



MAKERERE UNIVERSITY

**IDI**  
INFECTIOUS  
DISEASES  
INSTITUTE



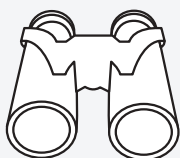
# ANNUAL REPORT 2020-2021



# IDI STRATEGIC PLAN 2018-2023

## ALIGNING INSTITUTIONAL CAPACITY TO OPPORTUNITIES

### 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 BUILDING



### OVERARCHING APPROACHES



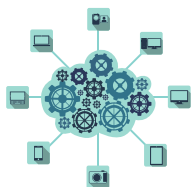
**CATALYTIC ROLES TOWARDS ACHIEVING EPIDEMIC CONTROL**



**LEVERAGING ESTABLISHED CAPACITY AND PLATFORMS FOR ENHANCED PROGRAMMING**



**HARNESSING BIG DATA**



**TECHNOLOGY-LED PROGRAMME INNOVATION**

### ACTION AREAS

**HSS & PCT:** Differentiated service delivery models (young people, men of ages 20-40, MARPS, evaluations)  
**RESEARCH:** Implementation science, Health economics and research capacity building  
**LABS:** Lab-based monitoring and research  
**SYSTEM STRENGTHENING:** Sub-grantee capacity  
**CAPACITY BUILDING:** Tailored training in support of new approaches, models and policies



**HSS:** Interface with NCDS, NTDs emerging diseases and refugee health  
**PCT:** Building clinical research organisation capacity and infrastructure on clinic platform  
**RESEARCH:** Using existing research platforms and partnerships to provide data and build analytical capacity  
**LABS:** Non-research product delivery  
**GHS:** Building capacity on existing HIV programme platforms and resources  
**CAPACITY BUILDING:** To support a broader range of health conditions



**HSS:** Population level data capacity  
**PCT:** Longitudinal cohorts  
**RESEARCH & GHS:** Surveillance and bioinformatics capacity  
**LABS:** Data repositories  
**SYSTEMS STRENGTHENING:** Data analytics, infrastructure and new programme development  
**CAPACITY BUILDING:** Building of staff and partner skills in support of big data programming



**ACADEMY:** Embracing new technologies for better programme delivery and management in Drone technology, Application, development, mHealth, Artificial Intelligence and Blockchain



**SUSTAINABLE OPERATIONS**



**STRATEGIC PARTNERSHIPS, COLLABORATION & ENHANCED COMMUNICATIONS**



**Investing in the future: Impacting Lives**





# Foreword



**IDI programs not only continued to thrive and grow in difficult times, but also directly supported the national COVID 19 response while learning and sharing lessons that will inform future responses to similar emergencies.**

## FROM THE BOARD CHAIR, SAMUEL ABIMERECH LUBOGA

IDI's Board remains firm in its commitment to provide programmatic governance as well as the financial oversight and leadership to ensure effective and efficient management. We have reason to be proud in serving an organization that continues to be such an important contributor to national and global health. In the past year, IDI programs not only continued to thrive and grow in difficult times, but also directly supported the national COVID 19 response while learning and sharing lessons that will inform future responses to similar emergencies.

I am glad to note that despite the huge demands that COVID 19 placed on IDI's systems and finances this year, this report clearly demonstrates that it ended the year on a good programmatic and financial footing. On behalf of the Board, I would like to thank IDI's funders, partners, stakeholders and above all, IDI management and staff for making that possible.

I also extend my appreciation to my fellow Board members for their continued dedication to the organization and its important mission. Particularly, I would like to express my special gratitude and appreciation to Prof. Philippa Musoke and Dr Sam Zaramba who finished their term on the Board this year for serving with dedication and diligence. I would also like to welcome Dr Umar Kakumba and Dr. Henry Mwebesa to the board; we are looking forward to benefiting from your wisdom and experience.

I look forward to an even better year ahead.

## NEW BOARD MEMBERS



**Dr Umar Kakumba**  
Makerere University



**Dr Henry Mwebesa,**  
Ministry of Health

## FROM THE EXECUTIVE DIRECTOR, ANDREW KAMBUGU



Dear Esteemed Reader,

I heartily invite you to enjoy the IDI's 2020/2021 Annual Report. You will be pleased to note that in line with its vision of "Freeing Africa from the Burden of Infectious Diseases" the IDI has continued

to make significant contributions to the national COVID-19 response, while maintaining a focus on opportunities for achieving HIV epidemic control.

Substantial growth in the Institute's Global Health Security (GHS) Programme has been realised fuelled by the current COVID-19 pandemic. Notably, IDI has supported Government of Uganda efforts to improve the country's score on the main GHS index (the joint external evaluation). The Institute has embarked on undertaking COVID-19 related research and increased support to pharmacovigilance of newer antiretroviral drugs. Through the health systems strengthening programme, IDI has enhanced the capacity of civil society organisations serving key populations, as well increased the Institute's footprint in the arena of tuberculosis programming.

Our College of American Pathologists (CAP)-accredited laboratory has

introduced new assays for the benefit of both the clinical and research communities. While our training programme has a number of novel products including the point-of-care ultrasound course.

The support departments at the Institute have maintained the commitment to operational excellence by enhancing specific capacities including the overhaul of our information systems.

Overall, despite the challenging COVID-19 context, which unfortunately led to the loss of three staff members, the IDI continues on a path of saving lives and livelihoods through research and capacity building!



# Table of Contents

<b>Global Health Security</b>	<b>5</b>
<b>Prevention Care and Treatment</b>	<b>8</b>
<b>Health System Strengthening</b>	<b>10</b>
<b>Research</b>	<b>15</b>
<b>Laboratory</b>	<b>18</b>
<b>Training and Capacity building</b>	<b>20</b>
<b>Academy for Health Innovation</b>	<b>22</b>
<b>Information Systems</b>	<b>24</b>
<b>Strategic planning and development</b>	<b>25</b>
<b>Finance and administration</b>	<b>27</b>
<b>Financial Statement</b>	<b>28</b>
<b>Pictorial</b>	<b>29</b>

# Global Health Security



Members of the Global Health Security project embarked on the production and distribution of alcohol-based hand rub to members of staff as well as partner organisations and health centres as part of the actions taken to fight COVID19

The Global Health Security (GHS) program supports the Government of Uganda's (GoU) preparedness and response efforts against disease outbreaks and infectious disease threats. In 2021, IDI assisted in an internal assessment which was conducted to measure progress since the 2017 Joint External (JEE) Assessment of the country's capacities for health security.

**Notably, Uganda with IDI's support made progress in areas where it had scored lowest in the 2017 JEE, transiting out of "red" scores in 4 out of 5 indicators in the technical areas: legislation and financing, preparedness, points of entry.**

Much of this progress was as a direct result of actions taken to confront the COVID-19 pandemic. Within IDI, the GHS program supported IDI's business continuity plan and support staff protection efforts.

## SUPPORT TO GOV'T COVID-19 RESPONSE

In 2020, IDI was designated by Ministry of Health to support capacity building for the COVID-19 response. IDI implemented training and mentorship of health workers in infection prevention and control (IPC), surveillance, points of entry and laboratory. These training cascades were conducted in 11 West Nile (WN) districts, 16 districts in Eastern Uganda, 6 Southwestern districts and Kampala and Wakiso districts, making IDI one of the largest contributors to the response by a local organization. Over 16,354 health care workers were trained and mentored with US CDC and Resolve to Save Lives (RTSL) support.

Data driven approaches (dashboards) were used to monitor capacities in each technical area. As COVID-19 cases surged in Eastern Uganda, IDI supported MOH efforts to create Uganda's first regional Public Health Emergency Operations Center in Mbale. This platform that was subsequently used to coordinate a health worker protection project in 16 districts with funding from by DAI Global. There was also an IPC mentorship program targeting primary health care facilities in Mbale and 4 other regions of the country reaching 526 facilities. Lastly, IDI provided a legal advisor to support government efforts in developing laws to guide the response.



# Global Health Security

## STRENGTHENING SUSTAINABLE STRUCTURES FOR RESPONSE

With support from CDC, IDI modified its response for the community transmission phase of the COVID-19 outbreak. At this critical period, IDI was assigned to support the National Public Health Emergency Operation Centre (EOC) which refined the Mbale EOC model to enable development of other sub national EOCs. As severe forms of COVID-19 began to appear in the community, ambulance services were inadequate. Over 412 health care workers from 155 health facilities were trained in EMS.

IDI supported district health offices to sustainably produce alcohol-based hand sanitizer in Tororo, Amuru, Kabarole and Kasese district. Over 10,000 liters were produced and distributed to health facilities and priority locations in communities. IDI sustained gains in IPC by working with USG-supported Comprehensive HIV partners and Makerere University School of Public Health to train personnel in regional hospitals, partner organizations and faith-based organizations. Uganda commenced its COVID-19 vaccination efforts and IDI has used its platforms to strengthen vaccine uptake and safety monitoring during the roll out.



Health worker training



>>>>Burial of the carcass of a cow suspected to have died of anthrax

## ANTIMICROBIAL RESISTANCE

Despite the challenges of COVID-19, the program continued essential work in the AMR agenda. Through the UK Fleming Fund Country Grant, IDI expanded its scope to support establishment of sustainable AMR surveillance systems from Human and Animal Health sectors to the Environment. To strengthen capacity for surveillance of AMR IDI supported Diary Development Agency (DDA) capacity for referral of milk samples. The project continues to support and engage national technical working groups supporting AMR efforts. Through the “Drivers of Resistance in Uganda and Malawi (DRUM)” consortium (<https://www.drumconsortium.org/>), IDI successfully conducted studies to describe the transmission dynamics and ecological niches of enterobacteriales in multiple households from Kampala and Hoima. DRUM enrolled 316 participants and collected 2,857 human, animal, and environmental health samples for testing. These samples are currently undergoing DNA extraction.

