The 9th AFREhealth Conference

The African Forum for Research and Education in Health (AFREhealth) held its 9th Annual Conference from 24–26 August 2026 at Speke Resort Munyonyo in Kampala, Uganda. Hosted by Mbarara University of Science and Technology (MUST), the conference brought together 348 participants from 22 countries and 74 institutions across Africa and beyond. Participants included health professionals, researchers, health professions educators, policymakers, students, development partners and health-care leaders.

The conference theme, "From Innovation to Impact: Strengthening Health Education, Research, and Service Delivery for a Resilient Africa," captured a critical challenge facing African health systems: how to move beyond generating knowledge and developing innovations to ensuring that these translate into tangible improvements in health, education and service delivery.

The conference was structured around four interconnected sub-themes: digital transformation and artificial intelligence in health education, research and service delivery; strengthening health workforce education and retention; integrated approaches to communicable and non-communicable diseases; and building climate-resilient health systems through community engagement and sustainable One Health partnerships. The largest number of abstracts focused on communicable and non-communicable diseases, followed by health workforce education and retention, digital transformation and artificial intelligence, and climate resilience and One Health.

From research to solutions

A major message emerging from the conference was that African research must increasingly be translated into practical solutions. The keynote speaker, **Dr. Cosmas Mwikirize** from Uganda's Ministry of Science, Technology and Innovation, Office of the President, emphasised the importance of connecting research with government policy, programmes and investment.

The keynote challenged the traditional separation between knowledge generation and implementation. African institutions produce considerable research, but the value of that research ultimately depends on whether it informs decisions, improves services and responds to the needs of communities.

The example of the **Engozi mountain stretcher system** from southwestern Uganda illustrated the potential of indigenous knowledge and home-grown innovation to address practical health-system challenges. Such examples demonstrate that innovation does not necessarily require sophisticated or expensive technology. In many circumstances, locally developed solutions can provide appropriate responses to problems experienced by communities.

The challenge, therefore, is to create systems that identify, evaluate, support and scale promising African innovations. This requires closer relationships among universities, governments, communities, innovators and health-care providers.

Building health systems around people

The Guest of Honour, **Rt. Hon. Robinah Nabbanja, Prime Minister of Uganda**, challenged delegates to focus research and clinical training on reducing the preventable disease burden across African countries. This call placed the patient and community at the centre of discussions about research, education and service delivery.

One of the striking features of the opening ceremony was the presentation of locally developed innovations. Among these was the Breast Cancer Cradle, a low-cost medical design developed by Mr. Osbert Tumuhimbise to alleviate severe physical suffering and strengthen palliative care for women with advanced breast cancer. The innovation attracted the attention of the Prime Minister, who pledged to seek funding for its development.

The Breast Cancer Cradle provided a practical illustration of the conference theme. Innovation becomes meaningful when it addresses an identified health problem and has the potential to improve the experience of patients and families.

Health workforce: beyond curricula and programmes

Another important reflection was that strengthening the African health workforce requires more than developing training programmes and curricula. Effective health workforce development also depends on leadership, supportive working environments, retention strategies, interprofessional collaboration and meaningful engagement with decision-makers.

Africa continues to face complex and interconnected health challenges. Health professionals must be prepared not only to manage communicable diseases but also the growing burden of non-communicable diseases, climate-related health threats and emerging emergencies. Education and training institutions therefore need to prepare graduates who can work across professional and disciplinary boundaries and adapt to changing health needs.

The conference discussions reinforced the importance of connecting health professions education with the realities of health service delivery. Training institutions, Ministries of Health and communities need to work together to ensure that health workers are equipped with competencies that are relevant to the populations they serve.

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Digital transformation and artificial intelligence

Digital transformation and artificial intelligence were another important area of discussion. Their growing application in education, research and health-care delivery presents significant opportunities for African countries.

