MAKERERE UNIVERSITY

IDI
INFECTIOUS DISEASES INSTITUTE

20
Years of Service

INTEGRATED REPORT 2022/23

CONTENT

Acronyms

ACE	Africa Center of Excellence in Bioinformatics
AGM	Annual General Meeting
AI	Artificial Intelligence
AIDS	Acquired Immune Deficiency Syndromes
ART	Antiretroviral Therapy
ATIC	Advanced Treatment Information Centre
BAC	Board Advisory Committee
CAP	College of American Pathologists
CAPA	Corrective and Preventive Actions
CHS	College of Health Sciences
CoE	Center of Excellence
COPD	Chronic obstructive pulmonary disease
COSO	Committee of Sponsoring Organization
COVID-19	Coronavirus Disease
CROI	Conference on Retroviruses and Opportunistic Infections
CSF	Cerebral Spinal Fluid
CSO	Civil Society Organization
DHAPP	U.S Department of Defense HIV/AIDS Prevention Program
DREAMS	Determined Resilient Empowered AIDS-free Mentored and Safe
EAC	East African Community
EQA	External Quality Assessment
FY	Financial Year
GenX	Generation-X
GHS	Global Health Security
GIPA	Greater Involvement of persons with HIV/AIDS
GIS	Geographical Information System
HEOR	Health Economics and Outcomes Research
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HSS	Health Systems Strengthening
HTN	Hypertension
IA	Internal Audit
IDI	Infectious Diseases Institute
IDSR	Integrated Diseases Surveillance and Response
IDRC	International Development Research Centre
IND	Investigational New Drugs
KHP	Kampala Region HIV Project

KP	Key Population
LPHS-TB	Local Partner Health Services-TB
MoH	Ministry of Health
NCDs	Non-communicable Diseases
NEQAS	National External Quality Assessment Service
NIH	National Institute of Health
OHSE	Occupational Health and Safety Environment
OWA	One World Accuracy
PACT	Programme for Accelerated Control of Tuberculosis Karamoja Project
PBMC	Peripheral Blood Mononuclear Cells
PCR	Polymerase Chain Reaction
PCT	Prevention Care and Treatment
PDC	Programs and Development Committee
PEP	post-exposure prophylaxis
PEPFAR	The U.S. Presidents Emergency Plan for AIDS Relief
POCUS	Point of Care Ultrasound Scan
PrEP	pre-exposure prophylaxis
PROVE	Program for Research on Vaccine Effectiveness
QIP	Quality Improvement
RNA/DNA	Ribonucleic acid/Deoxyribonucleic acid
SIDA	Swedish International Development
SMC	Safe Male Circumcision
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
URC	University Research Council
U.S.	United States of America
U.S. CDC	U.S. Centers for Disease Control and Prevention
USAID	U.S. Agency for International Development
UVRI	Uganda Virus Research Institute
VC	Vice Chancellor
VHT	Village Health Teams
VIA	Visual Inspection with Acetic Acid
VL	Viral Load
VQA	Virology Quality Assurance Program

Dear Esteemed Stakeholders, Partners, and Supporters,

We are pleased to present Integrated Report for FY2022/23. This marks another milestone in our journey, following the successful launch of our inaugural report. As we continue to commemorate over two decades of unwavering dedication to health systems enhancement, community empowerment, and groundbreaking research in Africa, this report stands to show our ongoing commitment and progress.

This report offers an in-depth look into our recent advancements, challenges faced, and future objectives, embodying the dynamic growth and resilience of our organization.

Beyond traditional reporting, this document provides comprehensive insights into our strategic endeavors, governance structure, financial stability, and programmatic outcomes. It is a testament to our holistic approach, extending beyond health systems strengthening to encompass broader social and environmental considerations that impact health in Africa.

We extend our deepest gratitude to all stakeholders, partners, funders, volunteers, team members, and the communities we serve. Your enduring support and collaboration are fundamental to our achievements and pivotal in propelling us towards new heights of success. We hope this report serves not only as a source of information but also as a catalyst for continued partnership and dedication to our shared vision for a thriving and resilient African continent.

Basis of Integrated Reporting and Materiality Determination

The IDI integrated report for FY 22/23 is our continuing effort to respond to the global call for organizations to have a broader view of their obligations to society than their core missions as recently illustrated through ESG frameworks. Even though IDI is a non-profit, with social objectives forming the core of its mission and objectives, the report highlights our efforts to have broader social relevance beyond our core mission across our different programs. This broadly reflects ESG principles. The report provides both financial and non-financial information that reflects our commitment to various stakeholders.

The report illustrates our comprehensive approach to stakeholder value creation for the short and medium term, but with a focus on the long-term. We adopted a materiality determination process that is summarized in four processes: Identification, Discussion and Execution, Measurement, and Assessment. Stakeholders are engaged through all four stages to ensure value creation is well understood, documented and measured.

The main reporting frameworks used to prepare the IDI annual integrated report are

International Financial Reporting Standards (IFRS) - standard used to prepare financial reports **(https://www.ifrs.org/)**
Global Reporting Initiatives (GRI) is a reference for IDI sustainability reporting **(https://www.globalreporting.org/)**
United Nations Sustainability Development Goals (SDGs)- reference for IDI sustainability reporting **(https://sdgs.un.org/goals)**
International Integrated Reporting issued by (IIRC)- Main reference for IDI integrated reporting **(https://www.iasplus.com/en-gb/resources/global-organisations/iirc)**
COSO Framework – IDI internal control environment is underpinned on the COSO framework. **(https://www.coso.org/)**
ISO 3700 guidance on governance- Reference for IDI Governance systems **(https://committee.iso.org/ISO_37000_Governance)**

OUR VISION

A healthy Africa, free from the burden of infectious diseases.

OUR MISSION

To strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development.

OUR VALUES

INTEGRITY
We are fair, honest and truthful in all interactions. We seek to adhere to the highest ethical and scientific standards and conduct.

EXCELLENCE
We are proud to be part of a high-quality institute and have a passion for continuous quality improvement.

INNOVATION
We are constantly looking for ways to improve.
We embrace change as an opportunity.

CARING:
We aim to be responsive, kind and patient at all times.

ACCOUNTABILITY
We accept our responsibilities and try hard to achieve those things for which we are accountable.

TEAMWORK
We support each other to achieve the IDI objectives. We communicate actively and openly. We are reliable and loyal to each other.

Message from Board Chair

Dear IDI Board, Staff, Partners and Stakeholders,

I am excited to present the 2022/2023 Integrated Report. At 20 years, we celebrate IDI founders for the vision that serves as a reminder not to despise small beginnings, as they lay the foundation for future success and growth.

Who could have imagined that 20 years ago IDI would be what it is today—a refuge where over 200,000 patients, whom we fondly call friends, carry with them more than just prescriptions; they carry a renewed sense of hope, a strengthened resolve to confront the uncertainties that lie ahead. To our founders, we say thank you.

We also celebrate IDI leaders over time. How could we have convinced Keith McAdam to leave his native England and believe that he could lead an idea that wasn't established? How could we have imagined that Alex Coutinho would resign from a successful engagement—something that gave him honour and visibility—to come and lead IDI, a tiny baby whose survival was uncertain?

How could we have imagined that Richard Brough would be left with this baby in his lap and not let it fall? And now we had to do ourselves some good. We looked inside ourselves and found our own home-grown Andrew Kambugu. We thank you all for daring to lead IDI to greatness.

Next, I want to recognize the board members— the bucket stoppers—for their role of foresight— thinking beyond now for IDI, oversight—rising in the sky and making sure they see everything, and insight—digging inside to ensure no stone is unturned when it comes to the health status of IDI. Special credit to the audit board committee for reassuring us of IDI's ongoing concern.

We acknowledge the partnership we have enjoyed over the years. I tip my hat and salute the government of Uganda for stepping forward to be counted and keeping its pledge of a $1 million annual contribution despite currency fluctuations since inception.

Rev. Prof. Samuel Abimerech Luboga

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Our founders took on what seemed impossible when they set themselves an incredible goal— an Africa free from the burden of infectious diseases—and it's clear we're winning. We have an opportunity to live long enough and to die of diseases of longevity.

To our donors, thank you for believing in us and considering us your #1 choice. We commit to providing the best stewardship and investing where every dollar will yield maximum impact for humanity. Our implementing partners, you make us proud. People think when you do the same work you are rivals.

At IDI, we look at value of collaborations because the job at hand is simply too big. We can't be in West Nile and think Kasese will be all right. So, our implementing partners, we're grateful for your invaluable contribution to our mission of strengthening health systems in Africa, with an emphasis on infectious diseases, through research and capacity development.

I kept the best for last. I would like to thank Makerere University for entrusting us with its reputation. We pledge to uphold your name in a professional and impactful manner.
With gratitude for your two decades, we eagerly anticipate the next twenty years.

Message from Executive Director

Dear IDI Community,

In the year 2022/23, the Infectious Diseases Institute (IDI) team showed incredible positivity, resilience, and compassion. We became more innovative, adaptable, and impact-driven as unprecedented times prompted us to rethink how we work, incorporating more flexibility, embracing technology, and focusing on inclusivity.

This Integrated Report highlights our investments in science, policy, practice, and innovation, all in support of our mission to strengthen health systems in Africa. We achieved significant milestones, moving closer to our vision of a healthier Africa and proving that together, we are stronger.

