



## Uganda Virus Research Institute

Plot 51-59, Nakiwogo Road, Entebbe  
P.O.Box 49, Entebbe - Uganda  
Office: +256 414 320 631| Reception: +256 414 320 385  
Email: directoruvri@uvri.go.ug



### **Uganda Virus Research Institute selected 2025 achievements and looking ahead to 2026**

As we start the new year 2026, I take this opportunity to thank all colleagues in the different UVRI departments, projects, our on-campus partners the MRC/UVRI & LSHTM Uganda Research Unit (MUL), the UVRI-Clinical Research Program Initiative Limited (UVRI-CRP-Ltd), USA-NIH and USA-CDC, for the work done during the year 2025 to address our mission. The year had a lot of successes, but it also came with challenges. I would like in the following few pages to reflect briefly on the past year and look ahead to 2026 when we celebrate 90 years of our existence under the theme “*Celebrating 90 years of Discoveries and Global Impact*”.

#### **Disease outbreaks**

On the 30th of January 2025, a Sudan Ebola outbreak was declared, after samples initially tested at the National Health Laboratory and Diagnostic Services at Wandegeya had been confirmed at the UVRI VHF reference laboratory. This was the sixth Ebola Sudan outbreak in Uganda. The Ministry of Health (MoH) working with other agencies like WHO and Africa CDC was very quick to respond. The outbreak was declared over on the 26 April 2025. There were 14 cases, (12 confirmed and 2 probable) reported. Four deaths occurred, two confirmed and two probable. For the first time, the outbreak gave an opportunity to test for efficacy an Ebola Sudan vaccine, more below under vaccines.

In April, we confirmed the outbreak of influenza-like illness in Kisoro district as influenza AH1N1 pdm09. Initially it was suspected to be avian (bird) flu. There were other outbreaks detected including those of Rift Valley Fever (RVF), Crimean-Congo Hemorrhagic Fever (CCHF), and anthrax among others.

Our staff have been called to participate and offer assistance to VHF outbreaks in other countries and participated in WHO filo Blueprint meetings aimed at accelerating the development of countermeasures like vaccines and therapeutics.

In partnership with MUL, we have provided end-to-end support spanning development, optimisation, and rapid deployment of immunological testing to detect cellular and antibody responses to some of these infections.

### **Disease surveillance**

Some highlights include participation in the 2025 Uganda Population-based HIV Impact Assessment (UPHIA) a national survey, launched in May 2025, led by the MoH with Makerere University, to measure HIV epidemic progress, check progress on UNAIDS goals, and for the first time assessed Non-Communicable Diseases (NCDs). Our roles were to confirm HIV positive results assigned in the field, resolve HIV status of inconclusive field testing results, perform HIV incidence testing and genotyping for HIV drug resistance (HIVDR). In addition, the UVRI HIV Reference Laboratory Information management system was successfully configured to support specimen flow between the satellite and central laboratories, obviating the need for a more expensive commercial LDMS used in all the previous UPHIA surveys.

We detected the emergence of measles virus genotype D8 amidst endemic B3 circulating in Uganda. Uganda has experienced persistent measles outbreaks since 2023. The detection of measles D8 alongside the endemic B3 indicated possible gaps in the existing surveillance system and vaccination coverage.

During the year, we had some upsurge in SARS CoV2 cases, our surveillance indicated that we still have the Omicron in circulation. We saw sub-lineages of the JN.1 variant including the JN.1.40 sub-lineage which we reported for the first time in Uganda. These are all termed as Variants of Interest (VOI) by the WHO. We also reported the BA.2 variant an older variant in Uganda, first reported around mid-2022. It is a former WHO Variant of Concern (VOC). These are the likely variants responsible for the recent rise in SARS CoV2 cases in Uganda.



In the picture Dr Nicholas Bbosa presenting at the 2025 CROI in San Francisco, California, on genotypic characterisation of Mpox and a tale of 2 co-circulating.

In 2023, we reported the first ever outbreak of Mpox in Uganda, which we characterised as clade Ib. In 2025 we continued to test and survey for Mpox and clade Ib continues to be the main strain. In cases isolated at the Entebbe hospital, about 50% of the cases are co-infected with HIV. We have observed co-circulating and in some cases co-infection with varicella zoster virus (VZV). Antibiotic resistance has also emerged as a major concern, contributing to severe sepsis caused by bacterial infections in Mpox lesions.