However, technology should not become an end in itself. Its value should be assessed according to whether it improves access, quality, efficiency and equity in health services and education. African institutions will also need to consider the skills, infrastructure, governance and ethical frameworks required to use emerging technologies responsibly.

The discussion on digital transformation therefore needs to move beyond adoption of technology towards determining how digital tools can solve specific African health-system problems.

Responding to multiple health challenges

The prominence of the communicable and non-communicable disease theme, which attracted the largest number of abstracts, reflects the changing nature of Africa's health burden. African health systems must increasingly respond simultaneously to infectious diseases and chronic conditions.

This calls for integrated approaches to education, research and service delivery. It also reinforces the importance of interprofessional collaboration and stronger links between clinical services, public health, research institutions and communities.

At the same time, climate change is increasingly relevant to health-system resilience. Building climate-resilient systems requires attention to environmental determinants of health, community participation and sustainable One Health partnerships. These issues cannot be addressed effectively by any single profession or institution.

From innovation to impact

Perhaps the strongest message from the 9th AFREhealth Conference was that **innovation must be connected to impact**. Generating research, publishing papers and developing new technologies are important, but they represent only part of the journey.

The next step is translation: translating research findings into policies, policies into programmes, innovations into sustainable services, and knowledge into improved health outcomes. This requires mechanisms through which evidence can reach decision-makers and through which communities can participate in identifying and shaping solutions.

The conference also highlighted the importance of investing in African universities and research institutions so that they can become stronger producers of knowledge, technologies, vaccines and therapeutics. Building this capacity is essential if African countries are to develop solutions that respond to their own priorities and reduce dependence on externally developed interventions.

A call for collective leadership

The conference demonstrated that strengthening African health systems cannot be achieved through isolated interventions. It requires collective leadership and sustained collaboration among academia, government, health professionals, communities, innovators and development partners.

For AFREhealth, this is particularly important because its work brings together health professions education, research and service delivery. The conference provided an opportunity for participants to reflect on how these three areas can be more deliberately connected to produce resilient and equitable health systems.

Ultimately, the 9th AFREhealth Conference was a call to move from knowledge generation to **knowledge translation, from innovation to implementation, and from individual initiatives to collective action**. Africa has considerable intellectual, professional and innovative capacity. The challenge is to create the partnerships, policies, financing and institutional systems necessary to convert this capacity into sustained improvements in health.

Absolutely. I would make this a more meaningful leadership-transition and institutional-continuity paragraph, rather than simply describing the ceremony. It can fit naturally near the end of the article, just before the concluding section.

A new chapter in AFREhealth leadership

The closing ceremony marked an important moment in the continuing evolution of AFREhealth. **Ms. Judy N. Khanyola** was formally installed as the new President of AFREhealth, succeeding **Prof. Nelson Sewankambo**. In a symbolic transfer of leadership and responsibility, Prof. Sewankambo handed the AFREhealth presidential necklace to Ms. Khanyola, signifying the formal transfer of authority and the beginning of a new chapter for the organisation.

The ceremony provided an opportunity to recognise the contribution of the outgoing Governing Council members and to acknowledge their service to the network. Members who had completed their terms were presented with citations and honoured for their leadership, commitment and contribution to advancing AFREhealth's mission. The new Governing council members were sworn in at this time.

The transition demonstrated an important strength of AFREhealth: leadership renewal within a framework of institutional continuity. As the new leadership takes forward the work of the network, the experience and institutional memory of previous leaders remain an important resource. The change in leadership therefore represents not an end to one phase, but a continuation of the collective effort to strengthen health professions education, research and service delivery across Africa.

The installation of the new President was particularly fitting at a conference centred on moving "**From Innovation to Impact**." Sustaining impact requires not only innovative ideas and evidence but also effective leadership, strong institutions and a commitment to collective action. The leadership transition at the closing ceremony symbolised AFREhealth's continuing commitment to building African-led institutions capable of responding to the continent's evolving health challenges.

The message is clear: **African innovation must not simply demonstrate what is possible; it must reach the people and communities who need it most**.