

# ANNUAL 20 Report 13



Infectious Diseases Institute  
College of Health Sciences, Makerere University



Investing in the Future: Impacting Real Lives





## Vision

A healthy Africa, free from the burden of Infectious Diseases

## Mission

To strengthen health systems in Africa with a strong emphasis on Infectious Diseases through research and capacity development

## Values

Caring, Integrity, Excellence, Innovation, Teamwork, Accountability

## Editorial Team

Megan Schmidt-Sane, Louisa Nakitende Kiggwe, Alex Coutinho and Connie Kabatoro

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Infectious Diseases Institute  
College of Health Sciences, Makerere University



Investing in the Future: Impacting Real Lives





*In the foreground is the College of Health Sciences with IDI on the right, looking towards Mulago National Referral Hospital; beyond is the Makerere University main campus.*



Infectious Diseases Institute  
College of Health Sciences, Makerere University



Investing in the Future: Impacting Real Lives

P.O Box 22418, Kampala, Uganda | Tel: +256-414 307 000/312 307 000  
Fax : +256 414 307 29 | Email: [office@idi.co.ug](mailto:office@idi.co.ug) | Website: <http://idi.mak.ac.ug>

# List of Acronyms

|           |   |
|-----------|---|
| AIDS      | Acquired Immune Deficiency Syndrome   |
| ART       | Antiretroviral Therapy  |
| ATIC      | AIDS Treatment Information Centre   |
| BTC       | Belgian Technical Cooperation   |
| CDC       | United States Centers for Disease Control and Prevention                                  |
| CEmONC    | Comprehensive Emergency Obstetric and Neonatal Care                                       |
| CFAR      | Centres for AIDS Research   |
| CM        | Cryptococcal Meningitis   |
| CME       | Continuous Medical Education  |
| CPHL      | Central Public Health Laboratories  |
| CSF       | Civil Society Fund  |
| CSW       | Commercial Sex Worker   |
| DTRA-CBEP | United States Defense Threat Reduction Agency - Cooperative Biological Engagement Program |
| EDCTP     | Europe Developing Countries Clinical Trials Partnership                                   |
| EDPs      | Especially Dangerous Pathogens  |
| EID       | Early Infant Diagnosis  |
| EKKP      | Expanded Kiboga Kibaale Project   |
| eMTCT     | Elimination of Mother to Child Transmission   |
| GIPA      | Greater Involvement of People Living with HIV/AIDS  |
| HCT       | HIV Counselling and Testing   |
| HIV       | Human Immune deficiency Virus   |
| HPTN      | HIV Prevention Trials Network   |
| HAS       | Health Surveillance Assistant   |
| ICCM      | Integrated Community Case Management  |
| ICEA      | Integrated Clinic Enterprise Application  |
| IDI       | Infectious Diseases Institute   |
| IEC       | Information, Education and Communication  |
| IMPAACT   | International Maternal Paediatric Adolescent AIDS Clinical Trials                         |
| IeDEA     | International epidemiologic Databases for the Evaluation of AIDS                          |
| IRCU      | Inter Religious Council of Uganda   |
| KCCA      | Kampala Capital City Authority  |
| LQMS      | Laboratory Quality Management System  |
| M&E       | Monitoring and Evaluation   |
| MAC       | Malaria Alert Center (Malawi)   |
| MAKCHS    | Makerere University College of Health Sciences  |
| MARPs     | Most-At-Risk Populations  |
| MCH       | Maternal and Child Health   |

|            |   |
|------------|---|
| MEPI/MESAU | Medical Education Partnership Initiative/Medical Education for Equitable Services to All Ugandans |
| MoH        | Ministry of Health  |
| MTN        | Microbicide Trials Network  |
| MUII       | Makerere University program on Infection and Immunity   |
| MU-JHU     | Makerere University - Johns Hopkins University Collaboration                                      |
| NCDs       | Non-Communicable Diseases   |
| NHLS       | National Health Laboratory Service  |
| NIH        | National Institutes of Health (USA)   |
| OpenMRS    | Open Medical Record Service   |
| PCT        | Prevention, Care and Treatment  |
| PEPFAR     | President's Emergency Plan for AIDS Relief  |
| PLHA       | People Living with HIV/AIDS   |
| PMTCT      | Prevention of Mother to Child Transmission  |
| RATN       | Regional AIDS Training Network  |
| RDTs       | Rapid Diagnostic Tests  |
| RRH        | Regional Referral Hospital  |
| SLIPTA     | WHO Stepwise Laboratory Improvement Process Towards Accreditation                                 |
| SLMTA      | WHO-Strengthening Laboratory Management Towards Accreditation                                     |
| SMC        | Safe Male Circumcision  |
| SMGL       | Saving Mothers Giving Life  |
| TA         | Technical Assistance  |
| TB         | Tuberculosis  |
| TBA        | Traditional Birth Assistant   |
| THRIVE     | Training Health Researchers into Vocational Excellence in East Africa                             |
| TOT        | Training of Trainers  |
| UCSF       | University of California, San Francisco   |
| UNCST      | Uganda National Council for Science and Technology  |
| URC        | University Research Company   |
| USAID      | United States Agency for International Development  |
| USAMRID    | United States Army Medical Research Institute of Infectious Diseases                              |
| US-DOD     | United States Department of Defense   |
| WHO        | World Health Organisation   |

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## Foreword

from the IDI Board Chair

On behalf of the Board of IDI I am pleased to present the 2013 IDI annual report. Makerere University and the College of Health Sciences in particular have over the last 2 decades steadily regained and restored our position as a leading University for research and teaching in Africa and this year Makerere University was ranked 4th in Africa overall. This ranking has in no small measure been due to the contribution of the College of Health sciences and within that College the IDI has been an important player in driving research capacity building and service delivery.

A modern University in Africa has to carry out its traditional academic roles of research and teaching but in addition has the responsibility to be relevant to the development and societal needs of the host country and the continent as a whole. This involves both prioritizing research that will have benefit to Africa but also adapting teaching curricula to provide essential skill sets that respond to the challenges we face in Africa. These skill sets are provided both as formal undergraduate and post graduate programs but increasingly as post service continuous education. In this regard IDI continues to excel in the field of infectious diseases and in the last 12 months has continued to maintain its impressive performances over the past 5 years. In particular has been the increasing focus of on the job training and mentoring as well as distance online training and support.

Africa has come a long way in the past 10 years in tackling the major infectious diseases of HIV, TB and malaria. However each achievement raises new questions and new emerging challenges that require a thoughtful and strategic response. The continent continues to suffer from dysfunctional health systems, is challenged by its demographics and massive population movements and is also witnessing the emergence of chronic disorders and lifestyle diseases even before we have been able to fully tackle and suppress the traditional killers of infectious diseases, malnutrition and poor maternal and child health.

The model that IDI has offered in responding to infectious diseases is a model that is easily developed and transferable to other institutions that will tackle these present and future challenges. This annual report will help to document the impressive gains and partnerships of the IDI and also inspire all of us as we continue to respond to the health challenges of the day and move forward to try and achieve the IDI vision statement:

"A healthy Africa free from the burden of Infectious Diseases"

Prof. Nelson Sewankambo

Chair of the Board IDI  
Principal College of Health Sciences



# Introduction

from the IDI Executive Director



This annual report for 2013 reports on the last year of a phenomenal five year strategy period - 2008/2013 for IDI. In the past five years IDI has flourished, diversified and expanded into new programs and new geographical locations as the map on page 10 illustrates.

For example our programs are now represented in 60% of the districts of Uganda; we support over 90,000 HIV+ across Uganda (most on ARVs) and we have managed to circumcise 50,924 men in the space of 12 months.

All this has only been possible because IDI as part of the College of Health Sciences of Makerere University has focused on both excellence as well as national relevance in setting out its agenda and priorities. IDI has also managed to fulfill both its academic responsibilities of research and training as well as its broader public health system strengthening roles resulting in roll out of large scale infectious diseases programs.

These accomplishments come from the active and passionate contribution of all 1,100 IDI staff as well as thousands of our IDI supported volunteers, partners, funders and collaborators. Their stories are captured within this annual report and continue to inspire us.

An exciting event this year has been the ground breaking of the new 6 level "Knowledge center", which after five years of planning and fundraising is finally literally soaring upwards as the latest addition to the Makerere University skyline. The name "Knowledge" is appropriate as our primary role at IDI is to generate knowledge, disseminate that knowledge and use internal and external knowledge databases to improve the health of our continent and contribute to its overall development.

I encourage you to share this annual report with others and jointly celebrate our achievements

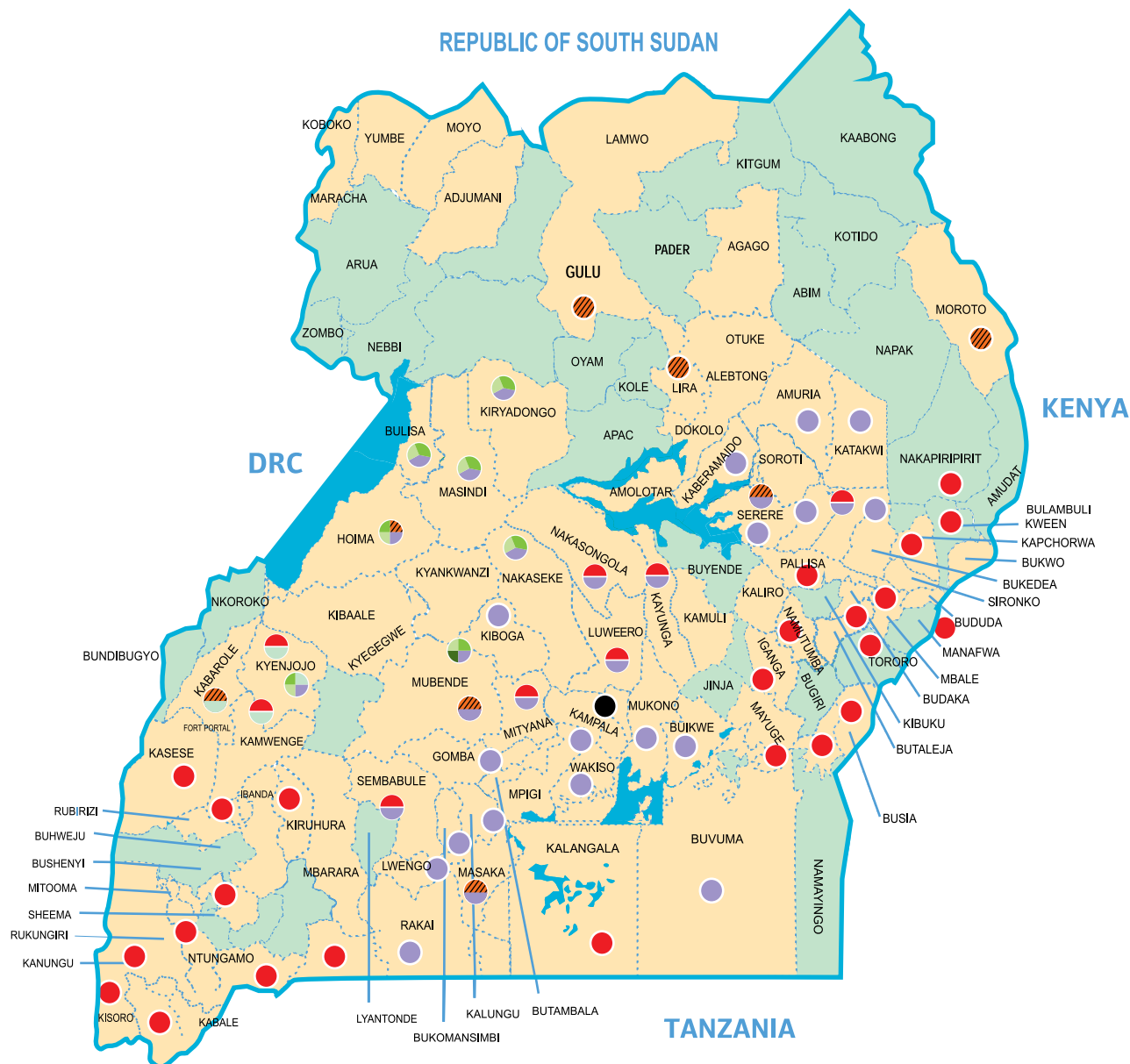
## IDI by Numbers



- ▶ **8,983** active clients currently enrolled at the IDI Clinic
- ▶ **999** clients on second line ART at the IDI Clinic, one of the largest second line single-centre cohorts in the region
- ▶ **6,018** clients on first line and **200** clients on third line ART at the IDI Clinic, Mulago Hospital
- ▶ **385** average daily client visits at the IDI Clinic, Mulago Hospital
- ▶ **35,702** active HIV/AIDS clients on ART and supported by IDI through the **9** Regional Referral Hospitals
- ▶ **47,101** active clients in HIV care in the IDI-supported outreach clinics in KCCA and **7** districts in Western Uganda
- ▶ **930,535** individuals counselled, tested for HIV/AIDS and received results since 2007
- ▶ **50,924** men have been circumcised by June 2013
- ▶ **11,911** participants trained in the areas of HIV/AIDS, Malaria, TB, Systems Strengthening, Pharmacy, Laboratory, Research, and more since 2002
- ▶ **245** research articles published in peer-reviewed journals since 2001
- ▶ **48** active research grants, including **18** clinical trials, as of June 2013
- ▶ **416** sero-discordant couples receiving comprehensive counselling, care, and treatment through a PCT-run specialized clinic

# PROJECTS IN DISTRICTS AT END OF JUNE 2013

60% Coverage of All Ugandan Districts



*Triaging Patients*

## Prevention, Care and Treatment Programme

The Prevention, Care and Treatment (PCT) Programme at IDI directly provides care and treatment for 9,000 patients in the clinic, located at the IDI building in Mulago. This is the biggest HIV clinic within the Mulago Hospital complex that now provides care for some of the most complicated cases from around the country. At IDI, we refer to all HIV+ patients as our "Friends."

