



Busoga
HEALTH FORUM
Always caring, Always here, because your life matters

BUSOGA HEALTH FORUM

Busoga Health Forum (BHF) is an independent voice for health professionals linked to the Busoga region in Eastern Uganda with links to the national and international communities.

OUR VISION

People in Busoga living
healthier, productive, and
more fulfilled lives.

OUR MISSION

To bring together the forces of
Busoga health professionals on
an open and inclusive platform
as a focal point to maintain
visibility, solutions, and action
on the health problems in the
Busoga region and beyond.



ABOUT BUSOGA HEALTH FORUM

Busoga Health Forum (BHF) is an independent voice for health professionals linked to the Busoga region in Eastern Uganda with links to the national and international communities. We are a national, not-for-profit voluntary membership-based organization headquartered in the heart of Busoga- Jinja city. Since the organization's inauguration, membership has grown to over 500 members. The membership includes a multidisciplinary mix of medical professionals, public health specialists, District Health officers, other health-related and non-clinical practitioners.

We advocate for the improvement and maintenance of personal and community health. This is done through the development of community-centered interventions based on evidence generated in the region and country on best practices. Therefore, we are a think tank, generating evidence to drive health policy action to improve the health and development of individuals in the Busoga sub-region and beyond. We implement our mandate in collaboration with the Obwakyabazinga Bwa Busoga, the Central and local governments.

BHF also works with development partners and community-based projects to reach out to the target populations in the communities. Specifically, we work with health workers, health facility administrators, policymakers, CBOs, and CSOs to reach out to vulnerable women, adolescent girls, and young women and children. BHF's strength is to mobilize and convene regional stakeholders and partners (health workers, health facility administrators, the private sector, policymakers, and CBOs) to improve the health of the Busoga region.



Our Mandate speaks to why interventions are needed in the Busoga region!

43.6%

GBV PREVALENCE

Many women in Busoga Sub region suffer physical violence, yet children, adolescent girls and young women are the most affected.

The region comprises 11 districts which include Bugiri, Bugweri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo, and Namutumba. All of them contribute to poor health and socioeconomic outcomes compared to the other regions in Uganda.

The Busoga region is surrounded by large water bodies, Lake Kyoga in the north and L. Victoria in the south. The water bodies make it a unique habitat of many folk communities known to be highly vulnerable and associated with high risks of contracting sexually transmitted infections and HIV/AIDS. They also live in poor hygiene conditions, and these negatively affect their lives. The water bodies such as swamps and water banks offer a suitable environment for vector-borne transmitted disease.

The Northern Trans-African highway (Mombasa to Kigali) that traverses through the region is another factor for the existence of multiple keys and priority population hot spots for long-distance drivers.

The Busoga region is also a national hotbed of sugarcane plantations and factories with many unskilled migrant workers with high turnover rates. As a result of the above factors, the region has widespread GBV; 46.3% of women report physical violence, yet children, adolescent girls, and young women are the most affected.



42%

POVERTY

42% of the population living below the poverty line, (about \$1.9/day; the third highest in Uganda), with pockets of severe food insecurity

There are high levels of poverty at over 42% of the population living below the poverty line (about \$1.9/day; the third-highest in Uganda), with pockets of severe food insecurity.

TEENAGERS PREGNANT

The region also has a high teenage pregnancy rate of 25% compared to the national average of 24%. Subsequently, the regional fertility rate is higher than the national average at 6.9 children per woman. 25% in Uganda), with pockets of severe food insecurity. School drop-out rates are high at only 41% enrolled pupils completing primary education, 7.2% completing Uganda Certificate of Education (UCE) level, and only 2.8% completing Uganda Advanced Certificate of Education (UACE) level.

The region also has a high teenage pregnancy rate of 25% compared to the 24% national average. Subsequently, the regional fertility rate is higher than the national average at 6.9 children per woman. Other health burdens in the region include high maternal mortality, malaria incidence, parasite prevalence, malnutrition, and anemia.

The most affected subpopulations due to the above challenges are children, adolescents, and young people. Hence, their morbidity and mortality rates are higher compared to the adult population. Therefore, there is a need to prioritize and focus on improving the health situation (especially for the children, adolescents, and women in the region) using a multi-sectoral and collaborative approach, which is the main focus of the BHF. This mandate defines the theory of change that BHF uses to create positive change in health outcomes in the region.



