



UMEÅ UNIVERSITY



Annual Report 2025

DEPARTMENT OF EPIDEMIOLOGY
AND GLOBAL HEALTH

Annual Report 2025

Department of Epidemiology and Global Health

Umeå International School of Public Health (UISPH)

Prologue

To all staff, students, collaborators and other colleagues,

Umeå International School of Public Health, based at the Department of Epidemiology and Global Health, provides a platform for our research and education. It is an academic environment where different voices are heard and taken seriously, and where academic freedom and integrity are protected. We believe public health research and education should question established ways of thinking, be open to challenge, and contribute knowledge where it is needed.

2025 was an important year for us. From 1 January, the Department of Epidemiology and Global Health merged with the Division of Sustainable Health from the Department of Clinical Medicine and Public Health. This broadened the academic environment and strengthened our work across five research themes: Health Systems and Policy; Diversity, Equity and Indigenous Health; Climate and Environmental Health; Life-Course Population Health; and Working Life and Health. These themes, together with highlights from the year, are presented in this annual report.

Our work remains closely connected to Region Västerbotten and northern Sweden, while also building on collaborations with partners in Europe, Africa, Asia, and Latin America. In 2025, this was reflected in EU-funded projects, ongoing international research collaborations, and the doctoral theses defended during the year. This combination of local grounding and international collaboration remains essential to what we do.

Education is central to our work. We are proud of our students and doctoral candidates, and we recognise the time, effort, and persistence behind their achievements. Looking ahead, we will continue to make good use of our broader expertise, support collaboration across research areas, and keep education closely connected to today's public health challenges.

Finally, we would like to thank everyone who contributed to our academic environment during 2025. We are especially grateful to Anni-Maria Pulkki-Brännström, Hans Pettersson, Susanne Walther, and Therese Holtlund for their work in preparing this annual report.

Anna-Karin Hurtig
Head of Department

Jens Wahlström
Deputy Head of Department

Per E Gustafsson
Deputy Head of Department

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Organisational setting

Organisation, leadership and staff

The Department of Epidemiology and Global Health (EpiGH) is shaped by a set of key values that are central to the way in which we conduct our work, research, education and engagement with society. These efforts are underpinned by our ambition which is to contribute to equitable and sustainable improvements in health and welfare across the globe. We work with a broader definition of global health including public health issues in Sweden, as well as in the rest of the world. Our mission, vision, and values are presented on page 23.

EpiGH is a multidisciplinary research, education and teaching environment. At EpiGH we host Umeå International School of Public Health with Masters Programmes' in Public Health (MPH) and an extensive doctoral programme (PhD). Additionally, since 2020 we also have the responsibility for coordinating the one-year Master's programme in Working life and Health (ALOHA).

A guiding principle of our organization is to ensure that each member of the staff has the possibility to contribute, as far as possible, to our collective work, both in the short- and long-term. Our Research Strategic Group and the Educational Strategic Group have key responsibilities to facilitate and guide future developments in this regard. The Midpoint Researchers' Group includes post-docs and others at the beginning of their research careers.

The Extended Leadership Group, which meets once a month, comprised the following members in 2025:

Anna-Karin Hurtig	<i>Head of Department</i>	Sara Forsberg	<i>Finance Coordinator</i>
Per Gustafsson	<i>Deputy Head of Department</i>	Isabel Goicolea	<i>Study Director, Research education</i>
Jens Wahström	<i>Deputy Head of Department</i>	Helene Johansson	<i>Study Director, ALOHA</i>
Marie Lindkvist	<i>Study Director, MPH</i>	Anneli Ivarsson	<i>Rep. Research Strategic Group</i>
Therese Holtlund	<i>HR Coordinator</i>	Marie Lindqvist	<i>Rep. Educational Strategic Group</i>
Huzeifa Aweesha	<i>Rep. Doctoral Students</i>	Fredrik Norström	<i>Rep. Working Environment</i>
Junwen Guo	<i>Rep. Midpoint Group</i>	Raman Preet	<i>Rep. Equal Opportunities</i>

EpiGH has about 100 employed staff and additionally approximately 70 affiliated researchers and doctoral students. We benefit from wide ranging prior education and experience in our membership. This includes physicians, nurses, psychologists, economists, social workers, dentists, statisticians, physiotherapists, and nutritionists. This broad mix of experience - across clinical medicine and the social sciences - greatly enriches our multidisciplinary research and teaching environment. All staff are encouraged to participate in our monthly staff meetings (PUMP) and the Department Days that are held each semester.

Staff



Camilla Andersson. Doctoral student with a background as a journalist. My thesis project concerns climate change mitigation with focus on household consumption and co-benefits. I want to understand whether co-benefits as eg health from mitigating activities to lower households carbon footprint can be used as triggers to reach the global and national carbon neutral goals.



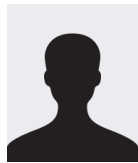
Martin Andersson. Adjunct associate professor. Senior consultant physician, associate professor. Main research area is occupational and environmental lung disease.



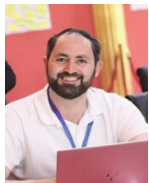
Cynthia Anticon. Postdoctoral fellow also affiliated to the Dept. of Odontology at Umeå University. Dentist with training in epidemiology & public health (MSc & PhD). Currently working in a project focused on social inequities in oral health and care affecting the Swedish adult population. Research interests involve social inequities in health and health care with focus on intersectional perspectives, health systems with focus on policy and implementation.



Huzeifa Aweesha. PhD student. Doctoral student with interest and experience on strengthening health systems in fragile and conflict-affected states



Nuria Pedrós I Barnils. Staff scientist in involved in work on intersectionality and health systems research.



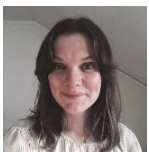
Mazen Baroudi. Pediatrician, PhD in Public Health, Docent in Global Health. I believe that every individual deserves equal access to health, and that healthcare should be customized to address the unique needs of each person. I'm a doctor specialized in children's and adolescents' health and holding a Ph.D. in Public Health. Currently, I am a research fellow oriented toward health system research at the [Department of Epidemiology and Global Health](#) in Umeå University in Sweden. I am also a postdoctoral fellow at the Department of Social Welfare in [Bukkyo University](#) in Japan.



Ingvar Bergdahl. Associate Professor and Lecturer in Occupational and Environmental Medicine. I am a teacher and researcher on health effects of environmental pollutants on humans. I am particularly interested in metals, especially lead, and in persistent organic pollutants (POPs), such as PCB and PFAS. I also collaborate with the Unit for Biobank and Registry Support. They help out researchers who want to use biobank samples from certain cohorts.



Ellacarin Blind. Project assistant (20%) in the project: Healthy ageing for Indigenous communities in India and Sweden with focus on nutrition and culturally adequate food provision



Hanna Blåhed. Doctoral student focusing on the ongoing reform of the Swedish primary health care system, from the perspective of rural communities in Västerbotten/Norrbottn. Defended her thesis in 2025.



Anni-Maria Pulkki-Brännström. Associate professor in health economics, Docent in global health. Research on multisectoral health promotion and prevention interventions from health economic and health equity perspectives. Project leader for KAMSO: decision support for interventions against social exclusion. Teaching health economic theory e.g., provider payment.



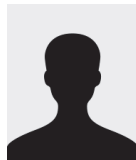
Dean Carson. PhD MSc MA. Guest Professor in Cultural Geography. Interested in who lives in, works in and visits sparsely populated areas. Key projects include examining the relationships between urban and rural areas in sparsely populated areas, prospects for local-led innovation in health and care systems, and new approaches to service delivery. Leads partnerships with universities in Australia, Canada and Austria.



Javier Rui Cheng Chai. PhD student.



Caroline Corneliussen. PhD student.



Johan Dahlstrand. Project coordinator.



Frida Puntonet Davidila. PhD student in Health Economics. Affiliated with Industrial Doctorate School for Research and Innovation. My research develops a decision-support framework to help Swedish municipalities prioritise crime prevention interventions using ethical, economic, and capability-adjusted life year-based measures. The aim is to support transparent, equitable, and cost-effective decisions that reduce crime-related harm and inequalities."



Maria Emmelin. Professor of Global Health at Department of Clinical Sciences, Social Medicine and Global Health, Lund University. She has a special interest in public health evaluation and the social determinants of health. Her research has focussed on self-rated health and the social aspects of cardiovascular disease prevention in northern Sweden. She has worked with the HIV/AIDS epidemic in Tanzania, smoking cessation in South Africa, reproductive health in Ethiopia, and violence against women (and children) in Ethiopia, Tanzania and Indonesia. She is co-editor with Global Health Action



Zia Farooq. Postdoctoral researcher in the Department of Epidemiology and Global Health. Specializes in spatiotemporal modelling and prediction of infectious disease outbreaks, with a focus on climate-sensitive and vector-borne diseases such as dengue and West Nile virus. My work integrates climatic, environmental, mobility, and socioeconomic data with advanced statistical, machine learning, and mathematical modelling approaches to support outbreak preparedness and climate-health risk assessment.



Inna Feldman. Associate professor and Docent in health economics. Research and teaching on health economics, Theoretical and empirical health-economics evaluations



Osvaldo Fonseca. Senior Research Assistant, holds a Ph.D. in Veterinary Science. He is also affiliated with the Department of Clinical Microbiology at Umeå University and actively participates in various research projects related to "Complications following COVID-19 – register studies."



Sara Forsberg. Financial coordinator, works with budgeting, economic planning and accounting.



Isabel Goicolea. MD, Professor. Her research interests are in gender relations, men's violence against women, young people's health and sexual and reproductive rights. Currently involved in research on youth health in Sweden, India and Zambia, and gender-based violence in Sweden and Spain.



Manuel Gonzales, Adjunct associate professor. MD and specialist in family medicine and cariology. Research interest includes digital interventions in health care and secondary prevention.



Anne Gotfredsen. PhD, post doc fellow. Research interests include youth mental health, gender, and leisure. Currently involved in research projects on the Swedish youth clinics, and on initiatives for young people who are neither in education, training, or employment. Does research and teaching within qualitative methods, focusing on visual methods.



Junwen Guo. Staff scientist. I am a researcher working at the intersection of One Health, climate change, and infectious disease. My academic background spans animal and environmental sciences to public health, shaping a research path focused on understanding complex health challenges. My current work applies One Health frameworks and machine learning to identify the key drivers of climate-sensitive disease transmission, especially looking into how the climate, environment, and biodiversity affect the disease transmission risks.



Per Gustafsson. PhD in Child and Adolescent Psychiatry, Professor of Epidemiology, and Docent of Public Health. Deputy and Assistant Head of Department, and Chair of the Program Council for our Master's Programs. Research in social epidemiology, with my main area of interest being a various aspects of social inequities in health and care, particularly from an intersectional perspective.



Isa Norvell Gustavsson. Postdoctoral Fellow with a PhD in Medical Science (Public Health). Research interests involve how people relate to work and the welfare system in relation to work, unemployment and sickness absence. Of particular interest are social norms in relation to work and its influence on individuals' actions and mindset. She moved to the Department of Social work in 2025.



Ulrika Harju. PhD research education administrator.



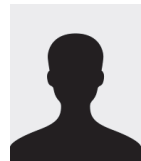
Henrik Holmberg. Associate professor with a PhD in statistics. For the last ten years I have been working as a consultant statistician in many different projects with medical applications. Studies on Hernia surgery and the Swedish hernia registry has timewise been my largest area of work. The last years I have focused more on adherence to medication and been studying that as a member of VIPVIZAs medication group.



Therese Holtlund. Human resources coordinator. As an HR Coordinator, I assist head of the department and staff with strategic and operational HR matters. I provide support in areas such as recruitment, personnel administration, systematic workplace safety initiatives, and more.



Anna-Karin Hurtig. MD, Dr PH, DTM&H, MSc. Professor in Public Health. Head of the Department. Main areas of interest: international health policy and systems research, community-based health systems and primary.



Gabriella Hök. Project manager.



Anneli Ivarsson. Professor in Epidemiology and Public Health Sciences. MD with specialist training in Paediatrics and a PhD in Paediatrics. Consultant at the Public Health Unit, Strategic Management Office of Region Västerbotten. Within the Medical Programme leading the development of a strand of Community Medicine throughout the 6-year educational programme. Nationally and internationally known for decades of coeliac disease research. Scientific leader of the Salut Child-Health Intervention Programme in Västerbotten.



Urban Janlert. MD, Professor emeritus in Public Health, specialist in Social Medicine. Research in social epidemiology (unemployment, social deprivation).



Albert Brunet Johansson. Doctoral student with a background in sociology. He is researching community sustainability in rural northern Sweden, with a focus on local actors and local actions (LALA).



Angelica Johansson. Education administrator for the Programmes in Public Health. Secretary for the Programme council PRPH. Administration in Selma, student support & course administration.



Helene Johansson. PhD in Public Health. Associate professor in Working life and health. Director of studies for the Master's programme in Working life and Health. Research areas: risk communication, community health promotion, prevention, implementation, collaboration/integration. Teaching subjects: health, health promotion, prevention, working life and health, qualitative methodology. Supervision of students at the master's and PhD level.



Karin Johansson. Administrative coordinator. Responsible for departmental and staff administration.



Frida Jonsson. Research fellow and Docent with a PhD in Public Health. Conducts research with a focus on theory driven evaluations of complex interventions that centres largely on how access to and experiences of health and social care can be improved for marginalised groups, especially youth and elderly. She moved to the Department of Social work in 2025.



Bengt Järholm. I am Senior professor of Occupational and Environmental Medicine. I have previously been a senior physician at Occupational and Environmental Medicine at the university hospital. My research is on how our physical environment affects health, with a focus on factors in the work environment.



Lisbeth Slunga Järholm. MD, PhD in Clinical Medicine, Specialist in Occupational and Environmental medicine, Internal Medicine and Cardiology. Docent of Occupational and Environmental Medicine. Senior Professor in Occupational Medicine. My research focuses on creating sustainable workplaces with good environmental conditions that enable work into older age. I also participate in research about health effects from being in natural environments.



Faustine Nkulu Kalengayi. MD, MPH, PhD. Research fellow in public health. Research on Migrant health and access to health care services. Collaborative research with the Public Health Agency of Sweden on HIV/STIs and migrants' sexual and reproductive health and rights. I am also the university's contact person for Umeå University's part of the international Mukwege Chair network.



Hedi Katre Kriit. Staff scientist.



Maria Lundmark Larsson. Project coordinator.



Anette Edin-Liljegren. Adjunct associate professor lecturer with a PhD in medicine. Her research is in nursing, public and rural health, more specifically about new models for access to health care with support from technology, from the perspectives of patients, next of kin and professionals'. She is also doing research about health and physical and psychosocial risk factors in the Reindeer herding Sami's working environment.



