JCRC Annual Integrated Report 2025 - 2026

JCRC
Joint Clinical Research Centre

Rooted in Legacy, Resilient by Design, and Sustainable Impact in a Changing World

About Our Theme

Rooted in Legacy, Resilient by Design, and Sustainable Impact in a Changing World

Rooted in Legacy, Resilient by Design

This year's theme embodies JCRC's journey from a pioneering history to a bold, future-ready institution capable of shaping global healthcare. Established in 1991 as an institutional and scientific response to Uganda's escalating HIV/AIDS epidemic, the Joint Clinical Research Centre (JCRC) has built an enduring legacy of clinical excellence, laboratory innovation, and high-impact medical research. Over the past year, JCRC was tested by significant volatility and shifts across the global health and donor financing landscape. Rather than retrenching, we responded with disciplined financial stewardship, institutional agility, and strategic resolve. By converting funding challenges into opportunities for strategic reinvention, the Centre proved that its operations and governance are resilient by design capable of absorbing external shocks while continuing to safeguard the health and well-being of the communities it serves.

Sustainable Impact in a Dynamic World

As global health priorities evolve, JCRC is deliberately transitioning to pioneer bold new frontiers in modern medicine. Rooted in the emerging HIV cure agenda, innovative therapeutics, and advanced clinical solutions, JCRC is actively expanding into cell and gene therapy, bone marrow transplantation, precision diagnostics, non-communicable diseases and biomedical products.

Our offer

Through deliberate revenue diversification, regional capacity building, and world-class scientific partnerships, we are translating disruption into sustainable innovation, ensuring that JCRC not only adapts to change, but actively leads the translation of discovery into equitable, lasting health impact across Uganda, Africa, and the global health landscape.



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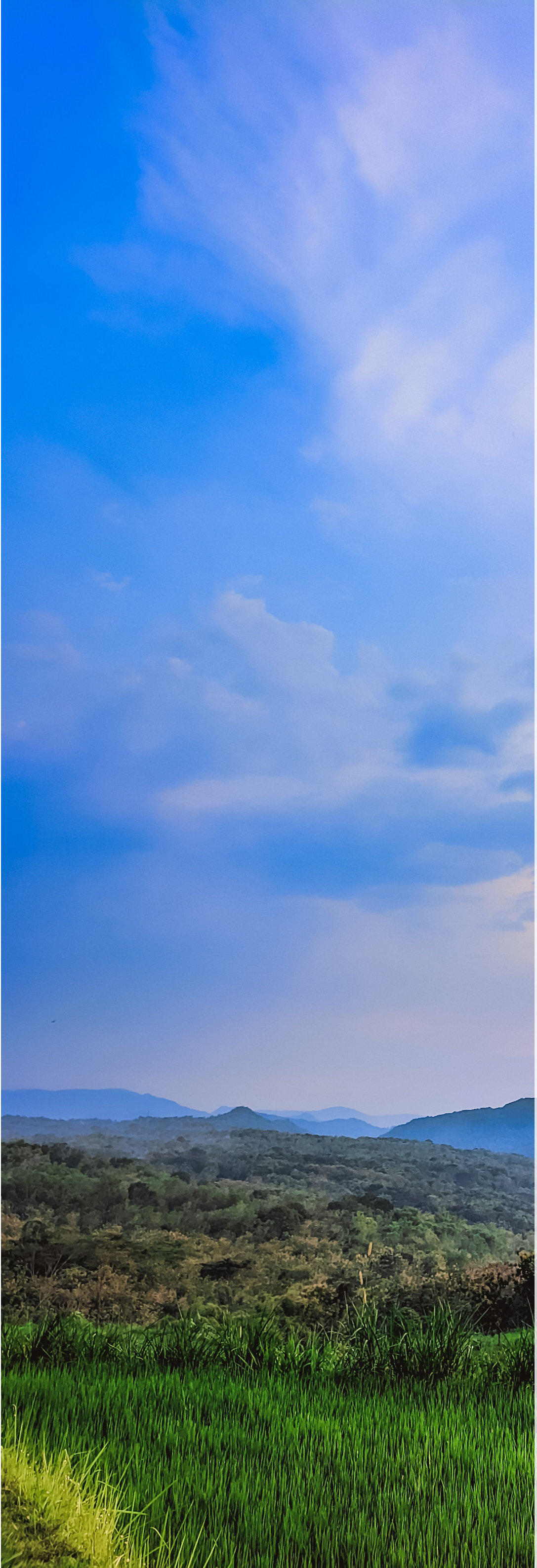
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About our Report

This 2025/26 Integrated Report presents JCRC's performance, progress and value creation for the year ended 30 June 2025. It brings together our financial and non-financial performance, strategy, governance, risks and institutional impact, providing stakeholders with a holistic view of our performance and progress.

The report assesses our achievements against targets, highlights key financial performance trends and challenges, and provides insight into the opportunities shaping our operating environment. It reflects how JCRC continued to respond to evolving health priorities by implementing innovative `approaches and use of technology to drive sustainable development. Amidst the changing funding environment, JCRC remains committed to advancing and changes in the funding landscape while advancing research, specialised healthcare, laboratory excellence, innovation and capacity development.

In doing so, the report explains how JCRC creates value through an integrated model that brings together medical research, clinical care, laboratory services, programme implementation and training. By combining our financial, human, intellectual, social and relationship, manufactured and natural capitals with strategic partnerships and sound governance, we generate health outcomes, scientific knowledge, skills, stronger health systems and lasting benefits for the communities and stakeholders we serve.

The report therefore goes beyond reporting activities and results; it demonstrates how the resources we use, the activities we undertake and the relationships we build contribute to sustainable value creation and long-term institutional resilience.

Our Integrated Reporting Journey

Our 2025/26 Integrated Report builds on the progress made in our 2024/25 report, which, on JCRC's second attempt at integrated reporting, was recognised as a runner-up in the Not-for-Profit category at the FiRe Awards 2025. This recognition affirmed our commitment to transparency, accountability and excellence in reporting. Building on this achievement, we continue to strengthen how we communicate JCRC's performance, impact, strategic progress and value creation, providing stakeholders with a clear and integrated view of how we create and sustain value.



The JCRC team lead by the Deputy ED Finance and Operations receive an award during the 2025 FiRe awards.

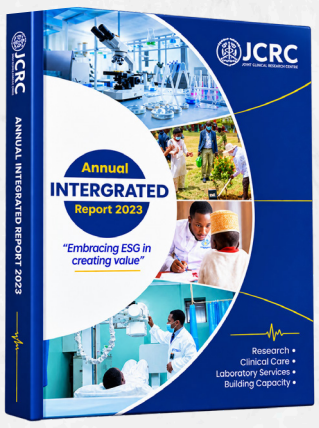
Our Reporting Suite

JCRC's reporting framework provides a structured approach to documenting institutional performance, programme implementation, resource utilisation, achievements, challenges and emerging priorities. Through timely, accurate and evidence-based reporting, JCRC communicates its progress to government, donors, the Board, Senior Management and internal stakeholders, while strengthening accountability and informed decision-making.

The different reporting streams are tailored to the information needs and oversight responsibilities of each audience. While Government and Donor Reports demonstrate accountability for programmes, commitments and resources, Board and Senior Management Reports support governance, strategic oversight and management decision-making. Internal Reports provide routine information for monitoring performance, identifying gaps and taking corrective action.

Together, these reports create a coordinated institutional reporting system that promotes transparency, accountability, performance improvement, organisational learning and effective stewardship of resources, while ensuring that JCRC's work remains aligned with its strategic priorities and national health objectives.

Integrated Report



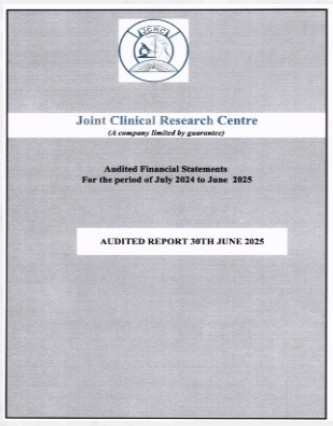
To provide a holistic account of JCRC's strategy, governance, performance, resource use and value creation across financial and non-financial dimensions, demonstrating how the organisation creates, sustains and delivers value over the short, medium and long term.

Sustainability Report



To communicate JCRC's environmental, social, economic and governance performance, impacts, risks commitments, demonstrating how the organisation is managing sustainability issues and contributing to long-term institutional and societal value.

Government Report



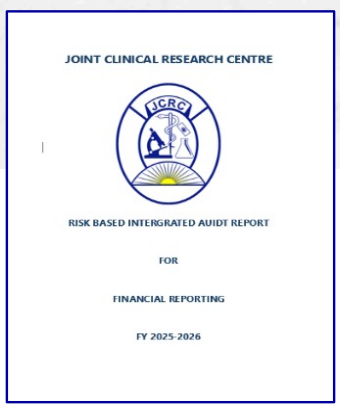
To provide government and public-sector stakeholders with timely, accurate and accountable information on JCRC's performance, use of public resources, programme implementation, statutory obligations and contribution to national health and development priorities.

Board of Trustees/AGM Report



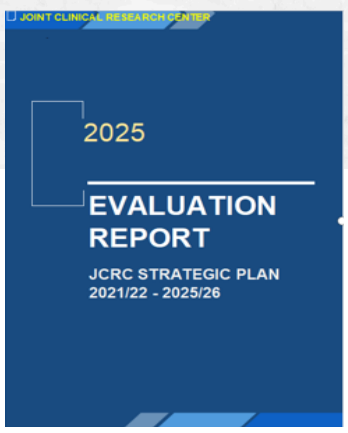
To provide the Board with reliable, concise and strategic information on organisational performance, risks, financial position, strategic progress, governance matters and emerging issues to support effective oversight, accountability and decision-making.

Internal Audit Report



To provide timely information within JCRC on activities, performance, resources, risks, controls and operational issues, enabling directorates, departments and teams to coordinate implementation, monitor results, resolve challenges and strengthen organisational performance.

End of Strategic Plan Evaluation Report



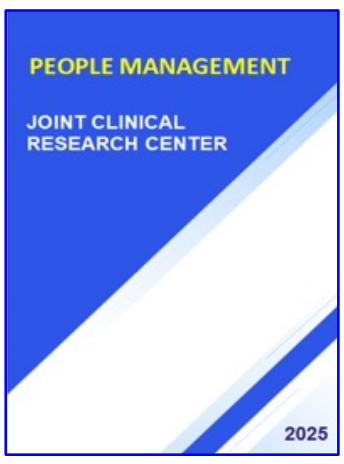
To provide an independent and evidence-based assessment of the extent to which JCRC's Strategic Plan objectives, strategies and results achieved, examining relevance, effectiveness, efficiency, sustainability and impact, while documenting key achievements, challenges, lessons learned and recommendations to inform the development and implementation of the next Strategic Plan.

Client Satisfaction Report



To provide systematic information on clients' experiences, satisfaction levels, service quality, accessibility, responsiveness and areas of concern, enabling JCRC to identify service gaps, strengthen client-centred care, improve service delivery and monitor actions taken to enhance the overall client experience.

People Management Report



To provide a comprehensive view of JCRC's workforce, including staffing levels, workforce composition, talent and skills, performance, productivity, employee engagement, learning and development, retention, wellbeing, diversity and workforce risks, enabling management and the Board to make informed decisions on human capital, organisational capacity and long-term sustainability.

The Reporting **Frameworks**

IFRS Accounting Standards	Standards used to prepare financial reports	https://www.ifrs.org/
Companies Act 2012	Act to provide for the incorporation, regulation and administration of companies and for related matters.	https://bills.parliament.ug/attachments/Laws
Integrated Reporting Framework	Framework on how an organisation's strategy, governance, performance and prospects lead to the creation of value.	https://www.iasplus.com/en-gb/resources/sustainability-en-gb/iirc
Global Reporting Initiatives (GRI)	A reference for JCRC sustainability reporting	https://www.globalreporting.org/
United Nations Sustainable Development Goals (SDGs)	Reference for JCRC sustainability reporting	https://sdgs.un.org/goals
COSO Framework	JCRC internal control environment is underpinned on the COSO framework	https://www.coso.org/
ISO 37000 guidance on governance	Reference for JCRC Governance systems	https://www.iso.org/standard/65036.html



Chief of Party LPHS Activity handing over job aid to CHEWS of Omoro sub-county Acholi region during their graduation.

Our Approach to Integrated Thinking and Value Creation

At the Joint Clinical Research Centre (JCRC), we exist to create lasting value for the people and institutions we serve, and integrated thinking is central to how we do so. It links our mission, strategy, governance and operations, so that resources are allocated through sound business decisions that consider their impact on our stakeholders and the value we create over the short, medium and long term. By combining medical research, clinical care, laboratory excellence and training, we deliver value that no single activity could achieve alone. Value flows both ways: our stakeholders provide the resources, trust and partnerships we depend on, and in return we deliver health, knowledge, skills and economic benefit.



Administration block at JCRC Head Offices

Why this matters to JCRC.

JCRC was founded in response to Uganda's HIV/AIDS crisis, driven by an enduring aspiration to find a cure. From the start, we understood that science and care cannot be separated, and this conviction has shaped our evolution over the years. Today, we face a changing funding landscape, rising demand for specialised care, and new scientific opportunities such as cell and gene therapy for an HIV cure. Integrated thinking helps us respond in a way that keeps JCRC financially sustainable, scientifically excellent and socially relevant.

Governance that looks beyond the financial

The Board and Management oversee financial, scientific, human, social and environmental performance together. Strategic investments, such as the Bone Marrow Transplant Centre, are considered in terms of their long-term value to patients, the health system and JCRC's sustainability, not only their cost.

Integrated risk and opportunity management

We identify and manage all risk across all operational units and not in silos. These include funding volatility, regulatory compliance, research ethics, biosafety and talent retention. For us to manage the identified risk, each one is linked to the capitals it affects and to our strategic responses.

Creating Shared Values

At JCRC, our success is inseparable from the health of the communities we serve. In FY2025/26, we advanced HIV cure research through cell and gene therapy and, with our partners, worked toward Uganda's first Bone Marrow Transplant Centre, bringing life-saving care closer to home while strengthening JCRC's sustainability. Through our accredited laboratories, research, training and partnerships, we continue to create lasting value for patients, partners, staff and the nation.

Strategy anchored in the six capitals

The JCRC strategic plan draws on and affects six forms of capital: financial, manufactured, intellectual, human, social and relationship, and natural. We manage them as a whole, and we openly acknowledge trade-offs.

The Enablers - Facilitators

Inputs By Capital What we invest and use	Interventions What we do	Outputs What we deliver	Outcomes Changes we achieve	Impact Lasting value for all
Financial Grants & donations Government funding Revenue & investments **Human** Staff, researchers, clinicians Volunteers & interns Leadership & management **Social** Partnerships & networks Community trust Stakeholder relationships **Intellectual** Research & innovation Knowledge & data Patents & expertise **Natural** Land & environment Natural resources Sustainable practices **Manufactured** Infrastructure & equipment Laboratories & clinics IT systems & transport	**Medical Research** Conduct research, clinical trials and generate evidence. **Clinical Services** Provide quality, patient-centred care and treatment. **Lab Services** Offer reliable and accredited laboratory testing and diagnostics. **Programs** Implement HIV, TB, malaria, maternal & child health and other health programs. **Trainings** Build capacity for health workers, researchers and communities.	**Medical Research** Research projects Publications Trained researchers **Clinical Services** Patients served Viral suppression Retention in care **Lab Services** Tests performed CAP accreditation Quality certificates **Intellectual** Research & innovation Knowledge & data Patents & expertise **Programs** People reached Community interventions Health commodities **Trainings** Health workers trained Workshops & mentorships Strengthened institutions	**Financial** Increased revenue Efficient resource use Financial sustainability **Social** Improved health behaviours. Stronger partnerships Reduced stigma **Intellectual** Greater knowledge Improved skills Innovation and evidence **Natural** Sustainable environment Efficient resource use Climate resilience **Manufactured** Better infrastructure Modernized systems Improved logistics	**Individual level** Better health and wellbeing. Increased knowledge & skills Greater economic productivity Improved quality of life **Community level** Healthier families and communities, Stronger health systems, Reduced disease burden Increased resilience **National level** Healthier population, Improved health indicators, Economic growth, Contribution to national goals and global health security

Our Approach to Materiality

At JCRC Material matters are the issues that substantively affect its ability to create, preserve or erode value for our stakeholders over the short, medium and long term. We define these horizons as within one year (short term), one to five years (medium term) and beyond five years (long term). JCRC treats its material matters as the foundation to determining its risk appetite. At every start of the financial year, the Board determines and approves its Risk Appetite which is used to guide the institutional strategic priorities, guide how we allocate resources across the six capitals, and determine the extent to which it is to be managed.

Our materiality determination process

Materiality is determined annually through a structured, four-step process that flows as shared below;

1. Identify. We begin with the prior year's material matters and add issues from/

- Changes in our operating environment, including funding, regulatory and public health trends;
- Matters deliberated and guided by the Board and its committees;
- Matters raised through stakeholder engagement, including funders, the Ministry of Health, the Community Advisory Board, staff and patients;
- Matters from the Enterprise Risk Management (ERM) process and the risk register;
- Significant events during the year; and
- Matters identified from internal and external audit findings.

2. Assess and prioritise. Each issue is scored on two dimensions
/Its likelihood and magnitude of effect on JCRC's value creation, and its importance to stakeholders. Issues are also mapped to the six capitals and to our strategic objectives. The results are plotted on a materiality matrix, and issues rated high on both dimensions become material matters.

3. Validate and Prioritization:
Executive Management reviews the prioritised list against the risk heat map and strategy. This is based on the likelihood of occurrence and the magnitude of the impact of risk assessed. The Audit and Risk Committee and the Finance and Strategy Committee then review and recommend the material matters to the Board for approval.

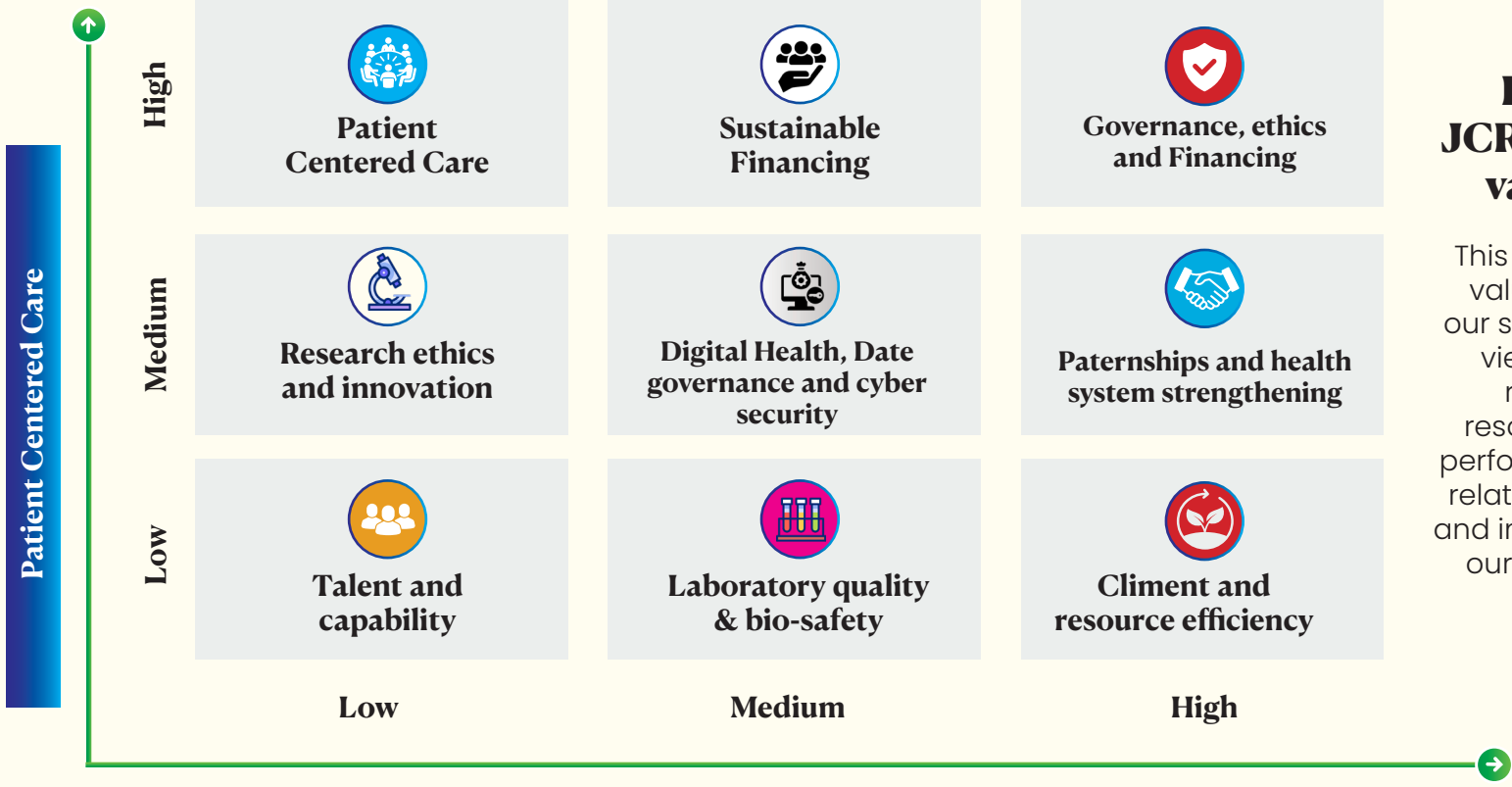
4. Integrate and report.
Approved material matters inform the content of this report, our strategic plan reviews, Key Performance Indicators (KPIs) and risk responses.

How our material matters changed in 2025
2025 was one of the most disruptive years for global health financing in decades. The pause and subsequent restructuring of United States foreign assistance, reductions by other bilateral donors, and tighter multilateral funding had a direct effect on donor-dependent institutions like JCRC. As a result:

- Financial sustainability and funding diversification moved to the top of our materiality assessment and is now rated as our most significant matter.
- Talent was broadened to include workforce transition and staff wellbeing, reflecting the human effect of award changes and the Board's attention to staff financial security.
- Innovation was sharpened to focus on advanced therapies and self-generated income, following the launch of our cell and gene therapy project for HIV cure research and the national campaign for Uganda's first Bone Marrow Transplant Centre.
- Environmental stewardship and medical waste management was added as a stand-alone matter, recognising the scale of our incineration and autoclaving services and the expectations of regulators and neighbouring health facilities.

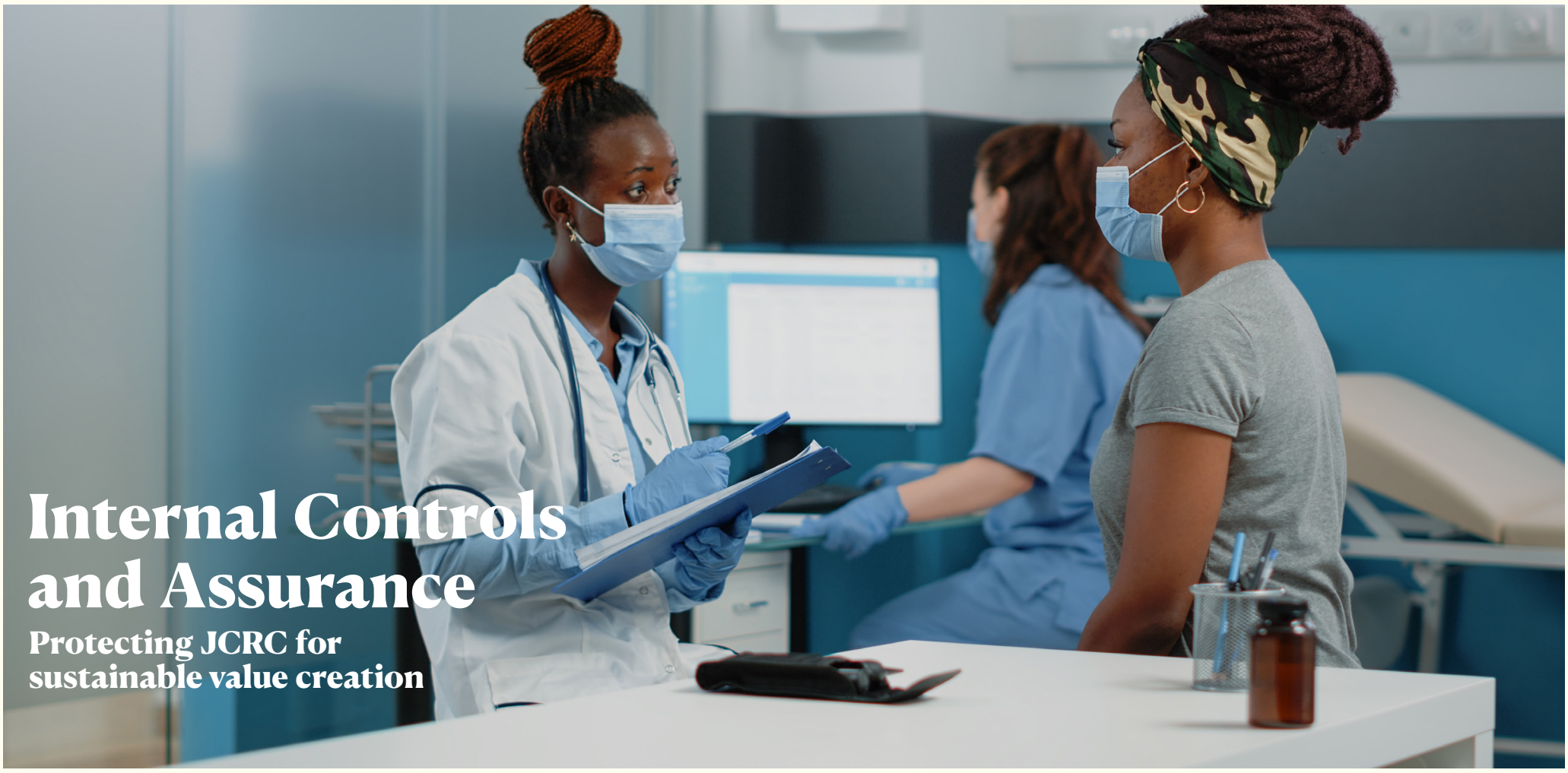
Material Matters - Impacting Value Creation

Materiality We adopt the concept of double materiality, encompassing both internal factors that influence our operations, risk management, and financial performance, and external factors with significant implications for stakeholders and the broader environment, including social and environmental risks, regulatory changes, and emerging trends. This approach ensures stakeholders gain insights into the material factors driving our immediate operational success, as well as our strategic initiatives and investments shaping medium and long-term resilience, growth, and positive societal and environmental impacts Material matters are those capable of influencing JCRC's ability to create, preserve or protect value over time. They are connected to strategy, risk, capitals, performance and stakeholder expectation.



Influence on JCRC's long - term value creation

This material matters and value-risk map informs our strategy, For a detailed view of our enterprise risk management, resource allocation and performancesustainability-related opportunities, risks and impacts, please refer to our sustainability report FY 2025/26



Internal Controls and Assurance

Protecting JCRC for sustainable value creation

JCRC maintains a robust system of internal control and assurance to safeguard value, manage risk, and enable confident decision-making. Our internal control system is designed to provide reasonable, but not absolute, assurance that:

- Operations are effective and efficient and support our strategic objectives;
- Financial and non-financial information is reliable and complete;
- Assets are safeguarded against loss, misuse and fraud;
- We comply with applicable laws, regulations, grant conditions, research protocols and internal policies; and
- Research participants, patients and staff are protected.

The Board is ultimately responsible for the system of internal control. It delegates oversight to the Audit and Risk Committee, while Management is responsible for designing, implementing and operating controls day to day. The JCRC control environment is built on the tone as set by the Board and Executive Management and on JCRC's values of integrity, excellence, ownership, mutual respect, compassion and continuous learning

JCRC applies a three lines model to internal control and assurance, in which operational management owns and manages risk, the risk, quality and compliance functions provide oversight, and Internal Audit gives the Board independent assurance that controls are working effectively.

Our Three Lines model

First Line

Management and Process Owners

Own risks, control, evidence and corrective actions

Second Line

Risk, Compliance, Quality and Oversight

Set policies, monitor implementation and challenge performance

Third Line

Internal Audit

Provide risk-based internal assurance and report back to board Audit and risk committee

External Perspective

Statutory Audit and any other Assurance

Independent Audit Operate within defined scope and criteria to provide independent assurance to stakeholders

Verified Assurance Evidence FY2025 - 26

16

16 Internal Audit engagements delivered

100%

Of plan completed

82%

Implementation rate on prior recommendations

Caveat

Internal review is not independent external assurance. Management remains responsible for completeness and accuracy of reported information

Supportive policies and regulation

Adequate funding

Access to new curative therapies

Reliable infrastructure and technology

Skilled and motivated workforce

Effective systems and processes

Strong partnerships and networks

Effective Governance and leadership

Forward-Looking Statement

This report contains forward-looking statements on JCRC's future performance, strategic priorities and prospects for creating and sustaining value. These reflect management's assessment of material opportunities, risks and uncertainties identified through JCRC's materiality assessment and strategic planning processes. Actual results may differ due to changes in the health, financing, regulatory, technological, economic and operating environment.

Outlook

JCRC's outlook is shaped by material matters including financial sustainability, revenue diversification, changing donor priorities, evolving health needs, scientific and technological advances, workforce capability, quality of services, research and innovation, digital transformation, partnerships, governance and institutional resilience. Going forward, JCRC will strengthen its resilience and sustainability, diversify resources, advance research and innovation, expand responsive clinical and laboratory services, invest in people and capabilities, accelerate digital transformation and deepen strategic partnerships, while continuously adapting its strategies to emerging risks and opportunities

Research and Innovation
Lead HIV cure research in Africa.

Specialised Care
Deliver world-class treatment at home.

Laboratory Excellence
Be a trusted regional reference hub.

People
Develop Africa's next generation of scientists and clinicians.

Sustainability
Achieve financial self-reliance.

Partnerships
Create shared value for all stakeholders.



Who we are

Established in 1991 through a partnership between the Uganda Ministry of Health, the Ministry of Defence, and Makerere University College of Health Sciences, the Joint Clinical Research Centre (JCRC) is an autonomous, not-for-profit institution founded to provide a scientific and institutional response to Uganda's escalating HIV/AIDS epidemic. Over the past three decades, JCRC has transformed from a predominantly HIV/AIDS-focused organization into a leading centre of excellence in clinical research, healthcare delivery, laboratory services, and capacity development, addressing HIV/AIDS, infectious diseases, emerging health threats, and broader public health challenges.

JCRC's work is anchored in an integrated model comprising medical research, clinical services, laboratory services, programme implementation, training, and capacity development, supported by robust governance, finance, human resources, information technology, procurement, and business development functions. Through strategic partnerships with government ministries, research institutions, academic organizations, development partners, health facilities, and communities, JCRC generates evidence, translates research into policy and practice, strengthens health systems, and improves population health outcomes.

Over its 30+ year history, JCRC has expanded access to quality healthcare, strengthened diagnostic and laboratory networks, advanced public health surveillance, developed a skilled health workforce through training and mentorship, and supported national health programmes. These contributions have significantly enhanced healthcare delivery, evidence-based decision-making, health system resilience, and sustainable health outcomes in Uganda, the region, and beyond.

Mission
To conduct Quality Medical Research and Training, provide equitable and sustainable HIV/AIDS care and other health care services in Uganda and other parts of Africa.

Vision:
A vibrant self-sustaining Centre of Excellence in Medical Research, Training and Healthcare Services.

Our Core Values

Confidentiality
We safeguard patient, research, and institutional data through strict privacy compliance, professional confidentiality, and robust information security systems.

Compassion
We place patients and vulnerable populations at the core of all our work, delivering empathetic, respectful, and person-centred care to every individual served.

Integrity
We maintain uncompromising scientific and professional ethics, transparency, and accountability across all clinical, research, and financial management operations.

Mutual Respect
We value every individual's dignity, contributions and perspectives, fostering teamwork, inclusiveness, trust and positive relationships across JCRC.

Team work
We foster cross-functional collaboration, open communication, and teamwork, leveraging diverse expertise to achieve shared goals and maximize public health impact.

Innovation and Excellence.
We embrace new ideas and pursue the highest standards in research, healthcare and service.

Continuous Learning
Building Capacity Through Learning, Mentorship, and Innovation.