Our involvement in controlling the Ebola Sudan Virus outbreak showcased our commitment and expertise in keeping healthy, supporting families and communities in fighting diseases, and safeguarding public health. Celebration and inspiration were at the core of our activities as we marked Makerere University's centennial and IDI's 20th anniversary. From special events to honouring our founders, we celebrated our history and set the stage for the future.

Securing over $11 million in research grants, collaborating with top universities globally, and producing over 100 peer-reviewed publications showcased our commitment to advancing research at Makerere University. Our participation in regional health projects, such as the Africa CDC-funded COVID-19 Saving Lives and Livelihoods Project across 15 African countries, demonstrated our dedication to combating infectious diseases in Africa.

Looking ahead, initiatives like HR structural reviews, digitization, and ESG commitments underscore our focus on operational excellence and sustainability post-COVID-19 and Ebola.

As we anticipate more years of innovation and impact, I extend my gratitude to all our stakeholders whose resilience, adaptability, creativity, compassion, and support have enabled us to continue our work

Dr Andrew D Kambugu
Sande McKinnel Executive Director

"

Recognizing the critical role they play in our ability to fulfill our mission, we have invested time, resources, and expertise in ensuring that our systems not only keep pace with our growth but also serve as catalysts for it.

in improving health systems, conducting life-changing research, and ultimately saving lives: our staff, the board, partners, supporters, donors, and the vulnerable communities we serve. Special thanks to my predecessors for laying a stable foundation and implementing replicable systems that allow us to consistently deliver high-quality work.

We have never lost sight of our commitment that IDI exists for the public good. This commitment is even more crucial as we look ahead to the vital role we will play in the next 20 years. We believe in being hands-on, in the power of the next generation, technological innovation, data science, and the strength of women. Together, we are making a difference, saving lives, and building a healthier Africa. Thank you for being part of this journey with us.

YEAR IN NUMBERS

200,000+

Patients Served

2600+

Number of Staff

40+

Scholars Sponsored
(Master, PhD and Fellows)

23

Countries
with IDI active
implementation

11,000+

Healthcare
Workers Trained

$67.9M

Total Budget

40+

Number of Funders and
Partners

4

Health Facilities
Renovated

90+

Number of Districts in
Uganda Covered

32,000+

Girls Empowered
and supported

120,000+

Laboratory tests
conducted

100+

Publications written

SCAN TO READ

Districts with IDI Presence

Districts without IDI Presence
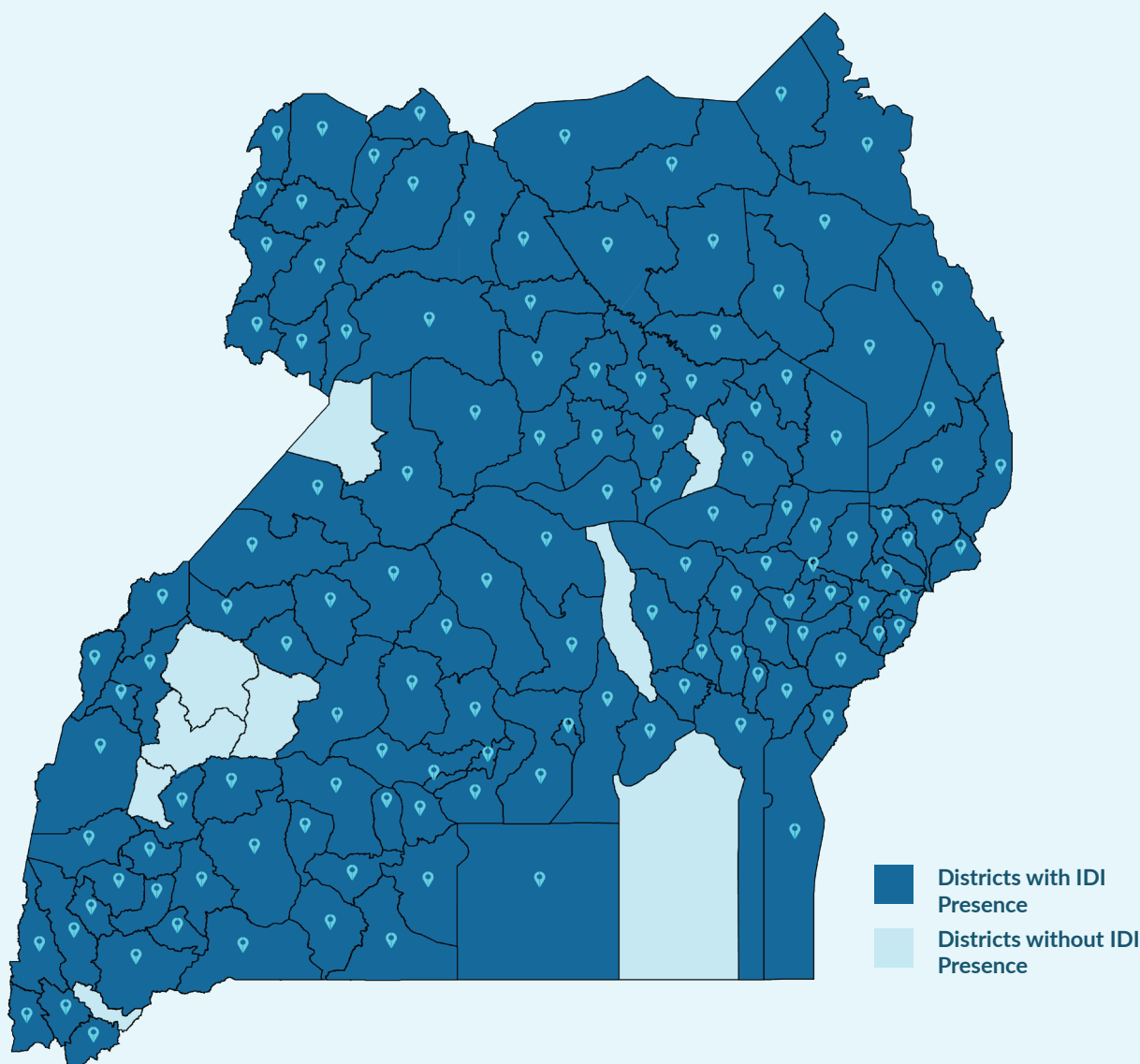
DREAMS girls going through a session on tailoring

Contribution to Makerere University

> **We are proud of IDI as our first autonomous institute. You have led the way in the direction towards becoming a more research-intensive and more research led university.**
>
> **Prof Barnabas Nawangwe**
> **Vice Chancellor, Makerere University**

Over the last 20 years, the Infectious Diseases Institute (IDI) has not only become an integral part of Makerere University but has also made significant contributions to many aspects of the University's goals and aspirations. Specifically, it contributes to the University's strategic plan 202-2030 to have "a sustainable research-led and responsive university with a highly productive workforce churning out versatile graduate.

We highlight below some of the Institute's more notable contributions to the University and the country at large across five specific domains in the year 2022/23:

Excellence in Governance and Management:

In adherence to the University's Policy for the Establishment of Research Entities and Institutions (2021), the IDI Board and Management presented a comprehensive alignment report to the University Administration.

The Makerere University Vice Chancellor and University Secretary continue to provide oversight to the Board and management through the IDI's Annual General Meeting (AGM).

Contributions to Education and Employment

IDI provided experiential learning opportunities, interprofessional collaboration, and a platform for evidence-based practice that exposed university students and faculty to the practical, complex challenges facing healthcare in our setting.

Apart from delivering short-term training for over ... trainees from over 29 countries, the Institute supported 126 master's students across its programs, as well as 53 PhDs and post-doctoral scholars in the research and laboratory services programs.

IDI hosts, manages, and co-delivers academic programs with COCIS at the NIH-supported African Centre of Excellence in Bioinformatics, which graduated 7 master's students (27 cumulatively) and 4 PhD students who are due to graduate in FY2023/24. IDI also hosted over 151 interns, graduate trainees, and staff in the year.

Service to the Community:

In 2022/2023, over 187 IDI projects covering over 90 districts supported the Ministry of Health in strengthening health services and responding to emerging needs. Notably, IDI played a major role in the response to an Ebola outbreak.

IDI registered important milestones in directly supporting the MoH in nationwide prevention and/or control of a wide range of diseases, including HIV, TB, malaria, and yellow fever, introducing novel models for maximizing program efficiency and reaching underserved and marginalized communities.

Research

IDI secured over $11 million in research grants to support projects spanning a wide range of health disciplines. Through interdisciplinary collaboration and partnerships with over 25 highly-regarded universities and research organizations around the world, as well as different academic units and colleges within the University, IDI made significant contributions to the University's research output and to global and local practice by producing over 100 peer-reviewed publications in FY2022/23.

It further provided research platforms that bridge the gap between research and practice at its flagship HIV clinic within the College of Health Sciences and in various health facilities across the country and the region where it implements health programs. IDI continues to fly the University flag high as it implements research projects in 15 African countries.

In the year of review, IDI provided Makerere University's scientific research community with access to its College of American Pathologists (CAP)-certified Lab, which supported over 15 studies, and a high-quality translational lab, which supported over 11 studies. Additionally, IDI's Institutional Review Board reviewed over 48 studies.