Ingrid Liljelind. Adjunct associate professor in Occupational Medicine and employed as an occupational and environmental hygienist at the clinic of Occupational and Environmental Medicine. My research focus on the impact of various working environment factors on human health, both chemical substances and physical factors such as vibrating hand-held machines and coldness. More recently, my research is about exposure in the work environment for textile and battery recycling.



Ida Linander. Associate professor in Public Health, PhD in public health, Docent and research fellow, MD. Does qualitative research about LGBTQ people's experiences of health and healthcare and also about broader issues of gender, sexual health and healthcare systems.



Lars Lindholm. Professor in Health economics. Studies on equity in health economic evaluation and the use of epidemiological data in the distribution of health care resources.



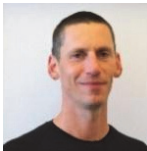
Marie Lindkvist. Director of Studies at the Department. Associate professor and Docent in Epidemiology and Biostatistics, PhD in Statistics and B.Sc in Mathematics. Appointed as Distinguished teacher in Umeå University's pedagogical qualification model. Lecturer in biostatistics and statistical consultant. Responsible for statistical considerations and analyses in the Salut child health intervention programme in Västerbotten.



Maria Lindström. Associate professor, with a PhD in Occupational Therapy. My research mainly focuses on developing and evaluating complex intervention- and implementation programs, with health equity and intersectional foundations. PI of the Everyday Life Rehabilitation program targeting persons with serious mental illness living in supported housing accommodations; PI of the Unite Youths targeting university students' mental health; and connected researcher with KI involving the development of Narratively Engaged Care, in elderly care.



Kristina Lindvall. Dietitian, master in Food and Nutrition, PhD in Public Health. Associate Professor in Public Health. Conducting research on complex interventions and their implementation. Conducting research on how to improve the health system response to social-emotionally vulnerable preschool children in Västerbotten, Sweden. Also engaged in an interdisciplinary research program investigating the links between health, livestock-based livelihoods, human well-being, and land management and governance in Uganda and Kenya.



Wolfgang Lohr. Medical data manager, involved in different research projects.



Verah Nafula Luande. PhD student. I am a PhD student in Henrik Sjödin's lab researching the feasibility of ecosystem restoration to achieve nature-based solutions to battle vector-borne disease transmission. I hold a master's degree in molecular biology and bioinformatics from the Jomo Kenyatta University of Agriculture and Technology (JKUAT), Nairobi, Kenya and the Swedish National Veterinary Institute (SVA), Uppsala, Sweden.



Lisbeth Lundahl. MSc in Psychology, PhD and Docent in education, senior professor in educational work. My research concerns education policy, young people's trajectories and career choices in policy, institutional and individual perspectives, and the association between children's health and educational outcomes.



Carl Lundberg. PhD student. PhD-candidate with a background in health economics & public health. Currently researching how society can better support young people not in employment, education or training (NEETs).



Ronnie Lundström. Senior Professor in Occupational medicine. My research focus is health effects from hand-arm vibration exposure.



Carina Luther. Study administrator and student support. Administration of research courses, single courses and program courses.



Curt Löfgren. Senior lecturer in Economics. PhD in Public Health, particularly issues on health financing in low and middle income countries, e.g. how to protect households from catastrophic health expenditure.



Göran Lönnberg. Statistician, Data Scientist and IT responsible at the Department



Kaspar Meili. Staff scientist in health economics, working on CALY-SWE - Capability-Adjusted Life Years. CALY-SWE are based on Sen's capability approach and can be used in similarly to QALY, for example in economic evaluations. CALY-SWE aim to measure quality of life in terms of accessible capabilities, giving individuals freedom how to realize their lives according to their values.



Paola Mosquera Mendez. Psychologist, MSc, PhD. Researcher. Her research focuses on the evaluation of public health policies, the measurement and explanation of health inequalities and the application of an equity lens to public health interventions. She is currently leading a research project exploring how to apply a life course approach to analyze socio-economic inequalities in cardiovascular health and another one evaluating the effects of the primary care choice reform on population health and socioeconomic inequalities in health in Sweden.



Fredinah Namatovu. Associate professor and Docent, PhD in Epidemiology and Public Health. Also affiliated with CEDAR (Centre for Demographic and Ageing Research) at Umeå University. Her main research focuses on gender-based violence, reproductive health, disability, and population ageing in Sweden and in Sub-Saharan Africa.



Lena Maria Nilsson. Project coordinator with a PhD in Public Health. Part of the research group *Lávuvuo* at EpiGH focusing on Sámi health. Worked together with Petter Stoor and Miguel San Sebastian on the reporting of the Sámi Health on Equal Terms (SámiHET) survey. Is funded by Forte 2023 – 2025 for a project on traditional food in elderly care in Sápmi and India in a collaboration project with India and in collaboration with SLU Uppsala.



Maria Nilsson. Professor in public health; social scientist with a PhD in epidemiology and public health sciences. Her main focus is climate change and health, with specific interest in adaptation, policy, communication and vulnerable populations. She also has an interest in research on tobacco control and prevention. Affiliated to the Public health unit, Region Västerbotten.



Tohr Nilsson. Associate professor. Senior lecturer and associate professor researching vibration injuries in working life.



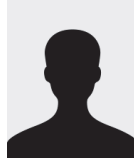
Fredrik Norström. Docent in Epidemiology and Biostatistics and Associate Professor in Health Economics. Recognized teacher at Umeå University. Principal investigator for the research projects *Is better public health worth the price?* - A health economic evaluation of increased staffing in home care and Covid-19 and home care: a high price for new lessons learned. Research interests are: i) health economic modelling, ii) unemployment and health, iii) work environment and health, iv) development of statistical methodology within epidemiology and public health, and v) celiac disease.



Cartrine Anyango Odhiambo. Doctoral student in Public Health Science at the Department of Epidemiology and Global health with an affiliation at Centre for Demographic and Ageing Research (CEDAR), master's in Public Health (MPH), and an undergraduate background in sociology. Her doctoral research thesis focuses on Intimate Partner Violence service provision to women with disabilities and how the current services address women with disabilities needs. Defended her thesis in 2025



Henrik Olstrup. Staff scientist.



Hans Orru. Staff scientist.



Anna Oudin. Associate Professor, epidemiologist and biostatistician studying how environmental exposures, including air pollution, heat, noise, and green environments, affect brain health and healthy ageing. My research focuses on cognitive function, dementia, mental health, and climate-related health risks across the life course. Using large population-based cohorts, health registers, and advanced exposure assessment methods, I investigate environmental determinants of health and identify opportunities for prevention and healthier living environments



Solveig Petersen. PhD in Pediatrics, Associate Professor in Epidemiology and Public Health. Ongoing research in the fields of epidemiology and prevention of mental ill-health, recurrent pain and overweight in children in Sweden and internationally. Principal investigator of the Study of Health in school-children from Umeå (the SISU project). Also holds an analyst position at the Public Health Agency of Sweden.



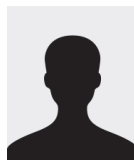
Hans Pettersson. Associate Professor. Associate professor in Occupational medicine and my research focus on how workplace factors such as machine vibrations, cold, and noise affect workers' health and how a healthier work environments can be created.



Raman Preet. BDS, MSc, MPH. Global Health Professional. Diverse experience as a clinical dentist, global health educator, and EU-funded scientific research project manager. Currently, working as coordinator of the EU Climate-Health Cluster (formed of six Horizon Europe projects) representing project IDAlert. Lecture in global health, SDGs, communication and collaboration. Supports the EpiGH leadership as its Equal Opportunity Officer.



Joacim Rocklöv. Visiting professor. Epidemiologist and modeller focusing on studying the impacts of climate change on health and how climate information can be used for public health prevention. I'm engaged in research in the nexus of global health, global environmental change and infectious disease epidemiology. I'm a guest Professor at Umeå university and an Alexander von Humboldt Professor at Heidelberg University. My lab is focusing on understanding disease etiology developing models and algorithms to describe drivers of emerging infectious diseases, and especially how the emergence relates to climate change.



Ana Rosenberg. Project assistant.



Klas-Göran Sahlén. R.N, PhD. Associate professor. Studies in the area of aging, prevention and health economics. Lecturer in health economics, ethics and qualitative methods. Responsible for the software Open Code. Research in Vietnam and Tanzania linked to PhD projects. Part of the Somali-Swedish network and course director for the training in Somalia. Coordinator for Nordplus project Nordic Network for Global Health.



Julia Schröders. Research fellow. Training in medical anthropology (MA) and epidemiology & public health (MSc & PhD). Interested in social network theory/analysis and the construction of social and health vulnerabilities across the adult life course in both Sweden/Europe and low- and middle-income countries with ongoing work in Indonesia, Nepal, and Somalia. Teaching basic and advanced methods in epidemiology and social theories for global health.



Miguel San Sebastián. Professor in public health; Medical Doctor with a MSc degree in control of infectious diseases and a PhD degree in environmental epidemiology. He practiced public health during 12 years among indigenous communities of the Amazon basin of Ecuador. Currently working as Professor teaching different courses at Master and PhD level. His current research is focused on strengthening health systems in low income countries and social inequalities in health in the Swedish context.



Eva Selin. Education administrator and program counselor for the Master`s programme in public health. Student support and course administration.



Jan Carlo Semenza. Project manager.



Maquines Odhiambo Sewe. Staff scientist.



André Sjöberg. PhD student specializing in health economics and outcome research, engaging in research and teaching related to complex interventions, health technology assessments, and economic evaluations.



Henrik Sjödin. Research fellow. Researches on public health, global health and infectious epidemiology. Looking at the spreading dynamics of emerging infectious diseases using mathematical modeling. With a background in ecology and mathematics, Henrik Sjödin explores questions in the interface of ecology, evolution, and epidemiology, with a focus on how ecological and evolutionary principles and processes together with other drivers govern environmentally sensitive infectious disease transmission and outbreak risk.



Johan Nilsson Sommar. Associate professor in occupational and environmental medicine. My research focus on health effects from exposure to air pollution and physical activity.



Jon Petter Stoor. Psychologist, PhD. FORTE-funded Postdoc at EpiGH focusing on health of Sámi youth. Collaborates extensively with Sámi NGOs and does commissioned research for the Sámi parliament and the Swedish Public Health Agency. Teaches mainly on Sámi and Indigenous health issues and coordinates the Sámi health research group *Lávuo*. Part time employed (20%) at the Centre for Sámi Health Research at UiT in Tromsø, Norway.



Rebecca Tapper. PhD student. My PhD project looks at the health effects of cold exposure in arctic climates with a focus on a sustainable working life. The project is part of the Arctic research school. I am a PhD Candidate at the Department of Epidemiology and Global Health. My PhD project looks at cold risk management and adverse health effects of cold exposure in arctic climates with a focus on a sustainable working life. My focus is primarily on cold prevention, risk assessments and subjective experiences of cold exposure in working life. The doctoral project is part of the Arctic research school.



Sitta Fiakhsani Taqwim. Project assistant. Her work relates to social networks in elderly without children.



Andreas Tornevi. Staff scientist. Background in mathematical statistics, PhD in environmental medicine and works mainly with epidemiological studies.



Masoud Vaezghasemi. Associate professor in Public Health, PhD in Epidemiology and Public Health. Current research focuses on social-emotional health among preschool children in Northern Sweden. His research interest lies within social and contextual determinants of health and health inequalities. Also interested in the double burden of malnutrition in Low- and Middle-Income Countries.



Jens Wahlström. Associate professor in Occupational Medicine, combined with clinical employment as ergonomist at Occupational and Environmental Medicine. Assistant and deputy Head of Department. My research focuses on how the work environment affects our health and productivity. Examples of areas in the work environment are ergonomics, organizational factors, cold and vibrations.



Viktoria Wahlström. Research Fellow. My research focuses on work environment, health, and productivity in office and hybrid work settings. I am also engaged in research on work environments and sustainable employment in physically demanding occupations.



Stig Wall. Professor Emeritus of epidemiology and health care research. Epidemiologist with a social science background. Research on epidemiology and international health, environmental and social epidemiology, prevention and medical technology assessment.



Susanne Walther. Financial administrator, responsible for supplier and customer invoices, payments, project reporting and follow-up.



Lars Weinehall. Senior Professor in Epidemiology and Family Medicine. Was 1985-2007 the coordinator of development and countrywide implementation of one of the world's largest ongoing population-based intervention program for the prevention of cardiovascular diseases (CVD) and diabetes, the Västerbotten Intervention Program (VIP). Research on analysis of the role of primary care in population-oriented prevention and supervised a number of PhD students both from Sweden, the US, Indonesia and Vietnam.



Anna Westerlund. Research fellow, PhD. MSc in work- and organizational psychology. Currently her research is focused on knowledge governance and implementation processes in healthcare and social services.



Fethi Mohammed Yusuf. PhD student. Engaged in a Forte funded project that emphasizes shifting the focus from group averages to individual variations to better understand the distribution of body mass index (BMI) over time and across social and geographical contexts in Sweden.



Christofer Åström. PhD in Environmental Medicine, MSc Mathematical statistics. Research in environmental epidemiology, where my main focus on heat-related health impacts and its association to climate change. I'm continuously collaborating with the Public Health Agency on morality monitoring and dissemination of knowledge regarding heat health impacts

Outputs

There are no measures that can fully evaluate our activities. However, one outcome criterion is the number of publications (Figure 1). The ups and downs of the result reflect the processes leading up to a publication, i.e. from a research idea over project planning, data collection, and analysis, and ultimately to the measurable outcome - the published paper.

In 2025 seven PhD students successfully finalized their thesis (Figure 2). At the end of 2025, 34 PhD students were associated with our Department, including three new students registered during the year.

The Medical Faculty budget model uses three parameters for the assessment of productivity: publications, PhD exams, and external grants. Each department is given a budget, based partly on this assessment system. EpiGH has been increasingly competitive in this regard.

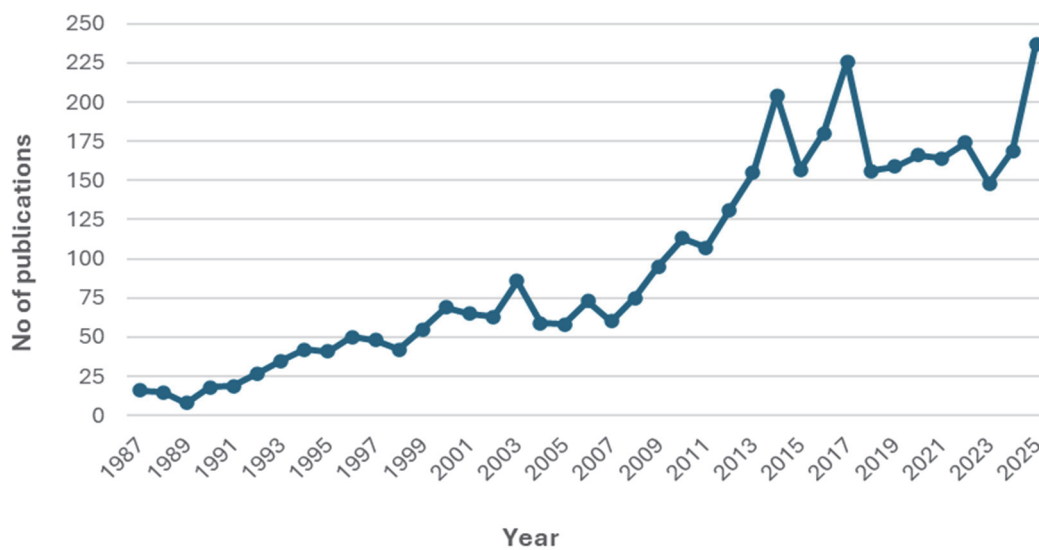


Figure 1. International peer reviewed publications by EpiGH members, 1986-2025 (registered in the publication database DiVA).