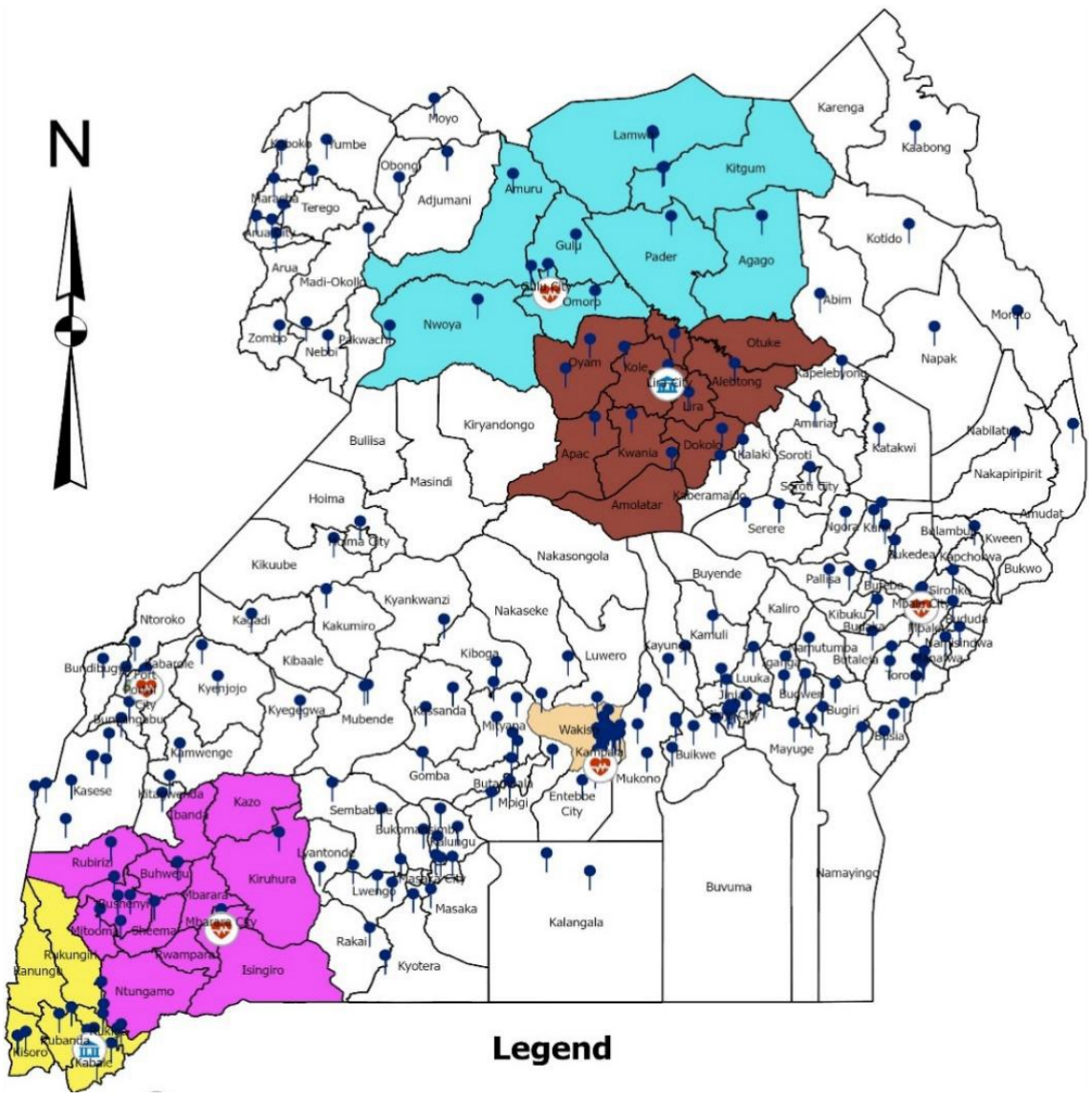
Accountability
We take responsibility for our decisions, actions, resources and results, delivering on commitments.

Our Strategic Goals

- To strengthen local research capacity for evidence-based policy-making and affordable health solutions
- To provide efficient, responsive client centered-clinical services
- To develop capacity for diagnostics, systems strengthening and product development
- To lead development, coordinate & support delivery of diversified health programs to respond to local & global health challenges
- To facilitate capacity building of human resource for responding to current and emerging health needs
- To strengthen operational and management systems for effective and efficient service delivery
- To generate JCRC owned resources for investment

Our Nationwide Coverage

JCRC maintains a strategic presence across Uganda through its Headquarters in Lubowa, Wakiso District, Regional Centres of Excellence and field offices. Its Regional Centres of Excellence in Mbale, Fort Portal, Mbarara and Gulu, together with field offices in Lira and the Kigezi region, extend JCRC's research, clinical care, laboratory and training services closer to communities and health systems. This decentralised model strengthens the organisation's ability to deliver specialised services, support research and innovation, build healthcare capacity and respond to evolving public health needs across different regions. Through collaboration with government, development partners, academic institutions and other stakeholders, JCRC contributes to strengthening Uganda's health system and advancing health outcomes nationally and beyond.



Kigezi Region Districts

1. Kabale District
2. Kanungu District
3. Kisoro District
4. Rubanda District
5. Rukiga District
6. Rukungiri District

Acholi Region Districts

1. Gulu City
2. Gulu District
3. Omoro District
4. Nwoya District
5. Amuru District
6. Kitgum District
7. Pader District
8. Lamwo District
9. Agago District

Lango Region Districts

1. Lira District
2. Lira City
3. Oyam District
4. Kole District
5. Apac District
6. Kwania District
7. Alebtong District
8. Otuke District
9. Amolatar District
10. Dokolo District

Ankole Region Districts

1. Buhweju District
2. Bushenyi District
3. Ibanda District
4. Isingiro District
5. Kazo District
6. Kiruhura District
7. Mbarara District
8. Mbarara City
9. Mitooma District
10. Ntungamo District
11. Rubirizi District
12. Rwampara District
13. Sheema district

Head Office address
Lubowa Estates
Plot 101 Off Entebbe Road
P.O. Box 10005

LPHS Office address
Makanga
Plot 31/33 Archer Road
Kabale district

LPHS Acholi and Gulu Regional Centre of Excellence
Office address Koro Sub County,
Kampala – Gulu Road ,
P.O. Box 1607 Gulu,Uganda

LPHS Lango Office address
Plot 52/54 & 56 A
P.O. Box 599, Lira, Uganda.

LPHS Mbarara Office address
Plot 13, McAllister Road.
Mbarara, Uganda

Our FY2025 - 2026 in Numbers

These figures demonstrate the scale, reach and impact of JCRC's work across its programmes during the year. They reflect the organisation's contribution to advancing research, delivering quality clinical and laboratory services, strengthening healthcare systems, building capacity, and supporting communities across Uganda. Together, these results provide a snapshot of JCRC's performance, achievements and continued contribution to improved health outcomes nationally and regionally.

Client Satisfaction
Target: 100%
Achieved: 98%

Retention in HIV care
Target: 100%
Achieved: 92%

Retention in Cancer Care
Target: 100%
Achieved: 91%

Protocols Won
Target: 30
Achieved: 27

Lab Tests performed
Target: 120,000
Achieved: 129,000

Participant Retention
Target: 100%
Achieved: 100%

Research Publications
Target: 30
Achieved: 26

Abstract Presentations
Target: 20
Achieved: 18

Conference Presentations
Target: 10
Achieved: 5

Average EQA Scores
Target: 100%
Achieved: 94%

Award for best Research organization - Visionaries of Uganda
6th Time

PLWAs on ART
Target: 95%
Achieved: 92%

Virally Suppressed
Target: 95%
Achieved: 97%

TB Cure Rate
Target: 95%
Achieved: 88%

Lab Equipment Calibrated
Target: 95%
Achieved: 92%

Viral Load Coverage
Target: 95%
Achieved: 92%

TB Success Rate
Target: 95%
Achieved: 94%

ANC1 Coverage
Target: 100%
Achieved: 131%

PMTCT/STAT
Target: 95%
Achieved: 99%

Bio-Safety Cabinets certified
Target:280
Achieved: 300

Student interns
Target: 100
Achieved: 75

Supported into Masters/PhDs
Target: 10
Achieved: 5

Attendees to HIV update meeting
Target: 3,000
Achieved: 2,700

Asset base
UGX 76.75 Bn

Annual Budget
UGX 114.07 Bn

Revenue Generated
UGX 106.74 Bn

Tax contributed to the economy
UGX 13.33 Bn

Our Leadership Reports

JCRC's leadership reports explain how governance, strategy, resources and performance came together in FY2025/26, and how the organisation is preparing for the next phase of Ambition 2030.

Board Chairperson

01

02

Chairperson Board Finance and Strategy

Chairperson Board Risk and Audit Committee

03

04

Chairperson Board Human resources and Development

Executive Director

05

Message From the Board Chairman

> For more than three decades, JCRC has remained at the forefront of advancing health in Uganda and beyond, transforming research into practice, strengthening health systems, expanding access to quality healthcare and diagnostics, building a skilled workforce, and forging impactful partnerships that improve lives, enhance resilience, and create sustainable solutions to today's and tomorrow's public health challenges.



The Joint Clinical Research Centre (JCRC) Integrated Report presents a holistic account of our performance and the value we create through research, specialised healthcare, innovation, partnerships, and sound governance. It reflects how our strategy and integrated approach have enabled us to respond to evolving health priorities while strengthening Uganda's health system and contributing to regional and global health decision-making, we continue to strengthen organisational resilience, manage risk responsibly, and seize opportunities that provide long-term growth and impact.

Advancing Health Through Research, Innovation and Partnership

The 2025/2026 financial year marked another important milestone in the journey of the Joint Clinical Research Centre (JCRC) as we continued to strengthen our contribution to Uganda's health sector and the global health agenda. Against a backdrop of evolving disease burdens, emerging health threats, constrained resources, and shifting healthcare priorities, JCRC remained steadfast in its commitment to improving lives through excellence in research, healthcare delivery, laboratory services, programme implementation, and capacity development.

For more than three decades, JCRC has stood as a trusted national institution dedicated to addressing Uganda's most pressing health challenges. Established in 1991 through a partnership between the Ministry of Health, the Ministry of Defence, and Makerere University College of Health Sciences to respond to the HIV/AIDS epidemic, JCRC has evolved into a leading centre of excellence with a broader mandate that spans infectious diseases, emerging epidemics, public health threats, and health systems strengthening.

During the year under review, JCRC continued to leverage its unique integrated model that brings together medical research, clinical care, laboratory services, programme delivery, and capacity development to generate sustainable health impact. Through this approach, we continued to generate high-quality scientific evidence, translate research into practice, and support the development of policies and interventions that improve health outcomes for communities across Uganda and beyond.

Our research programmes remained central to advancing scientific knowledge and informing public health action. The institution continued to contribute evidence that supports clinical practice, disease prevention, treatment strategies, and health systems improvement. Through the dedication of our researchers, clinicians, laboratory scientists, and programme teams, JCRC strengthened its role as a leading institution in translating science into practical solutions that address current and emerging health challenges.

JCRC's clinical and laboratory services continued to play a critical role in improving access to quality healthcare and diagnostics. Across our facilities and laboratory networks, we expanded access to specialized and affordable healthcare services while strengthening diagnostic capability, laboratory quality assurance systems, and innovative testing technologies. These investments have enhanced Uganda's capacity for disease surveillance, diagnosis, preparedness, and response, contributing significantly to national and regional health security.

Equally important was our continued investment in human capital. Through training programmes, mentorship, internships, fellowships, and professional development initiatives, JCRC strengthened the skills and competencies of healthcare workers, researchers, laboratory professionals, and public health practitioners. Building a highly skilled and resilient workforce remains essential to achieving sustainable improvements in healthcare delivery and strengthening national health systems.

Collaboration remained at the heart of our success. Throughout the year, JCRC worked closely with government ministries, development partners, academic and research institutions, healthcare facilities, and communities to implement programmes that support HIV prevention, treatment and care, disease surveillance, health systems strengthening, and broader public health priorities. These partnerships continue to amplify our impact and enable us to contribute meaningfully to national, regional, and global health objectives.

As we strengthen our contribution to Uganda's healthcare future, we have embarked on one of the most transformative initiatives in our history: the establishment of the JCRC Bone Marrow Transplant Centre. Every year, thousands of Ugandans affected by blood cancers, sickle cell disease, aplastic anaemia, and other life-threatening blood disorders require specialized treatment that is currently unavailable or inaccessible to many within the country. As a result, families are often compelled to seek expensive treatment abroad, placing immense financial, emotional, and social burdens on patients and their loved ones.

The Bone Marrow Transplant Centre represents an opportunity to change this reality. It will provide life-saving treatment closer to home, strengthen Uganda's capacity for advanced specialized care, develop local expertise, reduce the cost of treatment, and position the country as a regional centre of excellence for haematology and transplant medicine. More importantly, it will restore hope to thousands of patients and families who currently have limited options for care.

Realizing this vision, however, requires collective commitment and investment. I therefore call upon government, development partners, the private sector, philanthropists, the Ugandan diaspora, and all friends of JCRC to join us in this historic fundraising drive. Together, we can build a facility that will save lives, transform healthcare, and leave a lasting legacy for future generations. This is more than a fundraising campaign; it is a national cause and an opportunity for all of us to contribute to a healthier and more resilient Uganda.

The achievements highlighted in this Annual Report are a testament to the dedication, expertise, and resilience of our staff, management, partners, stakeholders, and the communities we serve. On behalf of the Board of trustees, I extend our sincere appreciation to all those whose commitment and support have enabled JCRC to sustain its impact and advance its mission.

As we look to the future, we remain committed to strengthening institutional sustainability, fostering innovation, advancing scientific excellence, and expanding our contribution to improved health outcomes. Guided by our vision and strengthened by strategic partnerships, JCRC will continue to generate evidence, build capacity, strengthen health systems, and deliver transformative health solutions for Uganda, Africa, and the world.



Prof. Charles Ibingira
JCRC Board Chairman

The year 2025/26 marks the completion of a transformative five-year journey for JCRC. As we conclude implementation of the 2021-2026 Strategic Plan, we do so with pride in what has been achieved and responsibility for the opportunities ahead.

FIVE YEARS OF TRANSFORMATION, A FUTURE OF IMPACT

Reflecting on the FY 2025 - 2026 Journey and the Road Ahead

This report tells a story beyond targets and indicators. It reflects an institution that has evolved in response to changing health needs, scientific opportunities, and a complex operating environment. Over the past five years, JCRC has strengthened its position as a leading health research, healthcare, laboratory, training, and public health institution—advancing from a programme-focused organisation to an increasingly integrated platform for scientific innovation, health systems strengthening, and sustainable impact.

Our research programmes continued generating evidence to inform practice, policy, and scientific advancement, aligned with national and global health priorities and strong quality standards. This commitment has reinforced JCRC's reputation as a trusted partner in advancing knowledge, translating evidence into action, and contributing to improved health outcomes. Through strategic collaborations and multidisciplinary expertise, research remained central to our ability to anticipate emerging health challenges and develop solutions with relevance beyond Uganda.

Our laboratory services delivered diagnostic excellence at scale. During the strategic period, JCRC laboratories conducted more than 830,000 tests, exceeding targets while maintaining an External Quality Assessment score of 98% and achieving 96% compliance with turnaround-time expectations. These results demonstrate our ability to combine growth with quality, efficiency, and operational discipline. They also reflect sustained investment in laboratory systems, technical capacity, quality management, and technologies that enable JCRC to provide reliable diagnostics in support of clinical care, research, surveillance, and public health decision-making.

Across public health programmes, we strengthened systems beyond our facilities. We supported accreditation of 107 public laboratories, calibrated 5,495 pieces of laboratory equipment, and conducted 9,157 proficiency assessments. Investments in Electronic Medical Records and digital health systems expanded support to 141 health facilities, strengthening data quality, accountability, service continuity, and evidence-based decision-making. These interventions demonstrate JCRC's commitment not only to delivering services, but also to strengthening the systems and institutions that sustain health outcomes at scale.

Our innovation agenda advanced significantly through strategic partnerships and global collaborations, building capabilities in gene therapy, biomedical product development, advanced diagnostics, and health data science. More than 8,000 participants from over 30 countries engaged in our gene therapy learning platforms, demonstrating growing international recognition of our contribution to emerging healthcare technologies. This progress positions JCRC to play an increasingly strategic role in shaping Africa's response to complex diseases and translating scientific advances into practical health solutions.

We also advanced institutional sustainability. Five new non-HIV grants supported expansion into new programme areas and reduced dependence on traditional funding sources. While work remains, these achievements demonstrate our determination to build a more resilient future—one supported by diversified partnerships, new sources of financing, institutional innovation, and the ability to respond strategically to changing opportunities and funding environments. These achievements reflect the dedication of our staff, confidence of our partners, government support, and trust of the communities we serve. As we enter our next strategic cycle, our ambition remains clear: to build an institution that is relevant, innovative, sustainable, and impactful for generations to come.

The next chapter will require us to build on this foundation with greater ambition, sharper strategic focus, stronger partnerships, and continued investment in people, science, technology, and systems. We will remain responsive to emerging health priorities while strengthening our ability to translate research and innovation into measurable improvements in lives and communities. Our future will be defined not only by what we achieve, but by the lasting value we create for Uganda, Africa, and the global health community.

NOTE: We are proud to have been among the institutions selected to participate in the IMMunequity Research HIV Cure Agenda, contributing to global efforts aimed at accelerating scientific discovery and advancing equitable access to HIV cure research.

"Over the past five years, JCRC has transformed ambition into measurable impact—strengthening research, delivering diagnostic excellence, advancing public health systems, expanding digital health, and building capabilities in emerging fields such as gene therapy, biomedical innovation, advanced diagnostics, and health data science. Our achievements demonstrate that excellence is not defined by individual milestones, but by the systems, partnerships, people, and innovations that create lasting value. As we enter a new strategic era, JCRC stands ready to build on this foundation with greater ambition and purpose: advancing science, strengthening health systems, nurturing partnerships, and delivering solutions that improve lives in Uganda, across Africa, and beyond.

Dr. Cissy Kityo Mutuluuza
Executive Director - JCRC



Message From the Deputy ED
Research and Clinical Services

Advancing Science, Transforming Care and Strengthening Health Systems

At JCRC, research, clinical services, and public health programs form a connected continuum of value creation generating knowledge, translating evidence into improved care, and scaling effective interventions across communities and health systems. Together, they remain central to our mission.

At JCRC, research, clinical care, laboratory science, and public health programmes operate as an integrated continuum of impact. Research generates evidence; clinical and laboratory services translate that evidence into improved diagnosis, treatment, and patient care; while public health programmes extend proven interventions into communities and health systems. This integrated model remains central to JCRC's mandate and provides the foundation for translating scientific knowledge into measurable health outcomes.

During FY2025/26, JCRC strengthened its position as a leading research and healthcare institution while responding to evolving national and global health priorities. Programmatic and scientific efforts addressed HIV, non-communicable diseases, sickle cell disease, emerging infections, health security, digital health, and advanced medical technologies. The evaluation of the 2021–2026 Strategic Plan affirmed the continued relevance of JCRC's interventions to stakeholder needs, national health priorities, and global health agendas, providing a strong foundation for the next phase of institutional growth.

Research and Scientific Excellence

Research remained a core driver of JCRC's contribution to healthcare, generating evidence to inform clinical practice, public health policy, programme design, and scientific advancement. Strong participant retention of 95% reflected robust research systems, participant engagement, and adherence to scientific and ethical standards. JCRC continued to strengthen its research ecosystem through multidisciplinary collaboration, data-driven approaches, clinical research, implementation science, and partnerships that support the translation of evidence into practice.

The institution also expanded its capabilities in emerging areas of biomedical science. Gene therapy capacity was advanced through workforce development, international collaborations, fellowships, and structured knowledge exchange. More than 8,000 participants from over 30 countries engaged in JCRC-hosted gene therapy webinars, demonstrating the institution's growing role in building scientific and technical capacity in advanced therapeutics.



"JCRC connects discovery, diagnosis, clinical care and public health to create a continuum of impact. Through research, advanced laboratory science, specialised clinical services and health-system strengthening, we translate scientific evidence into practical solutions that respond to complex and emerging health challenges. Our work bridges the gap between knowledge and action—advancing innovation, improving quality of care, strengthening health systems, and ultimately transforming evidence into better health outcomes for patients, communities and populations in Uganda, across Africa, and beyond."

Dr. Francis Ssali
Deputy Executive Director
Research and Clinical Services

Clinical and Laboratory Services

Clinical services continued to provide a critical pathway for translating JCRC's scientific and diagnostic capabilities into patient-centred care. During the reporting period, JCRC expanded access to specialised services spanning wellness, psychiatry, genetics-related care, stem cell initiatives, advanced diagnostics, blood irradiation, and apheresis. These services strengthened the institution's capacity to respond to increasingly complex clinical needs while creating opportunities to integrate research, diagnostics, treatment, and specialised care.

Laboratory services remained fundamental to both clinical decision-making and research. Through advanced diagnostic platforms, specialised testing, quality systems, and technical expertise, JCRC laboratories supported patient management, disease surveillance, research studies, and public health programmes. This integration of laboratory science with clinical and research functions continues to position diagnostics as a critical component of JCRC's value chain.

Strengthening Public Health Systems

JCRC's contribution extended beyond direct service delivery through interventions designed to strengthen national health systems. Public health programmes supported laboratory quality improvement, workforce development, disease surveillance, outbreak preparedness, and health information systems. During the reporting period, JCRC supported the accreditation of 6 public laboratories, calibrated more than 5,495 laboratory equipment items, and conducted 9,157 proficiency assessments—strengthening diagnostic quality, reliability, and readiness across the health system.

Digital health investments further strengthened service delivery and health information management. Digital health systems were supported across 141 facilities, while point-of-care solutions were operationalised in 83 facilities. These interventions enhanced access to timely health information, strengthened data quality and utilisation, and supported more connected approaches to clinical care, programme management, surveillance, and health-system decision-making.

Looking Ahead: From Evidence to Advanced Healthcare

The performance of FY2025/26 demonstrates JCRC's ability to connect scientific discovery with clinical application and public health impact. Building on this foundation, the next strategic cycle will place greater emphasis on precision medicine, advanced therapeutics, data science, implementation research, integrated clinical services, translational research, and health systems innovation.

JCRC's strategic opportunity is to deepen the connection between what is discovered in research, what is measured through laboratory science, what is delivered through clinical care, and what is ultimately achieved across communities. By strengthening these connections, JCRC will continue to translate evidence into practice, accelerate the adoption of health innovations, and contribute to improved health outcomes in Uganda, across Africa, and globally.



Message From the Deputy ED Finance and Operations

"In a year of funding shocks, JCRC grew its income, narrowed its deficit and strengthened its cash position."

FY 2025/26 at a glance (Unaudited)

UGX 140.1Bn
Total incoming resources
↑ 31.3% vs 2024/25

UGX 88.6Bn
Grant activity income
↑ 30.6% vs 2024/25

+UGX 2.48Bn
Net cash from operations
Up from –UGX 4.21Bn outflow

UGX 7.83Bn
Closing cash and equivalents
17.2% vs 2024/25

UGX 5.87Bn
Administrative costs
↑ 10.8% vs 2024/25

UGX 6.67Bn
Receivables
↓ 28.5% vs 2024/25

UGX 30.3Bn
Donations in kind
↓ 225.5% vs 2024/25

9 Regions of operation

40 Finance professionals led

30+ clinical trials implemented

5 new non-HIV grants won

Dear partners, colleagues and friends of JCRC,

It is a privilege to share the financial and operational story of the 2025/26 financial year, the year that closed our 2021–2026 Strategic Plan. It was a year that tested our resilience. I am proud to report that JCRC responded with growth, discipline and accountability.

Navigating a volatile donor environment

The global funding landscape shifted sharply. Donor budgets shrank, competition for grants intensified, and U.S. Executive Orders triggered stop - work orders on several NIH- and USAID-funded studies. The impact was real: research and administration income fell 56.4% to UGX 10.8 billion, and income from the CDC Laboratory Strengthening Project declined from UGX 24.0 billion to UGX 7.1 billion. Rising market prices for reagents and equipment maintenance and other operating expenses added further pressure on unit costs.

During FY2025/26, JCRC continued to operate in a dynamic and increasingly challenging financial environment just like other health institutions across the world as result of new donor funding dynamics yet with growing demand for services, rising operational costs, rapid technological change, and increasing pressure. Despite the pressures, we continued supporting investments in scientific research, healthcare delivery, laboratory excellence, digital transformation, workforce development, and emerging areas of innovation. At the same time, we strengthened financial controls, enhanced accountability systems, and promoted a culture of prudent resource management across the institution.

Financial sustainability remains one of the most important strategic priorities for JCRC. While external partnerships and donor support continue to play a critical role in advancing our mission, the institution recognizes the importance of diversification and financial resilience. Over recent years, deliberate efforts have been made to broaden programme areas, expand strategic partnerships, strengthen resource mobilization efforts, and explore opportunities capable of supporting long-term institutional sustainability.

We have also continued investing in systems that improve efficiency, transparency, and decision-making. Strengthened digital platforms, automation of key business processes, integrated financial management systems, and enhanced reporting capabilities are helping create a more agile and responsive organization. These investments not only improve operational effectiveness but also strengthen accountability to our stakeholders.

At its core, financial management is about creating the capacity to deliver impact consistently and responsibly. It is about ensuring that resources are aligned with strategy, that investments generate meaningful value, and that the institution remains resilient in the face of uncertainty. This philosophy continues to guide our approach as we support the next phase of JCRC's growth and transformation. I would like to thank our Board of Directors, management, staff, partners, donors, and stakeholders for their trust and continued support. Together, we are building an institution that is not only financially accountable, but also financially sustainable, innovative, and prepared for the future.

Our commitment remains clear: to steward every resource responsibly in pursuit of lasting health impact and long-term value creation.

Growth built on diversification

Even so, total incoming resources rose 31.3% to UGX 140.1 billion. Grant income grew 30.6% to UGX 88.6 billion, led by our regional health-strengthening (LPHS) programmes and Gates/BMSF-funded work. Donated medicines and commodities reached UGX 30.3 billion, and income from operating units and corporate MoUs more than doubled to UGX 9.7 billion as clinical service volumes recovered.

Stewardship and financial discipline

We closed the year with a deficit of UGX 4.99 billion, an improvement of UGX 3.92 billion (44.0%) on last year, as income grew faster than expenditure (31.3% against 25.5%). It is worth noting that UGX 4.72 billion of the deficit is non-cash depreciation; before depreciation, the shortfall was UGX 271 million. Cash flow from operations turned positive at UGX 2.48 billion, compared with an outflow of UGX 4.21 billion last year, helped by a 28.5% reduction in receivables. Closing cash rose 17.2% to UGX 7.83 billion, and administrative costs fell 10.8% to UGX 5.87 billion, reflecting tighter controls across the organisation.

"Against a backdrop of a 56.4/ decline in key research funding, JCRC achieved a 31.3/ growth in total resources to UGX 140.1 billion, demonstrating the power of diversification, sound stewardship, and institutional resilience."



Governance, ESG and technology

We aligned our operations to an ESG framework, promoting greener procurement and resource-efficient facilities management, equitable resource allocation and staff welfare, and stronger governance through transparent reporting, robust internal controls and proactive risk management. Integrating our ERP system with other operational platforms has streamlined financial reporting, procurement and data management, reduced manual errors and enabled real-time, data-driven decisions. Behind every figure is a team of 40 finance professionals working across our regions. Their integrity, technical competence and commitment to mentoring the next generation of leaders keep us compliant and resilient under demanding donor requirements.

Looking ahead

As we shape our next five-year strategy, we will pursue the HIV cure agenda and the establishment of a regional Bone Marrow Transplant Unit and Cell and Gene Therapy Centre. These ambitions call for investment in equipment, clean rooms and staff capacity, alongside the renewal of laboratory equipment that manufacturers have phased out. We will keep diversifying our funding, protecting our cash position and upholding the standards of accountability our partners expect.

I thank our Board of Governors, the Executive Director, our management team and staff, our donors and partners, and the Office of the Auditor General for their trust and support throughout the year.

FCCA CPA Drollah N. Ssebagala
Deputy Executive Director, Finance and Operations - Joint Clinical Research Centre (JCRC)

Our Senior Management Team

The JCRC Executive Management Committee (EMC) is responsible for the strategic leadership and governance of the Joint Clinical Research Centre. Comprising senior management and key departmental heads, the EMC ensures the organization's mission of providing cutting-edge HIV/AIDS research, treatment, and capacity building is met. The committee oversees decision-making processes, aligning resources to operational goals, maintaining financial sustainability, and fostering an ethical, innovative research environment. Through periodic meetings, the EMC reviews organizational performance, addresses emerging challenges, and strategizes on future initiatives, including partnerships, infrastructure development, and enhancing the Centre's impact on public health.



FCCA CPA Drollah N. Ssebagala
Deputy Executive Director, Finance and Operations - Joint Clinical Research Centre (JCRC)



Dr. Cissy Kityo
Executive Director
Joint Clinical Research Centre (JCRC)



Dr. Francis Ssali -
Deputy Executive Director
Research and Clinical, Services
Joint Clinical Research Centre (JCRC)



CPA. Samuel Musinguzi
Director Finance and Administration



Dr. Henry Mugerwa
Director Research



Dr. Daniel Muyanja
Director Clinical Services



Dr. Benson Ouma
Director Laboratory



Dr. Abel Nkolo
Chief of Party - Programs - LPHS Lango, Acholi, Ankole and Kigezi

Governance Structure

The Joint Clinical Research Centre (JCRC) is a not-for-profit medical organization, established in 1991 as a joint venture between the Uganda Ministry of Health, Ministry of Defense, and Makerere University Medical School (now Makerere College of Health Sciences). The Centre was founded to address the national HIV/AIDS challenge through a scientific approach. Headquartered in Lubowa, Wakiso district, JCRC operates with four Regional Centers of Excellence (RCEs) located in Mbale, Fort Portal, Mbarara, and Gulu.Fort Portal, Mbarara, and Gulu.

Governing for Sustainable Value Creation

Strong governance is fundamental to JCRC's ability to create, preserve, and sustain value. In an increasingly complex healthcare and research environment characterized by evolving stakeholder expectations, technological disruption, emerging public health threats, increasing accountability requirements, and changing funding landscapes, effective governance provides the foundation for institutional resilience, strategic agility, and long-term sustainability.

JCRC's governance framework aims to support responsible strategic decision-making, ensure resources are utilized effectively, risks are appropriately managed, and institutional performance remains aligned with the organization's mission and stakeholder expectations. Through oversight of strategy, performance, risk, human capital, sustainability, compliance, and financial stewardship, governance structures play a critical role in enabling the institution to deliver health impact while strengthening future readiness.

Our Governance Philosophy

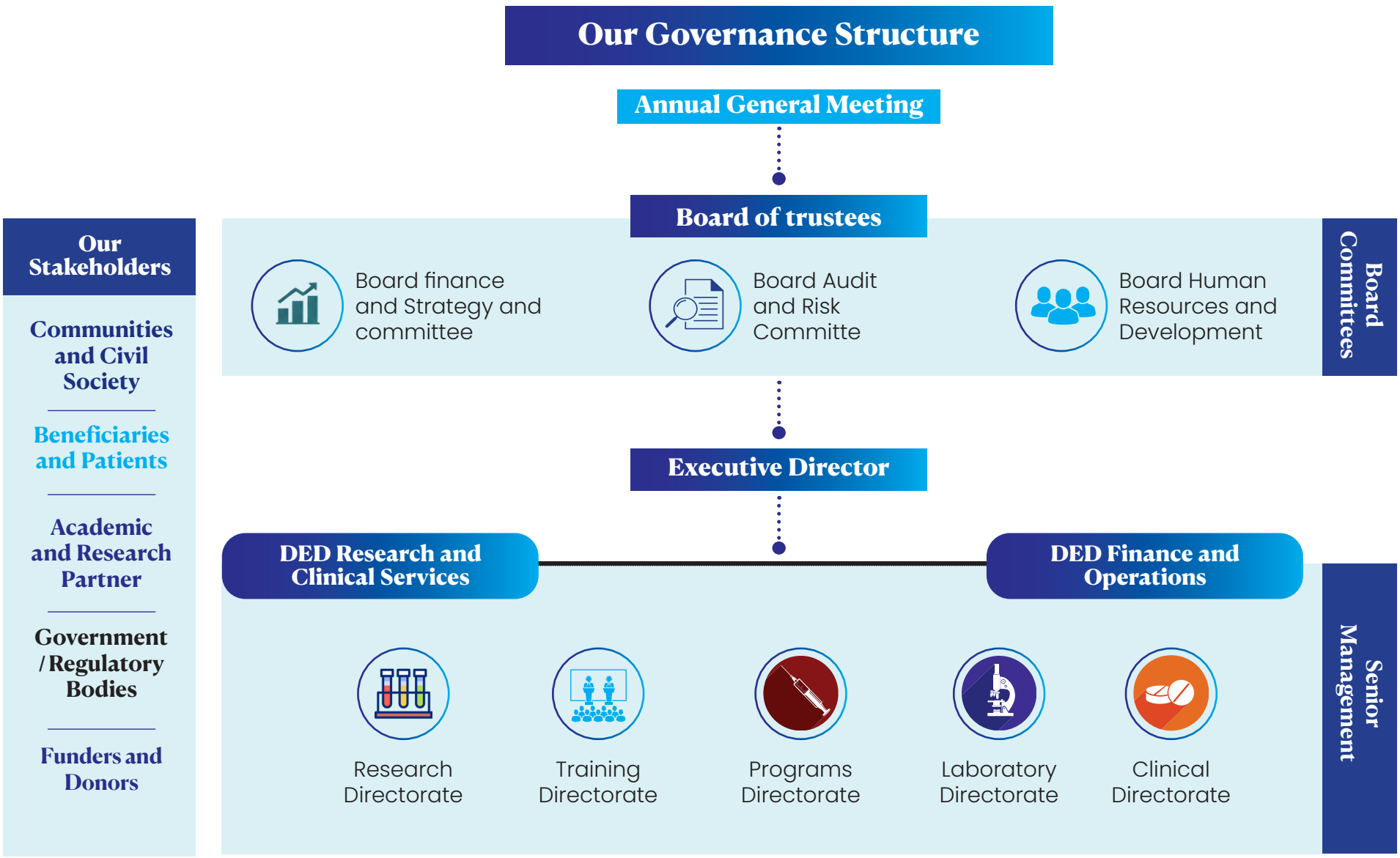
JCRC views governance as more than compliance with policies and regulations. Governance is regarded as a strategic enabler of value creation. The Board and Management are committed to ensuring that decision-making balances immediate operational requirements with long-term sustainability considerations. This approach promotes integrated thinking across financial, human, intellectual, social and relationship, manufactured, and natural capital, ensuring that resources are deployed in ways that support sustainable health outcomes and institutional resilience. Governance at JCRC is anchored on:

- Accountability
- Transparency
- Integrity
- Stewardship
- Innovation
- Sustainability
- Stakeholder responsiveness

These principles guide the institution's oversight, decision-making processes, and performance management systems.