We have continued to perform Acute Flaccid Paralysis (AFP) surveillance activities. From January to December 2025, the laboratory received a total of 4952 stool specimens from the surrounding countries supported: Burundi, Rwanda, Tanzania, South Sudan and Uganda. Of the 4952 stool specimens received, 4623 (93.4%) were from AFP cases, 279 (5.6%) were AFP contacts, while 50 (1.0%) were samples collected from community children. We continued with Environmental Surveillance for Polio. All samples identified with Poliovirus type 2 (PV2) were shipped to NICD, South Africa for sequencing for the period January-February 2025. Following the Polio laboratory accreditation in March 2025, all PV2 obtained were sequenced at UVRI. The laboratory confirmed presence of Vaccine Derived Poliovirus 1 (VDPV1) in Djibouti, circulation of Vaccine Derived Poliovirus 2 (VDPV 2) in Djibouti, South Sudan, Somalia and Tanzania and VDPV3 in Somalia.

As a WHO national and regional reference laboratory for HIVDR we provided data on the current HIV DR. The increase in Dolutegravir resistance among both children and adults failing therapy highlights the need to strengthen adherence and enhance early identification of individuals at risk of HIVDR through novel and existing programmatic interventions.

In 2023, UVRI in partnership with MUL confirmed the presence of Bacillus anthracis in Kyotera district, this was confirmed using the metagenomic next-generation sequencing (mNGS) and target enrichment sequencing conducted on postmortem samples. This year, the UVRI laboratories in Arua, continued to be the main testing centre for anthrax for samples from different areas such as Kanungu, Kazo, Isingiro and Kiruhura districts.

In the year we launched a project in collaboration with the University of Glasgow and MUL to understand whether greater viral diversity and having a range of related but harmless viruses circulating in nature might protect humans and animals, with a focus on nairoviruses.

We strengthened integrated surveillance by aligning viral genomics with clinical and immunological readouts to better interpret drivers of transmission, reinfection risk, and disease severity.

### **Virus discovery**

This subject continues to be a major activity for UVRI and its partners. With now well established mNGS and target enrichment sequencing together with bioinformatics capacity, we are able to screen for new viruses and variants. This work has been mostly supported through three projects funded by Abbott, NIH (in rodents) and our partnership with The University of Glasgow. In 2025, we did not identify new viruses but a number of rare viruses previously not reported in Uganda.

## Test kit evaluation

We continued to evaluate new testing kits as part of our reference mandate, for HIV (four evaluated), Mpox (seven evaluated), hepatitis BsAg (two) and one each for syphilis, HCV and Ebola. We presented at IAS in Kigali evaluation of the 4th generation HIV screening tests.



Prof Pontiano Kaleebu presented on 4th generation HIV testing at IAS, Kigali.

## Vaccine related work

This is a major area of UVRI and our on-campus partners, spanning from related epidemiological studies aimed at characterising best populations to test vaccines, studies to characterise the viruses in these populations, vaccine trials, vaccine design and support to the expanded program on immunization (EPI).

Some highlights for 2025 include progress on the design of SARS-CoV-2 and CCHF vaccines. Our inactivated and Chimp adeno SARS-CoV-2 vaccines, and the Adeno-CCHF vaccines have shown immunogenicity in mice studies we conducted in partnership with Makerere College of Veterinary Medicine, Animal Resources and Bio-security (COVAB). We are pleased that our Chimp-adeno platform can be used to design a variety of relevant vaccines. We have worked with Kenya Primate Center and the UK Health Security agency to test our CCHF vaccine in non-human primates and in challenge studies. These projects have however been stalled due to the absence of a GMP facility to move the products into clinical studies.

With the 10x Genomics single-cell RNA sequencing, capacity, the team is currently characterising the transcriptional landscape and B-cell receptor repertoires of individuals with elite neutralisation capacity to understand the molecular mechanisms underlying potent and broad antibody responses in HIV and other infections.