# 2,857

human, animal, and  
environmental health  
samples collected for testing



Anthrax sample collection from the skin of dead animal

# Global Health Security



JMEDICC supported the improvement of laboratory capabilities to provide safety in diagnosis and testing for individuals with high consequence pathogens.

## CLINICAL TRIALS AND COVID-19 RELATED RESEARCH

The Joint Mobile Emerging Diseases Intervention Clinical Capability (JMEDICC) project within IDI, conducts clinical research on emerging technologies and biomarkers to optimize care for patients with severe illness or outbreak prone diseases. Working with Fort Portal Regional Referral Hospital and Makerere University Walter Reed Project, IDI supported enrollment of 270 severely ill adults with suspected bacterial infections. In the CAPA-CTII Project (funded by EDCTP) IDI enrolled adults with acute febrile illness in Mubende and Arua Regional Referral Hospitals to investigate how frequently zoonoses (infections spreading from animals to humans) occur in hospitalized adults. Within the

same project, IDI completed a healthy volunteer clinical study to understand how the quantity of remdesivir (a drug authorised for emergency use in USA and European Union in patients with severe forms of COVID-19) in blood is altered when the participants also take commonly used HIV medicines. Samples from this study will be analyzed at the University of Turin. IDI leads the CAPA-CTII consortium (that includes Universities of Liverpool and Turin) which is the first to openly publish a method for quantifying remdesivir in blood. The method was published in the July 01, 2020 edition of the Journal of Antimicrobial Chemotherapy and selected as an Editor's Choice article.



IPC hybrid virtual training on safe and dignified burials for COVID19 victims organised by IDI



### FUTURE PLANS

The program will expand its support for COVID-19 vaccination as more vaccine doses become available. In addition, efforts will be made to expand the roll out of electronic surveillance systems nationwide and to strengthen sentinel surveillance in government hospitals.



# Prevention Care & Treatment



Nurse delivering patient sensitization at Mulago Centre of Excellence

## CARE DELIVERY CHALLENGES IN THE COVID-19 ERA

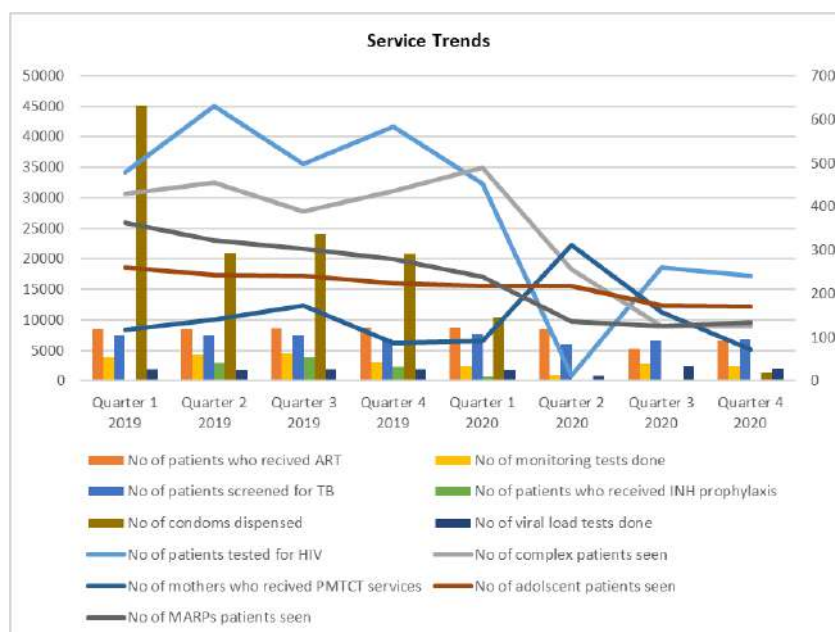
In response to the COVID-19 outbreak and national Prevention, Care and Treatment (PCT) needs, specific infection prevention and control measures were instituted. However, the measures resulted in a disruption of healthcare service access for both acute and pre-existing medical conditions. In the PCT clinic, disruptions led to under utilisation of some clinical services that poses a big risk to patients' treatment outcomes. During the past year, efforts were focused on how best to continue providing quality lifesaving care and treatment to the 8,000 clinic patients while protecting them and clinic staff against COVID-19 infection.

# 8,000

clinic patients

### Negotiating care delivery challenges

The clinic encountered delivery challenges which created opportunities for innovation and optimisation of existing care models. This has so far ensured safe business continuity. Community Client Lead ART Delivery (CCLAD) and motor cycle drug delivery were the two Differentiated Service Delivery (DSD) models most optimised to reach approximately 60% of patients unable to access the clinic due to lockdown and the resulting social economic effects.



*Digitalising-Prevention, Care & Treatment (D-PCT) project that seeks to address patients' barriers in accessing ART in the time of COVID19.*

Working with the Academy for Health Innovation, the team started piloting the Digitalising-Prevention, Care & Treatment (D-PCT) project that seeks to address patient barriers in accessing ART in the time of COVID19. Through digital tools that catalyse the operationalization of differentiated ART delivery, the project

aims at supporting patients through remote automated calls, health care work follow up and private community pharmacies as ART delivery points. This extrapolated Differentiated Care Delivery model will minimize COVID transmission risks within clinic premises but is also expected to reduce clinic visit numbers, promote treatment adherence and retain patients in care. This model was initiated with two community pharmacies within Kampala and will be rolled out more widely.



# Prevention Care & Treatment



IDI Emergency Medical Services

## CONTRIBUTING TO A NATIONAL PHARMACOVIGILANCE SYSTEM

Pharmacovigilance is a very important medical discipline in preventing drug-related adverse effects in humans, ensure patient safety and promote the rational use of drugs. During the past year, with PEPFAR-CDC funding and collaboration with Ministry of Health and NDA technical teams, a PCT team continued to provide technical assistance in data management and reporting for active pharmacovigilance activities at six health facilities across the country. With this enhanced PCT technical support the country is on course to build a functional national pharmacovigilance system.



Some of the measures put in place to handle emergency isolation at the PCT Mulago clinic both for COVID19 infected staff and patients



CDC Country Director Dr Lisa Nelson and American Ambassador to Uganda Nalalie E. Brown at the Uganda National Health Laboratories, Luzira



Innovation in drug distribution during the pandemic

# Systems Strengthening

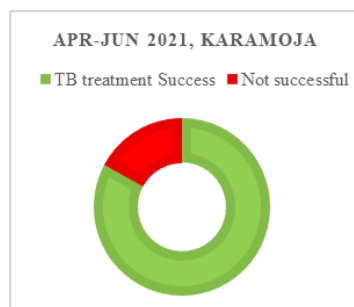
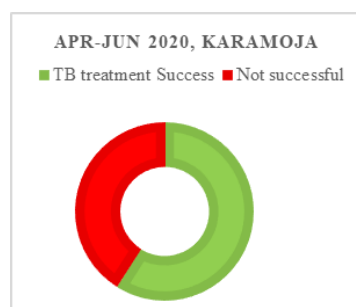
## CDC funded HIV comprehensive projects

Region	Tested	Positives identified	# ART	% ART	VL suppression
Kampala Region	543778	21726 (4%)	220993	99.90%	96%
WN Region	368352	4546 (1.2%)	41,674	100%	90%
Total (14 Districts)	912130	26272 (**2.9%)	*262667	99.90%	93%
*20% of PLHIV on ART in Uganda are within IDI supported regions					
** APN yield 19% (KHP-27%, WN-10%)					
VL coverage 88% across all region - includes some PHLV with more than one test					

## Differentiated service delivery models by June 2021

HIV treatment & care model	KHP	WN	Percentage
Facility Based Individual Management (FBIM)	61,510	11785	27.85%
Fast Track Drug Refill (FTDR)	111,143	21721	50.49%
Facility Based Groups (FBG)	22,157	5461	10.49%
Community drug distribution point (CDDP)	7,226	1272	3.23%
Community retail pharmacy (CRP)	5,743		2.18%
Modified urban CCLAD (SEMAJ)/Motorbike delivery	3,006		1.14%
Community client led ART delivery (CCLAD)	9,268	1943	4.26%
Total no. of stable clients in care (102 HFs)	191,586		72.80%
Total no. of clients active in care (102 HFs)	220,993	42182	-

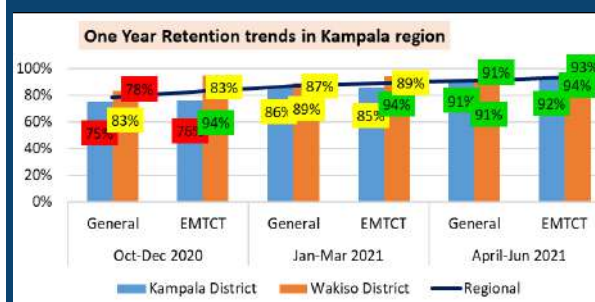
## Improvements in TB treatment success rates in the Karamoja region (USAID PACT Karamoja activity)