Initially, the clinic was set up to look after HIV patients within Mulago, and over the last eight years, it has grown rapidly in size. This has necessitated PCT to develop an electronic medical records system that allows healthcare providers to see Friends quickly. Over the years, PCT has developed into a national centre of excellence for more complicated cases of HIV infection, and receives referrals of patients who either have complex medical issues or are failing first and second line Antiretroviral Therapy (ART). In addition, PCT emphasizes on the safety of these complex Friends.

One of our software developers spent six weeks in the United Kingdom with the University of Liverpool Drug Interactions Team. Upon his return, he incorporated safety checks into the IDI electronic medical records to

inform doctors of their choice of drug and if it has an interaction with other drugs the Friend is taking. This sort of initiative has enabled the Department to continue offering state-of-the-art care to its Friends. The PCT Programme is also a hub for clinical learning in HIV for the Makerere University College of Health Sciences (MAKCHS). Every undergraduate and MMed student spends some time in the clinic. IDI also receives international visitors such as Diploma students of Tropical Medicine, International Health students and students pursuing short HIV courses at IDI.

With funding from the Civil Society Fund (CSF), the PCT staff is supporting nine (9) Regional Referral Hospitals to become specialist referral centres like IDI. In addition, the PCT staff visit and offer support and supervision through ART switch meetings and case conferences at other clinics.

*A medical doctor seeing a Friend during a doctor's visit*

Over the years, PCT has developed into a national centre of excellence for more complicated cases of HIV infection, and receives referrals of patients who either have complex medical issues or are failing first and second line Antiretroviral Therapy (ART).

*Below: IDI staff registering clients*



## IDI Specialised Clinics

In order to give the best care to Friends with complex problems, IDI has developed a set of specialized clinics. IDI's specialised clinics offer services to people with low CD4 counts, TB and Cryptococcus co-infection, elderly people with HIV, people with sexual and reproductive health needs, sero-discordant couples, Most-at-Risk-Populations (MARPs) and people with psychiatric problems. These clinics are staffed with doctors and nurses who not only have expertise and a special interest in these patients, but are also engaged in research that focuses on these special aspects of HIV.

"Since 2003, I have worked on research at IDI. I saw mental health as a serious issue among PLHA, and felt the need to start a clinic dedicated to fully addressing this problem."

- Dr. Noeline Nakasujja, Mental Health Clinic

## Mental Health Clinic

This year 2013, marks the opening of the IDI Mental Health Clinic, which was created to address the vital need for psychosocial support services. The Clinic, which commenced work in February, is funded by a grant from Centers for Diseases Control (CDC) and Prevention through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Program. The Clinic serves Friends from all over Kampala with mental health issues. Friends who need mental health care are referred to this Clinic by healthcare providers at IDI and from IDI-affiliated KCCA clinics.

Previously, cases of HIV-induced psychosis, HIV mania and HIV dementia used to be referred to other specialized units for care. Now, IDI is specially placed to handle mental health problems, given its long history of working with PLHA, and owing to the presence of a psychiatrist on the Clinic premises.

## The Elderly Clinic

The IDI Specialized Clinic for the Elderly was created two (2) years ago to address the distinctive needs of Friends over the age of 60. Since its inception, the Clinic has received an overwhelming and positive response from Friends and providers alike. It currently works with about 250 Friends, and treats a number of chronic illnesses and problems. The biggest health challenges among these elderly Friends include: hypertension, musculoskeletal conditions, cardiac problems and other underlying metabolic conditions.



*The IDI Psychiatrist, Dr. Noeline Nakasujja having a discussion with Faridah Mayanja (Psychologist)*

"With elderly patients, one needs to invest a little more time, energy and resources since these Friends tend to present multiple clinical and non-clinical problems, which require careful assessment and continuous monitoring. Our Friends feel valued and respected, and they appreciate this extra attention to their special needs."

- Dr. Isaac Lwanga, Elderly Clinic

Working with elderly Friends requires special skills and attention. Guidelines are being created with the help of IDI's Pfizer Global Health Fellows to address needs such as additional training and essential materials for care givers. The Elderly Clinic also hosts a number of research activities related to psychosocial support and baseline information about the Clinic's population. So far, the elderly Friends are happy with the Specialized Clinic, and feel valued and respected by the clinic providers. The Elderly Clinic is an innovative venture that will continue to reach out to this underserved population.

## Non-Communicable Diseases (NCDs) Clinic

The Specialized Clinic for NCDs is a newly formed clinic at IDI that was created to address the unique challenges associated with a growing burden of NCDs in Uganda. Providers at IDI have been encouraged to register Friends burdened with NCDs, and over 60 Friends have been treated to date. One of the biggest challenges is working with Friends with diabetes or hypertension because these conditions require constant monitoring and daily drug regimens, the latter of which is affected by the challenge in supply of drugs.

Health education on diabetes and hypertension management is a big part of the Clinic's activities, and is conducted with the aim of imparting knowledge to Friends and their support networks so as to create a sustainable environment that ensures adequate treatment of NCDs.

## Mentorship and Capacity Building

The Mentorship and Capacity Building Programme at IDI focuses on undergraduate and post-graduate medical students, and experienced doctors and nurses who may want additional training in an HIV-care setting. Capacity building programmes consist of observation of patient care and additional hands-on training, over a period that ranges from one day to one month.

With support from CSF, IDI provides mentorship and capacity building to clinic officers, nursing assistants and other staff in the Regional Referral Hospitals (RRHs) in Soroti, Moroto, Gulu, Fort Portal, Masaka, Hoima, and Lira districts. This entails facilitating health workers at IDI to attend capacity building and Continuous Medical Education (CMEs) programmes for one week. IDI also builds the capacity of health workers through the Lab Light project in the rural parts of Iganga.

Every year, newly qualified doctors come to IDI to receive mentorship and training on infectious disease management, with an emphasis on HIV. This two-week long programme provides trainees with hands-on training in HIV care and management.



*Dr. Isaac Lwanga examining a senior citizen*

"As a nurse by profession, my interest has always been in diabetes management and other NCDs. The incredible challenges faced by those living with both HIV and diabetes or other NCDs made me feel that this needed special attention."

- Sister Irene Namata, NCDs Clinic

"Once a newly qualified doctor participates in our two-week intensive training programme, they cannot fail to get a job. It is well known that they are excellently trained, with real hands-on experience in HIV care."

- Dr. Ivan Mambule, Mentorship and Capacity Building Director

## Civil Society Fund/Regional Referral Hospitals (CSF/RRH) Project

The Civil Society Fund (CSF) awarded IDI a grant in January 2011 to build the capacity of nine (9) Regional Referral Hospitals (RRHs) to increase access to HIV/AIDS care and support services over a period of 18 months.

In July 2012, CSF awarded IDI a new grant to consolidate and continue the scale-up of HIV care, treatment and support at the nine (9) RRHs: China-Uganda Friendship Hospital-Naguru, Masaka, Hoima, Mubende, Fort Portal, Gulu, Lira, Soroti and Moroto.

In February 2013, CSF revised the contract to include two additional sites: Kibuli Muslim Hospital (a private, not-for-profit facility) and Kasangati HC IV.

The IDI/CSF project's mandate is to focus on Most-at-Risk Populations (MARPs) through the provision of HIV/AIDS care, treatment and support services. These MARPs include adolescents (12-17yrs), young adults (18-24yrs), sero-discordant couples, patients receiving second line ART, and commercial sex workers (CSWs).

By June 2013, a total of 43,232 patients were provided with comprehensive care services; of these, 5,368 were considered MARPs.



*IDI doctors attending a CME session*



*CSF-RRH CME for health workers*

## How a CSF-funded programme benefited one Commercial Sex Worker (CSW)

Jane (not real name), a 35-year old former CSW from Masaka District narrated what she had gained from a CSF-funded skills building programme that taught her soap making.

"The programme was a very good idea that was introduced at a time when I needed it the most, considering that I never went to school. Through this, I was able to acquire the skills which I am now using to earn a living. I even managed to purchase a machine to ease my work, and I am now able to produce soap in big quantities.

My life has obviously changed. My children are very happy to know the type of work I do. I have mentored them, and they give me maximum support. I would like to thank the organisers of this program, and request that additional trainings be organized so that we can learn other skills as well."

"It was through an IDI outreach to the CSWs that a counsellor informed us about the skills building training which was about to take place. I was among the first people to register. I want to thank the organizers for the wonderful idea of bringing this programme to us."

- Jane," Masaka District





Left: CSF-sponsored training for MARPS Right: Banners displayed in Moroto RRH to encourage PHAs to join peer support groups

## GIPA Involves Friends in HIV/AIDS Caregiving Support

The contribution of people living with HIV/AIDS in the struggle to address the HIV/AIDS pandemic cannot be underplayed; hence, the global call for greater and meaningful involvement of People Living with HIV/AIDS (PLHAs) at different levels of HIV/AIDS programming.

IDI acknowledges the importance of involving PLHAs in their own care through the Greater Involvement of People Living with HIV/AIDS (GIPA) programme, a patient-led initiative that relies on a network of volunteers who promote adherence to HIV treatment, and help patients (known at IDI as "Friends") gain entrepreneurial skills for self-sufficiency.

Through a Friends governance council- a patient's advocacy group made up of twelve members democratically elected by peer Friends, IDI is building the leadership capacity of Friends at IDI and in eight KCCA health facilities by involving them in decision-making processes

that affect their lives. In addition, IDI is involving Friends in the provision of caregiving support to their fellow peers through activities that include: registration of Friends, movement of files and weak patients to different points-of-care, weight taking, conducting peer counselling and health education talks, conducting art therapy sessions, distribution of basic health care kits (condoms, mosquito nets and water containers), the management of the Resource Centre, sensitization about HIV-related issues and mobilization of their peers through Music, Dance and Drama.

The Resource Centre has over the years been supported by donors through the Accordia Global Health Foundation, who have given generously towards vocational skills development for self-sustainability, and helped to establish the IDI Resource Centre and the Kiswa Resource Centre (equipped with computers with Internet access, books and IEC materials, indoor games and educational video programmes). These donors include: Don Holzworth, the Gleicher Family Foundation, Scott Spector and Oonagh Puglisi.



A volunteer moving a weak patient to the doctor's room



Friends participating in an art therapy session



Members of the drama group performing during a community sensitization exercise



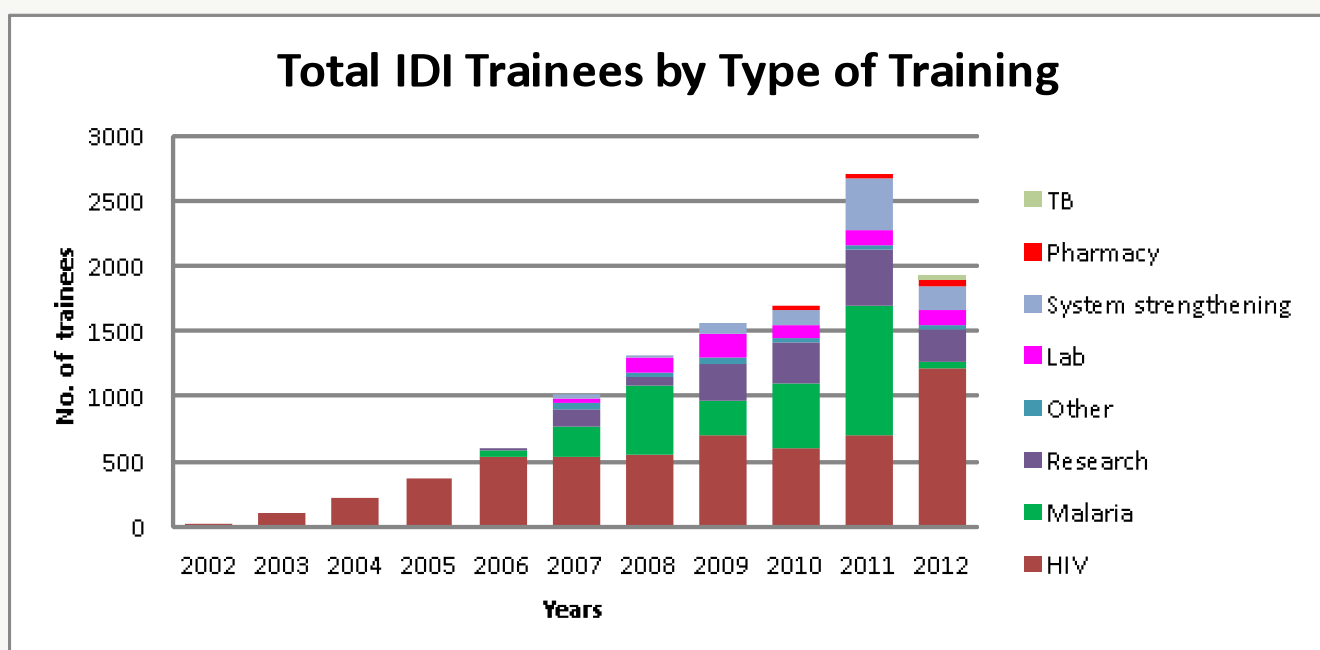


## Training Programme

IDI's Training Programme builds the capacity of health practitioners in the management of HIV and related infectious diseases with the aim of strengthening health systems in sub-Saharan Africa. These trainings, which are mainly evidence-based, are conducted by seasoned national and international trainers in the areas of HIV, laboratory management, malaria, clinical pharmacology, research and systems capacity building. Besides conducting trainings at its facilities in Kampala, Uganda,

IDI also offers on-site training and provides mentorship and support supervision to its alumni. The training package that IDI offers to its trainees is experiential and holistic, consisting of classroom sessions, hands-on clinic and community sessions and case discussions. These trainings are also tailored to suit the needs of the health practitioners. This approach has enabled trainees to have a comprehensive understanding of the subject matter.