Under MUL, we have initiated our controlled human infection model (CHIM) studies, particularly for schistosomiasis but will move into TB as well, having obtained the funding.

The Ebola Sudan outbreak provided opportunities to initiate the Solidarity against Ebola/Tokomeza Ebola trial protocol, led by the Makerere University Lung Institute. At UVRI in partnership with MUL, and national stakeholders we have played a major role, leading the

laboratory safety and immunogenicity studies. The study is using a monovalent VSV-SUDV candidate vaccine from the International Aids Vaccine Initiative (IAVI) donated from Merck. This trial was launched within four days of the declaration of the outbreak a significant achievement.

Together with other partners we released results showing that the fractionated dose (lower dose) of yellow fever vaccine (Institut Pasteur de Dakar 17D-204 yellow fever vaccine) induced good immune responses, indicating that in the current limited vaccine supply of yellow fever vaccines, the dose could be reduced without compromising the efficacy.

The most widely used Mpox vaccine, the Modified Vaccinia Ankara Bavarian Nordic (MVA-BN) is licenced for adult use. We led a trial to establish the immunogenicity and safety of the standard dose and schedule of MVA BN in the paediatric population 2 to <12 years of age. The trial demonstrated that the immune response in children was noninferior to that of the adult participants. Application to licence use of the vaccine in this age group is underway.

Our long-standing projects to characterise HIV transmitted viruses including sensitivity to neutralisation within the MUL were affected by the withdraw of USAID funding earlier in the year.

### **HIV treatment and prevention.**



Dr Fiona Cresswell presenting the results of the IMPALA trial at IAS Kigali.

At the IAS 2025 conference in Kigali, the MUL team released the results of the IMPALA trial showing the benefit of the Long-acting cabotegravir combined with rilpivirine (CAB/RPV) in people with suboptimal adherence: IMPALA study results at 48 weeks concluded that injectable ART is non-inferior to oral ART in African countries in people who have difficulties with oral medicine, even without baseline resistance testing and that access to injectable ART should be made a priority.

At that conference, the WHO launched the updated guidelines on HIV treatment and prevention which included the recommendation for the use of CAB/RPV but also included is the recommendation of the integration of HIV and NCD care. The MUL working

with other partners was one of the research groups that had shown that integration is possible without compromising quality of care.

The use of Lenacapavir in HIV prevention was also included in the updated guidelines, UVRI-CRP-Ltd was part of the PURPOSE efficacy trials showing 100% efficacy of Lenacapavir in HIV prevention. Both MUL and UVRI-CRP are part of the study teams that will in 2026 test the efficacy of the long-acting oral Prep. MK-8527 developed by the Merck company.

### **Vector related research**

Our insectary team was able to successfully conduct contained use studies of the non-gene drive genetically modified male-bias mosquitoes evaluating performance of this modification in lab mosquitoes with Ugandan genetic background. We compared various life-history parameters, including male-female sex-ratios, between the modified and wild-type comparators, and are currently at the tail end of study completion. The non-gene drive genetically modified male mosquitoes imported in 2024 are maintained in the arthropod containment level 2 (ACL2) insectary. These are preparatory studies under the Target Malaria project before we handle the gene drive mosquitoes in future.

We continued to engage different stakeholders and institutions at national, regional and district and field sites about this novel work. Among this included a meeting with the first deputy Prime Minister and Minister for East African Community Affairs (EACA) Affairs, Hon Rebecca Kadaga.



Staff setting up the Hemotek feeding system (a laboratory equipment designed for the controlled and regulated feeding of mosquitoes).

In addition, in November, our staff together with the Oxitec team met HE The President for further discussions on the UVRI-Oxitec *Anopheles funestus* genetically modified non-gene drive project. Oxitec is interested in a co- investment in Uganda, with UVRI as an R&D partner, to establish a biotechnology hub to develop a self-limiting (i.e. non-persistent in the environment as the offsprings of those carrying this modification die out in a few generations) modified *Anopheles funestus* mosquitoes as a genetic bio-control tool to fight malaria.

We passed, the WHO EQA Scheme for malaria nucleic acid amplification techniques (NAAT) and detection of molecular markers (MM) of antimalarial drug resistance administered by UK NEQAS.