25%

TEENAGERS ARE PREGNANT

The region also has a high teenage pregnancy rate of 25% higher than the national average of 24% and subsequently, the regional fertility rate is higher than the national average at 6.9 children per woman.

OUR GOALS

ACCELERATING UNIVERSAL ACCESS TO QUALITY HEALTH

Through the development and application of information, tools, knowledge, technical excellence, and building sustainable capacity. In the interest of health equity, this work will concentrate on high burden, underserved and poorly developed services first and foremost. Working with existing public and private institutions and networks will allow for rapid action while building enduring capacity in the region.

SOLVING LOCAL HEALTH CHALLENGES IN BUSOGA REGION

Bringing together stakeholders backed by data and analyses to tackle health problems prevalent in the region and health system gaps. Such region wide solutions go beyond the purview of any single discipline and will build wider networks and collaboration at national and global level

BUILD A SUSTAINABLE BUSINESS-ORIENTED APPROACH TO HEALTH CHALLENGES IN BUSOGA REGION

Busoga challenges can also be an opportunity. Some challenges include a very high infectious and parasitic disease burden - owing to its location as a tropical island - everything thrives here. The opportunity here would be to develop advance a) Advanced Health Research and Training institutions with Research and Development potential and link to industry and commercialization. Also, hospital care systems can be developed for a national and regional referral.

OUR STRATEGIC INTERVENTIONS

The BHF membership has prioritized the following strategic interventions among the so many because of their potential to create lasting improvements with minimal resource inputs:

Strengthen Leadership and Management of existing structures - the District Health Management Teams, Health Facility Management Teams, Hospital Boards/Health Unit Management Committees to be more effective

Target key GON and health sector leaders with quality data and information to foster a data use culture for evidence-based decision-making. BHF will maintain a website of up to date Busoga health situation including health resources, NGOs/CBOs, and burden of disease; and will package basic critical information and deliver it through available channels such as schools, faith institutions, radios, social media, local councils and cultural leaders.

Revitalize professional associations and networks in Busoga united in one vision of continuous professional development and mutual accountability for the health of our people. BHF will spearhead convening of annual Busoga health forum meetings to promote camaraderie.

Revitalize existing community and CSO networks and philanthropies to champion positive health behaviors, adopt home and family improvements in health; including food security and education. BHF will engage the Kyabazinga Institutions, CSOs, FBOs, private sector, clinics, pharmacies and philanthropists to promote positive values, beliefs and attitudes and train the community particularly the youth males and females to take personal responsibility for their own development including health, education and livelihoods. BHF will identify willing role models to train youths in their catchment populations.

Partner with and provide ongoing technical assistance to the Kyabazinga of Busoga in health development issues of the region including efforts to establish a medical school and a Busoga University to enhance Busoga-based research, access to quality health care, training of Busoga health workers, and employment for the Basoga people. BHF will leverage the political will and the Kyabazinga influence to lobby for the upgrade of Iganga hospital to a Regional Referral hospital, establishment of a Busoga blood bank and other necessary developments.

Partner with local and international development partners to establish joint for-profit health business ventures in Busoga for the East African market.



Action Agenda

Critical to the success of the BHF is a selection of work priorities that will generate some early impact, spark processes of information generation and learning, and build sustained contributions.

BHF Work streams: The strategy is to use a work stream approach which involves progressive completion of various tasks that are done by different work groups, working towards the two goals. A work stream is led by someone assigned to lead the team. The task of the assigned individual is to organize the team and coordinate within the work stream and between work streams to eliminate silos.