Sustainable Value Addition to Stakeholders

This FY year 2022/23, IDI continued to create value for its major stakeholders who are the wider Makerere University community , the government of Uganda (and especially the Ministry of Health, local governments and regulatory bodies) , the public (and especially its beneficiary communities and individuals as well as business partners), its funders and co-implementors, as well as its staff. IDI has contributed significant value directly to each of these stakeholders but also indirectly through making a positive impact on economic, environmental and social sustainability on their behalf. IDI engages its stakeholders at various levels as follows;

Over 2,500 benefit from employment and benefits, training and learning opportunities and an environment that encourages individual growth. Over 1,600 of IDI's employees are community-level staff and volunteers

Staff

IDI programmes cover communities (and especially disadvantaged communities in over 80 districts of Uganda and increasingly in various African communities.

Community

IDI worked with over 300 local and international suppliers(including many women-owned and small businesses), spending over US$ 8.8million that directly impacted local livelihoods

Suppliers

Government and Public Institution

IDI programs are embedded into the health system, directly and indirectly supporting government policies and strategies and supporting the objectives of Makerere University, including delivering robust research (over 200 publications and 40 scholars at PhD, MSc and post-doc levels) this year

Funders and Partners

As a not-for-profit, IDI worked closely with over 30 funders and 80 implementing partners, co-creating value with them and fostering international co-operation and understanding while meeting common social goals

Regulators

IDI met international , national and industry financial, operational, programme standards and guidelines. This also includes funder specific, external/statutory and internal audits all of which had no notable adverse findings.

Common purpose: IDI aligns its strategic objectives with those relevant to the government of Uganda, Makerere University, funders, co-implementors, and local and global technical bodies.

Direct benefits through IDI activities: Key project activities contribute directly to the social and economic well-being of its local and regional stakeholders.
Additionally, IDI publications are a direct contribution to Makerere University's aspirations to be a research university and they contribute directly to its global ranking.
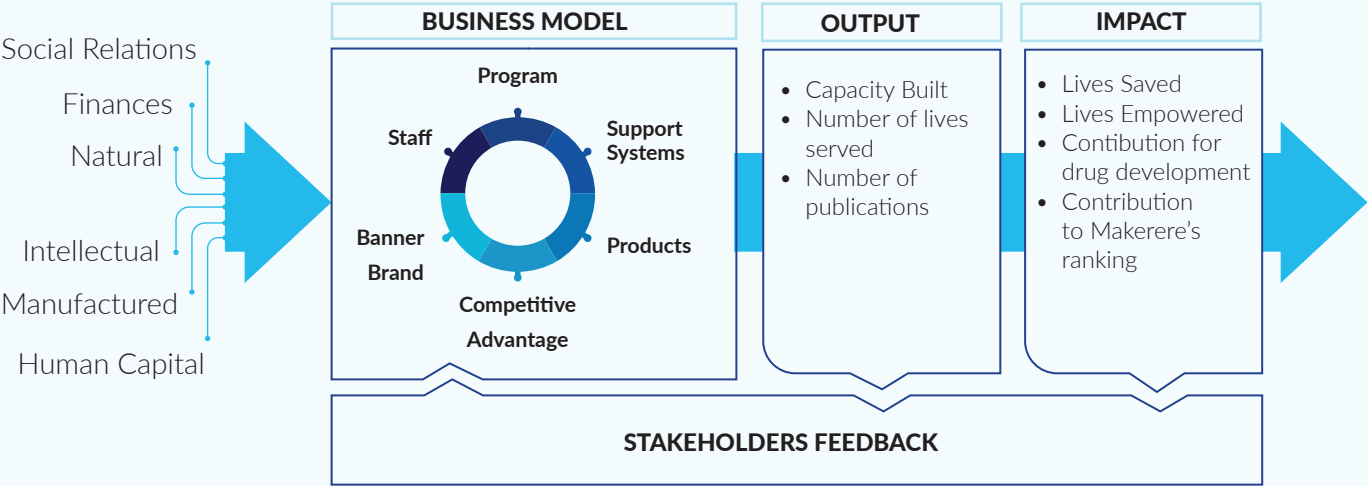
Indirect Contributions: IDI makes substantial additions to the global body of knowledge in a wide variety of scientific, managerial and policy areas that benefit its stakeholders

Community
$37.1M

Employees
$20.1M

Taxes
$6.8M

Administration
$1.8M
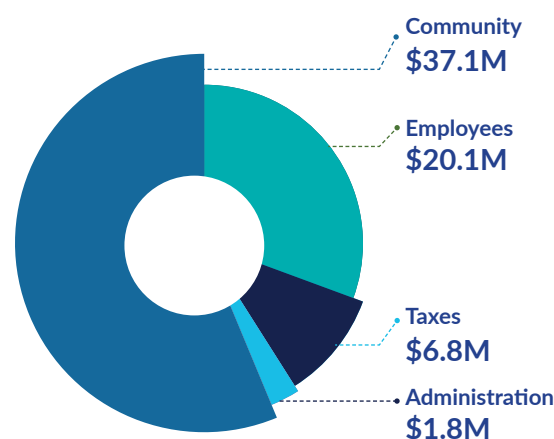
Our Business Model

The IDI business model is based on a banner brand (IDI, Makerere University) whose programmes, units and support systems produce key products (primarily skills, trainees/graduands, diagnostic tests, service models, infrastructure, scientists, publications) that strengthen health systems in order to impact its beneficiaries and stakeholders. IDI strives to maintain a competitive advantage by differentiating itself on three aspects: integration (so that its products and services are mutually supportive in the programmatic and financial/resource sense), quality (the best quality services amongst its peers) and agility (being the first amongst its peers to respond to new opportunities within its mission). It aspires to build these three aspects into all financial and programmatic decision-making.

Social Relations
Finances
Natural
Intellectual
Manufactured
Human Capital

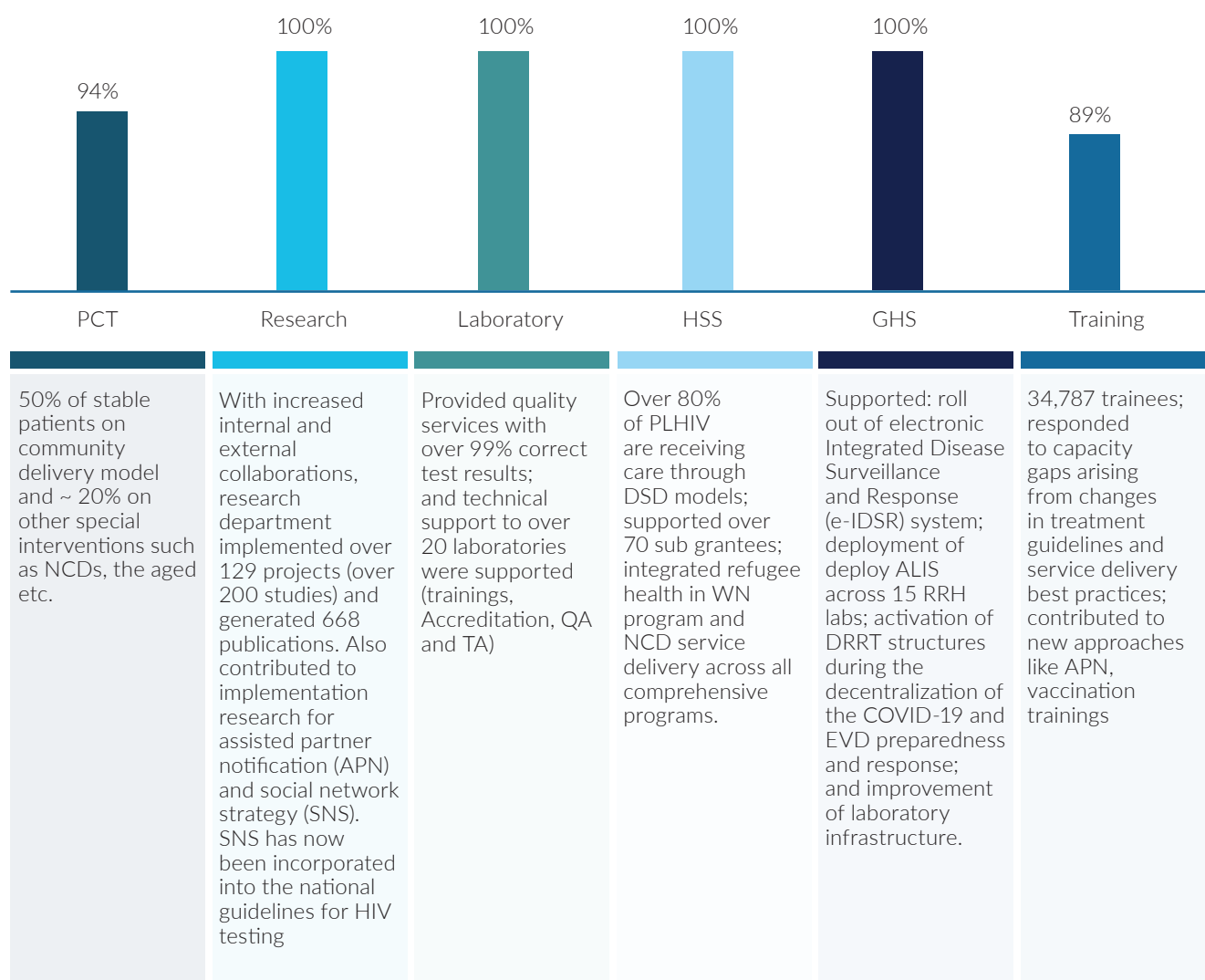| BUSINESS MODEL	OUTPUT	IMPACT
Program Staff Support Systems Banner Brand Products Competitive Advantage	• Capacity Built • Number of lives served • Number of publications	• Lives Saved • Lives Empowered • Contibution for drug development • Contribution to Makerere's ranking

STAKEHOLDERS FEEDBACK

Strategic Planning and Development

The SPD department leads the IDI strategy cycle and manages IDI efforts to acquire, manage and report on resources entrusted to the Institute by its external partners to fund that strategy, through four functional areas.

