabazi and Dr. Gabriel Tumwine- Makerere University.*

Katonga Hall: Child Health and Development Centre (CHDC) Symposium
Chair: Dr. Jimmy Opigo, Asst. Commissioner in charge of the National Malaria Control Division, Ministry of Health.

No	Title	Presenter
	Chair: Dr. Jimmy Opigo	
1	Overview of the systems for health and malaria research program at CHDC.	*Dr. Godfrey Siu*
2	Malaria associated acute kidney injury in African children: prevalence, pathophysiology, impact, and management challenges.	*Dr. Anthony Batte*
3	Malaria chemoprevention for the post-discharge management of Children with severe anemia	*Dr. Aggrey Dhabangi*
4	Risk of acquiring malaria among patients admitted at Jinja regional referral hospital	*Dr. Nelson Ssewante*
5	A model health systems strengthening strategy to reduce malaria mortality in the Busoga sub-region, Uganda: An Overview	*Dr. Arthur Mpimbaza*
6	Integrating COBERS in CHDC's Systems for health and malaria research program.	*Dr. Harriet Babikako and Andrew Muhoozi*

Sipi Hall: Detection and Prevention sub-theme abstracts

	Title	Author
1st hr	*Chair: Associate Professor David P. Kateete*	
1	Predicting Mosquito Age and Species with Mid-Infrared Spectroscopy and AI: A Cost-Effective Alternative Method for Enhanced Malaria Surveillance	*Amos Okot*
2	Determinants for Adoption of 3Rs Approach to Solid Waste Management Among Urban Slums: A Case of Households in Namuwongo Slum, Makindye Division- Kampala, Uganda	*Nampiima Chloe D Penelope*
3	Decentralizing One Health to District Level: Lessons from IDI National Action Plan for Health Security Project	*Herbert Bakiika*
4	Strengthening Health Security through Regional and Global Collaboration: An Evaluation of Uganda's National Health Security Acceleration Model (2018-2024)	*Godfrey Bongole*
2nd hr	*Chair: Dr. Hakim Sendagire*	
1	Assessing Cholera Outbreak Preparedness in Uganda: A case of Busia District Uganda, July-August 2023	*William Okiror*
2	Partnerships that Deliver: Training district One Health Teams and Health Journalists Uncovers Responsible Pandemic Preparedness and Reporting. Lessons from Elgon Region, Uganda	*Mirembe Irene*

3	Advancing Information Technology Data Capture at the Point of Zoonotic Spillover	***Nahabwe Haven***
4	Prevalence and Co-Infection Patterns of P. falciparum Malaria among Adult Patients with Acute Febrile Respiratory Illness in Kampala, Uganda	***Haruna Muwonge***

Rwizi Hall*: **Detection, Prevention and Cross-cutting Sub-themes**

No	Title	Author
1st hr	***Chair: Dr. Joel Mirembe***	
1	Incidence and Risk Factors for Term Stillbirths in Mbale and Budaka, Uganda	Martin Chebet
2	Over-The-Counter Dispensing Practices of Antibiotics in The Management of Urinary Tract Infections in Retail Pharmacies in Kampala District-Uganda	Diana Nakitto Kesi
3	Awareness, Perceptions and Challenges Among Public Transport Operators During the Implementation of COVID-19 Preventive Measures in Eastern Uganda: A Qualitative Study	Agnes Napyo
4	Exploring Local Practices That Trigger the Spread of Zoonotic Diseases in Rwenzori Subregion in Uganda	Venansio Ahabwe
2nd hr	***Chair: Dr. Irene Asaba***	
1	Strengthening Africa's Biosecurity: Addressing Emerging Risks from Accidental and Deliberate Pathogen Releases	Peter Babigumira Ahabwe
2	Youth as Leaders of Climate Change Mitigation and Adaptation in Uganda; A Case Study of Kasese District	Kalidi Rajab
3	A Localized Mentorship Approach to Enhance Infection Prevention and Control at Points of Entry in Western Uganda	Evaristo Ayebazibwe
4	One Health Approach to Controlling a Fox-Mediated Rabies Outbreak: A Case of Busia District	Fahad Basoma

12:40 - 1:40 PM	Lunch Break/Tour of poster stands
	Plenary session 1: Topic: Gender and how it intersects with TB in Uganda: A discussion of community perceptions, research findings, programme initiatives, and policy recommendations.
1:40 - 2:40 PM	***Panelists: Dr. Jasper Nidoi (IGNITE researcher), Dr. Wincey Katagira (Pulmonary Physician), Dr. Stavia Turyahabwe (NTLP Programme Manager), Mr. Fred Ebil (TB Survivor)***
	Moderator: Dr. Winters Muttamba
2:40 - 4:40 PM	**Parallel Sessions** (various themes)

Nile Hall

No	Title	Author
1st hr	*Chair: Associate Professor David P. Kateete*	
1	Identification of a Clade-Specific HLA-C*03:02 CTL Epitope GY9 Derived from the HIV-1 P17 Matrix Protein	*Samuel Kyobe*
2	Analysis of Virulence Genes in Candida Species isolated from People Living with HIV with Oropharyngeal Candidiasis	*Benson Musinguzi*
3	Differentially Expressed Transcripts in HIV-TB Co-Infected Children from East and Southern Africa are Enriched for Genes Impacting Neutrophil Function	*Eric Katagirya*
4	A Comparison of Oral Bacteriome isolated from Periodontal Pockets of Participants With or Without Diabetes Mellitus in Uganda: A Case Control Study	*Haruna Muhmood Kiryowa*
2nd hr	*Chair: Dr. Freddie Bwanga*	
1	Very Low Sensitivity of Selected SARS-CoV-2 Ag RDTs when Compared to RT-PCR in Uganda	*Carol Asiimwe*
2	Imported SARS-CoV-2 Variants of Concern Drove the Spread of Infections	*Carolyne Nasimiyu*
3	Chronic Pulmonary Aspergillosis and Tuberculosis in Uganda: A Double Edged Sword	*Richard Kwizera*
4	Seroprevalence of Hepatitis B Virus, Hepatitis C Virus, Syphilis and Associated Factors among Female Sex Workers in Gondar Town, Northwest Ethiopia	*Getnet Ayalew*

Kagera Hall

No	Title	Author
1st hr	*Chair: Prof. David Meya*	
1	Single Cleansing of the Umbilical Cord Stump With Chlorhexidine to Prevent Newborn Infections: A Randomized Controlled Trial in Uganda	*Victoria Nankabirwa*
2	“Utilization of Health Services Almost Went Down.” The Impact of COVID-19 Pandemic on Health Programs in Uganda	*Moses Ocan*
3	Effect of Probable Neonatal Sepsis on the Neurodevelopment of Infants in Eastern Uganda (ENON): A Cohort Study	*David Mukunya*
4	Acceptability of Online Peer Support Groups as A Strategy to Improve Antiretroviral Therapy Adherence Among Youth Living With HIV: A Qualitative Study from Kampala, Uganda	*Yerusa Kiirya*
2nd hr	*Chair: Prof. Rhoda Wanyenze*	
1	Leadership and Management Competencies Among Local Government Health Managers in Wakiso District, Uganda	*Allan Ssembuusi*

2	Leveraging Virtual Coordination Platforms and Home Clustering Approach for Successful Measles Outbreak Response: Insights from Kibuku District.	***Fahadi Basoma***
3	Electronic Ordering Performance and User Experience in Public Health Facilities in Uganda's Capital City	***Felix Joshua Walakira***
4	Association of active Human Cytomegalovirus (HCMV) infection with Tuberculosis Disease Susceptibility in TB Presumptive South African Adults	Derrick Semugenze

Katonga Hall

No	Title	Author
1st hr	***Chair: Associate Professor Jackson Mukonzo***	
1	Skepticism on the Safety and Quality of Generic Medicines in Uganda	***Helen Ndagije***
2	Global Evidence on the Potential of Some Ugandan Herbal Medicines to Mitigate Antibiotic Resistance: A Meta-Analysis Across 2½ Decades	***Abdul Walusansa***
3	Sub-Acute Toxicity of Aqueous, Methanol Total Crude Extracts of Root Tubers of *Rhoicissus Tridentata* (L.F) Wild & R. B Drumm. Used in Prostate Cancer Treatment in Elgon Sub-Region, Uganda	***Ali Kudamba***
4	Centre of Excellence on Antimicrobial Stewardship in Central Uganda	***Nabbanja Carol***
5	Antiplasmodial Activity of Medicinal Plants Used in Treatment of Malaria in Ugandan Local Communities	***Bunalema Lydia***
2nd hr	***Chair: Dr. Lydia Nakiyingi***	
1	Factors Associated With Uptake of Human Papilloma Virus Vaccine Among School Girls Aged 9–14 Years in Lira City Northern Uganda: A Cross-Sectional Study	***Renniter Mirembe***
2	Unveiling the Ethical Dimensions of Data-Sharing in Health Research: Perspectives from Researchers at a Public University in Uganda	***Paul Kutyabami***
3	Trends and Distribution of Malaria in Pregnancy in Uganda: Analysis of Surveillance Data, 2015–2023	***Charity Mutesi***
4	Predictors of Quality of Life Among Patients With End Stage Renal Disease in Kano Metropolis-Nigeria	***Hussaini Muhammad Aikawa***

Sipi Hall

No	Title	Author
1st hr	*Chair: Dickson Aruhomukama*	
1	Performance Evaluation of Sanity 2.0 System in Identifying High-Risk Human Papillomavirus	*Faridah Mugala*
2	The Impact of Community Based Interventions On Tuberculosis (Tb) Detection Rates in Kisenyi Slums Kampala District: A Case at Aids Information Centre	*Robert Muwonge*
3	Pyrazinamide Resistance Among Newly Diagnosed TB Patients in Bombo General Military Hospital, Luweero District	*Christopher Ndawula*
4	Anthrax Outbreak Associated with Handling and/or Consuming Meat from Animals that Died Suddenly - Ibanda District, Uganda, May 2023	*Brian Kibwikwa*
2nd hr	*Chair: Dr. Robert Kalyesubula*	
1	The Factors Associated With Birth Asphyxia Among Live Births at Arua Regional Referral Hospital	*Peter Simon Ojambo*
2	Central to The Uptake of Praziquantel for Control and Elimination of Schistosomiasis as A Public Health Problem Is an Understanding of the Socio-Cultural Factors Influencing Adherence to Mass Drug Administration (MDA) Among Schoolchildren	*Odoi Paskari*
3	Incidence and Risk Factors for Omphalitis Among Neonates in The Control Arm of the Babygel Trial in Eastern Uganda	*John Wagabaga*
4	Vaccines: The Emerging and Reemerging Bioethical Dilemmas, A Post Pandemic	*John James R. Rayel*

Rwizi Hall*

No	Title	Author
1st hr	*Chair: Dr. Richard Muhindo*	
1	Human Immunodeficiency Virus Exposure and Risk of Sudden Infant Death Syndrome: A Cohort Study	*Victoria Nankabirwa*
2	Preparedness of Health Facilities to Respond to Effects of Flooding On Health Services in Kasese District, Uganda	*Juma Said Tusubila*
3	Effective Vaccines Management in the East African Community: The Case of Rwanda	*Godfrey Katende*
4	Visual Art and Antimicrobial Resistance: Educating Through Collaboration and Innovation	*Vivian Nabisere*
2nd hr	*Chair: Prof. Mark Kaddu Mukasa*	
1	The Lived Experiences of University Students With Sickle Cell Disease	*Active Atukunda*

2	Outcome of HIV-Infected Smear-Negative and Genexpert-Negative Presumptive Tuberculosis Patients Empirically Treated for Tuberculosis in Uganda	*Sarah Nakayenga*
3	Male Initiation in Contraception Negotiation Amongst Boda-Boda Riders in Kampala, Uganda	*Kevin Micheal Mugisa*
4	A Feasibility Study on the Design and Usability of a Novel Vaccine Outreach Backpack	*Benedict Mulindwa*

4:30 - 5:00 PM	**Plenary Session** *Report Back from Chairs of Breakout Sessions*

Day 3: October 18, 2024

	Session 1 Chair: Dr. Asiphas Owaraganise, Chairman Continuous Professional Development (CPD) UMA, Obstetrician/Gynecologist and Epidemiologist *Co-Chair: Prof. Erisa Mwaka, Chair, Department of Anatomy*
8:00 - 8:15 AM	**Arrival and Registration** of Participants *Responsible: JASH Secretariat*
8:15- 8:35 AM	**Keynote Address:** Technology and New tools to End Tuberculosis *Speaker: Dr. Suvanand Sahu (Deputy Executive Director, Stop TB Partnership)*
8:35 - 8:50 AM	**Session:** Role of Health Care Professionals in Providing Equitable Access to Sexual and Reproductive Health Services for All Ugandans *Speaker: UNAIDS Uganda*
8:50 - 09:10 AM	**Session:** Pharmacovigilance: Reporting adverse drug reactions (NDA) *Speaker: Dr. Sheila Ampaire, National Drug Authority (Directorate of Product Safety)*
09:10 - 09:30 AM	**Session:** Contemporary Issues in current Research *Speaker: Dr. Martin Ongol (Executive Secretary, UNCST)*
09:30 - 09:50AM	**Session:** The Scientific Advisory Committee (MoH) for Epidemic Response *Speaker: Prof. Pauline Byakika (Co-chair, Uganda MoH-SAC for COVID-19, VC MUST)*
09:50 - 10:10 AM	**Day's Keynote Address:** Building Resilient Health Systems for Epidemic Preparedness and Response *Speaker: Dr. Diana Atwiine (PS-MoH)*
10:10 - 10:40 AM	Tea Break and Networking/Tour of poster stations
10:40 - 12:30 PM	**Parallel Sessions**
	Nile Hall: UMA Annual General Meeting *Chair: Dr. Herbert Luswaata*

Kagera Hall: AFROHUN Open session and awards
Chair: Prof. J. D. Kabasa

Katonga Hall: Mental Health and Psychosocial Impact sub-theme
Chairs: Dr. Dickens Akena, Prof. Robert Basaza

No	Title	Author
1	Factors Associated with Mental Health Disorders among Students at Busitema University, an Exploratory Qualitative Study Among Students at Mbale and Busia Campus	*Enid Kawala*
2	Profiling Anxiety and Depression in Rural Eastern Uganda: A Multinomial Regression Approach.	*Betty Nabukeera*
3	Prevalence and Factors Contributing to Mental Health Challenges among School-going Adolescents Post COVID-19 Lockdown. A case of a Climate-vulnerable Manafwa Watershed in Uganda	*Nelson Twinamasiko*
4	Intimate Partner Violence, Social Support and Depression amongst Women Living with HIV/AIDS at Wakiso Health Centre IV in Wakiso District	*Joan Nalunkuuma*
5	Longitudinal Associations Between Caregiver Mental Health and Positive Parenting Practices: A Three -Wave Random Intercept Cross-Lagged Model (RI-CLM) Analysis	*Onesmus Kamacooko*
6	Psychological Distress of Children with Sickle Cell Disease in Mulago National Referral Hospital, Kampala, Uganda	*Geoffrey Odong*
7	Integrating the Behavior Change Wheel and co-design approach to develop an implementation strategy for improving cervical cancer screening literacy among rural women living with HIV in East Central Uganda	*Juliana Namutundu*

Sipi Hall: Detection and Prevention sub-theme abstracts
Chairs: Dr. Robert Lukande, Dr. Deogratius Sekimpi

No	Title	Author
1	Adoption and Implementation of eHealth Data Standards in Africa: Progress, Barriers, and Opportunities	*Success Kamuhanda*
2	Exploration of Circumstances Surrounding Bites from Potentially Rabid Dogs on Rampage, and the coping strategies of victims and communities in Central Uganda	*Dickson Tayebwa*
3	Prevalence and Factors Associated with Substance Use Disorders Among Undergraduate University Students at Makerere University	*Martina Kabenge*
4	Histopathological Types of Liver Disease Amongst Autopsies Done at Mulago Hospital and KCCA Mortuaries	*Gift Samuel Bunyata*

5	Raising Awareness About the Dangers Associated with Teenage Pregnancies Among School Going Adolescents in Awelobutoryo Village, Oyam District	*Reagan Kabogele*
6	A Workplace-based HIV Self-testing Intervention as a Determinant for Self-testing Knowledge, Beliefs, and Use among Unskilled Workers in Wakiso Uganda	*Gerald Mukisa Nsereko*
7	Biologics for Moderate to Severe Asthma in Children. From the department of Paediatrics at Masaka Regional Referral Hospital. A CASE SERIES	*Andrew Kiboneka*

12:30 - 1:30 PM	**Networking Lunch/Tour of Poster stations**
1:30 - 2:30 PM	**Parallel Sessions (continued)**

Nile Hall: Community Health Initiatives, Health Policy and Governance, Cross-cutting-themes

Chairs: Prof. Ponsiano Ocama, Dr. Eva Magambo

No	Author Title	Title
1	Factors Associated with Diagnostic Delays in Lung Cancer in East Africa: The Role of Symptoms and Passive Smoking	*Irene Najjngo*
2	Spatial and Temporal Trends of Conjunctivitis in Uganda, 2020-2023	*Gertrude Abbo*
3	Postnatal Cytomegalovirus Infection and its Impact on Short-term Developmental, Neurological, and Hearing Outcomes in Infants: A cohort Study in Eastern Uganda	*Noella Okalany*
4	Effect of Nutrition Education, Motivational Interviewing and Physical Activity Intervention on Metabolic Syndrome among Females of Reproductive Age in Wakiso District, Central Uganda: A Randomized Parallel-group Trial	*David Lubogo*
5	Coverage of Mass Drug Administration and Outcomes for Schistosomiasis and Soil Transmitted Helminths in Uganda, 2013–2023	*Benigna G. Namara*

Kagera Hall: Systematic Review and Meta-Analysis Workshop

Chair: Dr. Moses Ocan

Katonga Hall: Digital Health and AI & Cross-cutting sub-themes

Chair: Dr. Robert Ssekitoleko

No	Title	Author
1	Iron Oxide Nanoparticles Design for Leukemia Treatment: Proof of Concept	*Henry Kiwumulo*

2	Transforming Orthopedic Surgical Care: Frugal Innovation of Surgical Fracture Tables for Ugandan Hospitals	*Joseph Okileng*
3	HemoSave Device: A low Cost Solution for Real-Time Monitoring of Maternal Blood Loss During Cesarean Sections in LMICs	*Samantha Keshara*
4	NeoNest: A Low-Cost transport Infant Warmer for Ugandan Ambulances	*Vivian Arinaitwe*
5	Strengthening Biomedical Engineering Capacity: The Makerere Biomedical Engineering-Engineering World Health (MAKBME-EWH) Fellowship Program (2016-2024)	*Elizabeth Shirley Mbabazi*

Sipi Hall: Digital Health and AI & Cross-cutting sub-themes
Chair: Dr. Annet Kutesa

No	Title	Author
1	Assessment of the Perceptions and Practices of Mercury Use and a Mercury-free Method in Gold Extraction among Artisanal and Small-scale Gold Miners in Uganda	*Victoria Nabankema*
2	Keeping CHWs Motivated and Sustaining CVD Intervention Efforts in Mukono and Buikwe Districts	*Kenneth Sebukeera*
3	Exploring Perceptions and Experiences of Mulago School of Nursing and Midwifery Students About Preceptorship	*Mbabazi Brenda*
4	The Relation between Hemoglobin A1c and Average Glucose Concentrations in Ugandan Youth with Type 1 Diabetes	*Thereza Piloya-Were*

2:30 - 4:00 PM **Session: Mathew Lukwiya Memorial Lecture**

2:00 - 6:00 PM ***Session:*** *Mathew Lukwiya Memorial Lecture*
Chair: *Prof. Robert Basaza*

VENUE: HOTEL AFRICANA

DATE: Friday 18/10/2024

Time	Activity	Presenter	Responsible
2:00PM-2:30PM	Arrival of Invited Guests		*JASHC Secretariat*
2:30PM	Arrival of Guest of Honour		*JASHC Secretariat*
2:30PM-2:35PM	National Anthem & EA Anthem		*JASHC Secretariat*
2:35PM- 2:40PM	Remarks by Dean, School of Bio – Medical Sciences	*Prof David Kateete*	*JASHC Secretariat*
2:40PM-2:45PM	Remarks by President, UNACOH	*Prof. Robert Basaza*	*JASHC Secretariat*

2.45PM-2.50PM	Remarks by President UMA	***Dr Herbert Luswata***	***JASHC Secretariat***
2:50PM-3:00PM	Remarks by Principal- MakCHS	***Prof. Damalie Nakanjako***	***JASHC Secretariat***
3:00PM-3:20PM	ECSA College of Health Sciences and Constituent Colleges	***ECSACOP, COSECSA, ECSACOG, COPECSA***	***UNACOH/JASHC OC***
3:20PM-3.50PM	*ECSA College of Public Health Physicians* ***(ECSA –COPH)***	In Country and Regional Teams of ECSA- COPHP	UNACOH/JASHC OC
3:50PM-4:15PM	*Question and Answer (Q&A) Session*	***Participants***	***UNACOH/JASHC OC***
4:15PM-4:30PM	Remarks by WHO Country Representative, Uganda	***WR***	***UNACOH/JASHC OC***
4:30PM-5:00PM	Dr. Mathew Lukwiya Memorial Lecture (DMLML)	***Dr Ambrose O. Talisuna Senior Health Security Advisor, WHO Liaison Office to Africa CDC & UNECA***	***UNACOH/JASHC OC***
5:00PM -5:30PM	Key Note Speech by- Guest of Honour	***Dr Henry G Mwebesa, DGHS, MOH***	***JASHC OC***
5:30PM-5:45PM	Vote of Thanks	***Chair, JASH Conference OC, Dr Haruna Muwonge***	***JASHC OC***
5:45PM -6:00PM	JASH Conference Award Ceremony awards	***JASHC Conference Organizers***	***JASHC Organizing Committee awards***
6:00 PM- 6:15PM	Closing Remarks –MC/Chair, Conference OC/Dean MakSBS		***JASHC Organizing Committee***
6.15pm	Tea Break and Networking & Departure at Leisure		***JASHC Organizing Committee***

	Poster presentations	
	Day 2	
1	A Community Diagnosis Report On the Health Status of the Residents Living in Kinubi Cell, Bwikya Ward, East Division, Hoima District, Uganda.	***Michael Okirwoth***
2	Increasing Awareness About Sickle Cell Diease Through Health Education in Alyec Village, Alebtong District.	***Aiden Kasule***
3	Cholera Outbreak Caused by Consumption of Contaminated Lake Water at Kasensero Landing Site, Kyotera District, April-May 2024;	***Bridget Ainembabazi***
4	Fetal Anomaly Scan Rates, Information Collected, and Prenatal Referral Patterns for Anomalous Scans Among Pregnant Women in Kawempe Hospital.	***Noah Matagala***
5	Determinants of Short-Term Outcomes among Children Managed for Iinfanille Obstructive Jaundice at Mulago National Referral Hospital: A Retrospective Study.	***Dennis Okwir***
6	Prevalence and Factors Associated with Major Depressive Disorder in Rural Uganda.	***Betty Nabukeera***
7	Youth as Leaders of Climate Change Mitigation and Adaptation in Uganda; A Case Study of Kasese District.	***Kalidi Rajab***
8	Survival Status and Predictors of Mortality Among Neonates Admitted to The Neonatal Intensive Care Unit, Soroti Regional Referral Hospital, Uganda, 2022-2024.	***Daniel Orit***
9	Myths On Hepatitis B Virus Infection and The Utility of Health Education in Increasing Awareness in Amirimiri Village, Amolatar District, Rural Northern Uganda.	***Akopan Simon Peter***
10	Out-Of-Pocket Expenditure for Treatment of Diarrhea in Children Under-Five Years in Uganda: A Comparative Analysis of Households With and Without Handwashing Facilities.	***Francis Okello***
11	Utilization of Borax and Its Impact On the Income and The Livelihood of Miners and Other Stakeholders: A Case of Uganda.	***James Natweta Baguma***
12	Awareness, Attitude, and Practices on Occupational, Environmental Hazards, and Safety Precautions Among the Artisanal Small-Scale Gold Miners in Selected Districts of Uganda	***Daniel Sekabojja***
13	A Community Diagnosis of Namuwongo a Zone, Makindye Division, Kampala District.	***Tithi Tripath***
14	Exploring Local Practices That Trigger the Spread of Zoonotic Diseases in Rwenzori Subregion in Uganda.	***Venansio Ahabwe***
15	Community Diagnosis 0f Obiyai Village, Pallisa District.	***Nantongo Kirsten Tendo***
16	Enhancing Clinical Nursing Practice With The Use Of Clinical Decision-Making (CDM) Models In Low Resource Settings.	***Godfrey Katende***
17	Stunting; The Silent Epidemic in Kabarole District: A Call for Multi-Disciplinary Response With Focus On Behavior Change.	***Kelvin Bwambale***

18	Data driven approach to conducting MPDSR Reviews: Lessons from Elgon Region.	***Moses Odot***
19	Mass Measles Vaccination a Strong Pillar in Cutting Transmission Cycle in an Outbreak: A Brief from Moroto District, Karamoja- Sub-Region;	***Sarah Nababi***
20	Prevalence and Factors Associated with Timely Completion of Community Health Referrals in Palabek Refugee Settlement, Lamwo District, Northern Uganda.	***Erick Afema***
21	Strengthening Africa's Biosecurity: Addressing Emerging Risks from Accidental and Deliberate Pathogen Releases.	***Peter Babigumira Ahabwe***
22	Prevalence and factors associated with puperial sepsis among postnatal women at a tertiary referral hospital in western Uganda.	***Brenda Nabawanuka***
23	Increased deaths among prominent citizens of Uganda due to bathroom related falls and accidents.	***Victoria Nabankema***
	Day 3	
24	Knowledge, Attitude, And Practices Regarding Antibiotic Use and Antimicrobial Resistance Among Urban Slum Dwellers in Uganda.	***Ndagire Regina***
25	A Comprehensive Health Status Assessment of Residents of Naigobya Village, Budaka District.	***Nalugya Faith***
26	Ebola Virus Disease: Knowledge, Attitude, And Practices Among Medical Students at A Tertiary Institution in Uganda.	***Namubiru Melanie***
27	Preconception Knowledge About Couple Contribution to Sickle Cell Disease Transmission Among Women Attending Antenatal Care in Kawempe National Referral Hospital Kampala, Uganda.	***Charles Kinataama***
28	Improving Mortality Reporting Through Death Notification at Mbale Regional Referral Hospital in Uganda Using a Continuous Quality Improvement Approach, October 2023–April 2024.	***Innocent Ssemanda***
29	Incidence and Risk Factors for Term Stillbirths in Mbale and Budaka, Uganda.	***Martin Chebet***
30	Over-The-Counter Dispensing Practices of Antibiotics in The Management of Urinary Tract Infections in Retail Pharmacies in Kampala District-Uganda.	***Diana Nakitto Kesi***
31	Awareness, Perceptions and Challenges Among Public Transport Operators During the Implementation of COVID-19 Preventive Measures in Eastern Uganda: A Qualitative Study.	***Agnes Napyo***
32	Food Poisoning Outbreak Caused by Aeromonas Bacteria at A Funeral in Buyengo Town Council, Jinja District, Uganda, February 2024.	***Yasiini Nuwamanya***
33	Knowledge, Attitudes and Practices On Food Hygiene Among Caregivers of Malnourished Children in Mwanamugimu Nutrition Unit of Mulago National Referral Hospital and Kisenyi Health Centre IV.	***Nantongo Jennifer***

34	HIV Program Sustainability Beyond External Assistance in Sub–Saharan Africa: A "Best Fit" Framework Synthesis.	***Abraham Openy***
35	Prevalence of Protective Levels of Anti-Hbs Antibodies Among 15–17year-Old Adolescents in Kawempe Division, Kampala, Uganda.	***Joan Nambafu***
36	Health-Related Quality of Life Perception Among Older Persons With Non-Communicable Diseases In Primary Healthcare Facilities: A Qualitative Inquiry.	Atim Fiona
37	Low Knowledge On Cardiovascular Disease Risk Factors Among Diabetic Patients Attending the Non-Communicable Disease Clinic at Tororo General Hospital.	Nantale Atangwa Peace
38	Herd Immunity Among Rural and Urban Kenyan Populations 2-Years into COVID-19 Pandemic Despite Low Uptake and Significant Refusal of Vaccines.	***Carolyne Nasimiyu***
39	One Health Approach to Controlling a Fox-Mediated Rabies Outbreak: A Case of Busia District.	***Fahad Basoma***
40	An outbreak of *Aeromonas hydrophila* infection in Bukasami in Jinja, Uganda, 2024: A retrospective study.	***Oposia Joseph***
41	Enhance local community capacity in surveillance and response efforts towards detection and response to the rabies outbreak. A Brief from Busia district.	***Nimanyanta Micheal***
42	Improving cancer data availability within routine reporting systems in a low-income setting; a case of Mbarara Regional Referral Hospital, Uganda.	***Robert Mwesigwa***
43	Hepatitis B vaccine Uptake and associated factors among pregnant women attending antenatal care at Gulu Regional Referral Hospital.	***Linda Mercy Akello***
44	Factors associated with the uptake of Tuberculosis Preventive Treatment among adult tuberculosis contacts at Matany Hospital, Napak District, Uganda.	***Louis Ocen***
45	A Localized Mentorship Approach to Enhance Infection Prevention and Control at Points of Entry in Western Uganda.	***Evaristo Ayebazibwe***
46	Patient and provider perspectives and experiences with COVID-19 vaccination among persons with HIV, hypertension, and/or diabetes at two Regional Referral hospitals in Uganda.	***Brian Beesiga***
47	Biologics for Moderate to Severe Asthma in Children. From the department of Paediatrics at Masaka Regional Referral Hospital. A CASE SERIES.	***Andrew Kiboneka***

Sipi Falls, main drop, Kapchorwa district, Eastern Uganda.

Day 1

WEDNESDAY

16th October 2024

ABSTRACT PRESENTATIONS & PROGRAMME

Nile Hall

EMERGENCY OPERATION CENTERS IN PREVENTING, DETECTING AND CONTROLLING EPIDEMICS (USAID UGANDA HEALTH ACTIVITY (USAID UHA)

INTRODUCTION:

Makerere University College of Health Sciences (MakCHS) in collaboration with Uganda National Association of Community and Occupation Health (UNACOH) are organising the 18th Joint Annual Scientific Health Conference, 22nd Dr. Mathew Lukwiya Memorial Lecture and the 30th UNACOH conference that is scheduled for 16th-18th October 2024 at Hotel Africana, Kampala, Uganda. This conference will gatherer experts and stakeholders to address critical global Health security challenges in Sub Saharan Africa

THEME OF THE CONFERENCE:

The theme of the conference will be "Global Health Security": Partnerships for Epidemic Response and Control in Sub- Saharan Africa. This theme underscores the critical need to strengthen health systems in the region.

ROLE OF USAID UGANDA HEALTH ACTIVITY (UHA) AND ITS PARTNERS

UHA will collaborate with Ministry of Health and the organisers to organise and participate in this conference. USAID UHA is a gold sponsor for this event. As a Gold sponsor, UHA will be granted two and a half hours of a parallel Session on the first day of the conference (16th October 2024**)**

THE OBJECTIVE OF THE TWO AND A-HALF HOUR BREAKOUT SESSION WILL BE:

1) Showcasing Uganda's FY24 progress towards strengthening regional capabilities in public health emergency management through collaboration and partnerships with USAID UHA and other partners
2) Highlighting innovations and best practices that will portend more sustainable regional public health emergency operation centres across the country
3) Reviewing regional progress in adoption of the One Health approach for responding to Public Health Emergencies,

EXPECTED OUTPUTS: -

1) A common understanding by all stakeholders of the role Regional Public Health Emergency Centre are playing and the support required to decentralize the public health emergency response.

2) Renewed commitments to propagate and advocate for multi-partner, multi-sectoral partnerships to strengthen use of the One Health Approach to address public health emergencies.

ORGANISATION OF THE PARALLEL SESSION:

The session will involve stake holders from different organisations highlighting the role of Regional Emergency Operation Centres are increasing playing in preventing, controlling and responding to epidemics and natural disasters.

