



MAKERERE UNIVERSITY

# Infectious Diseases Institute College of Health Sciences Makerere University



# THE IDI BULLETIN

A quarterly newsletter of activities and achievements

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**AWARDS**



*Dr Mohammed Lamorde (right), the head of GHS accompanied Dr Allan Muruta (centre) the Commissioner Public Health Emergencies on a two-day support supervision visit to Rakai district.*

## From the Executive Director

Dear Reader,

I hope you are taking the required measures to keeping safe during the current COVID-19 challenge. I welcome you to this issue of the IDI Bulletin! It will dawn on you immediately that this issue is dominated by COVID-19 and that's no accident.

Uganda and the global community are facing an unprecedented challenge in the COVID-19 pandemic. The impact of this infectious disease threat is not only limited to health, it has ramifications for the global economy.

As a forward-looking Institute, that established a Global Health Security (GHS) Programme in 2016, we have been busy supporting various aspects of the national response to this infectious disease threat.

You will note that across our different programmes [GHS, Research, Training and

Capacity Development, Health Systems Strengthening, Laboratory Services, the Uganda Academy, as well as Prevention Care and Treatment], the Institute is taking every opportunity to mitigate the impact of COVID-19. Our contributions so far have been in two key arenas. First, the IDI GHS Programme is critically supporting the central coordination role of the Ugandan Ministry of Health. Secondly, the Institute is supporting works across the different pillars of the response, from surveillance to infection prevention and control, case management as well as risk communication. Our value-adding initiatives have been characterised by innovation, empathy, team spirit and responsiveness.

In the middle of this storm, we have remained true to our core values.

Significantly, given the gains that Uganda

has made towards achieving HIV epidemic control, the Institute is playing its part in contributing to the mitigation of the impact of COVID-19 on HIV programming. Our programmes are taking steps to address the critical bottlenecks in achieving HIV testing, retention and viral suppression targets.

I applaud the diligent and sacrificial efforts of all our teams, especially those at the front lines of the COVID-19 response. Your individual and collective contributions have paved the way for containment of this once-in-a-lifetime event. I am grateful to all our partners who have facilitated us across our programmes in this hour of need.

Finally, I invite you this issue of the IDI Bulletin. I hope you find the journey inspiring!

**Investing in the future : Impacting Real Lives**

# COVID19 Response: Global Health Security

The Infectious Diseases Institute, through the Global Health Security Program has continued to support the Government of Uganda's efforts to combat the COVID-19 outbreak. This has been done through interventions in line with the country's COVID-19 Preparedness and Response plan. The support is hinged on the five major response pillars of coordination, surveillance, laboratory, infection prevention and care (IPC), case management and logistics as well as risk communication.

## Coordination

### National level:

Under the coordination pillar, IDI has dedicated staff and resources to provide overarching support to all response activities at national and sub-national level. Highlights of this include the following:

- Organisation of virtual Incident Management Team (IMT) meetings at the Public Health Emergency Operations Centre which the team at IDI helped set up, and preparation of spot reports on updates of COVID-19 cases.
- The IDI Legal Advisor senior project officers work with the national scientific committee to draft the guidance using legal, economic and epidemiological matrices with regard to the lock-down and the ease up. These have been shared with cabinet and have informed decisions. An example is the work with the Ministry of Justice and Constitutional Affairs produce five statutory instruments that were key parts of President Yoweri Museveni's Speeches.

### Subnational and district level:

IDI has participated in various District Task Force (DTF) and District Rapid Response Team (DRRT) meetings and providing technical assistance to sub-committees in areas such as the West Nile and South Western regions. Assistance includes screening of travelers, sample collection and packaging and mentorship of Village Health Teams to support the COVID19 response.



IPC training in Koboko Hospital

**Fig. 1: Statutory Public Health instruments developed**

Title (The Public Health)	Date
Notification of COVID-19 Order No. 45, 2020	17th March
Prevention of COVID-19 Requirements and conditions on entry into Uganda Order No. 46, 2020	17th March
Control of COVID-19 Rules No. 52, 2020	24th March
Prohibition of entry into Uganda Order No. 53, 2020	24th March
Control of COVID-19 No.2 Rules No. 55 of 2020	31st March
Prohibition of entry into Uganda)Amendment Order No. 56, 2020	9th April
Control of COVID-19 Amendment Rules No. 57, 2020	9th April
Control of COVID-19 Amendment Rules No. 58, 2020	9th April