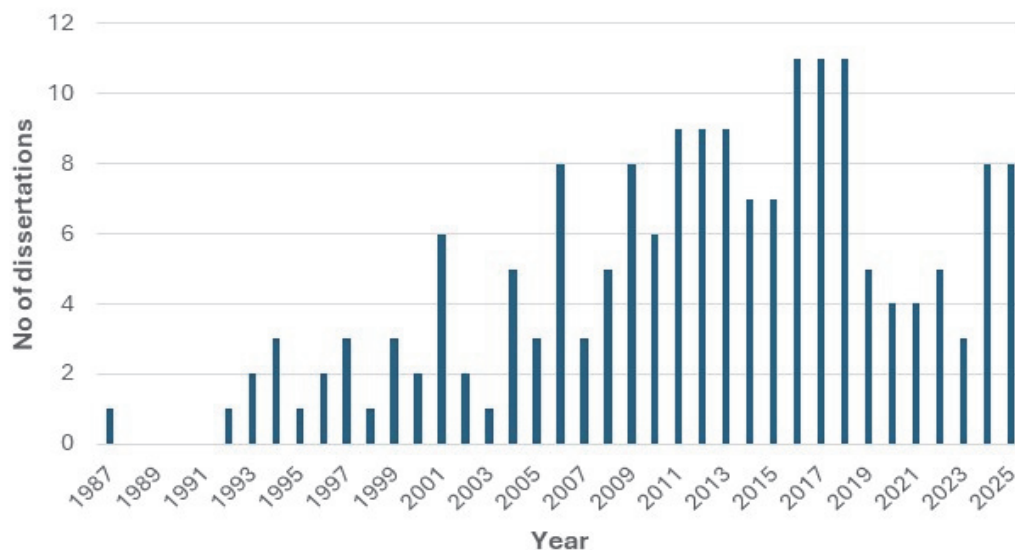


Figure 2. EpiGH, doctoral dissertations, 1987-2025.

Visibility

In 2025 we reached out in different news-media channels for a total of 229 times. The distribution for different channels is presented in Figure 3. In addition our international PhD's have a major media presence outside of Sweden.

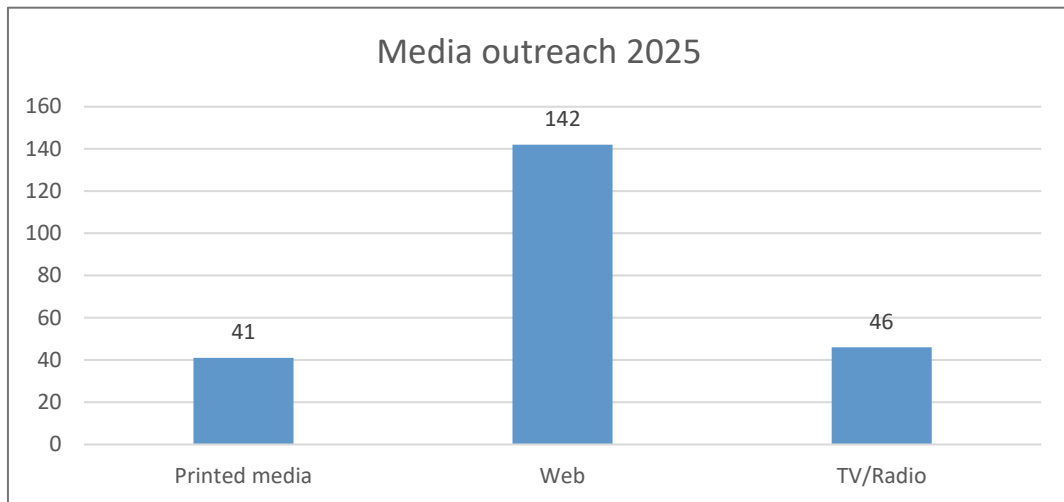


Figure 3. Number of times employees at the department were mentioned in different types of news media.



Jon-Petter Stoor, psykolog och forskare. Foto: SVT

Sverige väntas bryta WHO-rekommendationer



Experter i arbetsmiljö under Almedalsveckan i Visby visar i forskning att chefer har ett viktigt ansvar för en frisk arbetsmiljö. Foto: Linda Harling, AFA försäkringar

Så kan chefer skapa en frisk arbetsplats

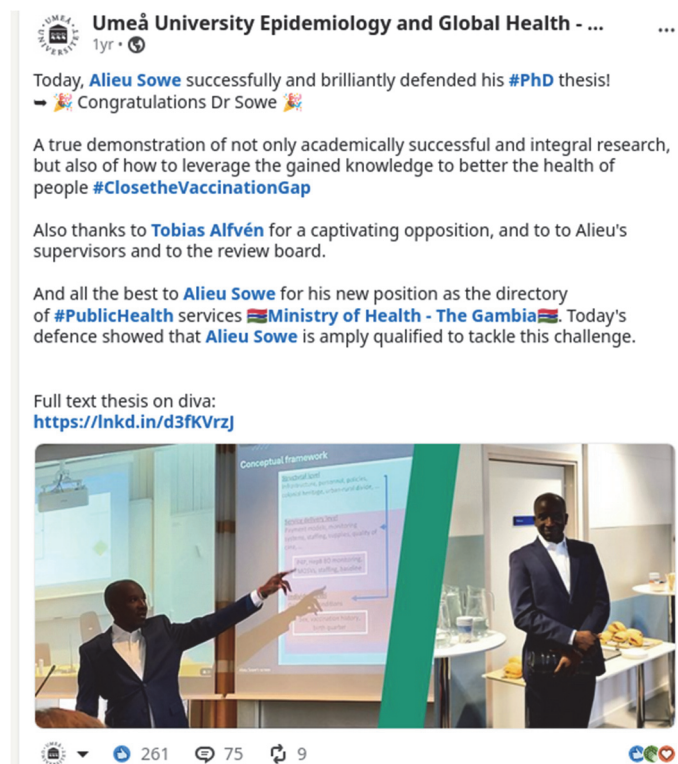
Vetenskapsradion · 27 juni 2025 · kl 06:00

Social media

The department has profiles on several different social media platforms, but the main activity is focused on LinkedIn, Facebook and Bluesky. Examples of social media posts that reached a large audience (“likes”) in 2025 were Maria Nilsson who participated in Swedish public service television program “Fråga doktorn” regarding climate change and health. Christofer Åström explained regional differences in health effects during heat waves in the record warm summer in 2025 which also reached a larger audience after LinkedIn-posts at the Departments social media channels.



Posts on linkedin on PhD defences are usually reach a large audience. One particularly successful example was the linkedin post on Alieu Sowes PhD defence with 261 reactions aka likes and 75 comments, resulting in 47 new followers for the department page. The linkedin page had around 1,755 followers at the end of 2025, and the Facebook page around 1,000.



Finances

The total revenues for this year amounted to 90 MSEK, out of which approximately 70% originated from sources external to the University (Figure 4). Our main activities, i.e., education and research, are reflected in the budget. Both are key activities in our daily work, although research activities are the largest component (Table 1). This year both revenues and costs were higher than last year, due to our merge with sustainable health.

The economic situation is affecting the entire higher education sector, including our department. Costs are increasing at a faster rate than appropriations are being raised. For us, this means continuing to work on balancing costs and income. In our budget we had planned for an overall deficit of -9.4 MSEK, using our regulatory capital and due to commissioned research. Our department ended up with a result with a net loss of -10.4 MSEK. (Table 1)

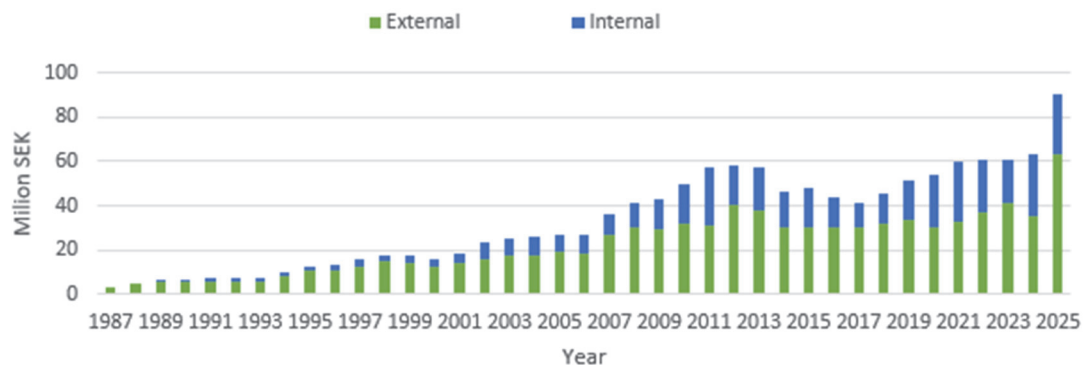


Figure 4. Annual income, EpiGH 1987-2025, showing internal and external funding.

Table 1. Revenues and costs 2025

The Faculty of Medicine			
Department of Epidemiology and Global Health			
	Department Outcome (tkr) 2025-12-31	Education Outcome (tkr) 2025-12-31	Research Outcome(tkr) 2025-12-31
Revenues			
Government Grants	25 756	8 214	17 543
Co-Financing	934		934
External Grants	22 611	-2 062	24 673
Contract Research Grants /Student fees	9 987	3 916	6 071
Accrued external funds	21 028	2 062	18 966
Sales revenue	9 923	272	9 651
Financial income	172	1	172
Sum	90 411	12 402	78 009
Costs			
Salary Costs	-66 663	-9 128	-57 535
Other Salary Costs	-390	-8	-382
Facility costs	-511	-124	-388
Operating costs	-18 022	-2 333	-15 688
Overhead UGEM	-12 415	-2 181	-10 234
Overhead FGEM	-2 600	-554	-2 047
Overhead IGEM	0	0	0
Financial expenses	-9	0	-9
Depreciation	-294	0	-294
Funds for transfers	3 489	2 062	1 427
Funds for transfers	-3 489	-2 062	-1 427
Sum	-100 904	-14 327	-86 577
Result			
Net income for the year	-10 493	-1 925	-8 568
Total	-10 493	-1 925	-8 568

Our education income amounted to 12.4 MSEK, out of which 8.2 MSEK was support via governmental grants to our medical programme, MPH programmes and for our ALOHA programme. The other dominating source was tuition fees (Figure 5). A few students paid these out-of-pocket, but the majority were awarded scholarships from different sources: *Erling-Persson Foundation*, the *Swedish Institute*, and *Umeå University Scholarship*. Figure 4 shows that EpiGH is continue having the highest number of student fees within the Medical Faculty. Unfortunately, we are seeing an inclination with students that have student fees and we will in 2026 continue working on marketing our MPH programme, both internationally and nationally.

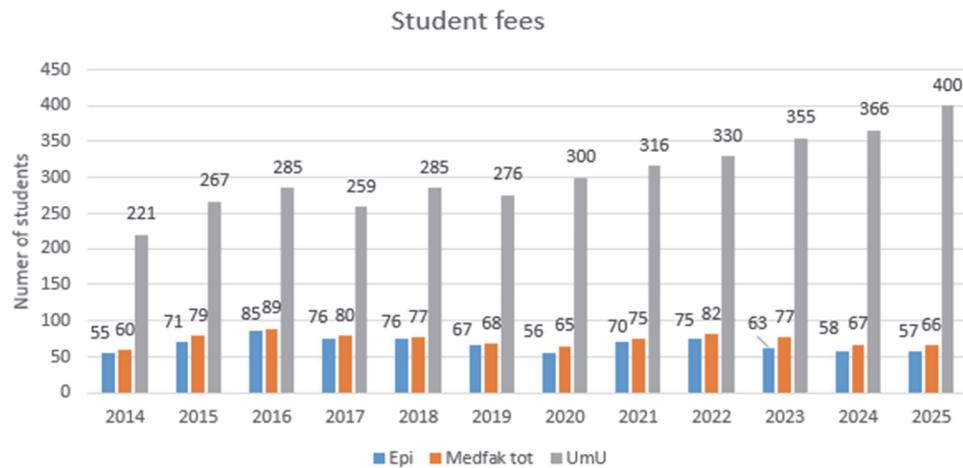


Figure 5. Fee paying students, EpiGH, Medical Faculty, University, 2014-2025.

However, as in previous years a major part of research funding 70% in 2025 was from external sources comprising both grants and contracts.

The Largest contributor (38 %) for external grants continues being FORTE-Swedish Research Council for Health, Working Life and Welfare. Other benefactors are VR-Swedish Research Council, AFA insurance and EU-Programme (see Figure 6). Our employees are our most valuable asset, and salary costs are 66% of all the costs we had in 2025.

Our education outcome had a deficit of -1.9 MSEK this year, a higher deficit than anticipated (Table 1). The result for research was -8.6 MSEK, also a bit higher than we anticipated. Next year our focus will be working on balancing costs and income. So that our result is closer to zero than in 2025. It is uncertain times, and it is key to have focus on our finance during coming years.

In the year 2025, our annual income has never been higher since 1987, the beginning of EpiGH (Figure 4). Joining with Sustainable Health, we have grown in both size and finance, and we are hopeful that this trend will continue in 2026.

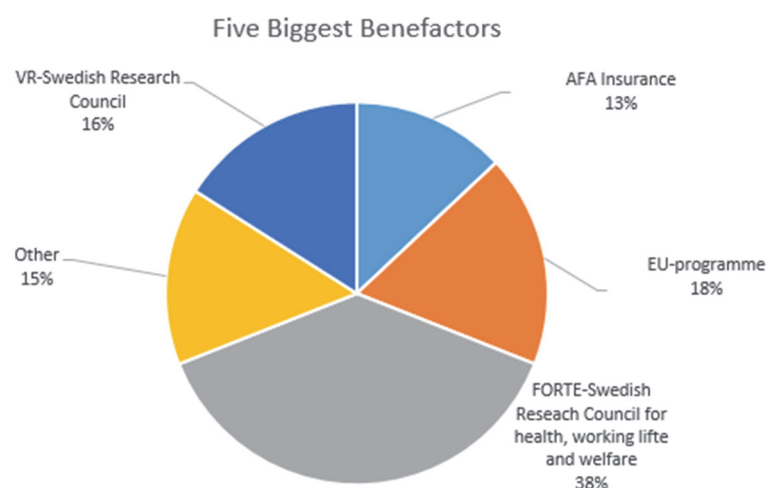


Figure 6. Main grant sources, EpiGH, 2025.