Governance Structure

JCRC's governance framework comprises of the Annual General Meeting, the Board of trustees, Board Committees, and the Executive Management Team, each with clearly defined roles and responsibilities that support effective oversight, strategic direction, accountability, and institutional performance. Please see the JCRC governance structure below:



The Board's Role in Value Creation



The Board's primary responsibility is to ensure that JCRC remains capable of creating sustainability by strengthening organizational resilience, diversification, resource mobilization, innovation, and long-term viability. These governance functions helped provide the oversight necessary for strong institutional performance across the organization's strategic areas.

JCRC Board members engage in a strategic meeting, providing leadership, oversight, and guidance to advance the institution's mission.

The Board's Role in Value Creation - Continues...

The Board's primary responsibility is to ensure that JCRC remains capable of creating sustainability by strengthening organizational resilience, diversification, resource mobilization, innovation, and long-term viability. These governance functions helped provide the oversight necessary for strong institutional performance across the organization's strategic areas.

Board
Provides ethical leadership, sets strategy and ensures accountability

Partners and Community
Collaborate with us to co-create solutions, share knowledge and drive impact.

Internal Audit
Provides independent assurance and insight on governance, risk and controls.

Board Commitees
Oversee key risk and performance areas and advise the Board.

Staff
Execute our mission every day with integrity, expertise and care.

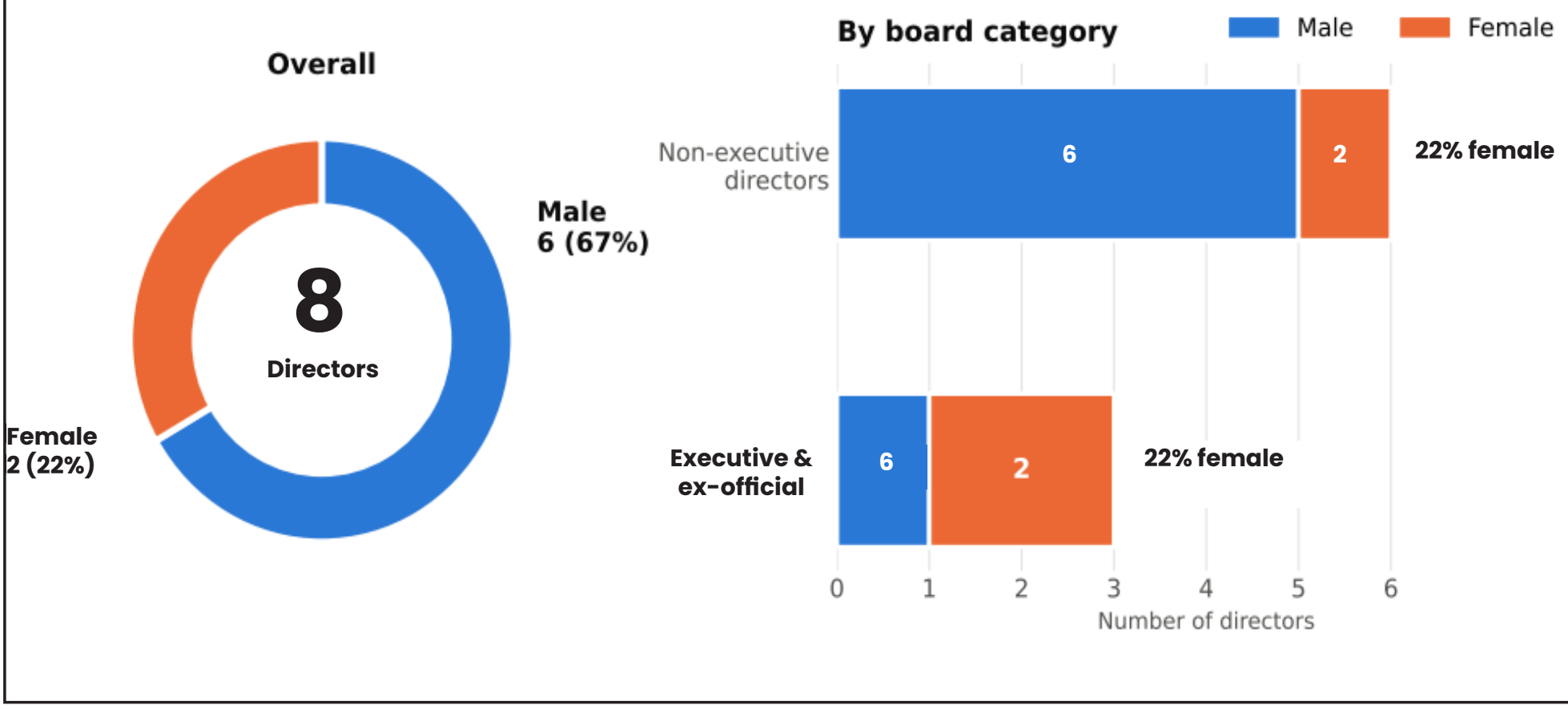
Senior Management
Translates strategy into operational plans, manages risks and delivers results.

Executive Director
Leads strategy execution, champions culture and ensures organisational performance.

Charter Themes - Composition By Gender

JCRC Board Composition by Gender - 2025-26

Board of Directors, 9 members (includes executive and ex-officio members; excludes the Board Secretary)



JCRC recognises that a diverse Board brings a wider range of perspectives, experience and judgement to its oversight of the organisation, and strengthens its ability to serve the patients, communities and partners who depend on it. As at 30 June 2026, the Board had nine members, six men (67%) and three women (33%). Women made up one of the six non-executive directors (17%) and two of the three executive and ex-officio members (67%), including the Executive Director. The Board is committed to strengthening gender balance, particularly among non-executive directors, and will consider it alongside skills, experience and independence when nominations are made to the Board by the founding institutions and when other members are appointed. The chart below shows the Board's composition by gender for the year under review.

Compliance statement

The JCRC's governance approach is based on the main principles and provisions set out in the UK Corporate Governance Code and the King IV Code on Corporate Governance. The JCRC adheres and ensures compliance to its own policies and procedural manuals. The Board also adheres to all other laws that affect the regulatory environment of the JCRC's operations and supported management in ensuring full compliance. The Board is also governed by the Board Charter which stipulates the parameters within which the Board operates and ensures the application of the principles of good corporate governance in all its dealings. The charter sets out the roles and responsibilities of the Board, its committees, and individual Directors, including its composition and relevant procedures of the Board. The charter is aligned with the provisions of the UK Code and King IV Code on Corporate Governance. The Board Charter was reviewed to align with emerging trends in good governance. The way we have continued to apply these governance principles is demonstrated throughout the report. The Board confirms that the JCRC , throughout the period under review, complied with all applicable laws and regulations.

Governance Activities in FY2025 - 26

1

Finance and Strategy Committee

The Committee Provided oversight on the following areas

- Annual budgeting & Resource Allocation
- Internal Audit Findings
- Financial Performance Monitoring
- Revenue Growth and Diversification
- Resources Mobilizations Initiative
- Infrastructure Development
- Capatal Investment Decision

2

Audit and Risk Committee

The Committee Provided oversight on the following area

- Enterprise Risk Management
- Compliance Management
- Internal Control Effectiveness
- Financial Accountability System
- External Audit Reviews
- Data Governance Systems
- Cyber security Risks
- Performance Accountability Mechanisms

3

Human Resource and Development Committee

The Committee Provided Oversight on the following areas;

- Human Resource Management
- Staff Welfare
- Work Force Development
- Leadership Succession Planning
- Governance Effectiveness
- Promoting Organizational Culture
- Sustainability Initiatives
- Policy Reviews and Approvals

Board of trustees

- The JCRC Board of Directors comprises eight members and two Ex-Officio members, all appointed by the President of Uganda. The Board Chairman appointed by the President provides overall leadership to the Board, ensuring that its work remains aligned with JCRC's mandate, strategic objectives, and governance responsibilities.
- The Board's diversity provides a wide range of expertise, including experience in research, clinical care, governance, finance, and institutional management. This spread of expertise strengthens the Board's capacity to provide informed strategic guidance and effective oversight to JCRC.
- The Board is responsible for providing overall strategic direction, governance, policy oversight, and accountability for the organization. It approves the strategic plan, policies, budgets, and major institutional priorities and monitors management's performance against approved objectives.
- As part of the it composition, the three Board Members represent the three founding Mother organizations. i.e. Ministry of Health, Ministry of Defense, and Makerere University College of Health Sciences.
- The inclusion of Ex-Officio members provides important linkages between Management and the Board strengthening coordination, accountability, and alignment with Uganda's health-sector priorities.

Insights for FY 2025 - 2026

During FY2025/26, governance efforts focused on five strategic imperatives:

- Sustaining organizational relevance and impact.
- Strengthening institutional sustainability.
- Overseeing performance delivery.
- Enhancing accountability and risk management.
- Positioning JCRC for future growth and transformation.

These priorities supported the institution's continued progress across research, healthcare delivery, laboratory services, public health programming and health systems strengthening and training.

Board Achievements in FY 2025 - 26

The Board provides ethical leadership, constructive challenge and strategic direction to support JCRC's mission and long-term sustainability. Against the balanced score card perspectives, our focus in FY 2025/26 delivered progress across six key themes.

Awarded the completion of the 2021-2026 Strategic Plan

Board oversaw the successful delivery of our strategic priorities, ensuring alignment of resources, governance and performance to achieve intended outcomes

Guided the transition toward Ambition 2030

Board provided direction and oversight for the development of Ambition 2030, setting the course for future growth, impact and sustainability.

Maintained oversight of financial resilience & revenue diversification

Board monitored financial performance and stewarded prudent resource allocation while supporting efforts to broaden and diversify income streams.

Strengthened risk, control and assurance practices

Board reinforced a culture of accountability and continuous improvement in risk management, internal controls and assurance to support responsible decision-making.

Supported digital transformation and innovation

Board championed investment in digital capabilities and innovative approaches to improve efficiency, data-driven decision-making and research impact.

Oversaw people, partnerships and health-system impact

Board supported a people-centred culture, strengthened strategic partnerships and monitored our contribution to a stronger, more equitable health system.

Governance Lessons Carried Forward

Sharper SMART Objectives
Clear, measurable and time-bound goals drive focus and accountability.

Stronger Performance Dashboards
Timely, relevant insights support better oversight and decisions.

Better data quality and reporting discipline
Reliable data underpins credible reporting and evidence-based action.

Partnerships and collaborations
A proactive approach to partnerships and funding enhances sustainability.

To strengthen the depth and effectiveness of its oversight, the Board is supported by specialized committees that provide detailed consideration of specific areas of governance responsibility:

- **Finance and strategy Committee:** provides oversight of financial management, planning, budgeting, resource mobilization, and institutional financial sustainability.
- **Audit and Risk Committee:** provides oversight of internal controls, audit, risk management, compliance, financial reporting, and accountability.
- **Human Resources, Governance and Sustainability Committee:** provides oversight of human resources, governance matters, organizational sustainability, and related institutional policies.
- The committees review relevant matters in greater depth and make recommendations to the Board, enabling the Board to exercise informed and effective oversight.

Board Committee Meetings in FY2025 - 26

Finance and Strategy Board Committee

Governance Meetings	Target.	Achieved
Quarterly Board	4	4
Special Planning	1	1
Annual General meetings	1	1
Total Board Meetings	5	5

Audit and Risk Board Committee

Governance Meetings	Target.	Achieved
Quarterly Board	4	4
Special Risk review	1	1
Annual General meetings	1	1
Total Board Meetings	5	5

Human Resource and development Board Committee

Governance Meetings	Target.	Achieved
Quarterly Board	4	4
Special Appraisal	1	1
Annual General meetings	1	1
Total Board Meetings	5	5

Stakeholder accountability

Governance Meetings	Target.	Achieved
Quarterly Board	4	4
Special Budget Planning	1	1
Annual General meetings	1	1
Total Board Meetings	5	5

Board Training and Development

Strong governance is fundamental to JCRC's ability to create, preserve, and sustain value. In an increasingly complex healthcare and research environment, the Board continued to invest in its own development during FY2025/26 to ensure that Directors had the knowledge and skills required to provide effective oversight of JCRC's clinical, research, financial, and operational activities. Training was aligned with the Centre's strategic priorities and emerging governance expectations, covering areas such as corporate governance best practice, risk management, financial oversight of donor-funded programmes, research ethics, and integrated reporting.

Newly appointed Directors received structured induction on JCRC's mandate, governance framework, strategy, and operations, while continuing Directors participated in targeted sessions delivered by internal experts and external facilitators. These programmes strengthened the Board's capacity to constructively challenge management, oversee key risks, and provide strategic guidance as JCRC prepares its next five-year strategy. The training and development activities undertaken during the year are summarised in the table below.

Board Training and Development

Training / Programme	Focus Areas	Participants
Induction of new Board members	JCRC mandate, governance charter, strategy, operations and Director duties	New Directors
Corporate governance and Board effectiveness	Director roles and responsibilities, fiduciary duties, Board evaluation	Full Board
Enterprise risk management and internal control	Risk appetite, three lines model, internal audit oversight	Audit and Risk Committee
Financial oversight and donor compliance	Risk appetite, three lines model, internal audit oversight	Finance Committee
Strategic planning review	Review and evaluate of the five year strategic targets and achievements	Full Board
Board evaluation	Review evaluation methods and tools	Full Board
Research ethics and regulatory oversight	Integrated Reporting Framework, sustainability and ESG disclosure	Full Board
Integrated reporting and ESG	Review of 2022–2026 strategy, direction for next five-year plan	Board and Senior Management

Executive Management Team

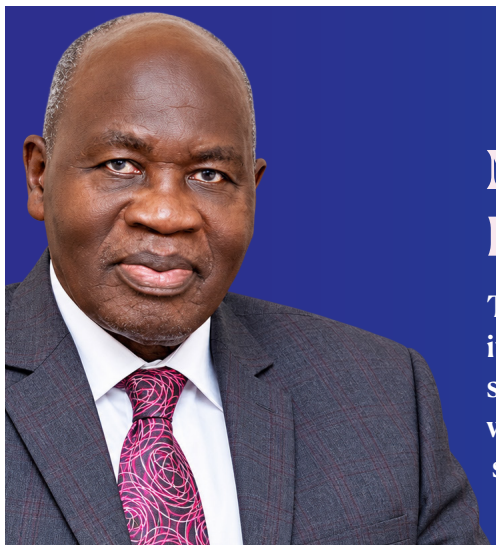
- The Executive Director and Senior Management Team are responsible for implementing the strategy, policies, budgets, and operational priorities approved by the Board.
- They translate Board decisions into institutional program and actions, manage day-to-day operations, and ensure effective use of organizational resources.
- The team is responsible for monitoring institutional performance, managing risks, maintaining accountability, and ensuring that JCRC delivers against its strategic objectives and approved plans.

Together, the Board, its Committees, and Senior Management Team provide an integrated governance and management structure that promotes strategic leadership, effective oversight, accountability, and sustainable institutional performance



One of the Senior Management meeting at JCRC

Messages From Chairperson
Board Committees



Message From Chairperson
Board Finance And Strategy Committee

The conclusion of the 2021-2026 Strategic Plan provides an opportunity to reflect on how JCRC has deployed its resources and how these investments have positioned the institution for its next phase of growth. Over the strategic period, JCRC invested in research expansion, laboratory modernization, specialized clinical services, workforce development, digital transformation, infrastructure, and innovation. These investments have strengthened institutional capabilities and created a foundation for greater impact and competitiveness.

Investing Today, Building Tomorrow - Strengthening JCRC for Sustainable Growth

The conclusion of the 2021–2026 Strategic Plan provides an opportunity to reflect on how JCRC has deployed its resources and how these investments have positioned the institution for its next phase of growth. Over the strategic period, JCRC invested in research expansion, laboratory modernization, specialized clinical services, workforce development, digital transformation, infrastructure, and innovation. These investments have strengthened institutional capabilities and created a foundation for greater impact and competitiveness.

The Board is encouraged by progress in diversifying JCRC's programme portfolio. During the strategic period, the institution secured five new non-HIV grants and expanded into laboratory strengthening, sickle cell disease, health data science, and gene therapy. Non-HIV programmes now account for approximately 17% of the institutional portfolio, an important step toward reducing funding concentration and building a more resilient institution.

The global health financing environment is undergoing profound change. Traditional donor financing faces increasing pressure from shifting priorities, constrained resources, and intensified competition. Sustainability must therefore become an institutional imperative. The next strategic cycle must prioritize stronger resource mobilization, revenue diversification, operational efficiency, strategic partnerships, innovation, and investments capable of generating sustainable value while advancing our mission.

We are equally encouraged by the modernization of JCRC's financial systems. Digitization, automation, electronic approvals, strengthened financial management, and expanded online capabilities are improving efficiency, accountability, transparency, and evidence-based decision-making. As we enter the next strategic cycle, the Board is committed to positioning JCRC for a more ambitious future defined by scientific excellence, healthcare innovation, financial resilience, strategic growth, and measurable impact. Our responsibility is not simply to sustain what has been built, but to strengthen it, expand it, and create an institution capable of delivering greater value to Uganda, Africa, our partners, and the communities we serve.

The decisions we make today must ensure that future generations inherit a JCRC that is stronger, more innovative, more diversified, and financially resilient.



CPA Ben Okello Luwum
Chairperson, Board Finance and Strategy Committee

FY 2025 - 2026 Insights - Unaudited	
Total Revenues	**136. 26Bn**
Expenditure	**135.73Bn**
Absorption rate	**100%**
Internal Revenue	**11.75Bn**
Internal revenue as % of total revenue	**8.6%**

Strategic Finance Priorities
Grow internal revenues
Strengthen donor partnership
Diversify income streams
Prudent financial Management
Measure and communicate impact





Message From Chairperson Board Audit and Risk Committee

The operating environment within which JCRC functions is becoming increasingly complex. Healthcare organizations today face a wide range of strategic, operational, regulatory, technological, and financial risks. These risks are amplified by changing funding realities, increasing stakeholder expectations, evolving regulatory requirements, cyber threats, and emerging public health challenges. Effective governance and risk management have therefore become critical enablers of institutional sustainability.

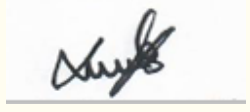
Strengthening Governance, Risk and Institutional Resilience

The Committee notes that as the institution grows in size, complexity, and technological sophistication, the importance of enterprise-wide risk management continues to increase. Expansion into advanced healthcare services, increased use of digital technologies, growing research portfolios, and broader stakeholder expectations require continuous strengthening of internal controls, monitoring systems and compliance frameworks.

Particularly important among emerging risks are cybersecurity threats, funding uncertainties, research compliance obligations, data governance requirements, and operational continuity risks. The Committee is therefore supportive of efforts to further institutionalize risk management, strengthen quality assurance systems, enhance performance monitoring, automate reporting processes, improve data management practices, and establish robust institutional dashboards capable of supporting timely and informed decision-making.

The Committee remains committed to fostering a culture where accountability, integrity, transparency, and responsible risk-taking support innovation while protecting the institution's reputation and long-term sustainability. Strong institutions are not those that avoid risk. They are those that understand risk, manage it effectively, and use it to create sustainable value.

While the Committee provides independent oversight, management remains responsible for the design, implementation and maintenance of effective internal controls and for the accuracy and completeness of the underlying data and information.



Prof. Bruce Kirenga
Chairperson, Board Audit and Risk Committee



Identify Risk	Strengthen Controls	Test Evidence	Report Transparency	Learn and improve
Understand the key risks that could affect our strategy, operations and reporting	Ensure key controls are designed and embedded to address those risks.	Obtain and test evidence to evaluate the design and operating effectiveness of controls.	Ensure financial and performance information is complete, accurate and understandable	Use insights to strengthen risk management, controls and reporting over time.



Message From Chairperson
Board Human Resources And Development

People Powering JCRC's Future - Building a skilled, resilient and future-ready workforce

People remain the most important enabler of JCRC's success.
The achievements reflected throughout this report are ultimately the result of the dedication, expertise, and commitment of our people. The Strategic Plan evaluation identified a skilled multidisciplinary workforce, strong execution capacity, effective collaboration, and leadership support as key contributors to institutional performance. Staff retention reached 98%, while appraisal completion exceeded 90%, demonstrating the strength of the institution's human capital systems and organizational culture.

During the strategic period, substantial investments were made in professional development, training, mentorship, fellowships, continuing education, leadership development, and capacity strengthening across multiple technical and support areas. These investments have not only enhanced individual capabilities but have also strengthened JCRC's collective ability to innovate, adapt, and lead.

Sustainability is a central concern for the Committee. We believe that sustainability extends beyond financial performance to include institutional knowledge, leadership succession, workforce resilience, stakeholder trust, organizational learning, governance effectiveness, and adaptability. The institution's future success will depend on its ability to continuously attract talent, nurture leadership, transfer knowledge, and maintain a culture of excellence and accountability.

As JCRC enters a new strategic cycle, the Committee will continue championing initiatives that strengthen organizational culture, support employee well-being, promote leadership development, enhance governance practices, and build a future-ready workforce capable of sustaining the institution's mission in a rapidly changing world.

The future of JCRC will be determined not only by the resources we possess, but by the people who deploy them.

Full time Staff	**672**
Full time retention	**98%**
Staff appraisal coverage	**91%**
Other Staff	**1,244**
Other staff retention	**96%**
Recruitment staff rate	**97%**

Capability Priorities
Leadership Development
Technical and Digital Skills
Information Management and AI
Other staff retention
Performance Management
Staff Well-being and Inclusion

JCRC HQ staff group photo



The Board's Role in Value Creation - Continues...

The Board's primary responsibility is to ensure that JCRC remains capable of creating sustainability by strengthening organizational resilience, diversification, resource mobilization, innovation, and long-term viability. These governance functions helped provide the oversight necessary for strong institutional performance across the organization's strategic areas.

Board
Provides ethical leadership, sets strategy and ensures accountability

Partners And Community
Collaborate with us to co-create solutions, share knowledge and drive impact

Board Committees
Oversee key risk and performance areas and advise the Board.

Executive Director
Leads strategy execution, champions culture and ensures organisational performance.

Senior Management
Translates strategy into operational plans, manages risks and delivers results.

Staff
Execute our mission every day with integrity, expertise and care.

Chapter Themes

Stewardship
Upholding ethical leadership, sound governance and prudent resource management.

Strategic Direction
Aligning oversight and strategy to advance our mission and sustainable growth.

Accountability And Learning
Embedding transparency, performance measurement and continuous improvement.



Our People Management

JCRC Recruitment Policy

JCRC is an equal opportunity employer committed to fair, transparent, and merit-based recruitment. Employment opportunities are openly advertised and accessible to all qualified candidates, without discrimination on the basis of gender, age, disability, ethnicity, religion, or other protected characteristics. Recruitment and selection are based on qualifications, competence, experience, and merit, in accordance with established institutional policies and procedures. JCRC concluded the financial year FY2025/26, with the confirmed headcount with 2,228 staff across the network with the following key highlights.

Staff recruitments for the year:

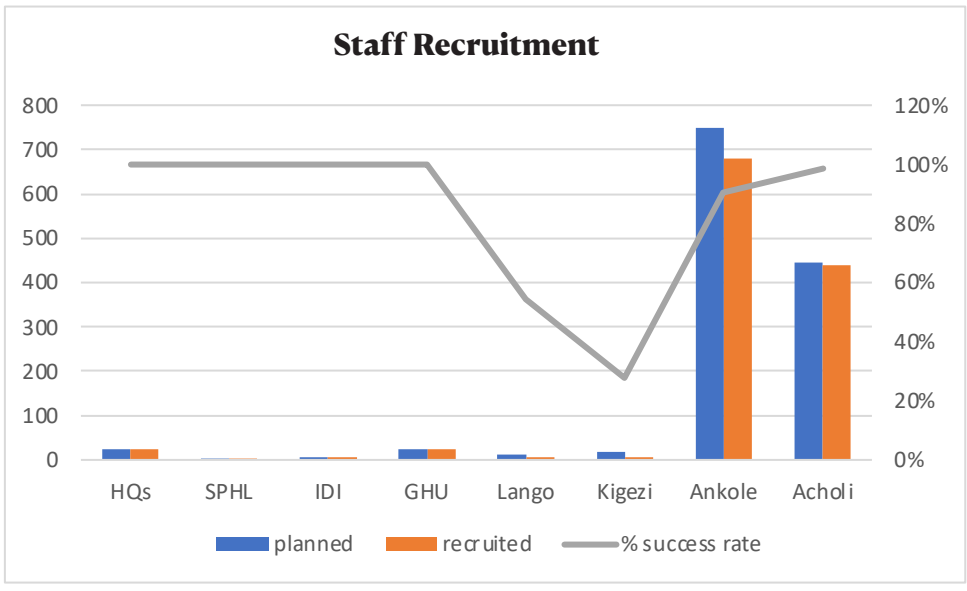
Overall JCRC had a recruitment success rate of 93% across all projects. Out of 1279, a total of 1,185 staff were recruited across the different projects.

Staff Recruitment success

	HQs	SPHL	IDI	GHU	Lango	Kigezi	Ankole	Acholi	Total
Planned	23	2	5	25	11	18	750	445	1279
Recruited	23	2	5	25	6	5	680	439	1185
% success rate	100%	100%	100%	100%	55%	28%	91%	99%	93%

Staff recruitment

Lubowa, Strengthening Public Health Laboratory (SPHL) and the Infectious Disease Institute (IDI) projects attained 100% target recruitments while the Local Partner Health Services Project (LPHSN&SW) performed indifferently due to the funding uncertainty at the time.

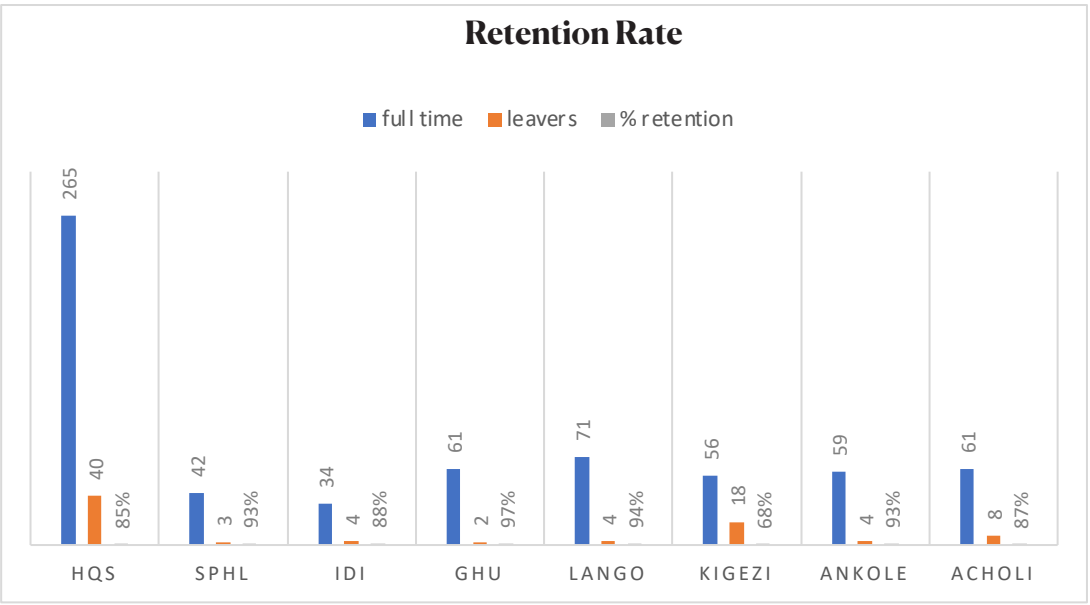


Staff retention

	HQs	SPHL	IDI	GHU	Lango	Kigezi	Ankole	Acholi	Total
Full Time	265	42	34	61	71	56	59	61	649
Leavers	40	3	4	2	4	18	4	8	83
% retention	85%	93%	88%	97%	94%	68%	93%	87%	87%

staff retention

The high staff retention in JCRC is attributed to the confidence staff derive from the almost assured funding by donors given the high performance JCRC has established over the years increasing donor trust and therefore funding. With more competitive salaries, JCRC retention rate is most likely to stay high.



Performance management

Majority of staff performed well with an average performance score of 3.135 out of a total score of 4. This good performance is attributed to clarity in work through the setting of targets and good leadership which provides good mentorship and continuous monitoring of performance

Performance ratings - Overall performance score

Site	HQs	SPHL	IDI	GHU	Lango	Kigezi
Average performance	3.1	3.1	3.3	3	3.1	3.21

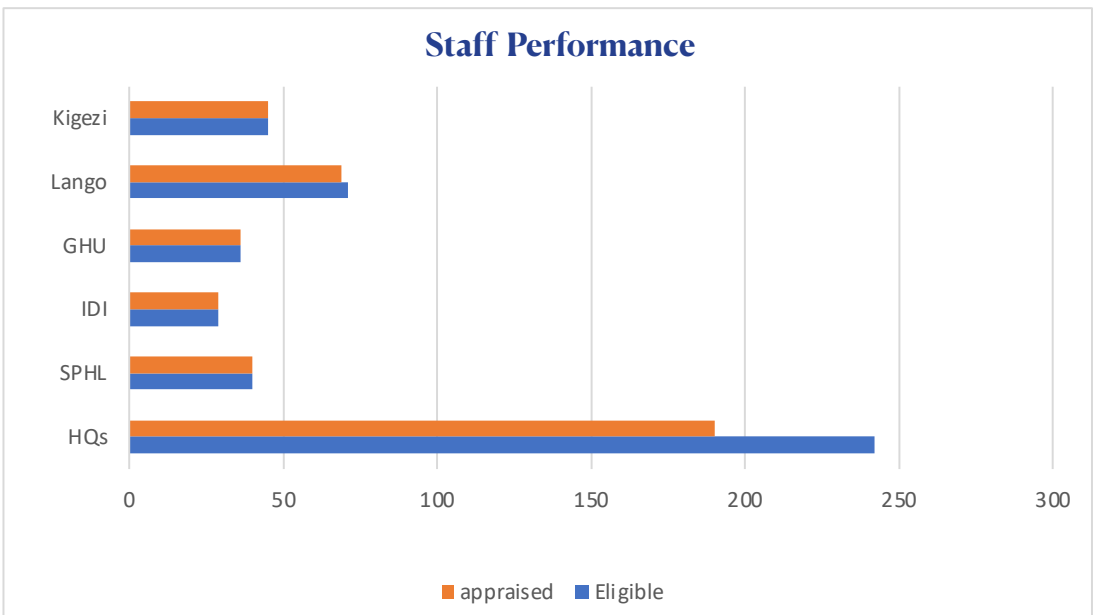
NB: The sites of Ankole and Acholi which started later during the year were yet to conduct their assessment for the year as onboarding of the different teams continued throughout the year. Overall a performance appraisal success rate of 88% was attained for the year with 409 staff fully appraised out of the eligible number of 463 for the year in review.

Staff performance by project

	HQs	SPHL	IDI	GHU	Lango	Kigezi	Total
Eligible	242	40	29	36	71	45	463
appraised	190	40	29	36	69	45	409
% performance	79%	100%	100%	100%	97%	100%	88%

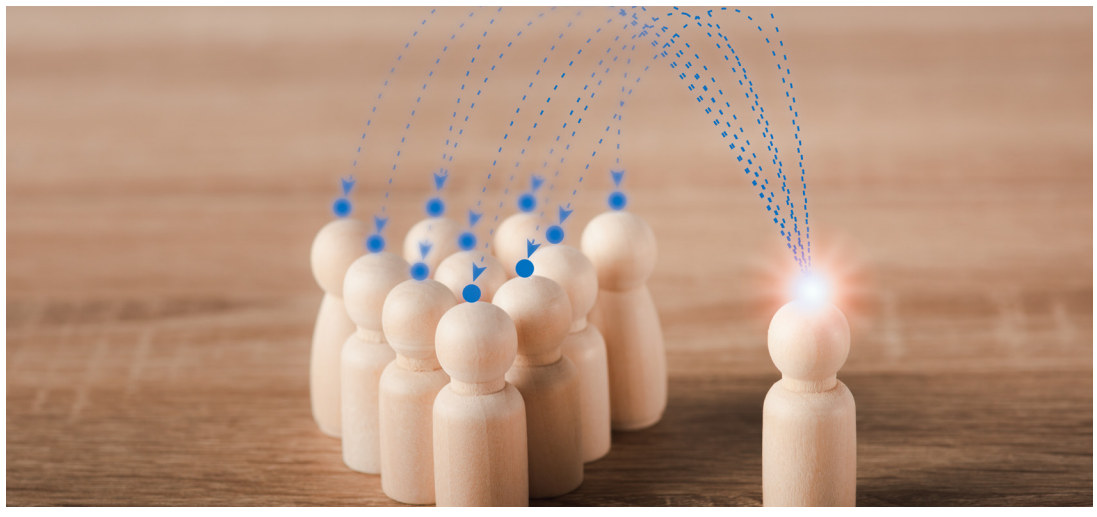
Staff performance by project

By the close of the financial year projects that scored 100% staff appraisal included SPHL, IDI and GHU and Kigezi site with Lango site closely following at 97% while Lubowa attained 79% appraisal success. All others however continued to close the gap during the new financial year.