This will bring together professionals with wealth of knowledge from Ministry of Health, Regional Referral Hospitals, Regional Emergency Operation Centres, District One Health Teams and Implementing partners.

The parallel session will be divided into two phases. The first one-and-a-half-hour phase will involve the selected participants making presentations in their respective areas of expertise. The second phase that follows will involve a question-and-answer sessions, and additional input from subject matter experts that will assist in making clarifications and providing more input on the presentations made.

In addition, the parallel session shall include a gallery of branded blown-up photographic images capturing key RPHEOC related events. E.g. RPHEOC launch pictures, training of journalists etc. They will be placed on boards at the entrance to venue.

This will be moderated by the Hospital Director of one of the regional Referral Hospitals

Presentation 1: Mbale Regional PHEOC: What Has Worked, Learnings, Innovations, and Best Practices for Scale-Up

The Mbale Public Health Emergency Operations Center (PHEOC) is a cornerstone of Uganda's decentralized public health emergency response system, aligned with the International Health Regulations (IHR) and the Global Health Security Agenda (GHSA). Established in August 2020 during the COVID-19 pandemic, the PHEOC serves as a regional hub for coordinating public health emergencies. It builds on the National Emergency Operations Center, established in 2014, and operates within the framework of Uganda's National Action Plan for Health Security (NAPHS 2019-2023), which emphasizes regional preparedness and response.

The Mbale PHEOC model has demonstrated effectiveness in emergency response and cross-sector collaboration. Its successful replication across 10 other regions has significantly strengthened Uganda's public health preparedness and response framework.

This presentation reviews the structure and operational phases of the Mbale PHEOC, including its "watch," "alert," and "response" modes. Key achievements include conducting comprehensive multi-hazard risk assessments, improving surveillance capabilities, strengthening stakeholder engagement, and implementing the 7-1-7 timeliness metric for rapid response coordination. However, challenges remain, such as human resource shortages, inadequate transport for field operations, limited prepositioned logistics for timely detection and response, and inconsistent partner priorities that hinder comprehensive operations.

The presentation discussion offers insights into the centre's key achievements, lessons learned, and best practices for scaling up the model to enhance Uganda's public health security and resilience to future health emergencies.

Presentation 2: The Busia District One Health Team Experience in Responding to a Rabies Outbreak.

This presentation discusses the response to a rabies outbreak in Busia District, southeastern Uganda, which occurred in May 2024. The outbreak, primarily caused by foxes, followed earlier incidents involving mongooses, jackals, and dogs in 2022. Initial containment efforts were insufficient, leading to a surge in cases, with 31 animal bite incidents recorded in a single week by mid-August. In response, the district adopted a One Health approach, utilizing a multi-sectoral strategy to address the situation.

Key interventions included collaboration between the Animal Health sector, Human Medicine, Uganda Wildlife Authority, and partners such as USAID UHA, AFROHUN, and Uganda Red Cross Society. District One Health Team (DOHT) meetings were held to coordinate activities, while community dialogues raised awareness about rabies prevention.

A mass vaccination campaign targeted 13,000 pets, and Post-Exposure Prophylaxis (PEP) was provided to bite victims, although many doses had to be sourced from private facilities due to stockouts at government health centres. Additionally, healthcare workers and Village Health Teams (VHTs) received training in case management, and surveillance was strengthened through systems like eIDSR. Cross-border collaboration with Kenya's One Health teams, involving 66 participants, further enhanced response efforts.

This integrated approach led to effective control of the outbreak, including widespread pet vaccination, a reduction in human rabies cases through PEP, and increased community awareness. The presentation will, therefore, focus on the importance of multi-sectoral coordination and cross-border collaboration in managing public health emergencies.

Presentation 3: USAID UHA Mandate in Supporting the Global Health Security Agenda

The USAID Uganda Health Activity (UHA) project, launched in December 2022, aims to improve the health and well-being of vulnerable populations across 76 districts in Uganda. In its second year, UHA focused on establishing and operationalizing Regional Public Health Emergency Operation Centres (RPHEOCs) in collaboration with the Uganda Ministry of Health (MoH). These centres are based at Regional Referral Hospitals across Mbale, Moroto, Lira, Gulu, Jinja, Mbarara, and Kabale, and aim to enhance Uganda's preparedness for future public health emergencies.

A baseline assessment revealed varying levels of operational readiness, with Mbale at 67%, Karamoja at 60%, and Gulu at only 10%. The challenges identified included inadequate infrastructure, equipment shortages, poor internet connectivity, and insufficient staffing and training.

In response, UHA provided essential equipment, worked with hospitals to establish operational spaces, and recruited epidemiologists and data analysts. The project also initiated mentorship programs to build the capacity of RPHEOC teams. By the end of the first year, significant improvements were noted, with Bugisu reaching 79%, and other centres achieving readiness levels of 68%, 65%, and 62%. Mbarara and Kabale saw improvements to 54% and 61%, with full operationalization expected by November 2024.

This presentation highlights the crucial role of USAID UHA in strengthening the functionality of RPHEOCs to effectively combat future public health emergencies in Uganda.

Kagera Hall:

One Health Symposium: Prevention, preparedness, and response efforts undertaken by AFROHUN

INFECTIOUS DISEASES OUTBREAKS PREPAREDNESS: THE POWER OF FIELD SIMULATIONS

Abel W.Walekhwa, Lydia N. Namakula, Solomon T.Wafula, Ashley W. Nakawuki, Edwinah Atusingwize, Winnifred K. Kansiime, Brenda Nakazibwe, Robert Mwebe, Herbert K. Isabirye, Margerat I. Ndagire, Noah S. Kiwanuka, Valentina Ndolo, Harriet Kusiima, Richard Ssekitoleko, Alex R. Ario and Lawrence Mugisha

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INTRODUCTION: Infectious diseases like Anthrax lead to outbreaks in Africa and more lately across many parts of the country. Unfortunately, they take the country by surprise. Periodic field simulations could help districts understand their risk, identify their strengths and address gaps which would mitigate future outbreaks. In August 2023, with funding from AFROHUN, we designed and successfully implemented an anthrax simulation study which enabled us draw lessons that could inform future field simulations.

AIM OF THE STUDY: We aimed to assess the feasibility of implementing a simulation exercise for a potential Anthrax outbreak in a local government setting and to raise the suspicion index of different district stakeholders for a potential anthrax outbreak in Namisindwa District, Uganda.

METHODS: We conducted a field-based simulation exercise and a health education intervention using quantitative data collection methods. The study participants were purposively selected given their role(s) in disease surveillance and response at the sub-national level. These were mainly district officials who form part of the District Taskforce (DTF). Just as there exists a One Health strategic committee from different ministries/departments/agencies at the national level, there is also one at district-level.

RESULTS: The overall district readiness score was 35.0% (24/69) and was deficient in the following domains: coordination and resource mobilization (5/16), surveillance (5/11), laboratory capacity (3/10), case management (4/7), risk communications (4/12), and control measures (4/13). The overall community readiness score was 7 out of 32 (22.0%).

CONCLUSIONS: We found that the district's preparedness to respond to a potential anthrax outbreak was inadequate, especially in coordination and mobilisation, surveillance, case management, risk communication and control measures. The low preparedness underscores the urgency to strengthen anthrax preparedness in the district and could have implications for other districts. Investments at the district level, localized capacity-strengthening efforts, and inter-sectoral coordination are essential to addressing district-specific vulnerabilities.

Key words: Field Simulations, Disease preparedness, Anthrax, Namisindwa district, Uganda

CONTAINMENT OF THE CROSS-BORDER FATAL RABIES OUTBREAK USING A ONE HEALTH APPROACH. A CASE STUDY OF BUKWO DISTRICT, EASTERN UGANDA, DECEMBER 2023

Angella Musewa[1], Muhwezi Abraham[2], Ndyamuhaki Philemon[3], Alex Mulyowa[3], Okiror William[4], Ongoli Augustin[5], Bogere Annet[4], Kabasa John David[3], Irene Naigaga[1,3], William Bazeyo[1].

[1]*Africa One Health University Network*
[2]*Mbarara University of Science and Technology*
[3]*Makerere University, Kampala Uganda*
[4]*Mbale Regional Emergency Operations Centre*
[5]*Lira University, Lira Uganda*

BACKGROUND: Rabies is a viral zoonotic disease that causes progressive and fatal inflammation of the brain with 100% fatality rate in all humans and animals bitten by a rabid dog or animal once clinical signs develop. Dogs are responsible for more than 99% of human rabies virus infections in regions where the disease is prevalent. In the absence of postexposure prophylaxis (PEP), nearly all cases result in death, making rabies the deadliest infectious disease. Bukwo district, bordering Western Kenya, with a population of 5,000 dogs recorded 164 dog bites and four fatalities. We set up to respond to the outbreak, establish the scope and institute control measures.

METHODS: A mixed methods, one health approach was employed during which involved qualitative and quantitative methods of data collection. We composed multi-disciplinary team to support the planned activities including health education, vaccination of pets, surveillance, providing psychosocial support, risk communication and community engagement, and case search. The team was drawn from academia, ministry of agriculture, animal industry and fisheries, ministry of health, Uganda

Wildlife Authority and Regional operation Centre and Uganda wildlife Authority. We engaged affected communities on possible risk factors, supported the vaccination of pets, conducted search for cases in the community, trained frontline workers and provided psychosocial support to affected families.

RESULTS: We identified 168 community dog bites and six fatalities. The dog bites were clustered in communities living along the slopes of mountain Elgon. Qualitative interviews revealed critical gaps in rabies prevention and control measures, including limited access to Post Exposure prophylaxis at health facilities and insufficient knowledge of wound management among community members. Using the one health approach, we trained of 85 health workers on rabies management (sample collection, packaging and transportation), vaccinated 748 dogs, 21 cats and community sensitization activities were done reaching more than 2000 individuals with information on Rabies prevention and control.

CONCLUSIONS: The One health approach during Rabies outbreak response in Bukwo proved to be instrumental in enhancing the response by facilitating collaboration among stakeholders. Moving forward there is a need to improve access to preventive measures including raising awareness, availability of Post Exposure Prophylaxis at all health facilities, training of all health workers to further address the impact of rabies.

UNDERSTANDING THE MANAGEMENT AND CONTROL OF RABIES IN THE ERA OF ONE HEALTH: STUDENT ENGAGEMENT AND FIELD EXPERIENTIAL LEARNING

Dickson Tayebwa

Faculty, Transitional Award for Professional Development, Africa Universities One Health Network

BACKGROUND: Rabies, a vaccine-preventable yet deadly zoonotic disease, claims up to 59,000 lives globally each year. Despite being preventable, rabies remains endemic in Uganda, particularly threatening underserved communities where unvaccinated dogs often roam freely and interact frequently with both wildlife and humans. In 2024, Busia District in eastern Uganda, which borders Kenya, faced a significant rabies outbreak, marked by increased wildlife-related attacks beginning in May. Over seven incidents involving rabid fox and dog attacks were recorded, resulting in 15 human cases and 97 livestock cases. Laboratory tests confirmed rabies in samples from several attacking animals. Efforts to control the outbreak were challenged by limited local workforce capacity.

METHODS: To bolster the response, AFROHUN, with support from USAID, deployed a team of 13 individuals, including 11 veterinary students from the College of Veterinary Medicine, Animal Resources, and Biosecurity, along with three veterinarians from the Vetconekt Initiative. This team supported local authorities through dog vaccination campaigns, community awareness initiatives, and stakeholder engagement.

RESULTS: In total, the team successfully vaccinated over 630 dogs and cats across the Buhehe and Majanji sub-counties. The team was organized into seven groups, each managing a vaccination station. Once all animals at a station were vaccinated, members either moved to another location or assisted at busier stations to ensure comprehensive coverage. This approach not only increased vaccination rates but also offered students valuable hands-on experience in addressing real-world health challenges through a One Health approach.

CONCLUSION: Future initiatives could further capitalize on this skilled workforce to accelerate disease control efforts and enhance community resilience against rabies and other high-magnitude diseases or disasters.

BUILDING STRUCTURES TO STRENGTHEN ONE HEALTH: ESTABLISHMENT OF DISTRICT ONE HEALTH TEAMS IN UGANDA

Angella Musewa[1], Sarah Nitumusima[1], Jonah Ainembabazi[1], Fred Monje[2], Betty Mbolanyi[3], David Muwanguzi[4], Godfrey Ekuka[4], Suudhi Bamutya[5], Joseph M Kungu[1]

[1]Africa One Health University Network, [2]Ministry of Agriculture Animal Industry and Fisheries, [3]Ministry of Health, [4]Ministry of Water and Environment, [5]Uganda Redcross Society

BACKGROUND: One Health (OH) is a key approach in fostering interdisciplinary collaborations at varying levels of society to tackle threats to health at animal, human and ecosystems interface. One Health training and establishment of the District One Health Teams (DOHTS) was done in western Uganda to strengthen OH for early detection, preparedness, and quick response to minimize the effects of cross-cutting public health threats at local level.

METHODS: National One Health Platform with support from the Africa One Health Universities Network (AFROHUN) and Uganda RedCross Society established and trained DOHTs in districts of Mbarara, Ibanda, Kiruhura and Kabale. Between July and August 2024, 15 technical staff were selected including representatives from health, veterinary, environmental, natural resources, district administration, planning and security sectors to participate in training for five days per district. Fundamentals

of One Health covered included surveillance, antimicrobial resistance, outbreak investigations, information management using the one health approach, effective communication, advocacy, and resource mobilization, basics of ecosystem health, planning for risks and hazards in the districts. Learner focused methods such as case studies and group discussions were used during the sessions, encouraging participants to share field experiences.

RESULTS: A total of 60 District officers were trained in application of One Health with remarkable improvement in knowledge in OH recorded based on the pre and post test assessments. DOHT established and work plans developed and reviewed. Key barriers to institutionalization of OH identified included under-budgets to support function of OH, shortcomings in multisectoral collaboration (egos and diverging mindsets among actors).

CONCLUSION: Training sessions enhanced OH knowledge and capacity among participants in the four districts, fostering collaborative and interdisciplinary approaches to address complex public health issues. There is need for further refresher trainings to strengthen continuous professional development in One Health.

Katonga Hall: IBRH3AU Biorepository symposium

The Integrated Biorepository of H3Africa Uganda (IBRH3AU) is a center of excellence in biobanking located in the Department of Immunology and Molecular biology, MakCHS. Established in 2014 as part of the H3Africa initiative under the NIH, we provide a wide range of biobanking services, including the collection, processing, analysis, biospecimen shipment, long-term storage of biological samples and training. All our services are conducted in line with international quality standards (ISO 20387:2018), reinforcing the biobank's reputation as a trusted resource for researchers across Uganda and internationally.

Since its inception, IBRH3AU has grown into a state-of-the-art facility with the capacity to receive, process, and store over 6 million aliquots and associated metadata. The biobank is equipped for all storage conditions, ranging from room temperature to -196°C. Our biobank is equipped with advanced support laboratories capable of handling a wide array of sample processing needs, including serum and plasma isolation, DNA and RNA extraction, PCR and sequencing, sample culture, flow cytometry, ELISAs, cell sorting, proteomic analysis (HPLC/MSMS), and more.

Currently, the biobank supports over 30 research studies, including clinical trials. Researchers are provided end-to-end support, from protocol development to sample collection, transportation, processing, storage, and shipment, ensuring the long-term preservation of high-quality biospecimens that can be reused by other researchers even after years. We store a variety of sample types, including microorganisms, human plasma, serum, whole blood, urine, stool, saliva, and environmental samples. These resources have been instrumental in advancing research, cementing Africa's contributions to global science.

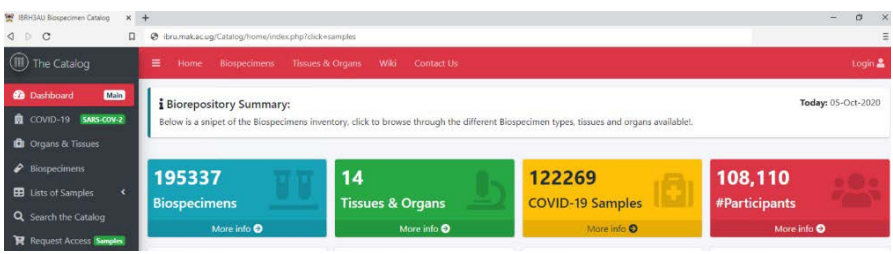
IBRH3AU has been instrumental in supporting academia by making research more affordable for students. By offering access to well-characterized biospecimens, the biobank removes the need for expensive and time-consuming participant recruitment. This has benefited over 50 Master's and 10 PhD students, enabling

them to complete their research efficiently, with a 40% cost savings and quicker project timelines. In addition, IBRH3AU fosters academic growth by connecting students with supervisors and collaborators.

IBRH3AU has been a trailblazer in biobanking science and research in Uganda, significantly advancing the fields of bioethics, biosecurity, and Laboratory Information Management Systems (LIMS) development. We also contributed to the development of the National Research Biobanking Guidelines. Through our *Advancing Tissue and Organ Banking* project, we contributed to the development of Uganda's Organ and Transplant Bill of 2021. In parallel, we successfully optimized conditions for the collection, processing, and storage of samples (tissue and organ) for clinical use, including stem cells, ova, sperm, and cornea, further enhancing their use in medical applications.

Since the COVID-19 pandemic, which served as a wake-up call, IBRH3AU has emerged as a key hub for validating diagnostics in Uganda. The biobank continues to provide essential samples for diagnostic testing, vaccine development, therapeutic research, and the creation of proficiency test panels, playing a vital role in strengthening the country's healthcare and research infrastructure.

We therefore invite researchers, students, and scientists to take advantage of the extensive resources available at IBRH3AU. Whether you need support from protocol development to sample storage, our biobank is equipped to help advance your research. Explore our sample catalogue at IBRH3AU Sample Catalogue and join us in revolutionizing scientific research in Africa.




ISO 20387
IBRH3AU
Integrated Biorepository of H3Africa Uganda
Short Courses:
✓ Genomics,
✓ Bioinformatics
✓ Principles of Biobanking
About IBRH3AU
A state-of-the-art facility committed to providing well-annotated and characterized specimens for current and future research. We aim to become a leading biobank in Africa, advancing basic and translational research and
Samples handled:
PBMCs, blood, plasma, serum, tissue, urine, saliva, sputum, soil, plant tissue, swabs, DBS, stool, microbial cultures, environmental samples and sequencing grade nucleic acids, formalin-fixed, paraffin-embedded (FFPE) samples, tumours
Samples Processing:
• Aliquoting & Sample concentration,
• Extraction of sequencing grade nucleic acids, Sequencing
• Produce cell lines with an extended lifespan
• Test for extended proliferative capacity
• Phenotyping by immunocytochemistry
• Molecular diagnostics for infectious /NCDs
• Genotyping for molecular epidemiology studies
• Microbiome analysis
Samples storage Capacity:
Dedicated space of 6,500 sq. ft. Liquid nitrogen (-196°C), -80°C freezers & -20°C freezers, room temperature storage volume of 300Sq. ft. & off site full redundant backup
Contacts:
Makerere University College of Health Sciences, 3rd Floor, Patho. Microbiology BLDG, Upper Mulago Hill Rd
P.O. Box 7072, Kampala-Uganda
+256 414 541 830
+256 784 246 555
+256 756 121 381
admin@ibru.mak.ac.ug
www.ibru.mak.ac.ug
CytoFLEX
Bioinformatics Services:
• Bioinformatics pipelines for metagenomics, small-genome assembly, mapping and variant calling
Student Research Support
• To date over 10 PhD and 40 Master's students have benefitted from already stored samples reducing their research budget by over 40% and allowing them to complete their research in record time
IBRH3AU
Home Biospecimens SARS-CoV-2 Organs Tissues Resources Contacts
Our Catalog Numbers
99% Viability
121+ Collaborations
238+ Studies
810,766+ Participants
2,653,982+ Biospecimens

Sipi Hall:

Baby Gel Trial Symposium

A CLUSTER RANDOMISED TRIAL TO EVALUATE THE EFFECTIVENESS OF HOUSEHOLD ALCOHOL-BASED HAND RUB FOR THE PREVENTION OF SEPSIS, DIARRHOEA AND PNEUMONIA IN UGANDAN INFANTS (THE BABYGEL TRIAL)

Martin Chebet, David Mukunya, Kathy Burgoine, Melf-Jakob Kühl, Duolao Wang, Antonieta Medina-Lara, Eric Brian Faragher, Amos Odiit, Peter Olupot-Olupot, Ingunn Marie Stadskleiv Engebretsen, John Baptist Waniaye, Julius Wandabwa, Thorkild Tylleskär, Andrew D Weeks, BabyGel Study Group.

Background: This cluster randomised trial assessed whether postnatal use of alcohol-based hand rub (ABHR) in households of prevents severe infant infections or death during the first three months of life.

Methods: 72 villages in eastern Uganda were randomised in a 2-arm cluster design, with rural villages as units of randomisation. We enrolled pregnant women at 34 weeks gestation. Women in the intervention group received ABHR for use from 34 weeks of gestation until the infant was three months old. Data were collected on neonatal and maternal outcomes including depression, as well as the cost of providing ABHR and healthcare costs utilisation for each participant. The trial also involved research priority setting for reproductive health research and local capacity building that included training of PhD and master's students.

Results: Between 2021 and 2024, we enrolled 2890 women in the intervention arm and 3199 women in the control arm each arm from 36 different clusters. Baseline characteristics were comparable between arms. In the intention-to-treat analysis, households in the ABHR arm practiced hand hygiene more frequently, however we found no difference in the risk of severe infant illness or death in the first 3 months of life with 17.2% (478/2779) in the intervention arm and 16.2% (501/3092) in the control arm (risk ratio of 1.05; 95% CI 0.92, 1.20).

Conclusion: Providing ABHR had no effect on severe infant illness or death. The trial consortium members will present findings on maternal health, implementation aspects of the trial, and economic considerations.

Trial registration: Pan African Clinical Trial Registry, PACTR202004705649428. Registered 1st April 2020, **https://pactr.samrc.ac.za/**.

Trial Funding: This project is part of the EDCTP2 programme supported by the European Union (grant number RIA2017MC-2029).

DAY 2:

HEPI Nile Hall: EFFECTIVE MENTORSHIP

INTRODUCTION

Mentorship is a process that occurs over a period of time in which a more experienced person (mentor) who may be a senior faculty, researcher or clinician engages with a junior mentee(s) to support, encourage, pass on skills, and provide advice, as part of improving the quality of the mentee and ensuring they have a successful professional career and rewarding work-life balance. Mentoring is an important part of career and institutional growth and is necessary for provision of quality health services and or excellence in health professions education. This workshop will introduce the concept of mentorship to participants and enable discussion of strategies and guidelines for effective mentorship.

OBJECTIVES

1) To explain the key principles of effective mentorship
2) To explain effective strategies of good mentorship
3) To effectively use key mentorship tools during the mentorship process

OUTCOME

By the end of the workshop, participants should be able to apply effective mentorship strategies with their mentees

APPROACH

The workshop shall consist of a few presentations, active group work and discussions as well as interactive feedback sessions

FACILITATORS: Prof Sarah Kiguli, Dr. Aloysius G Mubuuke, Dr. Ian Munabi

Kagera Hall: AFROHUN - Uganda One health institute: Contribution to building workforce and Global health Security from 2016 to date.

MENTORSHIP OF THE NEXT GENERATION OF ONE HEALTH WORKERS THROUGH EXPERIENTIAL LEARNING: A CASE OF STUDENTS OF MAKERERE UNIVERSITY

Peninah Nsamba, Innocent B. Rwego, Sylvia Wanzala, Esther Buregyeya, Gabriel Tumwine, Doreen Tuhebwe, Angella Musewa, William Bazeyo.

ABSTRACT

Multiple zoonotic disease outbreaks occurred in Uganda over the past two decades and have needed operationalization of the One Health (OH) Approach to respond effectively. Between 2016 and 2018, the African One Health University Network (AFROHUN) supported 61 students (25 females, 36 males) to join multisectoral and multidisciplinary government national and district task force disease response teams. The goal of joining these teams was to build and strengthen the students' disease investigation and response skills in real time using a One Health approach. Qualitative methods were used to collect student and partner responses on their field experiences. The AFROHUN project identified the experiential knowledge and skills that the students gained. Student project reports were reviewed by the joint technical teams from the university and the national/district task forces. These included training materials and disease outbreak investigation and response reports. Partnerships and collaboration between the university One Health networks and the government enabled 35 graduate and 26 undergraduate students to receive joint mentorship from the national or district task force outbreak response teams. Most participants were from degree programs in Public Health, Epidemiology, Environmental Health, Veterinary, Wildlife Sciences, and Infectious Disease Management, while few students were from social sciences. Students were mentored in seven competency-based areas of disease management: (1) biorisk management, (2) community engagement and coordination, (3) epidemiology, (4) leadership, (5) outbreak investigation and response, (6) risk communication, and (7) surveillance. In conclusion, zoonotic outbreaks provided real-life learning opportunities for students in disease outbreak investigation and response using a multidisciplinary and multisectoral approach. The identified skills can be incorporated into educational materials such as curricula and present an ideal opportunity to build partnerships for workforce development.

IMPLEMENTATION OF THE NATIONAL ACTION PLAN FOR HEALTH SECURITY AT THE UGANDA- DRC BORDER. A CASE OF THE EBOLA VIRUS DISEASE PREPAREDNESS AND RESPONSE

Gabriel Tumwine, Jonah Ainembabazi, Lawrence Nduhukyire, Joan Naluzze, George Seruwaga, Richard Migisha, Winnie Bikako, Rebecca Nuwematsiko

Introduction: The cross-border transmission of infectious diseases poses significant challenges to health security, particularly in regions like the Uganda-Democratic Republic of Congo (DRC) border, which is vulnerable to Ebola Virus Disease (EVD) outbreaks. Both Uganda and DRC have implemented National Action Plans for Health Security (NAPHS) to enhance preparedness, detection and response to public health emergencies. This study assessed the extent of NAPHS implementation in the Uganda-DRC border region, focusing on the preparedness and response to EVD.

Methods: A mixed-methods approach was employed, including quantitative surveys (n=608) and qualitative data collection through Key Informant Interviews (25) and Focus Group Discussions (5). The study sites included key border points in Kasese District that is, Karambi, Isango Sub-counties and Mpondwe-Lhubiriha Town Council in Uganda, and in Ituli and North Kivu provinces specifically Kasindi and Nobil in DRC. The participants included health workers, community leaders, and stakeholders. Data were analyzed using descriptive and thematic analysis to assess knowledge levels, and NAPHS implementation in these areas.

RESULTS: The study found that 58% of participants were aware of NAPHS, with knowledge varying across its components. Approximately 49% reported that NAPHS was implemented along the border, while 31% indicated it had not been implemented at all. The most frequently applied NAPHS components during the recent EVD outbreaks (2020-2022) were surveillance (48%) and risk communication (33%). Challenges identified included resource constraints, policy issues, and inadequate coordination between Uganda and DRC. Participants reported that risk communication, real time surveillance, and collaboration among stakeholders were vital for successful EVD response efforts.

CONCLUSION: The study identifies critical gaps in the implementation of the NAPHS at the Uganda-DRC border, particularly in workforce development and cross-border coordination. While some areas, such as surveillance and risk communication, show progress, further efforts are needed to fully implement the NAPHS and enhance regional preparedness. Improved cross-border collaboration, resource allocation, and sustained training for workforce are essential to mitigate future EVD outbreaks effectively.

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Katonga Hall: Child Health and Development Centre (CHDC) Symposium

MAKERERE UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF MEDICINE
CHILD HEALTH AND DEVELOPMENT CENTRE

P. O. Box 6717 **Phone:** 256-414-541684, **Fax:** 256-414-531677 Kampala - Uganda
Email: chdc@chdc.mak.ac.ug **Website:** www.chdc.mak.ac.ug

Joint Annual Scientific Health Conference (JASHC) 2024

Symposium abstract

Child Health and Development Centre, College of Health Sciences, Makerere University

Lead: Arthur Mpimbaza (Tel: 0789399000; Email: arthurwakg@yahoo.com)

Contact person: Nelson Ssewante (Tel: 0782937220; Email: nelson.ssewante1@gmail.com)

Background

Child Health and Development Centre (CHDC), College of Health Sciences (CHS), Makerere University (MAK) is a multi-disciplinary Centre whose role is to promote a holistic response to children and women's health needs through multi-disciplinary and multi-sectoral research, teaching, training and strengthening partnerships between MAK, Government of Uganda (GOU) and communities. CHDC's underlying philosophy is that health needs of children and women go beyond biomedicine, to include complexities relating to families, communities, institutions of care and public policies.

Over the years, CHDC has expanded its research profile covering diverse aspects of health. As a result, and for purposes of management and administration, CHDC has categorized its research profile into the following programs:

1. Families, Parenting and Child Health
2. Systems for Health and Malaria Research
3. Technology and Child Health
4. Non communicable Diseases
5. Research Capacity Building
6. Early Childhood Development

In 2022, Dr. Arthur Mpimbaza, Senior Lecturer at CHDC, and lead of the Systems for Health and Malaria Research program won a Post-Doctoral Fellowship grant from the Directorate of Research and Graduate Training MAK, with funding from Carnegie Corporation. For the post doc fellowship, Dr. Mpimbaza is studying the risk of acquiring malaria among patients admitted at jinja regional referral hospital. In addition to funding for this study, the grant provided an award tailored to departmental development. Using these funds, CHDC has been hosting symposia to showcase its research capacity and potential, aligned to respective research programs. Two symposia have so far been hosted by 1) Families, Parenting and Child Health and 2) Technology and Child Health research programs. The next symposium will focus on the Systems for Health and Malaria Research program. Given its profile, CHDC plans to host this symposium in the upcoming JASHC conference. Presented below is an outline of the content of the proposed symposium.

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Title
Systems for health and malaria research symposium.

Objective
To disseminate our research findings and to foster dialogue among researchers, policymakers, and practitioners.

Sub theme
Health system strengthening

Symposium structure
The symposium will include six oral presentations given over varying times (10 to 20 minutes) totaling 1 hour 20 minutes. The presentations will be followed by a 30-minute Q&A session.

Date
- Day: Conference day 1
- Time: Morning session

Presentations

Presentation 1 (10 minutes)
Title: Overview of the health system for health and malaria research program at CHDC.
Presenter: Dr. Arthur Mpimbaza

Presentation 2 (10 minutes)
Title: Malaria associated acute kidney injury in African children: prevalence, pathophysiology, impact, and management challenges
Presenter: Dr. Anthony Batte
Overview: The abstract draws from a bigger initiative to enhance our understanding of the impact of malaria infection on the kidney disease epidemiology. This abstract highlight the growing concern of acute kidney injury (AKI) in African children with severe malaria. AKI increases the risk of death both during and after treatment and leads to long-term complications like chronic kidney disease and hypertension. The abstract highlights the need for better recognition and management of AKI in malaria cases presenting to facilities in rural settings.

Presentation 3 (10 minutes)
Title: Malaria chemoprevention in the post discharge management of severe anemia
Presenter: Dr. Aggrey Dhabangi
Overview: This presentation will be based on a study that sought to investigate whether giving children (< 5 years of age) malaria prevention medicine after hospitalization with severe anemia in malaria-prone areas of Africa could reduce the risk of death or hospital readmission. The study was conducted in Uganda and Kenya. After receiving standard care for severe malaria anemia, participants were randomly assigned to either malaria prevention medicine (dihydroartemisinin-piperaquine; DP) or a placebo for three months. Findings showed that, compared to those who received the placebo, children who received DP had significantly less readmissions or deaths within the first 14 weeks' post-discharge. The study suggests that post-discharge malaria prevention can effectively reduce the risk of complications during the early recovery period.