The Incident Management Team (IMT) meetings in the situation room at the Ministry of Health

## Surveillance

With the need to intensify prevention and control of spread of COVID19 especially at Point of Entry (POEs) in the country, the surveillance teams have sustained the efforts to build capacity of the POE staff in contact listing and tracing. This is being accomplished through the following:

- **Training** of POE staff, district rapid response teams, banking sector and health facility
- **Collaboration** with partners to support the national COVID-19 alert management at the national level Alert Desk.
- **"Call for Life"** – an innovative interactive voice response (IVR) system has been used as a method of contact follow up by the Academy for Health Innovations at IDI. Here, the Academy collects, collates and submits

daily data reports of over 200 people under follow up. The team works closely with the Alert Management Desk and the Surveillance Pillar to remit daily reports for further investigation.

► **Production of Standard Operating Procedures** give guidance to teams in districts and national level to synergise the detection, investigation, response and reporting on COVID-19 cases.

► **Leading the Public Health Emergency Response Plan (PHERP) formulation** for POEs

► **Leading Population Movement Assessment** in border districts such as Kyotera, to identify most at risk populations due to the reasons for movement and how COVID-19 can be prevented.

► **Conducting screening** for COVID -19 and trainings covered over the same at border districts.





## IPC and Case Management

IDI has conducted training and simulation exercises on surveillance, IPC and case identification for COVID-19 at Kikagati, Mirama hills, Arua, Tororo, Adjumani, Obongi, Koboko, Yumbe, Pakwach and Nebbi, among others.

Various quarantine sites have been overwhelmed and the provision of national Psychosocial Support (PSS) has been a key strategy to risk communication within the communities where contacts have been traced.

In Rakai district, the team supported an assessment of the Rakai Quarantine site, oriented staff on the minimum IPC standard requirements for the staff supporting staff. These were provided with training in IPC and the chlorine dilution process, cleaning and disinfection, waste management and the need to information, education and communication posters to guide quarantined persons in the maintain proper respiratory hygiene.



Psychosocial team providing support to contacts in Tororo district after 14 days of follow up



Transportation of samples from Malaba POE to UVRI in Entebbe

## Surveillance

The team scaled up efforts for coordination of COVID19 sample pick-up from different PoEs and districts for transportation to reference lab for analysis and results feedback to the districts. In the West Nile region, the teams worked with the respective District Laboratory Focal Persons to coordinate safe sample collection and referral of COVID-19 samples.

The effort in laboratory system engagement has not been limited to COVID19. For example, the Acute Febrile Illness surveillance team was supported in the collection of samples from 27 Tanzanian nationals who arrived in Jinja via water at Rippon landing site and were taken to the Jinja Regional Hospital.

In addition, Namisindwa borders and Jinja port were supported in the collection and referral of over 5,000 samples to Uganda Virus Research Institute. This involved coordination of supplies, training on IPC to build confidence, provision of PPEs, sanitisers to staff.

## Logistics

The institute has continued to support the various regions in the country, including the West regional node in Arua district to upload/enter COVID-19 supplies provided by partners and the National Medical Stores into the logistics electronic system. A tent (200 seater) and 100 chairs were hired for 30 days to provide space for patients waiting for screening at Mulago National Referral Hospital COVID-19 care centre. Litres of alcohol based hand rub have been produced to boost the regularly depleting sanitizer required by health workers.

While there have been challenges such as fatigue from the public and decreased vigilance from the public with regard to the prevention of COVID19, IDI has continued to give recommendations as per guidelines from MoH and WHO. IDI continually applies for grants to plug areas of need and support the ministry.

## Information Systems

The Global Health Security Program and Information Services team at IDI developed an easy-to-use web-based dashboard from data collected over the previous years. The dashboard aims is designed for decision-makers, technical personnel, scientists and communicators. Trends from the Ebola Virulent Disease knowledge, attitude and practice Survey, guiding indicators for the National EVD and COVID-19 Response plans, AMR and AMU and much more, have been packaged for reference and utilisation.



Production of Alcohol based hand sanitiser to boost health worker supply





# Programme Updates: Prevention Care and Treatment

## IDI Mulago

In harmony with our PEPFAR goals and as a means to protect the gains in HIV/AIDS, the IDI Prevention Care and Treatment (PCT) programme is successfully ensuring uninterrupted essential and comprehensive HIV services to children, adolescents, pregnant and breastfeeding women, and adults during COVID-19 pandemic.