Staff discipline

Staff continued to uphold the institutions values with high levels of integrity with minor cases reported but none attracting serious warning or dismissal from JCRC. This is made possible through regular staff counseling and sensitization on key aspects of the Human Resource Manual in addition to conducting proper screening of candidates during the recruitment process.



How We Create and Preserve Value



Transforming Resources into Sustainable Health Impact

Research remains one of the primary ways through which JCRC creates value for patients, communities, policymakers, partners, and the broader scientific community. Through research, the institution generates evidence that improves healthcare delivery, informs public policy, strengthens health systems, and advances scientific innovation. Research also serves as the foundation for several of JCRC's clinical, laboratory, training, and public health interventions.

In FY2025/26, JCRC continued to contribute to national and global health priorities by maintaining a research agenda that responded to stakeholder needs, aligned with the institution's mandate, and addressed emerging health challenges. Research efforts addressed priority areas including HIV/AIDS, non-communicable diseases, sickle cell disease, emerging infectious diseases, precision medicine, and gene therapy.

Purpose and strategy

Through our mission, priorities and strategic choices to address health needs and deliver impact.

Capitals and capabilities

We mobilised financial, human, intellectual, manufactured, social and relationship, and natural resources and our capabilities.

JCRC activities

Undertook research, clinical care, laboratory services, health programmes, training, digital solutions and partnerships.

Outputs and outcomes

Generated high-quality outputs that improve health outcomes, strengthen systems and build knowledge and skills.

Value created, preserved and protected

Delivered sustained value for patients, communities, partners and society while safeguarding our future.

Chapter Themes

Create value

How we deploy our strategy, resources and capabilities to generate results that advance health and science.

Preserve value

How we maintain quality, strengthen trust and build capability to sustain performance over time.

Protect value

How we manage risks, maintain controls and build resilience to protect our people, resources and reputation.

Creating Sustainable Health Impact Through Science, Innovation and Partnerships

Our value creation model shows how we mobilise a diverse set of capitals through our business model to deliver outcomes that create, preserve and protect health value for the communities we serve.

Inputs	JCRC Business Model	Outputs	Outcomes	Value Created, Preserved And Protected
Financial	Clinical Care	High-quality clinical and diagnostic services	Improved health access and quality	Sustainable health value for individuals, communities and society through responsible use of resources, partnerships and innovation.
Human	Research and Innovations	Research findings and innovations	Evidence for policy and practice	
Intellectual	Laboratory Services	Health programmes and initiatives	Stronger health-system capability	
Social and relationship	Training and capacity building	Skills development and training	Resilient operations	
Manufactured	Digital transformation programmes	Digital solutions and data insights	Diversified income	
Natural		Strategic partnerships and collaborations	Trusted stewardship	

GUIDED BY OUR PURPOSE AND VALUES

Strategic resources that enabled value creation



At JCRC, people are the most important asset within our value creation process.

JCRC's multidisciplinary workforce comprises researchers, clinicians, laboratory scientists, pharmacists, public health specialists, trainers, administrators and support personnel whose knowledge, experience and dedication drive organizational performance. Continuous investment in staff development, mentorship, fellowships, specialized training and leadership development has strengthened institutional capacity and enabled expansion into new frontiers including gene therapy, advanced diagnostics, precision medicine and big data analytics. The institution maintained high staff retention rates and continued to cultivate expertise required for future growth and innovation.

A group photo our our research team at our head offices on Lubowa.



Our Infrastructure and Systems

JCRC continued investing in laboratories, clinical infrastructure, digital systems, logistics platforms, and specialised equipment to enhance service quality, operational efficiency, and institutional resilience. Laboratory modernisation expanded diagnostic capacity and quality assurance, while the Biorepository strengthened the secure collection, preservation, and management of biological specimens for research and clinical purposes.

Development of the Bone Marrow Transplant (BMT) Unit established critical infrastructure for advanced transplantation services in Uganda. Investments in Electronic Medical Records (EMR), digital reporting systems, and the Enterprise Resource Planning (ERP) system strengthened information management, financial controls, accountability, decision-making, and operational excellence, positioning JCRC for sustainable growth and innovation.

Our Knowledge and Innovation Platforms

Scientific knowledge is a core driver of value creation at JCRC. The institution generates and applies evidence through research, implementation science, publications, policy engagement, clinical innovation and technology adoption. Particular emphasis has been placed on emerging fields including gene therapy, laboratory innovation, advanced HIV care, digital health and health data analytics. The development of these capabilities positions JCRC as a leading center of excellence within the region and supports future opportunities for growth, sustainability and societal impact.





Partnerships are our Catalyst for Value Creation

JCRC's ability to create value is amplified through strategic partnerships. The institution works closely with:

- Government ministries and agencies, Academic and research institutions, Development partners and donors, International health organizations
- Healthcare facilities, communities, and patient groups, Private sector organizations

These partnerships strengthen technical capabilities, facilitate knowledge transfer, mobilize resources, and expand the reach and impact of interventions. International collaborations supported workforce development, research excellence, and emerging initiatives such as gene therapy and specialized healthcare programs.

National partnerships enabled health systems strengthening, laboratory accreditation, outbreak preparedness, and integrated service delivery across Uganda.

The Chargé d'Affaires Mikael Cleverley visited the JCRC and planted a memorial tree.





The JCRC head offices in Lubowa.

Our Business Model

Inputs by Capital
What we invest and use

Financial
- Grants & donations
- Government funding
- Revenue & investments

Human
- Staff, researchers, clinicians
- Volunteers & interns
- Leadership & management

Social
- Partnerships & networks
- Community trust
- Stakeholder relationships

Intellectual
- Research & innovation
- Knowledge & data
- Patents & expertise

Natural
- Land & environment
- Natural resources
- Sustainable practices

Interventions
What we do

Medical Research
Conduct research, clinical trials and generate evidence.

Clinical services
Provide quality, patient-centred care and treatment.

Lab services
Offer reliable and accredited laboratory testing and diagnostics.

Programs
Implement HIV, TB, malaria, maternal & child health and other health programs.

Trainings
Build capacity for health workers, researchers and communities.

Outputs
What we deliver

Medical Research
- Research projects
- Publications
- Trained researchers

Clinical services
- Patients served
- Viral suppression
- Retention in care

Lab services
- Tests performed
- CAP accreditation
- Quality certificates

Programs
- People reached
- Community interventions
- Health commodities

Trainings
- Health workers trained
- Workshops & mentorships
- Strengthened institutions

Outcomes
Changes we achieve

Financial
- Increased revenue
- Efficient resource use
- Financial sustainability

Social
- Improved health behaviours
- Stronger partnerships
- Reduced stigma

Intellectual
- Greater knowledge
- Improved skills
- Innovation and evidence

Natural
- Sustainable environment
- Efficient resource use
- Climate resilience

Manufactured
- Better infrastructure
- Modernized systems
- Improved logistics

Impact
Lasting value for all

Individual level
- Better health and wellbeing
- Increased knowledge & skills
- Greater economic productivity
- Improved quality of life

Community level
- Healthier families and communities
- Stronger health systems
- Reduced disease burden
- Increased resilience

National level
- Healthier population
- Improved health indicators
- Economic growth
- Contribution to national goals and global health security

Our Capitals and Stakeholders



Financial Capital

Funding from research grants, programme funding, clinical services, training activities, and strategic partnerships supports the institution's operations, innovation agenda, and long-term investments. At JCRC we create financial value through prudent stewardship of resources, effective financial management, revenue diversification, and strategic investments.

Over the strategic period, JCRC strengthened financial management systems, expanded digital financial processes, and pursued diversification beyond traditional HIV funding streams. New grants, specialized services, innovation initiatives and emerging programs contributed to improving organizational resilience in a changing funding environment. Strategic investments in infrastructure, workforce capability and innovation were undertaken to support long-term sustainability and future growth

Human Capital

A multidisciplinary workforce comprising researchers, clinicians, laboratory scientists, public health specialists, educators, data scientists, and support staff remains one of the institution's most valuable assets. Staff retention remained exceptionally strong at 98%, reflecting a stable and highly committed workforce. Our workforce transforms resources into impact through expertise, innovation and service.

Continuous investments in professional development, mentorship, fellowships, continuing education and specialist training strengthened employee capability and institutional performance. Human capital development enabled expansion into specialized clinical services, sophisticated laboratory platforms, advanced analytics and gene therapy initiatives.

Intellectual Capital

Knowledge creation and innovation are central to JCRC's mission. The institution's knowledge assets include research findings, protocols, training programmes, scientific publications, digital systems, innovation platforms, and institutional experience accumulated over decades of service. Investments in gene therapy, biomedical product development, and big data analytics significantly expanded JCRC's intellectual capital during the strategic cycle

Manufactured Capital

Our facilities, equipment and technology infrastructure support effective and efficient service delivery.

Investments in laboratories, clinics, information technology systems, medical equipment and operational infrastructure improved service quality and operational performance. Laboratory systems maintained strong quality standards while supporting increased testing volumes, specialized diagnostics and national laboratory strengthening initiatives.

Social And Relationship Capital

JCRC works through strong partnerships with government institutions, communities, development partners, academic institutions, professional bodies, health facilities, and international collaborators. These relationships enable the institution to extend its impact far beyond its own facilities by enhancing institutional credibility and creating opportunities for collaboration and shared value creation.

Natural Capital

As a healthcare and research institution, JCRC recognizes its responsibility to manage environmental impacts and contribute to sustainable development. the institution supports responsible waste management practices, environmental stewardship and sustainable operational approaches. Through public health programming and health systems strengthening initiatives, JCRC also contributes indirectly to healthier and more resilient communities.

Value created for JCRC stakeholders

JCRC creates value through, and for, a diverse network of stakeholders, including government and the Ministry of Health, communities and patients, research participants, finders and development partners, academic and research collaborators, regulators, and our own staff. Each group contributes resources, expertise, insight or trust to our work, and each shares in the value it generates: stronger health systems, credible scientific evidence, and better health outcomes across Uganda and beyond.

We recognize that our capacity to turn research, innovation and clinical expertise into lasting impact rests on the quality of these relationships. We therefore engage our stakeholders continuously and transparently, using their perspectives to keep our strategy aligned with national health priorities, community needs and global health goals. This engagement shapes the decisions we make, the risks we manage and the opportunities we pursue.

In return, our partnerships enable us to mobilize financial and technical resources, generate and share knowledge, strengthen human and institutional capacity, and deliver sustainable, evidence-based solutions to public health challenges. In this way, value flows in both directions, reinforcing trust, collaboration and accountability as the foundation of JCRC's long-term contribution to society.



A courtesy visit by the National Water and Sewerage Coroperation at our offices in Lubowa

Stakeholder Engagement

engagement strategy. While engagement is decentralized across departments, our team provides strategic coordination and alignment and ensures consistency in communication and relationship management. One of our key transparency platforms is the Annual General Meeting which provides a forum for sharing the JCRC's financial, social, and governance performance with stakeholders.

Stakeholder engagement and value creation

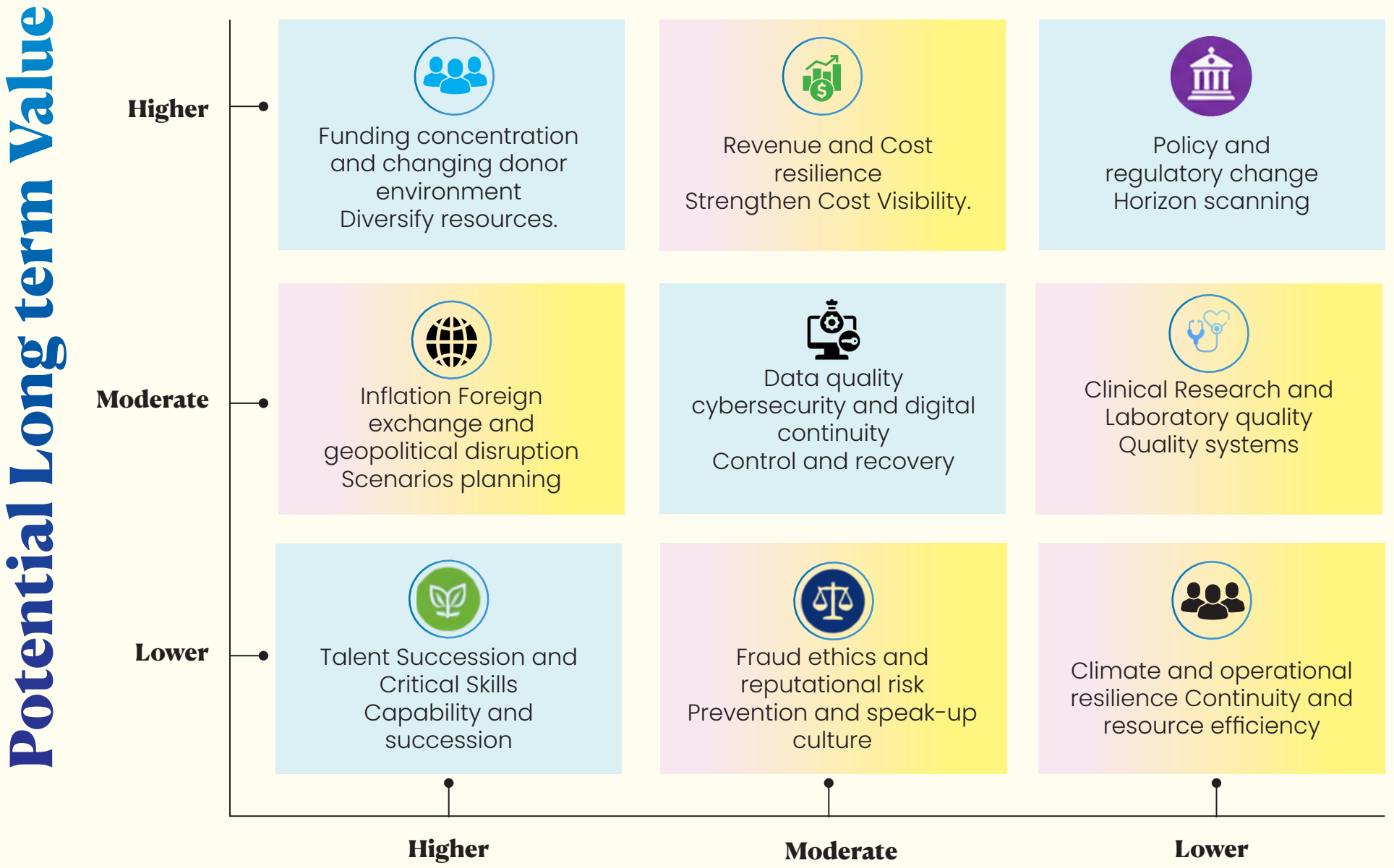
Major Stakeholder	Value JCRC Creates / Delivers	Key Value Outcomes / Benefits	Means of engagement
Clients : Patients	• Accessible, responsive and client-centred healthcare services • Improved HIV prevention, treatment and care • Specialized and advanced clinical services • Reliable and quality-assured diagnostic services • Health education, counselling and psycho social support	• Improved health and wellbeing • Better treatment outcomes and quality of life • Earlier diagnosis and informed health decisions • Greater access to specialized care • Improved client experience and confidence in care	• Client-centred clinical care • Client–provider communication and counselling • Community engagement and outreach • Research Participants
Government of Uganda & Public Health System	• Evidence for health policy and decision-making • Strengthened health-system capacity • Technical assistance and programme implementation support • Laboratory and diagnostic capacity strengthening • Contribution to national and global health targets	• Stronger public health systems • Improved programme performance • Expanded technical and institutional capacity • Better disease surveillance and response • Progress toward national health priorities	• Generate Research that informs policy • Strengthening the health system and workforce • Laboratory and diagnostic sup-port • Ownership and governance
Ministry of Health & Local Governments	• Technical expertise and implementation support • Workforce development and mentor ship • Data, analytic and performance information • Health facility and laboratory strengthening • Support for quality improvement	• Improved service delivery capacity • Stronger health workforce • Better use of health information • Improved quality and efficiency of services • Sustainable institutional capacity	• Founding partner and governance • Health system strengthening • Aligning with national priorities. • District-based technical assistance
Donors & Development Partners	• Effective implementation of funded programme • Reliable evidence and performance reporting • Local technical and implementation capacity • Research and innovation platforms • Stewardship and accountability for resources	• Achievement of programme objectives • Greater value from development investments • Evidence for future programming • Reduced implementation risks • Scalable and sustainable interventions	• Implementing donor-funded projects • Data management and accountability • Research sponsors and international collaborators • Long-term funding relationships

Major Stakeholder	Value JCRC Creates / Delivers	Key Value Outcomes / Benefits	Means of engagement
Research Participants and Communities	• Research infrastructure and platforms • Access to scientific expertise and collaboration • Research data and evidence-generation opportunities • Training and mentor ship • Opportunities for publications and knowledge translation	• Increased research capacity • New scientific knowledge • Stronger collaborations • Professional development • Evidence informing policy and practice	• Founding academic partner • Training, internships and volunteering • Student placements with foreign universities
Employees & Staff	• Employment and career opportunities • Professional development and continuous learning • Exposure to research, clinical and public health practice • Supportive institutional systems and leadership • Opportunities to contribute to meaningful health outcomes	• Income and economic security • Enhanced skills and competencies • Career progression • Professional fulfillment • Improved employ ability and expertise	• Weekly continuing medical education (CMEs) • Continuing professional development (CPD) • Mentor ship, coaching and supportive supervision
Suppliers & Business Partners	• Procurement and business opportunities • Long-term institutional relationships • Predictable demand for goods and services • Opportunities to meet quality standards • Collaboration on innovative solutions	• Revenue and business growth • Market access • Stronger business capabilities • Institutional relationships • Opportunities for innovation and expansion	• Supplier qualification • Requests for quotations and proposals • Supplier database and relationship management • Compliance and payment.
Board of Trustees & Governance Bodies	• Strategic oversight and institutional performance information • Assurance over governance, risk and controls • Long-term institutional stewardship • Accountability for resources and results • Evidence for strategic decision-making	• Achievement of programme Stronger governance • Improved accountability • Better risk management • Informed strategic decisions • Protection and enhancement of institutional value	• Board involvement in key partnerships. • Strategic direction- Board and Committee Meetings
Regulators & Professional Bodies	• Compliance with laws, standards and professional requirements • Quality-assured services and laboratories • Technical expertise and sector participation • Evidence for standards and practice improvement • Support for strengthening health quality systems	• Improved regulatory compliance • Higher quality standards • Strengthened professional practice • Greater confidence in health services • Stronger national quality systems	• National research approvals • Approval of Protocols - NDA, Unctions • Compliance and Regulations
Ugandan Communities and General Public	• Contribution to improved population health • HIV, TB and other disease prevention and control • Health information and awareness • Research and innovation benefiting society • Employment and economic contribution	• Healthier communities • Reduced disease burden • Increased health awareness • Access to new health solutions • Socio-economic benefits	• Website • News media. • Community outreach and health promotion • Community health workers and Village Health
Environment and Future Generations	• Responsible use of natural resources • Environmentally conscious laboratory and clinical operations • Waste management and pollution control • Efficient use of energy and materials • Building institutional resilience for the future	• Reduced environmental footprint • Conservation of resources • Safer communities and workplaces • Greater operational resilience • Preservation of value for future generations	• Healthcare waste management and infection control • Compliance with environmental and waste management regulations (NEMA, Ministry of Health guidelines), • Training and mentor ship of young scientists and health workers and research and innovation for long-term health



Top Risks to Value Creation

We continuously identify, assess, monitor, and manage risks that could affect our operations, strategic objectives, and ability to deliver intended outcomes. Through proactive risk management, we strengthen resilience, safeguard resources, support informed decision-making, and enhance our capacity to create sustainable value for stakeholders.

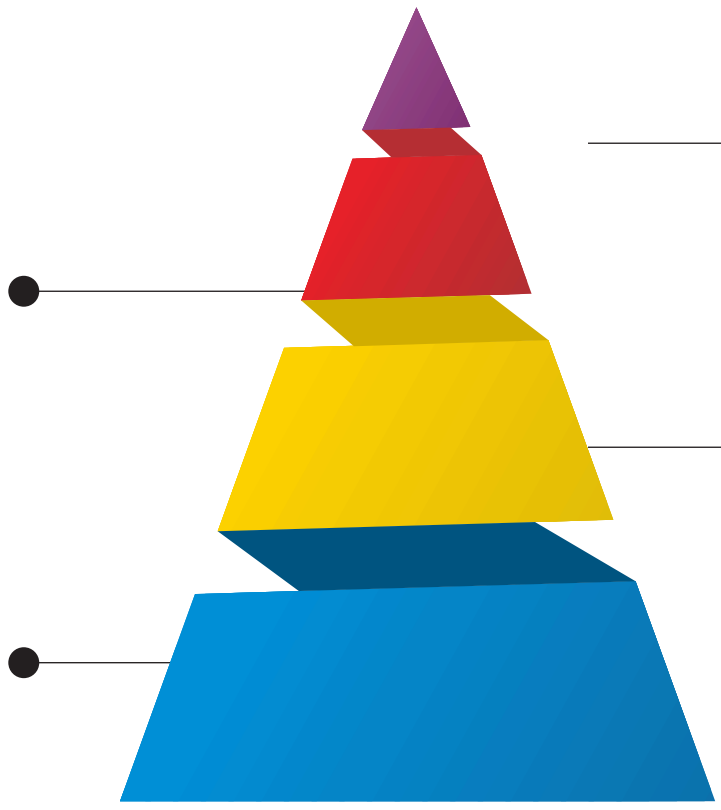


How We Manage Risk

Risk management is embedded across strategy, work planning, performance review, financial management, and operational decision-making. The Board provides oversight and sets expectations, while management owns risks and controls. Internal Audit offers independent assurance within its mandate, strengthening accountability, governance, control effectiveness, and organisational resilience.

Executive Director and Senior Management
Lead risk Management ensures integration with strategy and resource allocation

Internal Audit and Independent Assurance
Provide independent assurance on risk management, control and governance within its mandate.



Board and Committees
Sets risk appetite and oversight expectations provides independent oversight and challenges.

Directorate, Departments and Process owners
Own and manage risks; implement controls; monitor performance and escalate issues

A continuous cycle that strengthens decision making and resilience



Risk Taxonomy – Key Risk Themes

Strategic and funding
Delivery of strategy partnership funding and accountability and resource optimizations.

Clinical and Research
Patient safety ethics quality of care and scientific outcomes.

Operational and Laboratory
Service continuity infrastructure laboratory systems, supply chains and practice.

People and Culture
Workforce diversity conduct and organizational culture

Digital data and cybersecurity
Information security data quality and privacy digital systems resilience and technology risks

Environment and external
context regulatory legal and political

Our Strategy

JCRC has been implementing a five-year Strategic Plan launched in 2021, providing a clear framework for advancing its mandate, strengthening institutional capabilities and delivering sustainable impact. 2025 marked the last year of our 5 year strategic Plan. JCRC reached the pivotal point for reflecting on progress, consolidate achievements and position the organization for the next phase of growth and transformation.

Over the five-year implementation period, JCRC achieved significant milestones across its strategic and thematic areas. These achievements demonstrate the value of sustained investment in people, systems, partnerships, innovation and service delivery, while providing important insights into areas requiring further strengthening. Collectively, the progress made not only reflects the Institution's resilience and capacity to deliver results in a changing environment, but also provides a strong foundation for shaping its future ambitions and unlocking greater impact in the years ahead.



2025/26

- Strategic Plan evaluated
- Developed 2025/30 SP
- 72 Protocols implemented
- D43 Gene therapy won
- 5 supported to MS/PhD
- Over 120,000 lab tests

2023/24

- 1st Integrated Report
- 1st Sustainability Report
- 30-year celebrations held
- Started SPHLS Project
- LPHS expanded to Acholi
- LPHS expanded to Lango
- Started Gene therapy
- CAP re-certification

2022/23

- Acquired Blood Irradiator
- Won 7 Awards
- 95% client satisfied
- Set-up SCD clinic
- Acquired 2nd Apheresis
- Started de-ionized water
- LPHS started
- Transitioned KHP

2024/25

- Started UGANAS setup
- 2nd Integrated Report
- 2nd Sustainability Report
- Growth in Clientele
- Strengthened ICEA
- Board Transitioning

2021/22

- 16,504 males were circumcised
- 139,326 individuals received HTS
- 4,719 HIV test kits distributed;
- 91,989 adults on ART
- Viral load coverage at 95%
- Viral load suppression 97%

Medical Research

Goal 1: To strengthen local research capacity for evidence-based policy-making, affordable health solutions	Achievement & Value Created	SDG	Challenges experienced
JCRC continued to strengthen its research capacity and contribution to evidence-based decision-making by expanding research activity, developing scientific capabilities and generating evidence relevant to Uganda's priority health challenges.	**Increasing the Volume and Breadth of Research** • 7 new research projects secured against target of 6 • 27 research projects active against target of 30 **Improving the Quality of Research** • Attained 90% query resolution rate against target of 100% • Attained 100% participant retention against target of 100% • Attained 70% for audits passed without major findings • 24 internal monitoring visits conducted against target of 48 • Won for the best 6th clinical research organization award for the 6th time **Strengthening the Dissemination of research findings** • Produced 28 research publications against target of 30 • Achieved 18 abstract presentations against a target of 20 • Recorded 5 conference attendances against a target of 10		Funding cuts eg. ACTG protocols Changing research focus by sponsors Delays in regulatory approvals
Capitals	 **Human**	 **Intellectual**	 **Social / Relationship**

Clinical Services

Goal 2: To Provide efficient, responsive and client-centred services	Achievement & Value Created	SDG	Challenges experienced
Clinical Services continued to demonstrate strong commitment to quality, responsiveness and patient-centred care. JCRC strengthened access to specialized services, improved client experience and expanded services in response to emerging needs	• 98% Client Satisfaction Rate of attained against target of 100%, • Viral Load Suppression reached 98%, exceeding 95% set target • Viral Load coverage peaked at 94%, implying • Retention in Care reached 92% • ART services to 13,500 clients against a target of 14,000, • 210 doses long-acting lenacapavir injectable PrEP distributed • Over 7,000 private clients served against a target of 10,000 • 108 individuals against a target of 150 achieving		Limited investment capital Limited awareness of JCRC clinical services Competition from other providers
Capitals	 **Human**	 **Intellectual**	 **Social Relationship**

Laboratory Services

Goal 3: To develop laboratory's capacity for diagnostics, systems strengthening, product development	Achievement & Value Created	SDG	Challenges experienced
Laboratory strengthened diagnostic capacity, quality systems, laboratory infrastructure. Continued investment in quality management, equipment, systems strengthening & specialized lab capabilities enhanced reliability, accuracy and timeliness of diagnostic services.	• Over 120,000 Laboratory Tests performed • Over 20 Research Projects provided Lab Services • One State-of-the art Roche Cobas 6800 system acquired • 3 Lab-based research projects won • Assorted biomedical equipment procured • 99% average Laboratory EQA score attained		Aging obsolete lab equipment High maintenance costs for equipment Competition from other providers

Capitals	Human	Intellectual	Social / Relationship
			

Programs

Goal 4:To lead development, coordinate & support delivery of diversified health programs to respond to local & global health challenges	Achievement & Value Created	SDG	Challenges experienced
Programs continued to play a critical role in translating institutional expertise into large-scale health interventions. Through program leadership, coordination, technical support and partnerships, JCRC contributed to addressing local, global health priorities.	• Over 100 districts program interventions • 553,731 HIV Tests conducted • 8,600 New HIV Positive Clients Identified • 396,426People Currently on ART • Attained 88% TB cure rate • 131% ANC1 coverage • 94% Treatment Success Rate (TSR) for DS-TB		Shrinking donor funding scrutiny regulatory and reporting requirements

Capitals	Human	Intellectual	Social / Relationship
			

Training

Goal 5: To facilitate capacity building of human resource for responding to current and emerging health needs	Achievement & Value Created	SDG	Challenges experienced
The Training function continued to strengthen human-resource capacity through professional development, skills transfer, mentorship and knowledge sharing.	• Expanded mentorship and skills transfer through internship for 75 students increasing workplace preparedness • Organized and delivered HIV up date meeting attended by 2500+ enhancing competencies for improved service delivery • Strengthened workforce development by supporting 5 individuals into Masters and PhD programs for gene therapy advancement	 SDG 8,16, 17	Delayed establishment of Training institute Limited knowledge of JCRC training

Capitals	Human	Intellectual	Social / Relationship

Operations

Goal 6: To strengthen operational and management systems for effective and efficient service delivery	Achievement & Value Created	SDG	Challenges experienced
JCRC continued to strengthen systems, processes and institutional capabilities effective service delivery. Financial management, HR management, procurement, information systems, M&E, quality assurance has contributed to stronger institutional coordination, accountability and efficiency.	• Strengthened strategic planning by evaluating the FY2021/25 plan and developing FY202S/30trategic plan aligned to NDPIV • Strengthened institutional systems and processes by integrating NAVISION with ICEA, LIMS and other operations applications • Improved financial and resource management through increasing finance workforce to 10+, strengthening audit and risk functions	 SDG 8,16, 17	

Capitals	Human	Intellectual	Social / Relationship

Our Performance

In FY2025/- 26, JCRC continued to translate science, research and innovation into tangible health impact, strengthening its position as a Centre of Excellence in medical research, healthcare services and innovation. The Centre expanded clinical and research services, embraced emerging technologies, strengthened strategic partnerships and advanced new frontiers such as cell and gene therapy and Bone Marrow Transplantation. Building on this foundation, JCRC has progressed its ambition to establish Uganda's first Bone Marrow Transplant Centre, supported by a nationwide resource-mobilisation drive targeting USD 4 million. The initiative represents a significant step towards expanding access to advanced, potentially curative treatment for patients with sickle cell disease, blood cancers and other serious blood disorders, while strengthening Uganda's capacity in specialised medicine, biomedical research and innovation.

From the Research Directorate

Increasing JCRC Research Volume

JCRC demonstrated strong performance in research project acquisition and implementation, with several achievements ranging from 72% to 90% across the three indicators. The performance reflects strong capacity to attract new research opportunities and translate them into active projects, while the lower cumulative achievement points to a longer-term portfolio gap that requires sustained growth in research acquisition and implementation.

New Research Projects Won

JCRC secured 7 new research projects against a target of 8, representing 88% achievement. This reflects a strong capacity to generate and attract new research opportunities. The performance was supported by JCRC's established research expertise, institutional credibility, technical capacity and longstanding collaborations with national and international research partners. The slight shortfall of one project is attributed to the competitive nature of research funding, the availability and timing of suitable funding calls, and the lengthy proposal development, review, ethical, regulatory and contracting processes that can affect the conversion of opportunities into funded projects within a given reporting period.

Total Research Projects Implemented

JCRC implemented 27 research projects against a target of 30 projects active annually, achieving 90%. This is a high level of performance demonstrating JCRC's capacity to operationalize and manage a substantial research portfolio. The achievement was facilitated by established quality management systems, experienced research teams, existing partnerships, clinical and laboratory infrastructure, and institutional support for research implementation. The gap resulted from closure of some projects due to reduction in US-based donor funding, delayed funding disbursement, ethical or regulatory approvals, and contracting processes. The implementation of multiple projects alongside JCRC's clinical, laboratory, training and other institutional responsibilities highlights JCRC's commitment to efficiency for quality research that can be translated into policy and patient care.

90%

"JCRC achieved 90% in research project implementation, demonstrating strong capacity to translate research opportunities into active projects. With 88% of new projects won and 72% cumulative achievement, the results provide a strong foundation for portfolio growth. Continued focus on strategic partnerships, resource mobilisation, proposal development and timely project start-up will strengthen JCRC's research impact and sustainability."

Cumulative Research Projects Implemented

Cumulatively, JCRC implemented 72 research projects against a target of 100 for the strategic Plan period, representing 72% achievement. While this is below the desired cumulative target, it reflects a substantial body of research work undertaken by the institution and provides an important foundation for future growth. The optimal performance is influenced by the pace of research project acquisition and implementation, including projects that have been completed, delayed, discontinued or not replaced at the anticipated rate. Cumulative performance is also affected by long lifecycle of research projects, fluctuations in funding availability, changing funder priorities and the time required to develop, approve and fully implement new projects. As a result, the gap highlights the need for more investigator-initiated research, sustaining performing collaborations, conversion of funding applications into viable projects, and accelerated commencement and completion of approved projects.

The results show that JCRC maintained a strong research performance during the reporting period, particularly in securing and implementing new projects, achieving 88% and 90%, respectively. The 72% cumulative achievement, however, signals a need to strengthen the continuity and expansion of the institutional research portfolio. Going forward, greater emphasis on research pipeline development, competitive proposal development, strategic partnerships, timely project start-up, resource mobilisation and efficient research project management will be critical to close the cumulative performance gap and sustain growth in JCRC's research portfolio.