These trainings, which are mainly evidence-based, are conducted by seasoned national and international trainers in the areas of HIV, laboratory management, malaria, clinical pharmacology, research and systems capacity building.





## TUpgrade of the IDI Distance Learning Platform

This year 2013, IDI's distance learning Moodle Platform was upgraded with two new courses: IDI, in partnership with Mildmay Uganda, inaugurated the RATN-sponsored on-line data management course that was run between April and June 2013. The AIDS Treatment Information Centre (ATIC) piloted an internal capacity building course 'Welcome to Moodle', which aims to equip the Department's technical trainers with skills and knowledge to develop and manage online courses.

In addition, the Moodle Platform team conducted a pilot assessment on the effectiveness of mobile and online post- training follow-up in Paediatric ART management for health workers in Zambia.

## Expansion of the Infectious Diseases Training Profile

ATIC has taken lead in the development and preparation of clinicians' trainings in the management of Especially Dangerous Pathogens (EDPs) in East Africa (Uganda and Kenya). This is part of the United States Defense Threat Reduction Agency - Cooperative Biological Engagement Program (DTRA-CBEP) and United States Army Medical Research Institute of Infectious Diseases (USAMRIID) engagement with partner nations to sustainably build East African public health systems' capacity to manage and contain outbreaks of especially dangerous pathogens in the region, such as Ebola and Marburg. Training of trainers' (TOT) workshops for Ugandan and Kenyan participants were held in April 2013, and the initial training schedule was developed in July 2013.

As part of this activity, IDI's Training Department visited Malawi from April 29 to May 4, 2013 to provide technical assistance to the Malawian Ministry of Health (MoH) to be able to integrate Rapid Diagnostic Tests (RDTs) in the integrated community case management (ICCM) curriculum used to train Health Surveillance Assistants (HSA) in Malawi.

## Provision of Integrated Community Case Management (ICCM) Technical Assistance

Accordia Global Health Foundation (ACCORDIA) and IDI, in partnership with ExxonMobil, disseminated the findings of IDI's National Malaria Training Program. As part of this activity, IDI's Training Department visited Malawi from April 29 to May 4, 2013 to provide technical assistance to the Malawian Ministry of Health (MoH) to be able to integrate Rapid Diagnostic Tests (RDTs) in the integrated community case management (ICCM) curriculum used to train Health Surveillance Assistants (HSA) in Malawi. The Technical Assistance (TA) involved conducting an onsite assessment and desk review of the Malawi Integrated Community Case Management (ICCM) programme. During the one-week activity, the joint IDI/ACCORDIA team worked in conjunction with the Malawi-based Malaria Alert Center (MAC) and the Malawi MoH staff. The members of the IDI/ACCORDIA team that provided the TA included Dr. Umaru Ssekabira, Deputy Head of Training; Mr. Paul Oboth, Head of Laboratory Training and Victoria Hammond, Malawi Senior Programme Manager.



*An ICCM course in session in Malawi*

## The Inauguration of the HIV Prevention Course

IDI in collaboration with the Regional AIDS training Network (RATN) piloted the first ever “Comprehensive HIV Prevention for Program Managers and Leaders” through a new innovative mode of learning. This was a three-month course for 15 HIV/AIDS program managers and coordinators working with major HIV/AIDS care, treatment and prevention organizations in Uganda.

The course is designed to strengthen the competencies of HIV program/project managers and policy makers to be able to review HIV epidemics, know context appropriate responses, influence right policies and design HIV prevention interventions that are evidence-based, of the right scale, have the right

targets, are practical, feasible and are in-line with recommendations of World Health Organization (WHO), UNAIDS (HIV prevention road map for 2010 and beyond) and the Uganda MoH policy guidelines.

The course was facilitated by senior national and International HIV prevention experts namely: Prof. Pontiano Kaleebu, Prof. Allan Ronald, Prof. Elly Katabira, and Dr. Alex Coutinho.

## Global Health Corps Fellows

The Global Health Corps (GHC) Programme pairs intelligent and passionate Fellows with organizations that require new thinking and innovative solutions. GHC provides these young leaders with tools to remain connected after they

have completed their fellowship year, strengthening their ability to enact change through heightened skills and strong partnerships. GHC currently places Fellows in Burundi, Malawi, Rwanda, Uganda, the United States, and Zambia.

The collaboration between Global Health Corps and Infectious Diseases Institute started in 2010, when GHC was introduced to IDI by ACCORDIA. Each year, IDI welcomes four Fellows (two International and two national) who team up as a pair and work together to achieve set objectives and goals. This year, four Fellows who joined IDI in 2012 completed their fellowships in the Monitoring and Evaluation (M&E) and Distance Learning Units of IDI, and these were: Sivan Goobich, Robinson Lufafa, Carol Nandozi and Devy Emperoror.



The collaboration between Global Health Corps and Infectious Diseases Institute started in 2010, when GHC was introduced to IDI by ACCORDIA.

*Left to Right:*

*Sivan Goobich, Robinson Lufafa,*

*Carol Nandozi and Devy Emperoror.*





IDI Research team

## Research Programme

The Research Programme has witnessed the smooth transition of leadership from Dr. Yukari Manabe to Dr. Andrew Kambugu. In June 2012, a slightly modified research programme structure was adopted to provide greater support to the rapidly expanding research portfolio.

As part of the process to establish a new institutional (IDI) strategic plan for the period 2013-2017, the goal of the Research Programme has been modified. The new Research goal is "to produce outstanding, internationally-recognized scholarships in infectious diseases that influence global policy and practice, with emphasis on Africa". The key modification is the expanded mandate of the programme from HIV/AIDS and related infections to a broader scope (infectious diseases).

### Creating and strengthening partnerships

This year 2013, the Research Programme spearheaded the establishment of new partnerships and strengthened existing collaborations particularly within the context of the Makerere University College of Health Sciences (MAKCHS), of which IDI is a constituent part.

- The Makerere University-University of Zurich Partnership has established a flagship research project and provided sponsorship for one PhD student.
- A second established relationship with the Makerere University-Medical Research Council/Uganda Virus Research Institute has led to joint research projects and an expanded immunology programme at Makerere University.

In partnership with the MAKCHS, IDI has contributed to the expansion of infrastructure for basic science research and translational science.

IDI is a recipient of a grant from the University of California, San Francisco (UCSF) to renovate the pharmacology laboratory in the department of clinical pharmacology and therapeutics at the college and convert it to a translational laboratory.

### Influencing National and International Practice and Policy through Research

From the perspective of the goal of the Research Programme which includes influencing infectious diseases policy and practice, two IDI-based studies have been highlighted:

#### *The Cryptococcal Optimization Antiretroviral of Therapy (COAT) study:*

This study was a key highlight at the 13th Conference on Retroviruses and Opportunistic Infections (CROI) in March 2013. It demonstrated that early initiation of antiretroviral therapy (ART) among individuals with HIV-associated cryptococcal meningitis is associated with increased mortality.

It is anticipated that on the basis of this study, the treatment guidelines for ART initiation will be modified (to recommend deferred therapy in this population) in resource-limited settings if not globally.



### *Project (STATUS) Study:*

This PEPFAR-funded, IDI-led Implementation Science study demonstrated the feasibility of provider-initiated HIV testing in lower health facilities in resource-limited settings. The study findings will influence the evolving guidelines for HIV testing in the region.

Other potentially policy and practice-influencing studies at IDI that are ongoing include the ORCAS study (routine cryptococcal antigen screening among the severely immune-suppressed), the ARKS study (the role of protease inhibitor ART in the management of early Kaposi's sarcoma), the SHARE project (the safety of nurse-based ART initiation and monitoring), and the EARNEST study (the best 2nd line ART regimens for resource-limited settings).

## IDI Clinical Data Management Service

In a bid to improve the quality of data management in research studies, IDI through NIH- Uganda ICER and OCICB/NIAID/NIH has established a Datafax Unit that offers a clinical data management service for clinical trials and other Research studies using Datafax software.

Datafax is a web-based clinical data management system that manages paper forms by faxing/emailing images to a central computer that has been pre-programmed with comprehensive data quality checks where automatic entry of data is done (through an Intelligent Character Recognition system).

Instead of manual data entry, the clerks focus on examining the correctness and validity of the data entered into the system. The system provides very fast data entry, full audit trail and meets ICH guidelines and FDA regulations.

The system is now open for use by other research institutions. The Unit team of experienced biostatisticians, clinical trial coordinators, information system specialists, computer scientists and data quality reviewers is readily available to help institutions or researchers set up, manage and tailor the system to their data needs.

Since the inception of the IDI Datafax Unit in 2009, it has continued to grow in terms of the volume of work done. Specifically, in the past year, 2012, a total 64,595 records were processed - an average of 5,382 records per month. In comparison to 2011, 47,894 records were processed (3,991 records monthly average). This represents an increase of about 34% over the past year. The Unit currently supports 10 clinical trials/research studies within and outside IDI.

## Post-Doctoral Scholars

The centre-piece of IDI's research capacity development continues to be the Gilead scholars supported through the Sewankambo Scholars Programme. The Sewankambo Scholars Programme has been a resounding success where all scholars have obtained PhDs. The current focus of the Research Office is to facilitate the transition of the scholars into independent researchers who lead and mentor productive research teams within IDI's mandate.

All six post-doctoral IDI scholars have obtained IDI-based research opportunities (including five senior fellowships from the EDCTP and one CFAR grant).



*Damalie Nakanjako (MBChB, MMed, PhD)*

Dr. Nakanjako specializes in Internal Medicine, and is currently an Associate Professor in the Department of Medicine, MAKCHS.

Dr. Nakanjako is also a member of the steering committee for the Makerere College of Health Science Mentoring Programme and a Research Fellow at IDI. She is currently pursuing a post-doctoral Fellowship in Infection and Immunity on the effect of anti-immune activation agents on immune recovery among HAART-treated adults.

She also leads a CFAR-funded project to study cell death pathways among suboptimal responders to suppressive HAART. She has obtained an additional grant to investigate the role of atorvastatin (an anti-lipid agent) as adjuvant immune-therapy in sub-optimal ART responders in HIV.



*Mohammed Lamorde (MBBS, MRCP (UK), PhD)*

Dr. Mohammed Lamorde specialises in Internal Medicine and Clinical Pharmacology, and is a Sewankambo Post-doctoral Research Fellow working with the IDI Research Department. He is also the Head of the Clinical Trials Training Unit at IDI. Dr. Lamorde's current research work aims to optimize dosing of drugs for diseases of public health significance (HIV, TB and malaria), investigating how drugs are absorbed, distributed and eliminated from the body (pharmacokinetics).

Additionally, Dr. Lamorde is working on several health economics projects which aim to identify the best value for health interventions in the context of HIV. He is coordinating an interest group for health economics and outcomes research based at IDI.



*Pauline Byakika (MBChB, MSc, MMed, PhD)*

Dr. Pauline Byakika is a Lecturer at the Makerere University Department of Medicine and a Senior Fellow with the EDCTP Fellowship Programme. She specializes in Internal Medicine with a special interest in Infectious Diseases and Clinical Pharmacokinetics.



*Ponsiano Ocama (MBChB, MMed, PhD)*

Dr. Ocama specializes in Gastroenterology and Hepatology. He was recently promoted to the position of Associate Professor of Medicine at Makerere University College of Health Sciences. He is also a Senior Research Fellow - EDCTP Fellowship program. He is currently conducting research on Hepatitis B in Northern Uganda.



*William Worodria (MBChB, MMed, PhD)*

Dr. William Worodria is a Consultant Physician at Mulago National Referral Hospital and Senior Fellow, EDCTP fellowship programme-based at IDI. His specialty is in Internal Medicine, and Pulmonology (Chest medicine).

Dr. Worodria's main research interest is HIV-related respiratory disease. He is a Principal Investigator for the Early Clinical and Immunological Outcomes of patients with HIV/TB co-infections on antiretroviral therapy (ECO) study. He is a Co-Principal Investigator of Prevention of Early Mortality by Presumptive TB treatment in HIV-infected Patients Initiating Antiretroviral Therapy (PROMPT) study. He is also the Site Principal Investigator of Mulago Inpatient

Noninvasive Diagnosis - International HIV Opportunistic Pneumonia (MIND-IHOP) study and Secretary General of the Uganda Thoracic Society.