Strategy and Strategic Information

Final program results from the strategic planning period 2018-2023

2023 was a milestone year, marking 20 years of IDI's existence as well as the end of IDI's 2018-2023 strategy. The strategy goals, objectives and cumulative targets were largely achieved as shown in this extract from the 2018-2023 strategic plan milestone performance (see notable accomplishments for each program over the period below the chart). Better than average results over the 5-year period were particularly buoyed by a shift in UNAIDS targets for HIV programming, the COVID-19 pandemic and other emergencies such as an outbreak of Ebola Sudan Virus Disease (SVD). These necessitated more activity and resources than planned.

PCT	Research	Laboratory	HSS	GHS	Training
94%	100%	100%	100%	100%	89%

PCT	Research	Laboratory	HSS	GHS	Training
50% of stable patients on community delivery model and ~ 20% on other special interventions such as NCDs, the aged etc.	With increased internal and external collaborations, research department implemented over 129 projects (over 200 studies) and generated 668 publications. Also contributed to implementation research for assisted partner notification (APN) and social network strategy (SNS). SNS has now been incorporated into the national guidelines for HIV testing	Provided quality services with over 99% correct test results; and technical support to over 20 laboratories were supported (trainings, Accreditation, QA and TA)	Over 80% of PLHIV are receiving care through DSD models; supported over 70 sub grantees; integrated refugee health in WN program and NCD service delivery across all comprehensive programs.	Supported: roll out of electronic Integrated Disease Surveillance and Response (e-IDSR) system; deployment of deploy ALIS across 15 RRH labs; activation of DRRT structures during the decentralization of the COVID-19 and EVD preparedness and response; and improvement of laboratory infrastructure.	34,787 trainees; responded to capacity gaps arising from changes in treatment guidelines and service delivery best practices; contributed to new approaches like APN, vaccination trainings

IDI 2023-2028 Strategy

SPD coordinated the 2023-2028 strategic plan development process that involved internal stakeholders across several levels of the organization and over 70 external stakeholders. Stakeholder consultations led to the emergence of the following new overarching focal programme themes: Further expansion of disease focus beyond the traditional "big 3" (HIV/AIDS, Malaria and TB), developing technical assistance (TA) capacity in key niche competencies; Strengthening vaccine programming; Strengthening Data Analytics and Utilization, building climate change programming capacity; Strengthening knowledge management systems; building capacity for more regional programing; and strengthening Environment and Social and Governance (ESG) reporting.
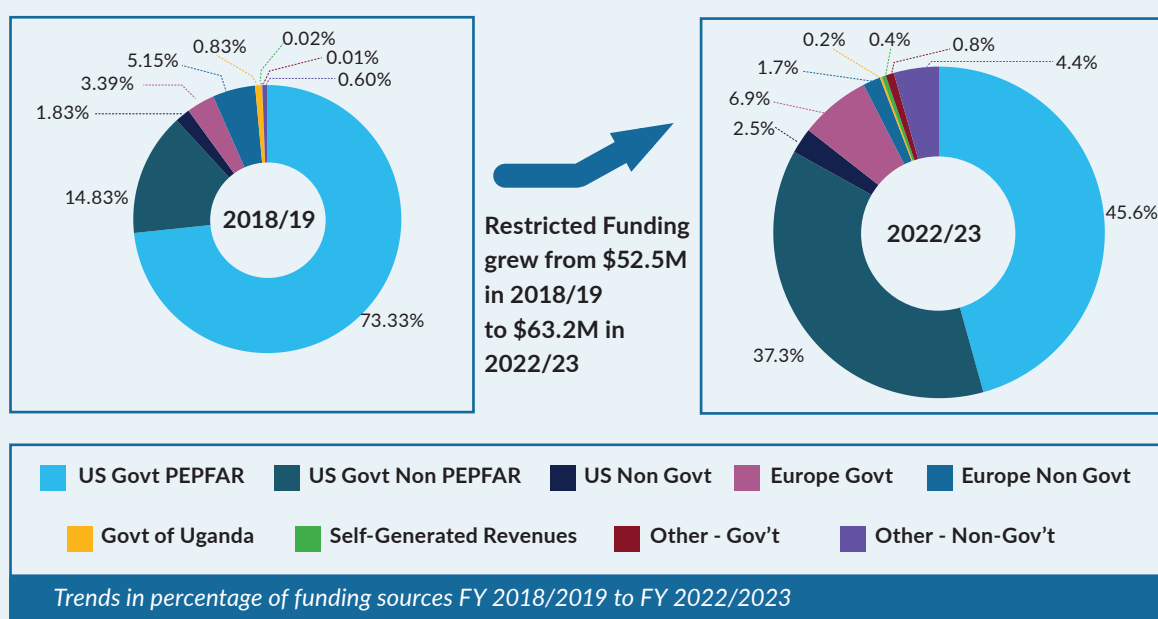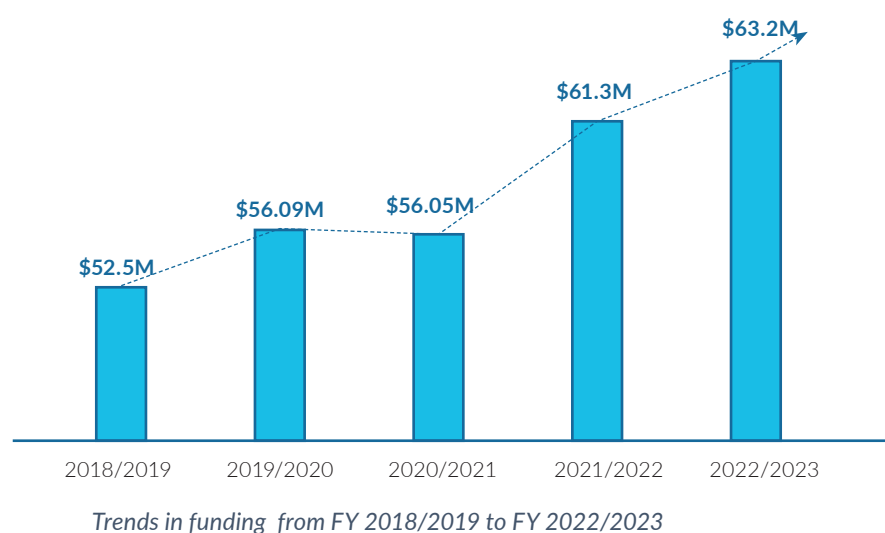
These themes were incorporated into the planning process, which culminated into Board approval of the new plan for the period 2023-2028 with the following key elements:

PROGRAMME OBJECTIVES

Integrating Differentiated Services for Priority Populations	Supporting Health Product Development, Introduction, Roll out and Evaluation (focus on Vaccines, POC diagnostics and Medicines)	Harnessing Big Data	Generating a Technology Pipeline (Focus on Academy)
HSS: Systems level integrated programming for underserved & vulnerable populations (eg KPs, AGYW, refugees , Hard to Reach Populations) **PCT:** Focus on integrating services for priority populations within PCT clients, families and communities. **GHS:** Emerging diseases interventions for priority populations eg health workers & the aged, "hot spots" & border populations **Research:** Greater capacity for behavioral, Implementation, clinical and health economics research for priority populations **TCB:** Course development and delivery to support programming that targets priority groups. **Lab:** Supporting targeted programming for KPs eg identifying those with the worst clinical outcomes, recency etc..	**HSS:** Deployment of product-related technologies (ArtAcces, Call for Life etc..); Supporting vaccine and POC device roll out **PCT:** Roll out of products and technologies eg vaccine roll-out ; IVR; drug access & pharmacovigilance programs **Research/GHS:** AMR research: New drug (esp. for EID and antimicrobials), vaccine and POC diagnostics implementation research **TCB:** Training for roll out and evaluation of health products e.g. community vaccine roll-out approaches, building capacity to evaluate cost-effectiveness of new products **Lab:** Supporting medicine and diagnostics-related research eg PK, diagnostics validation **Contract Research Organisation (CRO)** : Setting up an independent CRO	**HSS:** Embedding data analytical competency for modelling and systems level analytics; Developing population "data as a program" beyond PEPFAR **PCT:** Embedding data analytical competence to maximize data utilization; developing AI-driven clinical decision tools **Research:** Enhanced data science leadership; curation and mining of existing data; enhanced development and/or utilization of data value chain to service data science. **GHS:** Optimizing the AMR data value chain ;building capacity for combination anti-microbial drug discovery ;Building disease modelling capabilities to support epidemic intelligence, and integration of complementary data eg animal, climate & environment data **TCB:** Supporting delivery of skill-based courses to build core data scientist community. **Lab:** Strategic bio-banking; optimization of lab data use across IDI stakeholders; maximizing lab science capacity in support of Research and GHS	Maintaining a technology pipeline for integration into diverse programme delivery and to generate start-ups. **Piloting:** (COAST, Medical drones, Pictures of Ageing Call For Life STI Assisted Partner Notification). **Scaling:** (ARTAccess, Call For Life TB PACT Karamoja, Call For Life TB & HIV Local Service Delivery). **Roll-out/start-up:** IVR (Home Based Care) **Evaluation Studies:** (WISECAP, History of HIV, COPHAS, IVR (Home-based Management, Outbreaks, HIV RCT, Nutrition, Youth). **AI-enabled Research:** Hub For Maternal and Sexual Reproductive Health (HASH); Chatbots