CONTACT: Sara Forsberg

Highlights of the year

Travels and meetings during the year

We present in this section some of the activities and visits carried out during the year. There were many more, equally important, but these will give you a flavor of our diversity in research interests and collaborations.

EU audit confirms strong governance and research management capacity

In November 2025, the Department of Epidemiology and Global Health (EpiGH) hosted a week-long field visit by PricewaterhouseCoopers auditors to conduct a European Commission–commissioned audit of the Horizon Europe project IDAlert. Umeå University serves as the coordinating institution, with the project managed within EpiGH.

This was the first audit of an EU-funded project at Umeå University in a decade, marking an important institutional milestone. The process required coordinated engagement across central and departmental levels and formed part of the standard assurance framework for externally funded research. It also provided an opportunity to demonstrate the project's structured management, governance, and administrative support systems.

As part of the audit, key project personnel – including the principal investigator, senior researcher, project manager, and finance staff – were interviewed, enabling focused discussions on implementation, reporting, and compliance practices. The review also included a detailed examination of financial and administrative documentation, such as employment contracts, personnel costs, timesheets, procurement records, invoices, and travel claims. Auditors further assessed internal procedures, oversight mechanisms, and the alignment between reported expenditure and project activities.

Overall, the audit was a constructive and positive exercise, confirming that the project is managed in line with the Grant Agreement and EU requirements. It highlighted the professionalism of the teams involved and the strength of EpiGH's research support systems for EU project coordination, developed over nearly fifteen years. The process further reinforces confidence in Umeå University's capacity to deliver complex international collaborations with transparency, accountability, and operational excellence.

IDAlert – Infectious Disease decision-support tools and Alert systems to build climate Resilience to emerging health Threats – officially started on 1 June 2022, is a € 9.18 million project and lasts for five years. The project is funded by the European Commission under the Horizon Europe programme with Grant Agreement number 101057554.

The consortium involves 19 organisations from Sweden, Germany, France, Spain, Greece, the Netherlands, Italy, UK, and Bangladesh, with expertise in a range of disciplines, including zoonoses, infectious disease epidemiology, social sciences, artificial intelligence, environmental economics, and environmental and climate sciences.

Project IDAlert is one of the six Horizon projects that form the EU Climate-Health Cluster.

Petite Nobel celebrates its 10th anniversary - a tradition of research and networking

Since it began in 2016, Petite Nobel has been a valued meeting place for researchers, doctoral students, and postdocs. This year we celebrate 10 years of inspiring presentations, networking, and knowledge exchange, an anniversary that marks an important academic tradition.

The event is organized through a collaboration between three departments: Epidemiology and Global Health, Nursing and Community Medicine and Rehabilitation. The purpose of the day is to give doctoral students and postdocs the opportunity to present their research while also creating a platform for building connections across departmental boundaries.

For the past five years, Klasse Sahlén has been the event's appreciated moderator. With his characteristic gold tailcoat and gold hat, he has become a symbol of the festive atmosphere that defines Petite Nobel. In addition to presentations and lectures, the day includes a touch of ceremony: participants receive a diploma and a gift, usually a book, this year from the winner of the literature prize, as a small "Nobel Prize."



Three decades of collaboration: Honorary Doctorate for Professor Mohammad Hakimi

On October 18, 2025, Professor Mohammad Hakimi from Gadjah Mada University (UGM), Indonesia, was awarded an Honorary Doctorate by the Faculty of Medicine at Umeå University, recognising over three decades of collaboration. Professor Hakimi initiated the partnership between UGM and the Department of Epidemiology and Global Health in the early 1990s, which has since become one of Umeå University's longest-standing international collaborations. In his honorary lecture, *"Humans Were Created Differently So That They Might Get to Know Each Other,"* he highlighted the importance of diversity, humility, and collaboration in addressing global health challenges.

To date, the partnership has resulted in more than 150 scientific publications, over 25 master's theses, and 16 PhD theses (15 completed, one ongoing). The evolution of research topics - from maternal and child health and infectious diseases to non-communicable diseases and population ageing - mirrors the global health agenda over the past three decades and reflects both the breadth and depth of this unique collaboration.



UGM remains a key partner in research and education, not only for EpiGH but also for the wider Faculty of Medicine, including hosting T10 students and, from spring 2027 onwards, T12 students within the department's new *International Medical Experience* course.

We look forward to the continued development of this collaboration!

PhD Days in 2025: united by curiosity, enriched by diversity

The year of merger has witnessed two PhD days when our PhD group got larger, but more importantly it was united by our curiosity, and enriched by our diversity. We invited previous colleagues to reflect on their varied career pathways after their PhD during our April PhD day. We discussed our research areas, prospects, fears and hopes, and enjoyed a variety of games that brought us closer.

Rural health was the theme for October PhD day. We shared photos portraying the diverse meanings rurality entailed to each group of the 13 countries we came from. Then our colleague Lina Ärlebrant along with Anette Edin-Liljegren and Hanna Morian from the Swedish Centre for Rural Health guided the discussion on the implications of rurality for health services and research, local and globally.



Virtual mobility – an eye opener for medical students in South Africa and Sweden

Virtual mobility has emerged as a powerful tool for broadening international perspectives. At Umeå University (UMU) in Sweden and the University of the Free State (UFS) in South Africa, a joint three-hour online seminar now offers all medical students an accessible international learning experience.

Each year, roughly 400 students participate in sessions of around 100, engaging in small-group discussions that connect peers across continents. In groups of 6–8, students introduce their national health-care systems and major disease burdens before exploring similarities and differences using the WHO Building Blocks of Health Systems as a shared framework. Teachers from both universities facilitate the digital group rooms and lead a final joint debriefing.

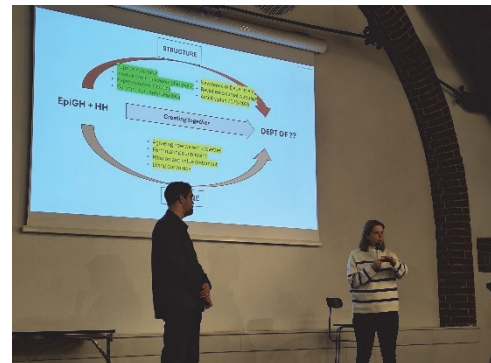
The initiative began within the South Africa–Sweden University Forum (SASUF) and has since become an integrated part of both curricula. While most coordination occurs online, occasional in-person meetings have strengthened collaboration and ensured long-term sustainability. In April 2025, UMU welcomed core colleagues from UFS: Dr. Yolandi Swart, Programme Director of the Medical Program, and Dr. Ramasedi Mokoena, Head of Community Health. Key collaborators at UMU are Anneli Ivarsson, Göran Lönnberg, Mazen Baroudi, and Martin Andersson.



Department days April 1 and November 20

The departmental days in April and November 2025 brought us together around a shared purpose: shaping a “new”, merged department and building a common identity. Across both days, the programme blended strategic dialogue, collaborative workshops, and forward-looking discussions.

A key focus was on getting to know each other through social activities and discussions. We explored the broader context of our department, such as changes in university leadership, shifting funding landscapes, and evolving societal demands, reflecting on what these mean for the department’s activities and direction. The programme also highlighted what had already been achieved, including support structures, strategic and leadership groups, and internal communication platforms. Interactive sessions encouraged staff to map current activities and discuss how to strengthen research, education, and external engagement. Overall, the days combined reflection and action, fostering a sense of unity and momentum in building something new together.



Congratulations to our new Docents



Charlotte Lewis



Mazen Baroudi



UMEÅ UNIVERSITY

EPIDEMIOLOGY AND GLOBAL HEALTH



Our **VISION** is to be an international, collaborative and diverse academic environment committed to social change for equitable health and welfare. Northern Sweden is our home, and the world is our landscape.

Our **MISSION** is to undertake meaningful work through multidisciplinary research and transformative education, and by engaging collaboratively with the surrounding society, both within Sweden and internationally.

The **VALUES** of solidarity, curiosity and integrity guide our daily work. Our environment strives for

- Open minds in an open climate
- Creative and critical thinking
- Inclusive and safe spaces
- Strength in diversity

Education



Introduction day August 2025 for the MPH programme

Master in Public Health

Public health education has been integral to the success of our international research collaborations. Many ad hoc training courses, workshops and short courses in epidemiological methods have provided a springboard for international projects. These activities have helped to build what is now a highly regarded international school within Umeå University. Maintaining a strong research focus in our teaching has been critical for mutual success in education and international partnerships.

The first courses in public health in Umeå were given in 1986. Five years later, in 1991, a one-year Master of Public Health (MPH) programme was introduced. In 2007, an additional two-year program was developed covering deeper courses in research methods and the social determinants of health.

In 2015, in collaboration with the Umeå School of Business and Economics, we introduced an MPH with a specialization in health economics. This recognizes the breadth of health economics across a range of topics that include making evidence-based decisions, ways of analyzing systems, organizational change, and health financing.

There have been obstacles, especially the introduction of tuitions fees 2011, for students outside Switzerland and the European Economic Area (EEA). Despite this challenge we remained committed to promoting the one- and two-year MPH programmes and further developing and diversifying their educational content.

To ensure flexibility and offer common ground for students, the first year of the MPH is identical for all students regardless of whether they are undertaking a one- or two-year program, with or without the health economics specialty. This first year includes courses in: global health conditions; health systems analysis; quantitative and qualitative methods useful for developing, implementing, and evaluating public health policies. The two profiles for the second year expand on the knowledge and skills developed so far, both when it comes to depth and breadth. They comprise a mix of set courses to ensure a foundation in core topics, but also some elective courses on relevant topics. This arrangement offers students possibilities to shape their own unique profiles according to their interests and needs. Taken together, the

programmes provide public health practitioners and researchers with the skills needed to comprehensively understand, analyze and ultimately improve population health.

During the 2025/2026 academic year we had an intake of 44 new students comprising 11 one-year students, 23 two-year students enrolled in the regular programme and 10 students enrolled in the health economics specialization. In addition, there were 22 second-year students, 10 of whom are in the regular two-year program and 12 of whom are in the health economics programme. In 2025 our students originated from Sweden, Europe, Asia, Africa and South America. The multi-cultural composition of the students promotes a diverse academic and social climate, which students frequently highlight as a major strength of our programmes.

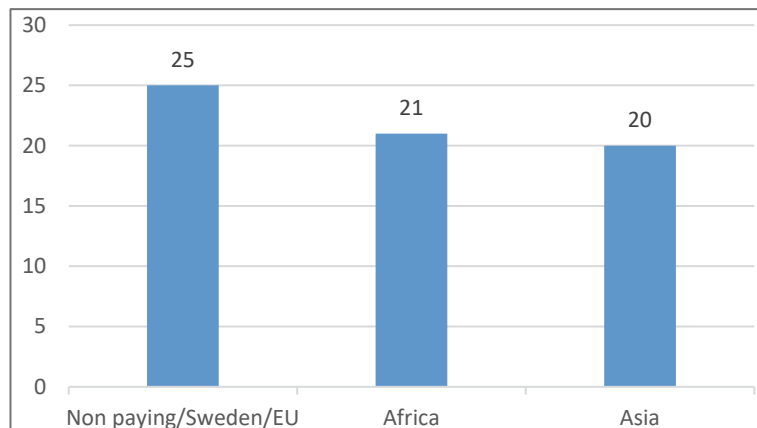


Figure 7. First and second year Master's students 2025/2026

Since the introduction of tuition fees, scholarships from the Swedish Institute have been instrumental in the recruitment of students outside the EU. In 2025, 14 of our international students were fortunate enough to receive scholarships from the Swedish Institute and two got Umeå University scholarship. 8 students were supported by the Erling-Persson Family Foundation and we are most grateful to the Foundation for the many years of support in providing scholarships to students from outside the European Economic Area.

EpiGH is a member of tropEd, an international network for higher education in international/global health from Europe, Africa, Asia, Australia, and Latin America. The Network provides postgraduate opportunities for education and training which contribute to sustainable development.



TropEd offers a Master's programme in international/global/public health. In 2025 EpiGH held tropEd accredited courses on various public and global health related topics. During the years 2020-2025, EpiGH have had an active role in tropEd through our director of studies, who participates in the executive committee and was acting President in 2021 and 2024.

EpiGH is also part of the Nordic Network on Global Health. This network, which was established in 2017 with support from Nordplus, currently comprises universities from five Nordic countries. EpiGH has joined with other Nordic universities to further expand the course portfolio, and benefit from the learnings in different Nordic higher education environments. This underscores a strong commitment to the principles of equity and global health partnerships.

Master in Public Health, programme courses

First year Global Public Health, 10 credits Biostatistics 5 credits Epidemiology, 10 credits Qualitative Methods 5 credits Health Systems: Organization and Financing, 5 credits Health Economic Evaluation Methods, 5 credits Theory and Management in Health promotion, 5 credits Master Thesis, 15 credits Second year Evidence Based Public Health, 4 credits Equity and Health, 3.5 credits Qualitative Data Analysis, 7.5 credits Advanced Biostatistics and Epidemiology, 7.5 credits Advanced Topics in Health Economics Evaluation Methods, 7.5 credits or Social Epidemiology – Theory and Methods, 7.5 credits Health, Environment and Sustainability, 3.5 credits Leading change and development in welfare organizations, 4 credits Evaluation in Public Health, 7.5 credits Master Thesis, 15 credits	Second year with specialization in Health Economics Tools and Methods for Economists, 7.5 credits or Evidence Based Public Health, 4 credits and Equity and health, 3.5 credits Health Economic Theory, 7.5 credits Social and Environmental Entrepreneurship, 7.5 credits or Project Management, 7.5 credits or Environmental Resource Economics, 7.5 credits or Advanced Biostatistics and Epidemiology, 7.5 credits Advanced Topics in Health Economic Evaluation Methods, 7.5 credits Health, Environment and Sustainability, 3.5 credits Leading change and development in welfare organizations, 4 credits Evaluation in Public Health, 7.5 credits Master Thesis, 15 credits
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Scholarship for Master programme students

The Erling-Persson Family Foundation has provided 12 million SEK towards scholarships for students from non-EU/EEA countries studying the Master's programmes in Public Health in our Department. This funding covered tuition waivers, and partially covered living costs, for up to eight students each year. The scholarship provisions started with the autumn intake in 2020-2021 and ended with the intake 2024-2025.