*Barbara Castelnovo (MD, PhD)*

With a specialty in Observational studies and longitudinal cohorts, Dr. Barbara Castelnovo is the Director of Longitudinal Cohort Studies, and Principal Investigator on a number of clinical trials and longitudinal cohort grants at IDI.

## Pfizer Global Health Fellows

This year, IDI hosted three Pfizer Global Health Fellows namely: Inka Scheurmann, Beverley Abbott and Richard Chambers. The Fellows have been working with the Research and PCT Departments to foster collaboration between the programmes as well as support IDI to maintain its status as a centre of excellence in clinical research in sub-Saharan Africa.

Inka has designed and implemented a clinic-wide quality assurance programme that is to be incorporated in day-to-day clinical activities, created tools and has led a team that has conducted internal and external quality assurance audit assessments. Inka has also trained and mentored clinic staff in quality management. Beverley has offered training in quality systems, SOP writing and implementation and has provided EU regulatory input that is to be considered by the Uganda National Council for Science and Technology (UNCST) during the development of the regulatory framework for Uganda.



*Inka Scheurmann*



*Beverley Abbott*



*Richard Chambers*

Richard has mentored biostatisticians and staff at IDI in building internal capabilities for health economic analyses and decision making. He has also led a feasibility assessment on merging of data from IDI's home-grown application called the Integrated Clinic Enterprise Application (ICEA) and data from the OpenMRS for the purposes of research, surveillance and clinical care.

## Laboratory Services Programme

### *Makerere University-Johns Hopkins University (MU-JHU) Core Lab at IDI*

The Laboratory Services Programme at IDI has continued to support the enhancement of lab quality in Sub-Saharan Africa and the rest of the world. The MU-JHU/IDI Core Lab provides a wide range of services for IDI clinical and research activities. It is the designated laboratory for prominent international HIV research networks including the HIV Prevention Trials Network (HPTN), International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) and Microbicide Trials Network (MTN) of the National Institutes of Health/ Division of Acquired Immunodeficiency Syndrome (NIH/DAIDS) clinical trial units. The lab currently supports more than 30 network-led studies with laboratory diagnosis, patient monitoring, research lab data generation, research specimen processing, storage and shipment.

The MU-JHU Core Lab is self-sustaining and serves over 60 research studies/ clients in its operations. It provides laboratory services for medical research studies and other clinical clients including a number of tests which range from routine to highly complex tests. Some of the tests include: chemistry, serology, CBC, CD4/CD8 counts, real time PCR, DNA /RNA PCR and immunologic testing. Throughout this year, the lab has conducted a total of 170,000 tests.



*MU-JHU Core Lab ASLM Award*

## International Recognition

In December 2012, the MU-JHU/IDI Core Laboratory was recognized by the African Society for Laboratory Medicine (ASLM) with an award for Best Practice in Laboratory Medicine. The award was announced at the First International ASLM Conference in Cape Town and the award trophy was accepted on behalf of the Core Laboratory by Dr. Alex Opio (Ministry of Health - Chairman of the Ugandan Laboratory Steering Committee).

The award was created to promote and recognize sustainable laboratory improvement and best practices leading to tangible and replicable outcomes for enhanced quality in laboratory systems and patient care in Africa.

## Laboratory Training Programme

Accordia Global Health Foundation continues to support the Laboratory Training Program of IDI through a partnership with Becton Dickinson (BD). Accordia's Laboratory Training Program is designed to provide laboratory personnel with the knowledge and skills associated with diagnostics and testing for HIV/ART, laboratory management skills and Training of Trainers' skills.





*Francis Kakooza, a Medical Laboratory Technologist at work in the IDI Translational Lab capacity*



*CPHL workshops to strengthen leadership and management capacity*

In the period July 2012-June 2013, 17 laboratory professionals completed training at IDI, and received on-site support, follow-up supervision and were able to conduct 14 Continuous Medical Education (CME) sessions, which benefited 180 health workers in their home laboratories.

Lab Strengthening in Resource Limited Settings Close to 80 laboratories in the country (government and faith-based) are being supported by IDI using various models including the WHO Stepwise Laboratory Improvement Process towards Accreditation (SLIPTA). The labs being supported fall under six projects currently being implemented by IDI:

- Kampala Capital City Authority Capacity Building project (CDC funded eight labs):
- Expanded Kiboga Kibaale Project (CDC funded over 45 labs)
- Inter-Religious Council of Uganda Capacity Building Project (USAID funded 17 labs)
- Saving Mothers Giving Life Project/ Maternal Child Health project (funded by CDC, within the EKKP Project)
- Civil Society Fund Project (funded by the Civil Society Fund, a consortium of bilateral funders supported eight labs)

- CPHL BD-PEPFAR project (funded by BD through Accordia supported two labs)

These laboratories have shown remarkable progress in achievement of ISO 15189 standards. In a recent assessment using the WHO checklist, two of the three labs under the standard model were found to be at WHO Level 3; while the third (Masindi Hospital lab) was at WHO Level 4.

## Offering Support at the National Level

In partnership with BD-PEPFAR and in collaboration with the Accordia Foundation, IDI has continued to support the Ministry of Health/Central Public Health Laboratory (MOH/CPHL) in developing and implementing national policies and guidelines. In addition, the leadership and management capacities at the CPHL were strengthened through the development of data management and monitoring and evaluation systems.

## Future Plans

IDI Lab Services will continue to offer support to all projects and capacity building activities in the upcoming year, and in order to improve access to high-quality lab services in rural areas, IDI is



*Masindi lab (before remodelling)*



*Masindi lab (after remodelling)*

transitioning to a MoH courier system for delivery of samples to district-level laboratory hubs.

The IDI has established a new collaboration with the University Research Company (URC), which will involve providing technical assistance in the development of Laboratory Quality Management System (LQMS) in Swaziland, supporting the transition to a National Health Laboratory Service (NHLS) and the development of Laboratory M&E systems.





*Clients attending a sensitisation session at an IDI-KCCA supported health facility.*

## Outreach programme

### IDI-Kampala Capital City (KCCA) Capacity Building Collaboration Project

The IDI-KCCA capacity building collaboration project continues to support HIV/AIDS services in Kampala City, with 26,498 active in care by the end of June 2013. Seventy-five percent of these are on ART and 7% are children below 14 years of age.

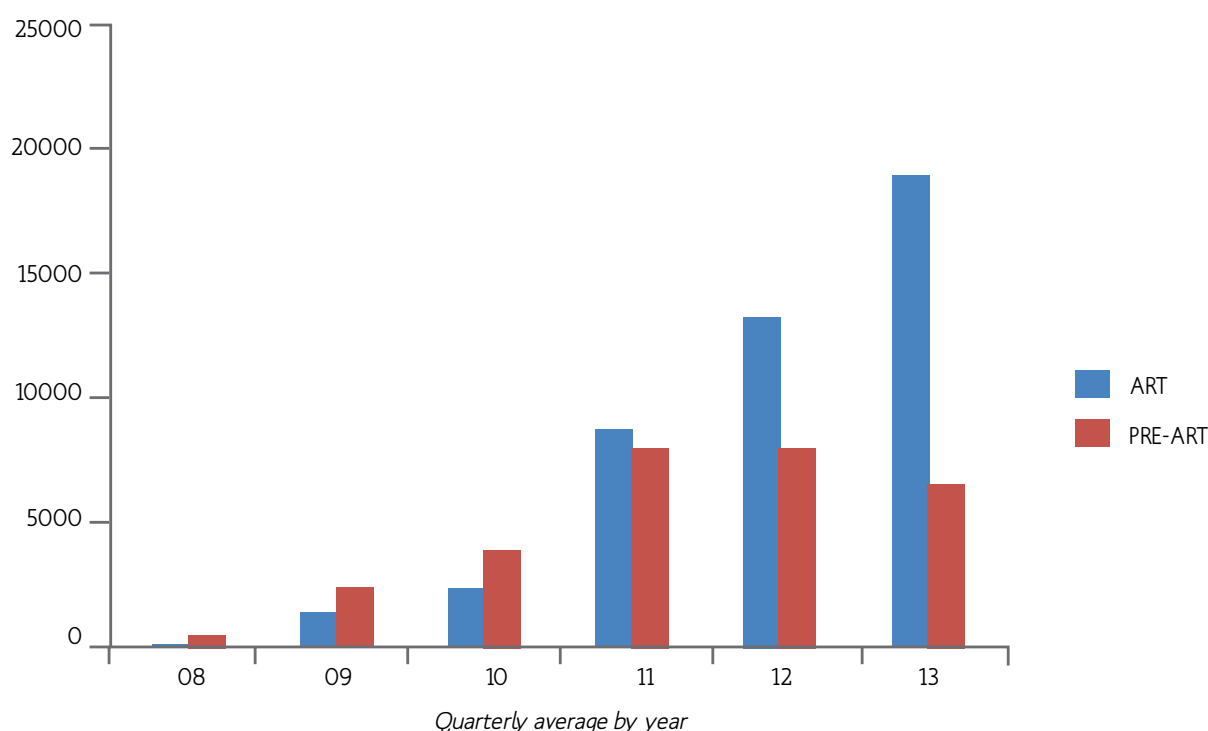
### Strengthening Laboratory Services

During this year, the project purchased lab equipment for all facilities and supported the refurbishment of Kisenyi HC laboratory which will be the District reference lab for KCCA. In addition, IDI has adopted a robust transportation system that ensures availability of lab services on a daily basis for all patients in care.

The IDI-IRCU Programme is a four-year USAID-funded project that aims to support the strengthening of HIV/AIDS care at 19 faith-based health facilities.

One of the specific objectives of the project is "to strengthen the capacity of 17 IRCU-supported laboratory facilities to provide quality laboratory services". During the third year of the project, IDI successfully raised the standard of services for two IRCU Labs to Level 2,

Number active in care by June 2013 at IDI-KCCA supported facilities





*Left: Kisenyi Lab before refurbishment*



*Right: Kisenyi Lab after refurbishment*

based on the WHO-Strengthening Laboratory Management towards Accreditation (SLMTA) programme; the SLMTA programme measures the 12 lab quality essentials as a basis for the ranking. Currently, the project is working to assist the rest (17) of the labs to attain higher ratings in subsequent rankings.

Improved Information System

During this year, all eight facilities were connected to the Internet with a central server at the KCCA headquarters to support timely reporting. In addition, all the sites adopted the Open Medical Records System (MRS) for electronic HIV care records.

## Training and Mentorship

The KCCA Project recruited healthcare workers, and these have been trained and mentored in lab management, HMIS, comprehensive HIV care and option B+ for PMTCT. The IDI Short Term Technical Assistance Team (STAT) will continue to offer mentorship to these healthcare workers.

## PMTCT Option B+

This year, Uganda adopted Option B+ as a strategy for the elimination of Mother to Child Transmission of HIV (eMTCT).

Option B+ introduced one pill a day for all our clients, which has improved adherence and reduced anxiety among health workers exposed to mothers' blood during the delivery process. The mothers are also more comfortable breastfeeding their babies longer for healthier outcomes. It has helped more mothers return for PNC, and in fact mothers have appreciated the services so much that they prefer to continue ART in MCH after delivery.

- Beatrice Sebuliba, midwife



*Sr. Beatrice Sebuliba and Sr. Annet in Komamboga HC III*

Option B+ also promotes improvement in maternal health and provides protection to the negative discordant partners. The project supported the roll out of this intervention to all IDI-supported facilities in December 2012. Since then, 2165 HIV positive women have been newly enrolled on ART under Option B+.

## The Expanded Kibaale Kiboga Project (EKKP)

The Infectious Diseases Institute-Expanded Kibaale Kiboga Project (IDI-EKKP) is in the fifth and final year of implementation in seven districts in Midwestern Uganda. What started as a HIV comprehensive capacity building project in two districts (Kibaale and Kiboga) has since grown to cover seven districts with a catchment population of about 2.8 million. These districts include: Hoima, Masindi, Buliisa, Kibaale, Kiboga, Kyankwanzi and most recently Kiryandongo. The phenomenal growth in coverage and scope is partly due to the confidence expressed by the funder CDC and the productive relationship enjoyed by IDI, the districts and MoH.

Between July 2012 and June 2013, 155,631 individuals were counselled, tested and given results across the seven districts, through both community and facility-based HCT. 83% percent (129,214) of those tested were served in the 103 health facilities across the seven districts while the rest were reached through 214 community outreaches. Cumulatively, over 640,000 individuals have been reached with HCT since the Project's inception, five years ago.

Additionally, the Project supported 20,680 individuals in HIV care of whom 51% (10,664 individuals) were active on ART. Paediatric care accounted for 7.5% (1,548 children) of all clients in care. Care and support for these patients was enhanced through the health systems support to laboratory services (CD4, clinical chemistry and haematological testing), pharmacy logistical support and Health Management Information System (HMIS) among others.

IDI has always synergized the activities of different projects with the aim of increasing efficiency. Currently the PMTCT OPTION B+ initiative is undergoing scale-up using various competences of three IDI projects (EKKP, SMGL and ViiV) to both improve quality services as well as create appropriate community demand and uptake.