Enhancing JCRC Research Quality

JCRC demonstrated mixed but generally positive performance in improving research quality, with achievement ranging from 70% to 100% across three core indicators. The results show particularly strong performance in retaining research participants and resolving research-related queries, while the audit results indicate an opportunity to further strengthen quality assurance, compliance and corrective-action systems.

Query Resolution Rate

JCRC achieved a 90% query resolution rate against a target of 100%, demonstrating high responsiveness in addressing queries arising from research implementation, data management, quality assurance and related operational processes. This performance was enabled by established research management and oversight mechanisms, experienced research teams, routine communication among investigators and support functions, and systems for identifying and following up outstanding issues. The 10% gap is attributed to the complexity of some queries, the need for consultation across multiple technical and administrative functions, delays in documentation processes, and competing demands on research teams. Strengthening query tracking and closure mechanisms will significantly improve outstanding query resolution timeliness.

Participant Retention Rate

JCRC achieved 100% participant retention against the target of 100%, representing full achievement and a significant indicator of the quality and reliability of research implementation. The performance reflects effective participant engagement and follow-up systems, participant-centred research approaches, strong relationships between research teams and study participants, and effective communication throughout the research process. Consistent clinical and research support, appropriate follow-up mechanisms and attention to participant needs contributed significantly to maintaining participation throughout the study period.

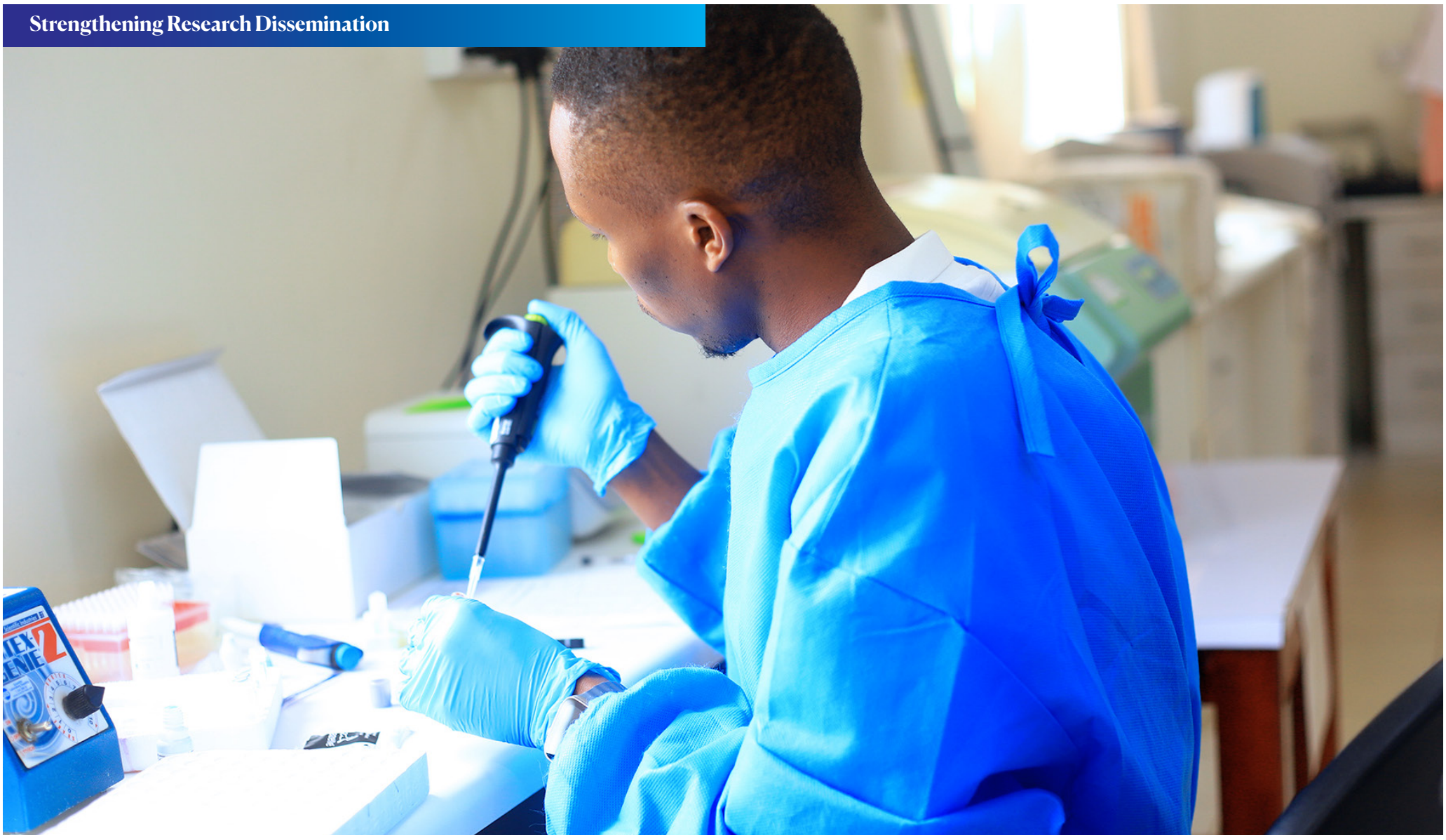
Audits Passed without Major Findings

JCRC achieved 70% against a target of 100% for audits passed without major findings. While the result shows that a large proportion of audits were successfully completed without major deficiencies, the performance identifies quality assurance and compliance as an area of growth. This performance was influenced by; the increasing complexity of research studies, differences in compliance requirements across sponsors, changes in the regulatory frameworks, documentation gaps, procedural deviations and the need for more consistent implementation of standard operating procedures. It also reflects the rigorous nature of external and internal research monitoring activities, designed to identify and address quality gaps before they affect research integrity or participant safety. Strengthening routine internal quality control checks, staff training, pre-audit readiness assessments, documentation practices, implementation of corrective and preventive action (CAPA) plans, and continuous monitoring of compliance will significantly reduce major findings and improve future audit performance. Total No. of internal monitoring visits conducted, number of regulatory audits conducted.

Overall, JCRC's performance demonstrates strong participant-centred research implementation and a high level of data quality, as reflected by the 100% participant retention rate and 90% query resolution rate. However, the 70% audit pass rate without major findings highlights an important opportunity to reinforce institutional quality-assurance and compliance systems. Collectively, the results suggest that JCRC has a strong foundation for improving research quality, with the greatest potential gains likely to come from strengthening preventive quality management, documentation, staff compliance, internal audits and systematic follow-up of corrective actions.



"JCRC demonstrates strong, participant-centred research performance, achieving 100% participant retention and 90% query resolution. The 70% audit pass rate highlights opportunities to strengthen quality assurance, compliance and continuous improvement. By enhancing documentation, staff capacity, internal monitoring and corrective actions, JCRC is well positioned to advance research excellence, protect participants and generate reliable, high-quality evidence for improved health outcomes."



One of our lab technicians carrying out a test.

JCRC demonstrated solid performance in research dissemination and knowledge sharing, with 26 research publications achieved against a target of 30 (87%), representing the strongest level of achievement among the three indicators. The results demonstrate a productive research environment with a substantial body of scientific work being converted into publishable outputs and disseminated through accessible platforms. Although abstract presentations and conference attendances achieved 65% and 60%, respectively, these results still reflect continued engagement with scientific communities, while also highlighting opportunities to further enhance the visibility and uptake of JCRC-generated evidence.

Research Publications

JCRC produced 26 research publications against a target of 30, achieving 87%. This strong performance reflects the institution's considerable research productivity and capacity to generate scientifically credible evidence. It was supported by an active research portfolio, experienced investigators, collaborations with academic and research institutions, access to clinical and laboratory data, and established processes for scientific writing and publication. The slight gap from target is associated with the time required for manuscript development, co-author review, journal peer review and revisions, as well as the relatively long publication timelines of reputable scientific journals. Overall, the result demonstrates a strong capacity to convert research findings into peer-reviewed scientific outputs.

Abstract Presentations

JCRC achieved 18 abstract presentations against a target of 20, representing 65% achievement. The result demonstrates continued dissemination of research findings through scientific meetings and professional forums. Performance was supported by the availability of research findings from ongoing and completed studies, active investigator engagement and opportunities to share emerging evidence with the wider scientific community. The lower achievement relative to publications was influenced by the timing of scientific conferences, data ownership by sponsors, abstract submission deadlines, acceptance rates, limited presentation slots, and the need to prioritize resources towards studies and manuscripts at different stages of completion. The result nevertheless provides a foundation for strengthening the systematic identification of conference opportunities and increasing the conversion of research findings into conference abstracts.

Conference Attendances

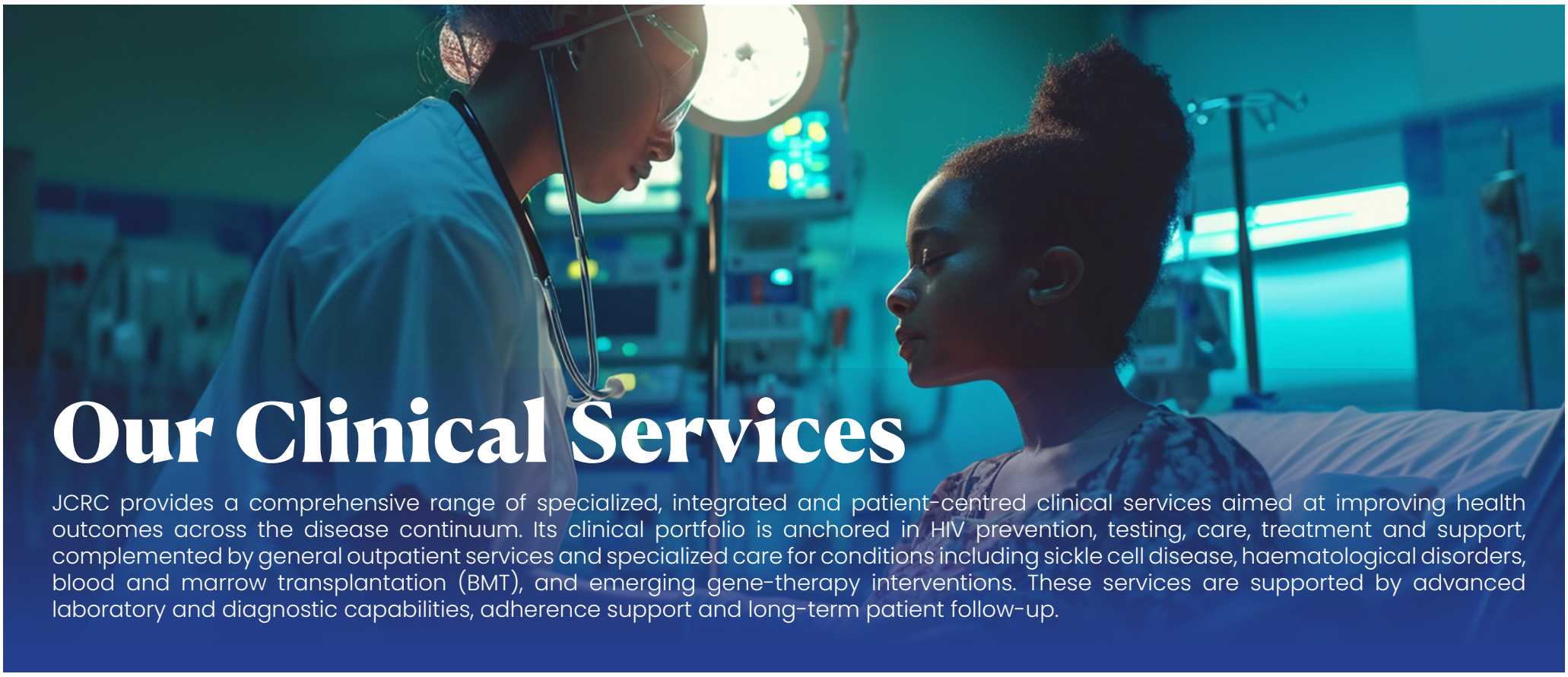
JCRC recorded 5 conference attendances against a target of 10, achieving 60%. Despite the lower numerical achievement, participation in six conferences provided important opportunities for researchers to disseminate findings, engage with peers, build professional networks, identify emerging research priorities and strengthen institutional collaborations. The level of participation was influenced by conference schedules, availability of funding for registration and travel, competing clinical and research responsibilities, logistical requirements for international meetings, and the selective nature of conference participation. The achievement as such reflects continued strategic engagement with scientific platforms while highlighting scope to broaden participation where resources and relevant opportunities permit.

"JCRC demonstrates strong, participant-centred research performance, achieving 100% participant retention and 90% query resolution. The 70% audit pass rate highlights opportunities to strengthen quality assurance, compliance and continuous improvement. By enhancing documentation, staff capacity, internal monitoring and corrective actions, JCRC is well positioned to advance research excellence, protect participants and generate reliable, high-quality evidence for improved health outcomes."

JCRC demonstrated positive and meaningful progress in research dissemination, with 87% achievement in publications providing particularly strong evidence of research productivity and scientific output. The 65% achievement in abstract presentations and 60% in conference attendance demonstrate continued engagement with scientific and professional platforms, while also presenting opportunities to further increase the visibility of JCRC's research. Moving forward, strengthening publication pipelines, systematic tracking of dissemination opportunities, early abstract preparation, strategic conference participation and resource mobilization for scientific engagement will enable JCRC to convert its strong research output into even greater national, regional and international visibility.



One of our lab technologists performing microscopy



Our Clinical Services

JCRC provides a comprehensive range of specialized, integrated and patient-centred clinical services aimed at improving health outcomes across the disease continuum. Its clinical portfolio is anchored in HIV prevention, testing, care, treatment and support, complemented by general outpatient services and specialized care for conditions including sickle cell disease, haematological disorders, blood and marrow transplantation (BMT), and emerging gene-therapy interventions. These services are supported by advanced laboratory and diagnostic capabilities, adherence support and long-term patient follow-up.

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Key Achievements

Improving Our Client Management System

JCRC continued to demonstrate its strong commitment to delivering high-quality, responsive and patient-centred clinical care and research services. Through the strengthening of Client Management Systems, JCRC enhanced client registration, follow-up, tracking, appointment management and engagement processes, enabling more coordinated and responsive service delivery across the continuum of care. These efforts contributed to improved client experience, increased client satisfaction and stronger health outcomes, including high levels of viral load suppression among people living with HIV and improved TB treatment outcomes, including cure rates.

Performance Outcomes attained

Client Satisfaction Rate – 98%

The Client Satisfaction Rate reached 98% against a target of 100%, demonstrating a highly positive experience among JCRC clients and strong confidence in the quality and responsiveness of services provided. This strong performance was driven by the commitment of or staff to delivering respectful, compassionate and client-centred care, improved client-provider communication, the availability of quality clinical and laboratory services, and increased attention to client needs. Additionally the use of multidisciplinary teams, strengthened client engagement, timely response to client concerns, and continuous quality improvement initiatives contributed to high level of satisfaction.

98%

Client Satisfaction Rate attained against a target of 100%, demonstrating a highly positive experience among JCRC clients and strong confidence in the quality and responsiveness of services provided.

Viral Load Suppression – 98%

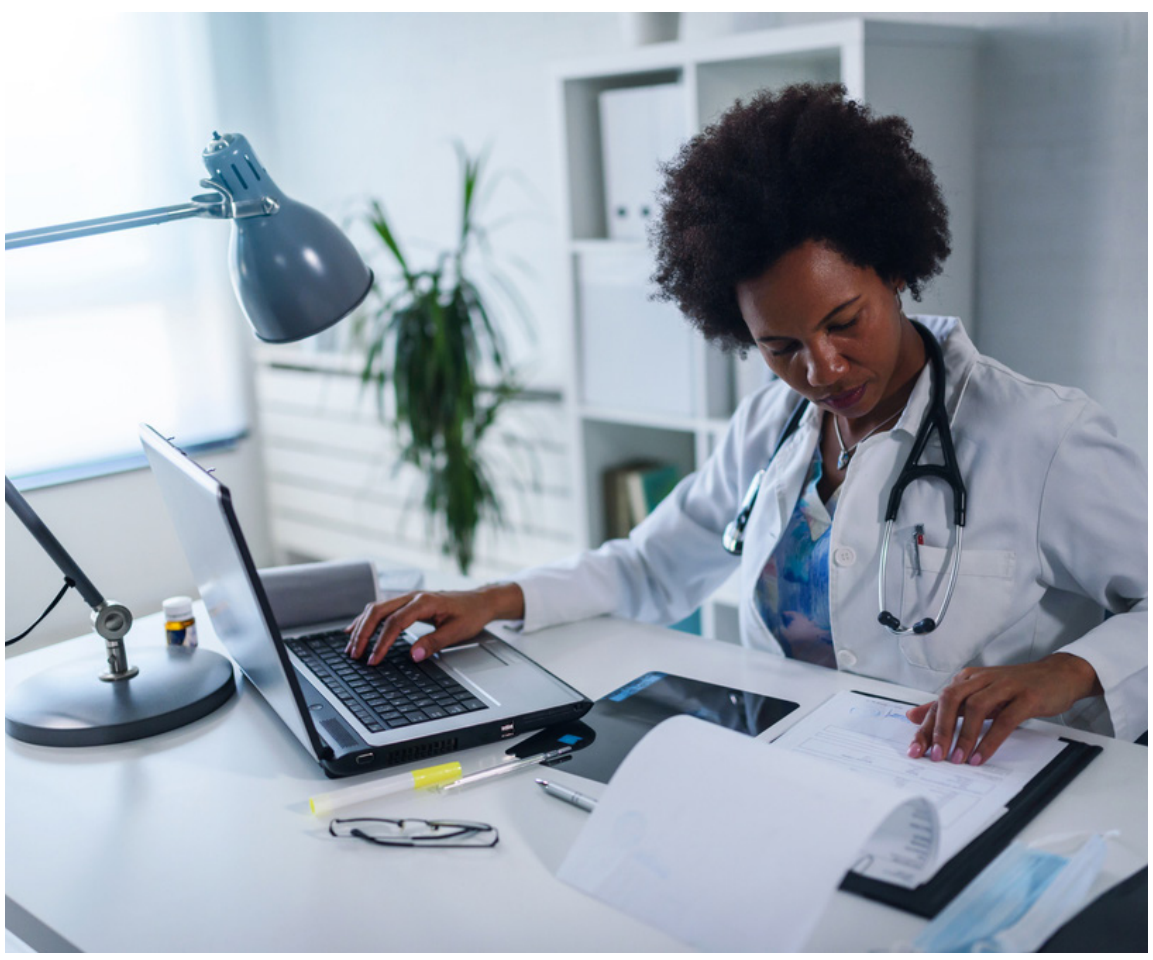
Viral Load Suppression reached 98%, exceeding the set target of 95%, reflecting strong clinical outcomes among clients on HIV care and treatment. This performance was supported by consistent access to ART, effective clinical management, adherence counselling, routine viral load monitoring and timely clinical interventions for clients requiring additional support. Strong provider-client relationships, differentiated service delivery approaches, treatment literacy, patient education and active follow-up of clients with elevated viral loads further contributed to treatment success. The availability of laboratory services and coordination between clinical, laboratory, pharmacy and adherence-support teams also enabled timely identification and management of clients at risk of treatment failure.

Viral Load Coverage – 94%

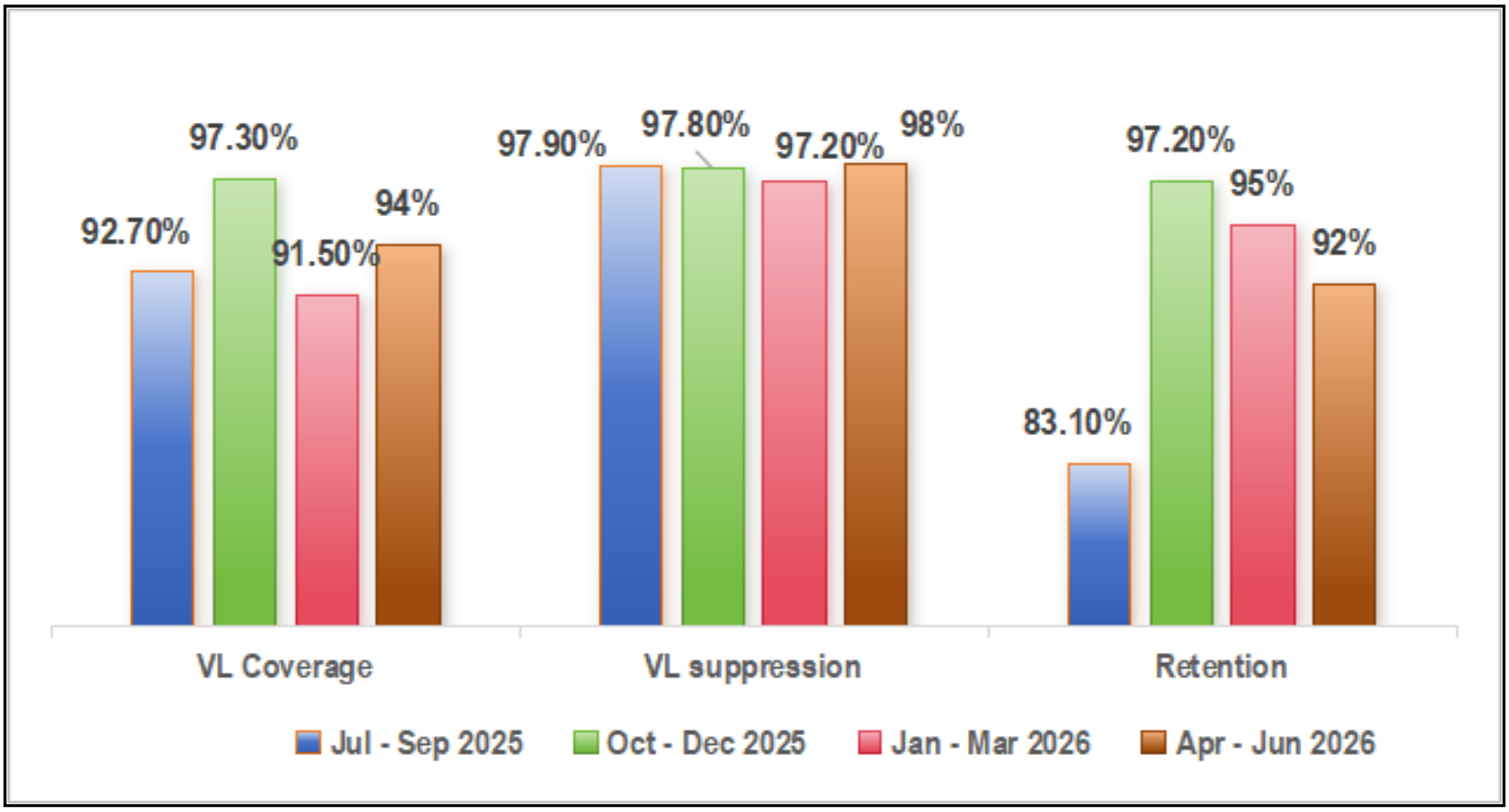
Viral Load coverage peaked at 94%, implying almost all eligible clients were reached for routine viral load monitoring. This strong achievement was facilitated by effective patient registration and tracking systems, appointment monitoring, routine review of client records and proactive follow-up of clients who had missed scheduled services. Close coordination between clinical, laboratory, pharmacy, records supported timely identification of clients due for viral load testing and ensured that eligible clients were appropriately referred and monitored.

Retention in HIV Care – 92%

Retention in Care reached 92%, representing 97% achievement of the target and demonstrating strong continuity of engagement in HIV care and treatment. This performance was supported by effective appointment scheduling and tracking, client follow-up mechanisms, adherence counselling, differentiated service delivery and timely identification of clients at risk of disengagement. Healthcare providers maintained regular communication with clients and responded to barriers affecting continued access to care, while multidisciplinary teams worked together to ensure continuity of treatment and supportive services. The availability of client-friendly services, individualized care approaches and ongoing treatment education also strengthened clients' ability and motivation to remain engaged in care.



Graph of Viral load coverage, Viral load Suppression and Retention in Care for JCRC ART Clinic



Patient Waiting Time - 90 Minutes

Patient Waiting Time averaged 90 minutes against a target of 60 minutes. While the result indicates an opportunity to further improve service efficiency, it occurred within a context of sustained demand for JCRC's high-quality clinical and specialized services. Waiting time was influenced by client volumes, variations in daily attendance, complexity of cases, peak-hour congestion, multiple service points accessed by individual clients, registration and records processes, and coordination between clinical, laboratory, pharmacy and other service delivery points. Despite the longer-than-targeted waiting time, the very high client satisfaction rate demonstrates that clients continued to perceive significant value in the quality and responsiveness of care received.



Going forward, JCRC will leverage its strong client satisfaction and clinical outcomes to further optimize the patient journey. Priority actions will include strengthening appointment scheduling, streamlining records management, improving triage, optimizing patient flow, better aligning staffing with peak service periods, strengthening coordination across service points, and expanding the use of digital systems. These improvements are expected to reduce our waiting time while preserving the high standards of quality, safety and patient-centred care that underpin our clinical services.

Strengthening and Expanding Our Specialized clinics

JCRC continued to strengthen and expand its specialized clinics, enhancing access to high-quality, integrated and patient-centred care for clients with complex and chronic health conditions. Our clinics provided a comprehensive range of specialized services, including HIV care and treatment, sickle cell and haematology, blood and marrow transplantation, critical care, wellness and emerging gene therapy services. These services were supported by multidisciplinary teams, advanced laboratory and diagnostic capabilities, strengthened patient management systems and evidence-based clinical practices. Through continuous quality improvement, client engagement and integration of clinical research and innovation, JCRC continued to improve the quality, accessibility and responsiveness of specialised healthcare while strengthening its contribution to Uganda's capacity to manage complex and emerging health needs. Our key specialized clinical services are;

HIV Prevention, Care and Treatment Services

JCRC provides comprehensive HIV testing, prevention, antiretroviral therapy and management of HIV-related conditions to children, adolescents, adults and the elderly. Our services include adherence support, viral load monitoring, advanced HIV disease management and long-term patient follow-up. JCRC focuses on achieving viral suppression, improving retention in care and enhancing the overall quality of life of clients. Through the support of CDC funding to the IDI/CDC MWP JCRC provided ART services to 13,500 clients against a target of 14,000, achieving 96% of the target, while initiating 1,500 newly diagnosed HIV-positive clients on treatment, strengthening timely access to lifesaving HIV care.

Introduction of the Long-Acting Lenacapavir Injectable PrEP

During the year, JCRC entered an important phase in expanding access to innovative HIV prevention by introducing long-acting lenacapavir injectable PrEP through the JCRC Outpatient Department (OPD). A total of 210 doses were distributed to eligible clients, providing access to a convenient, long-acting HIV prevention option and strengthening the range of PrEP services available to clients.

Lenacapavir represents an important advancement in HIV prevention because its long-acting formulation can reduce the burden of daily pill-taking and support continued protection among clients who may experience challenges with daily PrEP adherence. The intervention therefore strengthens client choice, continuity of prevention, and access to innovative HIV prevention technologies, while contributing to JCRC's broader efforts to reduce new HIV infections and improve person-centred HIV prevention services.



A stock of ARVs in our pharmacy



Private Clinic Services

Our Private Clinic provides consultations, diagnosis and management of common acute and chronic medical conditions. Services include clinical assessment, treatment, health education, referrals and follow-up care. The service provides an important entry point for integrated and holistic healthcare. During the reporting period JCRC provided Outpatient Services to over 7,000 individuals against a target of 10,000 achieving 70% of the target. This performance was enabled by the operation of flexi-program, introduction of new services scope e.g. mental health and on-boarding of corporate clients and companies

Sickle Cell Disease Clinic



One of our SCD clients undergoing a red blood cell exchange, a specialised procedure that helps reduce the proportion of sickled red blood cells and supports improved blood flow and overall health.

JCRC continued to strengthen and expand its Sickle Cell and Haematology Services, providing specialized, patient-centred care to SCD and individuals with complex haematological conditions. One main achievement was the continued provision of Apheresis Services to SCD patients including red blood cell exchange and plasma exchange procedures. A total of 151 apheresis procedures against targets of 200 attaining 76%. A total of 108 individuals against a target of 150 achieving 72% . This good performance demonstrates JCRC's growing capacity to provide advanced haematology interventions and respond effectively to the needs of patients requiring specialized care.

The achievement was enabled by the availability of specialized apheresis equipment, skilled and experienced multidisciplinary teams, strengthened patient identification and referral systems, effective clinical assessment and monitoring, availability of essential blood products, and strong coordination between clinical, laboratory and transfusion services. The continued provision of apheresis services has strengthened JCRC's position as an important provider of specialized SCD management, while improving access to advanced treatment options for patients with complex blood disorders

Blood and Marrow Transplantation



His Excellency the President of the Republic of Uganda commissioning the Bone Marrow Transplant (BMT) Unit at JCRC Headquarters during the Centre's 30th Anniversary celebrations.

JCRC provides post BMT specialized services for patients requiring bone and marrow transplantation as part of advanced treatment for selected diseases. Care encompasses patient assessment, treatment preparation, transplantation and comprehensive post-transplant monitoring. The service is supported by multidisciplinary expertise, advanced diagnostics and specialized patient management systems.

To support the implementation of the BMT programme, fundraising campaigns are ongoing to mobilize the resources required for treatment, infrastructure, equipment, and other programme needs. The initiative reflects JCRC's commitment to expanding access to advanced, potentially life-changing therapies within Uganda and strengthening local capacity to provide specialized care that would otherwise require patients to seek treatment outside the country.

Expanding Radiology Services

During the reporting period, JCRC continued to expand access to advanced radiology and specialized diagnostic services, offering clients high-quality, specialized care within a comprehensive clinical environment. Through services such as DEXA scanning and blood irradiation, JCRC is strengthening its ability to meet increasingly complex health needs while providing patients and referring clinicians with timely, reliable and specialized diagnostic and transfusion-support services.

DEXA scanning services recorded significant growth during the year, enabling more clients to access specialized assessment of bone health and supporting the early detection and management of osteoporosis and other bone-related conditions. By facilitating timely diagnosis and appropriate clinical management, the service helps patients take informed steps towards protecting their bone health, maintaining mobility and improving their overall quality of life.

Blood irradiation services increased more than threefold during the year, significantly expanding access to specialized transfusion support for patients who require irradiated blood products. This service provides an important additional layer of safety for eligible patients, particularly those requiring specialized or complex care, and strengthens JCRC's capacity to deliver comprehensive, high-quality clinical services. Supported by specialized equipment, skilled teams and established clinical protocols, these services demonstrate JCRC's continued investment in advanced, patient-centred healthcare that saves lives and improves health outcomes.



The Permanent Secretary, Ministry of Health, Dr. Diana Atwine, with members of the JCRC Board during the launch of radiology services at JCRC.



Critical Care Services

JCRC provides specialized management and monitoring of patients requiring intensive or high-dependency clinical care. Services focus on timely assessment, stabilization, monitoring and management of critically ill patients. Multidisciplinary teams work together to provide coordinated and responsive care for complex medical conditions.

A doctor providing a clinical examination to a patient as part of JCRC's commitment to delivering quality, patient-centred healthcare services.

Establishing Capacity for Gene Therapy

Developing Capacities for Gene Therapy Services

JCRC is developing and implementing advanced gene-therapy interventions for selected conditions, including inherited disorders. The service integrates specialized clinical assessment, laboratory diagnostics, treatment and long-term patient monitoring. It represents an important area of innovation in JCRC's evolving portfolio of advanced medical care.

During the year, JCRC continued to advance its Gene Therapy initiatives, with a focus on developing the institutional capacity and clinical pathways required to introduce advanced treatment options for patients with inherited and other serious conditions. As part of preparations for the planned Bone Marrow Transplant (BMT) programme, HLA testing was conducted to assess donor–recipient compatibility, with more than 30 families involved to date. These activities represent important preparatory steps towards establishing a comprehensive and sustainable BMT and gene therapy service at JCRC.



Our Laboratory Services

JCRC Laboratories provide comprehensive diagnostic, specialized and research laboratory services that support clinical care, medical research, disease surveillance, public-health and advanced therapeutics. Our laboratories combine modern automated technologies, specialized technical expertise, laboratory information systems and strong quality-management systems to provide accurate, reliable and timely results. Occupying 30,000 square feet, our laboratories provide extensive capabilities across clinical chemistry, hematology and blood transfusion, immunology and flow cytometry, microbiology, molecular diagnostics, immunoassays, and mycobacteriology/TB virology testing.

Our molecular and specialized services include HIV drug-resistance testing, TB molecular testing and drug-susceptibility testing, HIV viral load and DNA PCR, HBV/HCV testing, as well as testing for other viral, bacterial and sexually transmitted infections. Our laboratories support research through specimen processing, biobanking and specialized research testing. JCRC laboratories operate a Laboratory Information Management System (LIMS) that manages activities from test request through results and storage, integrated with financial systems for real-time data capture. JCRC maintains a sample biorepository supporting clinical research and biomedical innovation.

Our laboratories maintain strong accreditation, quality assurance and regulatory compliance systems. Our laboratories are accredited by the College of American Pathologists (CAP) and DAIDS, and undergo regular study sponsor audits, including audits by MRC and TB Alliance, other research sponsors. Our Mbarara Regional Centre laboratory is SANAS accredited and WHO. All our laboratories participate in external quality-assurance and proficiency-testing program and maintain specialized biosafety infrastructure, including P2 and P3 laboratory facilities. With a 62-test menu and advanced diagnostic infrastructure, our laboratory services provide the vital backbone for patient care, medical research, surveillance, emerging-disease preparedness and development of advanced health technologies.