Core functions of BHF

1. Membership services
2. Conducting regular rapid Busoga region health reviews to guide response
3. Medical outreach/camps, community mobilization and health literacy promotion
4. Sound epidemiological knowledge
5. development, translation and dissemination for the region
5. Health service development and Program implementation
6. Evidence-based advocacy
7. Advancing R&D, and training



Our Core Deliverables

Pursuit of this work agenda over the short and medium term should generate many products and insights that would shape work of the forum in the later years. The overall impact contributed o will be improved population health at reduced inequalities. The specific deliverables will include;

- Increasing BHF membership, participation, contribution and engagement
- Regional forums, high-profile events, roundtables and webinars and meetings that build consensus and action on local priority health issues
- Medical outreaches and medical camps
- Health related networks and partnerships developed with/by BHF
- Functioning Busoga health knowledge hub, and convene regular webinars focused on themes with case studies and good practice
- Service capacity developed including tools and guidance documents, technical support, training, networking and twinning initiatives
- Evidence-based interventions and good practice scaled up in the region and included in district/HSD plans and targets
- Visibility of Busoga health issues elevated within health- and non-health-related forums at local and national levels
- Health care/service programs instituted by BHF at community and facility levels for local priority health issues
- Health development projects implemented including those taking on a business model approach and perspective



Core areas of service implementation and strategy

We implement our mandate in collaboration with the Central and Local governments: the Ministry of Health (MOH) and the district local government administrative structures.

We also work with development partners and community-based structures to reach out to the target populations in the communities. Specifically, BHF works with health workers, health facility administrators, policymakers, CBOs, and CSOs for vulnerable women, adolescent girls, and young women and children. The areas where interventions are focused mainly target to improve the capacity of the stakeholders and support health systems strengthening for better health outcomes, access to health service delivery and uptake, and improved human development.

Our Program Areas

Reproductive Health and Family Planning



BHF supports all the 11 Districts and 1 City council towards developing efficient and sustainable reproductive health and family planning programs at all levels of the healthcare system. Reproductive health and family planning are components of a broad, integrated framework that links maternal, newborn, and child health, HIV and AIDS prevention, and treatment.

BHF's implementation methodology includes but is not limited to :

- 1) direct implementation in collaboration with existing government structures and technical persons
- 2) collaboration with other Implementing partners for Synergy and leveraging
- 3) peer-led social-economic empowerment and mobilization;
- 4) use of the MOH recommended guideline to achieve targets for reducing unintended

pregnancies, increasing - contraceptive prevalence, and reducing the proportion of women who die of preventable death.

The interventions include family planning counseling in health facilities and training of community leaders to promote family planning in their communities, translating research into action projects. Our reproductive health and family planning interventions aim to empower women and men towards exercising their rights to make voluntary and informed decisions about the number, spacing, and timing of pregnancies. Our work contributes to reductions in unwanted pregnancies, maternal and child deaths, malnutrition, poverty, and the spread of HIV.

Nutrition and Early Child Development

We believe that adequate nutrition is the cornerstone of effective health programming. We aim to develop and implement practical solutions to food and nutrition challenges in the Busoga sub-region and beyond. Solving nutrition-related challenges requires advanced application of nutrition specifics and nutrition-sensitive interventions and intensive strengthening of our partners' capacity to apply effective interventions at scale. Our systems-based approach informed by the WHO guidelines is grounded in the organization's superior technical expertise coupled with the strong use of analytics and data and our innovative strategies to dismantle barriers to change found in Busoga systems and community behaviors. In addition, we implement a comprehensive and client-centered approach in the management and promotion of good nutrition for adults and children. We integrate nutrition components within HIV and AIDS care and treatment and designs holistic programs for mothers, newborns, and children. Our work addresses clinical management and community health worker performance and support. We help provide services and support for micronutrient supplementation, breastfeeding, complementary feeding, growth monitoring and promotion for children, nutrition status screening and nutrition assessment, counseling and support (NACS), emergency, and therapeutic nutrition, food fortification, and food-based dietary diversity.



Regional planning & data use

BHF's work strengthens the performance and interconnectedness of the service delivery, health workforce, strategic information, and leadership and governance. We provide high-quality technical assistance that focuses on national priorities and maximizes the effectiveness of a country's resources. In addition, we provide a platform for regional planning and use of data at the facility, district, and regional levels. Our interventions emphasize a systematic, evidence-based approach designed to cause a significant improvement in population health outcomes among the poor, efficiency, and effectiveness of systems processes.



Non communicable diseases

BHF programs address Non-Communicable Diseases (NCD) through a combination of research and evaluation, health systems strengthening, quality improvement, including applying quality improvement methods to translate best practices into service delivery in low-resource communities and health centers.