### **Additional capacity and laboratory strengthening**

Some key highlights include: The reconstruction of polio molecular laboratories. The old molecular lab was too small to conduct polio sequencing for countries of Rwanda, Burundi, Tanzania, South Sudan, Kenya, Djibouti, Somalia and Uganda.



We now have a reconstructed, upgraded, and expanded molecular lab to enable serve regional polio sequencing. The laboratory got accredited in March 2025 and started testing all samples requiring sequencing.

Picture of the new polio laboratory funded by Bill and Melinda Gates Foundation through WHO and renovated by eHealth.

In May, UVRI was designated as the official Centre of Excellence in Virology for EAC. This was announced during the launch of Phase III of the Regional Network of Reference Laboratories Project held in Arusha, Tanzania. This project aims at the operationalization of EAC Regional Centre of Excellence for Virology at the UVRI that includes (i) furnishing of a new P3 laboratory (ii) preparation of the QA/QC panels (iii) training and capacity building (iv) the expansion of the EAC mobile laboratory network with the one health approach (v) strengthening of regional genomic surveillance capacities. I was honoured to present these plans to the first Deputy Prime Minister who is also the Minister for the East African Community Affairs (EACA). The Hon DPM presented these plans to the cabinet in a cabinet memo. The funding for these activities is provided by the Germany Bank KfW.

The picture below **(1)** The UVRI team together with the officials of the Ministry for East African Community Affairs after briefing the first Deputy Prime Minister on the COE. **(2.)** UVRI Director and Dr Joseph Okware the Director of Health Services for Governance and Regulation at the MOH, in Arusha, Tanzania at the launch of the UVRI CEO.

1



2



The picture on the left is the ground floor of our new clinic that was completed by the contractors, the National Enterprise Corporation (NEC) of the UPDF Engineering Brigade who handed over.

In October, UVRI received a donation from the University of Texas, of a High-Performance Computing (HPC) facility with Compute nodes of 392, CPU sockets, 784, Total CPU cores,  $\approx 50,176$ , System memory,  $\approx 37.8$  TB and Local SSD storage,  $\approx 93.8$  TB. This is the largest such facility in the country.



Picture shows UVRI staff receiving the HPC facility and after delivery in the rooms.

Under the Coalition for Epidemic Preparedness Innovations (CEPI Centralized reference laboratory Network (CLN), we expanded and standardised immunogenicity assay such as plaque reduction neutralisation tests (PRNT50) for Mpox, ELISA, Pseudovirus neutralisation and ELISpot for Filoviruses.

The WHO Yellow Fever regional reference laboratory was assessed by the Global Yellow Fever Laboratory Network (GYFLaN) and passed. Meanwhile, the UVRI VHF lab also achieved International Standards Accreditation and Africa CDC certification as a High Containment Lab, becoming one of the very few laboratories on the African continent to achieve this status.

In September 2025, the UVRI received a donation of a Nextseq 550 Next Generation Sequencing instrument from the USA-NIH.



Dr. Stephen Reynolds country director USA-NIH handed over the Netseq 550 to the UVRI director.

The UVRI HIV reference laboratory (HRL) was recommended for international standards accreditation for proficiency panel (PT) production. This will enhance its role in supporting other laboratories that participate in HRL PT programs achieve and maintain international accreditation standards.

### **Other innovations**

The MUL team developed a BonoboFlow, Nextflow pipeline designed to streamline Oxford Nanopore Technologies based viral genome assembly/haplotype reconstruction. We have established in-vitro assays to test for anti-viral and anticancer herbal medicines as a screen before further preclinical and clinical studies. Our deeper B cell characterisation is allowing us to strengthen our capacity to produce monoclonal antibodies.

We successfully validated a pipeline (AmpSeeker) for vector genomic-based surveillance, further confirming its reproducibility and suitability for downstream amplicon analyses. This is under the East African Vector Surveillance (EAVeS) project.

In addition, laboratory and computational validation of an expanded molecular insecticide resistance panel (Ag-vampIR) was conducted locally, demonstrating robust amplification and strong discriminatory power across more than 90 target SNP markers.