Other teaching activities

All courses within the MPH can be taken as single subjects. Priority is given to those enrolled in the MPH, but several non-programme students are also accepted. This is especially true for the more methodologically oriented courses and courses concerning health systems, policy, organization and financing. In our view it is essential that these subjects are accessible to research students in related disciplines. Other single subject courses offered by the department are “R-a tool for statistical analyses”, “Gender-based violence, health and healthcare” and “Sámi and indigenous health”.

We teach within the Medical Programme. A new strand of Community Medicine, including Sustainable Development, is being developed and introduced as the Medical Programme is moving over from being 5½ years to 6 years to adapt to European Union standards. Subjects embraced are Social Medicine, Public Health Sciences, Health Economics, Health Systems, Agenda 2030, Global Health, Epidemiology, Demography, Biostatistics Medical Law and Occupational and Environmental Medicine.

Staff of our Department also teach in several other programmes. Teaching is carried out at all academic levels - from basic to doctoral. During the first semester of the ‘Biomedical Programme’ (180 credits), our Department is responsible for teaching a 7.5-credit course in Epidemiology and Biostatistics. Members of the Department are further teaching (from basic to master’s level) in various courses (including topics like Agenda 2030 and global health, Global oral health, etc.) at the Medical Faculty and the Faculty of Social Sciences.

Promoting educational exchange

During 2021-2023 we continued our collaboration with Nordic countries as part of a Nordic-Plus application. Further, we have worked actively to be more engaged in the tropEd network for Master's education in Global Health.

Educational qualifications for university teachers

Umeå university has a system for educational qualifications for university teachers. The qualification system has two steps: recognized university teacher and distinguished university teacher. At our department, Marie Lindkvist is appointed distinguished university teacher and Fredrik Norström is appointed recognized university teacher.

CONTACT: *Marie Lindkvist*



Figure 8. Home country of Master of Public Health students 1987-2025

One-year Master's Programme in Occupational Health

Since 2020, EpiGH has been responsible for the one-year Master's Programme in Occupational Health Working life and Health. The field of occupational health is interdisciplinary, and the programme offers three specialisations: Behavioural Science, Ergonomics, and Occupational Health Nursing. The programme is delivered as a part-time (50%) distance learning programme.

In addition to EpiGH, three other departments at Umeå University are involved in the teaching: Community Medicine and Rehabilitation, Law and Psychology.

The programme includes three core courses and three specialisation-specific courses. The core courses provide a foundation that addresses issues related to age, gender, class, and cultural aspects, along with a sustainability perspective on working life and health. The specialisation-specific courses offer an opportunity to deepen knowledge within the field based on the student's profession and specialization

One-year Master's programme in Occupational Health Working life and Health.

Core courses
Working life and health, 15 credits
Communication and the consultative approach, 7.5 credits
Theory, methods and ethics of science in Occupational Health, 7.5 credits
Specialisation-specific courses
Behavioural science
Behavioural change and rehabilitation, 7.5 credits
Conflict, stress and bullying from an individual and organizational perspective, 7.5 credits
Master thesis in Occupational Health with specialisation in Behavioral Sciences, 15 credits
Ergonomics
Physical ergonomics: Work place analysis and evaluation, 7.5 credits
Work Ability and Rehabilitation in Working Life, 7.5 credits
Master thesis in Occupational Health with specialisation in Ergonomics, 15 credits
Occupational-Health Nursing
Physical aspects in Occupational Medicine, 7.5 credits
Chemical aspects in Occupational Medicine, 7.5 credits
Master thesis in Occupational Health with specialisation in Occupational Health Nursing, 15 credits

CONTACT: *Helene Johansson*

Educational strategic group

The Educational Strategic Group was established in early 2017. The Group is headed by the Director of Studies for the Master of Public Health (MPH) Programmes. The other members are the Chair of the Programme Council, study director for the Master Programme in Occupational health and teachers representing different parts of our education. The purpose of the group is to provide a strategic perspective on the educational development of all our education with a special focus on the MPH programmes. The group further act as an advisory body for the Director of Studies. Ongoing work includes the review and improvement of courses, discussion of strategies for recruitment and collaborations, and devising solutions for educational issues as they arise. During 2025 the group's priorities were to discuss how the merger of departments affect our education and pedagogical work and strategies to market our MPH programmes more in Europe.

The Erling Persson Foundation

During 2025 we have produced two reports. One report focuses on scholarships at the master's level, while the other examines an initiative supporting doctoral education. Together, they demonstrate how sustained, long-term philanthropic funding has enabled access to higher education, fostered academic and personal development, and created durable international relationships with significance far beyond the formal funding period.

Enabling access to Master's education for students from resource-constrained contexts

Between 2021 and 2025, the master's scholarship program supported 46 students from 20 countries across Africa, Asia, and Latin America. The students came from diverse backgrounds, often marked by economic hardship, political instability, or limited access to higher education. Across nearly all student accounts, the scholarship is described as decisive. For most recipients, studying at Umeå University would have been impossible without this financial support, as tuition fees and living expenses in Sweden were far beyond their means. In several cases, students had partial funding for an initial year of study, but the Erling Persson Foundation scholarship made it possible to complete a full two-year master's degree.

Academic focus, pedagogical transformation, and deep learning



The significance of the scholarship extended well beyond financial support. By removing economic stress and the need to combine studies with paid work, the scholarship created conditions for academic focus and deep learning. Students describe how this “study peace” allowed them to fully engage in demanding coursework, seminars, group projects, and research activities. Many also emphasize the transformative impact of the educational culture they encountered at Umeå University, particularly the emphasis on critical thinking, open discussion, and independent reasoning. For students trained in more hierarchical or exam-

driven systems, this pedagogical approach represented a profound shift in how knowledge, authority, and learning were understood.

Professional development and career pathways after graduation



The impact of the master's program continued after graduation. Students report strengthened self-confidence, increased independence, and a clearer professional identity. Many former scholarship holders have progressed to doctoral studies or taken on qualified roles within healthcare systems, government agencies, research institutions, and international organisations. The knowledge and skills acquired through the program have been applied both in academic contexts and in practical public health work, often with a clear focus on addressing health inequalities in the students' home countries or regions.

Doctoral training as capacity building and leadership development

The second report focuses on the doctoral scholarship initiative and adopts a longer-term perspective on academic development. The thirteen doctoral fellows completed their training within a sandwich model, combining continued professional engagement in their home countries with periods of study and supervision in Sweden. Rather than centring on measurable outputs such as theses or publications, the report highlights doctoral education as a process of becoming an independent researcher and societal actor. Fellows describes a clear shift from being consumers of knowledge to becoming researchers capable of formulating relevant questions, critically assessing evidence, and engaging with policymakers and other decision-makers.



Managing challenges, cultural differences, and professional complexity

The doctoral experience was also characterized by challenges. Fellows report periods of loneliness, cultural adjustment, and the strain of balancing academic work with professional responsibilities across different contexts. Differences in academic culture, views on hierarchy, and expectations of independence sometimes led to misunderstandings or friction. Importantly, these challenges are consistently framed as integral to the learning process rather than as failures. The ability to navigate complexity, manage cross-cultural tensions, and re-establish collaboration after difficulties emerges as a central competence developed through the program.



Mutual learning and institutional benefits for supervisors and the university



A distinctive feature of the doctoral report is its inclusion of supervisors' reflections. Supervisors describe the program as mutually beneficial, noting how collaboration with fellows embedded in different health systems and social realities challenged established assumptions and broadened their own perspectives on global health. Several supervisors report that the initiative led to new research directions, long-term international collaborations, and a stronger emphasis on policy relevance and capacity building. For some, participation in the program ranks among the most meaningful experiences of their academic careers.

Long-term networks, relationships, and sustainable impact

Across both the master's and doctoral initiatives, a recurring theme is the durability of the relationships created. Unlike short-term projects or temporary exchanges, the scholarship programs have generated networks characterised by continuity, trust, and mutual responsibility. Former students and fellows remain professionally connected to Umeå University while holding positions of influence in academia, government, and international organisations, thereby acting as long-term links between institutions and regions.

Overall conclusions on the role of long-term philanthropic support



In a funding landscape increasingly dominated by short-term projects and narrowly defined outputs, the reports present the Erling Persson Foundation's support as an example of philanthropy making a decisive and sustainable difference. By investing in people rather than projects alone, and by allowing education,

relationships, and capacity to develop over time, the initiatives have produced lasting effects that extend far beyond the formal funding period. The shared conclusion of both reports is clear: while degrees, theses, and publications matter, the most important outcome of these scholarship programs lies in the people who have grown in competence, confidence, and responsibility, and in the enduring relationships that continue to shape global health research and practice

CONTACT: *Klas-Göran Sahlen*

Research



Figure 9. Research themes at UISPH

Our research can be described as falling into five common themes: Health Systems and Policy; Diversity, Equity and Indigenous Health; Climate and Environmental Health; Life-Course Population Health; and Working Life and Health. Our research is heavily interdisciplinary yet centred on public health. In our projects we combine global and local perspectives. Next follows a short description of each research theme, some newly funded projects, and examples of research results and dissemination during 2025.

Health Systems and Policy

Research in health systems and policy seeks to understand and improve how societies organize themselves in achieving collective health goals.

We study policy outcomes as well as policy and implementation processes, including the contribution of different actors. Research questions concern coverage, quality, cost-effectiveness and equity of health systems and interventions.

Our research draws on many different disciplines, such as economics, sociology, anthropology, political science, public health and epidemiology. Methods include for example policy analysis, cost-effectiveness analysis, realist evaluation and embedded research.

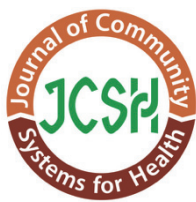
Some newly started projects...

Lars Lindholm and Kaspar Meili with colleagues received 2.9 million SEK from Forte for their project Measuring effects of welfare interventions with Capability Adjusted Life Years (CALYs).

Mazen Baroudi received 3 million SEK for his work package within a successful application to a joint call by Wellcome, Volkswagen Foundation and Novo Nordisk Foundation. The project Co-designing Health Innovations to reach Mobile Men with Co-morbidities in Uganda and Zambia (HIMM) is led by QMU university in the UK, with other partners from Institute of Tropical Medicine Antwerp in Belgium, Makerere University in Uganda and Zambart Research in Zambia.

...and research outputs and dissemination

During 2025, a network grant from the Swedish Research Council came to an end. The grant had supported collaboration among researchers and implementers from seven institutions across five countries (Zambia, South Africa, Sweden, Tanzania, and Uganda) who met regularly around the theme of Community Health Systems. This group brings together diverse disciplinary backgrounds and research interests from low-, middle-, and high-income settings. The network has laid the foundation for establishing the new [Journal of Community Systems for Health](#), which aims to strengthen scholarly control of publishing through Fair Open Access principles.



Lessons learnt from different health economic research projects were highlighted in a [special issue](#) of *Socialmedicinsk tidskrift* themed Health Economics. The five articles explore how economic thinking can better support decisions in health and social policy. It ranges from a critique of the moral logic and limitations of cost-effectiveness analysis to the development of CALY-SWE, a new quality-of-life measure. It also highlights tools and models that help guide decisions in the welfare sector, including approaches for assessing interventions for children and young people when evidence is scarce, and ways to use quality-adjusted life years to understand how work-related problems affect health.

Diversity, Equity and Indigenous health

The aim of this theme is to understand and reduce health disparities and increase social justice within and between groups in society.

Research questions focus on how individuals' health experiences are shaped by structural conditions such as Indigeneity, gender, sexuality, migrant background, socioeconomic position and geographical disadvantage, while also recognising the strengths, resources and resilience within communities.

The research draws on public health, Indigenous studies, gender studies, epidemiology, anthropology, sociology and political science. Common approaches include participatory and community-based research, qualitative and ethnographic methods, mixed-methods designs, survey and registry studies, and policy and discourse analysis. All work is grounded in ethical, collaborative practices and attention to intersecting inequities, including those related to violence and structural oppression.

Some newly started projects...



The Lávvo group (Petter Stoor, Lena Maria Nilsson, at EpiGH and Robert Lundmark in his capacity at LTU) were part of a successful Nordforsk call consortium to study sustainable health and care systems for the elderly. The project Promoting Healthy Aging of Sámi and Inuit Elders Through Co-Designed Digital Health Tool is led from at Nord University in Norway,

with partners in Denmark/Greenland (Centre for Public Health in Greenland) and Sweden (Lávvo-EpiGH and LTU) and was awarded 15 million NOK in total, of which approximately 3 million SEK will be at EpiGH. The Sámi-Swedish part includes quantitative, qualitative and intervention design aspects, built on collaboration with local elderly Sámi in Ubmeje, which was highlighted as a particular strength of the application. The project will co-design a digital tool to support increased cultural adaptation of elderly care services for Sámi and Inuit in Nordic countries.

...and research outputs and dissemination



Isabel Goicolea participated in La Paz (Bolivia) on a workshop with feminist activists for free abortion from Ecuador and Bolivia, to share their narratives. This was the last meeting within the VR Research Networks project “Crafting narratives for change”, a collaboration between our Department, The Universidad Politécnica Salesiana in Ecuador, Universidad Mayor de San Andrés in Bolivia, and Católicas por el Derecho a Decidir Bolivia. Around fifteen participants from 10 feminist organizations and collectives from Ecuador and Bolivia got together to reflect on the current context and challenges, the process of creating the narratives of how their organizations work for decriminalizing abortion and/or ensuring access to safe abortion (independently of the countries' legal framework) and to discuss ways forward.

Petter Stoor, Miguel San Sebastian and others from the Lávvo group received substantial media coverage for their report, "It is terrible and magical at the same time: a report on the health of young Sámi". The report examines and highlights the health and well-being of young Sámi in Sweden, with a particular focus on mental health. The report was developed in close collaboration with the Sámi youth organisation Sáminuorra.

Climate and Environmental Health

This research examines how environmental and climate-related factors relate to and influence human health. The knowledge generated can support informed decision-making, promote sustainability and equity, and improve human health.

We study air pollution, extreme weather, environmental contaminants, climate change, and access to natural environments. We also address how scientific evidence can be effectively communicated and translated into policies to support risk management, behavior- and organizational change.

The area is multidisciplinary, including epidemiology, mathematic modelling, public health, ecology, geographical information science, environmental science, social sciences, and more, using both quantitative and qualitative methods.

Some newly started projects...

Anna Oudin received EU funding of €475 090 for EXPOSIGNALZ - investigating the link between pollutants and Alzheimer's. Could air pollution and other environmental chemicals contribute to dementia, including Alzheimer's disease? EXPOSIGNALZ investigates how everyday chemical exposures affect the brain. Using laboratory experiments, advanced brain models, and studies in different population groups, the researchers aim to identify which substances are harmful, how they impact the brain over time, and whether they may contribute to disease development. The project seeks to develop new biomarkers for early diagnosis and provide policymakers with knowledge and tools to reduce exposure and prevent disease.