Technical expertise in high-impact NCD prevention, early detection, and treatment services, including rational packaging of services across the health system Training and education of healthcare workers and alcohol and substance abuse service providers.

Use of SBCC to educate communities and healthcare workers and effect positive changes in health behaviors. Integrate NCD interventions into established services addressing reproductive health, maternal, newborn, HIV, tuberculosis, and other programs.

Strengthen health information systems and use of data for evidence-based decision-making and continuous quality improvement at local, regional, and national levels.

Address gender issues in NCD services, including differences in gender-related risk factors, access to care and care-seeking behaviors among men and women, and different treatment by providers.



Urban Health

Urbanization is the leading global trend in the 21st century. Over 55% of the world's population lives in urban areas, a proportion expected to increase to 68% by 2050. Busoga Health Forum has a unique opportunity to guide urbanization and urban development trends in a way that protects and promotes health. That is because the health and well-being of their citizens is perhaps a city's most important asset. Yet, most people living in cities still suffer from inadequate housing, poor sanitation, waste management, and air quality not in line with World Health Organisation guidelines. Eventually, current and future cities are likely to face triple health burden: infectious

diseases like HIV/AIDS, tuberculosis, pneumonia, dengue, and diarrhea; non-communicable diseases like heart disease, stroke, asthma, and other respiratory illnesses, cancers, diabetes, and depression; and violence and injuries, including road traffic injuries. Whereas cities cause many challenges, they also bring opportunities for; better health, a cleaner environment, and climate action. Strong urban policies must match these challenges since health is essential for fostering good urban livelihoods, building a productive workforce, creating resilient and vibrant communities, enabling mobility, promoting social interaction, and protecting vulnerable populations. We will mainly focus on preventive and curative service provision and building resilient health systems in an urban setting.

COVID19 response

BHF's experience with infectious disease outbreaks has demonstrated how epidemics and pandemics require ongoing and sustained attention, from initial response to recovery. In the wake of the spread of COVID-19, we supported District Health Departments and other partners across dozens of countries as they implemented strategies to test, treat, trace, and isolate. We are helping governments respond through existing platforms, resources, and infrastructure. And we are identifying opportunities and mobilizing resources to address the immediate pandemic crisis and prepare long-term recovery processes.



Cross cutting interventions

BHF provides services in the Busoga region and beyond to individuals, families, and their communities using three cross-cutting interventions in the area:

HIV PROGRAMS AIM TO:

- Improve the quality, availability, and consistency of HIV testing and treatment;
- Prevent HIV transmission, including reducing the stigma for getting tested and seeking treatment; and
- Conduct research that helps us to carry out the most effective programs possible.

BHF TB PROGRAMS HELP IMPROVE:

- Case detection, testing, and tracking
- Treatment success rates for TB and drug-resistant TB.
- Community participation in TB prevention, care, and support.

OUR MALARIA PROGRAMS:

- Ensure providers – including the private sector – have the necessary skills, medicines, and equipment for intermittent preventive treatment during pregnancy and that malaria services are accessible to all vulnerable groups;
- Work with all levels of government and community-based organizations to follow global guidance for the promotion, distribution, and utilization of long-lasting insecticide-treated nets;
- Strengthen communities' ability to access and utilize quality malaria services, especially for vulnerable groups, and provide malaria prevention education through social and behavior change campaigns.

Our

Strategic interventions

The BHF membership has prioritized the following strategic interventions among the so many because of their potential to create lasting improvements with minimal resource inputs:



Strengthen stewardship for improved and sustained health care delivery

Strengthen Leadership and Management of existing structures – the District Health Management Teams, Health Facility Management Teams, Hospital Boards/ Health Unit Management Committees to be more effective



Improved service delivery

Target key GOU and health sector leaders with quality data and information to foster a data use culture for evidence-based decision-making. BHF will maintain a website of up to date Busoga health situation including health resources, NGOs/CBOs, and burden of disease; and will package basic critical information and deliver it through available channels such as schools, faith institutions, radios, social media, local councils and cultural leaders.



Strengthened partnerships for health care management and support

Revitalize professional associations and networks in Busoga united in one vision of continuous professional development and mutual accountability for the health of our people. BHF will spearhead convening of annual Busoga health forum meetings to promote camaraderie.