Presentation 4 (10 minutes)
Title: Risk of acquiring malaria among patients admitted at jinja regional referral hospital
Presenter: Dr. Nelson Ssewante

Overview: This study is premised on the hypothesis that hospitals in Uganda provide ideal conditions for malaria transmission. Therefore, the objective of this study is to assess the risk of acquiring malaria among patients admitted with non-malarial illnesses at Jinja Regional Referral Hospital (JRRH). Patients hospitalized with non-malaria illness (negative RDT and microscopy) and requiring prolonged admission are being enrolled at the Accident and Emergency Unit of JRRH. Enrolled patients are then followed up periodically in the wards where they were admitted and blood sample taken to assess for a positive malaria test (RDT, microscopy, and PCR). To date, 1744 patients have been screened, of whom 246 were enrolled and 221 have completed follow-up. Of those who have completed follow-up 29 (13%) turned positive during follow-up.

Presentation 5 (20 minutes)
Title: A model health systems strengthening strategy to reduce malaria mortality in the Busoga sub-region, Uganda: An Overview
Presenter: Dr. Arthur Mpimbaza
Overview: Uganda is emblematic of countries in sub Saharan Africa where achieving malaria control is difficult. Amidst intensification of efforts, malaria control in Uganda remains elusive. Effective health systems are a prerequisite to successful implementation of public health interventions. In that regard, researchers at the CHDC are conducting a project whose goal is to develop a model health system strengthening (HSS) strategy to reduce malaria mortality. Design of the model HSS strategy is premised on two principles. The first, 'local solutions for local problems.' The second, innovation. The model is constituted of a tripartite of thematic areas including 1) quality health services, 2) community empowerment, and 3) functional village health teams. The model has been branded BUNIFU@HSS. *BUNIFU* is a swahili word meaning, innovation and or creativity, resonating well with guiding principles upon which the model is premised. The background and details relating to development of the BUNIFU@HSS model will be presented.

Presentation 6 (20 minutes)
Title: Integrating COBERS in BUNIFU&HSS
Presenter: Andrew Muhoozi
Overview: As part of CHDC's mandate to train undergraduate students and promote implementation research, the BUNIFU@HSS project hosted a group of Year IV medical students from the CHS-MAK. The students implemented their Community Based Education and Research Services project (COBERS Community project: CHS 4102) in the setting of a BUNIFU@HSS baseline malaria indicator survey at Namalege village, Kigandalo sub county, Mayuge district; a study trial site. The students project was entitled 'A behavior change campaign to promote long-lasting insecticidal net utilization and maintenance in Namalege village, Mayuge District-Uganda.' To provide context to their new project, the students participated in two baseline assessments including a census and a malaria indicators survey. Baseline findings indicated high parasite prevalence largely attributed to low bed net coverage and use. To facilitate behavior, change the students conducted three activities including 1) community engagement, 2) Health education talks and demonstration of how to use nets and 3) a targeted bed net campaign. The students will present their findings and experiences working on the BUNIFU@HSS project.

Other Activities
We plan to have an exhibition stall where participants can learn more about CHDC's work. The stall will have brochures, manuals, publication lists, and other relevant materials.

PLENARY SESSION 1: MAKERERE UNIVERSITY LUNG INSTITUTE (LIGHT PROJECT)

CONCEPT NOTE FOR LIGHT UGANDA PANEL SESSION AT THE JASH CONFERENCE

INTRODUCTION

According to the 2023 Global tuberculosis report, the number of people who develop tuberculosis (TB) every year has only reduced by 8.7% between 2015 and 2022, much less than the 2025 milestone of 50%. This is mainly attributable to the 3.1 million people with active TB who are not being reached and miss out on care and treatment, two thirds of whom are men. The Leaving no-one behInd; transforming Gendered pathways to Health for TB (LIGHT) Consortium aims to design and test gender-responsive interventions that improve diagnosis and access to care to reduce TB morbidity and mortality among men, women and children.

Among the estimated 10.6 million people who developed TB disease in 2022, the highest burden of TB is in adult men (55%), followed by adult women (33%) and children (12%). Apart from biological, behavioural, and occupational reasons for men's vulnerability to TB, there is strong evidence that men are disadvantaged in seeking and/or accessing TB care in many settings. Masculine ideals of strength and resilience contribute to risk taking and delays in care seeking for TB symptoms which are compounded by poverty, poor housing, food insecurity, lack of education, financial hardship, and psycho-social issues.

Although the burden of TB in Uganda is highest among men, there are currently no gender-specific TB guidelines. Uganda has made tremendous progress in identifying and linking people with TB to care. The country has steadily increased TB notifications and treatment coverage, exceeding the estimated number of people with active TB (103%). Success varies across the country, with some districts missing nearly 3 in 4 people with TB. Countrywide the TB treatment success rate has increased (89%), being close to the national target (90%), but varying across districts. In addition, the Uganda Tuberculosis Gender, Key and Vulnerable Populations Assessment Report suggests women continued to utilise TB services more effectively than men and that proportionately more men with TB are missed than women.

The LIGHT Consortium is organising this panel discussion to explore the gendered gaps in TB service and discuss opportunities for gender-responsive TB research and programming to improve access to and retention in TB services. Research Uptake (RU) is a critical driver for LIGHT – it is important that new data influencees policymaking, research interests and practice in order to reduce the prevalence,

mortality and impacts of TB on the different groups of people.

THE JASH

The 18th Joint Annual Scientific Health Conference (JASH), 30th UNACOH Conference, and 22nd Dr. Mathew Lukwiya Memorial Lecture, is an esteemed event hosted by the Makerere University College of Health Sciences (MakCHS) in collaboration with the Uganda National Association of Community and Occupational Health (UNACOH). Scheduled for October 16-18, 2024, at Hotel Africana, Kampala, Uganda, this conference will gather experts and stakeholders to address critical global health security challenges in Sub-Saharan Africa. Tuberculosis is one of the global health challenges that require a multisectoral approach to address.

The LIGHT RPC in Uganda, at Makerere University Lung Institute is organizing a plenary panel session at the JASH Conference to shed light on the research on TB and gender in Uganda.

THE TOPIC: Gender and how it intersects with TB in Uganda: A discussion of community perceptions, research findings, programme initiatives, and policy recommendations.

The panel discussion will focus on the research that is being conducted by MLI, including LIGHT research, IGNITE study, and Gender and Key Populations Assessment and how it is contributing to end TB in Uganda.

SESSION DURATION: 60 minutes.

PANELISTS

- Dr. Jasper Nidoi – IGNITE researcher.
- Dr. Wincey Katagira – Gender and Key Populations Assessment key outcomes
- Dr. Stavia Turyahabwe – NTLP Programme Manager
- Mr. Fred Ebil– TB Survivor

MODERATOR

Dr. Winters Muttamba.

QUESTIONS

- What are the key community, economic, social, health system and policy factors contributing to gender disparities in TB disease in Uganda?
- What are the gaps and opportunities for gender-responsive TB services delivery in our national response to TB?
- How is the research industry positioned to generate evidence on TB and gender?
- How can we strengthen evidence generation in the TB subsector and the

translation of evidence in policy and practice through evidence informed decision making?

SESSION FLOW

The moderator will introduce the topic and the panelists (30 seconds each).

1) Start off by asking each panelist one interesting question to each panelist, that will stimulate interest in the audience. It may be a question that is a little controversial but 'good controversial'. Explore the country landscape at that time and select a trending issue in TB and use that to frame the questions.
2) Give the audience 5 minutes for 2 quick questions, observations and insights.
3) Moderator should ensure that the panelists are actually answering the questions

EXPECTED BENEFITS

- Share and gather rich insights into TB and gender from the rich collection of specialists, industry experts, policy makers, global and regional thought-leaders, among others.
- Visibility for the LIGHT Consortium and its work

DOCUMENTATION

- The session will be video-recorded
- There will be live Tweeting
- An article will be generated for the MLI/LIGHT website
- Two media personnel will be commissioned to generate 2 pieces for newspaper publication in Uganda.
- A report and/or case study will be generated.

The documentation tasks will be performed by Zahra Namuli and Milly Nattimba.

Day 2

THURSDAY
17th October 2024

ABSTRACT PRESENTATIONS

B01: INCREASING AWARENESS ABOUT SICKLE CELL DISEASE THROUGH HEALTH EDUCATION IN ALYEC VILLAGE, ALEBTONG DISTRICT

Aiden Kasule

INTRODUCTION: Sickle cell disease (SCD) is a group of inherited hemoglobin disorders characterized by abnormal sickle hemoglobin in erythrocytes. Globally, SCD remains inadequately addressed, with a significant burden in sub-Saharan Africa. Uganda, particularly Alebtong district, faces a high prevalence of SCD (23.9% among children 0 to 24 months). To address this, a community project focused on increasing awareness through health education in Alyec Village. The project involved pre- and post-implementation surveys, health education talks, and evaluation. Results showed improved knowledge about SCD causes and management

OBJECTIVE; To increase awareness about sickle cell disease among the residents of Alyec Village, Alebtong District.

METHODS: The project had two phases, the implementation phase and the evaluation phase. Our projected targeted household heads in Alyec Village. A pre-implementation survey was carried out before the health education talks. A structured questionnaire was used in data collection. Following this, health education sessions were conducted covering the cause, symptoms, and management of sickle cell disease. During these sessions, educational charts and manila papers with illustrations of inheritance patterns were utilized to enhance understanding. For the evaluation phase of the project, a post-implementation survey was carried out recruiting the same participants as those in the pre-implementation phase of the study. Change in the responses at end-line was used to evaluate the project.

RESULTS: A total of 112 people participated in the study. Of the respondents, 101(90.2%) had heard of SCD, with the highest proportion 97(86.6%) learning about it from friends and family. Initially, 40(35.7%) participants attributed SCD to inheritance, which increased to 98(87.5%) post-implementation. Beliefs in witchcraft as a cause decreased from 40(35.7%) to 6(5.4%), and those who did not know reduced from 31(27.7%) to 2(1.78%)

CONCLUSION: This community project demonstrated that health education for SCD is a feasible and efficacious intervention in increasing awareness about sickle cell disease.

B02: CHOLERA OUTBREAK CAUSED BY CONSUMPTION OF CONTAMINATED LAKE WATER AT KASENSERO LANDING SITE, KYOTERA DISTRICT, APRIL-MAY 2024

Bridget Ainembabazi[1]*, Emmanuel Mftundinda[1], Joyce Owens Kobusingye[1], Tracy Rutogire[1], Shem Mwebaza[1], Paul Edward Okello[1], Richard Migisha[1], Benon Kwesiga[1], Joseph Giriman2, Alex Riolexus Ario[1]

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BACKGROUND: On May 5, 2024, a cholera outbreak was confirmed at the Kasensero landing site in Kyotera District. We investigated the source, magnitude and risk factors of the outbreak to inform control measures.

METHODS: We defined a suspected case as onset of watery diarrhoea in a resident of the Kasensero landing site from 1 April to 24 May 2024. A confirmed case was a suspected case with a positive stool culture for *V. Cholerae.* We reviewed health facility records and conducted an active case search in the community with the help of local leaders to identify cases. We did descriptive epidemiology to identify the possible risk factors and generate a hypothesis. We conducted a case–control study to identify risk factors using logistic regression. We conducted an environmental assessment to assess sanitation and hygiene practices at the landing site.

RESULTS: We identified 64 cases (9 confirmed and 55 suspected) with an attack rate (AR) of 12/1,000 (64/5,300), and a case fatality rate of 3% (2/64). Fifty two percent (33/64) of the cases were male, and 38% (24/64) were aged 30-39 years. Kimwanyi parish was the most affected parish with 44 cases (AR=45/1,000). We observed latrines with compromised sub-structures and open defecation at the landing site. There was general water contamination of the lake water caused by the rains and flooding. The floating vegetation on the lake caused the stagnation of the lake water which likely sustained the contamination of the lake water which is the main source of livelihood at the landing site. Use of lake water for domestic purposes was significantly associated with cholera (aOR=4.0; 95% CI: 1.8–8.6) while boiling drinking water (aOR=0.4; 95% CI: 0.2–0.8) and having a pit latrine at home (aOR=0.3; 95% CI: 0.1–0.7) were protective.

CONCLUSIONS: The outbreak was caused by drinking unboiled/untreated lake water that had been contaminated by the floods that had washed down faecal matter to the lake at the landing site. We recommended boiling or treating lake water and construction of recommended pit latrines at the landing site.

B03: FETAL ANOMALY SCAN RATES, INFORMATION COLLECTED, AND PRENATAL REFERRAL PATTERNS FOR ANOMALOUS SCANS AMONG PREGNANT WOMEN IN KAWEMPE HOSPITAL

Noah Mutagala

INTRODUCTION: Congenital anomalies account for 5% of the neonatal mortality and 8% of the under-five mortality globally, and 90% of these deaths occur in LMICs. The disparities between the HICs and LMICs are due to delays in the diagnosis and treatment of congenital anomalies. Expectant women should have anomaly scans and those with fetal anomalies be referred to multidisciplinary fetal medicine facilities. Congenital anomalies have plateaued the efforts to reduce under-five mortality rates.

OBJECTIVE: To assess the fetal anomaly scan rates, information collected, and prenatal referral patterns for pregnant women with anomalous scans in Kawempe Hospital.

METHODS: This was a cross-sectional study; 427 respondents were recruited consecutively. A semi-structured interviewer-administered questionnaire was used to collect data on proportion and information collected on anomaly scans. Referral patterns were determined through a follow-up phone call to women with anomalous scans seven days after the scan was performed. Data collected was analyzed using Stata software version 15.0

RESULTS: Of the 1141 women between 18 and 24 weeks, only 427 (37.4%) had a scan however, none of the scans met the minimum requirements of an anomaly scan. Only 5 (1.2%) reported abnormalities. None of the five women with fetal anomalies got a prenatal referral to a multidisciplinary team.

CONCLUSION: The proportion of fetal anomaly scans was low and none met the minimum requirements. No prenatal referrals were made for those with anomalous scans.

B04: DETERMINANTS OF SHORT-TERM OUTCOMES AMONG CHILDREN MANAGED FOR IINFANILLE OBSTRUCTIVE JAUNDICE AT MULAGO NATIONAL REFERRAL HOSPITAL: A RETROSPECTIVE STUDY

Dennis Okwir

INTRODUCTION: Infantile obstructive jaundice (IOJ) poses significant clinical challenges, particularly in low-resource settings like Uganda, where patients often present with severe complications due to prolonged cholestasis. Despite its prevalence, the complete etiologic spectrum and the factors influencing outcomes of IOJ in Uganda remain poorly documented.

OBJECTIVES:To determine the aetiologies, short-term outcomes, and influencing factors among neonates and infants with obstructive jaundice managed at Mulago National Referral Hospital (MNRH).

METHODS: This retrospective study analyzed the medical records of 109 children diagnosed with IOJ at MNRH between January 2014 and December 2023. Demographic and clinical data were extracted and analyzed, with a focus on the causes of IOJ, outcomes, and factors influencing these outcomes. Logistic regression models were employed to identify independent predictors of poor outcomes.

RESULTS: Out of 109 cases, the most common cause of IOJ was biliary atresia (75.2%), followed by biliary cyst (12.8%) and inspissated bile plug syndrome (8.3%). Poor outcomes were observed in 89% of cases, with significant factors being prolonged symptom duration before admission and a diagnosis of biliary atresia.

CONCLUSION: IOJ in Uganda is predominantly caused by biliary atresia and is associated with high rates of poor outcomes, particularly among cases with delayed admission. Early detection and intervention are crucial to improving prognosis

B05: PREVALENCE AND FACTORS ASSOCIATED WITH MAJOR DEPRESSIVE DISORDER IN RURAL UGANDA.

Betty Nabukeera, Dan Kajungu

Makerere University Centre for Health and Population Research (MUCHAP)

INTRODUCTION: Information on Major Depressive Disorder (MDD) in rural settings in sub-Saharan Africa is limited, yet this is required to improve service development.

OBJECTIVES: To determine the prevalence of MDD among the adult population in the Iganga Mayuge Health Demographic Surveillance Site (IMHDSS).

To assess the factors associated with depression among adults in the IMHDSS.

METHODS: A cross-sectional study was nested in Iganga Mayuge Health and Demographic Surveillance Site (IMHDSS) – an open population cohort in Eastern Uganda. Data were collected from 1701 adults (18 years and above). Multivariable logistic regression was performed to examine the association between the prevalence of MDD and demographic factors.

RESULTS: Over two thirds of the participants 1217 (71%) were female. The mean age of the participants was 38 years (SD± 15.7). The prevalence of MDD was 17.0%. Participants who were older were more likely to screen positive for MDD (OR 1.89; 1.11–3.21), Male gender was protective against MDD (OR 0.85; 0.63–1.14). Education and marital status were not significantly associated with MDD.

CONCLUSION: Considerable burden of clinically significant depression exists in rural Uganda. This may well contribute to a poor quality of life. Therefore, adequate resources should be allocated to address this burden.

B06: YOUTH AS LEADERS OF CLIMATE CHANGE MITIGATION AND ADAPTATION IN UGANDA; A CASE STUDY OF KASESE DISTRICT

Kalidi Rajab[1], Robert BD Otto[1], Atukunda Angella[2], Balikuna Sulah[1], Hassan Matovu[3]

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BACKGROUND: In Uganda, climate change is increasingly manifesting through land and mudslides, prolonged droughts, erratic heavy downpours, storms and floods. This has severely affected the country's development and efforts to reduce poverty.

It is therefore important to take a proactive approach to put mitigation measures to stop activities that degrade the environment. Youth and children in Uganda make up a vital segment of the society with over half of the population being under the age of 18 years. As such, Uganda is uniquely positioned to harness the benefits of a young population for climate adaptation and change from environmental degradation activities. However, there is limited information on proven strategies on how to involve the youth in climate change hazard mitigation.

METHODS: This was a qualitative study with Kasese District, Western Uganda, as a case study. The study involved desk review of existing authoritative literature and conduct of nine (9) key informant interviews whose findings were fed into four (4) co-creation workshops. The study population included students (25) and teachers (12) from the selected secondary schools in Kasese district, Kasese youth leaders (12), district environmental leadership (4), Ministry of Water and Environment (3), and the Uganda National Environment Management Authority (NEMA) (2) who were all purposively selected to participate in the study. The co-creation workshops conducted employed the Human Centered Design Approach Ecosystem diagnosis process. The data were thematically analyzed, following the approach by Braun and Clarke (2006).

RESULTS: Several initiatives and campaigns support youth involvement in climate change activities such as tree planting, climate change debates and green energy and waste recycling. These initiatives and campaigns are supported by Government Ministries, Departments and Agencies (MDAs) such as Ministry of Water and Environment, National Environment Management Authority and National Forestry Authority, Youth go green, World Wild-life Fund for Nature, Green Climate Change Fund, Eco-trust and international funding agencies such as world bank and GIZ. The key challenges to youth involvement in climate change mitigation and adaptation included limited funding and resources for youth-led climate change initiatives, limited knowledge of youth on climate change, limited involvement of youth in climate change leadership and decision making, limited interest of youth in climate change initiatives and their mobile, unpredictable and unreliable nature.

CONCLUSIONS: The involvement of youth in climate change mitigation and adaptation is suboptimal. However, opportunities exist to strengthen the existing structures and approaches to youth involvement to harness the enormous potential of the youth and meaningfully engage them in climate change mitigation and adaptation.

B07: MYTHS ON HEPATITIS B VIRUS INFECTION AND THE UTILITY OF HEALTH EDUCATION IN INCREASING AWARENESS IN AMIRIMIRI VILLAGE, AMOLATAR DISTRICT, RURAL NORTHERN UGANDA

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BACKGROUND: Hepatitis B virus (HBV) is highly infectious and endemic in Uganda with the mid Northern region having the highest prevalence. Previous studies attributed this to misconceptions; however, these have not been well-defined. This study was part of the interventions conducted during Community Based Education and Research Services (COBERS) to increase awareness on transmission, prevention and effects of Hepatitis B virus infection.

OBJECTIVES: To identify the myths associated with hepatitis B virus infection and increase awareness on the transmission, prevention measures and effects of hepatitis B virus infection in Amirimiri village, Amolatar Town Council.

METHODS: Between October 28 to December 1, 2023, we conducted six informative and interactive health education sessions in Amolatar, northern Uganda enhanced with visual learning aids that focused on transmission and risk factors for hepatitis B infection, its effects and prevention measures. A pre and post-test cross-sectional studies were conducted using interviewer administered questionnaires and findings analyzed using SPSS.

RESULTS: Overall, 240 participants were enrolled, 145/240 (60.4%) were males and 95/240 (39.6%) females, the average age was 27.5 years. In the pretest, 110/120 (91.7%) and 106/120 (88.3%) responded that hepatis B virus infection is spread by sweat and sharing food and utensils respectively. Another 84/120 (70.0%) denied transmission from the mother to her unborn child. The posttest showed that health education increased awareness on vertical transmission (p=<0.001) 95% CI (0.7343, 0.8657), no transmission sharing food and utensils (p=<0.001) 95% CI (0.1406, 0.2594) and demystified transmission by sweat (p=<0.007) 95% CI (0.4782, 0.6561).

CONCLUSION: The myths associated with hepatitis B virus infection included the belief that hepatitis B is transmitted through contact with sweat, sharing of food and utensils and lack of awareness on vertical and sexual transmission. Health education interventions, however, were effective in increasing awareness on the transmission, prevention and effects of hepatitis B virus infection.

B08: OUT-OF-POCKET EXPENDITURE FOR TREATMENT OF DIARRHOEA IN CHILDREN UNDER-FIVE YEARS IN UGANDA: A COMPARATIVE ANALYSIS OF HOUSEHOLDS WITH AND WITHOUT HANDWASHING FACILITIES

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BACKGROUND: In Uganda, diarrhoea is the third cause of death in children under five years. While handwashing with soap can reduce its prevalence, access is limited. This study examines if out-of-pocket expenses for diarrhoea treatment differs based on access to handwashing facilities.

METHODS: We analysed data from two waves of Uganda National Household Surveys (2012/2013, and 2019/2020), on availability of handwashing facilities, socioeconomic status, diarrhoea episode in the preceding month among children under five years, treatment-seeking, and estimated out-of-pocket expenses. Mann–Whitney test compared median diarrhoea treatment costs between households with and without handwashing facilities.

RESULTS: Data from 3,253 (2012/2013) and 6,325 (2019/2020) households were analysed. Availability of handwashing facility remained low, increasing slightly from 14.7% in 2012/2013 to 17.2% in 2019/2020, with wealthier households more likely to have these facilities. Diarrhoea prevalence among children under five decreased from 4.6% in 2012/2013 to 2.4% in 2019/2020. Treatment was sought for over 90% of the children with diarrhoea disease. By 2019/2020, prevalence of diarrhoea was lower among children in households with handwashing facilities More than 70% of children who sought treatment had out-of-pocket expenditures with higher expenditures in households with handwashing facilities. The median out-of-pocket expenditure rose from US$4.5 in 2012/2013 to US$5.9 in 2019/2020.

CONCLUSIONS: Out-of-pocket expenses remained higher in households with handwashing facilities despite declining diarrhoea prevalence with time, indicating increased expenditures with socio-economic status. Also, the prevalence of diarrhoea was lower among children in households with handwashing facilities.

KEYWORDS: Out-of-pocket expenditure, handwashing facilities, diarrhoea, under five, Uganda

B09: UTILIZATION OF BORAX AND ITS IMPACT ON THE INCOME AND THE LIVELIHOOD OF MINERS AND OTHER STAKEHOLDERS: A CASE OF UGANDA

James Natweta Baguma[1,2], Victoria Mukasa[2], D.K Sekimpi[1,2], Daniel Sekabojja[1,2], Victoria Nabankema[1,2], Kamese Geofrey[2], Eva Magambo[2], John Ssempebwa[1], Margrethe Smidth[3]

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ABSTRACT

Mineral wealth serves as a crucial driver of economic growth and infrastructure development in many countries, including Uganda. Artisanal and Small-Scale Gold Mining (ASGM) plays a significant role in enhancing incomes and livelihoods. However, ASGM remains largely informal in Uganda, not reflected in the country's GDP. Many methods of gold processing are available around the globe. The borax method has become one of the favorable methods for extracting gold due to its lower operating cost, higher recovery, human and environmental consideration. This study aimed to assessing the impact of borax utilization in gold processing on the income and livelihoods of miners and stakeholders in Buhweju, Busia and Kassanda districts in Uganda where the Free Your Mine project is being implemented. A cross-sectional study using mixed methods was employed, with data collected from 161 miners through semi-structured questionnaires, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and observations. Analysis was conducted using Atlas ti version 7.0 and Stata Version 15.0. Findings indicate low adoption of borax and limited training coverage on the use of borax. While 80.1% of respondents saved money attained from gold mining activities, only 21.5% had investments. FGDs revealed that miners often resort to mercury use for quick income as using mercury takes little time compared to mercury-free methods, while KIIs emphasized the need for government intervention and need for policies to promote safer gold processing methods for sustainable livelihoods. Study underscores need for awareness, policy to improve safety in Uganda's ASGM sector. In addition, there is need for funding to support scale up the Free Your Mine Project to other gold mining districts in Uganda.

Keywords: Borax, Mercury Artisanal and Small-Scale Gold Mining (ASGM) Income, Livelihoods, Occupational Safety and Health (OSH)

B10: A COMMUNITY DIAGNOSIS OF NAMUWONGO A ZONE, MAKINDYE DIVISION, KAMPALA DISTRICT

Tithi Tripath

BACKGROUND: The country faces a huge health burden from both communicable and noncommunicable diseases, impacting morbidity and mortality rates. Namuwongo A zone lacks adequate knowledge and practices regarding health issues which may be contributing to the poor health indicators at ALIVE, one of their major primary care facilities. Hence, a community diagnosis in this zone may suggest strategies for addressing their health issues.

OBJECTIVES: The study aimed to determine the demographic characteristics, common illnesses, healthcare-seeking behaviors, reproductive healthcare practices, sanitation, hygiene practices, and nutritional status of children in Namuwongo A.

METHODOLOGY: A cross-sectional study was done, and data was collected from 100 households using qualitative and quantitative methods.

RESULTS: Results showed that most households (69%) were led by males, living in permanent structures with low monthly incomes. Charcoal was the primary cooking fuel, while piped/tap water was the main water source. Public toilets with hand-washing facilities were common (100%).. Majority (83%) sought healthcare at government facilities, with good immunization rates (92%) and family planning uptake was at 76%. Common illnesses included malaria, respiratory tract infections, and diarrhea. There were no cases of severe acute malnutrition among children. The village faced congested living conditions, low socio-economic status, poor sanitation, and drainage challenges.

CONCLUSION: Namuwongo A village is diverse, with crowded living conditions and poor standards of living. Malaria, respiratory infections, and diarrhea are significant health concerns, but healthcare-seeking practices are adequate. The nutritional status among children is good. There is a need to address the knowledge gap and practices for sanitation and hygiene to improve the overall health outcomes in this community

B11: COMMUNITY DIAGNOSIS OF OBIYAI VILLAGE, PALLISA DISTRICT

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ABSTRACT

Community diagnosis is a quantitative and qualitative description of the health of citizens and the factors which influence their health. Health status is assessed using indicators such as the common illnesses in the community, health care seeking practices, reproductive health challenges among others. A study was carried out in Obiyai village, located in Omatakojjo parish, Kibale subcounty, Kibale County, Pallisa District to describe existing problems, determine available resources and set priorities for planning, implementing and evaluating health action by and for the ccommunity. A cross-sectional mixed methods study, was conducted among 72 households. Data was collected using a questionnaire, interviews, observational checklists and focus group discussions.

The majority (91%) of the residents of Obiyai village were peasant farmers whose highest level of education was primary level. The commonest illnesses included malaria (69.06%), upper respiratory tract infections (17.13%), urinary tract (2.21%) and sexually transmitted infections. The most commonly practised malaria preventive practices were use of insecticide treated nets (ITNs) (93.37%) and indoor residual spraying (IRS) (61.88%). The residents sought healthcare from government and private health facilities. The methods of waste disposal were burning, dumping in pits and pouring in gardens. The reproductive health challenges faced included poor access to menstrual hygiene products, complications of pregnancy and inadequate information about and access to modern contraceptive methods.

B12: ENHANCING CLINICAL NURSING PRACTICE WITH THE USE OF CLINICAL DECISION-MAKING (CDM) MODELS IN LOW RESOURCE SETTINGS

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AIM: The aim of the presentation is to describe and expound on the different models of clinical decision-making that practicing nurses in the low resources setting, particularly in the East African Region could use to guide the decision-making process in the ever-challenging clinical practice environment to enhance clinical nursing practice.

DESIGN: A discursive method design using Clinical Decision-Making (CDM) models as guiding principles is used for this paper. A description of the use of CDMs in low resources settings and specifically in the East African region is expounded on.

RESULTS: A description of the various cdms, their concepts, and how the different concepts may be useful in decision-making process by the practicing nurses in the East African region is illuminated. The limitations of use of a particular CDM are provided in view of clinical nursing practice enhancement.

CONCLUSION: There is no doubt that practicing nurses in the East African Region as a low resource setting face numerous challenges that may be linked to health systems, individuals and diseases burden. Clinical decision-making models when well-conceived and utilized could be a great solution to mitigating the ever-challenging clinical practice environment. Use of CDMs in low resource settings need further exploration in East African region for knowledge and practice creation for evidence-based practice.

PUBLIC CONTRIBUTION: To inform practicing nurses about the different forms of Clinical-Decision-Making (CDM) models that can be used in low resources environment to enhance clinical nursing practice.

KEY WORDS: Clinical Decision-Making, Clinical Reasoning, Low resource setting, Practicing Clinical nurses, East African region

B13: DATA DRIVEN APPROACH TO CONDUCTING MPDSR REVIEWS: LESSONS FROM ELGON REGION

Moses Odot[1], Juliet Ayesiga[1],

1 USAID Uganda Health Activity

INTRODUCTION: Maternal and perinatal mortality are pressing global health concerns, with 800 women dying daily from preventable maternal causes and 1.9 million stillbirths annually. In Uganda, maternal mortality is 189 per 100,000 live births, with a goal of reducing it to 70 by 2030 in line with the SDGs. In the Elgon Region, maternal death reviews stood at 78% and perinatal death reviews at 25%, below the Ministry of Health's target of 95% as of October 2023.

A rapid assessment revealed challenges such as dysfunctional MPDSR committees, lack of tools, knowledge gaps, and limited data use. The USAID Uganda Health Activity (UHA), in collaboration with the Elgon Local Maternity & Newborn Systems, addressed these issues across 17 districts in the region.

OBJECTIVE: To increase maternal death reviews to 100% and perinatal death reviews to 95% by September 2024.

METHODOLOGY: MPDSR performance data in the Elgon region was analyzed to identify gaps, including dysfunctional committees, lack of tools, and data use. USAID UHA utilized the Elgon Local Maternity & Newborn Systems platform to highlight these issues, leading to 17 district MPDSR committee meetings and the reactivation of facility committees. Facility-level teams ensured MPDSR reviews, proper documentation, and reporting in DHIS2. Weekly reviews were conducted to track data, accompanied by a summary bulletin on the Elgon platform to monitor progress.

RESULT: Between September 2023 and May 2024, maternal death reviews improved from 78% to 100%, and perinatal death reviews rose from 25% to 75%.

CONCLUSION: The results demonstrate that a proactive, data-driven approach facilitates precise identification of risks, timely interventions, and targeted improvements. This method enhances accountability, fosters continuous learning, and ultimately improves maternal and newborn health outcomes in the region.

B14: MASS MEASLES VACCINATION A STRONG PILLAR IN CUTTING TRANSMISSION CYCLE IN AN OUTBREAK: A BRIEF FROM MOROTO DISTRICT, KARAMOJA- SUB-REGION

[1]Sarah Nababi, [1]Godfrey Emina

1 USAID Uganda Health Activity (UHA), 2Moroto District Local Government.

INTRODUCTION: On June 18, 2024, the Ministry of Health (MoH) Uganda confirmed a measles outbreak in Moroto District. By July 29, 2024, there were 280 suspected cases, 13 confirmed cases, and 6 deaths, with a case fatality rate (CFR) of 2.3%. The epicentres for the outbreak were Lotisan and Rupa sub-counties, with 59 and 50 cases respectively. These sub-counties border West Turkana in Kenya, which was experiencing protracted measles outbreak and had low immunization coverage.