Johan Nilsson Sommar was awarded a grant of 1.8 million SEK from the Swedish Heart-Lung Foundation to study the effects of air pollution on children in Norrbotten. The project will investigate how the air quality in the areas where the children live influences their lung function development as they grow into young adults.

...and research outputs and dissemination

Raman Preet and others were in Brussels for two full days of events with IDAlert and CATALYSE, two of the six projects within the European Climate and Health Cluster. At the European Commission's DG-RTD premises, participants from the cluster came together to share updates, discuss challenges, and work on practical ideas around adaptation and health inequalities, and collaboration between climate and health experts. At a Roundtable event at the European Parliament, the Cluster's work was presented, especially the [policy brief](#),



focusing on 'Protecting Health in a Changing Climate'. Raman Preet moderated a key panel where three experts gave their views on the health impacts of climate change and guiding the discussion to highlight the need for better research and stronger policies across Europe. The roundtable discussions addressed one of the most urgent challenges of our time: the intersection of climate change and public health and highlighted the growing evidence

on climate-related health risks, calling for integrated action across Europe and beyond.

The warm summer in Sweden sparked a lot of interest concerning the negative health consequences from the heat. Christofer Åström was interviewed by a number of news sources during the summer, including SVT, TV4, SR and DN, talking about the risk with tropical nights in Sweden, the differences within Sweden and what one should think about to avoid negative health outcomes, among other things.

Life-Course Population Health

We seek to understand how health and disease develop over time through the interaction of biological, behavioural, social, and structural processes, across the life course and between generations.

Our research is interdisciplinary and intersectoral incorporating participatory approaches. We use mixed-methods to understand both population-level patterns and individual-level pathways and experiences of risk and resilience.

A key goal is to identify critical periods in life when prevention is most effective, supporting a more precision-oriented, rights-based and impactful approach to public health. This knowledge informs the design, implementation and evaluation of both universal and targeted interventions to improve health and reduce inequalities.

Some newly started projects...

Faustine Nkulu Kalengai and colleagues have been awarded 2.4 MSEK through the Medical Faculty Strategic Research Grant to conduct research on Equity and Migration in Child health. The project aims to generate in-depth knowledge on health and lifestyle inequalities among three-year-old children and to assess how Child Health Services respond to the needs of migrant families and their children in Northern Sweden.

Masoud Vaezghasemi and colleagues, in collaboration with the Region Västerbotten, have been awarded 5.0 MSEK from FORTE for the project Precision Prevention of Obesity for Expectant Parents and Children (PreCis). The project aims to investigate the drivers behind the decline in childhood overweight and obesity in Northern Sweden and to identify lessons that can inform national and global prevention strategies.

Julia Schröders and colleagues have been awarded a FORTE Starting Grant of 3.7 MSEK for an international comparative study on the Challenges, Consequences, and Contexts of Childlessness (4C/Foresee Project). The project aims to generate new knowledge and policy-relevant insights to strengthen social protection for ageing populations without children in Sweden, Europe (Germany and Spain), and Asia (India, Indonesia, and South Korea).

...and research outputs and dissemination

Disseminating research findings to professionals and decision-makers at the local level is a key priority. The Forum for Public Health in Västerbotten serves as an important collaborative platform, bringing together the County Administrative Board, Region Västerbotten, and the county's 15 municipalities. In 2025, discussions focused on children and young people, where our research, within the Salut Child Health Intervention, Programme contributed updated evidence on early childhood social-emotional health as well as trends in overweight and obesity among children and expectant parents.



We also participated in the 5th Invitational Symposium of International ASQ Researchers in September 2025 in Lisbon, Portugal. The Ages and Stages Questionnaire: Social-Emotional (ASQ:SE), a core instrument in our research, is widely used to assess early social-emotional vulnerability. The symposium provided a valuable opportunity to engage with leading experts, including Professor Jane Squires (University of Oregon, US), the developer of ASQ:SE. As one of the few research groups implementing ASQ:SE at a population level over an extended period, our work attracted considerable interest. We presented an overview titled “A Population Approach to Child Mental Health: Lessons from Northern Sweden’s Salut Child Health Intervention Program and ASQ:SE Implementation.”

Through Västerbotten intervention Programme (VIP) and based on established clinical outcomes, retrospective analyses will be conducted to identify, for example, new early disease markers that may be used for more targeted prevention of different forms of cancer and other chronic diseases. In 2025, additional progress has taken place in collaboration with the Department of Family Medicine on how to visualise and communicate the VIP data for the decision makers and health care.



In collaboration with Region Västerbotten, the VIP approach to health-related lifestyle factors is being integrated into a digital support tool for general use in clinical healthcare

practice. At the same time, within the framework of the research project STAR-C (STAR-C: Sustainable behaviour change for health supported by person-Tailored, Adaptive, Risk-aware digital Coaching in a social context), a study is underway to assess whether an app with a digital coach can enhance the long-term effects of VIP's in-person health dialogues. In the fall of 2025, a pilot version of the STAR-C app was offered to VIP participants in all health care centres for subsequent testing and research.

Working life and Health

We strive to generate evidence for practice and policy to support healthy and sustainable working lives by studying how working conditions and work environments affect health and well-being. We also address impacts beyond health outcomes, including effects on productivity and economic outcomes at individual, organizational and societal levels.

We investigate a broad range of working conditions, including physical, chemical, organizational and psychosocial factors, and analyze how these influence health, sickness absence, return to work and long-term work participation. The research is interdisciplinary and combines approaches such as register-based studies, epidemiological analyses, and field and intervention studies in collaboration with stakeholders in working life.

Some newly started projects...

Charlotte Lewis and Viktoria Wahlström with colleagues received funding from AFA Insurance (4.6 million SEK) for the project *Women in construction – physical capacity, health, work environment and inclusion*. The overall aim of the project is to map sex differences and gender aspects through surveys, physical tests, and interviews with construction students, and interviews with women and managers in the industry. Results will provide the industry with knowledge to support improvements in gender equality and a sustainable work environment.

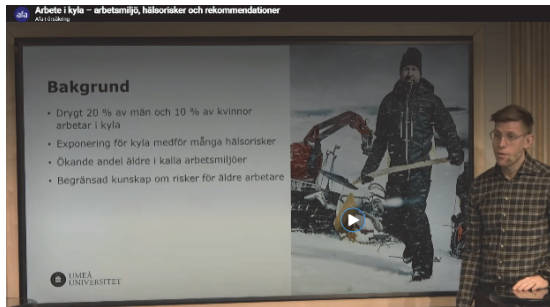
Albin Stjernbrandt and colleagues received funding from Region Västerbotten for the OCTOPUS-project. The aim of the project is to investigate the role of work-related risk factors in patients undergoing surgery for carpal tunnel syndrome, and how these factors influence postoperative outcomes in terms of symptoms and work ability. The study includes clinical assessments, registry data and follow-up of patients over one year, and it also examines the role of occupational health services in rehabilitation. Results will provide new knowledge for clinical decision-making, rehabilitation, and preventive strategies to improve long-term outcomes and sustainable work participation.

...and research outputs and dissemination

Viktoria Wahlström and colleagues received extended funding from AFA Insurance to create a practical guide to facilitate the implementation of shared office environments. This work continues on the project *From cell and flex offices to hybrid offices: how is the work environment, health and productivity affected?*

In 2025 the project *Diagnostic usefulness of Sweden's Corporate Health Screening Form and Medical Examination in Medical Control of Vibration Exposed* led by Hans Pettersson was ended. The project, funded by Forte, shows that screening questions currently in use need to be developed to improve precision, so that preventive measures could be implemented in time

to reduce the risk of more severe hand-arm vibration exposure related disorders. The project has so far resulted in five peer-review publications.



During 2025 we participated in publishing two reviews in *Arbete och Hälsa*, Scandinavia's oldest scientific journal in occupational medicine field. Martin Biström was the lead author on a review of *Prognos vid vibrationsrelaterad nervpåverkan i händerna* and Albin Stjernbrandt on the review *Cold work and disease*. Both reviews were also presented at webinars arranged by AFA Insurance.

The construction workers cohort is a research infrastructure, containing data from more than 389,000 individuals from the Swedish construction industry, coordinated by us and governed by a steering committee with representatives from unions and employers. As examples from 2025, Martin Andersson co-authored the paper *Occupational airborne exposures and asthma mortality: examining asthma as the underlying and contributing cause of death* and Jens Wahlström authored the paper *Occupational risk factors for surgically treated lumbar disc herniation - a 33-year follow-up*.

CONTACT: Anni-Maria Pulkki-Brännström

Research Training

PhD education at EpiGH

By the end of 2025 there are 35 PhD students admitted at the Department of Epidemiology and Global. As part of our ongoing collaborations with universities based in other countries, we have PhD students who are based in XX different countries. Besides Sweden, those include India, Vietnam, Uganda, Rwanda, Zambia, Tanzania, Ethiopia, Bolivia and Indonesia.



Our PhD students are engaged in a diversity of projects dealing with different aspects of public health. Have a look at our Web page to read more about them! Having such a variety of projects and PhD collaborations allows for career progression of the students and supervisors, and also strengthens the networks of collaborations and internationalization of our Department and University.

During 2025 we have had 7 PhD defenses and one Licentiate defense. We also had two PhD days. The first PhD Day. In one of them we discussed career paths after PHD and we had the participation of several alumni who had followed different paths, both into academia and outside academia, in Sweden and internationally. For the second PhD day we had a team from the Swedish Centre for Rural Health who helped us reflect and discuss on rurality, health systems and research. We contrasted the diverse ruralities we belong to and the challenges and opportunities for health systems to work with a rural perspective and for conducting research with rural communities.

We have also had three supervisors meetings where we have discussed the Individual Study Plan and how to work with it in Ladok, values around good supervision and we developed internal guidelines in relation to the first steps (admission, introductory seminar) and the final stages (predefense and defense) of PhD studies.

For 2026 we look forward for new PhD collaborations and admitted students and more defenses.

CONTACT: *Isabel Goicolea*



PhD students and projects

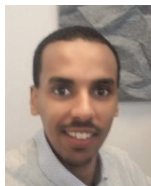
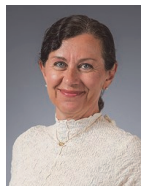
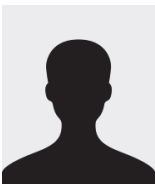
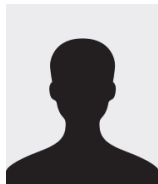
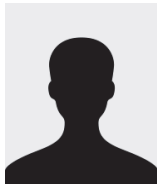
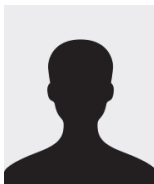
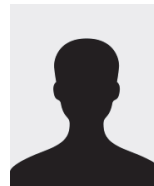
					
Adam Silumbwe	Albert B Johansson	Alieu Sow	André Sjöberg	Angela Kisakye	Anh Vu Nu
					
Anika Juneja	Anusha Rajendra Kulkarni	Camilla Andersson	Carl Lundberg	Carla Huanca Challgu	Caroline Corneliussen
					
Cartrine Odhiambo	Chavula Paul Malizgani	Daniel Örnberg	Edwinah Atusingwize	Elia Swai	Elin Forsell
					
Ester Steven Mzilangwe	Fethi Mohammed Yusuf	Frida Puntonet Davidila	Gunilla Dahlgren	Hanna Blåhed	Henok Tadesse Bired
					
Hussein Kapuya	Huzeifa Jabir Aweesha	Javier Chai Rui Cheng	Joseph Kyanjo Lule	Kirabo Suubi	Lina Årlebrant
					
Maria Bäckman Öhrn	Mikael Ashorn	Nalika Tjärnberg	Nicole Jabo	Pebalo Francis Pebolo	Rebecca Tapper
					
Rodrigo Arcev	Susanna Bellander	Tomi Lazar	Verah Nafula Luande	Yosephin Anadati Pranoto	Zorah Ben Salah

Table 2. PhD students registered at the department 2025.

Name	Background	Country	Thesis subject	Main supervisor
Adam Silumbwe	BA Healthcare management	Zambia	Evaluating Zambia's response to non-communicable diseases: a policy and systems analysis approach. Defended in 2025.	Klara Johansson
Albert Brunet Johansson	MSc Sociology	Sweden	The role of local actors and local action in fostering municipal health and wellbeing in the rural inland of Northern Sweden.	Anna-Karin Hurtig
Aliou Sowe	MSc Public Health	Gambia	Investigating inequitable vaccination: predictors of, social inequalities in, and intervention against sub-optimal vaccination in The Gambia. Defended in 2025.	Per Gustafsson
André Sjöberg	MSc Public Health with Health Economics	Sweden	Evaluation of the effect, cost-effectiveness, and implementation of Everyday Life Rehabilitation (ELR) for people with severe psychiatric disability living in supported accommodation.	Maria Lindström
Angela Kisakye	MA Public health	Uganda	A Gender analysis of the health workforce in Uganda: Implications for policy, planning and Human Resource development	Isabel Goicolea
Anh Vu Nu	MA Public health	Vietnam	Establishing a national threshold value for cost effectiveness analysis in Vietnam.	Sun Sun
Anika Juneja	MSc Public Health	India	Neighbourhood disadvantage and access to health care - the case of sickle cell disease in two Adivasi communities in central and southern India.	Anna-Karin Hurtig
Anna Stenling	MSc Engineering Biology	Sweden	Health economic evaluation of the Västerbotten Intervention Programme.	Fredrik Norström
Anusha Rajendra Kulkarni	MS Clinical Nutrition & Integrative Health	India	Empowering Communities: Addressing India's Triple Burden for Malnutrition in Under-Fives Through a Care Group Model.	Masoud Vaezghasemi
Camilla Andersson	MA Philosophy	Sweden	The role of health communication and household's habits in Climate change mitigation.	Maria Nilsson
Carl Lundberg	MSc Public Health	Sweden	What could a locally integrated and purposeful support system for young people who are not in employment, education, or training (NEETs) look like?	Frida Jonsson
Carla Huanca Chaligua	Social communicator	Bolivia	Access to cervical cancer preventative healthcare in Cochabamba, Bolivia.	Ida Linander
Caroline Corneliusson	BSc Social Work MSc Social Work and Human Rights	Sweden	Arbetsmiljö, hälsa, produktivitet, samarbete och ledarskap vid hybridarbete-hur påverkas vi av det nya normala.	Viktoria Wahlström
Cartrine Nancy Anyango-Odhiambo	MSc Public Health	Sweden	Intime violence: Towards improving service provision to women with disabilities in Sweden. Defended in 2025.	Fredinah Namatovu