Improved community and stakeholders engagement

Revitalize existing community and CSO networks and philanthropies to champion positive health behaviors, adopt home and family improvements in health; including food security and education. BHF will engage the Kyabazinga Institutions, CSOs, FBOs, private sector, clinics, pharmacies and philanthropists to promote positive values, beliefs and attitudes and train the community particularly the youth males and females to take personal responsibility for their own development including health, education and livelihoods. BHF will identify willing role models to train youths in their catchment populations.

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Partner with local and international development partners to establish joint for-profit health business ventures in Busoga for the East African market.

Our Partners



THE RESULTS WE EXPECT

In order to implement this Strategic Plan, it will be necessary to optimize the BHF comparative advantages, whilst simultaneously adapting the way we do business to respond to the new era of sustainable development. Moving forward, we need to continuously strengthen several cross-cutting areas that cover the breadth of the BHF, from our governance and organizational design to models of partnerships, financial sustainability, communication and monitoring progress.

Strategic Partnerships

Effective partnerships remain fundamental to performance of BHF. As a forum, we will partner and combine with efforts of global and local stakeholders. BHF partnerships will span across disease-specific, service specific, risk factor, and demographic groups. The commitment and expertise of our membership are particularly important in this regard, playing a central role in shaping and delivering BHF activities and programs.

Furthermore, given that a whole- of-society approach is necessary to drive change in Busoga, BHF will continue to pursue multisectoral partnerships, as well as strong engagement with the Busoga cultural institutional structures that model the values and norms of most families and individuals served. Partnerships will be based around our values and be guided by a newly developed Conflict of Interest policy. We will also engage with the government, CSOs, and the private sector.

Effective communication

BHF will leverage the diverse expertise and communication platforms of its memberships to raise awareness about Busoga health issues. Building up a diverse and engaged audience will be a crucial component of our communications work, as ensuring communication both in English and Lusoga dialects. Our communications will be strengthened throughout by a people-centered approach, amplifying the voice of people.

Strengthening BHF profile and brand will be another crucial component of our work. We will improve our online and offline communication channels, and create the necessary synergies between them to maximize our content and speak to an increasingly diverse audience with one voice.

Organizational Development

The governance and operations of the BHF will be structured with the intent of achieving its mission by catalyzing and facilitating the performance of the members. In this early phase, the BHF structure and governance will be continuously reviewed and strengthened every two years. The Strategic Plan will be accompanied by two-year business plans, along with annual operational work plans and budgets.

Advocacy and Networking

BHF advocates for the greater recognition of the health rights of mothers, children, and different clients within the family unit and communities. At the district levels, BHF has continuous engagement with duty bearers to respond to urgent health needs of vulnerable populations and hard to reach communities, like the fishing communities on the islands in Lake Victoria, commercial sex workers, truck drivers, men and women in uniform, adolescent girls and young women. Plans are underway to leverage potential towards lobbying and advocacy campaigns to support health facility renovations and provision of vital infrastructural improvements, including solar lighting and placenta pits, roof water harvesting, etc.



Target Audience

- Women & Children
- Youth
- Community Health Workers (CHWs) and Village Health Teams (VHTs)
- Community Based Organizations (CBOs)
- District Health Care Facilities and
- District Health Office
- District Policy Makers
- MOH

Current Projects

Urban Thrive Project in Jinja City and Iganga Municipality

Elimination of malaria out of Uganda

Family planning advocacy
Communication strategy for adolescent girls and young women.



Lessons Learnt

Regular webinar CMEs for health workers is a motivating and engaging tool.

Members of the organization are encouraged and motivated for their active involvement and participation in the activities.

Continue to integrate sharing of experiences with monthly Coordination meetings with stakeholders. The integration enhances timely feedback and involvement of relevant stakeholders in planning, implementation, and follow-up to improve their capacity to participate in quality assurance.

Information sharing includes work plans, budgets, reports, best practices, success stories, and co-implement activities with other service organizations.