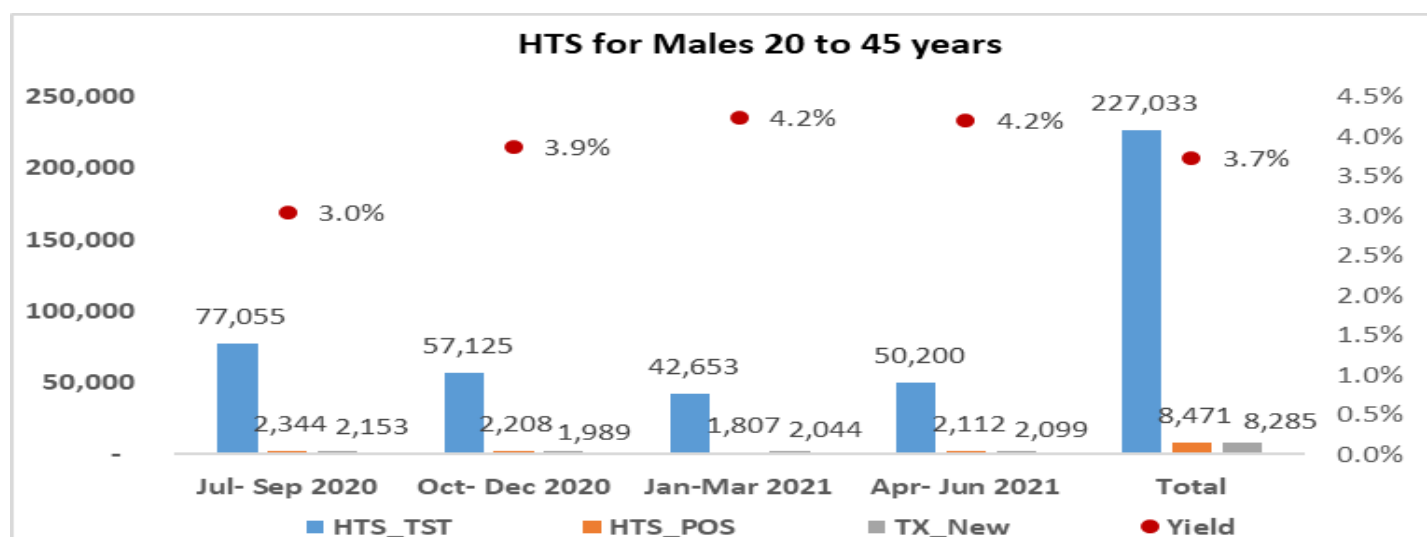
## CONTINUITY OF SERVICE DURING THE PANDEMIC

**West Nile:** CBOs in WN were supported to deliver ART, TB drugs and INH to clients in the communities during the local down. Overall 2,737 of clients were reached with ART which contributed to 20.4% of all expected clients on appointment.

**Kampala Region:** To ensure safe continuity of service delivery in Kampala, tailored ART refill options to people living with HIV (PLHIV) on treatment were supported. These included community pharmacy, door to door delivery by motorcycle "Bodas", longer refills up to 6 months, health worker/peer ART delivery to clients that live within their location, and fast track refill at the facility. Additionally, intervention was implemented focusing on weekly review of data and accountability for follow up results.



## HIV testing services (HTS) and treatment initiation for males aged 40 to 45 years in Kampala and West Nile





# Systems Strengthening



The CDC team led by the Country director Dr Lisa Nelson, alongside the UHRN executive director, Mr Twaibu Wamala), Prof. George B Kirya (Board Chair, Butabika Hospital), Dr Juliet Nakku (Director, Butabika Hospital) and IDI Prevention services advisor at the launch of the MAT centre

**In collaboration with stakeholders including UHRN and MJAP, IDI supported Butabika NRH to set up a MAT centre for PWIDS at the Alcohol and Drugs Unit of the Hospital. By June 2021, 165 clients had ever been initiated on MAT at the unit.**

**Collaborations with other IDI Programmes:** The HSS department collaborated with other departments/units on several initiatives:

**With Research:** On post-market DTG surveillance and on operational research on HSS platforms that led to submission and presentation of over 10 abstracts at annual local and international dissemination meetings. CDC reviewed and approved a manuscript for submission to a peer-reviewed journal

**With the Academy:** On the Community pharmacy real-time mHealth platform

**With PCT:** On the DTG study to develop and operationalise protocols that aim to assess the effect of proposed interventions on important HIV prevention and care outcomes; and other initiatives to apply artificial Intelligence

**Growth in geographic and programmatic scope:** Three new projects expanded the geographical and programmatic scope of HSS during this year. These include:

- The CDC funded IDI KP CSO project which now covers all implementers supported by CDC
- The USAID-funded Integrated Child and Youth Development (ICYD) activity (as a sub awardee) supporting OVC activities in selected districts in Hoima, Kampala and WN regions
- USAID funded Local Service Delivery for HIV/AIDS activity (as a sub awardee) supporting TB and Laboratory strengthening activities.

## FEATURE – THE IDI KPCSO PROJECT

In October 2020, IDI started implementing a 5-year CDC funded above site KP CSO coordination and capacity building grant in 7 CDC-supported regions of Uganda. The project seeks to accelerate HIV epidemic control through strengthening KP community systems, coordination and collaborations among different actors. It facilitates scale up of effective, efficient and high quality comprehensive HIV services for key populations through community drop-in centres (DICs).



IDI & IBU support visit to Kumi Drop-In-Centre (Soroti region)

# Systems Strengthening

To support adolescent girls and young women (AGYW) under the DREAMS program during the lockdown, the HSS and Advanced Treatment and Information Centre (ATIC) team worked together to modify the ATIC menu and provide for virtual support to the AGYW. As part of Uganda's DREAMS expansion. IDI Kampala Region HIV project with PEPFAR-CDC funding started implementation of DREAMS interventions in Wakiso District in October 2020.



The CDC team led by the Country director Dr Lisa Nelson, Director Clinical services - MoH (Dr Charles Oloro), Wakiso district representatives, Mildmay Uganda and IDI representatives at the Launch of the Wakiso DREAMS program in December 2020



USAID Mission Director Richard L. Nelson and the Assistant Commissioner TB/ Leprosy Division, Dr Turyahabwe Stavia during the launch of USAID PACT Karamoja Activity at Natapar-ko'cuc village, Loputuk parish, Moroto, March 23, 2021

The USAID Mission Director Richard L. Nelson interacted with USAID PACT Karamoja project beneficiaries within a Manyatta setting and appreciated the Community-Facility linkages established in Karamoja to support active case finding and retention. The project has expanded capacity to support community TB activities at the regional referral hospitals. This was part of the 2021 World Tuberculosis Day activities where the project supported TB wellness clinics for health workers and high burden communities by providing mobile digital X-rays.



# Systems Strengthening

## FUTURE TARGETS

- Scale up use of tailored DSD models to 100% of recipients of care
- Scale up data-based retention monitoring to continue to improve program retention rates to above 95%
- Scale up interventions for real time monitoring of key performance indicators and immediate course correction including use of vantage software in collaboration with BroadReach Health
- Scale up use of EMR, POC and HIE at 100% of targeted facilities

## CONTRIBUTIONS TOWARDS MOH DATA QUALITY

**Real-time follow up of progress on key program indicators in the WN region:** In a bid to improve project monitoring and ultimately, performance, IDI\_WN partnered with Broadreach Healthcare to utilise their Vantage software. Using this platform, program managers and officers at all levels receive focused analytics to support monitoring of key indicators on a weekly basis in order to respond to emerging trends in real time.

### Scale up of Electronic Medical Records (EMR), Point of Care (POC) data entry and Health Information exchanges (HIE) in Kampala region:

The Kampala region HIV project supported scale up of EMR to 97 out of 111 ART facilities.



>>>>Laboratory systems strengthening in Koboko



Clinical assessment with POC data entry at Kitebi HCIII



A visit to the IDI West Nile projects by the senior management team and CDC representatives

# Systems Strengthening

## OPERATIONS RESEARCH CAPACITY STRENGTHENING

IDI provided mentorship support to staff, mentees from the CDC Uganda Public Health Fellowship Program, Afya Bora and GloCal fellowships, graduate students, PhD and post-doc fellows. The HSS also maintains annual IRB approvals of protocols for regional Evaluation of the PEPFAR-funded HIV prevention and care mechanisms that allow analysis of routinely collected program data to answer important operational research questions in HIV prevention and care services delivery.

**Towards One IDI:** In response to the COVID pandemic, the HSS IPC team worked with the GHS programme to strengthen IPC capacity in Kampala, Karamoja and West Nile regions. This involved facility IPC assessments, continuous mentorship, and targeted training for health workers in surveillance monitoring, HBC of COVID, and BCC package for health workers.

*"In the recent past, before USAID PACT Karamoja, we had to go as far as Kotido and Kaabong districts to look for TB medicine. That is no longer an issue in my district."*

~ Dr. Peter Lokwang, Nabilatuk District Health Officer



Continuous facility IPC assessments, mentorship, and targeted training for health workers in surveillance monitoring of COVID and TB has been an important pillar throughout the pandemic.

# 6



**CHRISTINE NANKABIRWA**  
DREAMS PEER IN WAKISO DISTRICT

*I was enrolled in February 2021, and thereafter selected to start teaching other girls in various aspects of DREAMS. As a DREAMS peer, I have been able to interact with local leaders and girls in the community. I work with 6 groups of 25 girls each. Through our small-group classes, many girls have seen their lives change from difficult and complicated situations. A number have adopted the safe, stable and informed style of living. Personally, I acquired knowledge in different areas including financial literacy as well as vocational skills. With this, I was able to combine the knowledge to develop and support my welfare. I can choose to have a partner because I want to, not because I am searching for support from man. I feel more empowered now and I'm grateful to IDI and PEPFAR for the support.*



**ZAINA NAKUBULWA**  
SUPERVISOR ORPHAN AND OTHER  
VULNERABLE CHILDREN SERVICES, KAMPALA  
CAPITAL CITY AUTHORITY (KCCA)

IDI is a credible organisation that has supported and implemented OVC related interventions across the 5 divisions of Kampala. Notable achievements include supporting the government with direct service delivery to Children living with HIV and their families. They also ensure that these children get treatment, basic needs in order to thrive as well as economic empowerment to the families through trainings. IDI supported us at KCCA to strengthen our coordination with other child related service providers as a way of boosting inter-referrals and synergies.