Name	Background	Country	Thesis subject	Main supervisor
Chavula Paul Maltzani	MSc Public Health Promotion & Education	Zambia	The role of collaborative governance in delivery of comprehensive sexuality education in Zambia.	Anna-Karin Hurtig
Daniel Örnberg	BSc Science in Social Work	Sweden	Advancing Child Participation: Implementation strategies and challenges in multi-sectoral collaborations.	Anna Westerlund
Edwinah Atusingwize	BA Environ Health Science	Uganda	Alcohol and social media use among university students: Perceptions, patterns and experiences, and the feasibility of social media-based interventions for alcohol prevention. Defended in 2025.	Maria Nilsson
Elia Swai	MA Physiotherapy	Tanzania	Children and adolescents with physical disabilities in Tanzania. Exploring characteristics, needs and challenges in the Kilimanjaro region. Defended in 2025.	Klas-Göran Sahlén
Elin Forsell	MSc Psychology	Sweden	Hur identifiera mätbara organisatoriska riskfaktorer som predicerar organisationshälsa...	Jens Wahlström
Ester Steven Mzilangwe	MA Medical Science	Tanzania	Sexual violence among University students in Tanzania: Experience, prevalence and perceptions regarding support systems.	Faustine Nkulu Kalengayi
Fethi Mohammad Yusuf	MSc Public Health, MD	Sweden	Heterogeneity in Bodu Mass Index (BMI) distribution in Sweden: insights from precision in epidemiological and health economic evaluation.	Masoud Vaezghasemi
Frida Puntonet Davidila	MSc Human Geography	Sweden	Prioritizing Crime Prevention: A Capability-Based Framework for Swedish Municipal Decision-Making.	Kaspar Meili Lars Lindholm
Gunilla Dahlgren	MA Physiotherapy	Sweden	Risk assessment of hand-intensive work using ratings and technical measures: sex and gender considerations. Defended in 2025.	Börje Rehn
Hanna Blåhed	MSc Public Health	Sweden	Good quality, Local (e) Healthcare in Rural Northern Sweden: A Policy Practice and Community Approach. Defended in 2025.	Anna-Karin Hurtig
Henok Tadesse Bireda	MA Public Health, MD	Ethiopia	Climate Impact on Spatial and Genomic Changes of Malaria in Ethiopia	Junwen Guo
Hussein Kapuya	MA Arts in Public Administration	Tanzania	Strengthening Health Faculty Governing Committees to promote social accountability in the local health system in Tanzania.	Miguel San Sebastian
Huzeifa Jabir Aweesha	MAsc Public Health	Sudan	Effective Development Cooperation: improving health system governance - Efforts, challenges, and opportunities in Sudan.	Miguel San Sebastian
Javier Chai Rui Cheng	MSc Epidemiology	Sweden	"Risk and benefit of physical exercise in the polluted city".	Johan Nilsson Sommar
Joseph Kyanjo Lule	MA Agribusiness management	Uganda	Livelihood strategies and seasonality: Implications and food security and nutritional status of children under 5 years and their caretakers in Karamoja cluster of Uganda and Kenya.	Kristina Lindvall

Name	Background	Country	Thesis subject	Main supervisor
Kirabo Suubi	MA Public Health	Uganda	Access and utilization of reproductive healthcare and domestic violence support services among women with disabilities in Uganda.	Fredinah Namatovu
Lina Årlebrant	BA, MSc Nursing	Sweden	To gain knowledge about experience and expectations of meetings in health care, provided thought digital solutions such as video conference equipment in everyday care and how care meetings can be effective both in terms of resources and quality care.	Anette Edin-Liljegren
Maria Bäckman Öhrn	MD, specialist in occupational and environmental medicine	Sweden	"Hur påverkas arbetsmiljö, hälsa, arbetsförmåga och produktivitet av arbete i flexkontor".	Lisbeth Slunga Järholm
Mikael Ashorn	MA Public Health	Sweden	Children's Health in a Changing Climate: Assessing and Predicting Climate-Related Vulnerabilities and Risks.	Junwen Guo
Nalika Tjärnberg	MA Evidence-based policy and practice BSc Behavioral science	Sweden	Renskötande samers arbetsmiljö och psykosocial hälsa i norra Sverige.	Petter Stoor
Nicole Jabo	MSc Global Health Delivery BSc Health Studies	Rwanda	Improving the Quality of Postpartum Hemorrhage Care in Rwanda: Trends, Quality and Economic Evaluation (TQE Project).	Anni-Maria Pulkki Brännström
Pebalo Francis Pebolo	MA Medicine	Uganda	Intersection between sexual reproductive health services and disabilities in Uganda.	Fredinah Namatovu
Rebecca Tapper	MA Working life and Health	Sweden	ArctiHealth-expanding the knowledge of cold-risk management, health and experiences of cold exposure in occupational settings.	Jens Wahlström
Rodrigo Arce	MA Public Health	Bolivia	Exploring the health system response to the covid-19 pandemic in Cochabamba Bolivia.	Frida Jonsson
Susanna Bellander	MA Criminology	Sweden	The Swedish Police Authority's work against terrorism; An explorative study of the implementation of Governments strategy against terrorism. Defended in 2025.	Mehdi Ghazinour
Tomi Lazar	MA Studies in practical knowledge	Sweden	Examining the Impact of Use of Force Training and Conflict Management on the Well Being of Swedish Police Recruits.	Mikael Emsing
Verah Nafula Luande	MA Molecular Biology and Bioinformatics	Kenya	Environmental drivers of mosquito communities and disease transmission risks: a multi-scale analysis from coastal to inland ecosystems	Henrik Sjödin
Yosephin Anandati Pranoto	Dietitian, BA & MSc Nutrition	Indonesia	Food Insecurity and Social Networks in Aging Populations: A Global and Indonesian Exploration.	Julia Schröders
Zorah Ben Salah	MSc in Archaeology	Sweden	Forensic police officer's perception and experience of Forensic Policing in Sweden.	Anna-Karin Hurtig

Dissertation events and thesis abstract



Aliou Sowe



Adam Silumbwe



Gunilla Dahlgren



Elia Asanterabi Swai



Cartrine Anyango



Susanna Bellander



Hanna Blåhed

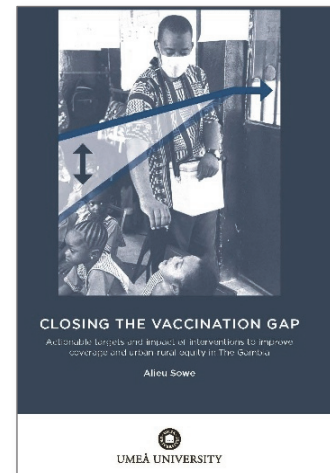
ALIEU SOWE

Closing the vaccination gap: Actionable targets and impact of interventions to improve coverage and urban-rural equity in the Gambia.

Thesis defended: January 31, 2025

Supervisors: Prof Per E Gustafsson, Ass prof Fredinah Namatovu, PhD Bai Cham

Opponent: Prof Tobias Alvéén, Department of Global Health, Karolinska Institute, Stockholm, Sweden



Aim: This thesis aimed to identify potential targets that can be leveraged to enhance vaccination coverage and urban-rural equity, and to evaluate the impact of large-scale interventions on coverage and urban-rural equity in The Gambia

Materials and methods: This study consists of four quantitative substudies. The data sources used were The Gambian Demographic and Health Survey (2013: $n = 1,660$; 2020: $n = 1,456$); an electronic register ($n = 41,720$ from 2019 to 2020); and a paper-based register ($n = 16,972$ from 2019 to 2020 and $n = 61,839$ from 2021 to 2022). The main outcome variables were full basic vaccination and Hepatitis B birth dose timeliness among children aged 12–23 months. The analysis methods used were counterfactual, decomposition, multilevel, difference-in-differences, and controlled interrupted time series analysis.

Findings: Potential targets: missed vaccination opportunities lowered vaccination by more than 10% and explained almost all (95%) of the urban-rural inequity among children who had missed opportunities. Children with delayed or non-vaccinated history, due for vaccination in the third quarter, or vaccinated in private facilities had higher odds of under-vaccination while those vaccinated in more than facility or in facilities with a birth dose-to-health worker ratio of 100–299 had lower odds. Impact of interventions: vaccination coverage improvement was lower (12%) but inequity decreased more in regions that implemented the pay-for-performance scheme. The Hepatitis B birth dose intervention led to a small (2.1%) improvement in timely Hepatitis B vaccination at birth, especially in facilities with the worst performance at baseline.

Conclusions: This thesis has identified several potential targets for improving the vaccination gap. Intervening in the identified factors with consideration for their differential impact in urban and rural areas could improve vaccination coverage and equity in The Gambia and contribute to achieving global vaccination goals. The thesis highlighted the impact of two interventions. However, it does not attribute the improvements in coverage to the pay-for-performance scheme but suggests that it might have contributed to reducing urban-rural inequity. Given the intervention's impact, the Hepatitis B birth dose intervention alone is insufficient to drive timeliness to the desired 90% coverage for elimination.

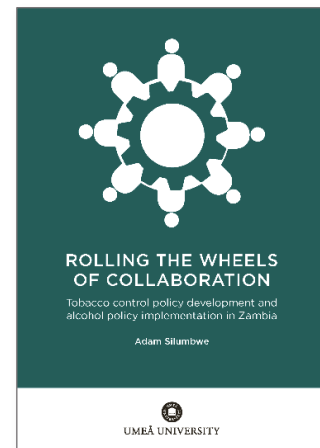
ADAM SILUMBWE

Rolling the wheels of collaboration: Tobacco control policy development and alcohol policy implementation in Zambia

Thesis defended: April 29, 2025

Supervisors: Researcher Klara Johansson, Prof Miguel San Sebastián, Ass Prof Joseph Mumba Zulu, Ass Prof Charles Michelo.

Opponent: Prof Elisabeth Minde Fosse, Department of Health Promotion and Development, University of Bergen, Norway.



Background: In many low-and middle-income countries, tobacco smoking and harmful alcohol consumption are major public health threats that are inadequately addressed at the policy level. For example, efforts to formulate a comprehensive tobacco control policy have been on going in Zambia for close to 12 years, but the country has still not yet been able to finalise one. While Zambia adopted an alcohol policy in 2018, its implementation remains a huge challenge. This thesis sought to enhance understanding of the context and the collaborative dynamics in the Zambia tobacco control and alcohol policy processes. In particular, it aimed (i) to determine the extent and sociodemographic determinants of tobacco smoking and harmful alcohol consumption (Sub-study 1); (ii) to explore and explain the role of principled engagement and shared motivation in the delayed tobacco control policy (Sub-study 2); and (iii) to unpack factors that shaped the capacity for joint action in the implementation of the alcohol policy (Sub-study 3).

Methods: This was an embedded mixed-methods study that comprised a across sectional study based on the Word Health Organization STEPs population-based survey of 4302 individuals (Sub-study 1) and two policy case studies – the tobacco control policy development (Sub-study 2) and the alcohol policy implementation (Sub-study 3). Sub-study 2 used key informant interviews data collected from 27 tobacco control policy stakeholders across several government sectors, civil society, and an international organisation. The data was supplemented with a document review of tobacco laws and policies in Zambia. Regarding Sub-study 3, 25 key informant interviews were conducted with members of the National Alcohol Policy Implementation Coordination Committee. The quantitative data were analysed using log binomial regression while thematic analysis was applied to the interview data.

Results: For the context, Sub-study 1 showed substantial disparities in daily tobacco smoking and binge drinking between men and women. There was a higher prevalence of smoking in men, older adults, and those with the lowest education level, while binge drinking was more prevalent in men and urban residents. Sub studies 2 and 3 revealed several system level factors that affected the collaboration in the tobacco control policy process, including interference from the tobacco industry, contradictory laws that incentivise tobacco production and weak enforcement of subsidiary tobacco control laws. Further, the systemic issues affecting collaboration in implementation of the alcohol policy comprised the framing of alcohol as an economic issue, the weak regulation of illicit alcohol iv production and the sociocultural acceptance of harmful alcohol consumption behaviours. According to Sub-study 2, the collaborative dynamics of principled engagement and shared motivation in the tobacco control policy process have been constrained by ineffective communication, mistrust, limited evidence, the absence of community advocacy and the lack of authority among sector representatives. Sub study 3 revealed that the alcohol policy is generally recognised as a framework for stakeholder action targeting the control of harmful alcohol consumption. However, weak coordination and resource challenges among implementing agencies have

undermined their capacity for joint action, ultimately impeding the implementation of this policy.

Conclusion: The higher prevalence of tobacco smoking and binge drinking among sub-groups such as men, older adults, those with the lowest education level and urban residents calls for targeted strategies in collaborative efforts to address tobacco and alcohol. Several policy and legal issues affect the development of the tobacco control policy, while the collaborative dynamics are fraught with challenges that threaten critical collaborative outcomes such as trust, commitment and legitimacy. Thus, embracing practices that seek to foment trust, understanding, and legitimacy among key government sectors may go a long way in accelerating collaboration in the tobacco control policy process. Furthermore, enhancing the collaborative efforts to implement the alcohol policy will require strengthening the capacity for joint action by overcoming coordination and resource challenges among implementing agencies.

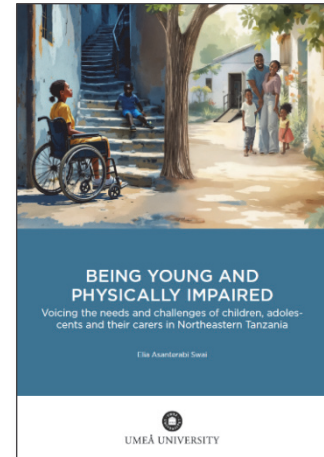
ELIA ASANTERABI SWAI

Being young and physically impaired: voicing the needs and challenges of children, adolescents, and their carers in northeastern Tanzania

Thesis defended: May 22, 2025

Supervisors: Ass Prof Klas-Göran Sahlen, PhD Halleluya Imanueli Moschi, Ass Prof Marie Lindkvist, Ass Prof Ann Sörlin, Prof Sia Emmanuel Msuya

Opponent: Prof emeritus Roine Risto, Department of Health and Social Management, University of Eastern Finland



Background: In Tanzania, 13% of families have a member with a disability, presenting unique challenges for entire household. Despite its complexity, disability is often overlooked in development and research agendas. However, disability has gained significant attention over the past decade, particularly with its integration in the 2030 sustainable development goals that were adopted by all United Nations member states in 2015. These goals are intended to promote inclusion and equal opportunities for all, including young people with disabilities. Nevertheless, young people with physical disabilities face considerable barriers to participation in society, driven by negative norms, discrimination, and stigma. This population remains underrepresented in research, and there is a significant gap in public health knowledge, particularly in resource-poor settings. This thesis aims to describe and explore the needs and challenges associated with being young and having a physical disability, drawing on the perspectives of children, adolescents, and young adults with disabilities – along with their families and carers – in northeastern Tanzania.