Our future plans

1. Establish own home from rented premises.
2. Establish a collage of health sciences in the Busoga region.
3. an Accredited institution for the training of health workers and specialists.
4. Increased registered membership to over 5,000 members.
5. Implementing new projects in health.
6. Probono initiatives in different specialties serving the vulnerable members of the Busoga community.
7. More community engagements and partnerships with local actors

BOARD OF DIRECTORS



PETER KYOBE WAISWA **CHAIRMAN**

Prof. Peter Kyobe Waiswa is a Ugandan researcher, medical doctor, and academic administrator.

He is a health systems researcher with a particular focus on maternal-newborn-child health services. He leads the In-depth network on Maternal-Newborn health and is a regular advisor to International Organizations on perinatal health.

Prof. Waiswa is also the team lead at the Makerere University Centre of Excellence for Maternal Newborn and Child Health. He holds a joint Ph.D. degree from Karolinska Institutet, Sweden, and Makerere University, Uganda. He Chairs the Board of Directors at Busoga Health Forum.



DR SHEBA GITTA **VICE CHAIRMAN**

Sheba is the Deputy Executive Director and Head of Science & Public Affairs at Africa Field Epidemiology Network (AFENET). She is a Global Health professional and Public health leader with fifteen years of work experience in multi-sectoral program management including health systems strengthening, child protection, workforce development, multi-disciplinary research implementation as well as networking and partnership building.



DR. JAMES BATUUKA
TREASURER

Dr. James Batuuka is a Medical Doctor and a health economist consultant. He is the Treasurer on the Busoga Health Forum Board.



DR. RICHARD KAJURA
TREASURER

Dr. Richard Kajura is a medical Doctor, researcher, and lecturer at Makerere University. He has worked as a Grants Program Manager, coordinated planning, designing, Management, and Implementation of IMC-Uganda Health/HIV/AIDS and Nutrition Programs.



MS. PRIMAH KWAGALA
SECRETARY

Ms. Primah Kwagala is a Human Rights Lawyer and CEO of the Women's Probono Initiative, an organization she founded to offer free legal services to indigent Ugandan women and girls whose rights are being violated. She has handled cases involving illegal detentions in health facilities, access to emergency obstetric care, and free vital medicines. She serves as the Secretary of the Board.

BOARD OF TRUSTEES



PROF. JUMA WASWA BALUNYWA PATRON

Juma Waswa Balunywa is a scholar in management, leadership, and entrepreneurship. He is also an academic administrator, who serves as the Principal of Makerere University Business School, a public institution of higher education in Uganda.

Prof. Balunywa served on the Board of Directors of the Bank of Uganda which is the country's central bank and national banking regulator from 2001-2012. He has been credited with having revolutionized business education and spearheading the Private students' scheme in Uganda that has become a model for many universities across the country and the region.



OWEK. DR. ANDREW BALYEKU

Owek. Dr. Balyeku Andrew is a senior Public Health Consultant,

Minister of Health for Busoga Kingdom.

He is a member of the Strategic Technical working group and together with his team, they support Busoga Health Forum to achieve its goals with their expertise on particular topics.



DR. FREDRICK NAKWAGALA

Dr. Nakwagala is the Clinical Head of the Directorate of Medicine at Mulago Hospital in Uganda. He is also faculty in the Department of Medicine of the College of Health Sciences at Makerere University. He is involved in teaching undergraduates and post graduates including supervision of research for post graduate theses. As Clinical Head of the Directorate of Medicine, he is directly responsible for the supervision of all clinical units and reports to the Executive Director of Mulago Hospital. At Busoga Health he chairs the Clinical services committee.

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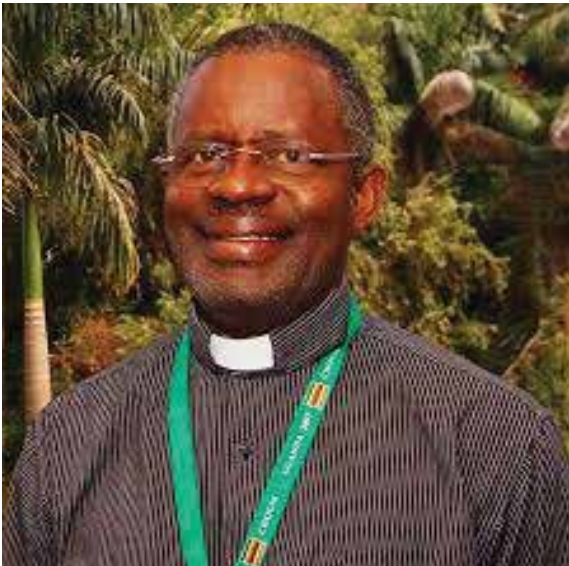
H.E. SPECIOZA NAIGAGA WANDIRA KAZIBWE MEMBER