METHODOLOGY: The MoH, through the Uganda Expanded Program for Immunization (UNEPI), district health office, and implementing partners, intensified support for the affected sub-counties by developing plans for and supporting implementation of a measles outbreak response campaign to cut the measles transmission cycle and curtail the outbreak. Key actions included a 5-day mass vaccination campaign targeting all children aged 6 months to 5 years. Other measures included active surveillance and case identification at all facilities, activation of isolation and holding centres, setting up an emergency response canter at Moroto Regional Referral Hospital, and community sensitization and risk communication.

RESULTS: During the measles campaign, 102% of eligible children in Moroto District were vaccinated. Daily suspected cases decreased nearly threefold, from about 3-9 cases per week before the campaign to 1-3 cases per week afterward.

CONCLUSION: Mass measles vaccination campaigns are effective in reducing transmission during outbreaks. Health programs should focus on scaling up approaches that increase immunization coverage and strengthen systems for prevention, detection, and response to outbreaks.

B15: PREVALENCE AND FACTORS ASSOCIATED WITH TIMELY COMPLETION OF COMMUNITY HEALTH REFERRALS IN PALABEK REFUGEE SETTLEMENT, LAMWO DISTRICT, NORTHERN UGANDA

Erick Afema, Kelvin s, Brenda Nakimuli, Christopher Garimoi Orach

INTRODUCTION: Globally, community health workers play a critical role in ensuring access to essential primary health care services. Uganda hosts an estimated 1.5 million refugees. An estimated 83,000 are hosted in Palabek refugee settlement. We assessed the prevalence and factors associated with timely completion of community health referrals.

METHODS: We conducted a community-based cross-sectional study, both quantitative and qualitative data were collected. 2408 community members were systematically sampled for quantitative data collection. We conducted nine focus group discussions and five Key Informant interviews. Quantitative data was analyzed using STATA version 14. Thematic analysis was used to analyze the qualitative data using Atlas.ti version 23.

RESULTS: The majority of respondents 81.73% completed referrals on time. Factors associated with timely referral were income between 50,001 and 100,000 UGX per month (aOR=1.75, 95%CI: 1.28-2.40, P<0.001), age (aOR=0.98, 95%CI: 0.97-0.99, P<0.001), moderate vulnerability (aOR=1.54, 95%CI: 1.13-2.09, P=0.006), having a referral letter (aOR=1.83, 95%CI: 1.45-2.29, P<0.001), perceiving illness as severe (aOR=0.76, 95%CI: 0.60-0.95, P=0.016) and having alternative options of care (aOR=0.75, 95%CI: 0.60-0.93, P=0.009).

CONCLUSION AND RECOMMENDATIONS: The study found that more than 4 in 5 community health referrals were completed on time. Factors that affect timely referral completion include; income level, age, having a referral letter, access to alternative care points and perception of disease severity. Livelihood support for refugees needs to be strengthened to empower refugees to make decisions on healthcare accessibility. More community engagements need to be supported to achieve mindset change towards healthcare seeking.

Keywords: Community Health Referral, Timely Referral Completion, Palabek Refugee Settlement, Northen Uganda

B16: STRENGTHENING AFRICA'S BIOSECURITY: ADDRESSING EMERGING RISKS FROM ACCIDENTAL AND DELIBERATE PATHOGEN RELEASES

Peter Babigumira Ahabwe

ABSTRACT:

The COVID-19 pandemic has highlighted global vulnerabilities to biological threats, underscoring the critical need for robust biosafety and biosecurity measures. While many African nations have established frameworks to manage naturally occurring outbreaks, there remains a significant gap in preparedness for accidental and deliberate releases of pathogens. This policy brief presents a comprehensive framework to strengthen Africa's capacity for detecting, attributing, and managing such incidents. It advocates for a multidisciplinary approach that includes the establishment of national outbreak assessment units, enhanced surveillance systems, and robust consequence management protocols. The proposed strategies emphasize the importance of collaboration between public health, veterinary, and law enforcement agencies to ensure rapid response and containment of biological threats. Furthermore, it calls for sustainable domestic financing and capacity building to support the development of diagnostics and medical countermeasures. By adopting these measures, Africa can better mitigate the health and economic impacts of biosecurity threats and strengthen global health security partnerships for epidemic response and control.

B17: PREVALENCE AND FACTORS ASSOCIATED WITH PUPERIAL SEPSIS AMONG POSTNATAL WOMEN AT A TERTIARY REFERRAL HOSPITAL IN WESTERN UGANDA

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BACKGROUND: Puerperal sepsis remains one of the leading causes of maternal mortality and morbidity in Uganda. The aim of this study was to assess the prevalence and factors associated with puerperal sepsis among postpartum women at Fort portal Regional Referral Hospital located in western Uganda.

METHODS: We used a cross-sectional design, a records review of the patient files of 180 postnatal mothers who were admitted at Fort Portal Regional Referral Hospital from 5 January 2024 to 01 February 2024 was done using a data abstraction checklist . Descriptive analysis and logistic regression analysis were performed to determine the prevalence of puerperal sepsis and determinants. Bivariate and multivariate logistic regression analysis was conducted for significant factors presented as Adjusted Odds Ratios (aOR) at $p \leq 0.05$

RESULTS: The median age of participants was 25.5 years (1QR=20-30) and the majority (77%) had primary education. The prevalence of postnatal sepsis was 24%. Duration of hospital stay [aOR=2.30; 95%CI (1.552-3.398); p=<0.001], history of antepartum hemorrhage [aOR=29.09; 95% CI (1.182-716.38); p=0.039] and Anemia [aOR=0.01; 95% CI (0.001-0.218); p=0.004] were identified as factors associated with puerperal sepsis among postnatal women upon multivariate logistic regression.

CONCLUSION: Puerperal sepsis was common in our setting. This study found that mode of delivery, duration of hospital stay, anemia, and Antepartum hemorrhage, were the determining factors contributing to puerperal sepsis, infection prevention measures during caesarean sections, and reducing the length of hospital stay would prove to be beneficial in the prevention of sepsis

B18: INCREASED DEATHS AMONG PROMINENT CITIZENS OF UGANDA DUE TO BATHROOM RELATED FALLS AND ACCIDENTS

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INTRODUCTION: Bathroom falls, resulting in injury and death, is an increasing public health concern in Uganda that has not been adequately investigated to guide prevention of incidents and mitigation of associated risk factors. The hard and slippery surfaces in the bathrooms of higher income housing are known to pose significant risks to users. Bath room fall injuries and deaths are a threat to all age categories of people though most commonly among older and elderly persons. Hence there is need to understand causative factors, as well as preventive measures, so as to promote the safety of bathroom users at the household, communal and commercial lodging levels.

SUMMARY OF SELECTED CASES AND DEATHS OF PROMINENT CITIZENS

Case N0.1: *A 57 year old male Ugandan died in a bathroom accident in Thailand. The deceased had reportedly accompanied a close family member for cancer treatment. (http://opr.news/3f9cd2ae240914en_ug?link=1&client=news, 14th September 2024)*

Case N0.1 ; a 53 year old male business man slid, fell in the bathroom, sustained injuries and died on 3rd May 2024 at Ministers' village Ntinda, a Kampala suburb. (New Vision, May. 4, 2024). ***Case N0.2: ;*** a 46 year old male (Army officer) was electrocuted after sliding in the bathroom while taking a shower and died on 31st March 2024 at Entebbe.(Daily Monitor , April 02, 2024)

Case N0.3; an adult male (Army officer) died on April 29th 2022 from Lira City, East division after a bathroom related accident. (New Vision, April. 30, 2022)

Case N0.4; a 72 year old male (Politician) died during October 2020 from Kampala after a bathroom related accident (Kampala Post, September 26, 2020).

Many people have also been reported to have died from bath room falls in communal lodgings, lodges and hotels. Details on signs and symptoms, tests done, treatment given or management before death and follow up investigations after death can hardly be found and synthesized for use to guide appropriate interventions.

CONCLUSION; There is need to conduct more studies to investigate and analytically document the incidence and risk factors on bathroom falls, accidents and deaths besides among a representative sample of Ugandan citizens to advance understanding of this public health threat and to allow appropriate preventive measures to be taken in the local settings of our country.

B19: ADVANCING INFORMATION TECHNOLOGY DATA CAPTURE AT THE POINT OF ZOONOTIC SPILLOVER

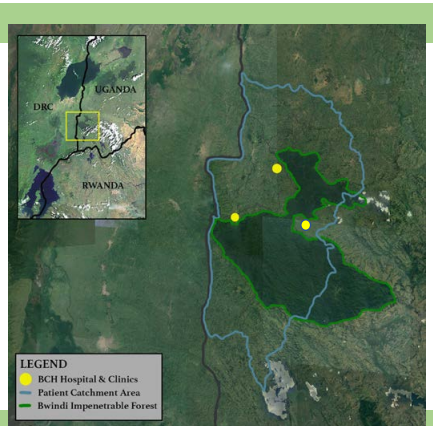
Bwindi mHealth

Advancing Information Technology Data Capture at the Point of Zoonotic Spillover

The Bwindi Mobile Health Project (mHealth) aims to develop a surveillance system that allows community members to report human, domestic and wild animal illnesses and provides a One Health integrated platform for healthcare providers to monitor outbreaks of zoonotic disease. This system will help improve detection of disease spillover events and help prevent future outbreaks.

Where we are working

We will be piloting this program around Bwindi Impenetrable National Park through a National Institutes of Health (NIH) funded R21/R33 grant. Due to human encroachment on the fragile ecosystems of the Congo basin forest perimeter, spillover of zoonotic pathogens into border communities have proliferated and resulted in worldwide implications. The region of the Bwindi Impenetrable Forest, located in the southwestern corner of Uganda bordering the Democratic Republic of Congo (DRC) is a biodiversity hotspot harboring among the largest number of primate and bat species of any forest in Africa. It is also situated in one of the most densely human populated regions of Africa. Healthcare facilities in this region remain vigilant for an outbreak of Ebola virus disease or Marburg hemorrhagic fever.



What we are doing

We aim to develop a Village Health Team (VHT) data collection system to capture acute febrile illness (AFI) and animal morbidity/mortality information using a community-based SMS system and a One Health smartphone-based APP. Using passive geo-location information and advanced machine learning techniques, we will create an integrated One Health AFI outbreak alert system to improve accuracy in detecting outbreaks of zoonotic disease.

The one health approach for this mHealth platform will improve detection of zoonotic spillover in the Bwindi region and other sub-Saharan regions and will help answer questions regarding the ecological scenarios supporting new and re-emerging viruses, and enable the early detection and ultimately prevention of future outbreaks.

Our team and partners

NIH Fogarty · UCDAVIS One Health Institute, School of Veterinary Medicine · Kanungu Community Hospital · GORILLA DOCTORS, Mountain Gorilla Veterinary Project & UC Davis Wildlife Health Center · UT DALLAS · UWA

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B20: PREVALENCE AND CO-INFECTION PATTERNS OF P. FALCIPARUM MALARIA AMONG ADULT PATIENTS WITH ACUTE FEBRILE RESPIRATORY ILLNESS IN KAMPALA, UGANDA

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BACKGROUND: In malaria-endemic regions like Uganda, the intersection of malaria and acute febrile respiratory illnesses (AFRI) poses significant public health challenges. Febrile respiratory illness (FRI) is defined by a new or worsening episode of cough or shortness of breath with fever or chills. These conditions can lead to large outbreaks of life-threatening diseases if not adequately controlled. P. falciparum malaria remains a major cause of morbidity and mortality in Uganda, particularly among vulnerable populations such as children and pregnant women. Concurrently, influenza and other respiratory viruses contribute significantly to the burden of acute febrile illnesses, with overlapping symptoms that complicate differential diagnosis. Understanding the co-infection patterns of malaria and respiratory illnesses is crucial for developing integrated management strategies, especially in emergency settings where rapid and accurate diagnosis is vital.

OBJECTIVE: The study aimed to determine the prevalence of P. falciparum malaria and its co-infection patterns among adult patients presenting with acute febrile respiratory illness in Kampala, Uganda.

METHODS: A cross-sectional study was conducted from May 2023 to May 2024 across multiple health facilities in Kampala, including Mulago National Referral Hospital, Kiruddu National Referral Hospital, Komamboga Health Center III, Kasangati Health Center IV, Kawaala Health Center IV, Kisenyi Health Center IV, and Kiswa Health Center III. Adult patients with symptoms of AFRI (fever, cough, flu like symptoms and sore throat) were screened for malaria using microscopy and rapid diagnostic tests. Those who tested positive for malaria were further evaluated for respiratory viral infections, including SARS-CoV-2, influenza, and respiratory syncytial virus (RSV), by PCR.

CONCLUSION: Preliminary results from the study will be discussed, highlighting the prevalence of malaria and the patterns of co-infection with respiratory viruses. These findings will provide insights into the dual burden of malaria and respiratory infections in Uganda.

Day 2 poster presentations

B21: A COMMUNITY DIAGNOSIS REPORT ON THE HEALTH STATUS OF THE RESIDENTS LIVING IN KINUBI CELL, BWIKYA WARD, EAST DIVISION, HOIMA DISTRICT, UGANDA

Michael Okirwoth[1], Raizudheen Raafidha[1], Catherine Joy Kukiriza[1], Deborah Mulungi[1], Brenda Mulisa[1], Tadeo Yuda Kaliisa[1], Patrick Bwogi[1], Joseph Murungi[1], Richard Kwizera[1], Charles Balungi[2], Ivan Kimuli[1]

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INTRODUCTION: Despite significant efforts and progress in various areas, Uganda is lagging in attaining the SDGs by 2030 due to a combination of economic, social and environmental challenges. Hoima district like other areas in Uganda has a significant burden of neglected tropical diseases, HIV/AIDS, tuberculosis, malaria, respiratory tract infections and maternal and perinatal conditions. Often, health interventions do not meet community needs and at times are not accepted due to the wide gap between interventions and community health problems. There is a need for effective and efficient identification of community health problems before initiating any interventions.

OBJECTIVE: We aimed to assess the health status or community health problems of the people living in Kinubi cell in Bwikya ward, East division in Hoima district, Uganda.

METHODS: This was a cross-sectional study utilizing both qualitative and quantitative approaches to evaluate the health status of the people in the study area from 3rd June to 5th July 2024. Pre-tested questionnaires and interview guides for key informants were administered. Systematic random sampling was used where every 2nd house hold was selected.

RESULTS: The estimated population in the village was 1250 people and 230 households in a radius of 1500 square kilometers. We included 146 respondents and 68.5% were female with the majority (63%) in the age group of 18-30 years. The majority of the participants were married (55%) and from the Bunyoro tribe (63%). 42.5% of household heads had their highest level of education as secondary level and 58% were self-employed. 45.2% used piped/tap water and 63% first boiled water before drinking. 78.4% reported washing their hands with soap and water before eating food, after visiting latrine and after eating food. 62.3% of residents kept garbage in sacks around their homes for a long time which predisposed them to various infections. Respiratory tract infections (48.6%), malaria (30.1%) and (3.5%) urinary tract infections were the most common complaints. The most prevalent

chronic illness was hypertension (23.5%). Of the 83 respondents who had children under 5 years, 95.2% of the children had normal mid-upper arm circumference above 12.5cm, and 85.3% breastfed them for more than one year and exclusively for the first six month. Although most families (83.6%) bought food from the market, many families (70.7%) had 3 or more meals a day. All (100%) caretakers had their children partially or fully immunized.

CONCLUSIONS: There is a need to educate people about infection prevention and control, proper waste disposal, proper use of mosquito nets, home hygiene and the dangers of self-medication.

B22: INCREASING AWARENESS ABOUT SICKLE CELL DIEASE THROUGH HEALTH EDUCATION IN ALYEC VILLAGE, ALEBTONG DISTRICT.

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Affialiation: Makerere University, College of Health Sciences, School of Medicine, Kampala-Uganda, Kabale University, School of Medicine, Kabale-Uganda

INTRODUCTION: Sickle cell disease (SCD) is a group of inherited hemoglobin disorders characterized by abnormal sickle hemoglobin in erythrocytes. Globally, SCD remains inadequately addressed, with a significant burden in sub-Saharan Africa. Uganda, particularly Alebtong district, faces a high prevalence of SCD (23.9% among children 0 to 24 months). To address this, a community project focused on increasing awareness through health education in Alyec Village. The project involved pre- and post-implementation surveys, health education talks, and evaluation. Results showed improved knowledge about SCD causes and management Objective

To increase awareness about sickle cell disease among the residents of Alyec Village, Alebtong District. Methods

The project had two phases, the implementation phase and the evaluation phase. Our projected targeted household heads in Alyec Village. A pre-implementation survey was carried out before the health education talks. A structured questionnaire was used in data collection. Following this, health education sessions were conducted covering the cause, symptoms, and management of sickle cell disease. During these sessions, educational charts and manila papers with illustrations of inheritance patterns were utilized to enhance understanding. For the evaluation phase of the project, a post-implementation survey was carried out recruiting the same participants as those in the pre-implementation phase of the study. Change in the responses at end-line was used to evaluate the project.

RESULTS: A total of 112 people participated in the study. Of the respondents, 101(90.2%) had heard of SCD, with the highest proportion 97(86.6%) learning about it from friends and family. Initially, 40(35.7%) participants attributed SCD to inheritance, which increased to 98(87.5%) post-implementation. Beliefs in witchcraft as a cause decreased from 40(35.7%) to 6(5.4%), and those who did not know reduced from 31(27.7%) to 2(1.78%)

CONCLUSION: This community project demonstrated that health education for SCD is a feasible and efficacious intervention in increasing awareness about sickle cell disease.

B23: CHOLERA OUTBREAK CAUSED BY CONSUMPTION OF CONTAMINATED LAKE WATER AT KASENSERO LANDING SITE, KYOTERA DISTRICT, APRIL-MAY 2024

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BACKGROUND: On May 5, 2024, a cholera outbreak was confirmed at the Kasensero landing site in Kyotera District. We investigated the source, magnitude and risk factors of the outbreak to inform control measures.

METHODS: We defined a suspected case as onset of watery diarrhoea in a resident of the Kasensero landing site from 1 April to 24 May 2024. A confirmed case was a suspected case with a positive stool culture for *V. Cholerae*. We reviewed health facility records and conducted an active case search in the community with the help of local leaders to identify cases. We did descriptive epidemiology to identify the possible risk factors and generate a hypothesis. We conducted a case– control study to identify risk factors using logistic regression. We conducted an environmental assessment to assess sanitation and hygiene practices at the landing site.

RESULTS: We identified 64 cases (9 confirmed and 55 suspected) with an attack rate (AR) of 12/1,000 (64/5,300), and a case fatality rate of 3% (2/64). Fifty two percent (33/64) of the cases were male, and 38% (24/64) were aged 30-39 years. Kimwanyi parish was the most affected parish with 44 cases (AR=45/1,000). We observed latrines with compromised sub-structures and open defecation at the landing site. There was general water contamination of the lake water caused by the rains and flooding. The floating vegetation on the lake caused the stagnation

of the lake water which likely sustained the contamination of the lake water which is the main source of livelihood at the landing site. Use of lake water for domestic purposes was significantly associated with cholera (aOR=4.0; 95% CI: 1.8–8.6) while boiling drinking water (aOR=0.4; 95% CI: 0.2–0.8) and having a pit latrine at home (aOR=0.3; 95% CI: 0.1–0.7) were protective.

CONCLUSIONS: The outbreak was caused by drinking unboiled/untreated lake water that had been contaminated by the floods that had washed down faecal matter to the lake at the landing site. We recommended boiling or treating lake water and construction of recommended pit latrines at the landing site.

B24: FETAL ANOMALY SCAN RATES, INFORMATION COLLECTED, AND PRENATAL REFERRAL PATTERNS FOR ANOMALOUS SCANS AMONG PREGNANT WOMEN IN KAWEMPE HOSPITAL

INTRODUCTION: congenital anomalies account for 5% of the neonatal mortality and 8% of the under-five mortality globally, and 90% of these deaths occur in LMICs. The disparities betweenthe HICs and LMICs are due to delays in the diagnosis and treatment of congenital anomalies.

Expectant women should have anomaly scans and those with fetal anomalies be referred to multidisciplinary fetal medicine facilities. Congenital anomalies have plateaued the efforts toreduce under-five mortality rates.

OBJECTIVE: To assess the fetal anomaly scan rates, information collected, and prenatal referral patterns for pregnant women with anomalous scans in Kawempe Hospital.

METHODS: This was a cross-sectional study; 427 respondents were recruited consecutively. A semi-structured interviewer-administered questionnaire was used to collect data on proportion and information collected on anomaly scans. Referral patterns were determined through a follow-up phone call to women with anomalous scans seven days after the scan was performed.Data collected was analyzed using Stata software version 15.0

RESULTS: Of the 1141 women between 18 and 24 weeks, only 427 (37.4%) had a scan however,none of the scans met the minimum requirements of an anomaly scan. Only 5 (1.2%) reported abnormalities. None of the five women with fetal anomalies got a prenatal referral to a multidisciplinary team.

CONCLUSION: The proportion of fetal anomaly scans was low and none met the minimum requirements. No prenatal referrals were made for those with anomalous scans.

B25: DETERMINANTS OF SHORT-TERM OUTCOMES AMONG CHILDREN MANAGED FOR INFANTILE OBSTRUCTIVE JAUNDICE AT MULAGO NATIONAL REFERRAL HOSPITAL: A RETROSPECTIVE STUDY.

Dennis Okwir

INTRODUCTION: Infantile obstructive jaundice (IOJ) poses significant clinical challenges, particularly in low-resource settings like Uganda, where patients often present with severe complications due to prolonged cholestasis. Despite its prevalence, the complete etiologic spectrum and the factors influencing outcomes of IOJ in Uganda remain poorly documented.

OBJECTIVES: To determine the etiologies, short-term outcomes, and influencing factors among neonates and infants with obstructive jaundice managed at Mulago National ReferralHospital (MNRH).

METHODS: This retrospective study analyzed the medical records of 109 children diagnosed with IOJ at MNRH between January 2014 and December 2023. Demographic and clinical data were extracted and analyzed, with a focus on the causes of IOJ, outcomes, and factors influencing these outcomes. Logistic regression models wereemployed to identify independent predictors of poor outcomes.

RESULTS: Out of 109 cases, the most common cause of IOJ was biliary atresia (75.2%), followed by biliary cyst (12.8%) and inspissated bile plug syndrome (8.3%). Poor outcomes were observed in 89% of cases, with significant factors being prolongedsymptom duration before admission and a diagnosis of biliary atresia.

CONCLUSION: IOJ in Uganda is predominantly caused by biliary atresia and is associated with highrates of poor outcomes, particularly among cases with delayed admission. Early detection and intervention are crucial to improving prognosis.

B26: PREVALENCE AND FACTORS ASSOCIATED WITH MAJOR DEPRESSIVE DISORDER IN RURAL UGANDA.

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Makerere University Centre for Health and Population Research (MUCHAP)

INTRODUCTION: Information on Major Depressive Disorder (MDD) in rural settings in sub-Saharan Africa is limited, yet this is required to improve service development.

OBJECTIVES: To determine the prevalence of MDD among the adult population in

the Iganga Mayuge Health Demographic Surveillance Site (IMHDSS).

To assess the factors associated with depression among adults in the IMHDSS.

METHODS: A cross-sectional study was nested in Iganga Mayuge Health and Demographic Surveillance Site (IMHDSS) – an open population cohort in Eastern Uganda. Data were collected from 1701 adults (18 years and above). Multivariable logistic regression was performed to examine the association between the prevalence of MDD and demographic factors.

RESULTS: Over two thirds of the participants 1217 (71%) were female. The mean age of the participants was 38 years (SD± 15.7). The prevalence of MDD was 17.0%. Participants who were older were more likely to screen positive for MDD (OR 1.89; 1.11–3.21), Male gender was protective against MDD (OR 0.85; 0.63–1.14). Education and marital status were not significantly associated with MDD.

CONCLUSION: Considerable burden of clinically significant depression exists in rural Uganda. This may well contribute to a poor quality of life. Therefore, adequate resources should be allocated to address this burden.

B27: YOUTH AS LEADERS OF CLIMATE CHANGE MITIGATION AND ADAPTATION IN UGANDA; A CASE STUDY OF KASESE DISTRICT

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BACKGROUND: In Uganda, climate change is increasingly manifesting through land and mudslides, prolonged droughts, erratic heavy downpours, storms and floods. This has severely affected the country's development and efforts to reduce poverty. It is therefore important to take a proactive approach to put mitigation measures to stop activities that degrade the environment. Youth and children in Uganda make up a vital segment of the society with over half of the population being under the age of 18 years. As such, Uganda is uniquely positioned to harness the benefits of a young population for climate adaptation and change from environmental degradation activities. However, there is limited information on proven strategies on how to involve the youth in climate change hazard mitigation.

METHODS: This was a qualitative study with Kasese District, Western Uganda, as

a case study. The study involved desk review of existing authoritative literature and conduct of nine (9) key informant interviews whose findings were fed into four (4) co-creation workshops. The study population included students (25) and teachers (12) from the selected secondary schools in Kasese district, Kasese youth leaders (12), district environmental leadership (4), Ministry of Water and Environment (3), and the Uganda National Environment Management Authority (NEMA) (2) who were all purposively selected to participate in the study. The co-creation workshops conducted employed the Human Centered Design Approach Ecosystem diagnosis process. The data were thematically analyzed, following the approach by Braun and Clarke (2006).

RESULTS: Several initiatives and campaigns support youth involvement in climate change activities such as tree planting, climate change debates and green energy and waste recycling. These initiatives and campaigns are supported by Government Ministries, Departments and Agencies (MDAs) such as Ministry of Water and Environment, National Environment Management Authority and National Forestry Authority, Youth go green, World Wild-life Fund for Nature, Green Climate Change Fund, Eco-trust and international funding agencies such as world bank and GIZ. The key challenges to youth involvement in climate change mitigation and adaptation included limited funding and resources for youth-led climate change initiatives, limited knowledge of youth on climate change, limited involvement of youth in climate change leadership and decision making, limited interest of youth in climate change initiatives and their mobile, unpredictable and unreliable nature.

CONCLUSIONS: The involvement of youth in climate change mitigation and adaptation is suboptimal. However, opportunities exist to strengthen the existing structures and approaches to youth involvement to harness the enormous potential of the youth and meaningfully engage them in climate change mitigation and adaptation.

Key words: Climate change, Youth, Uganda, climate mitigation, climate adaptation

B28: SURVIVAL STATUS AND PREDICTORS OF MORTALITY AMONG NEONATES ADMITTED TO THE NEONATAL INTENSIVE CARE UNIT, SOROTI REGIONAL REFERRAL HOSPITAL, UGANDA, 2022-2024

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According to the Uganda Demographic Health Survey, neonatal mortality rates are high and still stagnates at 27 deaths per 1,000 live births over the past decades. Neonatal mortality has thus, become an important public health concern in Uganda, and addressing neonatal survival is critical for achieving Sustainable Development Goals 3 by 2030. We aimed to determine the survival status and predictors of neonatal mortality at Soroti regional referral hospital NICU.

Facility-based retrospective chart review of neonates admitted to NICU SRRH from January 1, 2020-April 30, 2024 conducted, and data abstracted from neonatal registers using a census approach. Data on the neonatal outcomes and several independent variables entered into Microsoft Excel (2016), then imported into STATA 14 for analysis. Kaplan Meier estimator utilized to estimate neonate survival time. Cox proportional hazard model employed to test for significance of predictor variables at $p<0.05$. Permission sought from SRRH administration, and a Non-Research Determination clearance from the US CDC obtained.

Overall, neonatal mortality was 12% (311/2,584). Median survival time was 8 days. A low survival probability noted during early neonate days 1-7, with a high proportion 84% (262/311) dying. Probability of dying at day 1, 7, 14 and 21 was 89%, 51%, 7%, and 1.5% respectively. We noted a 1.2, 3.6, 2.6 and 3.4-fold increase in hazard to mortality among neonates with; low 5th minute APGAR score (AHR: 1.2, 95%CI: 1.01 – 1.25); low birth weight (AHR: 3.6, 95%CI: 0.48 – 0.61, 2.6, 95%CI: 0.53–0.65), and neonates of mothers missing ANC during pregnancy (AHR: 3.4, 95%CI: 2.38 – 4.97).

Incidence of neonatal death was high particularly in the first week of life. Predictors of neonatal mortality were; low 5th minute APGAR score, low birth weight and missing ANC by mothers of neonates during pregnancy.

There is a need to encourage programs that enhance ANC visits for pregnant mothers. Furthermore, neonates should get special attention during their early neonatal period.

Keywords: Neonatal mortality, survival status, APGAR score, ANC visits.

B29: MYTHS ON HEPATITIS B VIRUS INFECTION AND THE UTILITY OF HEALTH EDUCATION IN INCREASING AWARENESS IN AMIRIMIRI VILLAGE, AMOLATAR DISTRICT, RURAL NORTHERN UGANDA.

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BACKGROUND: Hepatitis B virus (HBV) is highly infectious and endemic in Uganda with the mid Northern region having the highest prevalence. Previous studies attributed this to misconceptions; however, these have not been well-defined. This study was part of the interventions conducted during Community Based Education and Research Services (COBERS) to increase awareness on transmission, prevention and effects of Hepatitis B virus infection.

OBJECTIVES: To identify the myths associated with hepatitis B virus infection and increase awareness on the transmission, prevention measures and effects of hepatitis B virus infection in Amirimiri village, Amolatar Town Council.

METHODS: Between October 28 to December 1, 2023, we conducted six informative and interactive health education sessions in Amolatar, northern Uganda enhanced with visual learning aids that focused on transmission and risk factors for hepatitis B infection, its effects and prevention measures. A pre and post-test cross-sectional studies were conducted using interviewer administered questionnaires and findings analyzed using SPSS.

RESULTS: Overall, 240 participants were enrolled, 145/240 (60.4%) were males and 95/240 (39.6%) females, the average age was 27.5 years. In the pretest, 110/120 (91.7%) and 106/120 (88.3%) responded that hepatis B virus infection is spread by sweat and sharing food and utensils respectively. Another 84/120 (70.0%) denied transmission from the mother to her unborn child. The posttest showed that health education increased awareness on vertical transmission (p=<0.001) 95% CI (0.7343, 0.8657), no transmission sharing food and utensils (p=<0.001) 95% CI (0.1406, 0.2594) and demystified transmission by sweat (p=<0.007) 95% CI (0.4782, 0.6561).

CONCLUSION: The myths associated with hepatitis B virus infection included the belief that hepatitis B is transmitted through contact with sweat, sharing of food and utensils and lack of awareness on vertical and sexual transmission. Health education interventions, however, were effective in increasing awareness on the transmission, prevention and effects of hepatitis B virus infection.

B30: OUT-OF-POCKET EXPENDITURE FOR TREATMENT OF DIARRHOEA IN CHILDREN UNDER-FIVE YEARS INUGANDA: A COMPARATIVE ANALYSIS OF HOUSEHOLDS WITH AND WITHOUT HANDWASHING FACILITIES

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BACKGROUND: In Uganda, diarrhoea is the third cause of death in children under five years. While handwashingwith soap can reduce its prevalence, access is limited. This study examines if out-of-pocket expenses for diarrhoea treatment differs based on access to handwashing facilities.

METHODS: We analysed data from two waves of Uganda National Household Surveys (2012/2013, and 2019/2020), on availability of handwashing facilities, socioeconomic status, diarrhoea episode in the preceding month among children under five years, treatment-seeking, and estimated out-of-pocket expenses. Mann–Whitney test compared median diarrhoea treatment costs between households with and without handwashing facilities.

RESULTS: Data from 3,253 (2012/2013) and 6,325 (2019/2020) households were analysed. Availability of handwashing facility remained low, increasing slightly from 14.7% in 2012/2013 to 17.2% in 2019/2020, with wealthier households more likely to have these facilities. Diarrhoea prevalence among children under five decreased from 4.6% in 2012/2013 to 2.4% in 2019/2020.Treatment was sought for over 90% of the children with diarrhoea disease. By 2019/2020, prevalence of diarrhoea was lower among children in households with handwashing facilities More than 70% of children who sought treatment had out-of-pocket expenditures with higher expenditures in households with handwashing facilities. The median out-of-pocket expenditure rose from US$4.5 in 2012/2013 to US$5.9 in 2019/2020.