SYSTEMS OBJECTIVES

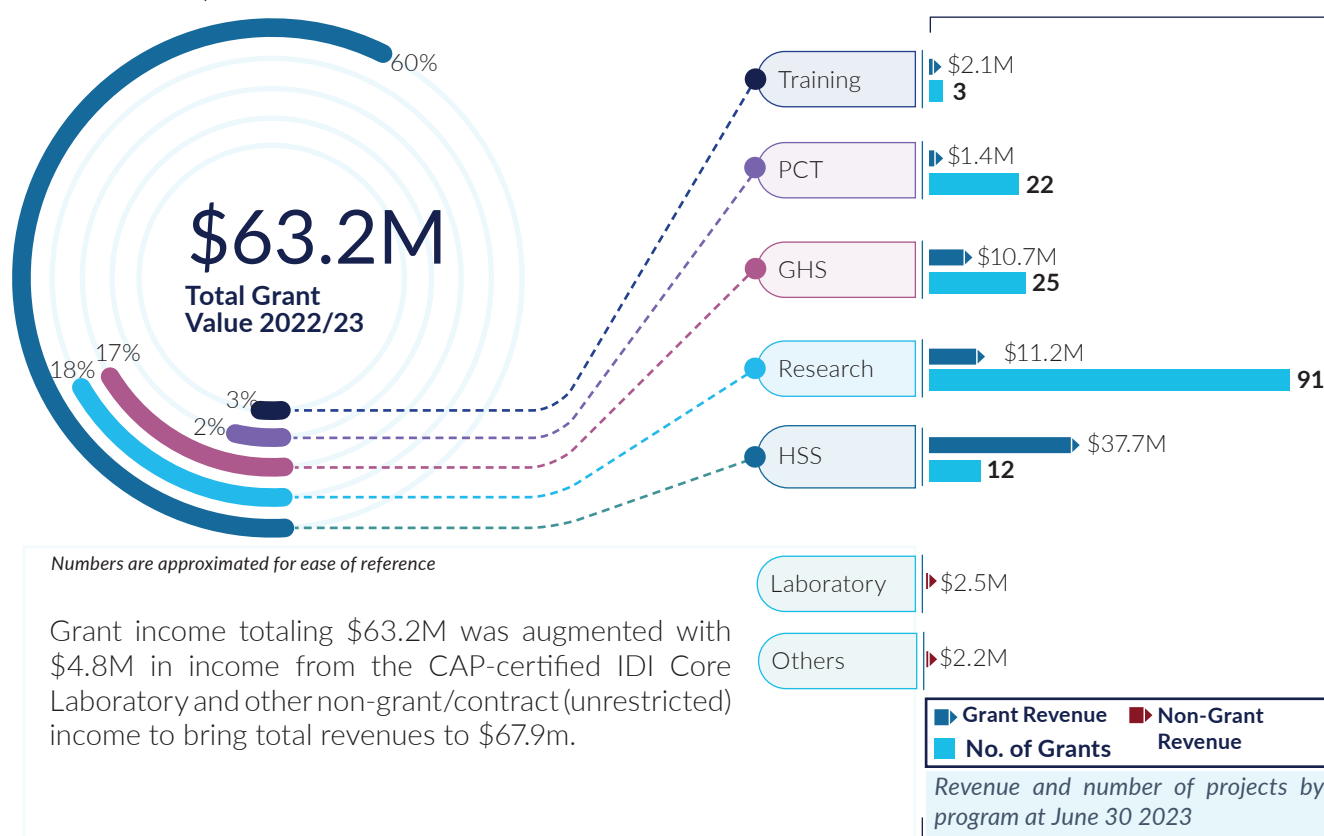| Knowledge Management	Strategic Talent Management	Management & Support Systems	Sustainability, Governance & Partnerships
Documenting and/or publishing IDI programming experience and success models as well as utilizing internal data to achieve management excellence	Maintaining IDI's competitiveness by identifying, hiring, training and retaining talent that meets IDI's current and emerging needs	Robust, integrated, digitalized/automated, efficient systems, Building capacity for regionalization ; enhanced business intelligence; ESG reporting competence	Sustainable resourcing, partner development and Board oversight and support to meet IDI's current SOs as well as create longer term value

Business Development

The end of IDI's 2018-2023 strategic plan provided a great opportunity for the Business Development Unit to reflect on the progress made over the last 5 years in attracting more resources, from a more diversified pool of funders. Over the 2018-2023 period, the institute not only registered growth in revenues of 18% against a target of 8% but also registered a significant drop in its reliance on PEPFAR funding, which fell from 73.33% to a 45.6% share of revenues. This was matched with significant growth in US Government non-PEPFAR funding, US foundation funding, European government funding and other government funding.

Programme level diversification was particularly notable in the GHS programme which grew from four (4) national projects with an annual value of 7% of total restricted revenue in FY 2018/2019 to a total of 22 national and regional projects contributing 16% of restricted revenue in FY 2022/2023. Similarly, Research program contribution to revenues grew from 11% to 15% over the period. IDI acquired resources from a wide variety of prime and subaward funding partners (totaling over $67M by June 2023). Over the 2023-2028 period, the focus will be on continuing the positive diversification trend and on attracting more regional funds (as opposed to funds targeted at Uganda alone).

Trends in funding from FY 2018/2019 to FY 2022/2023

Restricted Funding grew from $52.5M in 2018/19 to $63.2M in 2022/23

US Govt PEPFAR   **US Govt Non PEPFAR**   **US Non Govt**   **Europe Govt**   **Europe Non Govt**

Govt of Uganda   **Self-Generated Revenues**   **Other - Gov't**   **Other - Non-Gov't**

Trends in percentage of funding sources FY 2018/2019 to FY 2022/2023

Grants and Contracts Management

148 grants/sub-grants and contracts/subcontracts were managed to a high degree of excellence during FY 2022/2023. The Grants team was strengthened with six (6) additional new staff to meet emerging and increasing workload challenges. The staff continued to build their competency in managing a growing regional grant portfolio that includes eighteen multi-site (Africa-wide) grants, with various similar opportunities being pursued. Work on increasing the utility of the Grants Expenditure Management System (GEMS) continued with new functionalities such as refund back functionality and program reporting functionality being integrated into the system. The IDI Grants and Contracts team serviced 12 funder-specific audits, reviews and assessments from agencies such as USAID, CDC, NIH, DOD, Pfizer, AMREF, Wellcome Trust, GIZ and FCDO (through GT-Global). IDI was certified as equivalent to a certified public charity in the USA (Equivalence Determination - ED). ED certification enables funders in the US to make tax-exempt donations to IDI.

60%

$63.2M

Total Grant Value 2022/23

18% 17% 3% 2%

Numbers are approximated for ease of reference

Program	Revenue	No. of Grants
Training	$2.1M	3
PCT	$1.4M	22
GHS	$10.7M	25
Research	$11.2M	91
HSS	$37.7M	12
Laboratory	$2.5M	
Others	$2.2M	

Legend: ▶ Grant Revenue ▶ Non-Grant Revenue ■ No. of Grants

Revenue and number of projects by program at June 30 2023

Grant income totaling $63.2M was augmented with $4.8M in income from the CAP-certified IDI Core Laboratory and other non-grant/contract (unrestricted) income to bring total revenues to $67.9m.

$67.9M	28	148
Total Amount of Revenue FY2022/23	**Countries with IDI programming including subgrants**	**Running Grants 2022/23**

Subgrants Management

IDI managed subawards to 108 partners across 18 countries. The transition to an increased number of regional partners required enhanced operational efficiencies, team capacity development as well capacity building of partners. The team used a mix of sub granting models such as cost reimbursable, fixed fee, direct funding and activity-based funding to match the diverse risk profiles of sub grantees. These range from government agencies, Universities, hospitals, international and nation non-governmental organizations, Faith Based Organizations, research institutes and community-based organizations (including those serving Most at-risk populations).

108
Running Sub-Grants 2022/23

$13.6M
Total Sub-Grants value at June 2023

Finance

▲22%

growth in unrestricted income

The Finance team is committed to maintaining financial sustainability and transparency. IDI's financial performance during the reporting period reflects our dedication to responsible stewardship of resources and the effective execution of our programmes.