# Research

**Overview:** The IDI research programme aims to “consistently produce outstanding, internationally-recognized scholarship in infectious diseases that influences global policy and practice, with emphasis on Africa”

**Clinical Trials and Coordinating Centre:** IDI has built capacity to manage clinical trials as coordinating center through the implementation of The Nucleosides and Darunavir/Dolutegravir in Africa (NADIA) Trial (PI: Paton N) . IDI's NADIA coordinating centre conducted this clinical trial across three countries in sub-Saharan Africa (Uganda, Kenya and Zimbabwe). The results were published in New England Journal of Medicine (July 22 2021) and are expected to inform WHO treatment guidelines for persons living with HIV on second-line regimens.

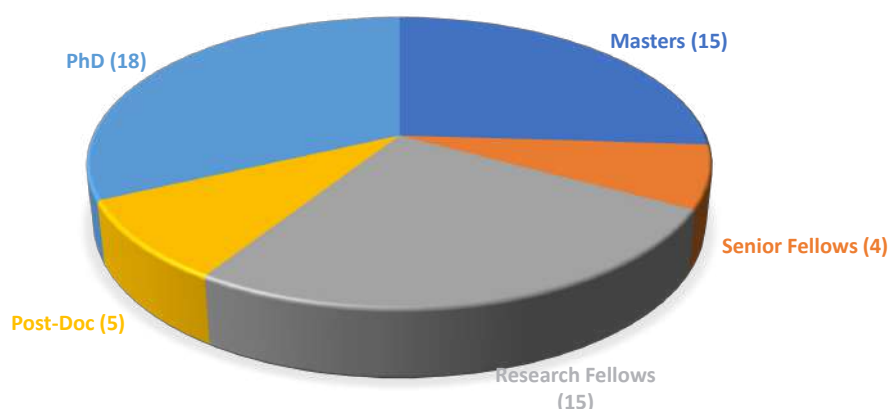
**In support of infectious diseases research capacity and the capacity to eliminate HIV by 2030, the Research Department conducted the following activities**

- Creation of review committees to support this agenda and to design curriculum and training
- Curriculum and training for research ethics committee (REC) members in New and Complex study designs
- Training health workers on the Uganda National Council for Science and Technology (UNCST) National Research Information Management System (NRIMS) for 7 RECs, 76 REC members and 35 research investigators
- Curriculum and training for REC and research administrators on Personal Effectiveness and Leadership Skills, 24 REC and research administrators trained.

**Anti-Sexual Harassment (ASH) Policy (Supplement - NIH#1 G11 TW011309-01):**

The Research Department was awarded an NIH grant which supported development of the IDI Anti-Sexual Harassment Policy using a research and participatory approach. A baseline assessment on knowledge, attitudes and experience was conducted followed by staff workshops to develop/update an ASH policy. Virtual and online self-training was held for staff (with 496 and 663 participants respectively).

**The chart below shows number of scholars supported by the Research Capacity Building Unit from July 2020 - June 2021..**



## STAFF ACHIEVEMENTS



Stephen Okoboi, Deputy HoD Research, was awarded a Ph.D. (Medical Sciences) of the University of Antwerp, Belgium.



Paul Gonza, Research Manager was awarded a competitive scholarship to undertake the Research Management and Leadership Course, which is funded by the Carnegie Corporation of New York. The International Research and Exchanges Board (IREX) through George Mason University, USA administers the University Administration Support Program Research Management Fellowship.

He conducted a Research Management 360 snapshot and developed an implementation plan to strengthen research dissemination, knowledge transfer and visibility. Paul was also awarded a scholarship to undertake an 18-month Research Management Professional certification training at the University of Witwatersrand, with support from the African Academy of Sciences.

# Research

## The department conducted the following courses

- Clinical Epidemiology (Trainer: Dr Miriam Laker), 9 IDI scientists trained
- Epidemiological Methods (Trainer: Dr Aggrey Semeere), 12 IDI scientists trained
- Operationalizing a Research Protocol (Trainer: IDI Faculty), 38 study coordinators and emerging scientists trained
- Training in qualitative data analysis using NVIVO Software (Trainer: Dr. Stephen Ojiambo), 34 IDI and MUII scientists trained.
- Best practices, success, and learned lessons on how to work remotely/home successfully (Trainers: Dr Barbara Castelnovo, Aidah Nanvuma), partner institutions.

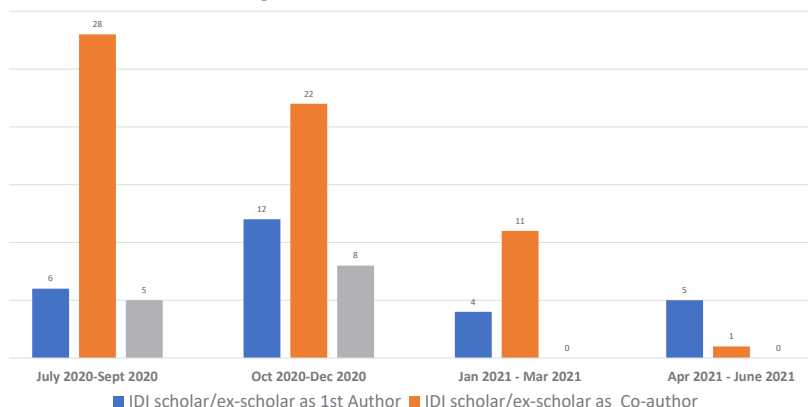
**Trainee – Mentor Information System:** The diagrammatic illustration below shows the Trainee-Mentor Information System that was developed to effectively track scholars' progress.



## PUBLICATIONS

# 112

A total of 112 research articles were published during this reporting period making up a cumulative 1,035 publications.



## STAFF ACHIEVEMENTS



1. Denis Omali was awarded the d43 Masters Scholarship to pursue a MSc. in Pharmacology.



2. Allan Buzibye was awarded an NIH administrative supplement grant to train in assays for mitochondrial function and intracellular divalent ions in the USA.

## IDI RESEARCH ETHICS COMMITTEE

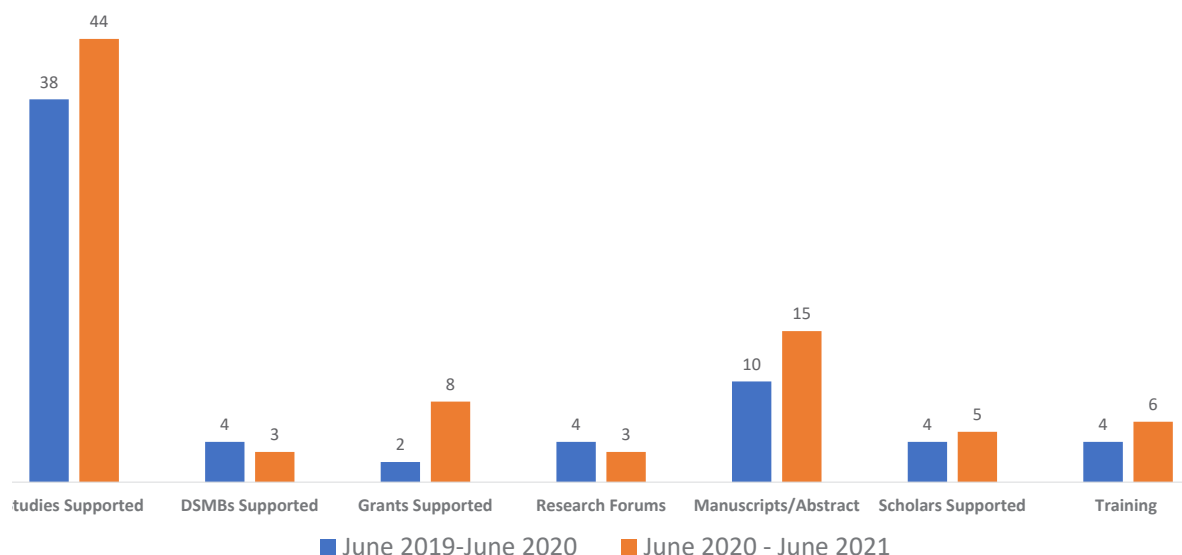
The IDI-REC was accredited by the Uganda National Council for Science and Technology (UNCST) to participate in the review of human participants' research projects conducted in Uganda. For inquiries, please directly email the REC Administrator at:

[rec@idi.co.ug](mailto:rec@idi.co.ug)



# Research

## DATA MANAGEMENT AND STATISTICAL SUPPORT



1. The DataFax unit processed a total of 106,122 records for sites in Uganda, sub-Saharan Africa, Asia and South America.

2. The REDCap services supported 12 research studies with remote offline data collection in various sites despite the COVID pandemic, and four studies are in development. Studies have been able to

**106,122  
RECORDS**

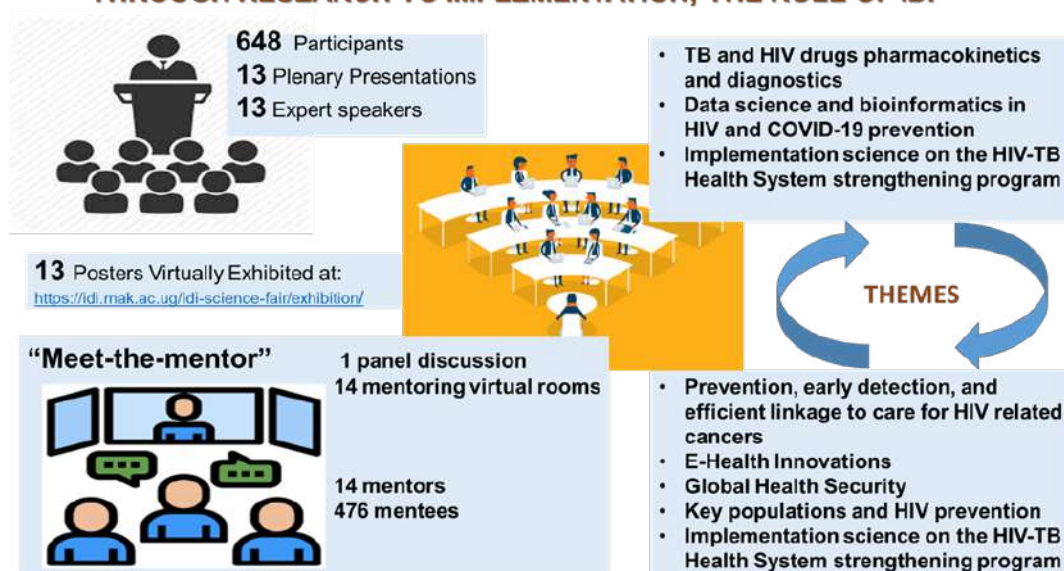
monitor their data collection remotely on the various in built REDCap dashboards,

and over 20,000 records have been processed.