[ We (Kibaale districts leadership have had a cordial relationship with IDI, and a lot has been achieved in the district. These achievements include the big number of people getting to know their HIV status, support to facilities in terms of ARVs, ambulances, infrastructure to address space and equipment like CD4 machine in Kagadi Hospital. The intervention of this programme has helped the district a lot. It came at a time when Central Government grants to the health sector were decreasing.

- Hon George William Nyakana, LC V ]

## Scale-Up of Safe Adult Male Circumcision Services in Uganda: The Expanded AMAKA Project

Building on the success of the first two years of the AMAKA project, IDI received additional funding from PEPFAR through CDC in October 2012 to expand safe male circumcision services from Kampala to seven other districts in mid-western Uganda including: Hoima, Kibaale, Kiryandongo, Masindi, Buliisa, Kiboga and Kyankwanzi.

This expansion came with an annual target of circumcising 50,000 men. Below is a summary of the project achievements this year:

- Maintaining the founding goal of contributing to reduction of HIV incidence in Uganda and the mission of scaling up Safe Adult Male Medical Circumcision (SMC) as part of quality male sexual health services, the Project refurbished and introduced comprehensive circumcision services at five new static circumcision sites namely: Kikuube HC IV and Kigorobyia HC IV in Hoima District, Kagadi Hospital in Kibaale District, Kiboga Hospital in Kiboga District and Kiryandongo Hospital in Kiryandongo District in addition to conducting several outreaches across the districts. IDI also supports SMC services in Kampala city.
- By 30th June 2013, a total of 50,924 men had been circumcised through an adoption of a wide range of strategies namely: innovative demand creation approaches, task shifting and task sharing, outreach camps and strategic memoranda that all enabled rapid scale-up of the capacity and performance in SMC.

*Below: Men attending an SMC community outreach camp*

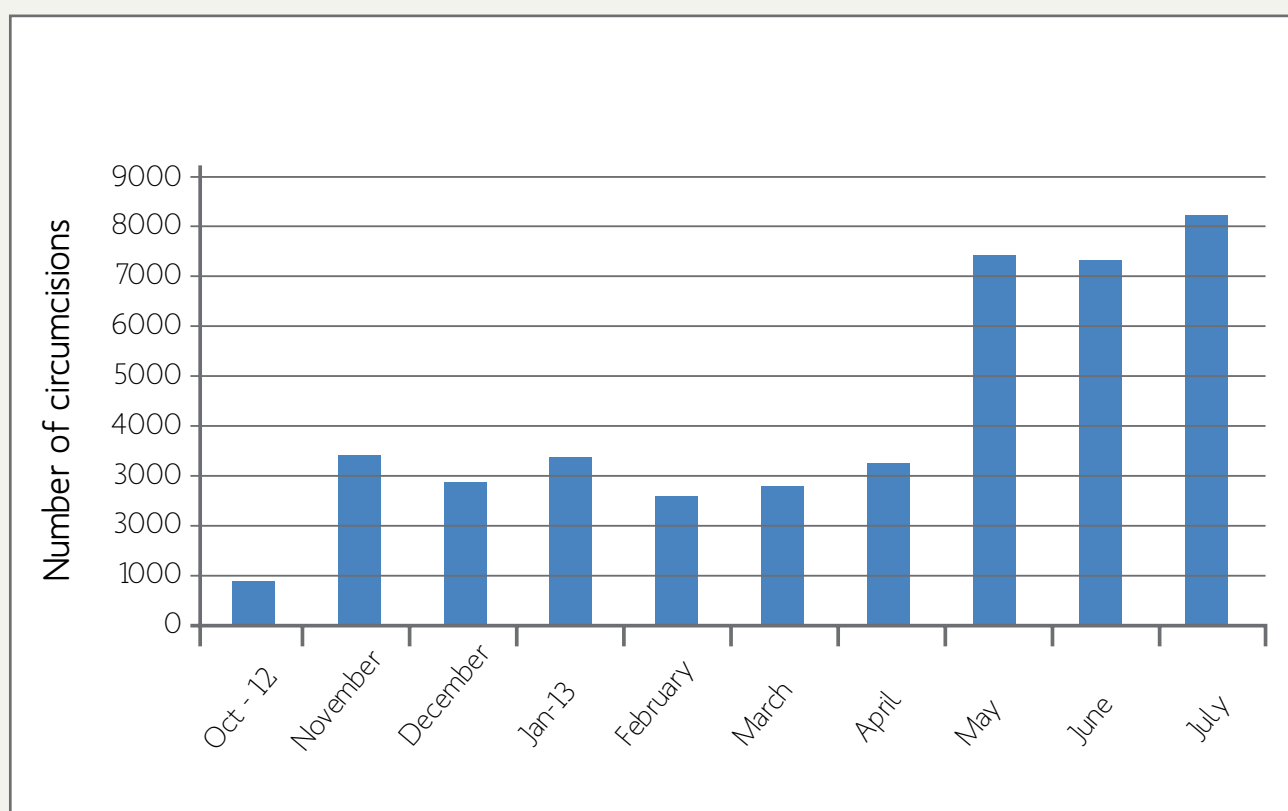






IDI is currently using a mobile camp strategy that takes circumcision to the villages

## Project Performance (Oct 2012-July 2013)



## ViiV Healthcare Supported PMTCT-EID Project

The two-year project (Nov 2011- Oct 2013), funded by ViiV Healthcare Foundation is a community-based project that builds the capacity of 13 community-based organizations (CBOs) to create demand for PMTCT-EID services through mobilization, sensitization and community HIV testing, and providing

transport vouchers for needy mother-baby pairs in Kiboga and Kyanwazi Districts. It was designed to support the National eMTCT program that seeks to achieve zero vertical HIV infections and the UNAIDS "Countdown to Zero" Global Plan towards the elimination of new HIV infections among children by 2015, and keeping their mothers alive and on treatment. The project works synergistically with EKKP. A key highlight of the project is the reduction in HIV

transmission by over two and half times from 11.6% to 4.6% in a period of one year, attributed partly to the improved access to quality eMTCT services offered in the two districts. The project has also improved pregnancy outcomes by ensuring that mothers, especially the HIV+ ones receive proper ANC care and deliver under the supervision of a health professional.





*Bukwiri CBO performing a community mobilisation skit*

## Bukwiri Aniyaliamanya Women's Group Supported by ViiV Project

The group is based in Kyankwanzi district and their coordinator shared some highlights from this year:

[ We partner with IDI in implementing the ViiV-supported project to reduce MTCT in our district. We carry out community sensitizations and issue out transport vouchers to cyclists to transport HIV+ women to attend ANC at the health facilities. We have had many benefits from partnering with IDI, including:

**Capacity Building:** We have had several trainings from IDI on governance & leadership, records management, PMTCT essentials and counselling, book keeping and Monitoring & Evaluation. IDI has also given us tools and equipment to ease our work, which include: a computer set, printer, money safe, two bicycles, shelves for filing, music, dance and drama kit, cell phone and a camera.

We are also in regular contact with the IDI field team, which keeps mentoring us in areas where we are still weak, to improve organization and efficiency.

**Recognition and Satisfaction:** As a result of our good work, we now enjoy good working relations with the district leadership.

The biggest achievement we have had is the satisfaction we derive from the community appreciating our work and knowing that we are providing a service to our people with IDI's assistance. We, therefore, would like to thank IDI and ViiV Healthcare for giving us the opportunity to work with and learn from them and for helping us develop into the most recognized CBO in our area.

Penninah Nantume- Coordinator, Bukwiri  
Aniyaliamanya Women's Group

## Saving Mothers Giving Life

Saving Mothers Giving Life (SMGL) is a proof concept project implemented in the mid-western districts of Kibaale, Kabarole, Kamwenge and Kyenjojo.

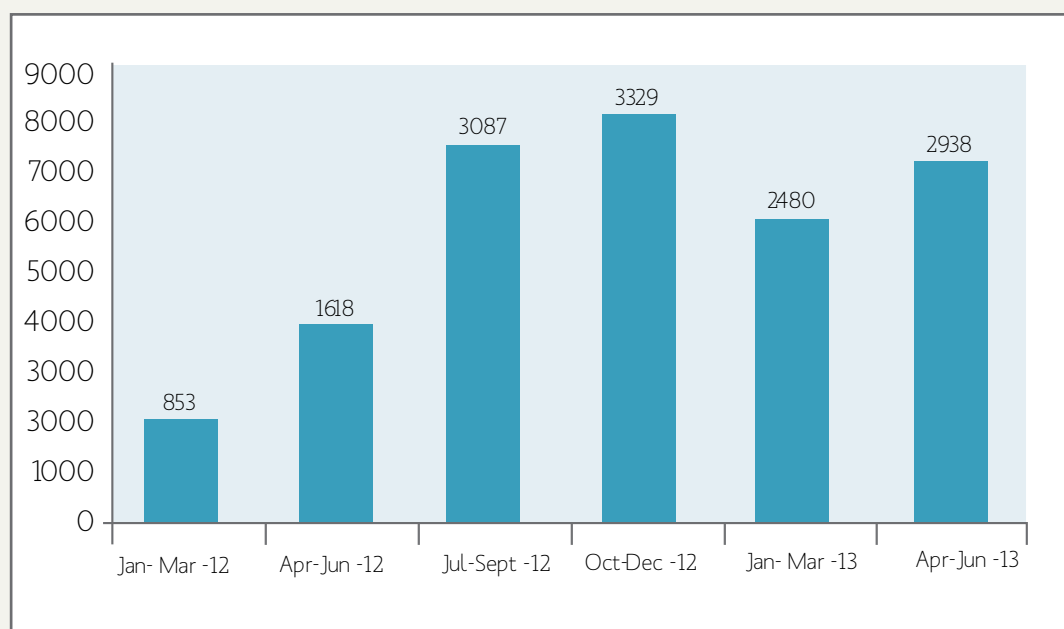
The goal of the project is to reduce maternal mortality by 50% in 12 months. This is one of the extraordinary projects being supported by the US government in collaboration with the Global Health Partnership and the Ministry of Health to have a multifaceted approach in district-wide health systems strengthening, focusing on Maternal and Child Health (MCH).

The early results of this intervention for the past 18 months are shown below:

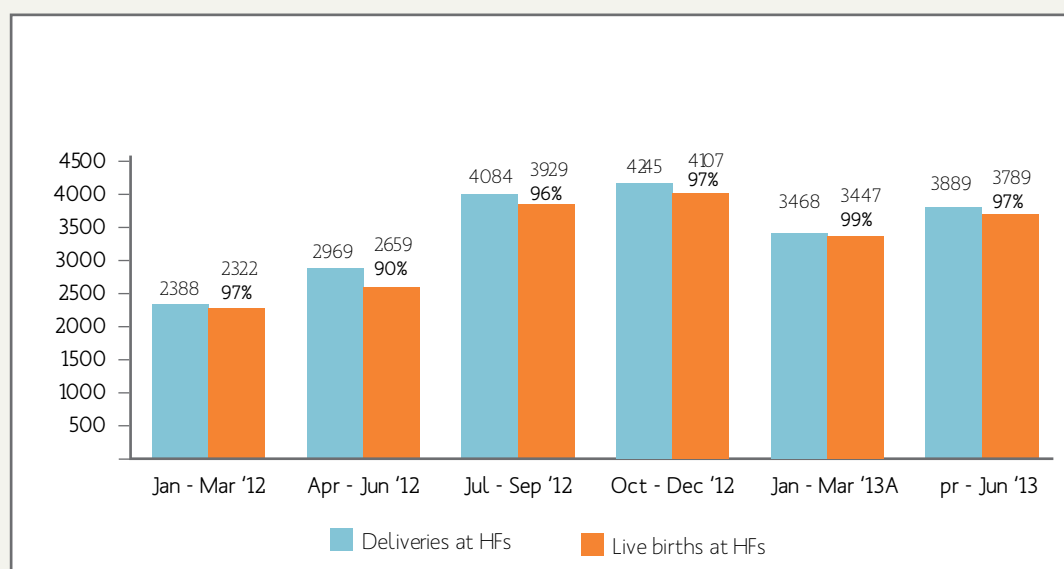


*A mother being transferred from a tricycle ambulance to a vehicle ambulance so as to be taken to a health facility*

### ANC 4+ Attendance



### Deliveries in Health Facilities (HF) in Kibaale District



## Mothers Waiting Shed

In a bid to manage the second known delay (delay to access MCH services) that causes maternal deaths, the mothers waiting shed is an innovative concept being explored under the SMGL project in Kibaale district to manage at-risk mothers who are identified during ANC visits.

The mothers waiting shed provides an option for at-risk mothers, particularly those traveling from far off villages and those with obstetric complications, to have easy access to comprehensive emergency obstetric and neonatal care (CEmONC), needed to avert maternal death and disability (AMDD).

The SMGL project supported renovation of four mothers waiting sheds at the CEmONC sites namely: Kibaale HC IV, Kakumiro HC IV, Kakindo HC IV and Kagadi Hospital.