IDI Mulago has ensured community-based distribution of medicines, provided ambulatory services to ill clients affiliated to IDI's HIV clinic as well as viral load blood draws for laboratory testing. They have also addressed other known chronic conditions.

The team has daily COVID-19 symptom screening for all patients and staff and has linked the public to accurate information about COVID-19 and laboratory testing centres.



Delivering medication to friends (People Living with HIV)



IDI Mulago nurses honouring World Nurses' Day



IPC training for MOH health workers at IDI Mulago



World Hand Hygiene Day

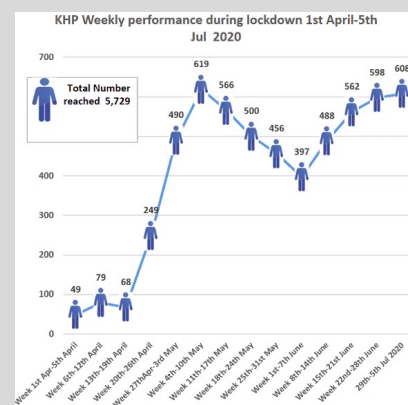
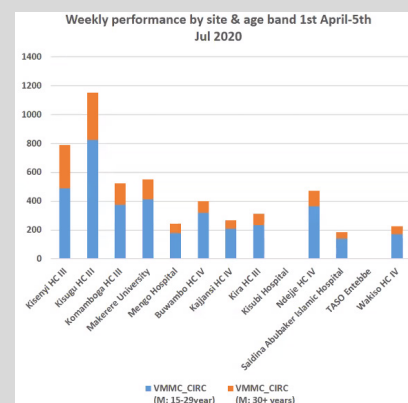
# Programme Updates: Health Systems Strengthening

The Health Systems Strengthening Programme at IDI is the most diverse with a focus on providing comprehensive health care in communities within the West-West-Nile region and Kampala Wakiso area. IDI is the implementing partner for Centres for Disease Prevention and Control (CDC) in these regions, serving a population of over 300,000. Many of the services were initially disrupted by the lock-down but have regained momentum during the last quarter. Affected services to populations such as People living with HIV (PLHIV), Orphans and Vulnerable Children (OVC), victims of Gender based violence (GBV) and seekers of Voluntary Male Circumcision (VMC) remained in operation throughout the lock-down with various innovations.

## Voluntary Male Circumcision



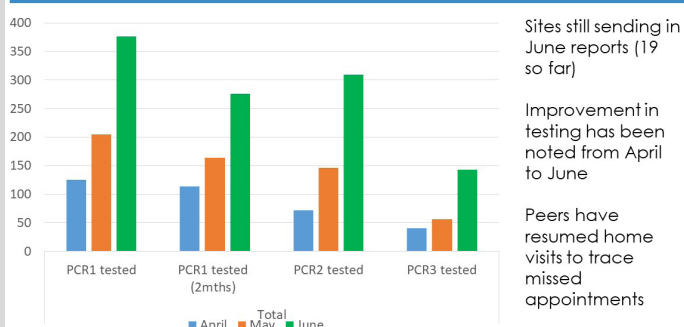
Voluntary Male Circumcision has continued throughout the lock-down period with numbers stabilising towards the end of the last quarter as is illustrated by the graphs on the right



# Programme Updates: Health Systems Strengthening

## Early Infant HIV Diagnosis

### EID testing – results from DHIS2 Apr- Jun 20 (19 sites)



## Post Gender-based Violence care

### Post GBV care trend analysis @ 11 sites COP19



## Orphans and Vulnerable Children in Wakiso

4,566

Households with Orphans and Vulnerable children (OVC) linked and given emergency relief food support

1,575

HIV+ OVC line-listed and received Antiretroviral Therapy refills

4,390

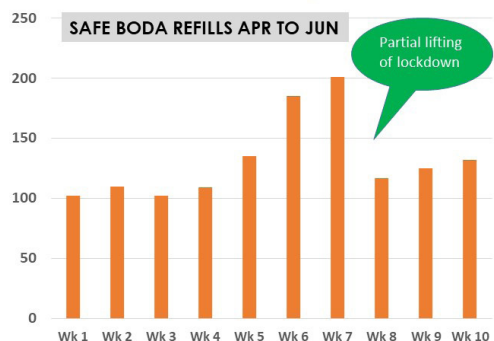
School-going OVC supported to access MoE homework education scripts.