62

"With a test menu and advanced diagnostic infrastructure, JCRC Laboratories provide the breadth and precision needed to transform testing into better patient care, stronger research and health innovation."

Key Achievements

1. Supporting Delivery of Quality Medical Research

Our laboratory services contributed significantly to the conduct of high-quality medical research, serving as a critical scientific and technical platform for JCRC's research portfolio. During the reporting period, the laboratory supported 30 research projects conducting over 200,000 research-specific laboratory tests and assays, providing timely, accurate and reliable laboratory data required for participant assessment, study implementation, safety monitoring and generation of high-quality research evidence.

The range of specialized laboratory services provided include molecular diagnostics, virology, immunology, flow cytometry, hematology, microbiology, clinical chemistry, specimen processing and research-specific assays. The strong quality-management systems, accreditation, external quality-assurance participation and experienced scientific teams ensured that research testing was conducted to high national and international quality standards, while its infrastructure enabled JCRC to increasingly support complex clinical and biomedical studies.

The provision of laboratory services strengthened the quality, integrity and credibility of research outputs, supported the successful implementation of studies and enhanced JCRC's capacity to generate evidence for improved prevention, diagnosis and treatment. This work further strengthened JCRC's readiness for advanced medical research, HIV cure studies, cell and gene therapy, molecular innovation and other emerging health technologies, reinforcing its role as a key platform for translating research into improved health outcomes.

2. Advancing Patient Care and Disease Management

Our laboratory services contributed significantly to patient care and clinical decision-making, providing timely, accurate and reliable diagnostic services that enabled clinicians to detect diseases, establish diagnoses, monitor treatment response and make evidence-based management decisions. During the reporting period, our laboratories served over 20,000 individuals and performed approximately 300,000 diagnostic tests, covering routine and specialized investigations across hematology, clinical chemistry, microbiology, immunology, virology, molecular diagnostics, blood transfusion and TB testing.

Through its broad and increasingly specialized test menu, supported by advanced laboratory technologies, skilled scientific teams, robust quality-management systems and accredited services, our laboratory services strengthened the diagnosis and management of HIV, TB, viral hepatitis, opportunistic infections, hematological conditions and other diseases. Rapid access to reliable laboratory results supported early diagnosis, appropriate treatment selection, monitoring of treatment effectiveness and timely clinical intervention, while specialized testing strengthened the management of complex and chronic conditions.

The provision of these services contributed to improved quality of patient care, enhanced diagnostic accuracy, better treatment monitoring and improved patient outcomes. The laboratory also strengthened continuity of care by providing dependable diagnostic support across JCRC clinical services, while its quality systems and external quality-assurance performance ensured confidence in results. Collectively, the laboratories contribution positioned JCRC as a critical enabler of high-quality, patient-centred healthcare, effective disease management

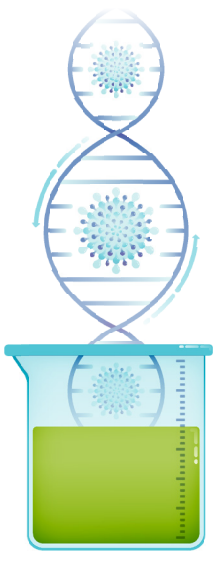
3. Advancing the Cell and Gene Therapy Agenda

JCRC is building capacity in cell and gene therapy through research and development of innovative approaches for the treatment of genetic and acquired diseases. This includes hematopoietic stem-cell research, ex-vivo gene modification, lentiviral vector-based transduction, and magnetically assisted gene delivery, with ongoing work to develop simplified and reproducible workflows for modifying cord blood stem cells. These efforts provide a foundation for advancing gene therapy applications, including sickle cell disease, and strengthening Uganda's capacity to develop and deliver advanced therapeutic technologies.



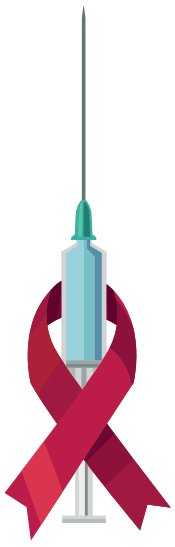
Training of our lab personels on new lab equipment.

Ongoing Research in Cell and Gene Therapy at JCRC



ASH - Simplified Ex-Vivo Lentiviral Transduction Of Cord Blood Stem Cells

JCRC has made significant progress in establishing a simplified, efficient and reproducible workflow for ex-vivo lentiviral, magnetically assisted transduction of cord blood stem cells, positioning the Centre to advance research in cell and gene therapy. Key achievements include the successful isolation and characterization of cord blood stem cells, receptor expression analysis, and successful gene modification using novel lentiviral vectors. These milestones demonstrate the growing technical capacity of JCRC in advanced cellular and molecular technologies and establish a strong foundation for the development and translation of innovative gene therapy approaches, including applications for inherited and other challenging diseases.



amfAR HIV Cure in a Syringe

Through the amfAR "HIV Cure in a Syringe" initiative, JCRC is advancing cutting-edge HIV cure research in collaboration with Prof. Elena Herrera, focusing on innovative CRISPR-based approaches to reducing the HIV reservoir. The project is evaluating the potential of dual CRISPR guide RNA technology to target and reduce HIV reservoirs, contributing to the global search for durable HIV cure strategies.

The programme is further strengthening JCRC's advanced research infrastructure through the acquisition of specialized Seeding Labs equipment, currently undergoing customs clearance in Mombasa. Once deployed, the equipment will significantly enhance JCRC's laboratory capabilities, support specialized training, and expand the Centre's capacity to undertake advanced molecular research and HIV cure investigations.

New Laboratory-based Research Grants Awarded to JCRC

JCRC has strengthened its research portfolio through the award of strategic grants that advance innovative, locally relevant and globally significant health solutions. These grants demonstrate growing recognition of JCRC's scientific capacity and its ability to undertake complex biomedical research with potential to improve access to advanced healthcare technologies.

Immunequity

Transforming Global Access to Immune Therapies through Frugal Biomedical Innovation is supporting JCRC's efforts to develop cost-effective and accessible approaches to immune therapies, with a focus on frugal biomedical innovation. The initiative aligns strongly with JCRC's strategic ambition to translate scientific innovation into affordable health technologies and expand access to advanced therapies, particularly in resource-constrained settings.

Repurpose

JCRC has also received Novartis funding to support repurpose research, creating an opportunity to investigate existing medicines for new therapeutic applications. This work strengthens JCRC's capacity in translational research and accelerates the exploration of potentially more accessible treatment options by leveraging medicines with established safety and clinical profiles. Together, these grants expand JCRC's research and innovation portfolio and reinforce its role in developing practical, affordable and scalable solutions to priority health challenges.

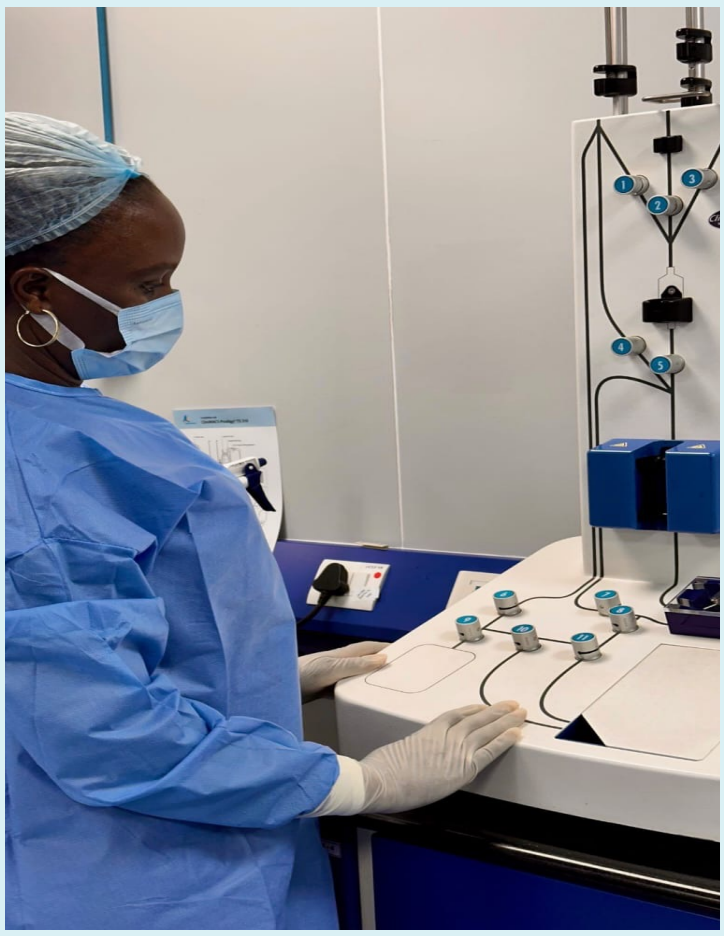
Laboratory Equipment Acquisitions

JCRC acquired State-of-the art Roche Cobas 6800 system, a fully automated, high-throughput molecular diagnostics platform that is capable of processing up to 384 tests per 8-hour shift, with initial results in under 3.5 hours. This new capacity allows our laboratory to deliver rapid, reliable testing for high-priority pathogens, including HIV-1, HBV, HCV, HPV, SARS-CoV-2, and influenza, as well as detection of Mycobacterium tuberculosis and rifampicin/isoniazid resistance mutations, enabling timely identification of multidrug-resistant TB.

This equipment strategically positions our laboratory to support high-volume diagnostic needs such as infectious disease surveillance, blood screening, and public health testing programs



Newly acquired Roche Cobas 6800 for molecular diagnostics.



Our laboratory technician operating one of the laboratory equipment to support accurate and efficient diagnostic testing.

Stem Cell / Bone Marrow Transplant Readiness

To strengthen its readiness to deliver Stem Cell and Bone Marrow Transplantation (BMT) services, JCRC has made substantial progress in establishing a complete transplant technical pipeline, covering stem cell collection, processing, characterization, transplantation and post-transplant monitoring. Through an ASH-supported training programme in India, JCRC staff acquired specialized competencies in Peripheral Blood Stem Cell (PBSC) harvesting through apheresis, CD34+ cell enumeration using flow cytometry, therapeutic drug monitoring, T-cell depletion and processing, chimerism analysis and HLA typing key technical capabilities required for safe and effective allogeneic transplantation.

JCRC also strengthened its capacity for therapeutic drug monitoring of Tacrolimus and Cyclosporine, which are essential for managing immunosuppression and reducing complications following transplantation. Validation of both assays has been successfully completed, with reagents already ordered and awaiting delivery, positioning the laboratory to operationalize routine therapeutic drug monitoring as part of the transplant service.

Collectively, these interventions are advancing JCRC's technical, laboratory and clinical readiness for BMT, which will reduce reliance on external laboratories and strengthen JCRC's ability to provide an integrated transplant service.

The investments in specialized skills, validated assays and technical processes are establishing a strong foundation for safe, quality-assured and sustainable transplantation services in Uganda, while positioning JCRC to expand access to advanced cellular therapies and improve outcomes for patients requiring stem cell transplantation.



COLLEGE of AMERICAN PATHOLOGISTS

CERTIFICATE OF ACCREDITATION

Joint Clinical Research Centre
Laboratory
Kampala, Uganda
Cissy Kityo Mutuluuza, MD,PhD

CAP#: 7184461

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to **June 07, 2027** to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

CAP ACCREDITED

Kathleen G. Reavis, MD
Chair, Accreditation Committee

Donald S. Karcher, MD, FCAP
President, College of American Pathologists

The JCRC Board of Trustees at the JCRC Headquarters in a meeting reviewing institutional performance, provide strategic oversi, clinical catory services, innovation, and capacity building.

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Our Reference: M0848
Your Reference: M0848

Mr BJ Ouma
Joint Clinical Research Centre Mbarara RCE Laboratory
Mbarara Regional Referral Hospital
Mbarara
Uganda
256

SANAS ACCREDITATION

The following is attached:

1. The SANAS Accreditation Symbol, which Joint Clinical Research Centre Mbarara RCE Laboratory is now authorised to use, subject to the conditions as stipulated in R04.

Congratulations on this significant achievement. SANAS welcomes Joint Clinical Research Centre Mbarara RCE Laboratory and entrust that this new relationship will be mutually rewarding.

Yours faithfully,

Barbara Mokgethwa
Accreditation Manager: Medical

Our Biorepository Facility and Services

Our Biorepository is a state-of-the-art biological specimen storage and management facility that provides a secure, reliable and well-controlled platform for the long-term preservation of biological samples collected from research participants. Our unit systematically catalogues, processes and stores samples for future diagnostic testing, research and scientific innovation, ensuring that valuable biological materials remain accessible for current and future studies. Currently housing over 10 million biological samples, the unit is a significant research resource for JCRC and research institutions local and international.

The facility houses 50 ultra-low-temperature (-80°C) and 10 -20°C freezers, that enables preservation of a wide range of specimen types, including whole blood, plasma, serum, sputum, dried blood spots (DBS), cerebrospinal fluid (CSF) and saliva. The Biorepository provides specimen storage services to research sites and institutions globally, especially those conducting research similar to JCRC, thereby creating an opportunity for regional and international research collaboration and revenue generation.

A key strength of the Biorepository is its advanced online temperature-monitoring and alert system, which continuously monitors freezer temperatures and provides real-time alerts through mobile phones and email. This strengthens specimen security, minimizes the risk of sample loss and ensures optimal storage conditions are maintained around the clock. With its large specimen collection, advanced infrastructure and robust monitoring systems, the JCRC Biorepository represents a strategic research asset that preserves valuable biological resources, enables future scientific discoveries and strengthens JCRC's capacity to support high-quality medical research and innovation.

50

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Our Biorepository facility housing 50+ ultra- low-temperature freezers.



Our state of the art laboratory.

The Local Partner Health Services - LPHS - North and South West Activity

About LPHS

JCRC's Local Partner Health Services LPHS North & South West Activity is a PEPFAR-funded project funded by USAID that runs from 2020 to 2026, with the goal of increasing the availability, accessibility and utilization of quality, integrated HIV and TB services and contributing to sustained HIV epidemic control. The project operates across 35 districts and 2 cities in the Kigezi, Lango and Acholi sub-regions delivering HIV prevention, testing, treatment, viral-load monitoring, TB services and related interventions.

LPHS targets people living with and at risk of HIV and TB, including adults, children and adolescents, pregnant and breastfeeding women, and key and priority populations, while strengthening the capacity of supported facilities and district health systems. Its implementation focused on expanding high-quality facility- and community-based services, improving HIV case identification and linkage to care, strengthening treatment retention and viral suppression, and enhancing district capacity to sustain epidemic control. The project's performance during the reporting period demonstrates the value of this investment, with substantial improvements in ART coverage, HIV testing, case identification, viral-load coverage and suppression, TB cure rates and PMTCT as shown below.

Key Project Achievements

JCRC's Local Partner Health Services LPHS North & South West Activity is a PEPFAR-funded project funded by USAID that runs from 2020 to 2026, with the goal of increasing the availability, accessibility and utilization of quality, integrated HIV and TB services and contributing

HIV Tests Conducted

During the reporting period, the Project increased the number of HIV tests conducted from 447,584 to 553,731, representing an increase of 106,147 tests (23.7%). This strong performance reflects expanded access to HIV testing through facility- and community-based approaches, index testing and Social Network Strategy (SNS). Sustained availability of HIV testing commodities also enabled service delivery points to maintain testing activities and reach more individuals.

New HIV Positive Clients Identified

During the reporting period, the Project increased the number of HIV-positive clients identified from 6,803 to 8,600, representing an increase of 1,797 clients (26.4%). This was the largest percentage increase among the selected indicators and reflects strengthened HIV case-finding approaches. The achievement was driven by expanded index testing and SNS, which improved identification of HIV-positive contacts and individuals at increased risk and supported their linkage to appropriate services.

People Currently on ART

In FY2025/26 the Project increased the number of people currently receiving ART from 341,397 to 396,426, attaining an increase of 55,029 clients (16.1%). This growth reflects strengthened capacity to retain clients on treatment and expand access to HIV care. Performance was supported by differentiated service delivery, enhanced retention mechanisms, multi-month dispensing, which facilitated continuity of treatment and reduced barriers to accessing services.



JCRC supporting Medicine delivery to Lira RRH

Viral Load Coverage

During the reporting period, the LPHS Project increased viral load coverage from 84% to 92%, representing an 8-percentage-point improvement. This achievement reflects strengthened systems for identifying clients due for viral load testing and ensuring timely access to monitoring services. Key contributing factors included improved sample referral systems, audit-tool-guided tracking and strengthened laboratory networks, which enhanced coordination between clinical and laboratory services.

"Behind every number is a life reached, a diagnosis made, and a future strengthened. Through the LPHS Activity, JCRC has translated sustained investment and innovation into measurable health impact—expanding HIV testing, identifying more people living with HIV, increasing access to life-saving ART, and strengthening viral load monitoring and suppression.

At the same time, improved TB cure rates demonstrate stronger treatment support and continuity of care. These achievements reflect more than improved indicators; they represent stronger health systems, empowered communities and thousands of individuals receiving the services they need to live healthier lives."

Viral Suppression

During the reporting period, the Project increased viral suppression from 95% to 97%, representing a 2-percentage-point improvement. This strong performance reflects effective treatment and adherence support among clients receiving ART. The improvement was supported by intensive adherence counselling, regimen optimization, multidisciplinary case reviews and closer monitoring of clients requiring additional clinical support.

TB Cure Rate

The TB cure rate improved from 86% to 88%, representing a 2-percentage-point increase. This positive movement reflects strengthened capacity to support clients through the TB treatment continuum and achieve successful treatment outcomes. The improvement was supported by enhanced adherence support, strengthened treatment monitoring and closer follow-up of clients, helping service teams identify challenges and provide appropriate support throughout treatment.

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JCRC joined partners and communities in commemorating World TB Day 2026 in Nwoya District, reaffirming our commitment to strengthening TB prevention, screening, diagnosis, treatment and awareness, particularly among communities most affected by the disease.

HIV-Positive Pregnant Women on ART

During the reporting period, the Project increased the proportion of HIV-positive pregnant women receiving ART from 98% to 100.4% as reported, indicating achievement of universal reported coverage. This strong performance was supported by immediate ART initiation, strengthened PMTCT follow-up, mother-baby pair tracking and integration of HIV services within MCH clinics. These approaches strengthened identification, linkage and continuity of HIV services for pregnant women and contributed to improved PMTCT service coverage.

Examples of Impactful Interventions

Sustained HIV case identification and strong treatment outcomes

Between July–September 2025 and April–June 2026, the Project strengthened HIV case identification, treatment continuity and clinical outcomes. People currently receiving antiretroviral treatment increased by 55,029, from 341,397 to 396,426, representing a 16.1% increase. Quarterly HIV testing rose by 106,147 tests, from 447,584 to 553,731, while positive results increased from 6,803 to 8,600. Adult viral-load coverage improved by eight percentage points, from 84% to 92%, and viral suppression rose by two percentage points, from 95% to 97%.

These gains were attributed to expanded facility and community testing, eligibility screening, index and social-network testing, differentiated service delivery, multi-month dispensing, appointment tracking, back-to-care initiatives, audit-tool guided viral-load follow-up, enhanced adherence counselling, multidisciplinary case reviews and regimen optimization. Together, the improvements demonstrate stronger reach, retention and treatment effectiveness across Acholi, Ankole, Kigezi and Lango.



A health worker provides counselling services to a client at Okole Health Centre III in Kole District, supporting informed health decisions and strengthening access to quality, client-centred care.

Protected mothers and infants through integrated maternal and HIV services

Maternal HIV services remained consistently strong between July–September 2025 and April–June 2026. HIV-status ascertainment among women attending their first antenatal visit was sustained above 99%, while reported ART coverage among HIV-positive pregnant women improved from 98% to 100.4%.

The reports link performance to sustained availability of HIV testing commodities, integration of testing and treatment within antenatal and maternity services, use of PMTCT audit tools, mother–baby pair and birth-cohort tracking, alignment of maternal and infant appointments, community follow-up and rapid initiation of infants diagnosed with HIV. These approaches supported a continuous pathway from antenatal testing and maternal treatment to early infant diagnosis and paediatric treatment.





A mother receives essential health services during one of our community outreach activities in the Ankole region, bringing care closer to the communities we serve.



Expanded TB diagnosis and strengthened laboratory, data, and outbreak readiness

TB treatment outcomes remained strong over the year. The treatment success rate was sustained at 94% from July–September 2025 to April–June 2026, while the cure rate improved by two percentage points, from 86% to 88%. The reports attribute this performance to integration of TB screening at service-delivery points, provider mentorship, contact investigation, TB hotspot screening, computer-aided digital chest X-ray, expanded GeneXpert access, treatment monitoring, adherence support and client follow-up.

Broader system strengthening reinforced these gains: 439 facilities had active electronic laboratory-results accounts, GeneXpert access increased from 76% to 98%, and 16,329 of 17,207 identified data-quality issues were resolved. The Project also strengthened outbreak readiness through health-worker orientation, surveillance support and distribution of infrared thermometers. Combined, these interventions improved diagnostic access, continuity of TB care, data use and public-health preparedness.



Our TB expert providing testing services to a community member during a community outreach.

Our Annual Impact In Figures

Indicator	Target	% Achieved	Factors responsible for this performance
ANC1 Coverage	**95%**	**131%**	Integration of ANC services into EPI outreaches, increasing access to first ANC attendance within communities.
PMTCT_STAT	**95%**	**99%**	• Routine site skilling and mentorship of health workers. • Continuous availability of HIV testing commodities.
Treatment Success Rate (TSR) for DS-TB	**90%**	**94%**	• Periodic TB appointment tracking. • Follow-up of missed appointments. • Monthly cohort retention monitoring.
Viral Load Suppression	**95%**	**97%**	• 100% of clients maintained on optimal ART regimens. • Routine adherence counselling. • Differentiated psychosocial support for caregivers,
IIT-PLHIV	**<1%**	**0.9%**	• Proactive appointment tracking through phone calls and physical reminders. • Timely follow-up for missed appointments.
Commodity Order Submission	**100%**	**100%**	• Multidisciplinary collaboration during order compilation. • Facility-level order review meetings.
HMIS Reporting Completeness	**95%**	**100%**	• Proactive monitoring of reporting rates with districts. • Continuous data cleaning and validation exercises. • Routine follow-up to ensure reporting completeness and data quality.



A peer volunteer providing HIV testing services to sceondary school students.

The Masaka - Wakiso HIV Project - MWP



Community sensitisation promoting HIV testing, TB screening, and cervical cancer screening for healthier communities.

About MWP

The Masaka–Wakiso HIV Project (MWP) is being implemented in partnership with the Infectious Diseases Institute (IDI), with support from CDC/Uganda through PEPFAR. The project aims to achieve and sustain HIV epidemic control and contribute to the UNAIDS 95-95-95 targets through the scale-up of evidence-based, high-impact and person-centred HIV interventions. It also seeks to reduce TB incidence and HIV/TB-related morbidity and mortality while strengthening the capacity of the Government of Uganda and other stakeholders to lead the HIV epidemic response and address other public health threats across the Masaka–Wakiso region of Uganda.

Key Achievements of the Project

HIV Positive Individuals Linked to Treatment - 95/

During the reporting period, the Project achieved 100% linkage of HIV-positive individuals to treatment against a target of 95%, achieving the set target. This strong performance demonstrates effective linkage and enrolment mechanisms that supported newly identified clients to transition promptly into care. Factors responsible for this performance included assignment of peers to newly identified positive client for follow-up, providing hands-on support to newly diagnosed clients throughout the clinic process, provision of psychosocial support, promoting same-day ART initiation, and collaborating with community structures to strengthen follow-up and re-engagement in care.

People Living with HIV Receiving and Active on ART - 111%

The Project supported 13,701 people living with HIV to remain active on ART against a target of 12,326, achieving 111% of the target. Exceeding the target by 1,375 clients reflects strong capacity to sustain clients on treatment and maintain continuity of HIV care. This performance was enabled by calls to new HIV patients to assess their immediate needs, pre-appointment reminders provided one week before scheduled visits; and a systematic mechanism for flagging missed appointments that enable staff to conduct same-day follow-up and support clients to remain engaged in care.

Women Living with HIV on ART Screened for Cervical Cancer - 184/

A total of 1,302 women living with HIV were screened for cervical cancer against a target of 707, achieving an exceptional 184% of the target and reaching 595 additional women beyond the planned target. This outstanding performance reflects the successful integration of cervical cancer screening into routine HIV services and community-based activities. Enablers of this performance included integrating screening into outreaches, zoning eligible clients within outreach communities, conducting cervical cancer screening in JCRC clinics, health education, line-listing of women due for screening, and regular weekly performance reviews that enabled staff to identify gaps and implement timely improvement strategies.



95%

The programme successfully linked newly identified HIV-positive individuals to appropriate treatment and care services.

This achievement reflects effective linkage and enrolment mechanisms that enabled clients to transition promptly and seamlessly into care, supporting continuity of treatment and strengthening access to essential HIV services. The approach also contributed to improved client engagement and timely initiation of appropriate treatment.

ART Patients Started on a Standard Course of TB Preventive Therapy - 136/

A total of 262 ART patients initiated on TB Preventive Therapy against a target of 192, achieving 136% of the target and exceeding the target by 70 clients. This strong achievement demonstrates effective integration of TB prevention within HIV care and treatment services. Factors responsible for this performance included direct client reminders on TPT adherence, continuous engagement with prescribers to ensure eligible clients were appropriately initiated on TPT, and routine verification of client records at the pharmacy to confirm whether prescribed TPT had been collected.

HIV-Positive Individuals with a Documented Viral Load in Last 12 Months - 116%

The Project achieved 12,558 HIV-positive individuals with a documented viral load against a target of 10,786, representing 116% achievement and exceeding the target by 1,772 clients. The strong performance reflects effective systems for identifying clients due for viral load monitoring and facilitating access to testing and results. This performance was enabled by synchronization of JCRC laboratory system with the CPHL laboratory system, strengthened health education on adherence and personal health management, and a patient monitoring system that flags clients due for viral load testing, enabling timely follow-up and action.

Active Clients with documented Viral Load in Last 12 Months Virally Suppressed - 120/

The Project recorded 12,324 active clients with a documented viral load who were virally suppressed against a target of 10,247, achieving 120% of the target and exceeding the target by 2,077 clients. This achievement demonstrates strong treatment outcomes among clients actively engaged in HIV care. This performance was contributed to by optimization of clients' ART regimens and continuous adherence counselling provided to all clients. These interventions strengthened treatment adherence and supported sustained viral suppression among clients receiving ART.

Individuals provided Post-Violence Clinical Care Based on the Minimum Package - 118/

A total of 59 people were provided post-violence clinical care against target of 50, achieving 118% of the target. This performance demonstrates strengthened identification and provision of appropriate physical and emotional support to clients affected by violence. The performance was contributed to by intensified screening for violence across JCRC service points by doctors, nurses, counsellors and peers; health education to raise awareness of violence screening and available support; and regular monitoring by designated focal person, who provided weekly performance updates to support timely action and improvement.

The Strengthening Public Health Laboratories Systems in Uganda - SPHLS/Project

About SPHLS

The CDC funded SPHLS project aims to strengthen Uganda's public health laboratory system through technical assistance, capacity building, quality improvement and laboratory systems strengthening. In its 5th year the project supports laboratories to improve the quality, reliability and timeliness of diagnostic services, including biosafety, accreditation, equipment certification, TB diagnostics and other laboratory services. Through collaboration with MoH and other stakeholders, SPHLS contributes to a stronger, more resilient and sustainable laboratory system able to support disease prevention, diagnosis, surveillance and response in Uganda.

Key Project Achievements

Strategy 1 - Strengthen Quality of Laboratory Services by supporting National Health Laboratory and Diagnostics Services' implementation of a quality management system

This strategy focused on strengthening laboratory quality management systems through implementation of SLMTA and SLIPTA tools and processes, with the ultimate aim of supporting laboratories to achieve accreditation against ISO 15189:2022 and other applicable ISO standards. Performance during the reporting period demonstrates substantial progress in laboratory accreditation, continuous quality improvement and real-time quality monitoring.

Public Health Laboratories Accredited

The project exceeded its target for laboratory accreditation during the reporting period. Against a target of 5 laboratories, 6 laboratories were accredited, representing 120% achievement. This performance reflects accelerated progress in strengthening laboratory quality management systems across supported facilities. The achievement was facilitated by the combined support of SPHLS and other implementing partners, which provided technical assistance and quality improvement support. The continued stewardship and leadership of the National Health Laboratory and Diagnostics Services (NHLDS), together with increasing maturity in quality management systems among participating laboratories, also contributed significantly to the higher-than-target performance.

PEPFAR-Supported Laboratories Achieving SLMTA Continuous Quality Improvement Milestones

A total of 29 PEPFAR-supported laboratories were audited and achieved the specified SLMTA Continuous Quality Improvement milestone against a target of 31 laboratories, representing 94% achievement as reported. Although this achievement was below the target, the quality improvement process registered encouraging progress, with 94% of laboratories in the cohort attaining at least one star. Performance was enabled by strengthened coordination with implementing partners, regular physical, virtual follow-ups, and supplemental training in critical quality management areas, particularly risk management, internal quality processes and occurrence management. These interventions helped laboratories strengthen their quality systems



Maintenance and Use of the National EQA Dashboard for Real-Time Monitoring

The National EQA Dashboard substantially exceeded its target during the reporting period. Against a target of 84 facilities, 135 facilities were actively using the system, representing 164% achievement. The expanded use of the dashboard strengthened real-time monitoring of external quality assessment results and improved the availability of laboratory quality information for decision-making. The strong performance was largely attributed to continuous follow-up by the SPHLS project, which encouraged facilities to consistently submit EQA results and supported users to remain engaged with the system. The achievement demonstrates increasing adoption of digital tools for laboratory quality monitoring.

Participants share a photo moment after a training in lab equipment calibration.

Strategy 2: Capacity Building for Equipment Maintenance and Bio-safety Cabinets at Regional and National Levels to Ensure Uninterrupted Service Delivery

This strategy focused on strengthening equipment maintenance systems and technical capacity at national and regional levels to reduce equipment downtime and support uninterrupted laboratory service delivery. Overall performance was strong, with most indicators meeting or exceeding their annual targets. The establishment and strengthening of regional maintenance workshops and improved coordination were important contributors to this performance.

Health Facilities Visited

The project significantly exceeded its target for facility visits. Against a target of 200 facilities, 345 facilities were visited, representing 173% achievement. The higher-than-planned level of coverage reflects the effectiveness of coordination and field-level mobilisation in supporting equipment maintenance activities. The coordination mechanisms established under the project enabled technical teams to reach a larger number of facilities than initially planned, thereby expanding access to equipment maintenance and technical support.

Laboratory Equipment Received

A total of 7,051 pieces of equipment were received against a target of 6,800, representing 103% achievement. This indicates that equipment mobilisation and receipt were broadly in line with, and slightly above, planned expectations. The performance was supported by SPHLS assistance to the National Equipment Calibration Laboratory (NECL), as well as regional implementing partners. Regionalisation of equipment management and the development and implementation of calibration schedules helped strengthen coordination of equipment-related activities and contributed to the achievement.

Laboratory Equipment Calibrated

The project calibrated 5,330 pieces of equipment against a target of 7,051, representing 76% achievement. While substantial progress was made, the target was not fully reached, indicating a gap in the coverage of equipment requiring calibration during the reporting period. The activity benefited from SPHLS support to NECL, together with regional implementing partners and the use of regional calibration schedules. However, the lower level of achievement suggests that equipment availability, scheduling, geographical coverage and the time required to complete calibration activities may have constrained full attainment of the target.

Laboratory Equipment Passing Calibration

Of the equipment subjected to the calibration process, 5,063 pieces of equipment passed, equivalent to 95% of the reported target/ performance level. This demonstrates that the majority of equipment assessed through the maintenance and calibration system met the required performance standards following technical interventions. The result was supported by routine servicing, preventive maintenance and repairs conducted through regional workshops, which enabled technical teams to address equipment problems and improve equipment functionality before or during calibration.

Laboratory Equipment Installed

The project installed 540 pieces of equipment against a target of 500, achieving 108%. The achievement reflects effective implementation of equipment installation activities and exceeded the planned annual target by 40 pieces of equipment. Installation activities were undertaken in response to the availability and readiness of equipment at beneficiary facilities. Consequently, the actual level of achievement was influenced by the number of equipment received and made available for installation during the reporting period, as well as the readiness of facilities to receive and operationalise the equipment.



One of the improved and equipped work spaces.

> ***"By taking equipment maintenance closer to health facilities, JCRC strengthened technical systems, expanded service coverage and improved the reliability of laboratory equipment—helping keep essential diagnostic services running when they matter most."***

Laboratory Equipment Serviced

The project serviced 1,150 pieces of equipment against a target of 1,000, representing 115% achievement. The higher-than-target performance demonstrates increased coverage of equipment maintenance and contributed to improved equipment functionality and service continuity. The increase was largely attributed to the establishment and utilisation of regional maintenance workshops, which brought technical services closer to health facilities and increased the capacity to undertake routine servicing, maintenance and repairs. The regional approach therefore enabled the project to service more equipment than originally planned and strengthened the overall equipment maintenance system.