During the fiscal year 2022-23, IDI achieved significant milestones in its financial performance. Notably, the institute realized a 3% growth in restricted revenue and a more diversified portfolio, which included a 22% growth in self-generated income. Following a change in approach to money markets investments, the growth in interest income as part of self-generated income was over 800%. Thus, IDI remains dependent on grant funding to deliver its mandate but significantly supplements it with non-grant funding sources.

An improved return from strategic investments resulted in an increase in restricted income, which counterbalanced inflationary pressures and funding cuts in certain projects.

52% of resources were allocated to direct community service through IDI core programmes, 40% was spent on human capital including over 1000 community volunteers, and 9% was used to manage administrative and facilities costs. Reasonable cost containment measures were implemented, but due care was taken to minimise its effect on delivery of programmes.

Overall, the asset base was maintained at the previous year's level, whereas total fund balance grew by 13%, strengthening the financial position of the institute.

Year	Grants	Unrestricted	Interest
2021	$56.1M	$3.5M	$0.025M
2022	$61.3M	$3.9M	$0.026M
2023	$63.2M	$4.5M	$0.26M

Revenue vs Expenditure (2021–2023)

- 2021: Revenue $59.6M, Expenditure $59.1M
- 2022: Revenue $65.2M, Expenditure $64.1M
- 2023: Revenue $67.9M, Expenditure $65.9M

Revenue **Expenditure**

▲ **3.1%**

growth in restricted income

Expenditure breakdown
- **Administration** ($ 1.9)
- **Facilities** ($ 3.7M)
- **Salary** ($ 26.1M)
- **Program** ($ 27.9M)

Income breakdown
- **Interest Income** ($0.026M)
- **Unrestricted** ($4.5M)
- **Grant Income** ($63.2M)

Total Asset Growth vs Total Fund Balance growth

- 2021: Total Asset Growth $28.1M, Total Fund Balance growth $14.4M
- 2022: Total Asset Growth $33.3 M, Total Fund Balance growth $15.5 M
- 2023: Total Asset Growth $33.2M, Total Fund Balance growth $17.6M

Total Asset Growth **Total Fund Balance growth**

Graph showing bottomline results

- 2021: $0.5M
- 2022: $1.1M
- 2023: $2.1M

Stakeholder Feedback

As part of its Strategic KPIs, the F&A department set itself a target of 95% client satisfaction rating. This is measured through an annual client satisfaction survey to gauge the effectiveness of our services in the 3 categories of People, Processes/Systems, and Services.

Notably, steady progress has been achieved from 58% in FY2019/20 to 76% in FY2022/23 over the 4 consecutive years of running the survey. In consideration of both the increase in the areas of success and lagging areas of improvement, the F&A leadership team uses the feedback to enact meaningful and sustainable changes in the department.
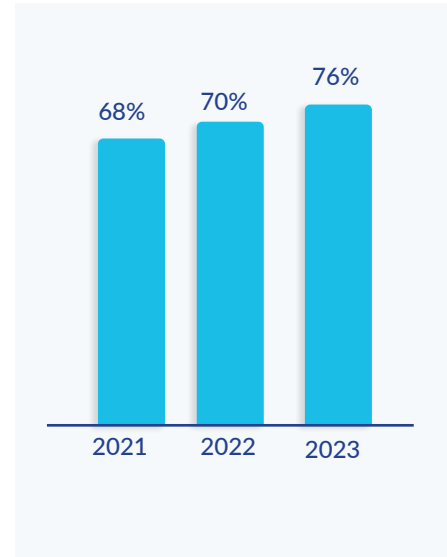
Awards

PROGRAMMES

- Research
- Global Health Security
- Training and Capacity Development
- Health Systems Strengthening
- Prevention, Care and Treatment
- Laboratory Services

Research

The research programme at IDI aims to generate outstanding, internationally recognised scholarship in infectious diseases, which has the potential to shape policies and practices.

Research Capacity Building

During the fiscal year 2022/23, two postdoctoral positions, five doctoral degrees (PhD), and five master's students completed their training with IDI support. IDI awarded ten research fellowship grants. The IDI team presented a sustainable research capacity-building model at the Consortium of Universities for Global Health (CUGH 2023) conference, which was well received.

SDGs supported by programme

3 GOOD HEALTH AND WELL-BEING

4 QUALITY EDUCATION

5 GENDER EQUALITY

6 CLEAN WATER AND SANITATION

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE

10 REDUCED INEQUALITIES

11 SUSTAINABLE CITIES AND COMMUNITIES

13 CLIMATE ACTION

17 PARTNERSHIPS FOR THE GOALS

130
Active Research Studies

1,276
Cumulative number of Publications Submitted since 2002

52
Scholars Supported

95
Research Grants

Translational Research Laboratory

The Translational Research Laboratory supported forty-six (46) research projects and 31 trainees during this reporting period. The trainees were from Makerere University and comprised four post-doctorate fellows, two PhD fellows, three MSc and twenty-two undergraduate students.

The lab performed 24,210 tests and explored new diagnostics tests such as point-of-care (POC) HIV viral load testing, POC SARS COV-2 testing, TB Host Response (TB HR), antifungal pharmacokinetics (PK) testing, fungal culture, and antineoplastics method development/validation.

The laboratory signed fourteen Memoranda of Understanding Agreements with various research partners and its staff published 6 articles.

The Translational Lab continued to provide critical support to the World Health Organisation (WHO) Enhanced Gonococcal Antimicrobial Surveillance Programme (EGASP) in East Africa. This was a direct contribution to the Global Antimicrobial Resistance and Use Surveillance System (GLASS).

Data Management and Statistical Services

The data management and statistical services team (including the REDCap data management team) provides support to several projects, and conducts data management and statistical trainings. The team further supports a significant number of abstracts, manuscripts and grant applications.

In FY2022/23, the DataFax team processed a total of 76,605 records from research projects implemented in Uganda, Kenya, South Africa, and Indonesia. The unit obtained a DFdiscover license, which enables mobile and web-based applications for data collection.

The Annual Science Fair

The Annual IDI Science Fair, held from March 22-23, 2023 was a hybrid of virtual and physical presentations under the theme: "*Celebrate; Inspire*"
1,834 people attended on both days of the event with a total of twenty presentations made.

> " *To conduct research, you need to have a good research culture. Building a good research culture requires a movement, not a mandate. And, a research culture cannot be achieved by top-down approach, but through mentorship. Because authorities can demand compliance, but cannot dictate optimism, trust, conviction, or creativity. That's why IDI has invested in building the research culture for the past 20 years.*

Prof Ssewankambo Nelson
Professor Emeritus, College of Health Sciences, Makerere University

Recognitions and Awards

Professor Damalie Nakanjako, serving as the Scientific Director at the IDI Translational Research Laboratory, received the prestigious TWAS-Abdool Karim Prize in Biological Sciences in 2022 from The World Academy of Sciences.

Dr. Christine Sekaggya-Wiltshire, a Senior Research Scientist, received the Heroes in Health Award (HIHA) for her work as a COVID-19 Responder by the Uganda Ministry of Health.

Ms. Diana Rose Naluyima, Clinical Trial Monitor, successfully completed a certification course from the Society of Clinical Research Associates (SOCRA). She earned the title of Certified Clinical Research Associate (CCRA)

Dr. William Worodria, Senior Research Scientist, was honored with the esteemed Philip Hopewell Prize by the American Thoracic Society (ATS), recognizing his exceptional leadership in advancing global respiratory health.

Dr. Richard Kwizera received a Ph.D. in Medical Mycology from Makerere University.

Dr. Richard Muhindo received a Ph.D. in Public Health from Makerere University.

Dr. Samuel Okurut received a Ph.D. in Immunology and Infectious Diseases from Makerere University

Dr. Stella Zawedde-Muyanja received a Ph.D. in Health Sciences from Makerere University.

Dr. Aida Nakayiwa Kawuma received a Ph.D. in Pharmacometrics from the University of Cape Town, located in South Africa.

IDI Research Ethics Committee (REC)

In this period, forty-seven initial protocol submissions, twenty-three amendments, and twenty renewal applications were reviewed and approved. Additionally, four site monitoring visits were conducted to assess compliance to research ethical standards and approved protocols
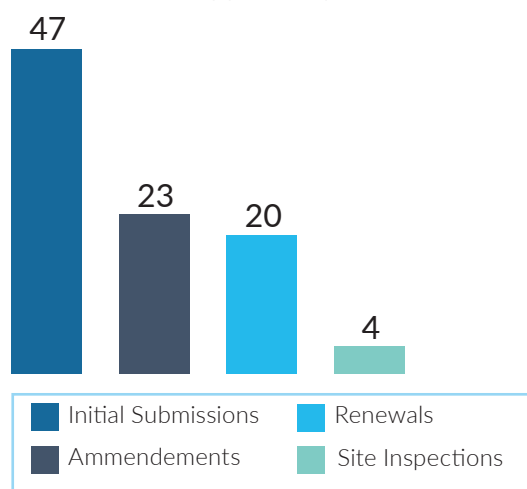
Fig: IDI REC) Outputs for July 2022 - June 2023

Aging with HIV

One of the successes of antiretroviral therapy is that people are now aging with HIV. The HIV and Aging in Sub-Saharan Africa (HASA) cohort was set up in 2020 at IDI to describe non-communicable diseases (NCDs), geriatric syndromes, and their risk factors in older adults living with HIV.