### **Other changes**

In the year, the UVRI-IAVI HIV vaccine program transitioned to a fully locally led entity following shifts in the Global Health space and the IAVI desire to give more autonomy with local ownership. A taskforce was created that oversaw this transition leading to the creation of the UVRI-Clinical Research Program Initiative Limited (UVRI-CRP Ltd) and with a new Board which I chair. The program was affected by the USA Stop order. USAID was one of the major funders of this program.

### **Selected conferences/meetings/trainings hosted**

1. In March, we had the inaugural joint MRC and UVRI Research and Innovation Conference. This was a three day scientific conference at Speke Resort Munyonyo. The theme was “Building on our Past Discoveries, Paving the Way for a Healthier Future” with highlights to our commitment to leading research, capacity enhancement, and translating science into actionable impact. The conference was opened by the Hon Minister of Health Dr Jane Ruth Aceng and attended by a number of collaborators and partners including leadership of the LSHTM and British High Commission (picture below).



The Hon Minister Dr. Jane Ruth Aceng opening the conference.



2. In April we met the Parliamentary Committee on Health (picture below).
3. We hosted a WHO regional training workshop from five high-risk (hotspot) countries on how to detect the viruses and perform basic immune response assays for filoviruses.
4. Host genomics capacity and Polygenic Risk Score workshop in Uganda between 22nd and 27th June 2025.
5. We successfully held the Intellectual Property (IP) Workshop in collaboration with MUL and the next steps are finalization of the Institute IP policy and creation of the Technology and Innovation Support Center at UVRI.
6. We held a hands-on training workshop in August to strengthen local capacity in vector genomics and bioinformatics. Over 15 participants from Uganda and Kenya attended.
7. UVRI was part of the organization of the African Union led three-day High-Level Ministerial Conference on the Triple Elimination of HIV, Hepatitis B, and Syphilis that was held at Speke Resort Convention Centre Munyonyo, on 21-23 July 2025.
8. In October, we hosted an African Laboratory training on filovirus (Ebola & Marburg) diagnostics & immune analysis at Entebbe, Uganda.



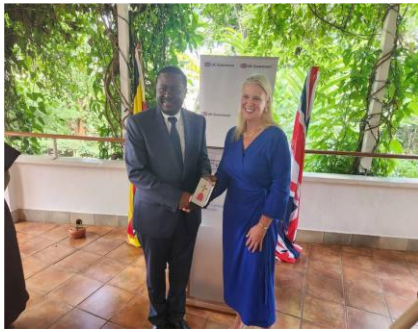
UVRI staff meeting the Parliament Committee on Health in April 2025.

### **Regional networks**

UVRI has coordinated the EDCTP East African Network of Excellence, the East African Consortium for Clinical Research (EACCR), hosting the secretariat since these networks were established in 2009. The award was renewed in December 2016 as EACCR2 and in 2021 as EACCR3. In 2025, the consortium has been one of the successful ones to start the EACCR4.

As a WHO Regional Measles and Rubella Reference laboratory, in 2025 we monitored quality of the serology testing of the national measles laboratories served. The laboratory staff also participated in the accreditation exercise of the WHO Regional Measles and Rubella Laboratory at National Institute of Communicable Diseases (NICD), South Africa and training of staff at NICD and Ethiopia National Measles Laboratory in molecular testing for measles and rubella.

## Key recognitions



In May Lisa Chesney, the British High Commissioner to Uganda, formally presented the award of Officer of the Most Excellent Order of the British Empire (OBE) to me. King Charles of United Kingdom had recognised my contributions about a year earlier, but the award presentation ceremony was not performed due to the transitions at the British High Commission.



In the year, Prof Alison Elliot of MUL was also awarded an OBE in King Charles III's 2025 New Year Honours in recognition of her dedication and services to medicine and global health. She received the award at a ceremony that took place at Buckingham Palace, in June 2025.



Dr. Jennifer Serwanga (in black next to HE the President) was also recognised for her outstanding scientific contributions and leadership, by the President of Uganda with a National Diamond Jubilee Medal during the Women's Day awards.



In May 2025 Prof Moffat Nyrenda was awarded the prestigious Fellow of the Academy of Medical Sciences (FMedSci) for his exceptional contribution to medicine especially his work on diabetes in Africa.

## Training



In 2025, we had more than 60 PhD students registered, the majority under MUL.