CONCLUSIONS: Out-of-pocket expenses remained higher in households with handwashing facilities despite declining diarrhoea prevalence with time, indicating increased expenditures with socio- economic status. Also, the prevalence of diarrhoea was lower among children in households with handwashing facilities.

Keywords: Out-of-pocket expenditure, handwashing facilities, diarrhoea, under five, Uganda

B31: UTILIZATION OF BORAX AND ITS IMPACT ON THE INCOME AND THE LIVELIHOOD OF MINERS AND OTHER STAKEHOLDERS : A CASE OF UGANDA.

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ABSTRACT

Mineral wealth serves as a crucial driver of economic growth and infrastructure development in many countries, including Uganda. Artisanal and Small-Scale Gold Mining (ASGM) plays a significant role in enhancing incomes and livelihoods. However, ASGM remains largely informal in Uganda, not reflected in the country's GDP. Many methods of gold processing are available around the globe. The borax method has become one of the favorable methods for extracting gold due to its lower operating cost, higher recovery, human and environmental consideration. This study aimed to assessing the impact of borax utilization in gold processing on the income and livelihoods of miners and stakeholders in Buhweju, Busia and Kassanda districts in Uganda where the Free Your Mine project is being implemented. A cross-sectional study using mixed methods was employed, with data collected from 161 miners through semi-structured questionnaires, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and observations. Analysis was conducted using Atlas ti version 7.0 and Stata Version 15.0. Findings indicate low adoption of borax and limited training coverage on the use of borax. While 80.1% of respondents saved money attained from gold mining activities, only 21.5% had investments. FGDs revealed that miners often resort to mercury use for quick income as using mercury takes little time compared to mercury-free methods, while KIIs emphasized the need for government intervention and need for policies to promote safer gold processing methods for sustainable livelihoods. Study underscores need for awareness, policy to improve safety in Uganda's ASGM sector. In addition, there is need for funding to support scale up the Free Your Mine Project to other gold mining districts in Uganda.

K**eywords:** Borax, Mercury Artisanal and Small-Scale Gold Mining (ASGM) Income, Livelihoods, Occupational Safety and Health (OSH)

B32: AWARENESS, ATTITUDE, AND PRACTICES ON OCCUPATIONAL, ENVIRONMENTAL HAZARDS, AND SAFETY PRECAUTIONS AMONG THE ARTISANAL SMALL-SCALE GOLD MINERS IN SELECTED DISTRICTS OF UGANDA

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INTRODUCTION: Gold mining using mercury is associated with life-threatening hazards.

OBJECTIVES: To assess awareness, attitudes, and practices related to occupational and environmental hazards among artisanal small-scale gold miners in Kassanda, Busia, and Buhweju districts of Uganda and explore existing mitigation measures.

Methods: We used a mixed-methods approach, including quantitative methods with stratified random sampling at nine mining sites and qualitative interviews. Data analysis was done using MS-Excel-16 and Stata version-14.0, with a 5% level of significance level and 95% Confidence Intervals (CI). Qualitative data were analyzed using thematic analyses.

RESULTS: The study involved 161 miners, with mean age of 32 years (SD 10.75, range 18-73). Most participants (77.6%) were male. Their education level varied: 35.4% had primary education, and 25.5% had secondary education and majority (66.5%) had used Mercury for gold extraction.

Awareness was high: 76.4% knew about Mercury health hazards, and 68.9% about environmental risks. While 87.0% understood Mercury could enter the body, only 42.9% used Mercury-free methods, citing inefficiency. Although experienced miners were more likely to use Mercury, those trained in occupational health and safety were 2.7 times more likely to take safety precautions (OR=2.7; 95% CI: 1.23-5.94).

Qualitative data showed a lack of awareness of alternative extraction methods, with barriers like limited alternatives, high costs, and job constraints. Facilitators included leadership structures, legal support, and savings systems.

CONCLUSION: Miners exhibited high hazard awareness, unfortunately they had poor mitigation practices and attitudes, demonstrating a need for targeted interventions, collaboration, and a transition to safer, sustainable practices.

B33: A COMMUNITY DIAGNOSIS OF NAMUWONGO A ZONE, MAKINDYE DIVISION, KAMPALA DISTRICT

Tithi Tripathi

BACKGROUND: The country faces a huge health burden from both communicable and noncommunicable diseases, impacting morbidity and mortality rates. Namuwongo A zone lacks adequate knowledge and practices regarding health issues which may be contributing to the poor health indicators at ALIVE, one of their major primary care facilities. Hence, a community diagnosis in this zone may suggest strategies for addressing their health issues.

OBJECTIVES: The study aimed to determine the demographic characteristics, common illnesses, healthcare-seeking behaviors, reproductive healthcare practices, sanitation, hygiene practices, and nutritional status of children in Namuwongo A.

METHODOLOGY: A cross-sectional study was done, and data was collected from 100 households using qualitative and quantitative methods.

RESULTS: Results showed that most households (69%) were led by males, living in permanent structures with low monthly incomes. Charcoal was the primary cooking fuel, while piped/tap water was the main water source. Public toilets with hand-washing facilities were common (100%).. Majority (83%) sought healthcare at government facilities, with good immunization rates (92%) and family planning uptake was at 76%. Common illnesses included malaria, respiratory tract infections, and diarrhea. There were no cases of severe acute malnutrition among children. The village faced congested living conditions, low socio-economic status, poor sanitation, and drainage challenges.

CONCLUSION: Namuwongo A village is diverse, with crowded living conditions and poor standards of living. Malaria, respiratory infections, and diarrhea are significant health concerns, but healthcare-seeking practices are adequate. The nutritional status among children is good. There is a need to address the knowledge gap and practices for sanitation and hygiene to improve the overall health outcomes in this community.

B34: EXPLORING LOCAL PRACTICES THAT TRIGGER THE SPREAD OF ZOONOTIC DISEASES IN RWENZORI SUBREGION IN UGANDA.

Venansio Ahabwe[1], Leonard Bufumbo[2], Judith Nalukwago[2].

BACKGROUND: Due to its proximity to Queen Elizabeth National Park and Semliki Game Reserve, and high interactions among people, wildlife and domestic animals, the Rwenzori region has experienced outbreaks of zoonotic diseases including viral hemorrhagic fevers (VHFs), rift valley fever (RVF), Congo Crimean fever (CCF), anthrax, brucellosis, zoonotic influenza viruses, and human African trypanosomiasis. SBCA conducted participatory consultations to understand the determinants for the outbreaks.

METHODS: In 2022, the USAID Social and Behaviour Change Activity (SBCA) supported the National One Health Platform (NOHP) to conduct participatory audience consultations in Bundibugyo and Kamwenge districts. Participants included local leaders, technical officials, farmers, commercial meat handlers, and hunters all who discussed experiences and practices regarding domestic and wildlife. Data were analysed during participatory sessions and secondly at data review workshops with stakeholders.

RESULTS: A total of 36 females and 59 males took part in the sessions. Despite the common good practices, there were risky behaviours that led to outbreaks in each of the two districts. While Bundibugyo had traditional norms as a core driver of outbreaks, Kamwenge district had structural drivers like ambivalent and non-responsive human and animal health providers. Due to individual, social and structural factors, there was low risk perception among community members and leaders. There was low effort at promoting knowledge. Social sanctions made leaders align with the norm and frowned upon enforcing against the norm.

CONCLUSIONS: There may be need to leverage prevailing positive behaviour, provide information on community surveillance, zoonoses and antimicrobial resistance, promote food safety and multisectoral approaches.

B35: COMMUNITY DIAGNOSIS OF OBIYAI VILLAGE, PALLISA DISTRICT.

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ABSTRACT

Community diagnosis is a quantitative and qualitative description of the health of citizens and the factors which influence their health. Health status is assessed using indicators such as the common illnesses in the community, health care seeking practices, reproductive health challenges among others. A study was carried out in Obiyai village, located in Omatakojjo parish, Kibale subcounty, Kibale County, Pallisa District to describe existing problems, determine available resources and set priorities for planning, implementing and evaluating health action by and for the ccommunity. A cross-sectional mixed methods study, was conducted among 72 households. Data was collected using a questionnaire, interviews, observational checklists and focus group discussions.

The majority (91%) of the residents of Obiyai village were peasant farmers whose highest level of education was primary level. The commonest illnesses included malaria (69.06%), upper respiratory tract infections (17.13%), urinary tract (2.21%) and sexually transmitted infections. The most commonly practised malaria preventive practices were use of insecticide treated nets (ITNs) (93.37%) and indoor residual spraying (IRS) (61.88%). The residents sought healthcare from government and private health facilities. The methods of waste disposal were burning, dumping in pits and pouring in gardens. The reproductive health challenges faced included poor access to menstrual hygiene products, complications of pregnancy and inadequate information about and access to modern contraceptive methods.

B36: ENHANCING CLINICAL NURSING PRACTICE WITH THE USE OF CLINICAL DECISION-MAKING (CDM) MODELS IN LOW RESOURCE SETTINGS

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ABSTRACT:

AIM: The aim of the presentation is to describe and expound on the different models of clinical decision-making that practicing nurses in the low resources setting, particularly in the East African Region could use to guide the decision-making process in the ever-challenging clinical practice environment to enhance clinical nursing practice.

DESIGN: A discursive method design using Clinical Decision-Making (CDM) models as guiding principles is used for this paper. A description of the use of CDMs in low resources settings and specifically in the East African region is expounded on.

RESULTS: A description of the various CDMs, their concepts, and how the different concepts may be useful in decision-making process by the practicing nurses in the East African region is illuminated. The limitations of use of a particular CDM are provided in view of clinical nursing practice enhancement.

CONCLUSION: There is no doubt that practicing nurses in the East African Region as a low resource setting face numerous challenges that may be linked to health systems, individuals and diseases burden. Clinical decision-making models when well-conceived and utilized could be a great solution to mitigating the ever-challenging clinical practice environment. Use of CDMs in low resource settings need further exploration in East African region for knowledge and practice creation for evidence-based practice.

PUBLIC CONTRIBUTION: To inform practicing nurses about the different forms of Clinical-Decision-Making (CDM) models that can be used in low resources environment to enhance clinical nursing practice.

Key words: Clinical Decision-Making, Clinical Reasoning, Low resource setting, Practicing Clinical nurses, East African region

B37: STUNTING; THE SILENT EPIDEMIC IN KABAROLE DISTRICT: A CALL FOR MULTI- DISCIPLINARY RESPONSE WITH FOCUS ON BEHAVIOR CHANGE

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INTRODUCTION: The Tooro region, renowned for its substantial agricultural output, is grappling with a concerning stunting prevalence of 40.6% among children under five. In Kabarole District, a prominent food-producing area in Uganda, this rate is even more alarming at 49%. Despite the region's agricultural richness, there is a significant gap in research identifying the key drivers of this severe public health issue. The presence of multiple NGOs and nutrition-focused implementing partners, such as UNICEF, KRC, Action Against Hunger, and Enabel Foundation, along with efforts from the Ministry of Health, highlights the substantial effort invested in combating malnutrition. This situation prompts critical questions: If food resources are abundant, could the problem stem from issues of food inaccessibility or poor utilization?

OBJECTIVES: This study aimed to identify the main drivers of stunting in children under 5, in a food-rich area, Kabarole District.

METHODS: A cross-sectional-qualitative study design was utilized. The study population was purposively selected, including individuals responsible for nutrition at various levels: school, sub- county, and district. Data collection involved three Key Informant Interviews (KIIs) with key stakeholders: the District Health Officer (DHO), District Nutrition Officer (DNO), and District HIV and Nutrition Focal Person (DHIVNFP). Additionally, five Focus Group Discussions (FGDs) were conducted, comprising representatives from two Sub-County Nutrition Committees (SNCCs), two primary school nutrition clubs, and one District Health Team (DHT) meeting. A Key Informant Interview guide and a semi-structured questionnaire for FGDs were used to facilitate guided yet open discussions. These tools aimed to elicit relevant insights, opinions, and recommendations concerning the issue of stunting. Data were transcribed verbatim, and qualitative analysis was performed using thematic analysis with Atlasti version 23.

RESULTS: The study identified several key factors driving the high stunting rates among children under five in Kabarole District. These include inadequate performance of nutrition assessments and growth monitoring at District Health Facilities (DHFs),

high teenage pregnancy, gender- based violence, and extensive commercial farming practices that reduce food diversity. Additionally, ignorance about healthy dietary practices, economic hardships leading to neglected or busy parenting.

CONCLUSION: The high stunting rates in Kabarole District are not primarily the result of food scarcity or deficiencies in existing interventions. Instead, they are driven by modifiable risk factors that necessitate a comprehensive, behavior-focused approach. To address these factors effectively, we must explore innovative strategies against teenage pregnancies, GBV and also prioritize proper subsistence land use before expanding commercial farming is essential. All these, will need an integrated and multidisciplinary approach.

Keywords: Stunting, Silent epidemic, behavior change, multi-disciplinary approach

B38: DATA DRIVEN APPROACH TO CONDUCTING MPDSR REVIEWS: LESSONS FROM ELGON REGION.

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1. USAID Uganda Health Activity

INTRODUCTION: Maternal and perinatal mortality are pressing global health concerns, with 800 women dying daily from preventable maternal causes and 1.9 million stillbirths annually. In Uganda, maternal mortality is 189 per 100,000 live births, with a goal of reducing it to 70 by 2030 in line with the SDGs. In the Elgon Region, maternal death reviews stood at 78% and perinatal death reviews at 25%, below the Ministry of Health's target of 95% as of October 2023.

A rapid assessment revealed challenges such as dysfunctional MPDSR committees, lack of tools, knowledge gaps, and limited data use. The USAID Uganda Health Activity (UHA), in collaboration with the Elgon Local Maternity & Newborn Systems, addressed these issues across 17 districts in the region.

OBJECTIVE: To increase maternal death reviews to 100% and perinatal death reviews to 95% by September 2024.

METHODOLOGY: MPDSR performance data in the Elgon region was analyzed to identify gaps, including dysfunctional committees, lack of tools, and data use. USAID UHA utilized the Elgon Local Maternity & Newborn Systems platform to highlight these issues, leading to 17 district MPDSR committee meetings and the reactivation of facility committees. Facility-level teams ensured MPDSR reviews, proper documentation, and reporting in DHIS2. Weekly reviews were conducted to track data, accompanied by a summary bulletin on the Elgon platform to monitor progress.

RESULT: Between September 2023 and May 2024, maternal death reviews improved from 78% to 100%, and perinatal death reviews rose from 25% to 75%.

CONCLUSION: The results demonstrate that a proactive, data-driven approach facilitates precise identification of risks, timely interventions, and targeted improvements. This method enhances accountability, fosters continuous learning, and ultimately improves maternal and newborn health outcomes in the region.

B39: MASS MEASLES VACCINATION A STRONG PILLAR IN CUTTING TRANSMISSION CYCLE IN AN OUTBREAK: A BRIEF FROM MOROTO DISTRICT, KARAMOJA- SUB-REGION

[1]Sarah Nababi, [1]Godfrey Emina

[1]USAID Uganda Health Activity (UHA), [2]Moroto District Local Government.

INTRODUCTION: On June 18, 2024, the Ministry of Health (MoH) Uganda confirmed a measles outbreak in Moroto District. By July 29, 2024, there were 280 suspected cases, 13 confirmed cases, and 6 deaths, with a case fatality rate (CFR) of 2.3%. The epicentres for the outbreak were Lotisan and Rupa sub-counties, with 59 and 50 cases respectively. These sub-counties border West Turkana in Kenya, which was experiencing protracted measles outbreak and had low immunization coverage.

METHODOLOGY: The MoH, through the Uganda Expanded Program for Immunization (UNEPI), district health office, and implementing partners, intensified support for the affected sub-counties by developing plans for and supporting implementation of a measles outbreak response campaign to cut the measles transmission cycle and curtail the outbreak. Key actions included a 5-day mass vaccination campaign targeting all children aged 6 months to 5 years. Other measures included active surveillance and case identification at all facilities, activation of isolation and holding centres, setting up an emergency response canter at Moroto Regional Referral Hospital, and community sensitization and risk communication.

RESULTS: During the measles campaign, 102% of eligible children in Moroto District were vaccinated. Daily suspected cases decreased nearly threefold, from about 3-9 cases per week before the campaign to 1-3 cases per week afterward.

CONCLUSION: Mass measles vaccination campaigns are effective in reducing transmission during outbreaks. Health programs should focus on scaling up approaches that increase immunization coverage and strengthen systems for prevention, detection, and response to outbreaks.

B40: PREVALENCE AND FACTORS ASSOCIATED WITH TIMELY COMPLETION OF COMMUNITY HEALTH REFERRALS IN PALABEK REFUGEE SETTLEMENT, LAMWO DISTRICT, NORTHERN UGANDA

Erick Afema, Kelvin Bwambale, Brenda Nakimuli, Christopher Garimoi Orach

INTRODUCTION: Globally, community health workers play a critical role in ensuring access to essential primary health care services. Uganda hosts an estimated 1.5 million refugees. An estimated 83,000 are hosted in Palabek refugee settlement. We assessed the prevalence and factors associated with timely completion of community health referrals.

METHODS: We conducted a community-based cross-sectional study, both quantitative and qualitative data were collected. 2408 community members were systematically sampled for quantitative data collection. We conducted nine focus group discussions and five Key Informant interviews. Quantitative data was analyzed using STATA version 14. Thematic analysis was used to analyze the qualitative data using Atlas.ti version 23.

RESULTS: The majority of respondents 81.73% completed referrals on time. Factors associated with timely referral were income between 50,001 and 100,000 UGX per month (aOR=1.75, 95%CI: 1.28-2.40, P<0.001), age (aOR=0.98, 95%CI: 0.97-0.99, P<0.001), moderate vulnerability (aOR=1.54, 95%CI: 1.13-2.09, P=0.006), having a referral letter (aOR=1.83, 95%CI: 1.45-2.29, P<0.001), perceiving illness as severe (aOR=0.76, 95%CI: 0.60-0.95, P=0.016) and having alternative options of care (aOR=0.75, 95%CI: 0.60-0.93, P=0.009).

CONCLUSION AND RECOMMENDATIONS: The study found that more than 4 in 5 community health referrals were completed on time. Factors that affect timely referral completion include; income level, age, having a referral letter, access to alternative care points and perception of disease severity. Livelihood support for refugees needs to be strengthened to empower refugees to make decisions on healthcare accessibility. More community engagements need to be supported to achieve mindset change towards healthcare seeking.

B41: STRENGTHENING AFRICA'S BIOSECURITY: ADDRESSING EMERGING RISKS FROM ACCIDENTAL AND DELIBERATE PATHOGEN RELEASES

Peter Babigumira Ahabwe

The COVID-19 pandemic has highlighted global vulnerabilities to biological threats, underscoring the critical need for robust biosafety and biosecurity measures. While many African nations have established frameworks to manage naturally occurring outbreaks, there remains a significant gap in preparedness for accidental and deliberate releases of pathogens. This policy brief presents a comprehensive framework to strengthen Africa's capacity for detecting, attributing, and managing such incidents. It advocates for a multidisciplinary approach that includes the establishment of national outbreak assessment units, enhanced surveillance systems, and robust consequence management protocols. The proposed strategies emphasize the importance of collaboration between public health, veterinary, and law enforcement agencies to ensure rapid response and containment of biological threats. Furthermore, it calls for sustainable domestic financing and capacity building to support the development of diagnostics and medical countermeasures. By adopting these measures, Africa can better mitigate the health and economic impacts of biosecurity threats and strengthen global health security partnerships for epidemic response and control.

B42: PREVALENCE AND FACTORS ASSOCIATED WITH PUERPERAL SEPSIS AMONG POSTNATAL WOMEN AT TERTIARY REFERRAL HOSPITAL IN WESTERN UGANDA

Brenda Nabawanuka, Asiimwe Moses, Katusabe Shamim, Epuitai Joshua

BACKGROUND: Puerperal sepsis remains one of the leading causes of maternal mortality and morbidity in Uganda. The aim of this study was to assess the prevalence and factors associated with puerperal sepsis among postpartum women at Fort portal Regional Referral Hospital located in western Uganda.

METHODS: We used a cross-sectional design, a records review of the patient files of 180 postnatal mothers who were admitted at Fort Portal Regional Referral Hospital from 5 January 2024 to 01 February 2024 was done using a data abstraction checklist . Descriptive analysis and logistic regression analysis were performed to determine the prevalence of puerperal sepsis and determinants. Bivariate and multivariate logistic regression analysis was conducted for significant factors presented as

Adjusted Odds Ratios (aOR) at p≤0.05

RESULTS: The median age of participants was 25.5 years (1QR=20-30) and the majority (77%) had primary education. The prevalence of postnatal sepsis was 24%. Duration of hospital stay [aOR=2.30; 95%CI (1.552-3.398); p=<0.001], history of antepartum hemorrhage [aOR=29.09; 95% CI (1.182-716.38); p=0.039] and Anemia [aOR=0.01; 95% CI (0.001-0.218); p=0.004] were identified as factors associated with puerperal sepsis among postnatal women upon multivariate logistic regression.

CONCLUSION: Puerperal sepsis was common in our setting. This study found that mode of delivery, duration of hospital stay, anemia, and Antepartum hemorrhage, were the determining factors contributing to puerperal sepsis, infection prevention measures during cesarean sections, and reducing the length of hospital stay would prove to be beneficial in the prevention of sepsis.

B43: INCREASED DEATHS AMONG PROMINENT CITIZENS OF UGANDA DUE TO BATHROOM RELATED FALLS AND ACCIDENTS

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INTRODUCTION: Bathroom falls, resulting in injury and death, is an increasing public health concern in Uganda that has not been adequately investigated to guide prevention of incidents and mitigation of associated risk factors. The hard and slippery surfaces in the bathrooms of higher income housing are known to pose significant risks to users. Bath room fall injuries and deaths are a threat to all age categories of people though most commonly among older and elderly persons. Hence there is need to understand causative factors, as well as preventive measures, so as to promote the safety of bathroom users at the household, communal and commercial lodging levels.

Summary of Selected Cases and deaths of prominent citizens

CASE N0.1: A 57 year old male Ugandan died in a bathroom accident in Thailand. The deceased had reportedly accompanied a close family member for cancer treatment. *(http://opr.news/3f9cd2ae240914en_ug?link=1&client=news, 14th September 2024*)

CASE N0.1 ; a 53 year old male business man slid, fell in the bathroom, sustained injuries and died on 3rd May 2024 at Ministers' village Ntinda, a Kampala suburb. (New Vision, May. 4, 2024). ***Case N0.2: ;*** a 46 year old male (Army officer) was electrocuted after sliding in the bathroom while taking a shower and died on 31st

March 2024 at Entebbe.(Daily Monitor , April 02, 2024)

CASE N0.3; an adult male (Army officer) died on April 29th 2022 from Lira City, East division after a bathroom related accident. (New Vision, April. 30, 2022)

CASE N0.4; a 72 year old male (Politician) died during October 2020 from Kampala after a bathroom related accident (Kampala Post, September 26, 2020).

Many people have also been reported to have died from bath room falls in communal lodgings, lodges and hotels. Details on signs and symptoms, tests done, treatment given or management before death and follow up investigations after death can hardly be found and synthesized for use to guide appropriate interventions.

CONCLUSION; There is need to conduct more studies to investigate and analytically document the incidence and risk factors on bathroom falls, accidents and deaths besides among a representative sample of Ugandan citizens to advance understanding of this public health threat and to allow appropriate preventive measures to be taken in the local settings of our country.

Day 3

FRIDAY

18th October 2024

ABSTRACT PRESENTATIONS

C01: HEALTH RELATED QUALITY OF LIFE PERCEPTION AMONG OLDER PERSONS WITH NON-COMMUNICABLE DISEASES IN PRIMARY HEALTHCARE FACILITIES: A QUALITATIVE INQUIRY

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ABSTRACT

BACKGROUND: The understanding of older persons with non-communicable diseases (NCDs) regarding health well-being is paramount and can translate to increased self-efficiency, independence, and enhanced well-being. However, little is known about older persons' understanding of the concept of health-related quality of life (HRQoL) in Uganda. The study explored perceptions and unveiled understanding of older persons with NCDs on HRQoL in central Uganda.

METHODS: This exploratory qualitative study design involved 23 participants recruited from selected Primary healthcare facilities in Central Uganda. Thematic analysis using an inductive approach generated themes that informed the study's qualitative findings.

RESULTS: The study highlighted the physical domain as a key component of HRQoL, encompassing holistic well-being, lifestyle modification, and financial stability. To promote well-being and support a healthy aging journey, it is essential to adopt a person-centered approach that aligns with the perceptions of older adults on HRQoL.

KEYWORDS: Perceptions, Older persons, non-communicable diseases, Health-related quality of life Central Uganda.

C02: A COMPREHENSIVE HEALTH STATUS ASSESSMENT OF RESIDENTS OF NAIGOBYA VILLAGE, BUDAKA DISTRICT

Nalugya, F., Ivundya, S., Kiconco, A., Lubowa, R., Abitegeka, E, Apiyo, L. H., Nsolo, M. B., Nakamya. A., & Munanura, E.I.

INTRODUCTION: Community diagnosis is a comprehensive assessment of the health state of the entire community and its social, physical, and biological environment. Health status assessments are undertaken to provide valuable insights into the local context of health and inform the design of evidence-based strategies to achieve better health outcomes and a more efficient healthcare system.

OBJECTIVES: To assess the health status of residents of Naigobya Village, Budaka District

METHODS: This mixed methods cross-sectional study used a structured questionnaire, an assessment checklist, focused group discussions, and key informant interviews. 100 households took part in this assessment, determined using Leslie Fischer's formula and selected from the 136 households in Naigobya Village using the Systematic probability sampling method.

RESULTS: The most common communicable and non-communicable diseases reported were malaria (78%) and Hypertension (24%) respectively. Antenatal care visits were high (92%), while use of Family Planning services was low (50%). Health-seeking behaviour and immunization coverage were also relatively high (94% and 84% respectively). Over 98% of the households have latrines/toilets though only 18% of the households have handwashing facilities with soap. Access to safe water is relatively high (76%) with most using boreholes, but over 64% don't treat or boil drinking water.

CONCLUSION: There is a need for improvement, especially in controlling malaria, uptake of family planning services, immunization coverage of children under five years, treatment/boiling of drinking water, and availability of handwashing facilities with soap.

C03: EBOLA VIRUS DISEASE: KNOWLEDGE, ATTITUDE, AND PRACTICES AMONG MEDICAL STUDENTS AT A TERTIARY INSTITUTION IN UGANDA

Dan Gakwerere, Biryabarema Emmanuel, Namuyomba Marjorine, Atuhaire Bridget, Namubiru Melanie

INTRODUCTION: Ebola Virus Disease (EVD) has been a public health threat since its discovery due to its severe and fatal effects. This study sought to determine the knowledge, attitudes and practices (KAP) among medical students at a tertiary university in Uganda as they are the next frontline healthcare workers in the country that has so far had 5 outbreaks of the same disease the last being in September, 2022.

METHODS: A cross-sectional descriptive study was done among students in their clinical years. A pre-validated questionnaire was used to assess KAP towards EVD. All analyses were performed using SPSS version 29.0. Bloom's cut off of 80% was used to determine sufficient knowledge (≥80%), good attitude (≥6.4) and good practices (≥4.8).

RESULTS: A total of 339 participated, majority were males (n=210, 61.9%) with mean age of 24.23 (SD:4.038) years. 77.9% (n=264) were pursuing Bachelor of Medicine and Bachelor of Surgery. Overall, 13.6% (n=46) had sufficient knowledge, 10.9% (n=37) had a good attitude and 32.7% (n=111) had good practices. 54.9% (n=186) always avoided patients with signs and symptoms suggestive of EVD while 11.8% (n=40) would accept an approved ebolavirus vaccine.

CONCLUSION: These results revealed suboptimal EVD-related KAP among medical students. We recommend training of students on clinical presentation, transmission, treatment and prevention of EVD to effectively control future outbreaks.

C04: PRECONCEPTION KNOWLEDGE ABOUT COUPLE CONTRIBUTION TO SICKLE CELL DISEASE TRANSMISSION AMONG WOMEN ATTENDING ANTENATAL CARE IN KAWEMPE NATIONAL REFERRAL HOSPITAL KAMPALA, UGANDA

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BACKGROUND: Sickle cell disease (SCD) significantly contributes to childhood mortality in Sub-Saharan Africa. In Uganda, approximately 20,000 children are born with SCD annually, accounting for 10% to 15% of under-five deaths. Adequate knowledge of SCD is crucial for couples to make informed reproductive choices.

OBJECTIVE: we aimed to assess preconception knowledge about couples' contributions to SCD transmission among women attending antenatal care (ANC) at Kawempe National Referral Hospital (KNRH) in Kampala, Uganda.

METHODS: we conducted a quantitative cross-sectional study using interviewer-administered structured questionnaires among 389 pregnant women attending ANC at KNRH from August to September 2023.

RESULTS: Of the 389 participants, 352 (90.5%) had heard of SCD, primarily from family and friends (43.5%). Among these, 192 (54.5%) knew SCD is inherited from parents, 140 (39.8%) recognized blood tests for diagnosis, and 104 (29.5%) mentioned premarital testing as prevention. Only 56 (15.9%) had preconception discussions about SCD with their partners, all knowing their own SCD status, while only 49 (13.9%) knew their husbands' status. Additionally, 160 (45.5%) indicated that knowing their partner's status would influence their marital decisions, but 65.6% would still choose to have children despite the risk of transmitting SCD. 251 (71.3%) did not know who a sickle cell carrier is. Significantly woman's age (p=0.010), education level (p=0.042), number of information sources (p=0.024), knowledge of self (p=0.000) and husband's (p=0.000) SCD status were factors associated with couple's preconception discussions about SCD.

CONCLUSION: Despite high awareness, most pregnant women had inadequate preconception knowledge about SCD, impacting their discussions with partners and screening behaviour. Enhanced health education and integrating genetic screening into routine preconception care are essential to mitigate the SCD burden.

C05: IMPROVING MORTALITY REPORTING THROUGH DEATH NOTIFICATION AT MBALE REGIONAL REFERRAL HOSPITAL IN UGANDA USING A CONTINUOUS QUALITY IMPROVEMENT APPROACH, OCTOBER 2023–APRIL 2024

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BACKGROUND: Mortality reporting is crucial for monitoring population health, detecting outbreaks, and informing health policies. However, the implementation of medical certification of cause of death remains low in Uganda, with only 3.2% of health facility deaths being notified to the Ministry of Health. Using a quality improvement approach, we aimed to improve mortality reporting through death notification at Mbale Regional Referral Hospital in Uganda from 1% to 80% within 6 months.

METHODS: Mbale Regional Referral Hospital was purposively selected as one of five regional referrals with the lowest death notifications (0%-20%) between 2022 and 2023. We adopted the existing quality improvement team, which included medical and non-medical personnel. Focus group discussions were conducted to identify challenges that informed the root analysis. Utilizing the Plan-Do-Study-Act (PDSA) cycle, we generated change ideas to address these bottlenecks.

Intervention: Challenges included a lack of adequate knowledge of death notification, failure to follow guidelines, and heavy workloads. The interventions included training and mentorship sessions for the staff on properly completing the death notification form, adopting a standardized process for form completion, and conducting bi-monthly review meetings.

RESULTS: We conducted 4 (67%) mentorship sessions, 7 (38%) review meetings, and trained 32 nurses. The proportion of hospital deaths notified through DHIS2 between November 2023 and April 2024 increased from 17% to 65% (p=0.01).

CONCLUSION: Training of staff, adoption of a standard protocol on notification, and routine review meetings could facilitate death notification and improve mortality surveillance in Uganda enabling a more accurate resource allocation for mortality prevention.