We enrolled 500 participants who are seen annually and screened and managed for NCDs such as cardiovascular disease, renal disease, and cancers. Participants are also screened for geriatric syndromes such as frailty, sarcopenia, physical function using the short physical performance battery, instrumental activities of daily living, depression, falls, cognitive impairment, bone density, polypharmacy, and quality of life assessment.

The HASA cohort has supported capacity building through the training of two master's students, a Ph.D. student, and two research fellows.

IDI Kasangati Centre of Excellence in HIV Prevention

The IDI Kasangati team completed several HIV prevention studies in the past year.

The IAVI C-100 study evaluated the safety and pharmacokinetics of two broadly neutralizing monoclonal human antibodies for HIV prevention in sub-Saharan Africa.

The Peer Study found that peer-delivered HIV self-testing and STI self-sampling did not affect PrEP adherence among transgender women in Uganda.

The Twekuume Study evaluated PrEP uptake and persistence among 75 transgender men.

The Tandika PrEP Study tested the effect of same-day initiation of tenofovir alafenamide PrEP and integrated next steps adherence counseling with drug-level feedback on PrEP persistence among 200 transgender women.

These studies and many others demonstrate the feasibility of combination HIV prevention delivery via peers.

The IDI Kasangati team won the following awards as prime grantee:
Ssimusango: Multi-level intervention for intersectional stigma reduction to improve HIV outcomes for transgender women. Funder: Fogarty International Center, grant R01 TW012672.

Choice-Based PrEP Delivery for Transgender People in Uganda. Funder: National Institute of Mental Health, grant R01 MH130208.

The team was awarded the following sub grants:
- Achieving HIV viral suppression in refugee settlements in Uganda with Head StART: a cluster randomized trial evaluating the effectiveness of community ART delivery for people newly diagnosed with HIV. Funder: National Institute of Mental Health.
- Injectable PrEP for people who inject drugs in Uganda. Funder: National Institute for Drug Abuse.
- Mentoring and research to prepare oral PrEP delivery platforms for novel HIV prevention products. Funder: National Institute of Mental Health.

"US invests in Ugandan people & programs like ACE to help build vibrant, prosperous societies where everyone has the opportunity to achieve their full potential. This collaboration & achievements speak to that future & set an example for generations to come." U.S. Amb. Natalie Brown during the ACE Global consortium

The African Centre of Excellence in Bioinformatics and Data Intensive Sciences (ACE)

A growing volume of health Data in Africa has the potential to contribute significantly to better health interventions and outcomes. IDI is contributing to closing the big bioinformatics talent gap in Africa by investing in expertise and infrastructure to build a pipeline of bioinformaticians

Through The African Center of Excellence in Bioinformatics & Data-intensive Sciences (ACE), IDI focuses on enhancing research capacity and fostering new scientific discoveries among African scholars in the data intensive sciences.

These scholars from the ACE now comprise four cohorts—Cohort 1 (34 members), Cohort 2 (17 members), Cohort 3 (15 members), and Cohort 4 (18 members). The majority of the scholars are Makerere University graduates, including 69 Master's degrees and 15 Ph.D. candidates. Additionally, the ACE has generated eight staff publications and secured four grants centered around harnessing data science for health discovery and innovation.

The ACE is currently hosting the National Sickle Cell registry of over 5,000 patients with sickle cell disease enrolled across Uganda and a mobile application which is helping adolescents with epilepsy to cope with the disease through building resilience and self-management skills.

The ACE is also using Natural Language Processing (NLP) to address public health challenges like misinformation during the COVID-19 pandemic. The ACE team developed an automated 24/7 AI chatbot to reduce health practitioners' workload and improve patient care and is using generative AI to digitize and contextualize the Ministry of Health's pandemic preparedness guidelines in a native African language. This work is supported by a Bill and Melinda Gates foundation grant.

Future Outlook

The Research department aspires to continue building capacity into high impact, cutting-edge areas such as genomics, immunology, and epidemiology, to inform the development of more effective infectious diseases surveillance, prevention and treatment strategies. Collaborations with international partners and interdisciplinary approaches will be a key part of those aspirations especially as the department embraces artificial intelligence and data-driven research.

Global Health Security (GHS)

The Global Health Security Department remains a key health security partner to the Government of Uganda [GoU] and increasingly to partners in the Africa region with a goal to prevent, detect and respond to infectious disease threats.

This year, the programme synthesized its approach into 7 key areas as shown below.

Thematic Areas

18

Active projects during the year

01 Case Management, Infection Prevention and Control

02 Vaccines and Medical Countermeasures

03 Epidemic Intelligence and Community Health — Surveillance and Border Health

04 Health policy, advocacy and economics

05 Antimicrobial Resistance

06 Laboratory Systems Laboratory Systems & Biosafety and Biosecurity

07 Planetary Health & Water, Sanitation and Hygiene

3 GOOD HEALTH AND WELL-BEING | 4 QUALITY EDUCATION | 6 CLEAN WATER AND SANITATION | 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE | 11 SUSTAINABLE CITIES AND COMMUNITIES | 15 LIFE ON LAND | 17 PARTNERSHIPS FOR THE GOALS

Global Health Security Programming in Africa

This year, the IDI-led consortium in partnership with the African Forum for Research and Education in Health [AFRE-Health], has continued to make in-roads to supporting National Public Health Institutes [NPHIs] at Ministries of Health (MoH) in 13 African countries through the Programme for Research in Vaccine Effectiveness (PROVE) in Africa.

The consortium comprises of academic institutions which are strengthening capacities and capabilities for disease outbreak preparedness and response in 5 regions of Africa in parallel with implementing a generic research protocol for evaluating COVID-19 vaccine effectiveness.

The progress in rolling out the protocol across Africa Union Member states is shown in the following figure.

AFREhealth, **GHANA**

Universite Gaston Berger, St Louis, **SENEGAL**

Centre Suisse de Recherches Scientifiques, **COTE DÍVOIRE**

APIN Public Health initiatives, **NIGERIA**

Martin Luther King Jr Foundation, **CAMEROON**

Institut National de Recherche Biomédicale , **DEMOCRATIC REPUBLIC OF CONGO**

University of Botswana, **BOTSWANA**

TBD, **EGYPT***

Institut Pasteur de Bangui, **CENTRAL AFRICA REPUBLIC**

Ethiopia Public Health Association **ETHIOPIA**

CHS Makerere University **UGANDA**

Bureau des Formations médicales agréées du **Rwanda**

MALAWI Kamuzu University of Health Sciences

University of Zimbabwe, **ZIMBABWE**

Countries of implementation for PROVE in Africa	Operational	Pending

Leveraging HIV Programming for COVID-19 Vaccination in Uganda

The program worked towards implementing and integrating sustainable strategies for COVID-19 vaccination, while also enhancing the coverage of routine immunizations across the country.

The program strategically leveraged the expansive reach of the CDC PEPFAR network in Uganda, fostering collaborations with key partners such as Mildmay Uganda, Rakai Health Sciences Program (RHSP), The AIDS Support Organisation (TASO), and the existing IDI PEPFAR mechanisms.

This concerted effort aimed at not only addressing immediate challenges but also laying the groundwork for a resilient and comprehensive response to ongoing and future health crises.

53% of 172,655 Persons Living with HIV accessing care in 106 facilities were screened for COVID-19 vaccination status. Of those screened, 34%, 26%, and 5% received 1st, 2nd and booster doses of the COVID-19 Vaccine.

Ebola Sudan Virus Disease Outbreak-Response Support to Ministry of Health, Uganda

In September 2022, the Uganda Ministry of Health declared an Ebola Sudan Virus Disease (SVD) outbreak. IDI mobilized critical resources worth $3.8M from the US Centers for Disease Control and Prevention (US CDC), $13,000 from the US Department of Defence [DoD] and $50,000 from Resolve to Save Lives (RTSL) to support the national response. Front-line responders were seconded to support the Incident Management Team. The regional Public Health Emergency Operation Centers [PHEOC] set up during the COVID-19 response were utilised for the outbreak response coordination.

IDI was a key partner in the ministry's response that enabled control of the Ebola outbreak within 113 days

279
healthcare workers trained for deployment to the different Ebola Treatment Units

18.3%
Utilization rate for deployed novel anti-filoviral agents

310
EVD-related evacuations coordinated.

955
National, regional and district laboratory officers trained

↑ *Case management drill during 2022 Ebola outbreak response*

Case Management and Clinical Care: IDI in collaboration with the WHO country office and other partners supported MoH in the set-up and operationalization of Ebola Treatment Units (ETUs) at Mubende, Fortportal and Entebbe Regional Referral Hospitals [RRHs].

Strengthening access to Medical Counter Measures: Efforts to strengthen access to.EVD novel therapeutics was an important part of the national response. IDI provided technical support to the Ministry of Health in policy development for the deployment of Remdesivir and MBP134. These were made accessible within 14 days of outbreak declaration. Clinicians were trained to deliver novel therapeutics under the compassionate use and expanded access framework.

Surveillance and Safe Evacuation: IDI supported efforts to strengthen community surveillance through contact tracing and active case finding. Suspected and confirmed cases were safely linked to care through the Emergency Medical Services teams.