3. The graph shows the statistical services provided during this review period (July 2020 to June 2021) compared to preceding period of July 2019-June 2020.

## IDI VIRTUAL SCIENCE FAIR 2021

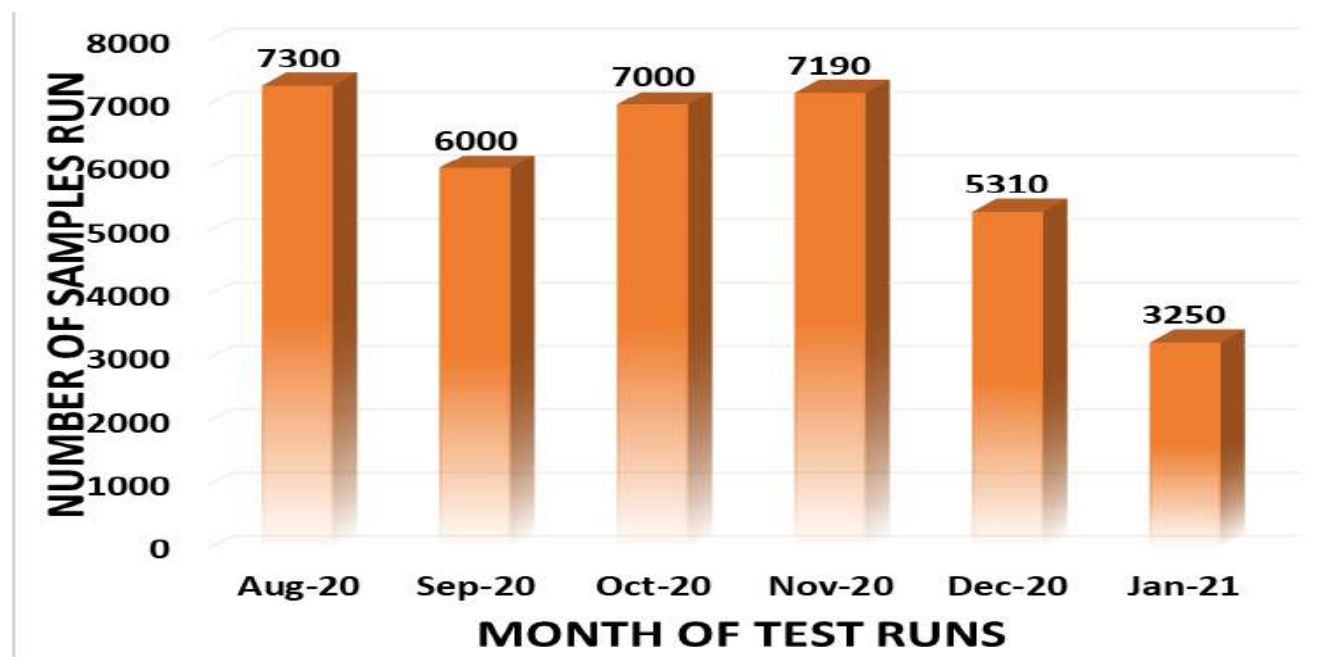
### THROUGH RESEARCH TO IMPLEMENTATION; THE ROLE OF IDI



The second IDI Science Fair was held virtually from 24-25 February 2021. Delegates were from over 10 countries including the United States of America, United Kingdom (UK), Nigeria, Pakistan, India, Ghana, Kenya and Uganda. The figure below shows details regarding the Science Fair 2021.

# Laboratory

## NUMBER OF COVID -19 TESTS DONE



There was robust growth of the lab systems during the COVID19 pandemic. In spite of the challenges, the team made an effort to continue delivering quality diagnostic services to clients. The laboratory was able to quickly adapt to the fast-growing need for COVID-19 testing and collaborated with the Ministry of Health to support national COVID-19 testing. Staff who were part of the IDI Lab National Response team, supported the operationalization of COVID19 screening at Malaba Point of Entry alongside the GHSP/MoH team. The laboratory was also part of the national COVID-19 surveillance through testing samples using validated its platforms with high throughput.

The laboratory is currently validating a rapid serological testing kit for COVID-19 testing.

**Lab Results and Turn around Time (TAT)** Quality results for patient and study participant management were processed and produced in a timely manner. The lab continues to focus on quality improvement and reduction in



### **DR KWABENA SARPONG, PHD NRCC NEW MEDICAL DIRECTOR TO THE IDI CORE LABORATORY**

*Dr Kwaben Sarpong is the new Medical Director at the IDI Core Lab and leads the lab's effort in its periodic re-accreditation by the College of American Pathologists (CAP). He is a clinical pathologist and US board certified clinical chemist based at Makerere University and the University of Ghana (where he is faculty in the Department of Biochemistry, Cell and Molecular Biology). He completed his PhD in biochemistry at Washington University in St Louis and a clinical pathology postdoctoral fellowship at the University of Virginia. He has extensive experience in method and assay development, and in the utility of bioanalytical approaches such as mass spectrometry and field asymmetry ion mobility spectrometry to probe biological functions at the molecular level. Dr Sarpong provides technical support for CTU-associated labs in Uganda including the Makerere University-Johns Hopkins University HIV clinical trials network studies focused on therapeutics and prevention of HIV among high-risk adolescents and women.*

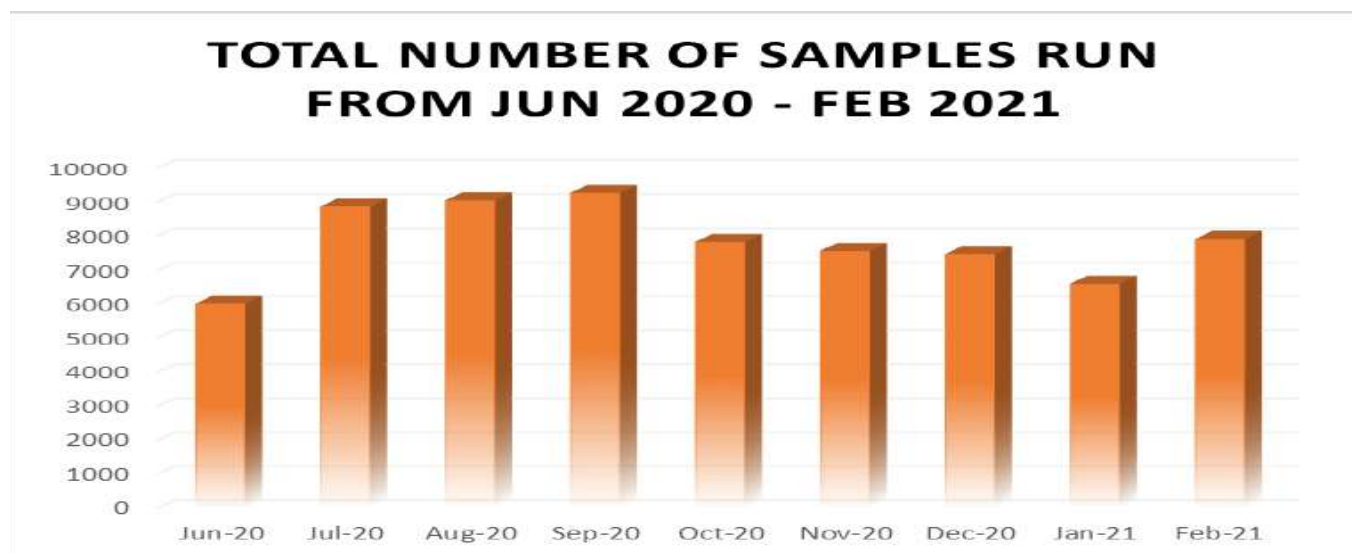
TAT. Staff are continuously trained to have a zero defects attitude with an error threshold goal being less 1. The TAT goal (100% results realised) was reduced from 48Hrs (2020) to 3Hrs in 2021 for automated CBC/DIFF, and Chemistries. The TAT goal for Rapid tests; HIV,

pregnancy tests, CRAG and Urinalysis was set at 2Hrs while the TAT goal for batch tests; HIV DNA and Viral load PCR is 96Hrs. And 2Hrs on GeneXpert.