The mother waiting shed is divided into four quadrants, each furnished with four patient beds. There is a nurse duty station at the centre of the quadrants and a waiting area for attendants. Connected to the mothers waiting shed at Kakindo HCIV is a water harvesting system, a mothers' cooking shed and a newly refurbished bathroom and toilet. The mothers waiting shed is managed like the other wards in the HF, with periodic ward rounds and the highest housekeeping standards.



The mothers waiting shed at Kakindo HCIV



Renovated bathrooms and toilets

## Commentaries from Various Friends and Health Care Workers (HCWs)

A VHT member in my village told me about the dangers of delivering at home, and I felt my life and baby were not safe so I decided to come to the facility where the doctor checked me and I was advised to wait.

- Businge Evas

*A 35 year old mother of four from Kabamba (30 km away from Kakindo HCIV) who had miscarried three times and had never gone for ANC visits due to transport challenges. All her previous deliveries were under the care of Traditional Birth Assistants (TBAs).*

We are monitored by the doctor and midwives and given health education every morning.

-Mbabazi Oliver

*A 23 year old mother of two who reported to the HF with false labour, and has been in the shed for five days awaiting delivery.*

I have seen some women die while delivering in the village, so when I felt pain I came straight to the HF where the doctor advised me to wait for my delivery date.

- Kabusinguzi Goretti

*A 30 year old mother of four who was 38 weeks pregnant and was diagnosed with transverse lie; she was advised to wait from the shed until she delivers.*





*Above: Renovated cooking shed*

I come from far and it's expensive to move back and forth for ANC visits, so when I was advised to wait, it was fine with me because this place is very good; my mother can cook for me, it saves me the transport and the nurses check on me.

*-Kyalimpa Racheal*

*A 25 year old admitted a month ago with swelling of the legs and severe malaria during her pregnancy.*

Because of space challenges, we used to send mothers with complications back home and advise them strictly to come when they are due for delivery. However, to cut costs, some of them would end up risking delivery at the village TBA homes and would come to the HF when it is too late to save the baby. For some unfortunate mothers, they would lose their uterus.

*-Tusiime Mary*

*A midwife at Kakindo HC IV recalls the period before the renovation of the mothers' waiting shed.*

100% of mothers who wait from Kakindo HC IV shed have gone home with live babies. It has made it easier to monitor the mothers progressively and has created mother 'ambassadors' who go back to the communities and give testimonies to other pregnant mothers about the HF services.

*-Doctor Byaruhanga Hargreaves,*

*a medical officer at Kakindo remarks on outcomes at the facility.*



Dr. Mugula chatting with Dr. Coutinho during a supervision visit



## Profiles of Frontline Workers

### Kakindo Health Centre IV: Dr. Henry Mugula

Dr. Henry Mugula, (MD) was born in the rural district of Hoima. His decision to return to Kibaale, a rural district roughly 215 km from Kampala, after being recruited by "Saving Mothers Giving Life," to work at Kakindo Health Center IV was deeply personal. At the time, the district was facing staff and equipment shortages.

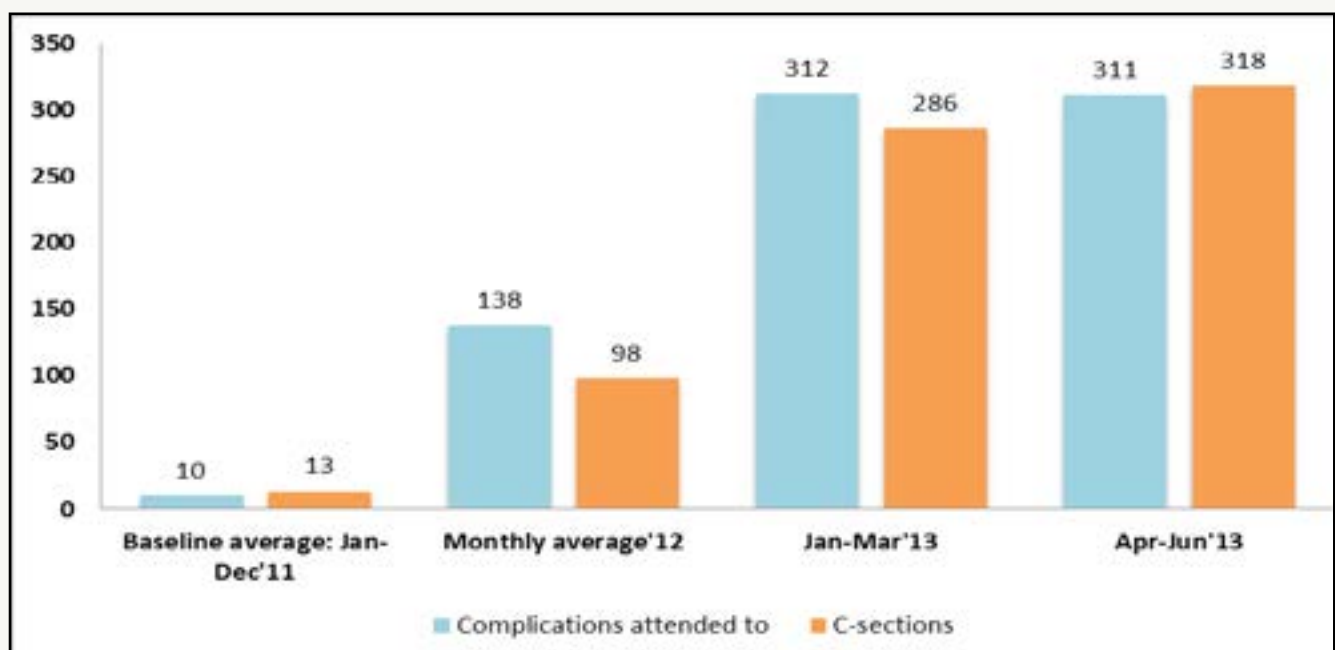
Patients had nearly lost all trust in the health care system. Pregnant mothers facing complications during pregnancy faced dire consequences. "It was not uncommon to see the loss of a mother, the baby, or both."

Still, Dr. Mugula chose to return upcountry. He understood that improved health systems were essential to the future of Kakindo and that patients needed to be assured that a medical officer would



Dr. Coutinho inspecting renovation works at an SMGL renovated operating theatre

### Complications and C-Sections, Kibaale District, SMGL Project



be waiting, should they arrive. This would restore faith in the centre, and provide hope for pregnant mothers with limited options.

Health Centre IVs, armed with trained clinicians who are able to perform necessary surgical operations such as caesarean sections, are a critical component to saving the lives of rural pregnant women in the district of Kibaale. Despite the challenges ahead, Dr. Mugula remains optimistic. "With improved systems, women and babies can survive."

After learning that a trained doctor has returned to their community, patients too, have returned. And in a short period of time, a glimmer of hope has been restored in this corner of Uganda. The Health Facility is now open 24 hours a day, seven days a week with a functional ambulance that has helped save lives, and is boosted the trust by the people in the health system.



**Kikuube Health Centre IV:**  
**Sister Kahunde Florence**

In Uganda, the HIV/AIDS epidemic has been a priority and has been handled with concerted effort from different players. Among these are health workers who have shown extraordinary commitment, passion and dedication in serving the communities affected by HIV/AIDS. Florence Kahunde is one of such frontline heroes. She worked as a volunteer at Hoima Hospital in 1999. From 2000 to date, she has been working at Kikuube, a remote HC IV in Hoima district, and 250km from Kampala.

"My village was very similar to Kakindo. My older sister went into labour and lacked the money required for transport to the nearest health facility, located just four miles away. Out of necessity, she began to walk, finally reaching the healthcare centre where an emergency caesarean section was performed. Miraculously both my sister and my nephew survived, but most women aren't so fortunate."

- Dr. Henry Mugula

In 2006, the HC was accredited as an HIV treatment centre with Florence as the pioneer nurse at this clinic. Due to her diligence, compassion and dedication, she was appointed the in-charge of the HIV/AIDS clinic. This clinic is one of the 103 health facilities across 7 districts in Midwestern Uganda that is supported by IDI, with funding from PEPFAR/CDC. The HIV clinic at this facility currently serves over 2,588 PLHA, and is open Monday through Friday, offering comprehensive services for both adults and children.

Florence has also grown in stature, attaining both knowledge and management skills to manage the HC IV and to train other health care workers. She gets inspiration from seeing the beaming faces of the PLHA that she serves as they walk in and out of the unit, able to fend for their families and live a normal life.

Florence has also taken the lead in mobilizing men for SMC for HIV prevention. Within one year of starting SMC services at this facility, over 6,558 males have been circumcised. She is now promoting the roll out of PMTCT Option B+ for eMTCT. Florence is a symbol of the frontline heroes who continue to go above and beyond the call of duty to save lives of PLHA in their communities.

**Kibaale District:  
Silver Kasigeire**

Mr. Silver Kasigeire, 41, was born in Kabale District in South western Uganda. He is currently pursuing a Masters in Management Studies (MMS) from Uganda Management Institute. He has also attended various short HIV/AIDS courses.

From 1999 to 2008, Silver worked in Kibaale District in Midwestern Uganda on various HIV/AIDS programmes. In 2009, he joined IDI and was posted to Kibaale district as part of the technical team supporting EKKP across the seven Midwestern Uganda districts. As a hardworking and passionate employee, Silver saw this as an opportunity to reach out to the rural people and health care workers who were in desperate need for these services. He rallied across the diverse, rural hard-to-reach areas mobilizing communities, training health workers, promoting HIV prevention interventions and building excellent relationships with both the communities and the leadership of these communities/districts and quickly winning their trust. This was evidenced by the increasing number of clients seeking these services in a community with strongly held traditional and cultural beliefs and practices.

In 2011 and in recognition of his exemplary work, IDI promoted Silver to the position of Project Coordinator for the Kibaale region, a position he still holds to date. He coordinates and supports the scale-up of comprehensive HIV/AIDS interventions. He was also part of the frontline team that took on the task of containing the Ebola haemorrhagic fever epidemic in Kibaale district in July 2012 together with CDC, WHO, IDI, MoH, district teams and many other partners.

Silver Kasigaire represents one of those unsung heroes who on a daily basis are on the frontline, saving lives and ensuring good quality of life for PLHA, and promoting prevention efforts for a HIV-free generation.

*Below: Silver and team of health workers on a boat to a landing site on Lake Albert for HCT*







## Development of the IDI Strategic Plan 2013 to 2018

During the past year, IDI has been preparing its second five-year strategic plan (running from July 2013). The plan was approved in principle by the IDI Board in June 2013 and will be launched in November 2013.

Over the past five years, IDI has developed into a well-recognised Ugandan centre of excellence with increasing ability to successfully bid for funding for its various programmes in pursuit of its Mission; in particular IDI has expanded its programmes, research and capacity building initiatives into rural districts of Uganda and beyond in the African continent.

The first IDI Strategic Plan (2008/2013) was created against a backdrop of predictable, though diminishing, unrestricted core support from Pfizer which meant that IDI management could state the strategic actions with some confidence and precision. The second IDI Strategic Plan is designed in a much less certain funding context. In order to thrive (and not just to survive), IDI is going to have to be a truly innovative and resilient organisation: ensuring

top management has the right up-to-date and reliable strategic information for it to be increasingly light on its feet and responsive to its changing environment. Risk management will be a key activity. However, the overall thrust of the plan remains fundamentally the same: to focus on infectious diseases research, capacity building and service delivery; to strengthen health systems in the context of local and national government strategies and priorities; and to influence national, regional and global policies and best practice through research publications, and documentation of best practice. IDI will maintain a focus on excellence and quality in all areas, and seek to play its full part to enhance the good name and reputation of the College of Health Sciences within Makerere University, particularly through contributions to research and national capacity building.

New areas of focus or intensity include a broadening of the scope of IDI activities, as signalled by the recent modification of the IDI Mission, to include all infectious diseases as well as health systems. IDI will be exploring the greater

IDI's strategy continues to be ambitious and forward-looking, but is tempered by prudence in the face of the current tough global economic conditions.

'integration' of services at point of delivery, allied to the drive for greater cost-effectiveness. IDI also recognises that initial 'capacity building' is becoming less relevant and that IDI's main business will increasingly be focused on maintaining, updating and refreshing existing capacity. There will be an increasing emphasis on proving quality across all areas of IDI; covering both main programmes and support services; and IDI would also seek to play a greater role in national accreditation. IDI will adopt an increasingly efficient and business-like approach based on an understanding by all staff that IDI can only achieve its programmatic objectives by paying close attention to the ways in which it sustains the institutional core of the organisation. IDI will also look to link with all appropriate elements of the health system, including the private sector.

## Monitoring & Evaluation (M&E)

The M&E Team at IDI is becoming ever more important as the Institute evolves. The role of the team is widening to include conventional M&E of many individual projects plus institutional M&E plus the provision of Technical Assistance (TA) to others in Uganda and the Region. During this year, the institutional M&E focused on steadily improving the scope and quality of the IDI Key Performance Indicators (KPIs) which show, in summary and in some detail, progress by programme and by the Institute as a whole, and also highlight any areas that may merit management attention. IDI has also begun to provide TA to others to produce such KPIs; most notably for the USAID-funded Strengthening Decentralisation for Sustainability (SDS) project. During the year, other M&E Technical Assistance has been provided for the Central Public Health Laboratories (part of MoH) among others.