Specioza Naigaga Wandira Kazibwe, is a Ugandan politician and first female Vice President in Africa. She was Vice President of Uganda from 1994 to 2003, making her the first woman in Africa to hold the position of vice-president of a sovereign nation.

Dr. Specioza Kazibwe is also a surgeon with a Bachelor of Medicine and Surgery, and Master of Medicine from Makerere University Medical School, specializing in General Surgery and an honorary degree of Doctor of Science (SD), awarded by Harvard School of Public Health, Department of Population and International Health.

Currently, she is the Senior Presidential Advisor Population and Health at the Ministry of Health.

Dr. Specioza is a Member of the Board of Trustees of Busoga Health Forum.



PROF. REV.SAMUEL ABIMERECH LUBOGO

Professor Rev. Luboga is an Associate Professor of Anatomy at the Makerere University College of Health Sciences where he has served for over 38 years until his retirement at the end of June 2013. As Head of Department of Anatomy (for nine years) he introduced several innovations such as Student Anatomy Projects for undergraduate and Special Dissections for graduate students.

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DR. RED.T. MUWANGA

Dr. Muwanga is a recognized leader in global health and international development. He is medical Doctor with postgraduate training in public health, epidemiology and health systems. He has over 23 years' proven track record in international development programming, evaluations and research, management and leadership, and health systems. He has led and managed health and development programs for over 20 years, in various capacities at international, regional and country levels.



DR. PETER LWABI

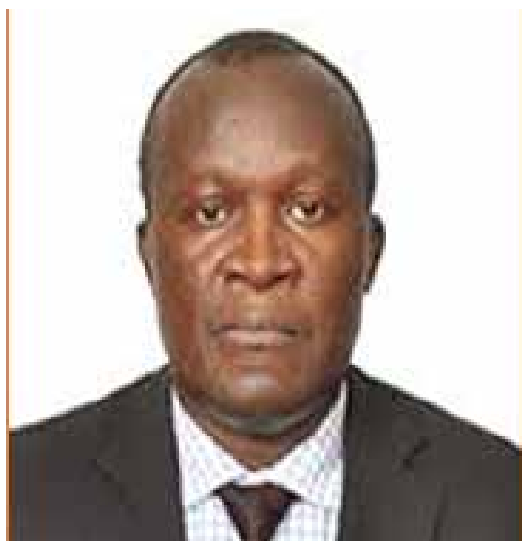
Dr. Peter Lwabi is a senior consultant cardiac pediatrician and Deputy Executive Director at the Uganda heart Institute (UHI). He has been instrumental in the establishment of the Institute and in developing and promoting cardiology training in Uganda. He has trained several medical personnel at various levels (nurses, medical students, postgraduate students and cardiology fellows) from various Institutions and serves on several health committees and medical boards. Currently he serves as president of the Uganda Heart Association. As the Chairperson of the NCD Experts Committee,

BOARD OF TRUSTEES



PROF. PAUL WAAKO

Professor Paul Waako, is a Ugandan pharmacologist, academic administrator, who serves as the Vice Chancellor of Busitema University, a public university in the Eastern Region of Uganda.



DR. PAUL WAIBALE

Dr. Paul Waibale is a renowned Physician and Epidemiologist with 25 years of experience working with governments and non-governmental organizations at regional, national, and subnational levels in Southern Africa, Nigeria, Tanzania, and Uganda.

He has directed programs focusing on the strategic transformation of health systems for integrated control of MNCH and HIV and AIDS, and spearheaded high-level policy dialogue for sustainable health programming. Dr. Waibale holds a master of epidemiology and biostatistics from Case Western Reserve University and a Bachelor of Medicine and Bachelor of Surgery from Makerere University.



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