**Support to Research & Healthcare Management:** The laboratory team is



# Laboratory

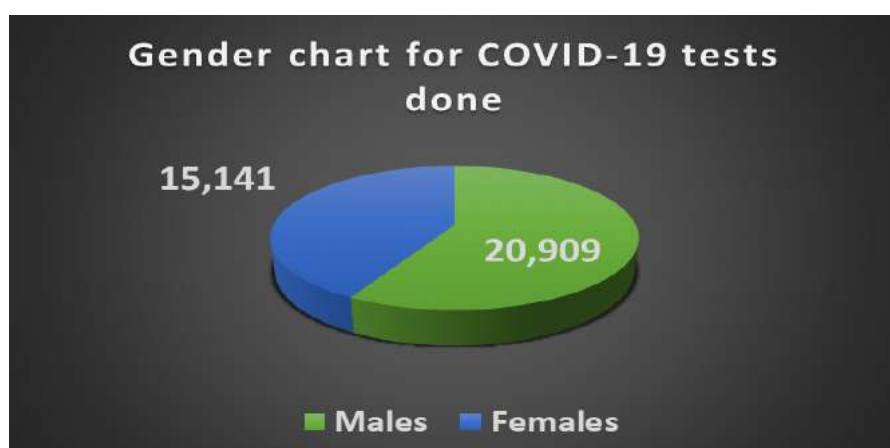


researching in COVID-19 laboratory tests to inform more reliable diagnosis in the country.

**New Laboratory tests added to our long Test menu list:** The IDI's patient-centered lab was able to validate various lab assays hence increasing its test menu and enhancing better patient management.

These tests include;

Glycated haemoglobin A1c test (HbA1c)
GeneXpert HIV Viral Load test
GeneXpert HIV DNA test
GeneXpert Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG)
GeneXpert Human papillomavirus (HPV) Nucleic Acid Amplification Tests
SARS-CoV2- PCR test
SARS-CoV-2 Antibody tests
Theophylline test
RBC Folate test
C-Reactive Protein (CRP) high sensitivity test
C-Reactive Protein (CRP) Test
Vitamin B12 test
Plasma Folate test
Herpes simplex virus type 2 (HSV-2) HSV-2 infection
Alpha Fetoprotein (AFP) Tumor Marker Test
PT (Prothrombin Time) Test
International Normalized Ratio (INR) testing



**Future Plans:** The laboratory intends to expand further and acquire more instruments to achieve capacity for increasing its test menu.

It is also developing a marketing strategy based on building "non-traditional" partnerships to increase awareness of its activities. Other areas of focus for the future include:

- Increasing lab-based scientific research work that is conducted directly within the lab.
- Introducing a regular mentorship program for students in the laboratory.

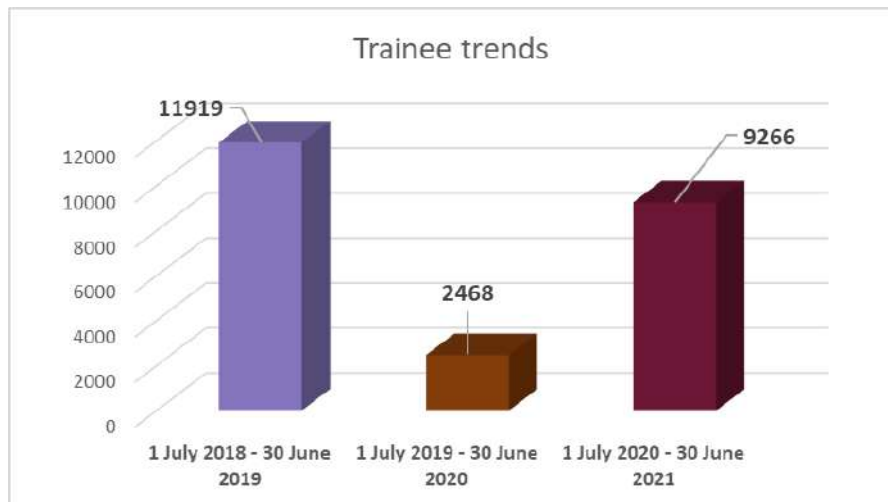
# Training & Capacity Building

## ADJUSTING TO THE COVID19 PANDEMIC

The COVID19 pandemic presented a monumental challenge to training and capacity building (TCB) that has traditionally relied on face-to-face approaches. IDI has over the years made strategic investments in personnel and learning technologies to build a dynamic eLearning program. With movement and occupancy restraints imposed by the Government of Uganda to curb the spread of COVID-19, IDI was able to utilise its available technological and technical expertise to continue providing training and capacity building to healthcare providers within the country.

### Courses that were adapted for delivery via virtual platforms included;

- TB Supervision Performance Assessment and Recognition Strategy (TB-SPARS)
- The ISO 15189:2012-Requirements for Quality and Competence for Medical Laboratories



# 51,786

During the July 2020-June 2021 period IDI trained a total of 92,66 healthcare providers bringing the cumulative number of trainees since inception to 51,786

- Group Antenatal Care (G-ANC)
- COVID -19 Infection Prevention and Control
- LIVES-Identifying Violence and Responding with First-Line Support (a course addressing gender-based violence that has been on the rise during the COVID-19 pandemic)
- HIV Tester Certification Course

## NEW STRATEGIC COLLABORATIONS AND INNOVATION

**Mobile Interactive Training:** IDI partnered with the Islamic Development Bank to initiate the Mobile Interactive Training Initiative for Community Health Workers Project that will be implemented over a 2-year period. The project will employ mobile technology (interactive voice response-IVR) to enhance community COVID-19 prevention and response in Uganda. (Refer to Pg 22)

**Virtual Reality Training:** IDI in partnership with the Makerere University College of Computing and Information Sciences (CoCIS) pioneered the use of Virtual Reality (VR) as platform for health worker training and capacity building. The VR Technology for optimizing safety and competence



Virtual reality can serve as mode of training

in management COVID-19 disease project was funded by the Makerere University Research Innovation fund and demonstrated that VR is as effective as classroom training. This was the first attempt to deploy VR pedagogy in a Ugandan medical public health education context. Training via VR presents the added advantage

of simulating use of expensive medical gadgets that may be difficult to access and limiting wastage of resources like reagents and protective gear that may be more needed at the frontlines of epidemic response and clinical management. The IDI plans to apply this exciting new mode of training to other priority areas of infectious diseases management.



# Training & Capacity Building

## OTHER NOTABLE ACHIEVEMENTS

### Support to Regional Implementing Mechanisms:

In partnership with the Population Council, IDI continued providing technical assistance to the Regional Implementing Mechanisms (RIMs) and country Implementing Partners in the roll-out of the community score card for KPs. This is in addition to monitoring and enhancing client outcomes, strengthening the peer programming and roles of civil society organisations in case identification, linkage, retention and messaging. The project also adapted training approaches to the prevailing COVID-19 pandemic context, delivering gender and sexual diversity training via virtual platforms.

### HIV Fellowship

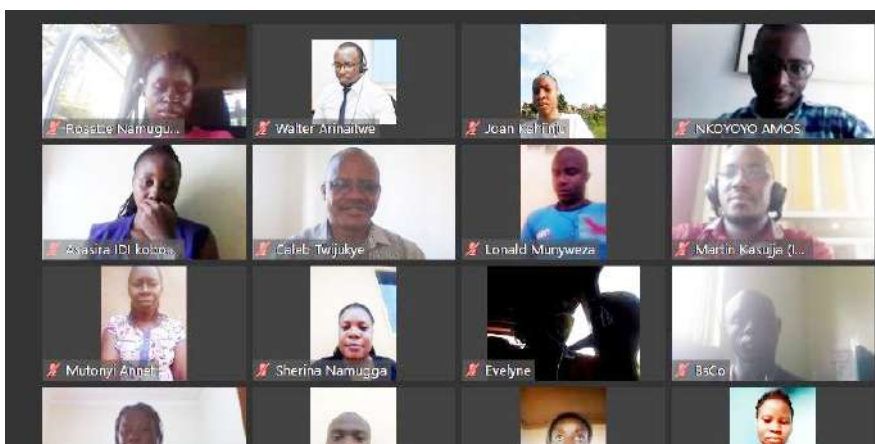
IDI continued to serve as the Africa-based HIV-specialized host institution for the two-year Mark Wainberg post-graduate diploma in HIV Fellowship funded by the International AIDS Society. The Fellowship aims at improving the quality of HIV service delivery in resource-limited settings. Fellows spend one year in Europe and one year in Africa. IDI hosted the fellow of the second cohort Dr Mkhosi Lord Mkhosi.

### POCUS Course

IDI added to its course catalogue “the Point of Care Ultrasound (POCUS) course”, the inaugural course was implemented with 10 trainees. The course is expected to enhance clinicians’ capacity for diagnosis of Infectious diseases and other conditions at the bedside through building clinicians’ skills in conducting bedside ultrasound scanning. The introduction of this course is timely given the increasing availability of ultrasound scan machines in rural settings where there are no qualified radiography and radiology staff.



The Point of Care Ultrasound (POCUS) course, was implemented with 10 trainees. The POCUS course is expected to enhance clinicians’ capacity for diagnosis of Infectious diseases



IDI leveraged its mobile and virtual mentorship platforms to support the projects to continue providing technical assistance to frontline healthcare providers

### Virtual mentorship

The IDI leveraged its mobile and virtual mentorship platforms to support the US PMI/Malaria Consortium-led Malaria Action Program for Districts (MAPD) Project. Through the project IDI continued providing technical assistance to frontline healthcare providers and district technical teams in the 52 MAPD-supported districts in the face of limited

physical interaction due to COVID-19 restrictions.

### Electronic disease surveillance

The IDI TCB extended electronic Integrated Disease Surveillance and Response (eIDSR) training to all project staff in the IDI-supported districts providing frontline services to enable them augment COVID-19 surveillance and response activities.

# Academy for health innovation

## SCALE UP OF PILOT PROJECTS AND DEVELOPMENTS

The Academy for Health Innovation, Uganda (The Academy), is a sub-programme within IDI created to be a hub for adaptation, acceleration and/or evaluation of a diverse range of multi-disciplinary innovations in resource-constrained health systems. The Academy has planned or ongoing initiatives in mHealth, digital health management systems, artificial intelligence and machine learning, medical drones, blockchain, IT systems integration and 3D printing. The COVID19 pandemic presented a unique platform for Academy innovations, among other health challenges. The following are some of the key achievements registered:

### MHEALTH

**Call for Life COVID:** The Call for Life web-based, interactive Voice Response (IVR) platform was authorized by the government for use in COVID 19 pandemic surveillance. By the end of the period, over 4000 patients had received over 40,000 calls across 19 districts. This surveillance included follow up of high-risk travelers and post-discharge care and resulted into Ministry of Health endorsement for the further application of the tool in follow up of patients undergoing Home Based Care.