OVC have received emergency food relief and school-going OVC were given homework education scripts from the Ministry of Education

## Innovations in antiretroviral therapy refills

### Flexible ART refill options



Motorbikes support refills (ART, INH, TB, Food-MDRTB)  
All bikes operated by expert PLHIV conversant with ARVs  
Centrally coordinated through an IDI technical officer

### KCCA COVID hot line



- 1318 PLHIV refilled using bodas
- From 39 HF in Kampala-Wakiso
- >98% ART, 34-INH, 19-Food(MDRTB)

### Called but used other options

- 166 PLHIV linked to nearby HF.
- 105 of the 166 linked within Kampala region HF

\*Bikes from 6 KCCA clinics - but support all PLHIV who call

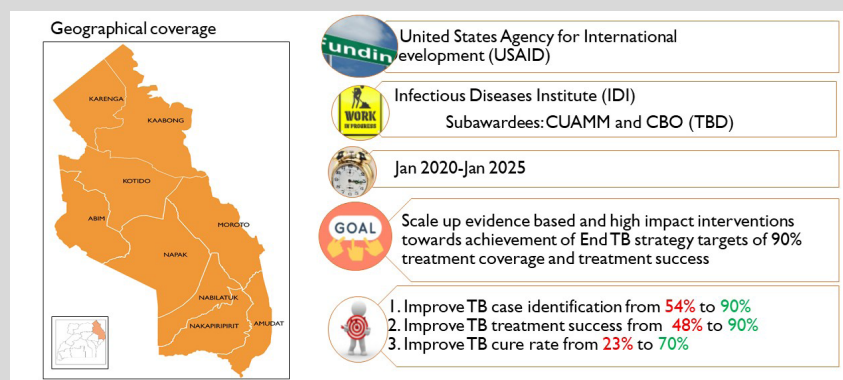
During the lock-down and easing period, the following interventions have been used to track missed appointments by clients and improve outcomes of the clients on Antiretroviral therapy (continuing and new).

- Updating health facility records & EMR for clinic encounters and follow up outcomes
- Continued pre-appointment reminders to clients and community ART distribution using different modalities – community client led ART distribution, community drug distribution points, bike, peers, health-workers
- Multi month ARV dispensing (3 – 6 months)
- Continued tracking of missed appointments & lost clients majorly through phone calls and trained community based organisations
- Sharing with parent sites walk-in lists from sites within Kampala region.





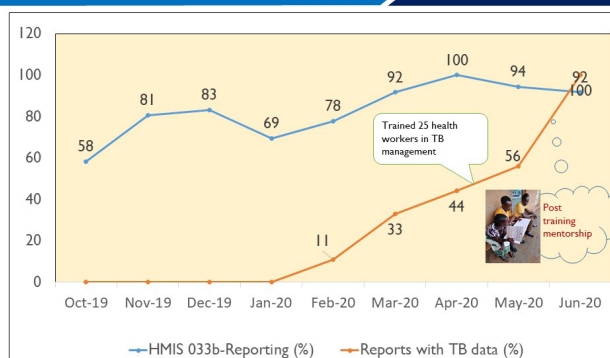
# Project Updates: USAID PACT Karamoja



Dr Mudioppe handing over communication tools to the Karenga leadership

The Karamoja region suffers one of the highest rates of Tuberculosis in the country. The USAID Programme for Accelerated Control of Tuberculosis (PACT) Karamoja project, meant to address some of the gaps in TB care, suffered a slow start due to COVID19 lock-down but has managed to arrive at a few milestones in the last quarter. Dr Mary Mudioppe, the chief of party led the donation of desk phones, TB screening stamps, laptops and MIFIs to districts in Karamoja region. The TB screening stamps and phones will facilitate health workers to identify TB patients early and follow them up while on treatment. The District TB supervisors and the regional TB Focal person were provided with laptops and MIFIs to facilitate TB data utilization at district and regional levels as well as timely communication.

## Karenga district trends in weekly reporting rates



Karenga district progress on TB reporting over the first half of the year



Dr Andrew Mukuye, Senior Technical Advisor USAID PACT at Matany Hospital in Napak working with the hospital staff to bridge gaps around TB case finding, patient retention, follow up and TB preventive therapy initiation and completion.