Other Significant Project Achievements

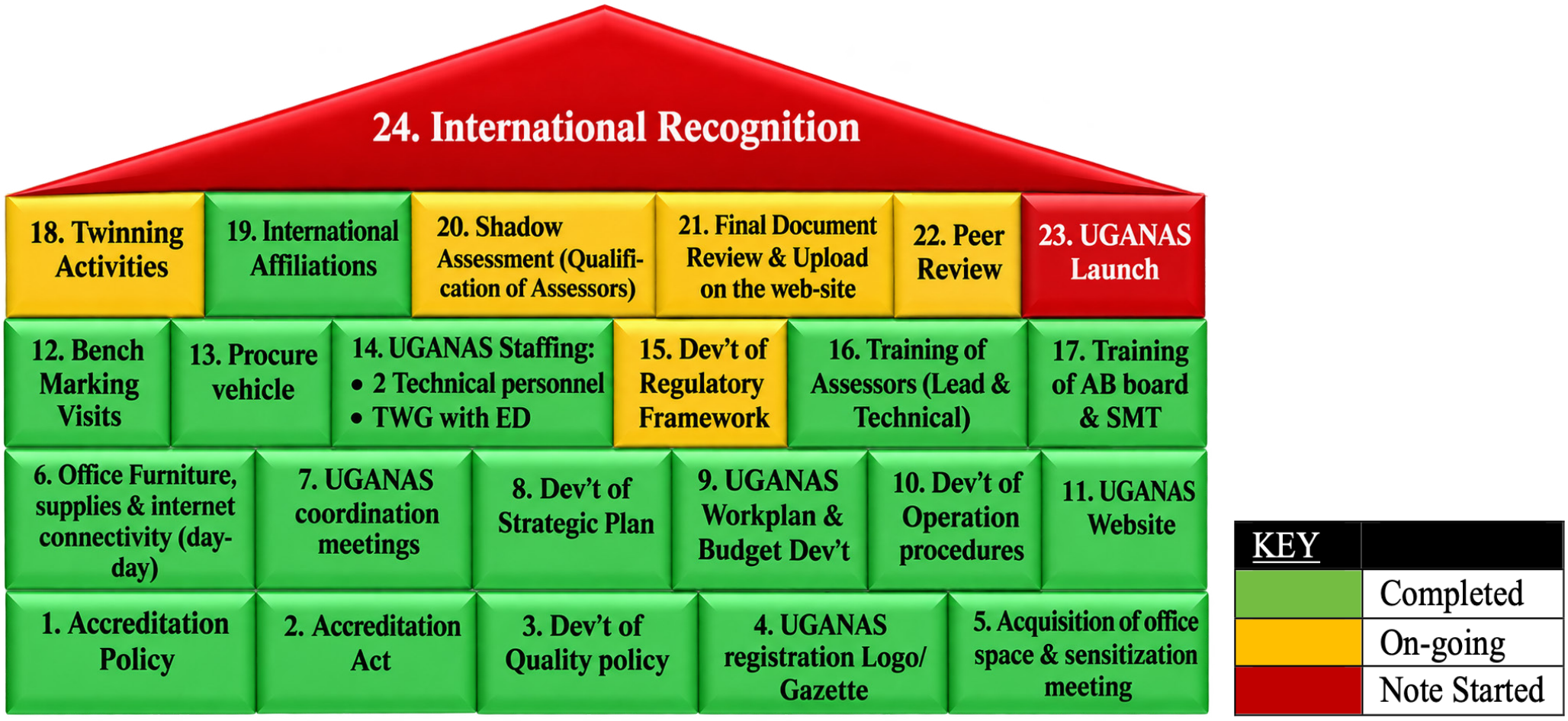
Spear-heading the establishment of Uganda National Accreditation Services - UGANAS.

The Uganda National Accreditation Service (UGANAS) is Uganda's national accreditation body, established under the Accreditation Act No. 20 of 2021, with the mandate to develop, manage and maintain a credible and internationally recognized national accreditation system. UGANAS is being established and strengthened to operate in alignment with ISO/IEC 17011:2017 and other applicable international standards, thereby providing the institutional foundation for competent, impartial and internationally credible accreditation services in Uganda. The SPHLS/JCRC funded and been supporting the establishment of UGANAS.

During the reporting period, SPHLS/JCRC provided technical assistance to strengthen the institutional and technical capacity of UGANAS, including support for the formulation and orientation of Technical Committees (TCs). These committees are an important component of an effective accreditation system, providing the technical expertise, stakeholder representation and mechanisms required to support impartial, consistent and technically sound accreditation decisions and processes.

To further institutionalize these structures, SPHLS/JCRC supported the development of a draft framework for the establishment and functioning of Technical Working Committees. The framework provides guidance on committee composition, membership, roles and responsibilities, reporting relationships, coordination mechanisms and operational arrangements. This provides a structured basis for establishing functional committees that can effectively contribute to the development, implementation and continuous improvement of Uganda's accreditation system.

In addition, stakeholder mapping was undertaken to identify key institutions, technical bodies and other actors with roles or interests in ISO accreditation. The exercise provided a clearer understanding of the accreditation stakeholder landscape and created a basis for targeted engagement, collaboration and coordination. Collectively, these interventions strengthened stakeholder awareness and understanding of accreditation requirements, improved institutional coordination, and enhanced UGANAS' readiness to operationalise its accreditation mandate. The work also established an important foundation for sustainable, technically competent and stakeholder-responsive accreditation structures in Uganda.



Biosafety Cabinet (BSC) Certification Performance

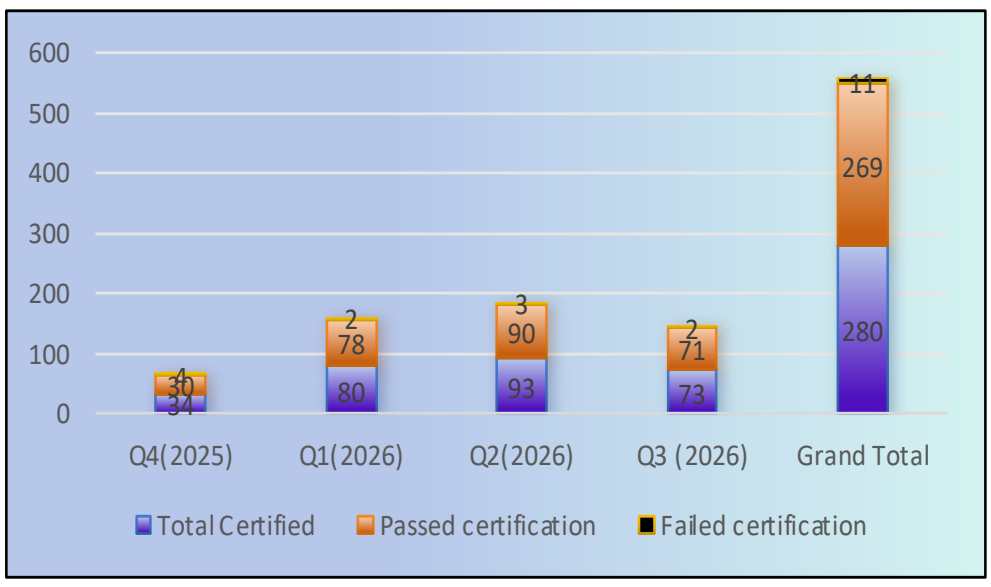
Workload and Coverage

During the reporting period, SPHLS/JCRC supported the certification of 280 Biosafety Cabinets (BSCs) across supported laboratories. The certification exercise was aimed at ensuring that critical containment equipment was functional, safe and fit for use. The workload varied across the reporting periods, increasing from 34 BSCs in the first period to 80 in the second and 93 in the third, before declining to 73 in the fourth period. Overall, the volume of certification increased substantially compared with the first reporting period, demonstrating sustained demand for BSC certification services and expanded coverage of supported laboratories.

Certification Results and Performance

Certification results demonstrate strong and consistent performance. Of the 280 BSCs assessed, 269 (96.1%) passed certification, while only 11 (3.9%) failed and were referred for corrective action and follow-up. The pass rate improved significantly from 88.2% in the first period (30/34) to 97.5% (78/80) in the second, 96.8% (90/93) in the third and 97.3% (71/73) in the fourth. Importantly, the high certification pass rates were maintained even when certification volumes increased, indicating that the expansion in workload did not compromise the quality and effectiveness of the certification process.

The certification programme made an important contribution to laboratory biosafety and risk management by confirming that most BSCs were functional and compliant while identifying equipment requiring corrective action. The strong performance was supported by established certification procedures, technical capacity of the certification teams, laboratory maintenance practices, and systematic identification and follow-up of non-compliant equipment. The 11 failed BSCs provided an important opportunity for laboratories to undertake corrective maintenance before continued use. Overall, BSC certification performance was strong, characterized by high coverage, a 96.1% overall pass rate, and consistently high performance across reporting periods, contributing to safer and more compliant laboratory environments.



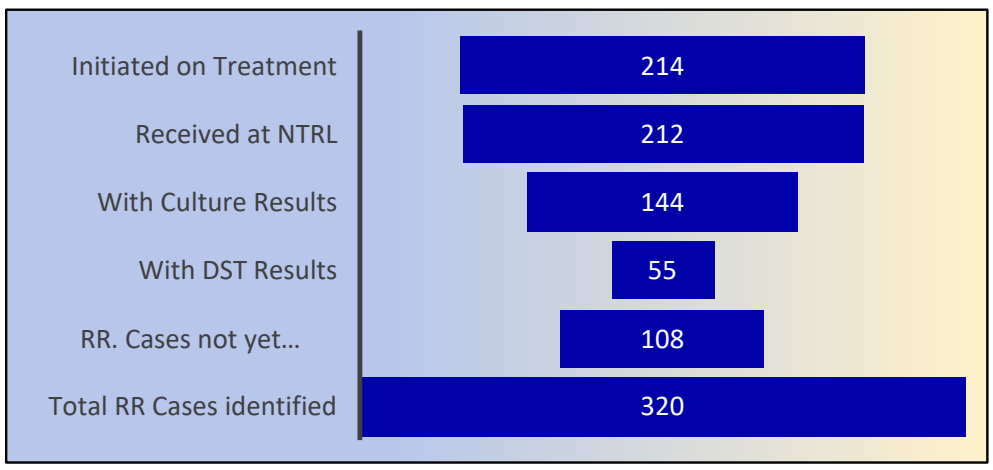
Linkage of GeneXpert-Identified RR-TB Cases to Treatment and Confirmatory Testing

Between December 2025 and June 2026, a total of 320 rifampicin-resistant (RR-TB) cases were identified through GeneXpert platforms across Uganda. Of these, 214 (66.9%) patients were initiated on MDR-TB treatment at designated treatment initiation sites, demonstrating substantial progress in linking patients diagnosed with drug-resistant TB to appropriate treatment.

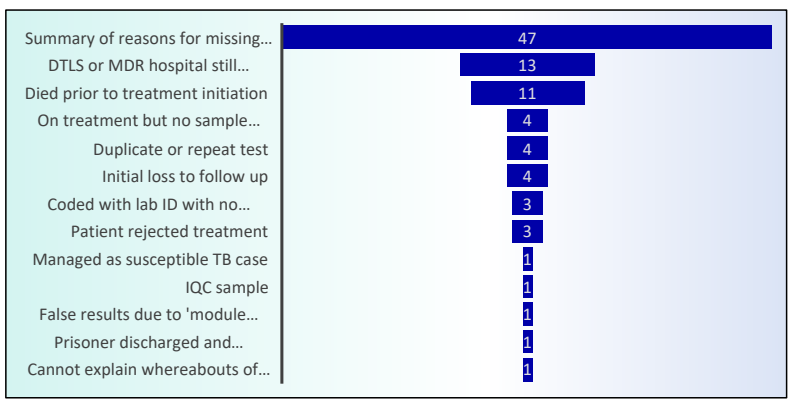
During the same period, 212 (66.3%) samples were received at the National TB Reference Laboratory (NTRL) for TB culture and Drug Susceptibility Testing (DST), indicating relatively strong linkage between diagnostic services and laboratory confirmation. Of the 212 samples received at NTRL, 144 (67.9%) had TB culture results, while 55 (38.2% of those with culture results) had completed DST results at the time of reporting. However, 108 (33.8%) RR-TB cases/samples recorded in the LabXpert Data Management System had not yet been received at NTRL.

Follow-up of these cases identified several explanations for the gap. Overall, the results demonstrate good progress in identifying RR-TB cases and initiating patients on treatment, but also highlight a need to strengthen the timely referral, transportation, receipt and processing of samples, as well as tracking of pending culture and DST results, to ensure that patients receive comprehensive drug-resistance confirmation and appropriate clinical management without unnecessary delays.

Sample reception and testing by NTRL of RR cases identified Dec 2025 - June 2026



Reasons why RR samples are pending at NTRL Reception Jan - March 2026



From our Training and Capacity Building Section

Strengthening Health Workforce Capacity Through Training, Skills Development and Knowledge Transfer

The JCRC Training Department plays a strategic role in strengthening the capacity of health professionals, researchers, laboratory personnel and other stakeholders through structured learning, mentorship, skills development and knowledge transfer. The Department contributes to JCRC's institutional mandate by ensuring that trainings are responsive to emerging health-system needs, advances in science and technology, and the evolving requirements of clinical care, research and public health.

During the reporting period, the Department focused on expanding training opportunities, strengthening the quality and relevance of training programs, enhancing access to learning through online and blended approaches, and building the competencies required to support JCRC's research, clinical and laboratory functions. Performance was assessed against planned targets, with attention to training outputs, participation, completion, quality, partnerships and the application of acquired competencies. Overall, the Department's performance reflects its growing contribution to human capital development, institutional capacity strengthening and knowledge translation, while highlighting areas requiring continued investment and improvement to meet locally and global needs.

Student Internship Program



Western University students on field school at Malembo fishing Village served by Rakai Health Sciences Program.



Western University students on field school in Masaka engage with a traditional birth attendant to learn about community-based maternal healthcare practices.

JCRC has continued to provide internship opportunities to students from various academic institutions across Uganda, with placements across its Directorates and Departments. This has enabled them to gain practical experience and apply the knowledge and skills acquired during their academic training. The programme also provided students with exposure to a professional health sciences and research environment, supported by experienced supervisors. A total of 75 students applied for internship placement against a target of 100, representing 75% achievement. The lower-than-targeted number of applications was mainly attributed to the internship fees charged by JCRC. Some prospective interns opted for other institutions that offer internship placements at no cost, making JCRC less competitive in attracting applicants. Despite the lower number of applications, all 75 students who were admitted successfully completed their internships, achieving 100% of the target for internship completion. This performance was attributed to the availability of supportive and committed supervisors, as well as the wide range of learning opportunities provided to students during their placement at JCRC.

Global Health Systems at Western University

JCRC hosted and coordinated a 2 month internship placement for students pursuing a Master's in Global Health Systems at Western University, Canada. The student internship programme targeted 30 students for internship placement. A total of 25 students applied, representing an achievement of 83% against the target. The lower-than-targeted number of applications was mainly attributed to some students opting to undertake their internships back in Canada rather than being placed in Uganda.

Of the 25 students who applied and were placed for internship, all 25 students successfully completed their internship, representing 100% achievement against the target for completion. The successful completion of the internships was largely attributed to the supportive partners and preceptors at the various placement sites. The commitment and guidance provided by the host institutions and preceptors enabled students to participate effectively in practical learning activities, gain hands-on experience, and achieve their internship objectives.



Western University students undertake internships at Makerere University's Nursing Department, gaining practical experience and strengthening their professional healthcare skills.

Medical Students' Internship

JCRC hosted and coordinated a 3 week internship placement for medical students at Western University, Canada. The student internship programme targeted 7 students for internship placement. A total of 5 students applied, representing an achievement of 71% against the target. The lower-than-targeted number of applications was mainly attributed to some students opting to undertake their internships in other countries in Africa.

Of the 5 students who applied and were placed for internship, all 5 students successfully completed their internship, representing 100% achievement against the target for completion. The successful completion of the internships was largely attributed to the supportive JCRC preceptors as well as the wide range of learning opportunities provided to students during their placement at JCRC.



Western University students share a light-hearted moment in a group photo following their induction and tour of JCRC Headquarters in Lubowa, marking the beginning of their learning experience.



IMMUNEQUITY Consortium

JCRC participated in the IMMUNEQUITY Consortium, contributing to development of a New Frontiers in Research Fund (NFRF) proposal on an LMIC-appropriate "Shock and Kill" HIV cure strategy combining a novel latent reversal agent with engineered iPSC-derived plasma cells and CAR-NK cells for sustained bNAb delivery and targeted clearance of infected cells. The grant was awarded.

Leveraging North-South Partnerships to Advance Cell and Gene Therapy

PhD Enrolment

Under the D43 Grant, JCRC advertised and recruited PhD students in the field of Cell and Gene Therapy. The enrolment process attracted a strong pool of applicants, demonstrating considerable interest in advanced training and research in Cell and Gene Therapy. A total of 30 candidates applied against a target of 25, representing 120% achievement. This exceeded the target by five applicants which indicated a strong level of interest in pursuing advanced training in Cell and Gene Therapy. The high number of applicants was attributed to the availability of qualified candidates with an interest in developing specialized expertise in Cell and Gene Therapy, an emerging and strategically important area of biomedical research and training.

Of the 30 applicants, 2 candidates were recruited against a target of 2, representing 100% achievement. JCRC selected highly qualified candidates from a competitive pool of applicants. The availability of a large number of eligible candidates strengthened the selection process and provided an opportunity to identify candidates with the appropriate academic qualifications, interest and potential for successful PhD training.

Masters Enrolment

Under the D43 Grant, JCRC advertised and recruited a Master's student in the field of Cell and Gene Therapy. A total of 45 students applied against a target of 40, representing an achievement of 113%. The high number of applications was attributed to the availability of several Masters programmes that attracted a substantial number of prospective students.

However, recruitment was below expectation. Against a target of 3 students, only 1 student was recruited, representing 33% achievement. The lower recruitment was mainly due to one of the mainly targeted programmes not having admitted students for the past two years. In addition, a significant number of students were not progressing normally through their academic programmes and therefore did not meet the eligibility requirements for recruitment.

49

Participants attended the Grants Writing Training Workshop held in February 2026. The participants were drawn from three institutions: Joint Clinical Research Centre (JCRC) with 23 participants; Makerere University College of Health Sciences (MakCHS)

Grants Writing Training Workshop

A total of 49 participants attended the Grants Writing Training Workshop held in February 2026. The participants were drawn from three institutions: Joint Clinical Research Centre (JCRC) with 23 participants; Makerere University College of Health Sciences (MakCHS) with 11 participants; and Islamic University in Uganda (IUIU) with 15 participants.

Following the training, 6 grants writing groups were established, each led by a designated team leader to facilitate collaborative proposal development, peer learning, and ongoing support among participants. As a key output of the training, 11 grant applications have been submitted. To date, two applications have been successfully awarded, while the remaining nine applications are still under review. This demonstrates the practical application of the skills acquired during the training and the progress made towards strengthening participants' capacity to develop and submit competitive grant proposals.



Participants in the Grants Writing Training Workshop engage in collaborative group work, strengthening skills in developing competitive and impactful grant proposals.

Hosting of the 17th Annual HIV Update Meeting



17th Annual HIV Update meeting.



In a session during the 17th Annual HIV update meeting

JCRC organized the 17th Annual HIV Update Meeting to provide stakeholders and participants with current and relevant information on developments in HIV prevention, treatment, care, and management. The meeting served as an important platform for sharing emerging information, experiences, and updates within the HIV sector.

A total of 2,700 participants registered for the Meeting against a target of 2,500, representing 108% achievement. This exceeded the target by 203 participants. This was attributed primarily to the wide advertisement and dissemination of information about the meeting. Of the participants who registered, 2,321 attended the meeting, against a target of 2,000, representing 116% achievement. Out of the 2,321 who attended, 110 attended physically. This exceeded the attendance target by 321 participants and this was attributed to the high interest in obtaining new, relevant, and important updates in the HIV sphere.

Establishment of JCRC Health Sciences Training Institute% Key Milestones

JCRC embarked on the process of establishing the JCRC Health Sciences Training Institute (JHSTI) in 2024. During the reporting period, significant progress was made towards operationalising and registering the Institute. Key milestones attained include:

- Completion of relevant institutional policies and Standard Operating Procedures (SOPs) to guide the governance and operations of the Institute.
- Development of the Institute's Strategic Plan and budget, providing a framework for its strategic direction, priorities, and resource requirements.
- Branding of the Institute building, enhancing its visibility and institutional identity.
- Completion of the T-VET pre-registration assessment visit, as part of the requirements for registration and accreditation.
- Submission of the required documentation to the Uganda Registration Services Bureau (URSB) to initiate the registration process.
- These milestones represent important progress towards the establishment and operationalisation of the JHSTI as a sustainable centre for health sciences education and professional training.



Other Trainings including CMEs and Re-fresher trainings

JCRC continued to invest in its people as a critical driver of institutional performance, quality service delivery, research excellence and long-term organisational sustainability. During the reporting period, the Centre implemented a comprehensive programme of trainings, Continuing Medical Education (CME) sessions and refresher courses across its Directorates and Departments. The capacity-building agenda was designed to respond to evolving institutional priorities, emerging health-sector needs and the competencies required to deliver JCRC's mandate effectively.

Training interventions covered strategic and technical areas including clinical services, laboratory medicine, research and innovation, programme implementation, finance, operations, leadership and other critical institutional functions. These initiatives strengthened staff knowledge, technical competencies and professional practice while supporting knowledge transfer, continuous learning and improved institutional effectiveness.

Against an annual target of 124 training activities, JCRC successfully implemented 115, representing 93% achievement. In terms of staff reach, 1,110 employees were trained against a target of 1,200, also achieving 93%. The results demonstrate sustained commitment to developing a competent, adaptable and high-performing workforce capable of responding to changing demands across JCRC's diverse areas of operation.
Nine planned training activities were not implemented, resulting in a 7% performance gap. The principal constraint was inadequate budgetary allocation and limited availability of financial resources, which affected both implementation of planned activities and staff coverage.

"JCRC's greatest strength is its people. Through continuous investment in training and professional development, we are building a skilled, adaptable and high-performing workforce equipped to advance quality healthcare, research, innovation and sustainable institutional impact."

Going forward, strengthening investment in workforce development, resource mobilisation and strategic prioritisation of training will be essential to ensuring that JCRC maintains the specialised capabilities required to advance its health, research and innovation agenda.

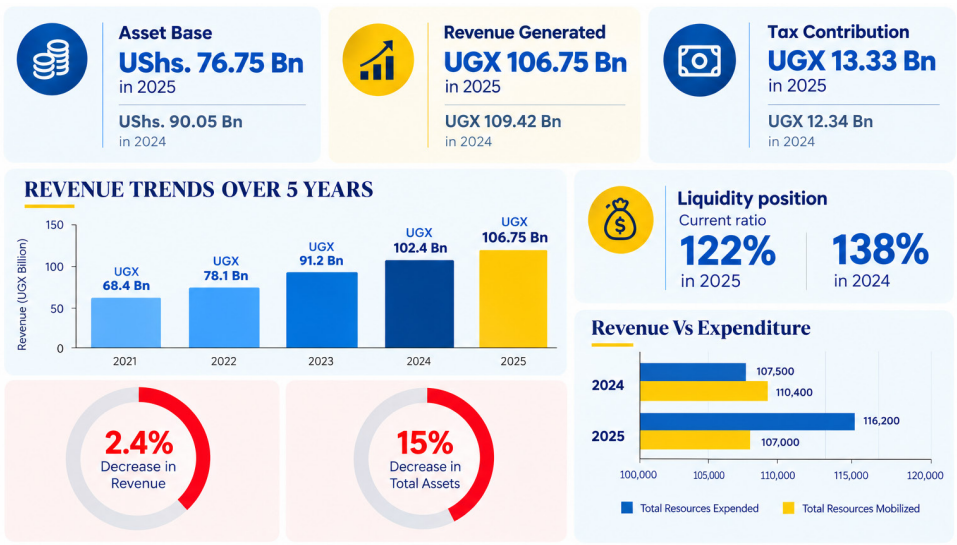


Students from Western University attending orientation at JCRC head offices - Luboowa

At the end of the financial year, JCRC continued to demonstrate strong commitment to prudent financial stewardship, accountability and effective utilisation of donor and internally generated resources in support of healthcare delivery, research and institutional development.

The Finance and Administration Directorate

Key Financial Highlights



The financial year ended 30 June 2025 was characterised by a challenging and rapidly changing funding environment, including shifts in international donor financing, exchange-rate movements and disruptions affecting several externally funded programmes. Against this backdrop, JCRC maintained its commitment to prudent financial stewardship, accountability and the effective utilisation of resources in support of healthcare delivery, research and institutional development.

JCRC mobilised total resources of UGX 106.75 billion during the year, compared with UGX 109.42 billion in 2024/25, representing a 2.4% decline. Grant activity income remained the largest source of funding at UGX 67.82 billion, accounting for 63.5% of total resources, followed by research and administrative income of UGX 24.85 billion and donations in kind of UGX 9.31 billion. Income from operating units contributed UGX 4.18 billion, while government income, corporate MOUs and other income provided additional resources.

Total expenditure increased from UGX 108.46 billion in 2024 to UGX 115.66 billion in 2025, resulting in a reported deficit of UGX 8.91 billion. The deficit was substantially influenced by the recognition of expired donated inventories and the inability of income generated during the year to fully absorb depreciation and other non-cash costs.
Despite these pressures, JCRC continued to direct the majority of its expenditure towards its core mandate. 63% of expenditure was allocated to programme and research activities, compared with 60% in 2025, while administrative and operational costs reduced as a proportion of expenditure. This demonstrates continued emphasis on directing resources towards healthcare delivery, research and programme implementation.

The financial position also reflected the changing operating environment. Total assets declined from UGX 90.05 billion to UGX 76.75 billion, primarily due to reductions in cash and cash equivalents and donated inventories. Cash and cash equivalents declined from UGX 12.43 billion to UGX 6.68 billion, while inventory reduced from UGX 19.13 billion to UGX 7.89 billion. At the same time, JCRC retained a substantial asset base, with property, plant and equipment increasing to UGX 52.83 billion.

The year nevertheless demonstrated the Centre's capacity to sustain operations and continue delivering its healthcare and research mandate under difficult funding conditions. Going forward, strengthening funding diversification, expanding internally generated revenue, maintaining disciplined cost management and enhancing liquidity planning will remain important to JCRC's long-term financial resilience and sustainability.

Key Financial performance indicators



JCRC's financial health is assessed using a balanced set of financial ratios covering liquidity, financial sustainability, funding resilience, solvency, asset management and programme efficiency. This approach recognises that, as a not-for-profit research and clinical institution, JCRC's financial performance cannot be assessed solely by reference to the annual surplus or deficit. The institution maintained a strong capital structure and expenditure-efficiency position in FY2025/26, but liquidity and operating sustainability came under increased pressure.

The Liquidity position weakened, with the current ratio declining to 1.22x, cash ratio to 0.34x, and cash coverage to only 0.69 months, all below target. Receivables remained well controlled at 32 days, supporting effective working-capital management.

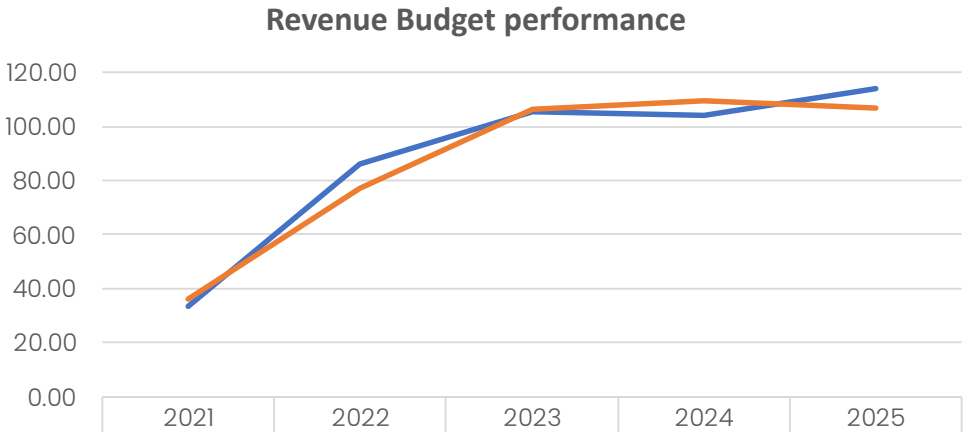
Financial sustainability: Operating margin declined to -8.3%, as income declined by 2% while expenditure increased by 7%. Self-generated income fell to 4%, highlighting continued reliance on externally funded programmes and the need to strengthen revenue diversification.

Capital strength: The balance sheet remained resilient, with liabilities at 26% of total assets, net assets at 74%, and liabilities-to-net-assets at 0.34x. However, the 53% capex-to-depreciation ratio indicates that investment in asset renewal remains below depreciation levels.

Expenditure efficiency: Programme and research activities accounted for 63% of total expenditure, while administration and support costs were contained at 12%. The programme-to-overhead ratio strengthened to 5.15x, demonstrating strong focus on directing resources towards JCRC's core mandate. Overall, the priority is to strengthen liquidity and operating sustainability while preserving the institution's strong capital position and disciplined expenditure structure.

The indicator targets represent management benchmarks for monitoring trends and identifying areas requiring intervention. They should not be interpreted as rigid commercial-sector standards, particularly because JCRC's financial position is influenced by donor restrictions, grant cycles, non-cash accounting adjustments and the timing of funding disbursements. We therefore assess movements in each ratio together with the underlying financial, operational and funding context.

Revenue Performance trend -
a. Performance against the budget



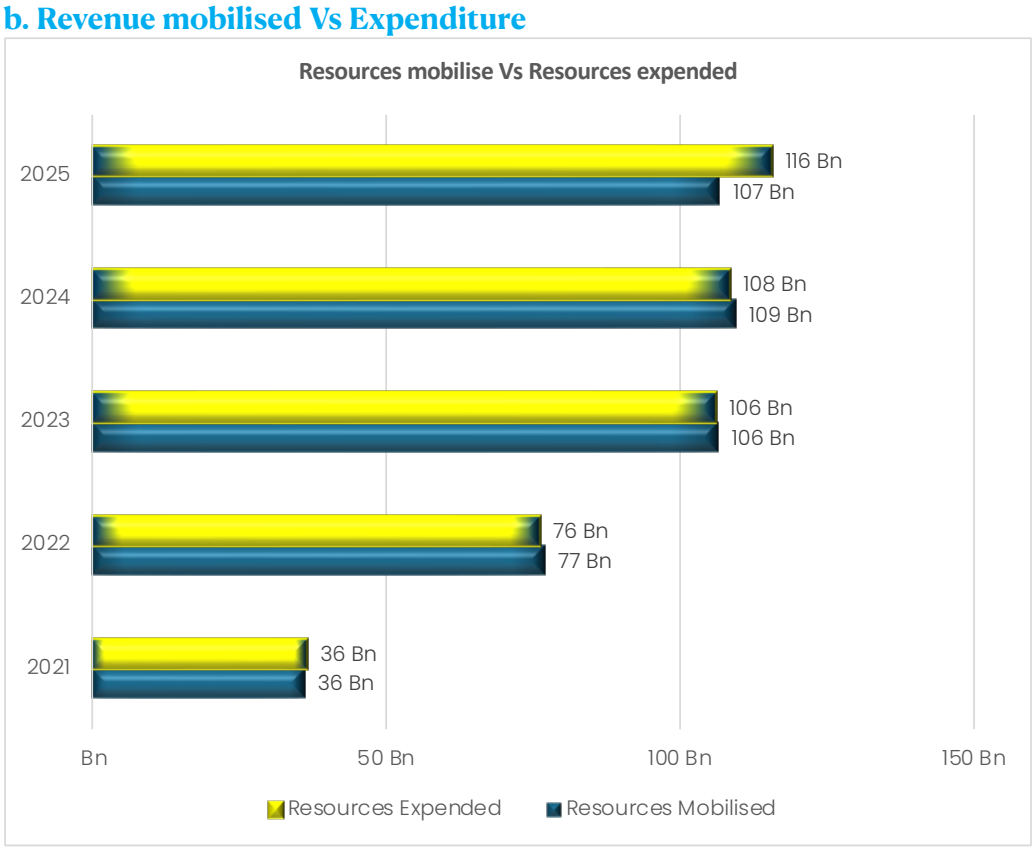
	2021	2022	2023	2024	2025
Budget	33.33	86.00	105.58	104.32	114.07
Actual	36.04	76.95	106.45	109.42	106.74

Over the five-year period, JCRC has demonstrated relatively strong revenue budget performance, achieving or exceeding its revenue projections in three of the five years. Revenue exceeded budget by 8.91% in 2021, 0.8% in 2023 and 4.9% in 2024, with the strongest positive variance recorded in 2024 at UGX 5.10 billion.

Performance was below budget in 2022 and 2025, with revenue achievement of 89.5% and 93.6%, respectively. The 2025 shortfall of UGX 7.33 billion (2.4%) is particularly significant given the increase in the revenue target to UGX 114.07 billion reflecting 6.4% shortfall aganist the budget. This reflects the challenging funding environment experienced during the year where some of our projects were halted or restructured. This performance highlights the importance of strengthening revenue forecasting, funding diversification and monitoring of grant disbursement risks.