The training is in the fields of Epidemiology, Bioinformatics, Molecular biology, Immunology, Non-communicable diseases, Genetics, Mathematical modelling, Vector biology, Mental health and others.

Dr. Prossy Namuwulya and Dr. Joyce Namulondo were among those who obtained PhDs in 2025.

The majority are registered at the London School of Hygiene and Tropical Medicine followed by Makerere University. We in addition lead an EU funded capacity building project the EDCTP Café-sea that supports female PhD scientists from less privileged countries like South Sudan and Burundi.

MUL was awarded a prestigious two-year grant from the Roche African Genomics Program to support capacity building in human genomics research across Africa. Administered through the Units Uganda Medical Informatics Centre (UMIC), the grant will advance genomics training and leadership, while unlocking greater regional use of UMIC's world-class high-performance computing capacity.



Hosting of students from Nabisunsa Girls Senior Secondary School.

## **Publications**

Together with our on-campus partners, we had many publications some in very high impact journals like the New England Journal of Medicine and The Lancet Infectious Diseases.

## **Selected funding awarded in 2025**

Here, we list selected investigator led awards where a UVRI scientist was a lead applicant.

1. A phase 2a trial “Safety and Immunogenicity of the rVSVΔG-SEBOV-GP Vaccine Administered at 2 Dose Levels in Healthy Ugandan Adults and Adolescents” Awarded by the UKRI/MRC amount £3.4m led by Prof Pontiano Kaleebu.
2. Co-circulation dynamics of dengue and Zika virus in East Africa and Mexico and its impact on cross-reactive immunity. Funded by the Wellcome 6,960,439.86 (USD) led by Dr Julius Lutwama.
3. The Eastern Africa Consortium For Clinical Research 4 HORIZON-JU-GH-EDCTP3-2025-03-NETWORKS. Funded by the European Union, amount 13.5 million Euro for the whole consortium lead applicant Dr Bernard Kikaire.
4. Embedding molecular surveillance into VC trials and intervention programs. A Grand challenge follow up project on developing tools for genomic vector surveillance in East Africa. Funded by the Gates Foundation amount \$ 1,802, 146 Led by Dr. Jonathan Kayondo.
5. Target Malaria Phase III – UVRI. Uganda effort towards developing a sustainable and cost-effective new tool for preventing malaria transmission. Funded by the Gates Foundation amount \$ 4,992, 884 Led by Dr. Jonathan Kayondo.

The above is in addition to other funding awards where we were not lead applicants but co-applicants and other continuing awards.

## **New appointments on committees**

In April 2025, I was elected as chair of the Committee of Technical Experts (CTE) under the Uganda AIDS Commission (UAC), as CET we advise the UAC Board on various technical matters, the membership includes representatives of different HIV/AIDS organisations.

## **Selected visitors**

The institute together with our partners received a number of visitors here I mention three visitations.



In February, UVRI hosted the WHO Deputy Director General, Dr. Mike Ryan (Picture above). He is the past Director of WHO's Health Emergencies Programme and WHO Deputy Director General. He was briefed on the preparedness for the ongoing Ebola ring vaccination and to learn more about UVRI which he says has a long history of virus discovery and research.

In April, MUL hosted Lord Ray Collins of Highbury, Deputy Leader of the House of Lords



and UK Prime Minister's Special Representative for Preventing Sexual Violence in Conflict. He was accompanied by Dr. Daniel Kyabayinze, Director Public Health Services at Uganda's Ministry of Health, and Her Excellency Lisa Chesney, the British High Commissioner to Uganda, the Deputy High Commissioner

H.E. Tiffany Kirlew and Phil Elks, Team Leader for Humanitarian and Human Development at the British High Commission.



Picture of the HSC team with UVRI staff.

The Health Service Commission (HSC) led by the Deputy Chairperson Ms. Christine Kakuru Kyomuhangi, visited UVRI in September 2025 for a supervisory visit. They discussed with the staff issues related to recruitment in the public service, promotions, training etc.