### DIGITAL HEALTH

**ARTAccess App to support GOU ART:** ART (antiretroviral) ACCESS, an application that supports a system to manage a private pharmacy refill model was adopted by the Ministry of Health for nationwide scale up, with the support of CDC. The system was upgraded to include a comprehensive stock management module and integrated with the Uganda EMR for scale up to multiple pharmacies.

### Support to the Mobile Interactive Training project for Community Health Workers:

This project, led by the Training department (see details under Training, Pg 20) is adapting the IVR tool developed and piloted



Launch of the drones project on Bufumira Island

>>>> The ARTAccess App was adopted by the Ministry of Health for nationwide scale up, with the support of CDC

by the Academy to provide a structured mobile-based training approach that will rapidly avail 10,000 participating community health workers with training content about community COVID-19 prevention, surveillance, linkage to care, and management

### AI AND MACHINE LEARNING

The Academy was funded by the International Development Research Centre, Ottawa, Canada and the Swedish International Development Cooperation Agency (Sida) to implement a project, titled End-to-end Artificial Intelligence and data systems for targeted surveillance and management of COVID-19 and future pandemics affecting Uganda.

### MEDICAL DRONES

**Project for Drone delivery of health commodities in hard-to-reach areas:** Due to geographical obstacles, worsened by the pandemic, movement

of health workers and people seeking health services from one place to another was a challenge. The medical drones project demonstrated and evaluated the use of medical drones for emergency delivery of diagnostics and other supplies in the response to COVID-19 and other infectious diseases. The project continued to deliver HIV medication to people in hard-to-reach areas, introducing new services to the West Nile region in addition to ongoing work in Bufumira island (part of the Ssesse Islands archipelago).

### OTHER INITIATIVES

**History of HIV Exhibition:** This exhibition was initially designed to be mobile but was adapted to a virtual format because of the COVID pandemic. Using this format, it was able to reach more than 200,000 people via a website and through a documentary published on the IDI Youtube Channel.



# Information systems

## IT DIGITAL INITIATIVES FOR BUSINESS AND PROGRAMS

The Information services department (IS) continued to support all IDI functions despite the COVID-19 context, using innovations and scalable systems to meet the dynamic information needs of the institute. The department worked closely with international collaborators including Charter-Canada and Oculus IT-USA to bench mark and apply new technologies within IDI business processes and program activities. Notably, the team achieved the following:

- Modifications to the Navision EPR for more efficient financial management
- Roll-out of the grants draw-down management information system (GDDMS) for better management of grant budgets
- Implementation of a 24-7 security operations centre to monitor network threats and vulnerability
- Roll out of an interim warehouse management information system.
- Participation in a hackathon to facilitate the addition of an Antimicrobial Use and Consumption module to the data integration and sharing information system which facilitates surveillance and monitoring of the consumption of antimicrobial agents as well as antimicrobial resistance in humans and food-producing animals
- Roll out of a tuition tracking information system- to enable course planning and tuition fee tracking for the training department
- Design and management of an online asset disposal portal for the Institute
- Completion and roll-out of OpenICEA
- 

**Initiative to automate and improve**



*Information systems tour of hardware upgrades*

**business efficiency:** The department spearheaded several internal automation and business process optimization initiatives such as;

- The roll out of the Trainee – Mentor Information System to simplify management and reporting for IDI Research scholars
- Development of an application that allows access to the most frequently used forms at IDI
- Development and roll-out of a recruitment system for the HR

department and development , deployment of a Reports Tracking System for programmes

- Capacity building for visualization of patient data in ICEA. The department also supported business continuity and productivity during the COVID-19 pandemic, including the efficient use of collaborative tools.

**Support to partners:** The department collaborated with the AfreHealth secretariat in Ghana to organise a virtual conference.



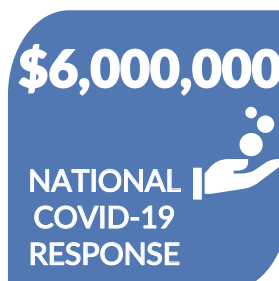
*Remote support to the IDI Board chair during the board meeting.*

# Strategic planning & dev't

## BUSINESS DEVELOPMENT

GRANT AWARDS AND ALLOCATION

Over 40 new and continuing (prime and sub-award) proposals were submitted in FY 2020/2021 with a 23% success rate.



Over \$6,000,000 in grants was acquired specifically to support the government's COVID 19 response. IDI was also contracted by the private sector

A modest but growing portfolio of grants will fund technology-driven and data intensive programming, consistent with the IDI growth strategy.



For the first time, IDI acquired 2 grants from Makerere University's Research innovations Fund (for COVID-19 work). Other new funders (defined as those who were not funding any work in IDI at the time) included the International Development Research Centre of Canada, the National Research Fund of South Africa, Fred Hutchinson Cancer Research Centre, Becton Dickinson and Pfizer Inc.



Fleming Fund Country Grant: Meeting with Makerere University College of Veterinary Medicine, Animal Resources and Biosecurity (COVAB) delegation led by the principal Prof. John David Kabasa.

### Strategic Planning/ Strategic Information:

The midterm review of the 2018/2023 strategic plan was successfully concluded and published. Overall performance of IDI programmes stood at 89% against targets. The strategic Planning Department (SPD) supported the development of a new business plan for the Training

Department and an IDI partnership strategy (with support from USAID).

### Grants and Contracts Management:

An average of 90 ongoing grants and contracts were managed to a high degree of excellence during the year. A new online budget management system was developed in-house, tested and deployed

in order of grant size, capturing over 55% of annual restricted expenditure, with full deployment across all grants scheduled for March 2022. The system provides real time grant budget performance data to support optimal financial decision making.

**Sub granting:** In the financial year



# Strategic planning & dev't

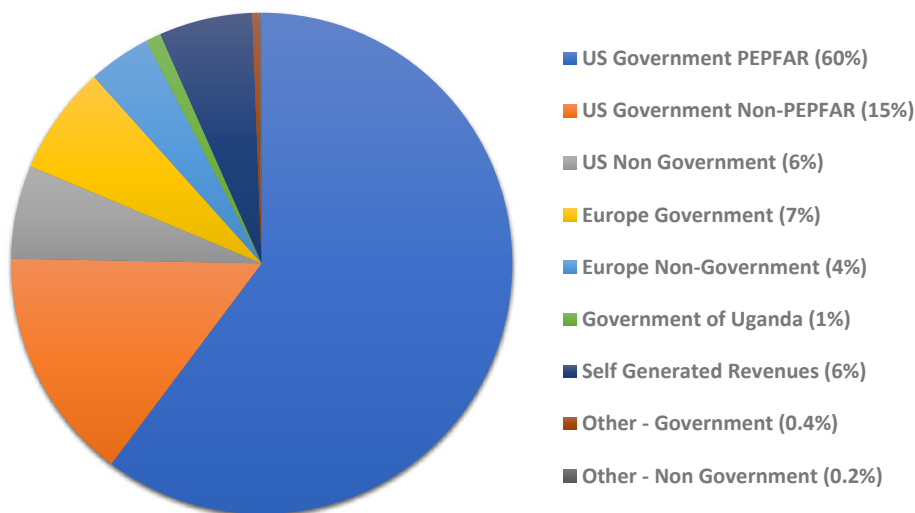
2020/2021, new sub awardee partnerships were established with 15 organizations from West Nile, Central Uganda and Karamoja regions, 1 district local government as well as 1 city. 75 IDI sub grants are currently in progress. Growth in subgrantee capacity was observed in the elevation of 4 subgrantees to become direct fund recipients (having previously been paired with more established sub grantees who received and managed funds on their behalf). To enhance subgrantee sustainability, IDI provided training in resource mobilization to 24 subgrantees with CDC support.

**Organizational Development:** Since 2018, NIH has funded IDI (represented by SPD) to be fund managers and organizational development (OD) partners for AFREHealth. AFREHealth is a network of over 60 academic institutions across Africa whose secretariat is located at Kwame Nkrumah University of Science and Technology, Ghana. This year, IDI supported AFREHealth to reach several major milestones in leadership development, strategic planning, monitoring and evaluation, financial management, membership development and business development as well as in holding its annual symposium (with continental attendance) virtually. AFREHealth's latest organization capacity assessment (OCA) showed greatly improved scores, demonstrating significant progress in achieving IDI's objective of supporting it to become a vibrant, independently managed, and sustainable entity.

## Compliance

SPD supported successful funder assessment of IDI systems including a fiduciary review (KPMG/USAID), fraud assessment (USAID) as well as an OCA (TB REACH & USAID) among others.