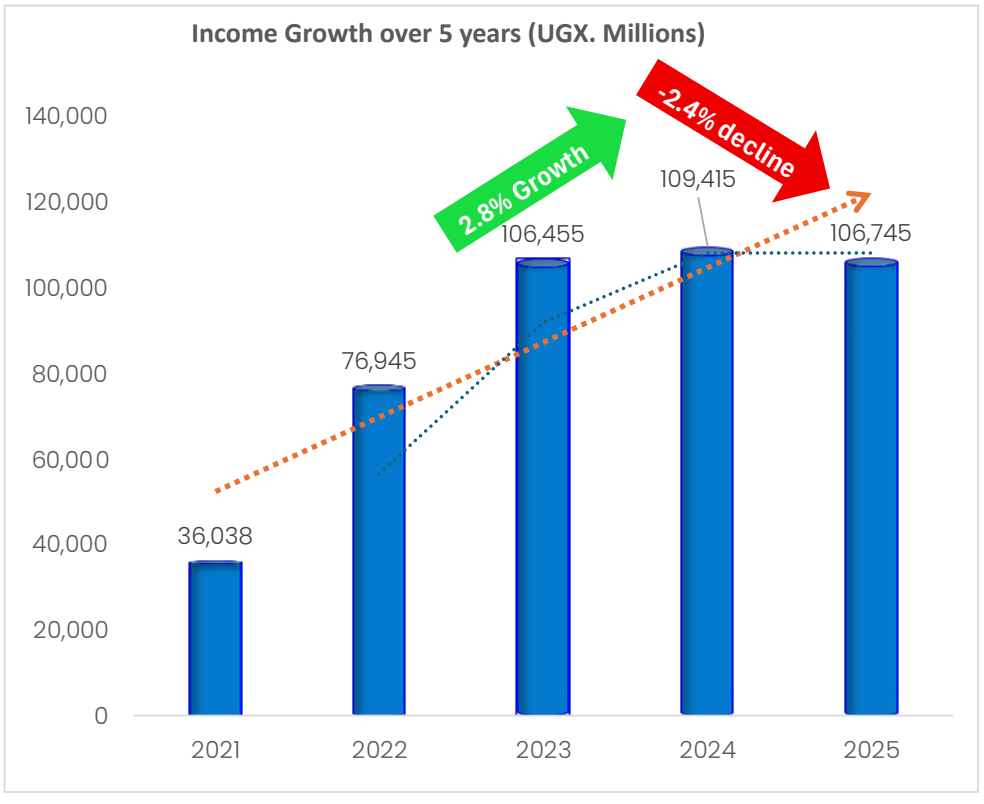
Overall, actual revenue increased from UGX 36.04 billion in 2021 to UGX 106.74 billion in 2025, representing substantial growth in the institution's revenue base despite fluctuations in annual budget achievement. The trend also indicates that budget assumptions should continue to be closely aligned with confirmed grant commitments, realistic funding pipelines and the timing of donor disbursements.

b. Revenue mobilised Vs Expenditure

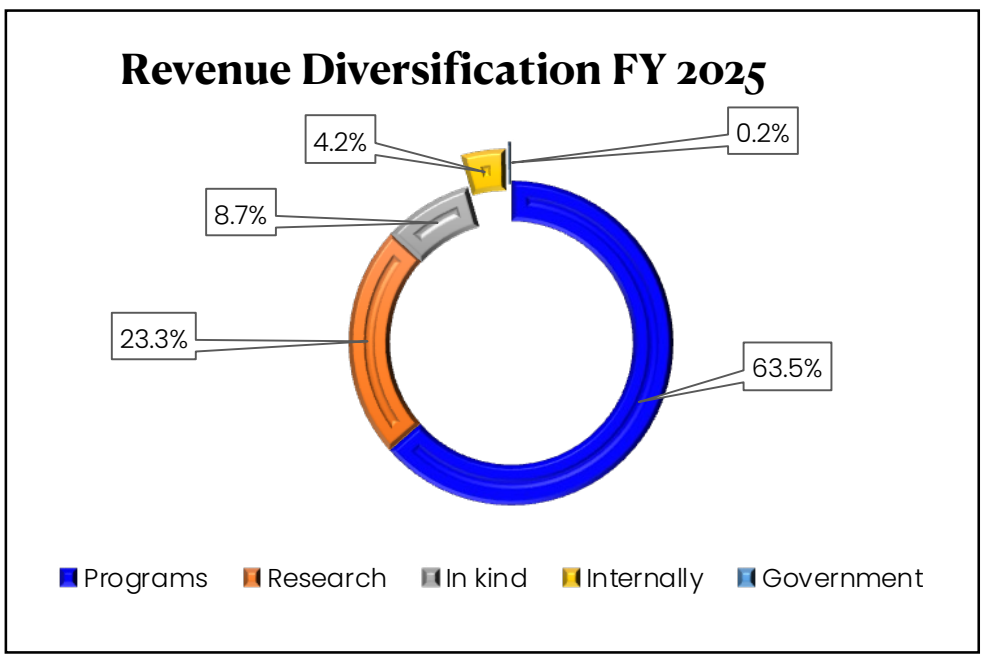


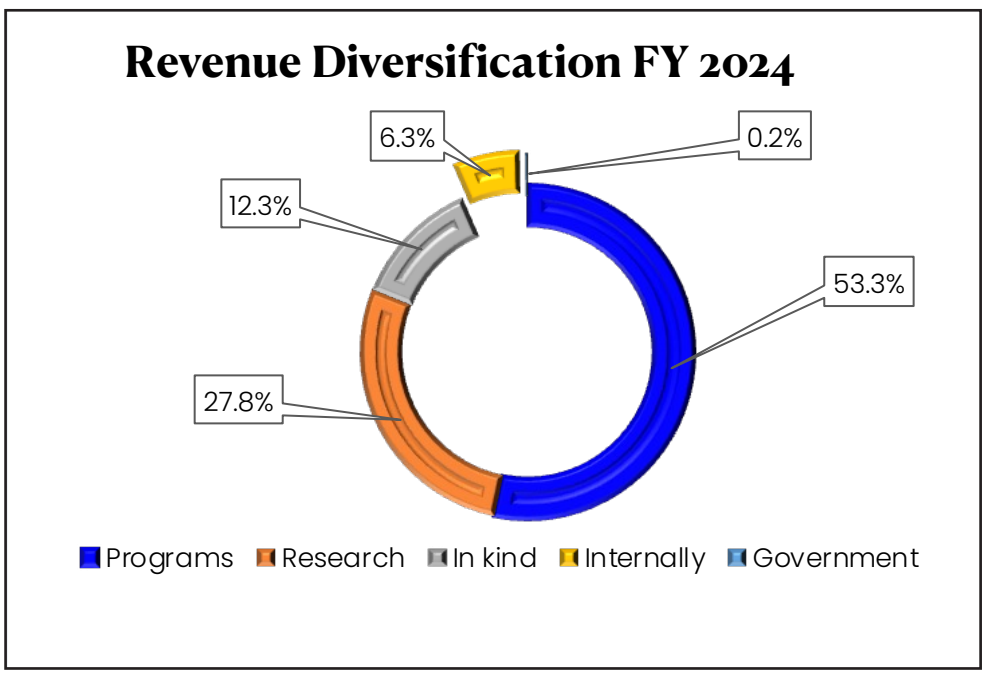
In 2025, JCRC's total revenue declined by 2.4%, primarily due to the temporary suspension and restructuring of several U.S.-funded programmes. The subsequent reinstatement of several affected grants provides a stronger revenue outlook for 2026. Expenditure increased by 7%, resulting in a UGX 8.1 billion deficit. Approximately 80% of the deficit was attributable to the expiry of donated inventories with short remaining shelf lives, while 20% was mainly due to insufficient income to cover UGX 3.2 billion in asset depreciation.

Despite the challenging donor environment, restricted funding increased from 81% to 87% of total income. JCRC continued to provide care and treatment to over 13,000 patients and sustain critical research activities. The results demonstrate the Centre's resilience while reinforcing the need to diversify funding sources and strengthen internally generated revenue to support long-term financial sustainability.



Funding composition and Diversification of revenue sources.



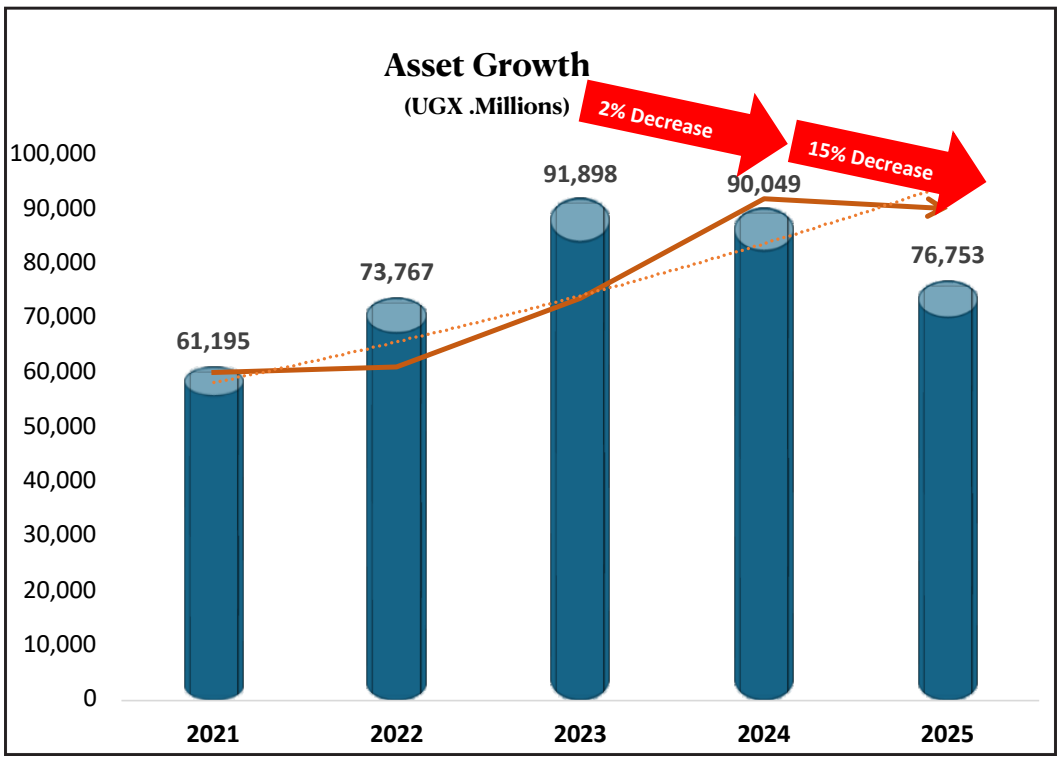


JCRC's income remained predominantly donor-funded in 2025, with programme grants contributing 64% of total income, up from 53% in 2024, while research income declined from 28% to 23%. The increase in programme funding, particularly through the LPHS and SPHLS programmes, helped offset the reduction in research income following the closure or discontinuation of several studies affected by changes in United States Government funding.

Income from in-kind donations declined from 12% to 9%, while internally generated income fell from 6% to 4%. The funding profile therefore remained highly dependent on donor resources, although the growth in programme grants provided important support for operational continuity.

Going forward, JCRC will need to strengthen revenue diversification, particularly through internally generated income and broader resource mobilisation, while maintaining strong relationships with existing development and research partners

Assets Growth



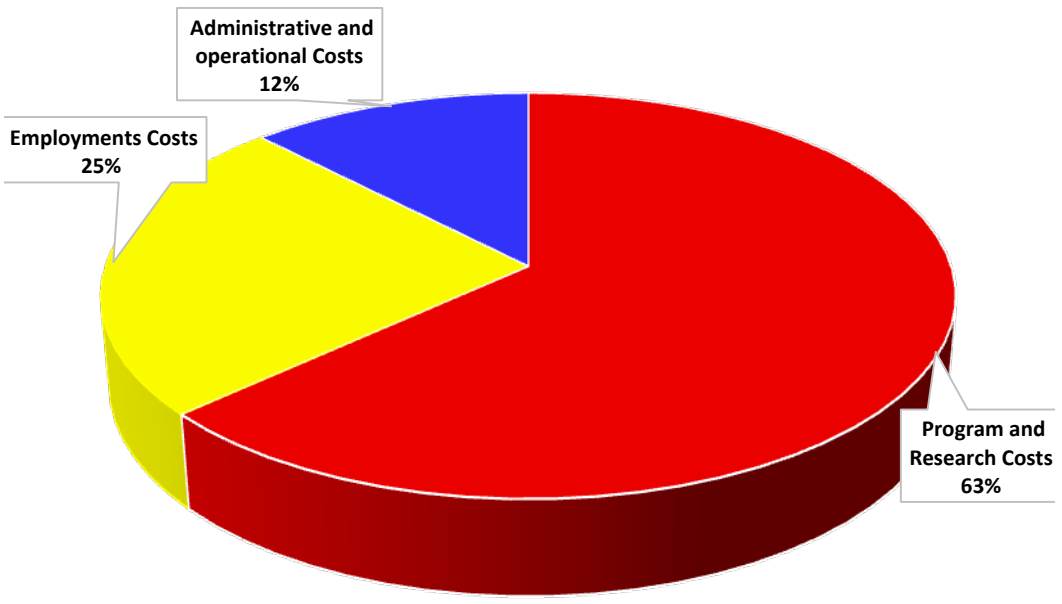
The Statement of Financial Position reflects a strong overall asset base, despite a 15% decline in the total asset portfolio in 2025. The decline was primarily driven by a reduction in cash and cash equivalents, which decreased from UGX 12.5 billion in 2024 to UGX 6.7 billion in 2025, and a significant reduction in donated inventory, which declined from UGX 19.2 billion to UGX 7.9 billion over the same period.

The reduction in donated inventory was accompanied by a corresponding decrease in deferred income liabilities, reflecting the consumption and recognition of donated inventory during the year. In addition, the depreciation of property, plant and equipment reduced the carrying value of non-current assets, while the overall deficit for the year further contributed to the decline in the Centre's net asset position. Despite the reduction, the Centre continues to maintain a substantial asset base, supported by its property, equipment, inventories and other operating assets.

Expenditure and Program Efficiency

Total expenditure in FY2025 was UGX 115.66 billion, with 63% allocated to programme and research activities, up from 60% in 2024. Employment costs accounted for 25%, while administrative and operational costs reduced from 15% to 12%. This reflects JCRC's continued focus on maximising programme impact, with a 3 percentage-point reduction in administrative costs allowing more resources to be directed towards direct programme and research activities.

Expenditure and Program Efficiency



Despite the reduction in year-end cash balances, JCRC maintained a operational efficiency supported with strong fixed assets base. This provides a solid financial foundation to meet ongoing programme, research, and operational commitments while sustaining the Centre's activities.

Overall Financial Sustainability

Over the five-year period, the institution has demonstrated financial resilience, operational growth, and a strong foundation for sustainability. The expansion of income, disciplined expenditure management, sustained operations, and strengthening asset base reflect prudent financial stewardship and continued institutional development. This performance has been underpinned by strong donor confidence, effective resource mobilization, and disciplined financial management. These factors have enabled JCRC to maintain financial stability while continuing to invest in its programmes, research activities, and institutional capacity.

Integration and Technology

During the year, JCRC continued to use technology to strengthen financial control and make its finances more transparent. Microsoft Dynamics Navision 365 is the core financial system, and staff can now use it securely away from the office. Transactions are approved online, including remote approval of both Navision and bank transactions, which has cut the time taken to approve a transaction to three days or less.

JCRC's accounts with ABSA Bank are fully linked to Navision, and the same links with Stanbic Bank and Standard Chartered are in progress. This gave us real-time visibility of cash positions and reduced manual reconciliation. JCRC has also moved towards cashless operations, using Mobile Money and Flexipay to collect and make payments, which lowers the risks of handling cash and leaves a clear audit trail. All finance information now follows a standard coding structure and is stored digitally. Together these changes make records more accurate, easier to retrieve and more reliable for internal and external audit.

Economic Value Created and Shared

JCRC creates economic value well beyond its own operations. It sustains jobs, supports Ugandan businesses, contributes to public revenue and builds the skills of the country's health workforce. In FY2024/25, JCRC generated total revenue of UGX.106.74 billion, of which UGX.28.29 billion 24.5% expenditure was paid back into the economy in form of salaries and benefits. Payments of UGX 87.37 billion went to suppliers of goods and services, of which 90% of them are Ugandan businesses, which supports local enterprise and jobs across the supply chain. JCRC paid UGX 13.33 billion in taxes to the Uganda Revenue Authority and UGX 3.55 billion in NSSF contributions, supporting public services and workers' long-term social security. The reinvestment in assets and equipment and infrastructure was recorded at UGX. 1.734 Bn, securing JCRC's ability to keep creating value.

Looking ahead, JCRC is positioned to sustain its growth trajectory, broaden its impact, and strengthen financial resilience. Continued diversification of funding sources, prudent cost management, and strategic resource mobilization will remain critical to navigating global funding uncertainties and supporting the Centre's long-term mandate.

Financial Governance and Transparency

JCRC prepares its financial statements in accordance with internationally recognised IFRS Accounting Standards and undergoes independent annual institutional and project audits. Over the past five years, these audits have consistently resulted in unqualified audit opinions, reflecting JCRC's commitment to sound financial stewardship and accountability.

The Finance and Audit Committee provides oversight of financial reporting, internal controls and risk management, supporting a strong governance framework. JCRC remains committed to transparency and accountability, with full audited financial statements available on its website at www.jcrc.org.ug. Audited financial statements for single (2CFR200 Sub part F)/A133 audit are also shared with the respective donor organisations in accordance with applicable reporting requirements.

Five-Year Statement of Financial Position

Presented in Millions of Uganda Shillings	2021	2022	2023	2024	2025
Assets					
Non-Current Assets					
Property Plant and Equipment	48,216	51,196	50,498	48,376	52,829
Sub-total	**48,216**	**51,196**	**50,498**	**48,376**	**52,829**
Current Assets					
Receivables	4,210	7,205	6,532	10,105	9,332
Cash at bank and in hand	8,140	14,474	32,044	12,429	6,680
Inventory	547	813	2,764	19,126	7,885
Govt. Ministries' and Agencies' Arrears	81	79	60	13	26
Sub-total	12,978	22,571	41,400	41,673	23,924
Total Assets	**61,195**	**73,767**	**91,898**	**90,049**	**76,753**
Funded by/					
Equity and Liabilities					
Equity					
Operational Reserves	5,661	5,661	5,661	5,661	5,661
Retained Earnings	1,428	2,359	2,748	3,699	-5,165
Other Reserves	28,613	28,613	28,613	28,613	28,613
Revaluation Reserves	18,904	21,834	21,834	21,834	27,981
Sub-total	**54,605**	**58,466**	**58,855**	**59,807**	**57,090**
Current liabilities					
Payables falling within one year	962	5,280	7,771	9,607	9,932
Deferred Income	5,601	9,875	25,087	19,858	8,969
Government%tatutory Arrears	26	145	186	777	762
Sub-total	6,590	15,300	33,043	30,242	19,662
Total Equity and Liabilities	**61,195**	**73,767**	**91,898**	**90,049**	**76,753**

Statement of Comprehensive Income

Presented in Millions of Uganda Shillings					
Resources /Funds Generated	2021	2022	2023	2024	2025
Income from Operating Units	3,031	7,906	5,287	6,278	4,175
Grant Activity Income	12,435	41,921	58,508	58,315	67,819
Research and Admin Income	16,662	26,460	33,498	30,460	24,849
Government Income	1,811	240	240	240	240
Income from Corporate MOUs	1,999	294	179	402	183
Bank Interest & Other Incomes	99	124	68	241	165
Donations in Kind			8,675	13,478	9,314
Total Resources Mobilised	**36,038**	**76,945**	**106,455**	**109,415**	**106,745**
Resources %Funds Expended					
Research & Project Related Costs	7,101	41,994	63,192	65,446	73,154
Employment Related Costs	18,207	20,850	26,575	26,788	28,288
Administrative Costs (including overhead)	5,647	6,704	7,310	7,857	6,578
Operational Costs (Including Depreciation)	5,537	6,517	8,988	8,373	7,634
Total Resources Expended	**36,492**	**76,064**	**106,066**	**108,464**	**115,655**
Surplus	**(454)**	**881**	**389**	**951**	**(8,910)**

Five Year Statement Of Cashflows	2021	2022	2023	2024	2025
Presented in Millions of Uganda Shillings					
Net cash inflows (outflow) from operating activities					
Operating Profit/Loss	(454)	881	389	951	(8,910)
Less gain on Disposal		-	-	-	(36)
Add Depreciation	1,558	2,935	2,821	3,279	3,268
Add Defered Income transferred to Grant income	4,188				
Prior year adjustment	(2,459)	50	-	-	46
Operating Cashflow before movements in working capital	**-1,356**	**3,866**	**3,210**	**4,231**	**(5,632)**
Working Capital Changes					
(Increase)/Decrease in Receivables	(258)	(2,995)	673	(3,573)	773
(Increase)/Decrease in Inventory	356	(266)	(1,951)	(16,363)	11,241
(Increase)/Decrease in Government Debtors	481	2	19	47	-14
Increase /Decrease in Defered Income	4,188	4,274	15,211	(5,228)	(10,889)
Increase/(Decrease) in Payables/Creditors	(298)	4,318	2,491	1,836	325
Increase/(Decrease) in Government/ Statutory Liabilities	26	119	40	591	(15)
Net cash flows (used in)/generated from operating activities	**3,140**	**9,287**	**19,693**	**(18,459)**	**(4,211)**

Investment activities					
Cash flow from to Investment Activities					
Interest Received	-	-	-	-	-
Proceeds from disposal of Assets	-	-	-	-	197
Purchase of property Plant & Equipment	(2,254)	(2,984)	(2,123)	(1,157)	(1,734)
Net cash flows (used in)/generated from investment activities	(2,254)	(2,984)	(2,123)	(1,157)	(1,537)
Financing activities					
Cash flow from to Financing Activities					
Cashflows from financing activities	-	-	-	-	
Net cash flows (used in)/generated from Financing activities	-	-	-	-	
Net increase /(Decrease)e in cash and cash equivalents	886.31	6,334	17,570	(19,616)	(5,749)
Reconciliation of net cash flow to movement in net funds					
Cash and Cash Equivalents at beginning of the year	7,253	8,140	14,474	32,044	12,429
Increase / (decrease) in cash in the year	886	6,334	17,571	(19,616)	(5,749)
Cash and Cash Equivalent at the end of year	8,140	14,474	32,044	12,429	6,680
Cash at bank and in hand	**8,140**	**14,474**	**32,044**	**12,429**	**6,680**

Our Ambition 2030

Over the five years JCRC continued to excel as Centre of Excellence in medical research, clinical care and laboratory services, delivered several achievements - **see details in the section for our strategy.** The 2026–2030 Strategic Plan comes at a time when donor funding for health is shrinking and self-reliance has become a strategic necessity. Our ambition is clear: The Joint Clinical Research Centre (JCRC) has been at the forefront of Uganda's health response for over three decades. It is widely recognized for pioneering HIV research, treatment and care. Building on that legacy, Ambition 2030 sets out JCRC's strategic direction for the rest of the decade. The aim is to grow from a leading HIV research and treatment institution into a comprehensive, sustainable centre of excellence for clinical research, specialized care, laboratory services and health innovation in Uganda and the wider region.

Ambition 2030 recognizes that no single institution can meet the country's evolving health needs alone. A central element of the strategy is therefore deliberate partnership. In particular, JCRC is engaging with selected private clinics to: establish referral networks, form service delivery partnerships and run joint capacity-building initiatives.

Through these partnerships, JCRC aims to extend its reach beyond its own facilities. They also bring high-quality diagnostics and specialist care closer to communities and strengthen the skills of health workers across the private sector. This 2025/26 Integrated Annual Report marks the begining of our journey towards our ambition for 2030. It covers how JCRC created value for patients, research partners, staff, government and communities during the year. It also sets out the financial, operational and social results achieved and the priorities that will guide the next phase of the journey to 2030.



"By 2030, JCRC will be Africa's leading home-grown centre for clinical research, advanced diagnostics and curative therapies a self-sustaining Centre of Excellence, focused on discovery, diagnoses and cures for Uganda and Africa at large".

The JCRC Health Sciences Training Institute at head offices in Lubowa opening soon.

JCRC strategic pillars, 2026 - 2030

Strategy	What we will do by 2030
Research / innovation	Lead African-led clinical trials and HIV cure, sickle cell and NCD research that shapes national and global policy.
Advanced / curative care	Operate Uganda's first Bone Marrow Transplant Centre and scale cell and gene therapy for HIV, sickle cell disease and cancers.
Client-centred clinical services	Implement the 50 Clinic Model with selected private clinics to establish referral networks, service delivery partnerships, and joint capacity-building initiatives to bring quality HIV and specialist care closer to the communities we serve.
Laboratory / diagnostics	Grow the CAP-accredited network into a regional reference and product-development hub, and extend high-quality diagnostics beyond clinical trials to the wider population.
Training / human capital	Establish a self-sustaining JCRC Health Sciences Training Institute offering 20+ courses, and train the next generation of African scientists and clinicians in partnership with Government.
Digital transformation	Institutionalize digitization and AI-enabled operations across research, clinics, laboratories and administration.
Financial sustainability	Shift from donor dependence to Pre-owned revenue from research services, private care, laboratories, training and investments.

JCRC Horizon 2030 Strategy

JCRC Horizon 2030 is our roadmap to becoming a self-sustaining, world-class African Centre of Excellence in medical research, specialized healthcare and training. Building on more than three decades of leadership in the fight against HIV/AIDS, we will advance science from treatment to cure, lead cell and gene therapy research, and bring life-saving specialized care, including Uganda's first Bone Marrow Transplant Centre, closer to home. By diversifying our income, investing in our people, strengthening our accredited laboratories and deepening our partnerships, JCRC will create lasting shared value for patients, the nation and the continent.

Our Horizon 2030 priorities: JCRC Horizon 2030 is our roadmap to becoming a self-sustaining, world-class African Centre of Excellence in medical research, specialized healthcare and training. Six strategic priorities will guide our journey



Flagship- Centre of Excellence for Cell Gene Therapy and Nano medicine

Our commitment is simple. Through JCRC, Uganda pioneered anti retroviral therapy in Africa. By 2030, we intend to do the same for cures delivering accessible, affordable treatment for sickle cell disease, HIV and other blood disorders.

At the heart of Ambition 2030 is an integrated Centre at JCRC Lubowa to expand access to advanced healthcare, strengthen biomedical research and build local manufacturing capacity. Drawing on our clinical, laboratory and technology-transfer partnerships, it will combine bone marrow transplantation and cellular-therapy facilities, clinical-trial infrastructure, specialized training facilities and Good Manufacturing Practice (GMP) manufacturing suites.

It will develop, evaluate and deliver advanced therapies for HIV, sickle cell disease and cancers, including long-acting formulations of tenofovir, lamivudine and dolutegravir (TLD). Shared manufacturing, quality-control and utility infrastructure will also support messenger RNA (mRNA) vaccines and therapeutic monoclonal antibodies for epidemic preparedness and response.

What success will look like in 2030

- The BMT Centre and the Cell & Gene Therapy and Nanomedicine Centre are operational, delivering local transplants and first-in-Africa advanced-therapy trials.
- The 50 Clinic Model is fully rolled out across Uganda, and the JCRC Health Sciences Training Institute runs 20+ courses and covers its own costs.
- Accredited diagnostics serve the wider population, not only clinical trials.
- JCRC-generated income accounts for more than 50% of total revenue, supported by digital, AI-enabled operations.

How we will get there

Ambition 2030 rests on three enablers: strong governance and modern management systems; a skilled, motivated and well-retained workforce; and strategic partnerships with Government, academia, industry, development partners and the private sector. The plan is aligned with Uganda's National Development Plan, the health sector's strategic priorities and the Sustainable Development Goals.

Acronyms

ACTG	AIDS Clinical Trials Group
AGM	Annual General Meeting
AI	Artificial Intelligence
AIDS	Acquired Immune Deficiency Syndrome
amfAR	Foundation for AIDS Research
ANC / ANC1	Antenatal Care / first antenatal visit
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
ASH	American Society of Hematology
BMT	Bone Marrow Transplant / Transplantation
bNAb	Broadly neutralising antibody
BSC	Biosafety Cabinet
CAP	College of American Pathologists
CAPA	Corrective and Preventive Actions
CAR-NK	Chimeric Antigen Receptor Natural Killer (cells)
CD34	Cluster of Differentiation 34 (stem-cell marker)
CDC	(US) Centers for Disease Control and Prevention
CME(s)	Continuing Medical Education
COSO	Committee of Sponsoring Organizations of the Treadway Commission
CPA	Certified Public Accountant
CPD	Continuing Professional Development
CPHL	Central Public Health Laboratories
CRISPR	Clustered Regularly Interspaced Short Palindromic Repeats
CSF	Cerebrospinal Fluid
D43	NIH Fogarty D43 training grant
DAIDS	Division of AIDS (US NIAID)
DBS	Dried Blood Spots
DED	Deputy Executive Director
DEXA	Dual-Energy X-ray Absorptiometry
DNA	Deoxyribonucleic Acid
DS-TB	Drug-Susceptible Tuberculosis
DST	Drug Susceptibility Testing
DTLS	District TB and Leprosy Supervisor
ED	Executive Director
EPI	Expanded Programme on Immunisation
EQA	External Quality Assessment
ERM	Enterprise Risk Management
ERP	Enterprise Resource Planning
ESG	Environmental, Social and Governance
FCCA	Fellow of the Association of Chartered Certified Accountants
FY	Financial Year
GHU	Global Hope Uganda
GMP	Good Manufacturing Practice
GRI	Global Reporting Initiative
HBV / HCV	Hepatitis B Virus / Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HLA	Human Leukocyte Antigen
HMIS	Health Management Information System
HPV	Human Papillomavirus
HQs	Headquarters
HR	Human Resources
HTS	HIV Testing Services
ICEA	Integrated Clinical Enterprise Application
IDI	Infectious Diseases Institute
IFRS	International Financial Reporting Standards
IIT-PLHIV	Interruption in Treatment among People Living with HIV

Acronyms

IQC	Internal Quality Control
IRB / REC	Institutional Review Board / Research Ethics Committee
ISO / IEC	International Organization for Standardization / International Electrotechnical Commission
iPSC	Induced Pluripotent Stem Cell
IT	Information Technology
IUIU	Islamic University in Uganda
JCRC	Joint Clinical Research Centre
JHSTI	JCRC Health Sciences Training Institute
KHP	Kampala HIV/AIDS Project
KPIs	Key Performance Indicators
LIMS	Laboratory Information Management System
LMIC	Low- and Middle-Income Country
LPHS	Local Partner Health Services
MakCHS	Makerere University College of Health Sciences
MCH	Maternal and Child Health
MDR-TB	Multidrug-Resistant TB
MoH	Ministry of Health
MoU(s)	Memorandum / Memoranda of Understanding
MRC	Medical Research Council
mRNA	Messenger RNA
MWP	Masaka-Wakiso HIV Project
NCD	Non-communicable Disease
NDA	National Drug Authority
NDPIV	Fourth National Development Plan
NECL	National Equipment Calibration Laboratory
NEMA	National Environment Management Authority
NFRF	New Frontiers in Research Fund
NHLDS	National Health Laboratory and Diagnostics Services
NIH	(US) National Institutes of Health
NSSF	National Social Security Fund
NTRL	National TB Reference Laboratory
OPD	Outpatient Department
PBSC	Peripheral Blood Stem Cell
PCR	Polymerase Chain Reaction
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
RCE	Regional Centre of Excellence
RNA	Ribonucleic Acid
RR-TB	Rifampicin-Resistant TB
RRH	Regional Referral Hospital
SANAS	South African National Accreditation System
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SCD	Sickle Cell Disease
SDG(s)	Sustainable Development Goal(s)
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SNS	Social Network Strategy
SOPs	Standard Operating Procedures
SP	Strategic Plan
SPHL(S)	Strengthening Public Health Laboratories (Systems)

TB	Tuberculosis
TCs	Technical Committees
TLD	Tenofovir, Lamivudine and Dolutegravir
TPT	TB Preventive Therapy
TSR	Treatment Success Rate
T-VET	Technical, Vocational Education and Training
UGANAS	Uganda National Accreditation Service
UGX	Uganda Shillings
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCST	Uganda National Council for Science and Technology
URSB	Uganda Registration Services Bureau
USAID	United States Agency for International Development
USD	United States Dollar

Appendices

Appendix 1 - FY2024/25 Audited Financial Statements
Appendix 2 - 2025/2026 JCRC Sustainability Report
Appendix 3- Our Strategic Plan 2021 - 2026
Appendix 4 - 2025/2026 Board Meeting Atttendance

Our Regional Offices

JCRC Mbarara RCE:
Mbarara Regional Referral Hospital
P.O. Box 1410
Mbarara District, Uganda
Tel: 0485 433545

JCRC Fort Portal RCE:
Fort Portal- Kamwenge road,
C/O Fort Portal Regional Referral
Hospital – Buhinga,
P.O. Box 10, Fort Portal,
Kabarole District, Uganda
Tel: 0382277233

JCRC Mbale RCE:
Pallisa Road, Mbale
Regional Referral Hospital.
P.O. Box 921, Mbale
District, Uganda
Tel: 0454-435730

JCRC Gulu RCE:
Koro Sub County,
Kampala – Gulu Road
P.O. Box 1607
Gulu District, Uganda
Tel: 0481660318

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