Keywords: Mortality reporting, Medical Certification of Cause of Death, Quality improvement

C06: A CLUSTER RANDOMISED TRIAL TO EVALUATE THE EFFECTIVENESS OF HOUSEHOLD ALCOHOL-BASED HAND RUB FOR THE PREVENTION OF SEPSIS, DIARRHOEA AND PNEUMONIA IN UGANDAN INFANTS (THE BABYGEL TRIAL)

Martin Chebet, David Mukunya, Kathy Burgoine, Melf-Jakob Kühl, Duolao Wang, Antonieta Medina-Lara, Eric Brian Faragher, Amos Odiit, Peter Olupot-Olupot, Ingunn Marie Stadskleiv Engebretsen, John Baptist Waniaye, Julius Wandabwa, Thorkild Tylleskär, Andrew D Weeks, BabyGel Study Group.

BACKGROUND: This cluster randomised trial assessed whether postnatal use of alcohol-based hand rub (ABHR) in households of prevents severe infant infections or death during the first three months of life.

METHODS: 72 villages in eastern Uganda were randomised in a 2-arm cluster design, with rural villages as units of randomisation. We enrolled pregnant women at 34 weeks gestation. Women in the intervention group received ABHR for use from 34 weeks of gestation until the infant was three months old. Data were collected on neonatal and maternal outcomes including depression, as well as the cost of providing ABHR and healthcare costs utilisation for each participant. The trial also involved research priority setting for reproductive health research and local capacity building that included training of PhD and master's students.

RESULTS: Between 2021 and 2024, we enrolled 2890 women in the intervention arm and 3199 women in the control arm each arm from 36 different clusters. Baseline characteristics were comparable between arms. In the intention-to-treat analysis, households in the ABHR arm practiced hand hygiene more frequently, however we found no difference in the risk of severe infant illness or death in the first 3 months of life with 17.2% (478/2779) in the intervention arm and 16.2% (501/3092) in the control arm (risk ratio of 1.05; 95% CI 0.92, 1.20).

CONCLUSION: Providing ABHR had no effect on severe infant illness or death. The trial consortium members will present findings on maternal health, implementation aspects of the trial, and economic considerations.

Trial registration: Pan African Clinical Trial Registry, PACTR202004705649428. Registered 1st April 2020, https://pactr.samrc.ac.za/.

Trial Funding: This project is part of the EDCTP2 programme supported by the European Union (grant number RIA2017MC-2029).

C07: OVER-THE-COUNTER DISPENSING PRACTICES OF ANTIBIOTICS IN THE MANAGEMENT OF URINARY TRACT INFECTIONS IN RETAIL PHARMACIES IN KAMPALA DISTRICT-UGANDA

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INTRODUCTION: Community pharmacies are a major source of over the counter (OTC) antibiotics which are commonly dispensed to patients with Urinary Tract Infections (UTIs).

OBJECTIVES: The study aimed to evaluate over the counter dispensing practices of antibiotics in the management of UTIs in retail pharmacies in Kampala district - Uganda.

METHODS: It was a cross-sectional study design conducted among selected pharmacies across the five divisions of Kampala district. The study involved questionnaires, simulated clients visits to 240 licensed retail pharmacies. Quantitative data analysis was performed using STATA v16 with Pearson Chi-square and log-binomial analysis.

RESULTS: 222 (92.5%) of respondents reported receiving clients without a prescription for antibiotics and 219 (91.6%) reported prescribing antibiotics for management of UTIs. Most of the respondents 219 (91.6%) could correctly diagnose a UTI in a mystery client, but could not specify the type. The most antibiotics dispensed OTC with symptoms of cystitis included Cefixime (55.7%), Nitrofurantoin (25.2%) and, Metronidazole (17.4%). Choice of antibiotics was influenced by knowledge acquired from; school (26.7%), patient information (26.3%), Uganda Treatment Guidelines (UTG) (24.6%), and availability of antibiotics (39.5%). Compliance to UTG was significantly higher among graduate dispensers [P=0.019]. In terms of follow-up systems, 75 (31%) had a manual system while 44 (18%) had both electronic and manual 121 (51%).

CONCLUSIONS: Majority of clients with UTIs received antibiotics recommended in the UTG. However, there is a need to improve monitoring and follow-up systems for clients with UTIs, capacity building, enforcing appropriate regulation and increasing access to UTGs.

KEY WORDS: Over the Counter Dispensing, Antibiotics, Community Pharmacies, Urinary Tract Infections, Uganda.

C08: AWARENESS, PERCEPTIONS AND CHALLENGES AMONG PUBLIC TRANSPORT OPERATORS DURING THE IMPLEMENTATION OF COVID-19 PREVENTIVE MEASURES IN EASTERN UGANDA: A QUALITATIVE STUDY

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INTRODUCTION: Public transportation plays a major role in transmission of SARS-CoV2 due to confined spaces in vehicles. It is very crucial to apply prevention measures in public transportation to reduce risk of COVID-19 transmission.

OBJECTIVE: To explore the awareness, perceptions and challenges among public transport operators during the implementation of COVID-19 preventive measures in Eastern Uganda.

METHODS: This qualitative study was done in January and February 2021. We conducted four focus group discussions, six in-depth interviews and three key informant interviews to document awareness, perceptions and challenges faced by public transport operators including 10 motorcycle riders, 19 taxi operators, 11 truck (cargo) transporters. Interviews were audio-recorded, transcribed, and analysed with NVIVO 12 using a thematic framework approach.

RESULTS: We relied on the health belief model to report on four broad themes including: Perceived threat: participants were aware of the gravity and quick transmissibility of COVID-19. Perceived benefits: participants perceived a number covid 19 preventive measures as beneficial in preventing COVID-19. Perceived barriers: misconceptions, scepticism about COVID-19 vaccination, financial constraints, hostility from passengers due to increased transport fares, law enforcement officials prioritizing driving permits over implementation of measures, religious beliefs against use of alcohol. Cues to action: mass sensitization by the Ministry of Health.

CONCLUSIONS AND RECOMMENDATION: Our study brings to light barriers that impede use of preventive measures in public transportation during an epidemic / pandemic like COVID-19. During sensitization through media, focus should be put to the demystification of myths on COVID-19 and highlighting on benefits of using preventive measures.

C09: FOOD POISONING OUTBREAK CAUSED BY *AEROMONAS* BACTERIA AT A FUNERAL IN BUYENGO TOWN COUNCIL, JINJA DISTRICT, UGANDA, FEBRUARY 2024

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BACKGROUND: On February 15, 2024, Ministry of Health was notified of suspected food poisoning following a funeral in Jinja District where seventy-two people developed gastrointestinal symptoms. We investigated to determine the cause, magnitude and risk factors for the outbreak to inform control measures.

METHODS: We defined a suspected case as onset of abdominal pain and ≥1 of the following symptoms: diarrhea, vomiting or nausea in a resident/visitor of Buyengo TC in Jinja District during February 11–22, 2024. We conducted health facility records review and community case search. We collected information using an interviewer-administered questionnaire on all the identified cases. We conducted descriptive epidemiology and environmental assessments to generate hypotheses. An unmatched case control study was conducted among funeral attendees in the two most affected villages to identify the risk factors. We conducted microbiology and toxicology laboratory tests on clinical and environmental samples.

RESULTS: We identified 65 case-patients with a 5% (n=3) case-fatality rate. Common symptoms included abdominal pain (100%), diarrhea (94%), vomiting (51%) and fever (34%). The epidemic curve revealed multiple peaks corresponding to the different serving times for the case-patients at Monday supper and Tuesday breakfast. Most presented within 12-86 hours from the supper; median incubation period=34 hours (IQR=26-48 hours). The beef stew prepared at supper time using unsafe stream water was improperly cooked, and served at both supper and breakfast. Sixty-two percent of the cases compared to 38% of the controls ate beef stew at supper (OR=2.7; 95%CI=1.2-6.2). Additionally, 97% of the cases compared to 40% of the controls ate leftover beef stew for Tuesday breakfast (OR=57; 95%CI=5.4-600). The main source of water used at the funeral was from a stream called '*Kabakubya*'. *Aeromonas hydrophilia* and *Aeromonas caviae* were isolated in the gastric aspirate of some case-patients, and the water sample from the "*Kabakubya"* stream.

CONCLUSION: This was a point source food poisoning outbreak caused by consuming beef stew contaminated with *Aeromonas* at a funeral. The *Aeromonas* was traced to a nearby stream. Stopping the use of water from the stream and enhanced WASH interventions helped control the outbreak.

Key words: Food Poisoning, Outbreak, *Aeromonas,* Uganda

C10: KNOWLEDGE, ATTITUDES AND PRACTICES ON FOOD HYGIENE AMONG CAREGIVERS OF MALNOURISHED CHILDREN IN MWANAMUGIMU NUTRITION UNIT OF MULAGO NATIONAL REFERRAL HOSPITAL AND KISENYI HEALTH CENTRE IV

Nantongo Jennifer, Kamukama Saul, Abel Wilson Walekhwa

INTRODUCTION: Food hygiene is usually neglected during control of diarrheal infections in malnourished children. Malnourished children stand lower chances of survival when infected with diarrhea. This study assessed the knowledge, attitudes and practices on food hygiene among caregivers of malnourished children in Mwanamugimu Nutrition Unit (MNU) and Kisenyi Health Centre IV (HCIV).

METHODOLOGY: A cross-sectional study that employed quantitative and qualitative methods was used. A questionnaire was administered among 120 caregivers, four Key Informant Interviews conducted (nutritionists, nurse, Community Health Worker). Data was analyzed using STATA 14 and inductive thematic analysis.

RESULTS: Most respondents were female 94.2% (113) and majority were aged between 15-29 years (71). Among the respondents, 74.2% (89) did not know the correct time for storing leftover food and 42.5% (51) reported to feed their children on leftover food. 36.7% (44) did not know that malnutrition could occur as a result of poor food hygiene practices. Generally 90.8% (109) had poor knowledge, 94.2% (113) had good attitudes and 82.5% (99) had good self-reported practices. Multivariable logistic regression showed that caregivers who took their children to Kisenyi HCIV were 6 times more likely to have better food hygiene practices compared to their counterparts at MNU [AOR=5.70, 95% CI (1.2-27.03)]. From the KIIs, it was noted that there are still knowledge gaps about food hygiene and caregivers opt for convenience instead of proper practices.

CONCLUSION: Caregivers of malnourished children had poor knowledge but good attitudes and practices. Continuous health education is essential in enhancing caregivers' knowledge towards food hygiene.

C11: HIV PROGRAM SUSTAINABILITY BEYOND EXTERNAL ASSISTANCE IN SUB–SAHARAN AFRICA: A "BEST FIT" FRAMEWORK SYNTHESIS

Abraham Openy

BACKGROUND: Ending HIV/AIDS as a global public health threat by 2030 is currently the main goal of global, regional, and national stakeholders in the fight against HIV. For over three decades now, Sub Sahara Africa (SSA) has registered tremendous gains in combating the epidemic through bilateral, multilateral, and philanthropic assistance - translating into improved human capital development. As these external assistances begin to withdraw, national governments are expected to sustain the gains. Yet, most of the sustainability literature has focused on funding with little insights into other possible domains of sustainability.

OBJECTIVE: To conceptualize a framework with evidence-based domains of HIV program sustainability in sub-Sahara Africa.

METHOD: Scoping review and a "best fit" framework of evidence synthesis method was used by conducting a database search for literature, guidelines, and policies on HIV program sustainability from PubMed, Web of Science, CABI Global Health, Medline, and Google Scholar for 10-year period (2014- 2024). Grey literature on sustainability from HIV program related organisations were also included. Through a deductive approach, an 'a priori framework' was identified for concurrent analysis of selected papers. A "best fit" framework was then inductively generated through charting and coding the evidence themes against domains of the "a priori framework". Emerging themes formed new domains of the "best fit" framework.

RESULTS: Most papers on HIV program sustainability focuses on financial domain. We found innovative financing models like Debt-for-AIDS conversion and AIDS Trust fund in some countries, partnership within multilateral portfolio like Global Health Security to sustain HIV program as a public health security threat. We generated a frame with ten domains of sustainability: 1- Technical Efficiency, 2- Partnership, 3- Supply Chain, 4- Epidemiologic Prioritization, 5- Structural Consideration, 6- Governance & stewardship, 7- Financial Sustainability, 8 – Community participation, 9- Political Will and 10- Contextual Factor like climate crises and (re)emerging pandemics.

CONCLUSIONS: Ensuring sustainability of HIV programmes after donor exit in SSA will require efforts that tackle structural, social, and other equally important non-financial domains of sustainability, all stakeholders need to be involved throughout the program cycle. There is a growing political will to integrate HIV services within the Universal Health Coverage (UHC) agenda, but this is not translated into financial commitment and epidemiologic prioritization.

Key Words – HIV/AIDS, Program, Sustainability, Framework, External Assistance, Sub Saharan Africa

C12: PREVALENCE OF PROTECTIVE LEVELS OF ANTI-HBs ANTIBODIES AMONG 15–17YEAR-OLD ADOLESCENTS IN KAWEMPE DIVISION, KAMPALA, UGANDA

Joan Nambafu

BACKGROUND: Liver related cancer and cirrhosis mortality rates have been reduced globally by the Hepatitis B vaccine however decay of still happens.

OBJECTIVES: We aimed at determining the prevalence of breakthrough HBV infections (Exposure, Acute and chronic) and the prevalence of protective levels of vaccine specific anti-HBs antibody titers amongst 15–17-year-old adolescents in Kawempe division, Kampala, Uganda.

METHODOLOGY: A cross sectional study. Sample size: 288 participants.

RESULTS: Males;149 (51.7%), Females;139 (48.3%). First dose recipients; 26 (9.0%) , Second dose recipients; 45 (15.6%) and Third dose recipients; 217 (75.4%). Combo test results: Participants at exposure (Combo susceptible);221 (76.7%), Acute infections; 4 (1.5%), Chronic infections; 3 (1.0%) and vaccine protected 60 (20.8%).Titer test results: Responders ; 22 (36.7%) and Non-responders were 43 (66.2%).

CONCLUSIONS: Hepatitis B vaccine 3 dose coverage was fair at 75.4% hence awareness programmes on benefits of immunisation to parents encouraged and provision of medicines in all health centers. The study revealed an exposure rate of 76.7% for adolescents who had primarily been vaccinated owing this to genetics, Storage, Usage of overdue medicines and in completion of HBV doses. The prevalence of acute and chronic infections in our study was moderately high at 1.5% and 1.0% respectively due to indulgence in sexual intercourse at a young age plus having many sex partners, Use of drugs, Body piercings and body tattooing plus not knowing the HBV status especially to young mothers.

Our study recorded a low prevalence of protective anti-body titers at 33.8% possibly due to genetics.

C13: HEALTH-RELATED QUALITY OF LIFE PERCEPTION AMONG OLDER PERSONS WITH NON-COMMUNICABLE DISEASES IN PRIMARY HEALTHCARE FACILITIES: A QUALITATIVE INQUIRY

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ABSTRACT

BACKGROUND: The understanding of older persons with non-communicable diseases (NCDs) regarding health well-being is paramount and can translate to increased self-efficiency, independence, and enhanced well-being. However, little is known about older persons' understanding of the concept of health-related quality of life (HRQoL) in Uganda. The study explored perceptions and unveiled understanding of older persons with NCDs on HRQoL in central Uganda.

METHODS: This exploratory qualitative study design involved 23 participants recruited from selected Primary healthcare facilities in Central Uganda. Thematic analysis using an inductive approach generated themes that informed the study's qualitative findings.

RESULTS: The study highlighted the physical domain as a key component of HRQoL, encompassing holistic well-being, lifestyle modification, and financial stability. To promote well-being and support a healthy aging journey, it is essential to adopt a person-centered approach that aligns with the perceptions of older adults on HRQoL.

KEYWORDS: Perceptions, Older persons, non-communicable diseases, Health-related quality of life Central Uganda.

C14: LOW KNOWLEDGE ON CARDIOVASCULAR DISEASE RISK FACTORS AMONG DIABETIC PATIENTS ATTENDING THE NON-COMMUNICABLE DISEASE CLINIC AT TORORO GENERAL HOSPITAL

Nantale Atangwa Peace

BACKGROUND: Among diabetic patients, there is a threefold increase in the risk of developing cardiovascular disease complications compared to general population. According to world health organization diabetes mellitus accounts for over 20% of cardiovascular death. Knowledge of cardiovascular disease risk factors is the first step in prevention however, there is limited data on diabetic patients' knowledge of cardiovascular disease risk factors, particularly in primary care settings where preventative measures can be provided.

OBJECTIVE: To determine the level of knowledge on cardiovascular disease risk factors and the factors associated with low knowledge among diabetic patients attending the non-communicable disease clinic of Tororo general hospital.

METHODS: A facility-based cross-sectional study was conducted among diabetic persons at the non-communicable disease clinic at Tororo General Hospital. Semi-structured interviewer administered questionnaires coupled with the Heart Disease Fact Questionnaire were used to collect data from a systematic random sample of 385 adult diabetic patients. Data was analyzed into descriptive and inferential statistics and presented using tables and graphs.

RESULTS: The study indicated that 76.1% of the study respondents had a suboptimal level of knowledge about cardiovascular disease risk factors. The study indicated that being female ($p = 0.002$), less educated ($p < 0.0001$), newly diagnosed with diabetes ($p = 0.002$) and staying more than 5 km from the hospital ($p = 0.009$) were associated with low knowledge of cardiovascular risk factors among the study respondents.

CONCLUSION: This study indicated suboptimal knowledge regarding cardiovascular disease risk factors attributable to social, patient and health-facility based determinants.

RECOMMENDATION: The study recommends the enhancement of fundamental cardiovascular disease literacy among vulnerable diabetic subgroups by closing the persistent knowledge gaps through a multipronged approach combining system protocols, workforce competencies, mass communication tactics and patient centered design thinking.

C15: LEVERAGING VIRTUAL COORDINATION PLATFORMS AND HOME CLUSTERING APPROACH FOR SUCCESSFUL MEASLES OUTBREAK RESPONSE: INSIGHTS FROM KIBUKU DISTRICT

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INTRODUCTION: Measles is a highly contagious disease that spreads through inhalation of infected aerosols with variation in severity from fever and generalised body rash to pneumonia and encephalitis case fatality of approximately 0.1%. A measles outbreak was declared in Kibuku District in mid-July 2024 and the district planned to conduct a mass vaccination campaign to reach 26,724 children aged 9-59 months. Traditionally, districts relied on physical planning and coordination meetings, which were costly and often not well attended, and on single-post outreach sites where vaccinators would be stationed at the parish level. Kibuku District adopted virtual coordination and a home clustering approach for the campaign.

OBJECTIVE: To vaccinate 95% of children aged 9-59 months to achieve herd immunity and interrupt the transmission cycle.

METHODS: The home clustering approach involved grouping households into clusters of about 10 units, with vaccinators assigned to administer vaccines close to the children's homes. This method contrasted with traditional single-post outreach sites reduced travel distances for vaccination. Virtual platforms (WhatsApp and Zoom) were used to facilitate coordination. A WhatsApp group was created for stakeholders, and daily Zoom meetings were held to share real-time information on achievements, vaccine stock, challenges, and best practices.

RESULTS: The campaign successfully reached and vaccinated a total of 29,004 children, surpassing the initial target by 8.5%. Coverage rates exceeded 95% in most sub-counties, with some achieving over 100% coverage due to effective mobilization and home clustering strategy.

CONCLUSION: Using virtual coordination platforms and a home clustering approach proved cost-effective and improved real-time communication and vaccine accessibility. These strategies are recommended for similar outbreaks.

C16: AN OUTBREAK OF *AEROMONAS HYDROPHILA* INFECTION IN BUKASAMI IN JINJA, UGANDA, 2024: A RETROSPECTIVE STUDY

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BACKGROUND: *Aeromonas* infections are an emerging global public health challenge due to their multifactorial pathogenicity and diverse virulence factors. On February 12, 2024, an outbreak of *Aeromonas hydrophila* in Bukasami, Jinja, Uganda, led to cases of abdominal pain, diarrhea, and vomiting.

OBJECTIVE: To investigate the outbreak and evaluate the epidemiology and public health response.

METHODS: A retrospective cohort study was conducted involving 185 individuals. Confirmed cases were identified through positive cultures from gastric aspirate or stool samples, while suspected cases were based on the presence of at least two symptoms abdominal pain, vomiting, and diarrhea occurring between February 12th and 16th, 2024. The study also involved laboratory investigations, food safety assessments using HACCP principles, and an evaluation of timeliness through the 7-1-7 matrix. Analysed in STATA-17.

RESULTS: The outbreak involved 103 infected individuals with an attack rate of 55.7% and a case fatality rate of 7.8%. Among those who consumed food at the funeral, the AR was 59.3%, greater than those who did not (50.0%). While no significant link was found between food consumption, sociodemographic factors, and infection (p-value >0.05), a significant association was observed with the geographical origin (parish, sub-county, district) (p-value <0.05) at a 95% confidence level. Contaminated water sources (boreholes and streams) and possibly ill food handlers were identified as likely vehicles of infection. The isolates were resistant to 3 out of 4 antibiotics, contributing to a 30.1% relapse rate.

CONCLUSION: The *Aeromonas hydrophila* outbreak was likely driven by contaminated water sources and possibly by ill food handlers at the funeral. Geographical factors played a significant role in the spread of the infection. The high rate of antibiotic resistance among the isolates and the associated high relapse rate highlights the need for improved water safety, stricter food handling practices, and effective antibiotic management to prevent future outbreaks.

KEYWORDS: *Aeromonas hydrophila,* outbreak, attack rate, public health response, Uganda

C17: ENHANCE LOCAL COMMUNITY CAPACITY IN SURVEILLANCE AND RESPONSE EFFORTS TOWARDS DETECTION AND RESPONSE TO THE RABIES OUTBREAK. A BRIEF FROM BUSIA DISTRICT

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INTRODUCTION: Dog bites cause over 95% of rabies casesin Busia. The district reported 30 human bites and 148 animals bitten by stray dogs and foxes between July and August 2024 in the sub counties of Masaba, Masafu, Misanya, Busime, Buhehe, Lumino, Dabani, Western Division. Children are the most vulnerable population to rabies. About 60% of all dog bites are in children.This situation has prompted the district leadership call for support from health implementing partners in combatting the outbreak.

METHODOLOGY: Integrated interventions were conducted to improveresponse. Capacity building for health care service providers both for humans and animals, empowering community health workers (VHTS and volunteers) and local leaders on how to effectively support their respective communities in matters of response to public health risks

RESULTS:3 District Task Force meeting conducted reaching **34(12Females :22 Males)** District officials both Technical, political and Health care workers to improve district risk coordination.

Ministry of Agriculture, Animal and Forestry (MAIF)and Vereinigte Full korper-Fabriken(VFF)VFFGerman organized a mass vaccination campaign of pets and dogs in communities across all sub counties in the district vaccinating 380 dogs.

Conducted 8 dialogues targeting high burden sub-counties by engaging 120 community opinion leaders to increase outbreak prevention awareness.

Orientation of 50community volunteers and 50 VHTs on rabies outbreak, Risk communication, case identification, reporting, referral and follow ups.

48 (Medical and Clinical Officers, Nurses, veterinary officers and private practitioners) oriented with skillson prevention, control and case management for both rabies and M.Pox.

CONCLUSION: intensify Vaccination of reservoir animals especially the canines is one of the world organization of animal Health (WOAH) recommended effective strategy for rabies control programs. Interventions should focus on scaling up approaches that improve vaccination coverage and strengthen systems to appropriately prevent, detect and respond to outbreaks.

C18: IMPROVING CANCER DATA AVAILABILITY WITHIN ROUTINE REPORTING SYSTEMS IN A LOW-INCOME SETTING; A CASE OF MBARARA REGIONAL REFERRAL HOSPITAL, UGANDA

Robert M. Mwesigwa, Ms. Joan Nakibuuka; Professor Nazarius Mbona Tumwesigye

INTRODUCTION: Worldwide, an estimated 19.3 million new cancer cases and almost 10.0 million cancer deaths occurred in 2020. In same year, 801,392 new cancer cases and 520,158 cancer deaths occurred in sub-Saharan Africa where cancer survival is even disproportionately lower. In Uganda, there is limited access to comprehensive cancer data within electronic reporting systems with only 4% available. Ideally, all patient-level data should be available in a reporting system because such data generated is used to guide operational planning, track progress and performance over time, and strengthen accountability for better results. It is used to evaluate and understand cancer risk factors, to study phenomena, explore relationships, test hypotheses as well as draw meaningful conclusions. This study intended to fix the gap of unavailable comprehensive cancer data in a routine electronic reporting system.

OBJECTIVE: To improve cancer data available within routine reporting systems in a low income setting.

METHODS: Maintenance application and Tracker domain in DHIS2 version 2.40.3 was configured. Retrospective records of 104 new cancer cases were purposively selected and entered into the instance. The instance usability and reliability were tested.

RESULTS: A usability score of 407.5 and α coefficient of 0.8109 were obtained. Dashboards were produced within the instance.

DISCUSSION: The implemented system was found to be usable by staff at UCI Mbarara and demonstrated high reliability. It facilitated the accessibility and visibility of cancer data through web-based dashboards and visualizations. However, the key limitations identified were the use of retrospective programmatic data and unsustainable online presence of the instance. Future research should focus on online sustainability of such systems amid funding considerations and exploring the use of prospective data to validate these findings further.

Key words: Patient-level data, DHIS2, cancer, instance, low-income setting.

C19: HEPATITIS B VACCINE UPTAKE AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE AT GULU REGIONAL REFERRAL HOSPITAL

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BACKGROUND: Hepatitis B virus infection is a global public health concern worldwide. Uganda has a high prevalence of Hep B infection among pregnant mothers, particularly those aged 13 to 43 years. The study aimed to establish the prevalence of Hep B vaccine uptake and associated factors among pregnant women attending antenatal care at Gulu Regional Referral Hospital.

METHODS: We conducted a cross-sectional study at Gulu Regional Referral Hospital in May 2024. A total of 430 respondents among women attending antenatal care were systematically selected and interviewed. Ten In-depth interviews and five key informant interviews were conducted. Quantitative data were analyzed using STATA_MP version 14. Qualitative data were analyzed using Atlas ti version 7.0 software.

RESULTS: 53.3% had received the Hep B vaccine, 20.9% of these received all three doses. Factors significantly associated with vaccine uptake included being aged 20-24 years (APR=1.10, 95% CI: 1.02-1.18), knowledge about Hep B (APR=1.06, 95% CI: 1.01-1.10), vaccine availability (APR=1.07, 95% CI: 1.00-1.14), being a Seventh Day Adventist Religion (APR=0.91, 95% CI: 0.83-0.99) and longer waiting times at healthcare facilities (APR =1.47, 95% CI: 1.36-1.59).

CONCLUSION: Hep B vaccine uptake among pregnant women is influenced by age, knowledge, healthcare communication, and vaccine availability. Barriers include resource constraints, misconceptions about vaccine safety, and logistical issues. Increasing health education, ensuring vaccine availability, are essential to improving vaccine uptake.

C20: FACTORS ASSOCIATED WITH THE UPTAKE OF TUBERCULOSIS PREVENTIVE TREATMENT AMONG ADULT TUBERCULOSIS CONTACTS AT MATANY HOSPITAL, NAPAK DISTRICT, UGANDA

Louis Ocen, Prof. Robert Basaza

INTRODUCTION: Tuberculosis (TB) remains a significant global health concern, with high incidence and mortality rates, particularly in low- and middle-income countries. Tuberculosis Preventive Treatment (TPT) is a critical intervention aimed at reducing the progression of latent TB infection (LTBI) to active disease, especially among high-risk groups such as adult TB contacts. Despite its effectiveness, the uptake of TPT in many settings, including Uganda, remains suboptimal at only 41.8% by 2022. This study aimed to investigate the factors associated with the uptake of TPT among adult TB contacts of index bacteriologically confirmed TB patients registered at Matany Hospital in 2022 and 2023.

METHOD: A mixed method cross-sectional analytical study design was employed. Primary data were collected using structured interview guide, questionnaires, and secondary data from medical record reviews. The study examined various factors including socio-demographic characteristics, clinical factors, health system factors, and individual factors influencing TPT uptake. Data was analyzed using STATA (ver.14), associations at bivariate and multivariate level determined at $p<0.05$ and 95% confidence level

RESULTS: From the 357 respondents, 59.4% were females and 40.6% males. Mean age was 44.6 years (SD 17.5) and (IQR:18-98). 31.1% had completed TPT course. The odds of taking TPT was 3.6 times among Catholics compared to Anglicans $p=0.010$. Contacts whose index were on TB treatment were 3 times likely to take TPT compared to those whose index had completed TB treatment, $p=0.009$. Waiting for 15mins to 1 hour reduced the likelihood to take TPT by 67% compared to waiting for less than 15minutes, $p=0.006$. Contacts who had no TPT awareness were 79% less likely to take TPT $p<0.001$.

CONCLUSION: Enhancing TPT uptake among adult contacts requires addressing individual, social, and environmental factors through timely contact tracing, community awareness campaigns, engagement of faith structures and addressing barriers related to access such as waiting times.

C21: A LOCALIZED MENTORSHIP APPROACH TO ENHANCE INFECTION PREVENTION AND CONTROL AT POINTS OF ENTRY IN WESTERN UGANDA

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ABSTRACT

BACKGROUND: Infection prevention and control (IPC) measures are critical at points of entry (POEs) to prevent the spread of cross border infectious diseases. In Western Uganda, POEs are particularly vulnerable due to high cross-border movement and limited resources. Despite existing guidelines, IPC practices often fall short of national standards as per the Ministry of Health (MOH) scorecard. IPC mentorship is part of the Border Health security and Global Health Security programs implemented under Baylor Uganda with support from Center for Disease Control in 6 border districts in Western Uganda. We aimed to improve IPC scorecard compliance for each POE from 40.2% to 75% over 6 months using district-based mentorships.

DESCRIPTION: Through site assessments, priority areas for improvement were identified. Of the 11 indicators on the IPC scorecard, the worst performing indicators were identified for interventions.

District Mentors were selected based on expertise in IPC. They were provided with training on IPC guidelines, mentorship techniques, and the use of the scorecard. They provided on-site support during two scheduled visits to each POE between January to June 2023.

LESSONS LEARNT: Two mentors were trained for each POE. Average IPC scores increased from 40.2% to 72.8%. Individual indicator scores improved as follows: availability of PPE increased from 17% to 83%; hand hygiene from 37% to 79%; IPC committee from 29% to 61%; isolation from 34% to 71%; and waste management from 25% to 68%. Addressing challenges: PPE shortages, data collection issues, and infrastructure limitations was crucial for our success.

NEXT PLANS: By integrating QI Approach, mentorship, innovative interventions, and data-driven decision-making, we achieved high compliance with IPC standards. Resources that would be required to replicate this model in other regions include funding for training mentors, their daily stipends, and for the essential IPC supplies that they bring to each site.

C22: PATIENT AND PROVIDER PERSPECTIVES AND EXPERIENCES WITH COVID-19 VACCINATION AMONG PERSONS WITH HIV, HYPERTENSION, AND/OR DIABETES AT TWO REGIONAL REFERRAL HOSPITALS IN UGANDA

Brian Beesiga, Asiphas Owaraganise, Florence Mwangwa, Winnie Muyindike, Jaffer Okiring, Elijah Kakande, Joan Nangendo, Jane Kabami, Susan Nayiga, Cecilia Akatukwasa, Moses R. Kamya, Fred C. Semitala

ABSTRACT

BACKGROUND: People with chronic illnesses such as HIV, hypertension, and diabetes are a priority for Coronavirus disease (COVID-19) vaccination due to elevated risk of severe disease. We explored perspectives and experiences of COVID-19 vaccination among this priority group in Southwestern and Southcentral Uganda

METHODS: Between January and April 2023, we interviewed individuals aged 18 years or older seeking HIV, hypertension, or diabetes care and their healthcare providers at Mbarara and Masaka regional referral hospitals. We conducted in-depth interviews with persons living with HIV, hypertension and/or diabetes (n=30) and key informant interviews with healthcare providers and managers (n=12). We used the Behavioral and Social Drivers model to analyze the factors that influence participant's decisions about COVID-19 vaccination. We coded the data using Dedoose software and analyzed using thematic inductive analysis.

RESULTS: Motivations to take the COVID-19 vaccine included fear of severe illness, observing the effect of COVID-19 or the vaccine on others, feeling vulnerable from underlying illnesses, family and social support, health worker recommendation and vaccine benefits and trust in the vaccine.