## Communications social media analytics

Followers by June **10,561**



Month	No. of Posts	Engagement	New Users (Likes)	Page Views	Video Views	Post Reach
APRIL	50	1.66k	552	635	522	64,346
MAY	35	1.8k	345	749	1445	45,661
JUNE	18	1.3k	89	687	144	32,122

Total Followers by June: **3416**



Month	Tweets	Retweets	Mentions	New Followers	Impressions	Likes	Link Clicks
APRIL	56	257	247	496	84,000	617	33
MAY	34	186	260	273	67,100	539	15
JUNE	17	131	166	170	39,000	390	3

Total Followers by June: **3253**



Month	No. of posts	New Users (Likes)	Engagement	Page Views	Page Clicks
APRIL	36	116	104	373	190
MAY	23	558	295	415	723



# Communication: #JointheCOVID19Response

The communication strategy focused on leveraging existing capacity for business continuity.

During the quarter, social media has been an integral part of risk communication. The communications team prioritised Supporting MoH in managing public expectations, positioning IDI as a front-line organization and thereby trusted to allay public fears and ensuring consistent dissemination of COVID19 related policies, instructions and news, as well as regular programming.

The communications project titled Operation Russian Doll (ORD) which run during this quarter was intended to reveal IDI staff to funders and public who are critical to the COVID 19 response. The purpose of this operation was, primarily, to raise awareness about the work being done, and build trust among health workers and the public

- Demystify the response to health workers
- Encourage them to join the response when the time comes.

## Communication after lockdown

Now that the Lockdown is being phased out, #StayAtHomeIfYouCan campaign starts with interviews of staff and health workers

The objective is to :

- Normalise work from home/decongestion of the office premises within IDI and other organisations
- Share lessons learnt on productivity and work life balance
- Share effects and benefits of the lockdown on health facility workload and public health system
- Encourage the public and institutions to remain vigilant

## Use of WhatsApp



- UG COVID-19 Myth busters -107 participants (HCWs from some of the GHS supported facilities)
- IDI COVID-19 Myth busters 1 - 253 participants (IDI staff)
- IDI COVID-19 Myth busters 2 - 107 participants



- Groups set up to address myths surrounding COVID-19. Several technical officers from IDI and IDI-MoH added as admins to address questions and bust myths
- Groups also used as a channel to share relevant information on IDI e-learning, mental health, IPC, COVID-19
- Groups also used to channel country updates after verification from MoH or government pressers.

## IDI COVID19 RESPONSE

DR DANIEL KISAWUZI  
BULWADDA

I am a senior technical advisor in infection prevention and control and outbreak preparedness. I train health workers, especially those in most-at-risk regions to prepare for dangerous disease outbreaks and to respond quickly by setting up isolation facilities to care for patients.



## IDI COVID19 RESPONSE

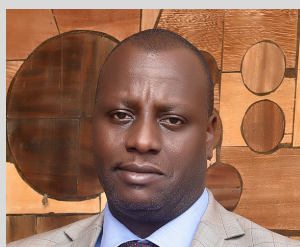
RODGERS  
RODRIGUEZ AYEBAE  
MB ChB DTM&H, CIC, MSc (c)

"I provide technical support to the Ministry of Health National Task force for Outbreak Response and provide healthcare worker in-service training for Infection Control and sepsis management Project Management."



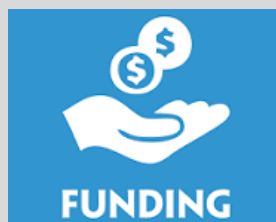
For mental health awareness week internal communications focused transparency with all messages. Tips from the PCT, GHS and human resource teams were shared on how to deal with issues ranging from physical exercise and psychosocial support to transportation for essential staff. As the lockdown eased, measures to ensure business continuity included a shared transport arrangement for all staff who preferred to come to office but had no means,

## Awards: Institute, Project and Individual



Dr Andrew Kambugu, the IDI Executive Director, has been named as one of the 29 Members of the United Nations (UN) 2021 Food Systems Summit's Scientific Group. The infectious diseases arena impacts both on the animal and plant food industries. The search committee sought African voices from different disciplines related to food systems.

[Read more...](#)



The IDI Global Health Project team submitted and won a Vital Strategies proposal to improve risk communication and social mobilisation for COVID-19 control in Uganda. The goals of this 3-month project are aligned to objective 3 of the national COVID-19 response plan which includes raising public awareness on the risk factors for transmission, prevention and control of COVID-19.

[Read more](#)



The IDI-led consortium CAPA-CT II with the University of Turin, funded by EDCTP2 are the first to openly publish a method for quantifying remdesivir in blood. Remdesivir has recently received authorisation for emergency use in the US and European Union for patients with severe forms of COVID-19.