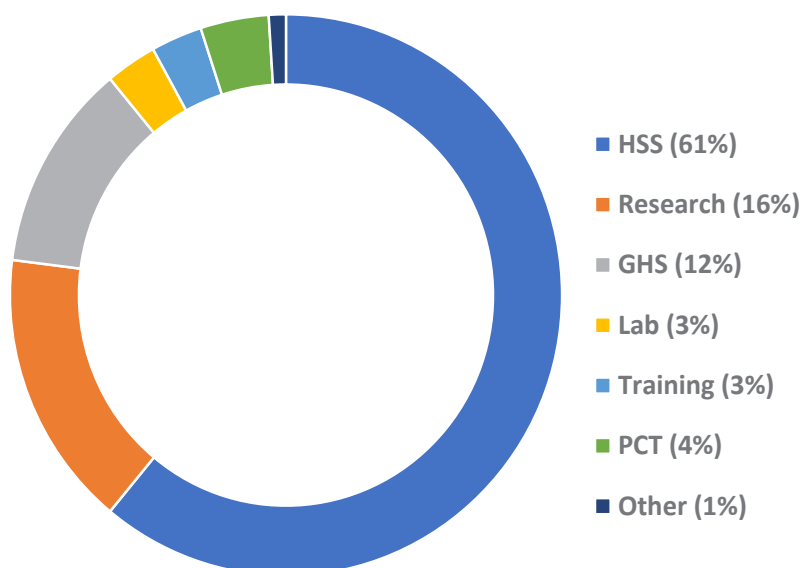
**REVENUE BY SOURCE FY 2020/2021**



**90  
ONGOING  
GRANTS**

An average of 90 ongoing grants and contracts were managed to a high degree of excellence during the year. A new online budget management system was developed in-house, tested and deployed in order of grant size.

**REVENUE BY PROGRAM FY 2020/2021**



# Finance and administration

## FEATURE: WAREHOUSING AND DISTRIBUTION UPGRADES

This year, following a gap analysis, the F&A department focused on improving its warehousing and distribution function. Key achievements included developments in the following areas;

### Process efficiency and effectiveness:

Material handling equipment was procured and commissioned. This includes a forklift and 4 hand pallet jacks which ease warehouse stock movements, material handling and dispatch. A formal SOP was developed to guide all warehouse processes to eliminate inconsistency in levels and quality of output.

The warehouse layout was changed in order to support smoother processes, eliminate unnecessary movements, and improved speed and accuracy of transactions.

### Internal controls and accountability for supplies:

A basic inventory management software was developed together with the IDI software development team. This has improved visibility and accountability of transactions. Duties at the warehouse were segregated, creating smaller teams within the warehouse to handle specific tasks. Spot checking/verification steps were introduced both at receipt and at dispatch to arrest errors and inaccuracies.

### Cost reduction and value for money:

Transportation and delivery mechanisms were remodelled by introducing ordering and delivery schedules and eliminating unnecessary mileage (multiple small deliveries made to the same destination). The function supported procurement in obtaining competent and well-established delivery service providers. This improved security, separation of fuel payments and minimization of stock loss/damage in transit. As a result



Preparations for warehouse lay-out modifications to optimize efficiency of operations.

of improved inventory control and management stock losses due to expiry, damages and obsolescence are on the downward trend as compared to the past years. Better pest control has also reduced stock loss.

### Capacity development and continual improvement:

Fourteen internal trainings were conducted, 3 of which targeted identified gaps in skills, attitudes and competencies. Operations were standardized to ensure that work

is not dependent on individual presence/absence

**End user/client satisfaction:** A client service charter was developed and launched. Charter activities and commitments are being measured and tracked for reporting and improvement purposes. Clearer communication lines were established to enable timely back and forth sharing of information between users, project administrators, procurement and warehouse staff.



Board member Wifred Griekspoor (centre) with heads of finance, Susan Lamunu and Milly Laker, during the board audit meeting

# Financial Statement 2020/21

## INFECTIOUS DISEASES INSTITUTE LIMITED

### STATEMENT OF FINANCIAL POSITION AT 30 JUNE 2021

	Note	2021 US \$	2020 US \$
<b>ASSETS</b>			
<b>Non- current assets</b>			
Property and equipment	15	4,213,337	4,381,311
Right of Use Asset	16 (a)	<u>100,241</u>	<u>123,791</u>
		<u>4,313,578</u>	<u>4,505,102</u>
<b>Current assets</b>			
Inventories	17	258,629	325,835
Receivables and prepayments	18	5,032,157	8,015,860
Cash and cash equivalents	19	<u>18,495,323</u>	<u>12,266,225</u>
		<u>23,786,109</u>	<u>20,607,920</u>
<b>Total assets</b>		<u><b>28,099,687</b></u>	<u><b>25,113,022</b></u>
<b>RESERVES AND LIABILITIES</b>			
Accumulated surplus		<u>14,447,998</u>	<u>13,955,112</u>
<b>LIABILITIES</b>			
<b>Non-current liabilities</b>			
Retirement benefit obligation	20	808,224	535,856
Deferred Income	21	10,602,572	7,399,965
Lease Liability	16 (b)	<u>64,848</u>	<u>89,611</u>
		<u>11,475,644</u>	<u>8,025,432</u>
<b>Current liabilities</b>			
Trade and other payables	22	2,137,550	3,098,037
Lease Liability	16 (b)	<u>38,495</u>	<u>34,441</u>
		<u>2,176,045</u>	<u>3,132,478</u>
<b>Total Reserves and Liabilities</b>		<u><b>28,099,687</b></u>	<u><b>25,113,022</b></u>

The financial statements on pages 9 to 39 were approved by the board of Directors on 19 November 2021 and were signed on its behalf by:

  
Chairman Board of Directors

  
Executive Director



# Pictorial





# Pictorial



# Acronyms

<b>AFP</b>	Alpha Fetoprotein	<b>JMEDICC</b>	Joint Mobile Emerging Diseases Intervention Clinical Capability
<b>AGYW</b>	Adolescent Girls and Young Women	<b>KCCA</b>	Kampala Capital City Authority
<b>AI</b>	Artificial Intelligence	<b>KHP</b>	Kampala HIV/AIDS Project
<b>AMUC</b>	Antimicrobial Use and Consumption	<b>KP</b>	Key Populations
<b>APN</b>	Assisted Partner Notification	<b>LDMS</b>	Laboratory Data Management Software
<b>ART</b>	Antiretroviral Therapy/Treatment	<b>MAPD</b>	Malaria Action Program for Districts
<b>ATIC</b>	Advanced Treatment and Information Centre	<b>MARPS</b>	Most-at-Risk Populations
<b>BCC</b>	Behavior Change Communication	<b>MAT</b>	Medication-Assisted Treatment
<b>CAP</b>	College of American Pathologist	<b>MIS</b>	Management Information Systems
<b>CBC</b>	Complete Blood Count	<b>MJAP</b>	Makerere University Joint AIDS Program
<b>CBC/DIFF</b>	Complete Blood Count with Differential	<b>MUII</b>	Makerere University/UVRI Infection and Immunity
<b>CCLAD</b>	Community Client Led ART Delivery	<b>NAAT</b>	Nucleic Acid Amplification Tests
<b>CDC</b>	Centers for Disease Control and Prevention	<b>NADIA</b>	Nucleosides and Darunavir/Dolutegravir in Africa
<b>CDDP</b>	Community Drug Distribution Points	<b>NCDS</b>	Non-communicable diseases
<b>CRAG</b>	Cryptococcal Antigen	<b>NDA</b>	National Drug Authority
<b>CRP</b>	Community retail pharmacy	<b>NIH</b>	National Institutes of Health
<b>CSO</b>	Civil society organizations	<b>NRH</b>	National Rehabilitation Hospital
<b>CT</b>	Computed tomography	<b>NRIMS</b>	National Research Information Management System
<b>DTG</b>	Dolutegravir	<b>OVC</b>	Orphans and Vulnerable Children
<b>DNA</b>	Deoxyribonucleic Acid	<b>PACT</b>	Programme for Accelerated Control of TB
<b>DSD</b>	Differentiated Service Delivery	<b>PCR</b>	Polymerase Chain Reaction
<b>EDCTP</b>	European & Developing Countries Clinical Trials Partnership	<b>PEPFAR</b>	The President's Emergency Plan for AIDS Relief
<b>EMR</b>	Electronic Medical Records	<b>PLHIV</b>	People living with HIV
<b>EMS</b>	Emergency Medical Services	<b>PI</b>	Principle Investigator
<b>EOC</b>	Emergency Operation Centre	<b>PMI</b>	President's Malaria Initiative
<b>FBG</b>	Facility Based Groups	<b>POC</b>	Point of Care
<b>FBIM</b>	Facility Based Individual Management	<b>PWIDS</b>	Persons Who Inject Drugs
<b>FTDR</b>	Fast Track Drug Refill	<b>REC</b>	Research Ethics Committee
<b>GDDMS</b>	Grants Draw-down Management Information System	<b>SARS</b>	Severe Acute Respiratory Syndrome
<b>GHS</b>	Global Health Security	<b>SOP</b>	Standard Operating Procedure
<b>HBC</b>	Hospital Based Care	<b>SPARS</b>	Supervision, Performance, Assessment and Recognition Strategy
<b>HIE</b>	Health Information exchanges	<b>SPD</b>	Strategic Planning and Development
<b>HPV</b>	Human Papillomaviruses	<b>TAT</b>	Turn Around Time
<b>HRMIS</b>	Human Resources Management Information System	<b>TMIS</b>	Trainee-Mentor Information System
<b>HSS</b>	Health System Strengthening	<b>UHRN</b>	Uganda Harm Reduction Network
<b>HSV</b>	Herpes simplex virus	<b>UNCST</b>	Uganda National Council for Science and Technology
<b>HTS</b>	HIV testing services	<b>USAID</b>	The United States Agency for International Development
<b>ICEA</b>	Insurance Company of East Africa Limited	<b>USG</b>	Ultrasound Sonography
<b>IDRS</b>	Integrated Data Retrieval System	<b>VL</b>	Viral Load
<b>INR</b>	International Normalized Ratio	<b>WN</b>	West Nile
<b>IPC</b>	Infection Prevention and Control		
<b>IRB</b>	Institutional Review Board		
<b>ISO</b>	International Organization for Standardization		
<b>IVR</b>	Interactive Voice Response		
<b>JEE</b>	Joint Entrance Examination		





Infectious Diseases Institute - Makerere University



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This report was compiled and  
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Executive Director