## Systems Development

Maximising automation is one of the keys to sustaining IDI. The Systems Development Team within the Strategic Planning & Development Team has taken the software for the IDI System for Integrated Grants management, M&E and Reporting (SIGMER) to the next level in terms of functionality and user-friendliness. SIGMER played a key role in the budgeting for the IDI 2013/2014 financial year by providing stronger projections of likely future revenue from existing and future projects. SIGMER also is now the prime source of information for the IDI KPIs. Developments such as SIGMER, with associated technical and user documentation, can enable IDI to move into new areas of TA business development. The Systems Development Team has also played a lead role in the creation, and early implementation, of another IDI product which is important for sustainability - an automated timesheet system called ClockTime.





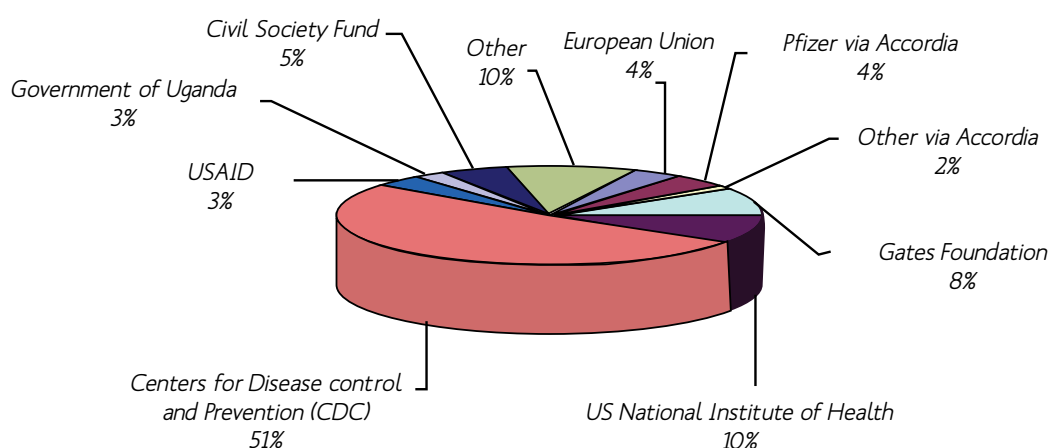
## Broadening the Resource Base

### Maintaining the IDI Funding Base

Unrestricted funding from Pfizer drew to its long planned conclusion during the year, and IDI has intensified efforts to strike the right balance between programmatic and business objectives so that projects achieve their objectives in the context of a thriving organisation. IDI is continually re-examining its cost structure and its business processes in order to maximize contribution to core institutional costs from externally funded projects. It has been a challenging year with many funders less willing to pay for essential core / overhead costs; yet there has been a steady stream of new projects, and new funders have included the Wellcome Trust, the University of Zurich and USAMRIID (US Army Medical Research Institute of Infectious Diseases).

IDI has further developed TA as a business area both within Uganda (for example, through grants management support to the USAID SDS project) and regionally (for example, through malaria training in Malawi funded by ExxonMobil; and through support to regional initiatives to develop lab services).

IDA source of funds in year to June 2013







## Information Services at IDI

The Information Services (IS) department at IDI is a robust, innovative department which facilitates the efficient operation of a wide range of information systems within IDI and at offsite facilities across Uganda. Services offered by the IS department include information technology (infrastructure), systems development, data management and geographic information systems (GIS), and library services. The department also works closely with the Datafax team at IDI.

Through its data management and systems development efforts, the department has directly impacted the patients served at the IDI clinic and other outreach facilities by maintaining electronic databases. These databases are utilized for routine patient management and monitoring, reporting to stakeholders, clinical research, training, and more. For example, the Integrated Clinical Enterprises Application (ICEA), an electronic medical record system that was developed in-house, is central to the operation of the IDI clinic. The IS department has also supported implementation of OpenMRS in a number of government facilities.

During 2013, a number of solutions were either developed or enhanced by the department to support clinical, research, training, laboratory, operational and financial systems of the Institute and its partners. The department has also provided technical assistance for database development and capacity building to several partners of IDI. Some of the key accomplishments of the department in 2013 are:

- Implemented datacenter upgrades to virtualization at Mulago (IDI primary datacenter) and server software upgrades at other secondary sites.
- Completed the network setup and configuration at the Learning Hub to accommodate the staff who shifted from the MU-JHU building.
- Set up a direct internet link at Project House specifically for Finance and Administration.
- Identified a solution for KCCA OpenMRS back-up and centralized management at the KCCA headquarters. This is awaiting implementation.
- Upgraded existing systems, including: the training information system to include evaluation functionality; ICEA to include drug interaction functionality.
- Implemented a timesheet management system, code-named ClockTime.
- Provided technical leadership for the MIS component of the USAID funded Strengthening Sustainability for Decentralization (SDS) project. Under this activity, IDI has so far trained staff of a total of 5 SDS districts in data management and analysis. Plans are underway to train staff of the remaining 30 districts under SDS project.
- Implemented several new systems, including: the data transfer system for E-AMAKA for securely transferring data and routine monitoring of remote databases; the automated data system for the Uganda National SMC Operational Centre; SLMTA (Strengthening Laboratory Management Toward Accreditation) database for use by the Central Public Health Laboratories; the IDI Project Stores and Logistic System.
- Developed the data management handbook to be used institute-wide.
- Upgraded and conducted training in Moodle learning platform to facilitate online training for the training department.
- Provided technical leadership for developing the new IDI website.

*IDI Board members at the construction site.*



## The Knowledge Centre at IDI

The Knowledge Centre is the newest building being added onto Makerere University's campus, thanks to the support of the Accordia Global Health Foundation and in particular to a significant gift from Dr. Hank McKinnell. This new Centre will expand the space available to continue growing IDI programs and their relevance in the region.



*Top:*

*Artistic impression of the IDI Knowledge Centre at Makerere University*

*Bottom:*

*On-going construction at the Knowledge Centre site.*



*Dr. Damalie Nakanjako with her award*



## Significant Awards in 2013

### **Dr. Damalie Nakanjako Wins the 2013 Merle A. Sande Health Leadership Award**

Dr. Damalie Nakanjako is the winner of the 2013 Merle A. Sande Health Leadership Award. Dr. Damalie is an Internist whose work focuses on optimizing HIV treatment outcomes and reducing HIV-associated morbidity and mortality in sub-Saharan Africa.

She is currently an Associate Professor in Makerere University's Department of Medicine and a Wellcome Trust Post-Doctoral Research Fellow in Infection and Immunity at the Infectious Diseases Institute (IDI). Dr. Damalie has over 10 years' experience in HIV/AIDS care. She is a trainer, supervisor and mentor to other upcoming scientists. She is currently leading the immunology-flow cytometry core to contribute to local capacity for translational research to improve patient care.

She has won competitive research funding from the Wellcome Trust Uganda Infection and Immunity program (MUII), UCSF Center for AIDS Research (CFAR), University of California Global Health Institute (GloCal) and the Grand Challenge Canada (GCC). In addition to her academic career, she is married and has four children. She is without a doubt an inspiration to African women that would love to have both an academic career and a rewarding family life.

### **Dr. Alex Coutinho Wins the 2nd Hideyo Noguchi Africa Award**

The government of Japan awarded Dr. Alex Coutinho the Hideyo Noguchi Africa Prize in the Medical Services category. The health award recognizes individuals that are committed to combating infectious disease in Africa and who have made a substantial contribution to medical research or medical services. This is the second time Japan

has honoured an individual with the prestigious prize.

The medals, citations and honorariums were presented to Dr. Peter Piot and Dr. Alex G. Coutinho by Prime Minister Shinze Abe in the presence of their highness the Emperor and Empress of Japan as well as 30 African Heads of State.

Dr. Coutinho has been working for over 30 years to prevent and treat HIV/AIDS

in Africa, most recently in TASO and IDI, and won the prize for pioneering efforts to expand access to life-sparing medicine to people infected with the HIV virus, particularly in the rural parts of Africa.

The Noguchi Africa Award honours individuals with outstanding achievements in the fields of medical research and services to combat infectious and other



*Dr. Alex Coutinho displaying his medal*



diseases in Africa. The prize was established by the Government of Japan in July 2006, and first awarded at TICAD IV meeting in 2008 in memory of Dr. Hideyo Noguchi, a Japanese whose contribution to medical advancement and self-sacrificing activities in Africa remains a model of professionalism. It is awarded once every five years, coinciding with the convening of TICAD.

#### Richard Ssenono Awarded the Cunningham International Fellowship Grant

The IDI Librarian, Richard Ssenono was nominated for the Cunningham International Fellowship Grant. Richard was the 2nd Ugandan to receive this award to attend the Medical Library Association (MLA) and other associated conferences in Boston from May 3-8, 2013.

Founded in 1898, MLA is a non-profit, educational organization of more than 1,100 institutions and 3,600 individual members in the health sciences information field, committed to educating health information professionals, supporting health information research, promoting access to the world's health sciences information, and working to ensure that the best health information is available to all.

The 2013 annual meeting provided a unique opportunity to explore the global interdependency of health information at a federated international meeting incorporating the 2013 Annual Meeting and Exhibition of the Medical Library Association (MLA '13), the 11th International Congress on Medical Librarianship (ICML), and the 6th International Clinical Librarian Conference (ICLC) with the theme "Information Aspects, Rich Diversity, and Global Interdependencies of One Health."

Topics discussed included trustworthy and authoritative publicly available information, new methods of publishing, global data sharing to advance science, information access to underserved communities and environmental aspects of global health. The meeting attracted over 2000 information specialists from all over the world.



*Richard Ssenono receives his award from Jane Blumenthal, The Academy of Health Information Professionals (AHIP), immediate past president*

The 2013 annual meeting provided a unique opportunity to explore the global interdependency of health information at a federated international meeting incorporating the 2013 Annual Meeting and Exhibition of the Medical Library Association (MLA '13), the 11th International Congress on Medical Librarianship (ICML), and the 6th International Clinical Librarian Conference (ICLC)

# Financial Summary

## Infectious Diseases Institute

### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

|                             | 2013              | 2012              |
|-----------------------------|-------------------|-------------------|
|                             | US\$              | US\$              |
| Income                      |                   |                   |
| Grant income                | 19,555,344        | 21,187,821        |
| Self generated income       | 855,994           | 718,581           |
| <b>Interest income</b>      | <b>202,770</b>    | <b>34,674</b>     |
|                             | <b>20,614,108</b> | <b>21,941,076</b> |
| Expenditure                 |                   |                   |
| Salaries and benefits       | 9,422,188         | 9,188,543         |
| Program expenses            | 6,702,283         | 6,783,532         |
| Transportation              | 1,510,355         | 1,802,096         |
| Office expenses             | 755,156           | 745,970           |
| Facilities expenses         | 1,939,879         | 2,552,326         |
| Administration expenses     | 583,611           | 631,544           |
| Foreign exchange loss       | 78,678            | 410,070           |
|                             | <b>20,992,150</b> | <b>22,114,081</b> |
| <b>Deficit for the year</b> | <b>(378,042)</b>  | <b>(173,005)</b>  |

# List of Publications July 2012 - June 2013

1. Sun D, Dorman S, Shah M, Manabe YC, Moodley VM, Nicol MP, Dowdy DW. Cost utility of lateral-flow urine lipoarabinomannan for tuberculosis diagnosis in HIV-infected African adults. *Int J Tuberc Lung Dis*. 2013 Apr; 17(4):552-8. doi: 10.5588/ijtld.12.0627. PubMed PMID: 23485389.
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# IDI Leadership

## IDI Board Members

### Nelson Sewankambo

Principal, College of Health Sciences,  
Makerere University  
Chairman of the IDI Board

### Alex Coutinho

Executive Director, IDI  
Secretary to the Board  
Nominations Committee

### Lillian Tibatemwa-Ekirkubinza

Deputy Vice Chancellor for Academic  
Affairs, Makerere University  
Audit Committee

### Tom Quinn

Professor of Medicine and Public Health  
Director, Johns Hopkins Center for  
Global Health Associate Director  
of International Research, National  
Institute of Allergy and Infectious  
Diseases, National Institutes of Health  
Chair, Nominations Committee

### Sam Zaramba

Former Chairperson of the Executive  
Board of the World Health Organization  
(2009 & 2010)  
Former Director General of Health  
Services, Ministry of Health

### Addy Kekitiinwa Rukyalekere

Executive Director, Baylor College of  
Medicine

### Milly Katana

Senior Manager, NUPITA (New Partners  
Initiative)  
Audit Committee

### Wilfred Griekspoor

Director Emeritus, McKinsey &  
Company  
Chair, Audit Committee

### Harriet Mayanja-Kizza

Professor, Medicine  
Dean, School of Medicine, College of  
Health Sciences, Makerere University

### Florence Maureen Mirembe

Professor, College of Health Sciences,  
Makerere University Department of  
Obstetrics & Gynecology, Makerere  
University

### James Gita Hakim

Professor of Medicine, Department of  
Medicine, University of Zimbabwe

### Samuel Abimerech Luboga

Chair, Board of Directors, Mildmay  
Uganda Former Deputy Dean Education,  
Faculty of Medicine, Makerere University

### Moses Joloba

Senior Lecturer and Head of the  
Department of Medical Microbiology,  
College of Health Sciences, Makerere