### **Relocation of CDC-Uganda**

The U.S. CDC's partnership with UVRI started many years back working with scientists at CDC Fort Collins, Vector-Borne Disease Laboratory. However, in 1994, CDC initiated activities focusing on HIV/AIDS research and established its country office in 2000 at UVRI. Further activities in the 2010s included establishing a VHF program. CDC USA presence expanded as a key implementing agency of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program. Initially based at UVRI, CDC started relocating to the USA Embassy some few years ago and this relocation was completed this year on 3<sup>rd</sup> December when they handed over all the offices and facilities to UVRI. Below the Deputy Director CDC Dr Suzanne Theroux handing over the keys and signing the handover report.



## The funding challenges

The initial days of the year in January 2025 witnessed the USA Trump administration stop order, freezing most U.S. foreign aid and development assistance for a 90-day review. This order halted new funding and services for various programs, including global health. In February, all USAID direct hire personnel were placed on administrative leave globally and in the following months USAID officially shut down. These changes brought some disruptions of work funded thru PEPFAR, supporting our HIV reference related work. Though eventually some funding resumed, there were some cuts and funding through USAID especially related to HIV vaccine development and viral characterisation under the MUL and UVRI-CRP Ltd were stopped. In December, the Uganda Government finalised an MOU with the USA Government stipulating areas that USG will fund moving forward, we will be working with the MOH to define how UVRI funded activities will continue. Below the Finance Minister Matia Kasaija signed on behalf of the Government of Uganda while the American Ambassador to Uganda H.E William W. Popp signed on behalf of the United States of America. Others present were the Hon Minister of Health Dr Jane Ruth Aceng, the Permanent Secretary / Secretary to the Treasury Dr Ramathan Ggoobi and the Permanent Secretary Ministry of Health Dr Diana Atwine.



In February 2025, The UK also announced to significantly reduce its foreign aid spending, using the savings to boost defence spending. This affected the National Institute for Health and Care Research (NIHR) funding as well impacting the Global Health Research (GHR) programmes. We lost some of our funding under the NIHR scheme.

UVRI has not received retooling and development funds from Government for the past two years. This meant we were not able to acquire fixed assets and equipment needed and to renovate or improve our infrastructure. Government funding to UVRI is still proportionately very low compared to external grants and this deprives opportunities for innovation and infrastructure. There is also a staffing shortage, with only 77 out of the approved 241 Government positions filled. UVRI including our on-campus partners had

769 staff, the majority under MUL, followed by UVRI externally funded projects. Overall, we have seen some decline in staff numbers, compared to 2023 when we had a total of 815 staff, partly due to end of projects and funding reductions.

### **Looking ahead to 2026**

UVRI will celebrate 90 years of its existence. Starting as a Yellow Fever Laboratory in 1936 and with funding and support from the British Colonial Government and the Rockefeller Foundation, the laboratory expanded into a regional and global centre under the East African Commission and later under the Uganda Ministry of Health.

Considering its mission and recognising its contributions to several discoveries, interventions and new knowledge, with national, regional and global impact the Theme selected for the anniversary is “*Celebrating 90 Years of Discoveries and Global Impact*”. The celebrations will highlight the contributions of many stakeholders, partners, funders and the communities. The proposed programme for the celebrations will run over several weeks starting in July of 2026. These activities will include community engagement activities; university/school outreaches; media sessions (local & international) and scientific presentations showcasing UVRI achievements from local and international scientists. We look forward !

### **Acknowledgements**

We thank our parent Ministry of Health for the support. I thank the UVRI senior management team and all staff. We thank all the UVRI departments and UVRI projects who have made the contributions above. Special thanks go to our on-campus partners the MRC/UVRI & LSHTM and the UVRI-CRP-Ltd and the USA CDC-Uganda team. We thank the many funders including the Uganda Government through the vote budgetary appropriation, the funding received from the Science, Technology and Innovation, Office of the President.

Our major external funders include: USA Government (CDC-PEPFAR, GHSA, DTRA, NCEZID, NIH); MRC-UKRI; EDCTP/EU; Wellcome Trust; Bill and Melinda Gates Foundation; WHO; IAVI; NIHR; CEPI and Abbott among others.

### **Collaborators**

We thank the many collaborators with whom we have worked to make the 2025 contribution and the communities where we work.

By Prof Pontiano Kaleebu  
**Director**