Fear of side effects and vaccine interactions with antiretroviral, antihypertensive or antidiabetic medications, misinformation on social media, rapid vaccine development and rollout, inadequate sensitization, and healthcare providers' hesitancy hindered uptake. Furthermore, health system challenges like stockouts and long queues hindered uptake or dose completion.

CONCLUSION: Perceived risk, vaccine confidence, social influences, and health system challenges affect COVID-19 vaccination. Effective communication strategies involving health workers and trusted community leaders and sustained vaccine supply are crucial to improve COVID-19 vaccine uptake.

C23: INTEGRATING THE BEHAVIOR CHANGE WHEEL AND CO-DESIGN APPROACH TO DEVELOP AN IMPLEMENTATION STRATEGY FOR IMPROVING CERVICAL CANCER SCREENING LITERACY AMONG RURAL WOMEN LIVING WITH HIV IN EAST CENTRAL UGANDA

Juliana Namutundu, Miriam Nakalembe, Edith-Nnaku Joloba, Juliet Kiguli, Joan Nangendo, Miriam Laker-Oketta, Aggrey Semeere, Rhoda K Wanyenze, Fred C. Semitala

Introduction: Uptake of cervical cancer screening services integrated into HIV care at most rural public health facilities in East Central Uganda is low, below 50%. This is attributed to low cervical cancer screening literacy among rural Women Living with HIV (WLHIV): limited ability to access, understand and apply cervical cancer screening information. Therefore, there is need for interventions for improving cervical cancer literacy among these women.

Objective: To develop a multi-faceted implementation strategy for improving cervical cancer screening literacy among rural WLHIV in East Central Uganda.

Methods: This qualitative study followed the eight steps of the BCW included: 1) defining the problem in behavioral terms, 2) selecting the target behavior, 3) specifying the target behavior, 4) identifying what needs to change, 5) identifying intervention functions, 6) identifying policy categories, 6) identifying Behavior Change Techniques, (BCT) and 8) identifying mode of delivery. We conducted four parallel co-design sessions with 12 health care providers and 16 rural women at step 3 and step 4 of the BCW.

Results: We formulated eighteen behavioral targets which were linked to all Capability, Opportunity, and Motivation-Behavior (COM-B) behavioral determinants. Nine behavioral targets were selected under education, persuasion, enablement and training intervention functions and communication/marketing and service provision policy categories. We identified ten most appropriate BCTs and four modes of delivery which translated into four component implementation strategies namely: 1) introduce trained cervical cancer screening communication peers, 2) introduce cervical cancer screening communication videos of peers and health workers, 3) provide translated IEC materials with illustrations and 4) train midwives to prepare small portions of acetic acid for individual patient screening.

Conclusions: The BCW provided a comprehensive framework that integrated a co-design approach and applied research evidence to develop a context-specific and feasible multi-faceted implementation strategy for improving cervical cancer screening literacy among rural WLHIV.

Day3 Poster presentations

C24: KNOWLEDGE, ATTITUDE, AND PRACTICES REGARDING ANTIBIOTIC USE AND ANTIMICROBIAL RESISTANCE AMONG URBAN SLUM DWELLERS IN UGANDA

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BACKGROUND: Antimicrobial resistance (AMR) remains a public health threat especially in low-and-middle-income countries (LMICs). Urban slum dwellers are at higher risk of developing AMR than the general population. This study aimed to assess the knowledge, attitude and practices (KAP) regarding antibiotic use and AMR and the associated socio-demographic determinants among urban slum dwellers in Uganda.

METHODS: A cross-sectional study was conducted in Bwaise slum and participants selected through a multi-stage cluster sampling procedure. Data was collected on participants' socio-demographics, KAP regarding antibiotic use and AMR. The responses to KAP were aggregated into scores for each participant which were later dichotomized by the mean to form the predictors variables. Analysis was done in STATA 17.0. Modified Poisson regression model was used to determine predictors of each of KAP, while considering a 5% significance level.

RESULTS: The study enrolled 371 participants with a median (IQR) age of 31(24, 40) years and 238(64.2%) were females. We found, 157(42.3%) participants had primary education. Of all participants, 177 (47.7%), 184 (49.6%) and 205 (55.3%) had good knowledge, a positive attitude and good practices regarding antibiotic use and AMR respectively. Being single (aPR=0.75, p-value=0.040), having acquired tertiary education level (aPR=1.88, p-value<0.001) and self-employed (aPR=1.36, p=0.017) were associated with good knowledge of antibiotic use and resistance. Male gender (aPR=1.25, p-value=0.036) and monthly income <300,000 (aPR=1.42, p-value=0.003) were associated with a more appropriate attitude towards antibiotic use and resistance. Tertiary level of education (aPR=0.64, p-value=0.033) was

associated with good practices.

CONCLUSIONS AND RECOMMENDATION: Slum residents have limited knowledge of antibiotic use with minimal understanding of AMR concepts. Education level, gender, occupation are key players in understanding and use of antibiotic. Health promotion messaging should emphasize AMR concepts. Antimicrobial stewardship initiatives should trickle down to the local citizen.

C25: A COMPREHENSIVE HEALTH STATUS ASSESSMENT OF RESIDENTS OF NAIGOBYA VILLAGE, BUDAKA DISTRICT

Nalugya, F., Ivundya, S., Kiconco, A., Lubowa, R., Abitegeka, E, Apiyo, L. H., Nsolo, M. B., Nakamya. A., & Munanura, E.I.

INTRODUCTION: Community diagnosis is a comprehensive assessment of the health state of the entire community and its social, physical, and biological environment. Health status assessments are undertaken to provide valuable insights into the local context of health and inform the design of evidence-based strategies to achieve better health outcomes and a more efficient healthcare system.

AIM: To assess the health status of residents of Naigobya Village, Budaka District

METHODS: This mixed methods cross-sectional study used a structured questionnaire, an assessment checklist, focused group discussions, and key informant interviews. 100 households took part in this assessment, determined using Leslie Fischer's formula and selected from the 136 households in Naigobya Village using the Systematic probability sampling method.

RESULTS: The most common communicable and non-communicable diseases reported were malaria (78%) and Hypertension (24%) respectively. Antenatal care visits were high (92%), while use of Family Planning services was low (50%). Health-seeking behavior and immunization coverage were also relatively high (94% and 84% respectively). Over 98% of the households have latrines/toilets though only 18% of the households have handwashing facilities with soap. Access to safe water is relatively high (76%) with most using boreholes, but over 64% don't treat or boil drinking water.

CONCLUSION: There is a need for improvement, especially in controlling malaria, uptake of family planning services, immunization coverage of children under five years, treatment/boiling of drinking water, and availability of handwashing facilities with soap.

C26: EBOLA VIRUS DISEASE: KNOWLEDGE, ATTITUDE, AND PRACTICES AMONG MEDICAL STUDENTS AT A TERTIARY INSTITUTION IN UGANDA.

Dan Gakwerere , Biryabarema Emmanuel, Namuyomba Marjorine, Atuhaire Bridget Namubiru Melanie

INTRODUCTION: Ebola Virus Disease(EVD) has been a public health threat since its discovery due to its severe and fatal effects.This study sought to determine the knowledge, attitudes and practices (KAP) among medical students at a tertiary university in Uganda as they are the next frontline healthcare workers in the country that has so far had 5 outbreaks of the same disease the last being in September , 2022.

METHODS: A cross-sectional descriptive study was done among students in their clinical years. A pre-validated questionnaire was used to assess KAP towards EVD. All analyses were performed using SPSS version 29.0. Bloom's cutoff of 80% was used to determine sufficient knowledge (≥80%), good attitude (≥6.4) and good practices (≥4.8).

RESULTS: A total of 339 participated, majority were males (n=210, 61.9%) with mean age of 24.23 (SD:4.038) years. 77.9% (n=264) were pursuing Bachelor of Medicine and Bachelor of Surgery. Overall, 13.6% (n=46) had sufficient knowledge, 10.9% (n=37) had a good attitude and 32.7% (n=111) had good practices. 54.9% (n=186) always avoided patients with signs and symptoms suggestive of EVD while 11.8% (n=40) would accept an approved ebolavirus vaccine.

CONCLUSION: These results revealed suboptimal EVD-related KAP among medical students. We recommend training of students on clinical presentation, transmission, treatment and prevention of EVD to effectively control future outbreaks.

C27: PRECONCEPTION KNOWLEDGE ABOUT COUPLE CONTRIBUTION TO SICKLE CELL DISEASE TRANSMISSION AMONG WOMEN ATTENDING ANTENATAL CARE IN KAWEMPE NATIONAL REFERRAL HOSPITAL KAMPALA, UGANDA

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BACKGROUND: Sickle cell disease (SCD) significantly contributes to childhood mortality in Sub-Saharan Africa. In Uganda, approximately 20,000 children are born with SCD annually, accounting for 10% to 15% of under-five deaths. Adequate knowledge of SCD is crucial for couples to make informed reproductive choices.

OBJECTIVE: we aimed to assess preconception knowledge about couples' contributions to SCD transmission among women attending antenatal care (ANC) at Kawempe National Referral Hospital (KNRH) in Kampala, Uganda.

METHODS: we conducted a quantitative cross-sectional study using interviewer-administered structured questionnaires among 389 pregnant women attending ANC at KNRH from August to September 2023.

RESULTS: Of the 389 participants, 352 (90.5%) had heard of SCD, primarily from family and friends (43.5%). Among these, 192 (54.5%) knew SCD is inherited from parents, 140 (39.8%) recognized blood tests for diagnosis, and 104 (29.5%) mentioned premarital testing as prevention. Only 56 (15.9%) had preconception discussions about SCD with their partners, all knowing their own SCD status, while only 49 (13.9%) knew their husbands' status. Additionally, 160 (45.5%) indicated that knowing their partner's status would influence their marital decisions, but 65.6% would still choose to have children despite the risk of transmitting SCD. 251 (71.3%) did not know who a sickle cell carrier is. Significantly woman's age (p=0.010), education level (p=0.042), number of information sources (p=0.024), knowledge of self (p=0.000) and husband's (p=0.000) SCD status were factors associated with couple's preconception discussions about SCD.

CONCLUSION: Despite high awareness, most pregnant women had inadequate preconception knowledge about SCD, impacting their discussions with partners and screening behaviour. Enhanced health education and integrating genetic screening into routine preconception care are essential to mitigate the SCD burden.

C28: IMPROVING MORTALITY REPORTING THROUGH DEATH NOTIFICATION AT MBALE REGIONAL REFERRAL HOSPITAL IN UGANDA USING A CONTINUOUS QUALITY IMPROVEMENT APPROACH, OCTOBER 2023–APRIL 2024

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BACKGROUND: Mortality reporting is crucial for monitoring population health, detecting outbreaks, and informing health policies. However, the implementation of medical certification of cause of death remains low in Uganda, with only 3.2% of health facility deaths being notified to the Ministry of Health. Using a quality improvement approach, we aimed to improve mortality reporting through death notification at Mbale Regional Referral Hospital in Uganda from 1% to 80% within 6 months.

METHODS: Mbale Regional Referral Hospital was purposively selected as one of five regional referrals with the lowest death notifications (0%-20%) between 2022 and 2023. We adopted the existing quality improvement team, which included medical and non-medical personnel. Focus group discussions were conducted to identify challenges that informed the root analysis. Utilizing the Plan-Do-Study-Act (PDSA) cycle, we generated change ideas to address these bottlenecks.

INTERVENTION: Challenges included a lack of adequate knowledge of death notification, failure to follow guidelines, and heavy workloads. The interventions included training and mentorship sessions for the staff on properly completing the death notification form, adopting a standardized process for form completion, and conducting bi-monthly review meetings.

RESULTS: We conducted 4 (67%) mentorship sessions, 7 (38%) review meetings, and trained 32 nurses. The proportion of hospital deaths notified through DHIS2 between November 2023 and April 2024 increased from 17% to 65% (p=0.01).

CONCLUSION: Training of staff, adoption of a standard protocol on notification, and routine review meetings could facilitate death notification and improve mortality surveillance in Uganda enabling a more accurate resource allocation for mortality prevention.

Keywords: Mortality reporting, Medical Certification of Cause of Death, Quality improvement

C29: INCIDENCE AND RISK FACTORS FOR TERM STILLBIRTHS IN MBALE AND BUDAKA, UGANDA

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BACKGROUND: Uganda has a high stillbirth rate of 17 per 1000 total births but data about the risk factors and causes of stillbirths are scarce. We aimed to determine the incidence, risk factors and attributable causes of term stillbirths in Mbale and Budaka districts.

METHODS: Between January 2021 and September 2023, we conducted a cohort study where pregnant women at least 34 weeks of gestation were enrolled from their homes and followed up till birth. Trained midwives did the enrolment and follow-up. Details of maternal health, current and previous pregnancies and birth outcomes were captured. We captured details surrounding the birth for women who had stillbirths.

RESULTS: Out of 6101 participants enrolled we analysed 5496 for term stillbirth rate. There were 111 term stillbirths; out of whom 73 were intrapartum and 38 were antepartum. The term stillbirth rate was 20.2 per 1000 births (95% CI 16.3 to 25.0). Prolonged labour 42/111 (37.8%) and malaria 20/111 (18.0%) were the most common attributable causes of term stillbirths. Women who had a history of domestic violence (aRR 1.7; 95% CI 1.06 to 2.6), age above 35 years (aRR 2.0; 95% CI 1.1 to 3.5) and caesarean birth (aRR 2.8; 95% CI 1.74 to 4.6) were more likely to have term stillbirths.

CONCLUSION: Mbale and Budaka districts have a high rate of term stillbirths, most of which occur during labour. To reduce term stillbirths, there is need to improve the care of women in labour and prevent domestic violence.

C30: OVER-THE-COUNTER DISPENSING PRACTICES OF ANTIBIOTICS IN THE MANAGEMENT OF URINARY TRACT INFECTIONS IN RETAIL PHARMACIES IN KAMPALA DISTRICT-UGANDA

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INTRODUCTION: Community pharmacies are a major source of over the counter (OTC) antibiotics which are commonly dispensed to patients with Urinary Tract Infections (UTIs).

OBJECTIVES: The study aimed to evaluate over the counter dispensing practices of antibiotics in the management of UTIs in retail pharmacies in Kampala district - Uganda.

METHODS: It was a cross-sectional study design conducted among selected pharmacies across the five divisions of Kampala district. The study involved questionnaires, simulated clients visits to 240 licensed retail pharmacies. Quantitiative data analysis was performed using STATA v16 with Pearson Chi-square and log-binomial analysis.

RESULTS: 222 (92.5%) of respondents reported receiving clients without a prescription for antibiotics and 219 (91.6%) reported prescribing antibiotics for management of UTIs. Most of the respondents 219 (91.6%) could correctly diagnose a UTI in a mystery client, but could not specify the type. The most antibiotics dispensed OTC with symptoms of cystitis included Cefixime (55.7%), Nitrofurantoin (25.2%) and, Metronidazole (17.4%). Choice of antibiotics was influenced by knowledge acquired from; school (26.7%), patient information (26.3%), Uganda Treatment Guidelines (UTG) (24.6%), and availability of antibiotics (39.5%). Compliance to UTG was significantly higher among graduate dispensers [P=0.019]. In terms of follow-up systems, 75 (31%) had a manual system while 44 (18%) had both electronic and manual 121 (51%).

CONCLUSIONS: Majority of clients with UTIs received antibiotics recommended in the UTG. However, there is a need to improve monitoring and follow-up systems for clients with UTIs, capacity building, enforcing appropriate regulation and increasing access to UTGs.

Key words: Over the Counter dispensing, antibiotics, community pharmacies, urinary tract infections, Uganda.

C31: AWARENESS, PERCEPTIONS AND CHALLENGES AMONG PUBLIC TRANSPORT OPERATORS DURING THE IMPLEMENTATION OF COVID-19 PREVENTIVE MEASURES IN EASTERN UGANDA: A QUALITATIVE STUDY

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Introduction: Public transportation plays a major role in transmission of SARS-CoV2 due to confined spaces in vehicles. It is very crucial to apply prevention measures in public transportation to reduce risk of COVID-19 transmission.

Objective: To explore the awareness, perceptions and challenges among public transport operators during the implementation of COVID-19 preventive measures in Eastern Uganda.

Methods: This qualitative study was done in January and February 2021. We conducted four focus group discussions, six in-depth interviews and three key informant interviews to document awareness, perceptions and challenges faced by public transport operators including 10 motorcycle riders, 19 taxi operators, 11 truck (cargo) transporters. Interviews were audio-recorded, transcribed, and analysed with NVIVO 12 using a thematic framework approach.

Results: We relied on the health belief model to report on four broad themes including: **Perceived threat:** participants were aware of the gravity and quick transmissibility of COVID-19. **Perceived benefits:** participants perceived a number covid 19 preventive measures as beneficial in preventing COVID-19. **Perceived barriers:** misconceptions, scepticism about COVID-19 vaccination, financial constraints, hostility from passengers due to increased transport fares, law enforcement officials prioritizing driving permits over implementation of measures, religious beliefs against use of alcohol. **Cues to action:** mass sensitization by the Ministry of Health.

Conclusions and recommendation: Our study brings to light barriers that impede use of preventive measures in public transportation during an epidemic / pandemic like COVID-19. During sensitization through media, focus should be put to the demystification of myths on COVID-19 and highlighting on benefits of using preventive measures.

C32: FOOD POISONING OUTBREAK CAUSED BY *AEROMONAS* BACTERIA AT A FUNERAL IN BUYENGO TOWN COUNCIL, JINJA DISTRICT, UGANDA, FEBRUARY 2024

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BACKGROUND: On February 15, 2024, Ministry of Health was notified of suspected food poisoning following a funeral in Jinja District where seventy-two people developed gastrointestinal symptoms. We investigated to determine the cause, magnitude and risk factors for the outbreak to inform control measures.

METHODS: We defined a suspected case as onset of abdominal pain and ≥1 of the following symptoms: diarrhea, vomiting or nausea in a resident/visitor of Buyengo TC in Jinja District during February 11–22, 2024. We conducted health facility records review and community case search. We collected information using an interviewer-administered questionnaire on all the identified cases. We conducted descriptive epidemiology and environmental assessments to generate hypotheses. An unmatched case control study was conducted among funeral attendees in the two most affected villages to identify the risk factors. We conducted microbiology and toxicology laboratory tests on clinical and environmental samples.

RESULTS: We identified 65 case-patients with a 5% (n=3) case-fatality rate. Common symptoms included abdominal pain (100%), diarrhea (94%), vomiting (51%) and fever (34%). The epidemic curve revealed multiple peaks corresponding to the different serving times for the case-patients at Monday supper and Tuesday breakfast. Most presented within 12-86 hours from the supper; median incubation period=34 hours (IQR=26-48 hours). The beef stew prepared at supper time using unsafe stream water was improperly cooked, and served at both supper and breakfast. Sixty-two percent of the cases compared to 38% of the controls ate beef stew at supper (OR=2.7; 95%CI=1.2-6.2). Additionally, 97% of the cases compared to 40% of the controls ate leftover beef stew for Tuesday breakfast (OR=57; 95%CI=5.4-600). The main source of water used at the funeral was from a stream called 'Kabakubya'. Aeromonas hydrophilia and Aeromonas caviae were isolated in the gastric aspirate of some case-patients, and the water sample from the "Kabakubya" stream.

CONCLUSION: This was a point source food poisoning outbreak caused by consuming beef stew contaminated with *Aeromonas* at a funeral. The *Aeromonas*

was traced to a nearby stream. Stopping the use of water from the stream and enhanced WASH interventions helped control the outbreak.

Key words: Food Poisoning, Outbreak, Aeromonas, Uganda

Disclaimer: The conclusions, findings, and opinions expressed by the authors do not necessarily reflect the official position of the U.S. Centers for Disease Control and Prevention or the authors' affiliated institutions.

C33: KNOWLEDGE, ATTITUDES AND PRACTICES ON FOOD HYGIENE AMONG CAREGIVERS OF MALNOURISHED CHILDREN IN MWANAMUGIMU NUTRITION UNIT OF MULAGO NATIONAL REFERRAL HOSPITAL AND KISENYI HEALTH CENTRE IV

Nantongo Jennifer, Kamukama Saul, Abel Wilson Walekhwa
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INTRODUCTION: Food hygiene is usually neglected during control of diarrheal infections in malnourished children. Malnourished children stand lower chances of survival when infected with diarrhea. This study assessed the knowledge, attitudes and practices on food hygiene among caregivers of malnourished children in Mwanamugimu Nutrition Unit (MNU) and Kisenyi Health Centre IV (HCIV).

METHODOLOGY: A cross-sectional study that employed quantitative and qualitative methods was used. A questionnaire was administered among 120 caregivers, four Key Informant Interviews conducted (nutritionists, nurse, Community Health Worker). Data was analyzed using STATA 14 and inductive thematic analysis.

RESULTS: Most respondents were female 94.2% (113) and majority were aged between 15-29 years (71). Among the respondents, 74.2% (89) did not know the correct time for storing leftover food and 42.5% (51) reported to feed their children on leftover food. 36.7% (44) did not know that malnutrition could occur as a result of poor food hygiene practices. Generally 90.8% (109) had poor knowledge, 94.2% (113) had good attitudes and 82.5% (99) had good self-reported practices. Multivariable logistic regression showed that caregivers who took their children to Kisenyi HCIV were 6 times more likely to have better food hygiene practices compared to their counterparts at MNU [AOR=5.70, 95% CI (1.2-27.03)]. From the KIIs, it was noted that there are still knowledge gaps about food hygiene and caregivers opt for convenience instead of proper practices.

CONCLUSION: Caregivers of malnourished children had poor knowledge but good attitudes and practices. Continuous health education is essential in enhancing caregivers' knowledge towards food hygiene.

C34: HIV PROGRAM SUSTAINABILITY BEYOND EXTERNAL ASSISTANCE IN SUB–SAHARAN AFRICA: A "BEST FIT" FRAMEWORK SYNTHESIS

Abraham Openy

BACKGROUND: Ending HIV/AIDS as a global public health threat by 2030 is currently the main goal of global, regional, and national stakeholders in the fight against HIV. For over three decades now, Sub Sahara Africa (SSA) has registered tremendous gains in combating the epidemic through bilateral, multilateral, and philanthropic assistance - translating into improved human capital development. As these external assistances begin to withdraw, national governments are expected to sustain the gains. Yet, most of the sustainability literature has focused on funding with little insights into other possible domains of sustainability.

OBJECTIVE: To conceptualize a framework with evidence-based domains of HIV program sustainability in sub-Sahara Africa.

METHOD: Scoping review and a "best fit" framework of evidence synthesis method was used by conducting a database search for literature, guidelines, and policies on HIV program sustainability from PubMed, Web of Science, CABI Global Health, Medline, and Google Scholar for 10-year period (2014- 2024). Grey literature on sustainability from HIV program related organisations were also included. Through a deductive approach, an 'a priori framework' was identified for concurrent analysis of selected papers. A "best fit" framework was then inductively generated through charting and coding the evidence themes against domains of the "a priori framework". Emerging themes formed new domains of the "best fit" framework.

RESULTS: Most papers on HIV program sustainability focuses on financial domain. we found innovative financing models like Debt-for-AIDS conversion and AIDS Trust fund in some countries, partnership within multilateral portfolio like Global Health Security to sustain HIV program as a public health security threat. We generated a frame with ten domains of sustainability: 1- Technical Efficiency, 2- Partnership, 3- Supply Chain, 4- Epidemiologic Prioritization, 5- Structural Consideration, 6- Governance & stewardship, 7- Financial Sustainability, 8 – Community participation, 9- Political Will and 10- Contextual Factor like climate crises and (re)emerging pandemics.

CONCLUSIONS: Ensuring sustainability of HIV programmes after donor exit in SSA will require efforts that tackle structural, social, and other equally important non-financial domains of sustainability, all stakeholders need to be involved throughout the program cycle. There is a growing political will to integrate HIV services within the Universal Health Coverage (UHC) agenda, but this is not translated into financial commitment and epidemiologic prioritization.

Key Words – HIV/AIDS, Program, Sustainability, Framework, External Assistance, Sub Saharan Africa

C35: PREVALENCE OF PROTECTIVE LEVELS OF ANTI-HBs ANTIBODIES AMONG 15–17YEAR-OLD ADOLESCENTS IN KAWEMPE DIVISION, KAMPALA, UGANDA.

Joan Nambafu

BACKGROUND: Liver related cancer and cirrhosis mortality rates have been reduced globally by the Hepatitis B vaccine however decay of still happens.

OBJECTIVES: We aimed at determining the prevalence of breakthrough HBV infections (Exposure, Acute and chronic) and the prevalence of protective levels of vaccine specific anti-HBs antibody titers amongst 15–17-year-old adolescents in Kawempe division, Kampala, Uganda.

METHODOLOGY: A cross sectional study . Sample size: 288 participants.

RESULTS: Males;149 (51.7%), Females;139 (48.3%). First dose recipients; 26 (9.0%) , Second dose recipients; 45 (15.6%) and Third dose recipients; 217 (75.4%). Combo test results: Participants at exposure (Combo susceptible);221 (76.7%), Acute infections; 4 (1.5%), Chronic infections; 3 (1.0%) and vaccine protected 60 (20.8%).Titer test results:Responders ; 22 (36.7%) and Non-responders were 43 (66.2%).

CONCLUSIONS: Hepatitis B vaccine 3 dose coverage was fair at 75.4% hence awareness programmes on benefits of immunisation to parents encouraged and provision of medicines in all health centers. The study revealed an exposure rate of 76.7% for adolescents who had primarily been vaccinated owing this to genetics, Storage, Usage of overdue medicines and in completion of HBV doses. The prevalence of acute and chronic infections in our study was moderately high at 1.5% and 1.0% respectively due to indulgence in sexual intercourse at a young age plus having many sex partners, Use of drugs, Body piercings and body tattooing plus not knowing the HBV status especially to young mothers.

Our study recorded a low prevalence of protective anti-body titers at 33.8% possibly due to genetics.

C36: HEALTH-RELATED QUALITY OF LIFE PERCEPTION AMONG OLDER PERSONS WITH NON-COMMUNICABLEDISEASES IN PRIMARY HEALTHCARE FACILITIES: A QUALITATIVE INQUIRY

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BACKGROUND: The understanding of older persons with non-communicable diseases (NCDs) regarding health well-being is paramount and can translate to increased self-efficiency, independence, and enhanced well-being. However, little is known about older persons' understanding of the concept of health-related quality of life (HRQoL) in Uganda. The study explored perceptions and unveiled understanding of older persons with NCDs on HRQoL in central Uganda.

METHODS: This exploratory qualitative study design involved 23 participants recruited from selected Primary healthcare facilities in Central Uganda. Thematic analysis using an inductive approach generated themes that informed the study's qualitative findings.

RESULTS: The study highlighted the physical domain as a key component of HRQoL, encompassing holistic well-being, lifestyle modification, and financial stability. To promote well-being and support a healthy aging journey, it is essential to adopt a person-centered approach that aligns withthe perceptions of older adults on HRQoL.

Keywords: Perceptions, Older persons, non-communicable diseases, Health-related quality of lifeCentral Uganda.

C37: LOW KNOWLEDGE ON CARDIOVASCULAR DISEASE RISK FACTORS AMONG DIABETIC PATIENTS ATTENDING THE NON-COMMUNICABLE DISEASE CLINIC AT TORORO GENERAL HOSPITAL

Nantale Atangwa Peace

BACKGROUND: Among diabetic patients, there is a threefold increase in the risk of developing cardiovascular disease complications compared to general population. According to world health organization diabetes mellitus accounts for over 20% of cardiovascular death. Knowledge of cardiovascular disease risk factors is the first step in prevention however, there is limited data on diabetic patients' knowledge of cardiovascular disease risk factors, particularly in primary care settings where preventative measures can be provided.

OBJECTIVE: To determine the level of knowledge on cardiovascular disease risk factors and the factors associated with low knowledge among diabetic patients attending the non-communicable disease clinic of Tororo general hospital.

METHODS: A facility-based cross-sectional study was conducted among diabetic persons at the non-communicable disease clinic at Tororo General Hospital. Semi-structured interviewer administered questionnaires coupled with the Heart Disease Fact Questionnaire were used to collect data from a systematic random sample of 385 adult diabetic patients. Data was analyzed into descriptive and inferential statistics and presented using tables and graphs.

RESULTS: The study indicated that 76.1% of the study respondents had a suboptimal level of knowledge about cardiovascular disease risk factors. The study indicated that being female ($p = 0.002$), less educated ($p < 0.0001$), newly diagnosed with diabetes ($p = 0.002$) and staying more than 5 km from the hospital ($p = 0.009$) were associated with low knowledge of cardiovascular risk factors among the study respondents.

CONCLUSION: This study indicated suboptimal knowledge regarding cardiovascular disease risk factors attributable to social, patient and health-facility based determinants.

RECOMMENDATION: The study recommends the enhancement of fundamental cardiovascular disease literacy among vulnerable diabetic subgroups by closing the persistent knowledge gaps through a multipronged approach combining system protocols, workforce competencies, mass communication tactics and patient centered design thinking.

C38: HERD IMMUNITY AMONG RURAL AND URBAN KENYAN POPULATIONS 2-YEARS INTO COVID-19 PANDEMIC DESPITE LOW UPTAKE AND SIGNIFICANT REFUSAL OF VACCINES

Carolyne Nasimiyu

INTRODUCTION The COVID-19 vaccine is the most critical tool to attaining the population immunity against SARS-CoV-2 and ending the pandemic. The World Health Organisation contends that this population immunity should be attained through vaccination rather than natural infection. However, the COVID-19 vaccination program in Kenya is faced by considerable vaccine hesitancy. One year after rolling out the vaccine in Kenya, we conducted a study to determine the level of population immunity and assess COVID-19 vaccine uptake and refusal.

OBJECTIVES: To estimate the level of population immunity associated with COVID-19 in Kenya and COVID-19 vaccine hesitancy.

METHODS: We conducted a population-based cross-sectional survey of Kenyans in January-February of 2022. Participants were selected through a multi-stage randomization process. Blood samples were collected from consenting participants and tested for presence of SARS-CoV-2 antibodies using the commercially available Wantai kits. Using a structured questionnaire, we collected COVID-19 vaccine awareness and acceptability data.

RESULTS: We enrolled 1,591 study participants, 781 (49.1%) from urban site and 810 (50.9%) from the rural site. The overall weighted SARS-CoV-2 sero-prevalence was 90.2% (95% CI, 88.6%-91.2%). The weighted sero-prevalence in the urban population was 96.7% (95% CI, 95.2%-97.9%) and 83.6% (95% CI, 80.6%-86.0%) in the rural population. The COVID-19 vaccine uptake among eligible urban population was 52.4% and 53.1% in the rural population. Among the COVID-19 vaccine hesitant group, 19.6% of urban and 15.6% of rural participants would not receive the vaccine if offered to them.

CONCLUSION: Nine out of every ten Kenyans have antibodies to SARS-CoV-2. Therefore, despite the considerable vaccine refusal, we believed Kenya had already achieved herd immunity through both vaccination and natural infection. We recommended targeted vaccination for those at risk of severe COVID-19 disease.

C39: ONE HEALTH APPROACH TO CONTROLLING A FOX-MEDIATED RABIES OUTBREAK: A CASE OF BUSIA DISTRICT.

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2. Busia DLG

BACKGROUND: Rabies is a priority zoonotic and vaccine-preventable disease, transmitted through saliva from infected animals via bites, scratches, or mucosal contact. In Busia District, a fox mediated rabies outbreak emerged in May 2024, as confirmed by NADDEC. Despite initial response efforts by the animal and human medicine sectors, the number of animal bite cases surged, peaking at 31 cases in one week by mid-August. This situation underscored the urgent need for a more comprehensive approach to effectively control and mitigate the outbreak.

OBJECTIVE: To control and mitigate the rabies outbreak in Busia District using a multi-sectoral One Health approach.