### Jane Ruth Aceng

Director General of Health Services,  
Ministry of Health

## Past IDI Board Members

### Keith McAdam

Emeritus Professor of Clinical Tropical  
Medicine, London School of Hygiene  
and Tropical Medicine, Former Director,  
Infectious Diseases Institute  
Professor and Associate International  
Director, Royal College of Physicians,  
London

### Robin Crawford

Director of DeBeers s.a. Luxembourg  
(Retired)

### Philippa Musoke

Associate Professor Department of  
Pediatrics and Child Health, Makerere  
University

### Edward Katongole-Mbidde

Director,  
Uganda Virus Research Institute  
Ugandan AA Member

### David Kihumuro Apuuli

Director General, Uganda AIDS  
Commission

### Gideon Byamugisha

Goodwill Ambassador HIV/AIDS for  
Eastern Africa, Sudan and the Horn,  
Chairman Executive Board,  
Friends of Canon Gideon Foundation

## Academic Alliance Members

### Nelson Sewankambo

Principal, College of Health Sciences,  
Makerere University

### Jerry Ellner

Chief of Infectious Diseases, Boston  
University

### Moses Kamya

Associate Professor of Medicine, College  
of Health Sciences, Makerere University

### Elly Katabira

Co-Founder of The AIDS Support  
Organization (TASO)  
Associate Dean for AIDS Research,  
Makerere University  
President, International AIDS Society

### Harriet Mayanja-Kizza

Professor, Medicine  
Dean, School of Medicine, College of  
Health Sciences, Makerere University

### Edward Mbidde

Director, Uganda Virus Research Institute

### Roy Mugerwa

Professor and past Chairman,  
Department of Medicine, Makerere  
University

### Philippa Musoke

Associate Professor, Department of  
Pediatrics' and Child Health, Makerere  
University

### Tom Quinn

Professor of Medicine and Public Health  
Director, Johns Hopkins Center for  
Global Health Associate Director of  
International Research, National Institute  
of Allergy and Infectious Diseases,  
National Institutes of Health

### Allan Ronald

Distinguished Professor Emeritus,  
University of Manitoba

### Mike Scheld

Bayer-Gerald L. Mandell Professor of  
Internal Medicine  
Director, Pfizer International Health  
Initiative  
University of Virginia School of Medicine

### David Serwadda

Associate Professor and Director of  
the School of Public Health, Makerere  
University

### Fred Wabwire-Mangen

Associate Professor of Epidemiology,  
School of Public Health, Makerere  
University

### Hank McKinnell

Chair, Accordia Global Health Foundation  
Board of Directors  
(Retired) Chairman, Pfizer Inc.

### Warner Greene

Founding Director, Gladstone Institute of  
Virology and Immunology  
Nick and Sue Hellmann Distinguished  
Professor of Translational Medicine  
Professor, Medicine, Microbiology  
and Immunology, University of  
California,  
San Francisco  
President, Accordia Global Health  
Foundation

### Bob Colebunders

Professor, Tropical Diseases, Institute of  
Tropical Medicine  
Professor, Infectious Diseases  
University of Antwerp  
Sciences, Makerere University

### Moses Joloba

Senior Lecturer and Head of the  
Department of Medical Microbiology,  
College of Health

### Keith McAdam

Emeritus Professor of Clinical Tropical  
Medicine, London School of Hygiene and  
Tropical Medicine  
Former Director, Infectious Diseases  
Institute  
Professor and Associate International  
Director, Royal College of Physicians,  
London

### Dave Thomas

Professor of Medicine  
Director, Division of Infectious Diseases  
Johns Hopkins University School of  
Medicine

### Ceppie Merry

Consultant in Infectious Diseases, Senior  
Lecturer in Global Health, Trinity College  
Dublin  
Currently based at IDI; developing HIV  
pharmacology research and the AIDS  
Treatment Information Center (ATIC)

### Gisela Schneider

Director, German Institute for Medical  
Mission

### Walter F. Schlech, MD

Professor of Medicine, Dalhousie  
University faculty of Medicine

### Yukari C. Manabe, MD

Associate Director of Global Health  
Research & Innovation Center for Global  
Health

### Lydia Mpanga Sebuyira

Director: Capacity Building, IMPRINT

## IDI Key Partner Institutions



### Government of Uganda Ministry of Health

The Ministry of Health Uganda, is a government body set up with the mandate of policy formulation and policy dialogue with Health Development Partners, resource mobilization and budgeting, strategic planning, regulation, advising other ministries on health matters, setting standards and quality assurance, capacity development and technical support, provision of nationally coordinated services such as epidemic control, coordination of health research and monitoring and evaluation of the overall sector performance. The Ministry of Health regards IDI as one of Mulago's specialized outpatient AIDS clinics.



### Government of Uganda Ministry of Finance, Planning and Economic Development

The Ministry of Finance, Planning and Economic Development derives its mandate and functions from the 1995 Constitution of the Republic of Uganda and other related subordinate Laws, including; the Budget Act (2001), the Public Finance and Accountability Act (2003) and acts establishing agencies and auxiliary organisations. Accordingly, the Ministry plays a pivotal role in the co-ordination of development planning; mobilisation of public resources; and ensuring effective accountability for the use of such resources for the benefit of all Ugandans.



### College of Health Sciences, Makerere University

The Makerere University College of Health Sciences is Uganda's most important health training institution, and one of the best in East Africa. This relationship has played a critical role in IDI's development as a centre of excellence. During the initial planning for the Institute's activities, members of the College led the development of strategic and programmatic direction of IDI.

Members continue to contribute strongly to IDI, through a number of important roles: Chair of and membership on IDI's Board of Directors; Principal Investigators for research projects; and facilitators for the Training Programme, and IDI's premier research scholars are named after the outstanding Principal of the College of Health Sciences, Dr. Nelson Sewankambo.

Some of the key areas that IDI activities support are: promoting excellence in education; fostering excellence in research, publication and policy; strengthening laboratory services; fostering local and international partnerships for improving health of communities, establishing an innovative IT-based support and library system for enhancing learning, research and service excellence; and developing and implementing strategies for resource mobilization and management.

IDI and the College also regularly collaborate with regard to teaching and training. Final year medical students have a one-week placement at IDI, in order to improve their knowledge and ability to care for HIV positive people. Undergraduate and post-graduate students participate in weekly continuing medical education services at IDI (journal clubs, switch meetings, and case conferences). The visiting Professors-in-Residence Programme is jointly managed by the IDI and the Head of Department of Medicine. In addition, the faculty of Medicine and IDI jointly provide support and mentorship for faculty of Medicine MMed students per year that are funded by Gilead Services Inc, a US biopharmaceutical company. Collaboration and integration will no doubt continue to increase, as there are several important areas of potential collaboration being discussed.



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## Mulago National Referral Hospital

Mulago Hospital serves as Uganda's national referral hospital. Mulago facilities support patient care, teaching and research, and the hospital cares for people from all over the country who are unable to access the care they need in their home areas. Care is provided at no cost and the wards of Mulago cater almost exclusively to Uganda's poor. It also serves as the teaching hospital for the Makerere University Faculty of Medicine and offers specialized care that often cannot be provided anywhere else in Uganda.



The Mulago National Referral Hospital has been a very key partner in providing tertiary care for the people of Uganda and in recent years. IDI has contributed to this mission by providing advanced care and treatment for HIV.

Recently as part of IDI's social responsibility, the Executive Director of Infectious Diseases Institute, Dr. Alex Coutinho, handed over equipment donated by the Institute to the Burns Unit. The equipment worth UGX 12,000,000 included suction machines, oximeters, glucometers, intensive care apparel, blankets, nutritional supplements etc. to help the hospital to manage tragedies such as the Northern Bypass fuel fire accident that recently claimed 40 lives.

IDI serves Mulago as a specialist centre for the care of HIV+ adolescents and adults and in turn Mulago Hospital provides the necessary services for HIV+ patients that are critically ill for in-patient care. Mulago and IDI continue to collaborate in the strengthening of Mulago's Infectious Diseases Ward known as Ward 4A. Joint round and training sessions regularly take place in the ward. The Infectious Diseases Institute looks forward to continuing to work with the Mulago National Referral Hospital in the provision of health service delivery.

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## Accordia Global Health Foundation

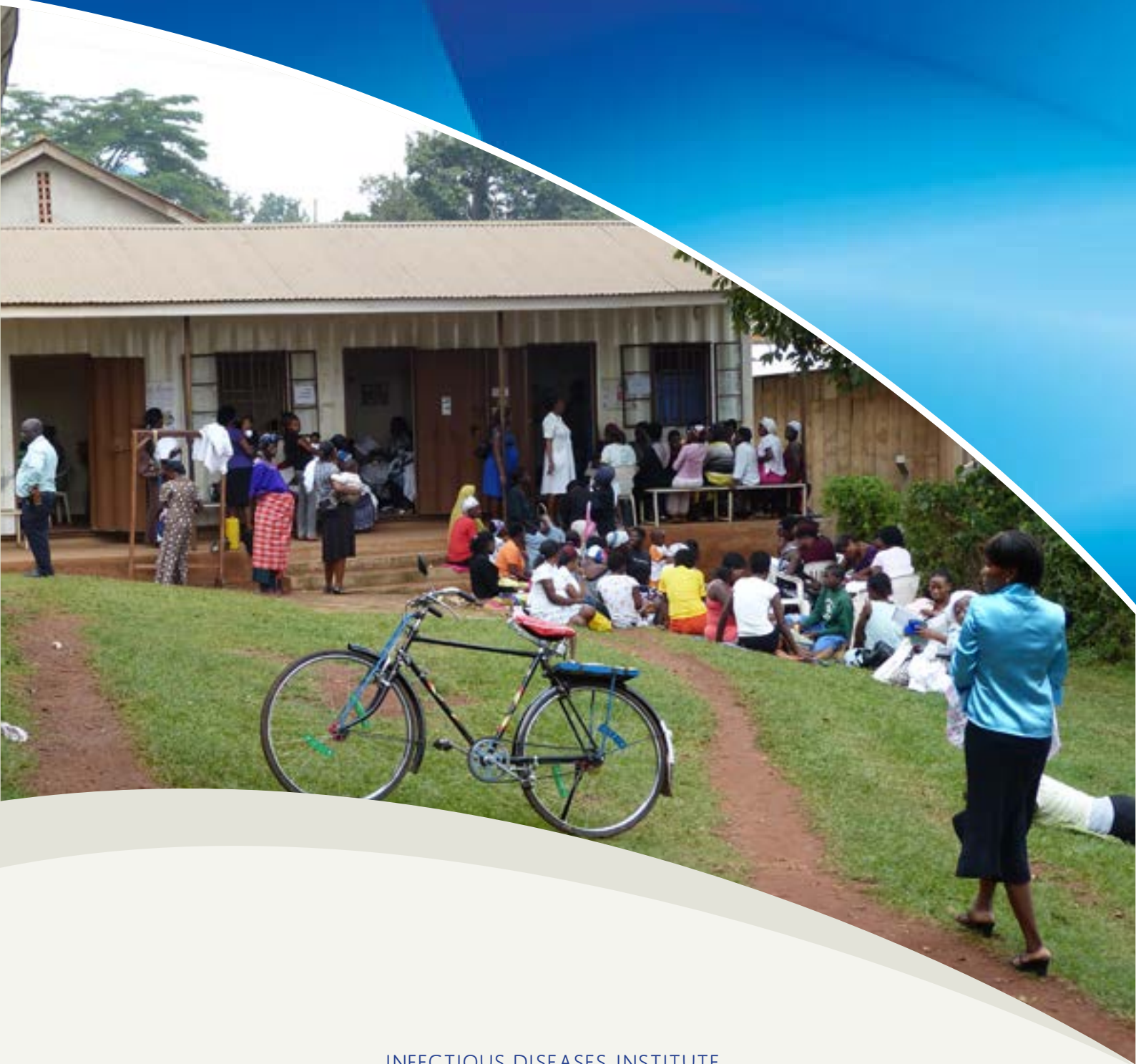
Accordia Global Health Foundation, in partnership with Pfizer Inc, the Academic Alliance and Makerere University established IDI in 2004 as the preeminent centre in sub Saharan Africa for infectious diseases training, treatment and research within Makerere University. Today, Accordia remains one of IDI's most important partners. Accordia serves as a global advocate for IDI, and generates funds to support IDI's core activities. Accordia also manages several major grants for programmes being conducted at IDI, and provides technical programmatic assistance on key projects. For example, Accordia's Professor-in-Residence Programme enables top infectious diseases experts from around the world to come to IDI to mentor research and clinical staff. Accordia also offers financial support and mentoring for promising young scholars and fellows.

Accordia and IDI are currently working together to reach out to other academic medical centres across sub Saharan Africa to explore opportunities for partnership and potentially replicate the IDI model elsewhere on the continent.

The Accordia Global Health Foundation and IDI will continue to work side by side to build Africa's capacity to fight infectious diseases through training, research, care and prevention.



Women accessing MCH services at a KCCA facility supported by IDI



INFECTIOUS DISEASES INSTITUTE  
College of Health Sciences, Makerere University  
P.O Box 22418, Kampala, Uganda  
Tel: +256-414 307 000/312 307 000  
Fax : +256 414 307 290  
Email: [office@idi.co.ug](mailto:office@idi.co.ug)  
Website: <http://idi.mak.ac.ug>