Methods: The research was conducted in the Kilimanjaro region of northeastern Tanzania, using both qualitative and quantitative methods. A quantitative survey was completed by the primary carers (aged 18 years or older) of 212 children and adolescents with physical disabilities, aged between 2 and 18 years. The data collected during the survey were analysed in Studies I and III. The SurveyCTO software was used to collect data electronically via a questionnaire. The questionnaire was developed based on the International Classification of Functioning, Disability, and Health (ICF) framework. Statistical analysis (Studies I and III) was performed using IBM SPSS version 28. For the qualitative aspect of the research, Study II employed constructivist grounded theory, while Study IV analysed the experiences of adolescents and young adults regarding inclusion using reflexive thematic analysis.

Results: Children and adolescents with physical disabilities have significant difficulties with walking, self-care, and participating in social activities, household chores, and schooling. Furthermore, they were reported needing assistive devices, therapeutic exercises, and nutritional support. Regarding essential services, most families lived near health facilities that did not provide rehabilitation services. Additionally, a quarter of the children and adolescents with physical disabilities had never received any rehabilitation service. More than two thirds did not have health insurance. The carers faced psychological challenges, with over half of the 212 carers surveyed reporting poor psychological wellbeing, and 42% and 38% describing symptoms of anxiety and depression, respectively. Support from extended family members was linked to better psychological wellbeing and a lower likelihood of experiencing anxiety and depression. Support systems, particularly via social networks, were crucial in helping families meet basic needs and ensure the safety of their children. The adolescents and young adults, however, reported feeling marginalised, facing significant barriers to full societal integration, and experiencing an uncertain future with little hope.

Conclusion: This thesis found significant activity limitations among children and adolescents with physical disabilities in areas such as walking, self-care, communication, and participation in social activities, household chores, and schooling. Access to essential services, particularly healthcare, is inadequate, or in many cases impossible to access. Adolescents and young adults face both present and future barriers to full inclusion in society, and families are constantly adapting to meet the challenging needs of their children, with carers experiencing a considerable psychological burden. To address these challenges, it is crucial for the Ministry of Health to strengthen rehabilitation services within primary healthcare settings. Health-insurance reforms are also necessary to ensure the societal inclusion of young people with disabilities. Public-awareness campaigns that highlight the potential of people with disabilities and promote inclusion are crucial for supporting social networks and challenging negative societal norms.

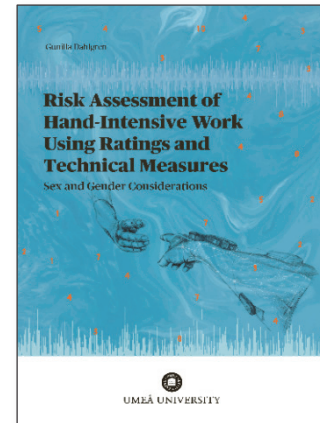
GUNILLA DAHLGREN

Risk assessment of hand-intensive work using ratings and technical measures: sex and gender considerations

Thesis defended: September 5, 2025

Supervisors: Ass Prof Börje Rehn, Statistician Per Liv, Ass Prof Fredrik Öhberg, Prof Lisbeth Slunga Järvholm, Prof Mikael Forsman

Opponent: Ass Prof Wim Grooten, Department of Neurobiology, Care Sciencis and Society. Karolinska Institute, Stockholm, Sweden



Background: In ergonomic risk assessment of hand-intensive work, observational methods are typically used to rate risk exposure. However, it remains unclear whether women and men performing identical work tasks are rated differently with respect to the established risk exposures: hand activity/repetitiveness and hand force. To better understand these ratings, measured wrist joint angular velocity and measured forearm muscle activity could be examined in parallel.

Aim: The aim was threefold: (1) to investigate whether hand activity (Hand Activity Level, HAL) and hand force (Borg CR-10) are rated differently between women and men performing identical work tasks; (2) to compare technically measured wrist angular velocity and measured forearm muscle activity between female and male workers; and (3) to examine the correlations between these ratings and their corresponding technical data.

Methods: Fifty-nine workers (29 women, 30 men), organized into 28 female–male pairs, participated. Each pair performed identical hand-intensive tasks across different real-world workplaces. Data were collected on workers' measured wrist joint angular velocity ($^{\circ}/s$) using inertial measurement units and on flexor and extensor carpi radialis (FCR, ECR) muscle activity and recovery, expressed as a percentage of maximal voluntary electrical activation (%MVE), via surface electromyography. Workers' self-rated hand activity level (HAL) and hand force (Borg CR-10). All tasks were video recorded. Additionally, two mixed-gender pairs of experienced ergonomists ($n = 4$) and 54 individual ergonomists (27 women, 27 men) video-rated the workers' tasks using the HAL and Borg CR-10 scales. Analyses included sex-based comparisons of all variables and correlations between ratings (self and ergonomist-rated) and technical measures. In Paper I, differences in HAL and Borg CR-10 ratings between female and male workers were compared using self-ratings and ratings from mixed-gender ergonomist pairs. Paper II examined correlations between wrist angular velocity and HAL, and between forearm muscle activity and Borg CR-10. Paper III compared measured wrist angular velocity and muscle activity between women and men. Paper IV analyzed individual ergonomist ratings in 27 female–male pairs with similar professional experience to determine whether female and male workers were rated differently (HAL, Borg CR-10).

Results: No significant sex differences were found in wrist velocity (Paper III) or HAL ratings, whether self-rated, rated by ergonomist pairs, or individual ergonomists (Papers I and IV). Self-rated HAL ($\tau = 0.23\text{--}0.31$, $p = 0.002\text{--}0.005$) and ergonomist pair ratings ($\tau = 0.32\text{--}0.41$, $p = 0.001$) correlated significantly with wrist velocity. Measured FCR and ECR muscle activity were significantly higher in women than men ($p = 0.004\text{--}<0.001$) (Paper III). Similarly, ergonomist-rated hand force (Borg CR-10) was significantly higher for female workers, both in pair ratings (women: 3.9 ± 2.7 ; men: 3.1 ± 1.8 , $p = 0.01$) and individual ratings (mean difference 0.35, $p < 0.001$) (Papers I and IV). In contrast, workers' self-rated hand force did not differ significantly between women and men (Paper I). Measured FCR and ECR muscle activity and ergonomist-rated hand force correlated significantly in 4 of 6 variables ($\tau = 0.32\text{--}0.41$, $p = 0.01\text{--}<0.001$), and for recovery time in FCR only ($\tau = -0.47$, $p = 0.001$).

(Paper II). In contrast, self-rated hand force did not correlate significantly with measured muscle activity (Paper II).

Conclusions: Measured wrist velocity and HAL ratings show no systematic differences between women and men performing identical work tasks. Women's higher measured muscle activity and higher ergonomist-rated hand force (Borg CR-10) indicate that these methods detect sex differences. Therefore, when ratings are used, ergonomist-rated hand force should be prioritized. In contrast, self-rated hand force using the Borg CR-10 does not detect sex differences and may underestimate women's hand force. Therefore, self-ratings should be avoided in risk assessments aiming to capture sex-based differences. Due to limitations in subjective ratings, technical measures should be preferred when possible. When tasks are identical, women should be prioritized in assessments of hand force or muscle activity to ensure protection for all workers. These strategies may help detect sex differences in hand force and improve precision in risk assessment. This can support the protection of both women and men in hand-intensive work from musculoskeletal disorders and promote a sustainable working life.

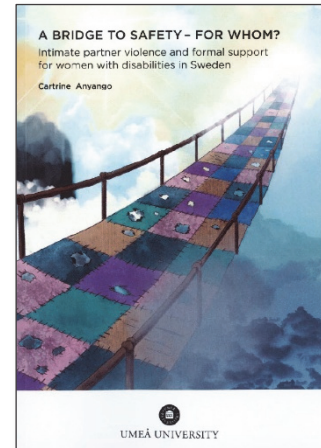
CARTRINE ANYANGO

A bridge to safety – for whom?: intimate partner violence and formal support for women with disabilities in Sweden

Thesis defended: September 19, 2025

Supervisors: Ass Prof Fredinah Namatovu, Prof Isabel Goicolea, Ass Prof Erling Häggström Gunfridsson

Opponent: Senior Lecturer Anna Kågesten, Departement for Global Health, Karolinska Institute, Stockholm, Sweden.



Aim: This thesis explores the lived experiences of women with disabilities subjected to intimate partner violence (IPV) and assesses support providers' readiness and self-perceived competence to support them. It applies an intersectional and epistemic injustice lens to understand how gender, disability, and structural aspects shape both experiences of IPV and institutional responses.

Methods: This study employed both qualitative and quantitative methods and comprises two sub-studies. The first sub-study involved in-depth interviews with 11 women with disabilities who had experienced IPV and sought support from various formal support institutions, including the police, social services, shelters, healthcare, and the Centre against Violence. Their narratives were analyzed using reflexive thematic analysis. The second sub-study assessed the perspectives of support providers through a nationwide survey (N=1,151) and 18 qualitative interviews, focusing on their self-perceived competence and readiness to support women with disabilities subjected to IPV.

Findings: The women with disabilities interviewed reported experiencing multiple forms of IPV – physical, psychological, sexual, economic, digital – and disability-specific abuse, often extending beyond intimate partners to others in their intimate personal spaces. They described psychological abuse as being particularly harmful yet often overlooked in institutional responses. The women's experiences were marked by testimonial injustice, where their credibility was undermined and hermeneutical injustice, where support systems lacked the conceptual and structural frameworks needed to understand and respond to their needs. Support providers indicated that IPV and disability-specific training enhanced their self-perceived competence. However, where disability-specific guidelines existed, they were inconsistently followed. Readiness to support women with disabilities was shaped not only by individual training but also by systemic and organizational factors, including employer support, the presence of clear routines and guidelines, collaboration within and between institutions, and adaptations to ensure accessibility.

Conclusion: This thesis underscores the need for structural reforms to ensure disability inclusion in IPV support services. Tailored guidelines, meaningful accessibility, institutional collaboration, and recognition of disabled women as credible knowers are essential

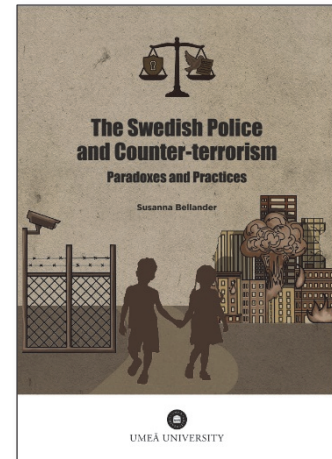
SUSANNA BELLANDER

The Swedish police and counter-terrorism: paradoxes and practices

Thesis defended: September 26, 2025

Supervisors: Prof Medhi Ghazinour, Prof Anna-Karin Hurtig, Prof Peter Lindström, Ass Prof Johanna Sundqvist

Opponent: Prof Bernhard Frevel, University of Applied Science for Police and Public Administration of North Rhine-Westphalia, Germany



Introduction: Terrorism and other complex security threats increasingly challenge democratic states to protect the public while safeguarding fundamental rights. In Sweden, national counter-terrorism strategies emphasise both security and democratic values. This dissertation examines how these strategies are designed, interpreted, and implemented in a democratic context, focusing on the Swedish police and the tensions between strategic intent, operational practice, and their impact on public trust and psychological well-being.

Materials and Methods: This dissertation employs a multi-method design across four empirical studies. Study I analyses Nordic counter-terrorism strategies (N=13) to trace shifts in perceived threats and countermeasures. Study II uses semi-structured interviews (N=14) with Swedish police staff to examine the implementation of governmental directives. Study III explores how police personnel (N=16) navigate tensions between security and civil liberties. Study IV analyses national survey data (N=1,996) collected after the 2017 Stockholm attack, focusing on emotional responses, behavioural changes, and public trust.

Results: Sweden's counter-terrorism efforts reflect a strong security focus alongside a commitment to democratic values. Police employees demonstrate ethical awareness and actively work to balance security with rights. While structural constraints hinder implementation, professional autonomy supports adaptability. Public trust in the police remains high, particularly in crisis response. However, a sustained focus on short-term, output-oriented measures may limit prevention and may gradually weaken democratic safeguards, especially among socially excluded groups experiencing greater fear and lower trust.

Conclusions: National security, civil liberties, and public trust are interdependent pillars of democratic resilience. Effective counter-terrorism must be proportionate, accountable, and integrated, combining enforcement with prevention and civic inclusion. By examining the Swedish context, this dissertation contributes to broader debates on how democracies can address emerging threats without compromising the democratic values they are mandated to defend.

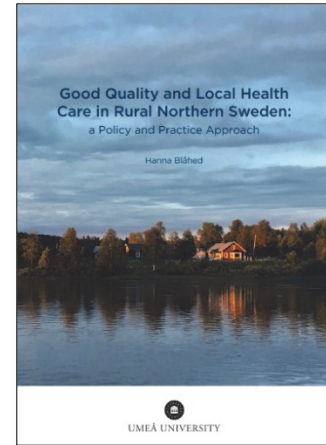
HANNA BLÅHED

Good quality and local health care in rural northern Sweden: a policy and practice approach

Licentiate thesis defended: December 12, 2025

Supervisors: Prof Anna-Karin Hurtig, Ass Prof Frida Jonsson

Chair: Prof Birgitta Olofsson, Department of Nursing, Umeå University, Umeå, Sweden.



This thesis explores the ongoing reorientation of the Swedish health system toward Good Quality and Local Health Care (GQLHC), with a particular focus on rural northern Sweden. While the reform aspires to strengthen accessibility, continuity, and person-centredness in primary healthcare, its translation into rural contexts presents challenges.

The thesis builds on two complementary studies. The first applies a critical discourse analysis of four Government Official Reports (SOU) to investigate how the "problem" of Swedish healthcare is represented in national policy. Using Bacchi's What's the Problem Represented to Be? (WPR) approach, the analysis identifies three dominant problem framings: (i) narrow servicemissions, (ii) siloed governance structures, and (iii) fragmented care delivery, while highlighting important silences regarding health promotion, equitable access, and sustainable rural workforce planning. The findings suggest that normative policy language may reproduce limited understandings of what constitutes quality and locality in rural care delivery.

The second study presents a qualitative case study from southern Lapland, one of Sweden's most sparsely populated regions. It explores how local primary care actors experience and adapts to national reform directives in everyday practice. Drawing on interviews and observations, the study shows how rural actors adapt national policy ambitions to local realities, often through collaborative practices, trust-based management, and innovative models. However, these adaptations frequently occur despite, rather than because of, formal policy support, underscoring a misalignment between national reform agendas and rural practice environments. At the same time, limited digital infrastructure and workforce shortages constrain the realisation of reform ambitions, exposing a persistent misalignment between policy intent and policy translation.

Taken together, the studies demonstrate the persistent tension between policy vision and local practice. By applying the rural proofing policy approach, the thesis argues for a more systematic integration of rural Perspectives in national health policymaking. Such an approach could help bridge the gap between policy vision and practical realities, ensuring that reforms like GQLHC genuinely deliver on their promise of equitable, high-quality, and continuous care across Sweden's diverse territories.

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