METHODS: USAID UHA partnered with Busia DLG and other stakeholders to implement a One Health approach, and key sectors included veterinary medicine, human medicine, production and Uganda Wildlife Authority. The following activities were implemented:

- District One Health Team (DOHT) Meetings for coordination of response efforts.
- Community Dialogues to increase awareness.
- Mass Vaccination Campaigns targeting pets like dogs and cats.
- Post-Exposure Prophylaxis (PEP) for those exposed.
- Training of Village Health Teams (VHTs) and Healthcare Workers in case management Active Surveillance to monitor and respond to new cases.
- Distribution of IEC Materials for public education.
- Cross-Border Collaboration with Kenyan authorities.

RESULTS: These interventions led to a notable reduction in animal bite cases, after recording 31 cases in one week in mid-August, the number of reported cases dropped to 2 in the last week of August 2024.

CONCLUSION: This Busia scenario underscores the effectiveness of One Health approach in responding to a fox mediated rabies outbreak. We recommend scale up of this approach whenever similar outbreaks emerge.

C40: AN OUTBREAK OF *AEROMONAS HYDROPHILA* INFECTION IN BUKASAMI IN JINJA, UGANDA, 2024: ARETROSPECTIVE STUDY

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BACKGROUND: *Aeromonas* infections are an emerging global public health challenge due to their multifactorial pathogenicity and diverse virulence factors. On February 12, 2024, an outbreak of *Aeromonas hydrophila* in Bukasami, Jinja, Uganda, led to cases of abdominal pain, diarrhea, andvomiting.

OBJECTIVE: To investigate the outbreak and evaluate the epidemiology and public health response.

METHODS: A retrospective cohort study was conducted involving 185 individuals. Confirmed cases were identified through positive cultures from gastric aspirate or stool samples, while suspected cases were based on the presence of at least two symptoms abdominal pain, vomiting, and diarrhea occurring between February 12th and 16th, 2024. The study also involved laboratory investigations, food safety assessments using HACCP principles, and an evaluation of timeliness through the 7-1-7 matrix. Analysed in STATA-17.

RESULTS: The outbreak involved 103 infected individuals with an attack rate of 55.7% and a case fatality rate of 7.8%. Among those who consumed food at the funeral, the AR was 59.3%, greater than those who did not (50.0%). While no significant link was found between food consumption, sociodemographic factors, and infection (p-value >0.05), a significant association was observed with the geographical origin (parish, sub-county, district) (p-value <0.05) at a 95% confidence

level. Contaminated water sources (boreholes and streams) and possibly ill food handlers were identified as likely vehicles of infection. The isolates were resistant to 3 out of 4 antibiotics, contributing to a 30.1% relapse rate.

CONCLUSION: The *Aeromonas hydrophila* outbreak was likely driven by contaminated water sources and possibly by ill food handlers at the funeral. Geographical factors played a significantrole in the spread of the infection. The high rate of antibiotic resistance among the isolates and theassociated high relapse rate highlights the need for improved water safety, stricter food handling practices, and effective antibiotic management to prevent future outbreaks.

Keywords: *Aeromonas hydrophila*, outbreak, attack rate, public health response, Uganda

C41: ENHANCE LOCAL COMMUNITY CAPACITY IN SURVEILLANCE AND RESPONSE EFFORTS TOWARDS DETECTION AND RESPONSE TO THE RABIES OUTBREAK. A BRIEF FROM BUSIA DISTRICT.

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INTRODUCTION: Dog bites cause over 95% of rabies cases in Busia. The district reported 30 human bites and 148 animals bitten by stray dogs and foxes between July and August 2024 in the sub counties of Masaba, Masafu, Misanya, Busime, Buhehe, Lumino, Dabani, Western Division. Children are the most vulnerable population to rabies. About 60% of all dog bites are in children. This situation has prompted the district leadership call for support from health implementing partners in combatting the outbreak.

METHODOLOGY: Integrated interventions were conducted to improve response. Capacity building for health care service providers both for humans and animals, empowering community health workers (VHTS and volunteers) and local leaders on how to effectively support their respective communities in matters of response to public health risks

RESULTS: 3 District Task Force meeting conducted reaching **34 (12Females: 22Males)** District officials both Technical, political and Health care workers to improve district risk coordination.

Ministry of Agriculture, Animal and Forestry (MAIF)and Vereinigte Fullkorper-Fabriken (VFF) VFF German organized a mass vaccination campaign of pets and dogs in communities across all sub counties in the district vaccinating 380 dogs.

Conducted 8 dialogues targeting high burden sub-counties by engaging 120

community opinion leaders to increase outbreak prevention awareness.

Orientation of 50 community volunteers and 50 VHTs on rabies outbreak, Risk communication, case identification, reporting, referral and follow ups.

48 (Medical and Clinical Officers, Nurses, veterinary officers and private practitioners) oriented with skills on prevention, control and case management for both rabies and M.Pox.

CONCLUSION: intensify Vaccination of reservoir animals especially the canines is one of the world organization of animal Health (WOAH) recommended effective strategy for rabies control programs. Interventions should focus on scaling up approaches that improve vaccination coverage and strengthen systems to appropriately prevent, detect and respond to outbreaks.

C42: IMPROVING CANCER DATA AVAILABILITY WITHIN ROUTINE REPORTING SYSTEMS IN A LOW-INCOME SETTING; A CASE OF MBARARA REGIONAL REFERRAL HOSPITAL, UGANDA

Robert M. Mwesigwa, Ms. Joan Nakibuuka, Nazarius Mbona Tumwesigye

INTRODUCTION: Worldwide, an estimated 19.3 million new cancer cases and almost 10.0 million cancer deaths occurred in 2020. In same year, 801,392 new cancer cases and 520,158 cancer deaths occurred in sub-Saharan Africa where cancer survival is even disproportionately lower. In Uganda, there is limited access to comprehensive cancer data within electronic reporting systems with only 4% available. Ideally, all patient-level data should be available in a reporting system because such data generated is used to guide operational planning, track progress and performance over time, and strengthen accountability for better results. It is used to evaluate and understand cancer risk factors, to study phenomena, explore relationships, test hypotheses as well as draw meaningful conclusions. This study intended to fix the gap of unavailable comprehensive cancer data in a routine electronic reporting system.

OBJECTIVE: To improve cancer data available within routine reporting systems in a low income setting.

METHODS: Maintenance application and Tracker domain in DHIS2 version 2.40.3 was configured. Retrospective records of 104 new cancer cases were purposively selected and entered into the instance. The instance usability and reliability were tested.

RESULTS: A usability score of 407.5 and α coefficient of 0.8109 were obtained. Dashboards were produced within the instance.

DISCUSSION: The implemented system was found to be usable by staff at UCI Mbarara and demonstrated high reliability. It facilitated the accessibility and visibility of cancer data through web-based dashboards and visualizations. However, the key limitations identified were the use of retrospective programmatic data and unsustainable online presence of the instance. Future research should focus on online sustainability of such systems amid funding considerations and exploring the use of prospective data to validate these findings further.

Key words: Patient-level data, DHIS2, cancer, instance, low-income setting.

C43: HEPATITIS B VACCINE UPTAKE AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CARE AT GULU REGIONAL REFERRAL HOSPITAL

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BACKGROUND: Hepatitis B virus infection is a global public health concern worldwide. Uganda has a high prevalence of Hep B infection among pregnant mothers, particularly those aged 13 to 43 years. The study aimed to establish the prevalence of Hep B vaccine uptake and associated factors among pregnant women attending antenatal care at Gulu Regional Referral Hospital.

METHODS: We conducted a cross-sectional study at Gulu Regional Referral Hospital in May 2024. A total of 430 respondents among women attending antenatal care were systematically selected and interviewed. Ten In-depth interviews and five key informant interviews were conducted. Quantitative data were analyzed using STATA_MP version 14. Qualitative data were analyzed using Atlas ti version 7.0 software.

RESULTS: 53.3% had received the Hep B vaccine, 20.9% of these received all three doses. Factors significantly associated with vaccine uptake included being aged 20-

24 years (APR=1.10, 95% CI: 1.02-1.18), knowledge about Hep B (APR=1.06, 95% CI: 1.01-1.10), vaccine availability (APR=1.07, 95% CI: 1.00-1.14), being a Seventh Day Adventist Religion (APR=0.91, 95% CI: 0.83-0.99) and longer waiting times at healthcare facilities (APR =1.47, 95% CI: 1.36-1.59).

CONCLUSION: Hep B vaccine uptake among pregnant women is influenced by age, knowledge, healthcare communication, and vaccine availability. Barriers include resource constraints, misconceptions about vaccine safety, and logistical issues. Increasing health education, ensuring vaccine availability, are essential to improving vaccine uptake.

B44: FACTORS ASSOCIATED WITH THE UPTAKE OF TUBERCULOSIS PREVENTIVE TREATMENT AMONG ADULT TUBERCULOSIS CONTACTS AT MATANY HOSPITAL, NAPAK DISTRICT, UGANDA

Louis Ocen, Prof. Robert Basaza

INTRODUCTION: Tuberculosis (TB) remains a significant global health concern, with high incidence and mortality rates, particularly in low- and middle-income countries. Tuberculosis Preventive Treatment (TPT) is a critical intervention aimed at reducing the progression of latent TB infection (LTBI) to active disease, especially among high-risk groups such as adult TB contacts. Despite its effectiveness, the uptake of TPT in many settings, including Uganda, remains suboptimal at only 41.8% by 2022. This study aimed to investigate the factors associated with the uptake of TPT among adult TB contacts of index bacteriologically confirmed TB patients registered at Matany Hospital in 2022 and 2023.

METHOD: A mixed method cross-sectional analytical study design was employed. Primary data were collected using structured interview guide, questionnaires, and secondary data from medical record reviews. The study examined various factors including socio-demographic characteristics, clinical factors, health system factors, and individual factors influencing TPT uptake. Data was analyzed using STATA (ver.14), associations at bivariate and multivariate level determined at $p<0.05$ and 95% confidence level

Results: From the 357 respondents, 59.4% were females and 40.6% males. Mean age was 44.6 years (SD 17.5) and (IQR:18-98). 31.1% had completed TPT course. The odds of taking TPT was 3.6 times among Catholics compared to Anglicans p=0.010. Contacts whose index were on TB treatment were 3 times likely to take TPT compared to those whose index had completed TB treatment, p=0.009. Waiting for 15mins to 1 hour reduced the likelihood to take TPT by 67% compared to waiting

for less than 15minutes, p=0.006. Contacts who had no TPT awareness were 79% less likely to take TPT p<0.001.

CONCLUSION: Enhancing TPT uptake among adult contacts requires addressing individual, social, and environmental factors through timely contact tracing, community awareness campaigns, engagement of faith structures and addressing barriers related to access such as waiting times.

C44: A LOCALIZED MENTORSHIP APPROACH TO ENHANCE INFECTION PREVENTION AND CONTROL AT POINTS OF ENTRY IN WESTERN UGANDA.

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BACKGROUND: Infection prevention and control (IPC) measures are critical at points of entry (POEs) to prevent the spread of cross border infectious diseases. In Western Uganda, POEs are particularly vulnerable due to high cross-border movement and limited resources. Despite existing guidelines, IPC practices often fall short of national standards as per the Ministry of Health (MOH) scorecard. IPC mentorship is part of the Border Health security and Global Health Security programs implemented under Baylor Uganda with support from Center for Disease Control in 6 border districts in Western Uganda. We aimed to improve IPC scorecard compliance for each POE from 40.2% to 75% over 6 months using district-based mentorships.

DESCRIPTION: Through site assessments, priority areas for improvement were identified. Of the 11 indicators on the IPC scorecard, the worst performing indicators were identified for interventions.

District Mentors were selected based on expertise in IPC. They were provided with training on IPC guidelines, mentorship techniques, and the use of the scorecard. They provided on-site support during two scheduled visits to each POE between January to June 2023.

LESSONS LEARNT: Two mentors were trained for each POE. Average IPC scores increased from 40.2% to 72.8%. Individual indicator scores improved as follows: availability of PPE increased from 17% to 83%; hand hygiene from 37% to 79%; IPC committee from 29% to 61%; isolation from 34% to 71%; and waste management from 25% to 68%. Addressing challenges: PPE shortages, data collection issues, and infrastructure limitations was crucial for our success.

Next Plans: By integrating QI Approach, mentorship, innovative interventions, and data-driven decision-making, we achieved high compliance with IPC standards. Resources that would be required to replicate this model in other regions include funding for training mentors, their daily stipends, and for the essential IPC supplies that they bring to each site.

C45: PATIENT AND PROVIDER PERSPECTIVES AND EXPERIENCES WITH COVID-19 VACCINATION AMONG PERSONS WITH HIV, HYPERTENSION, AND/OR DIABETES AT TWO REGIONAL REFERRAL HOSPITALS IN UGANDA.

Brian Beesiga, Asiphas Owaraganise, Florence Mwangwa. Winnie Muyindike, Jaffer Okiring, Elijah Kakande, Joan Nangendo, Jane Kabami, Susan Nayiga, Cecilia Akatukwasa, Moses R. Kamya, Fred C. Semitala

BACKGROUND: People with chronic illnesses such as HIV, hypertension, and diabetes are a priority for Coronavirus disease (COVID-19) vaccination due to elevated risk of severe disease. We explored perspectives and experiences of COVID-19 vaccination among this priority group in Southwestern and Southcentral Uganda

METHODS: Between January and April 2023, we interviewed individuals aged 18 years or older seeking HIV, hypertension, or diabetes care and their healthcare providers at Mbarara and Masaka regional referral hospitals. We conducted in-depth interviews with persons living with HIV, hypertension and/or diabetes (n=30) and key informant interviews with healthcare providers and managers (n=12). We used the Behavioral and Social Drivers model to analyze the factors that influence participant's decisions about COVID-19 vaccination. We coded the data using Dedoose software and analyzed using thematic inductive analysis.

RESULTS: Motivations to take the COVID-19 vaccine included fear of severe illness, observing the effect of COVID-19 or the vaccine on others, feeling vulnerable from underlying illnesses, family and social support, health worker recommendation and vaccine benefits and trust in the vaccine.

Fear of side effects and vaccine interactions with antiretroviral, antihypertensive or antidiabetic medications, misinformation on social media, rapid vaccine development and rollout, inadequate sensitization, and healthcare providers' hesitancy hindered uptake. Furthermore, health system challenges like stockouts and long queues

hindered uptake or dose completion.

CONCLUSION: Perceived risk, vaccine confidence, social influences, and health system challenges affect COVID-19 vaccination. Effective communication strategies involving health workers and trusted community leaders and sustained vaccine supply are crucial to improve COVID-19 vaccine uptake.

C46: BIOLOGICS FOR MODERATE TO SEVERE ASTHMA IN CHILDREN. FROM THE DEPARTMENT OF PAEDIATRICS AT MASAKA REGIONAL REFERRAL HOSPITAL. A CASE SERIES

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2.Department of Paediatrics,Masaka Regional Referral Hospital,Masaka City,Uganda
3. Case Hospital Entebbe

INTRODUCTION/BACKGROUD.

Asthma is a chronic heterogenous disorder of the airways that often starts in childhood. It is a complex syndrome with many phenotypes and endotypes. Severe asthma in children is characterized by sustained symptoms despite treatment with high doses of ICS or oral corticosteroids. It is increasingly recognized that severe asthma is a highly heterogeneous disorder characterized by many phenotypes & endotypes. Bronchiothermoplasty is a form treatment indicated for adults with severe asthma.

METHODS

Two Children from the department of Paediatrics Masaka Regional Referral Hospital with Childhood onset Asthma are presented:

L.K 12yr male, known asthma patient for 4 years now on unknown inhaler medication presented with history of sudden chest pain described as heaviness, non-radiating associated with shortness of breath and wheezing. Reported history of restlessness in the night and failure to sleep. Mother reports that child was given 2 puffs of the inhaler which eased the patient's restlessness.

Report no history of cough, no hemoptysis. A diagnosis of Acute Asthma exacerbation was made. Child was treated with salbutamol Nebs and i/v Hydrocortisone. With resolution of symptoms.

N.h 3yr female presented with history of dry cough for 3 days, no associated chest pain, and no hemoptysis. A day prior to admission, child developed shortness of breath with audible wheezing. No associated chest pain or heaviness. A diagnosis

of Acute Asthma exacerbation was made .She was treated with salbutamol Nebs and i/V Hydrocortisone. Discharged on salbutamol inhaler and oral prednisone for 3 days.

RESULTS: Many children in Uganda present with severe asthma according to GINA guidelines. Asthma may present in childhood. Moderate-to-severe asthma can generally be categorized by “type 2” inflammation and “non-type-2” inflammation. Th2 asthma is commoner.

Biologics are mostly large molecules, usually proteins, derived from living organisms and are indicated for moderate to severe asthma.

- There are six FDA approved Biologics for Type 2 inflammation in severe asthma.
- 1,Omalizumab-Anti IgE
- 2.Mepolizumab-Anti IL5
- 3.Resiluzumab-Anti-IL-5
- 4.Benralizumab-Anti IL-5 receptor
- 5.Dupilumab-IL-4 & Il-13 Inhibitor
- 6. Tezepelumab-Anti TSLP

Three biologics, omalizumab, mepolizumab, and duplilumab, are FDA-approved for children as young as 6 years, whereas benralizumab and tezepelumab are approved for adolescents older than 12 years. All these agents reduce the rates of severe asthma exacerbations, whereas their effects on pulmonary function vary across age.

CONCLUSIONS: Biologics are indicated for moderate to Severe Asthma in Children according to GINA guidelines and have proved to be cost effective. They should be considered for use in both the public and private health sectors in Uganda.

22nd MATHEW LUKWIYA MEMORIAL LECTURE

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" Health for All and By All"

World Health Organization

22nd DR. MATHEW LUKWIYA MEMORIAL LECTURE

THEME: *"Global Health Security : Partnership for Epidemic Response and control in Sub–Saharan Africa".*

LECTURER: Dr. Ambrose Otau Talisuna

Senior Health Security Advisor

WHO Liaison Office to the AU & UNECA

Addis Ababa Ethiopia

at

Hotel Africana, Kampala Uganda

on Friday, 18th October, 2024

How do we protect the health of health workers

Background

In 2000/2001

Uganda lost a number of Health Care Workers to the Ebola Epidemic in the country. The biggest number was lost at Lacor Hospital in Northern Uganda, The Team Leader was Dr. Mathew Lukwiya. In their memory, and in memory of other Health Care Workers who lost their lives in line of duty, Uganda National Association of community and Occupational Health (UNACOH) has held a Dr. Mathew Lukwiya Memorial every year from 2002. WHO Uganda Country Office has been a partner on this activity from the beginning in 2002.

Since 2010, the memorial lecture has been associated with the Joint Annual Scientific Health (JASH) Conference, organised by Makerere University College of Health Sciences in collaboration with UNACOH, WHO, Ministry of Health and other partners. Each year, eminent person of distinguished experience and expertise across the world are invited as guest speakers to deliver the Lecture on various themes.

Dr. Mathew Lukwiya has been and continue to be a symbol that represents all health workers who have lost their lives in the course saving lives in Uganda and in the world. The COVID 19 pandemic gives further significance to this year's Dr. Mathew Lukwiya Memorial Lecture in view of the very many Health Workers who have lost their lives due to COVID 19 infection or the COVID 19 phenomenon

Life History of Dr. Mathew Lukwiya

Dr. Mathew Lukwiya was born on 24/11/1957. His father was the late Matayo Nyero of Pajimo Tuma-Ato, and his mother is Mrs Jema Nyero of Koch Olwor-nguu, Labongo Division, Kitgum District.

He started his preparatory school in 1962 at Ocet-Tke in Pajimo. He was admitted at Lango College and studied on scholarship offered by the Kitgum District Administration, 1971-1976. He joined Makerere University Medical School in 1977-1983 (MBCHB) when he qualified as a Medical Doctor.

He did his internship in St. Mary's Hospital Lacor Gulu from 1983-1984, and continued as a medical officer in the same Hospital. In 1984 Dr. Lukwiya went to Italy to study hospital administration for three months and obtained a Diploma. In 1990 Dr. Mathew Lukwiya went for a one-year study in Liverpool Institute of Tropical Hygiene where he was awarded a Masters Degree in Paediatrics.

Dr. Lukwiya presented a paper on HIV/AIDS in a World Health Organization (WHO) Conference held in Geneva in 1995.
He again presented a paper on HIV/AIDS in an AIDS Conference held in Abidjan, Ivory Coast, in 1998.

In 1998 Dr. Mathew Lukwiya assisted Dr. Pierre Corti in soliciting funds for running St. Mary's Hospital Lacor from Italy, USA and Canada.

Dr. Mathew Lukwiya again joined Makerere University (School of Public Health) in October 1998 where he obtained another Masters Degree in Public Health in August 2000.

In the 2000 UNACOH Annual Scientific Conference he presented a paper on "Tobacco use among the Youth".

Dr. Lukwiya was the first Doctor to make the alarm of the Ebola epidemic in 2000. He swiftly went ahead to organize an Isolation Ward for the admission and treatment of the cases. He also started educating the hospital staff on barrier nursing and infection control, and generally how to handle patients with viral heamorrhagic fever (Ebola). He was one of the three (3) doctors who volunteered to work in Isolation Ward right from the time the epidemic was recognized in Gulu. His presence among the hospital staff strengthened the fight against the epidemic not only in the hospital but also in the whole district.

Dr. Mathew Lukwiya developed a fever and flu on Monday evening of 27/11/2000. He received treatment for malaria and flu, but two days later the fever intensified and he was put on drip (intravenous fluids) on Wednesday 29/11/2000. He was later on transferred to the hospital ward (Grade A Room 4), where he spent the night. On Friday morning 1st December 2000, he was transferred to Isolation Ward after being tested Ebola positive. Despite all the efforts made by the Hospital staff and prayers from the general public, his condition deteriorated and HE PASSED AWAY AT 1.00AM ON TUESDAY 5TH DECEMBER 2000.

Dr. Mathew Lukwiya was the President of Rotary Club Gulu in 1995-1996 where he seriously upheld the Club motto: "SERVICE ABOVE SELF".

His last words were these: "I am going to die now. I pray that no one would ever have to die of this disease again."

Dr. Mathew Lukwiya is survived with a widow Mrs. Margret Lukwiya and five children. Dr. Mathew Lukwiya was HUMBLE, INTELLIGENT AND VALUED PEOPLE MOST. May his actions, and those of his demised colleagues, ever inspire the health fraternity, in Uganda and elsewhere.

MAY HIS SOUL, AND THE SOULS OF THE OTHER DEPARTED COLLEAGUES, REST IN ETERNAL PEACE.

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Life History of Dr. Jonah Kule 1966-2007

Jonah Kule was born in Ndugutu sub-county, Bundibugyo District in 1966.

He received the O-Level Certificate of Education from Rwenzori High School (Kasese) and then completed Clinical Officer Training at the Fort Portal School for Clinical Officers. He immediately returned to Bundibugyo District where he was posted as a civil servant at the Bundibugyo District Hospital as a Clinical Officer.

While continuing to serve as a Clinical Officer, in 1994, he began to serve with World Harvest Mission (WHM) as a Community Health Trainer. After 5 years in that role, WHM agreed to help him pursue his dream of training as a physician. After two attempts, he was admitted to the Makerere University Medical School under the Mature Age Entry Scheme as a private student sponsored by WHM.

In April 2005, Jonah received his medical degree, the first Bundibugyo-born medical graduate from Makerere University in 29 years (the last of which was Dr. Sikyewunda, the former DHO-Bundibugo).

Dr. Jonah received multiple job offers in Kampala, but refused them in favor of returning to serve in his home district of Bundibugyo. His first posting was as the Medical Officer In-Charge at the busy Nyahuka Health Center 4, which lies near the DRC border. He worked tirelessly and earned a stellar reputation in the District for his steady refusal to demand or accept fees for his medical services.

In the fall of 2007, he spear-headed the effort to control a deadly epidemic which afflicted his fellow Bakonjo people in the area of the Kikyo Health Center 4 (Kasitu Sub-county). Knowing the risks of caring for patients with hemorrhagic fever, he selflessly treated many patients with the mysterious illness.

In late November, 2007, before the epidemic in Bundibugyo was established definitely as Ebola, he traveled to Kampala to pick his daughter at school. While in Kampala, he developed symptoms consistent with Ebola and immediately admitted himself to Mulago Hospital. He was placed in isolation ward, but shunned by all medical staff because of the fear of contracting the disease. So, while he bravely cared for Ebola patients, he did not receive compassionate care himself.

Dr. Jonah Kule is survived by his wife, Melen Musoki, and his five daughters (Masika, Biira, Maga, Karen and Sarah). His only son, Jonah, was born three months months after his death.

Previous Dr Mathew Lukwiya Memorial Lecturers

2023	Prof. Flavia Senkubuge
2022	Prof. Nelson K. Sewankambo
2021	Dr. Dorothy Ngajiro
2019	Dr. Ahmed K. Sengendo
2018	Dr. Ian Crozier
2017	Dr Christine Kirunga Tashobya
2016	Dr. Peter Eriki
2014	Panel Discussion
2015	Prof: Yoswa M Dambisya
2012	Dr. Matshidiso R. Moeti
2013	Dr. Sam Okware
2011	Hon. Dr. Chris Baryomunsi
2010	Prof. Fredrick Francis Tusubira
2009	Dr. Joaquim Saweka
2008	Dr. William Muguluka Sikyewunda
2007	Prof. Francis Omaswa
2006	Dr. Margaret Lamunu
2005	Dr. P. Onek-Awil
2004	Prof. Wabwire-Mangen
2003	Prof. Josephine Nambooze
2002	Dr. Opira

How do we protect the health of health workers

22nd DR. MATHEW LUKWIYA MEMORIAL LECTURER

Dr. Ambrose Otau Talisuna
MBChB, MSc, DLSHTM, PhD

Senior Health Security Advisor
WHO Liaison Office to the AU & UNECA
Addis Ababa Ethiopia

Dr Talisuna is a medical doctor, epidemiologist, and public health expert in global health, working in diverse public health arenas for close to 30 years in developing countries, fifteen of them at the international level. The public health arenas include public health emergency/disaster preparedness and response, epidemiological surveillance, health information systems, health systems strengthening, health services management, monitoring and evaluation, communicable disease prevention and control and malaria control and elimination.

Dr Talisuna obtained a bachelor's degree in medicine and surgery (MBChB), in 1992, from Makerere University, Kampala, Uganda. He was awarded a Master of Science Degree and a diploma in epidemiology, in 1996, from the University of London-London School of Hygiene and Tropical Medicine, and a PhD, in medical sciences, in 2004, from the University of Antwerp and Institute of Tropical Medicine, Antwerp, Belgium. **Dr Talisuna** has post graduate training in public sector management, advanced monitoring, and evaluation of health systems from the International Law Institute, Washington, DC, USA, medical informatics, advanced epidemiology and biostatistics and HIV/AIDs from the Johns Hopkins School of Public Health, Baltimore, USA, and malaria clinical trials, from the university of Vienna Austria. **Dr Talisuna** successfully completed the WHO senior leadership programme and is a mentor in the WHO mentorship programme.

Between 1996 and 2011, Dr Talisuna held senior management, leadership, and scientific positions at the Uganda Ministry of Health (MoH), the Institute of Tropical Medicine, Antwerp, and the Medicines for Malaria Venture (MMV). At the Uganda MoH, Dr Talisuna served as Senior Epidemiologist, National Malaria Control Programme (NMCP), Principal Epidemiologist, Health Management Information Systems (HMIS) division, and Assistant Commissioner (Head), Epidemiology and Surveillance Division. At MMV Dr Talisuna was the first Director for Global Access to antimalaria medicines in Africa. At the University of Antwerp, Dr Talisuna was field coordinator for several multi-country malaria clinical trials and later a senior fellow of the European and Developing Countries Clinical Trials Partnership (EDCTP).

Between 2011 and early 2016, Dr Talisuna was regional scientific director for Eastern Africa of the Worldwide Antimalarial Resistance Network (WWARN) and later senior clinical research fellow at the University Oxford-KEMRI Wellcome Trust Programme.

From 2016 to early 2022, Dr Talisuna served as regional advisor for Global Health Security and International Health Regulations, at the WHO Regional Office for Africa in Brazzaville, Congo, leading the WHO efforts to build and sustain capacities to prevent, timely detect and promptly respond to infectious disease epidemics. pandemics and other public health emergencies.

Since late 2022, Dr Talisuna has been serving as Senior Health Advisor-Programmes, at the WHO Liaison office (WLO) to the African Union(AU) and the United Nation Economic Commission for Africa (UNECA), in Addis Ababa Ethiopia. At the WLO to the AU and UNECA, Dr Talisuna' s key role is to support building constructive partnerships with the AU organs such as the Africa CDC and the UNECA to advance the continental public health agenda, including alignment and integration of the workstreams of the WHO African Region clusters for action oriented and strategic engagement with the AU and UNECA and to ensure cross cluster dialogue and collaboration, to reflect the synergy between health security, protecting vulnerable populations and building resilient health systems.

5 *How do we protect the health of health workers*

PROGRAMME

2:00 - 6:00 PM
Session: Dr. Mathew Lukwiya Memorial Lecture, Awards & Closing Ceremony
Chair: *Prof. Robert Basaza*
Co-Chair: *TBD*

VENUE: *HOTEL AFRICANA*
DATE: *Friday 18/10/2024*

Time	***Activity***	***Presenter***	***Responsible***
2:00PM-2:30PM	*Arrival of Invited Guests*		*JASHC Secretariat*
2:30PM	*Arrival of Guest of Honour*		*JASHC Secretariat*
2:30PM-2:35PM	*National Anthem & EA Anthem*		*JASHC Secretariat*
2:35PM-2:40PM	*Remarks by Dean, School of Bio – Medical Sciences*	*Prof David Kateete*	*JASHC Secretariat*
2:40PM-2:45PM	*Remarks by President, UNACOH*	*Prof. Robert Basaza*	*JASHC Secretariat*
2.45PM-2.50PM	*Remarks by President UMA*	*Dr Herbert Luswata*	*JASHC Secretariat*
2:50PM-3:00PM	*Remarks by Principal-MakCHS*	*Prof. Damalie Nakanjako*	*JASHC Secretariat*
3:00PM-3:20PM	*ECSA College of Health Sciences and Constituent Colleges*	*ECSACOP, COSECSA, ECSACOG, COPECSA*	*UNACOH/JASHC OC*
3:20PM-3.50PM	*ECSA College of Public Health Physicians* ***(ECSA – COPHP)***	*In Country and Regional Teams of ECSA- COPHP*	*UNACOH/JASHC OC*
3:50PM-4:15PM	*Question and Answer* ***(Q&A)*** *Session*	*Participants*	*UNACOH/JASHC OC*
4:15PM-4:30PM	*Remarks by WHO Country Representative, Uganda*	*WR*	*UNACOH/JASHC OC*
4:30PM-5:00PM	*Dr. Mathew Lukwiya Memorial Lecture* ***(DMLML)***	*Dr Ambrose O. Talisuna Senior Health Security Advisor, WHO Liaison Office to Africa CDC & UNECA*	*UNACOH/JASHC OC*
5:00PM - 5:30PM	*Key Note Speech by Guest of Honour*	*Dr Henry G Mwebesa, DGHS, MOH*	*JASH C OC*
5:30PM-5:45PM	*Vote of Thanks*	*Chair, JASH Conference Organizing Committee, Dr Haruna Muwonge*	*JASH C OC*
5:45PM - 6:00PM	*JASH Conference Awards Ceremony & AFROHUN Awards*	*JASHC Conference Organizers*	*JASHC Organizing Committee & AFROHUN awards*
6:00 PM-6:15PM	***Closing Remarks – MC/Chair, Conference OC/Dean MakSBS***		*JASHC Organizing Committee*
6.15pm	*Tea Break and Networking* ***& Departure at Leisure***		*JASHC Organizing Committee*

PICTORIAL
of JASH Conference 2022

A group photo at
JASH Conference,
Speke Resort Munyonyo, Kampala

JASH Conference,
Imperial Resort Beach Hotel, Entebbe

7 *How do we protect the health of health workers*

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22nd DR. MATHEW LUKWIYA MEMORIAL LECTURE

THEME: *"Global Health Security : Partnership for Epidemic Response and control in Sub–Saharan Africa".*

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