Laboratory Rapid Training: As a national laboratory capacity building partner, IDI worked with WHO Uganda to train laboratory responders from four high-risk health regions in sample management, biosafety and biosecurity.

Infection Prevention Control (IPC):

A RING strategy for a targeted circular area: IDI and other partners supported the ring approach that rapidly deployed IPC, Water and Sanitation [WASH] measures in health facilities and community locations within a radius of 1km from confirmed cases. This strategy was instrumental in interrupting the transmission of the outbreak.

Psychosocial support session ongoing in Entebbe

Community Engagement

IDI collaborated with the Ministry of Health to strengthen community response structures by supporting district efforts to map and mobilize available community task force members at the Village, Parish, and sub-county levels, to strengthen community response structures. IDI supported the activation of 7 sub-counties/division task forces, 27 parish task forces and 234 village task forces in Jinja and supported village-level dissemination of available risk communication materials during field engagements.

Dr Mohammed Lamorde: Chairperson National Task Force Case Management Pillar for Ebola Sudan Virus outbreak response.

"

During the Ebola Outbreak, IDI gave us a committed and dedicated doctor to support the case management pillar, and the team did a commendable job. - Hon. Jane Ruth Aceng - Minister of Health

All these efforts contributed to the interruption of transmission within 69 days. On 11th January, the Ebola outbreak was declared over by the Ministry of Health. Uganda and World Health Organization.

Fast-tracking the Implementation of the Uganda National Action Plan for Health Security

Uganda is a signatory to the International Health Regulations [IHR] 2005, which aims to prevent the spread of disease and avoid unnecessary interruption to travel and trade due to public health hazards.

Following the Joint External Evaluation [JEE] in 2017, IDI has continued supporting GoU to domesticate the International Health Regulations by accelerating the implementation of the NAPHS. IDI provided public health legal expertise, and health policy technical assistance to support the parliamentary health committee to fast-track the new legislation of the Public Health Act [2023]. The act empowers GoU and stakeholders to effect measures to prevent and respond to public health threats and emergencies.

IDI has also supported GoU pilot and roll-out the 7-1-7 timeliness framework for outbreak preparedness and response in Uganda. The WHO adopted the 7-1-7 framework in the guidance for Early Action Reviews.

Guidance for conducting an early action review(EAR): rapid performance improvement for outbreak detection and response

31 August 2023

https://www.who.int/publications/i/item/WHO-WPE-HSP-CER-2023.1

Active case surveillance at a farm in West Nile informed by seasonal calendar preparedness actions
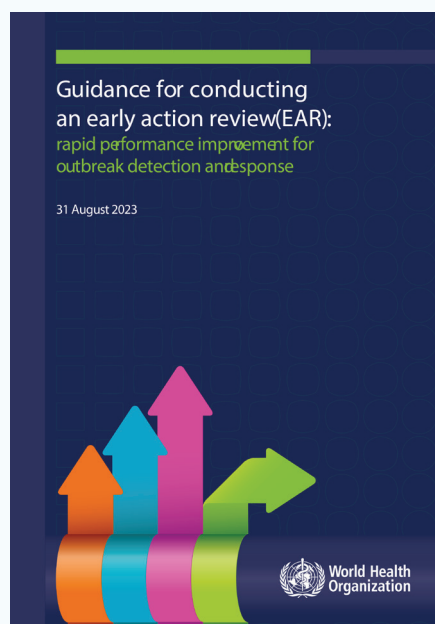
Establishment of Regional Public Health Emergency Operations Centers

As part of the decentralization of health security and leveraging the PEPFAR platforms for disease outbreak preparedness and response, IDI in partnership with the National PHEOCs has supported the set up of three regional PHEOCs in West Nile, Mbale [Eastern] and the Kampala Metropolitan Area [KMA].

These centers serve as regional nodes for coordinating preparedness and response efforts to public health events in the regions. During the reporting period, IDI, in conjunction with OPM, supported the Mbale, West Nile and Kampala Regional PHEOCs to undertake multi-hazard assessments and develop district-specific seasonal calendars to enhance the prediction and forecasting of public health threats.

Acute Febrile Illness Cohorts for Pathogen Discovery and Diagnostics Evaluation

Acute Febrile Illnesses [AFI] cohorts are a platform for emerging diseases surveillance, pathogen discovery and diagnostics evaluation. Since August 2022, IDI with funding from the US CDC, has piloted surveillance of AFIs at Jinja RRH implemented under the Uganda National Integrated Sentinel Surveillance program. This is a MoH initiative to consolidate all national disease surveillance activities into one framework to enhance epidemic intelligence. At the end of June 2023, 407 participants were enrolled in the study and laboratory testing for arboviruses was activated in collaboration with the Uganda Virus Research Institute [UVRI].

Additionally, through funding from Pfizer, IDI has continued to maintain an AFI cohort of patients presenting with high fevers at Mubende RRH and Arua RRH. The study utilizes next-generation sequencing [NGS] and other advanced diagnostic techniques to determine aetological causative agents in patients with presenting AFI. The programme was crucial in building the capacity to identify and safely handle high-risk febrile patients, including during the SVD outbreak in Mubende RRH. This work is implemented in collaboration with Johns Hopkins University, United States.

Strengthening Antimicrobial Resistance [AMR] Surveillance Capacities in East Africa

IDI in partnership with the UK-AID Fleming Fund and US CDC, supported the National Microbiology Reference Laboratory [NMRL] at MoH to maintain its international accreditation for the College of American Pathologists [CAP]. In addition, the IDI renovated 5 microbiology laboratories, installed state-of-the-art equipment and supported the surveillance of quality-assured AMR data for national use and submission to WHO Global Antimicrobial Surveillance System (GLASS).

AMR programming at IDI has expanded to include the WHO Enhanced Gonococcal Antimicrobial Surveillance Programme and the Antimicrobial Use, Consumption Surveillance and Stewardship [Fellowship] Capacity building for Tanzania MoH.

The HOD handing over renovated microbiology lab at MUST to the dean of medical school and HoD medical microbiology department.
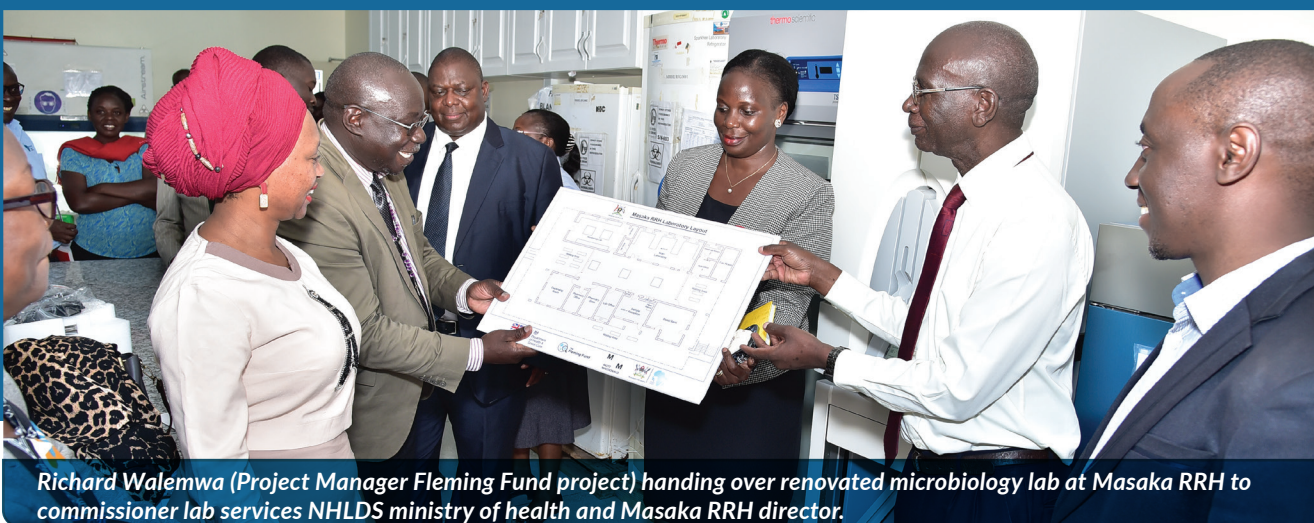
Richard Walemwa (Project Manager Fleming Fund project) handing over renovated microbiology lab at Masaka RRH to commissioner lab services NHLDS ministry of health and Masaka RRH director.

Future Outlook

For the future, we plan to point-focus our scope towards the establishment of Centers for Excellence for the 7 Program Areas that the team has identified: Antimicrobial Resistance (AMR); Laboratory, Biosafety and Biosecurity; Epidemic intelligence and community health, Case management and IPC, Vaccines and Medical Counter Measures, Planetary health and WASH; Health policy, advocacy and economics

Additionally, we plan to introduce scholarships to support global health security programming as part of the Sewankambo Scholarship scheme. This program is designed to strengthen capacity-building endeavors, facilitate knowledge exchange, and foster leadership development in the realm of global health security throughout the African continent.

Health Systems Strengthening (HSS)

> **"**
>
> *My 6-year-old Child was able to become suppressed after a long time of non-suppression when I had already given up on him because he would refuse to take drugs on time and feeding was a big problem. I thought he would die. However, when our Community Linkage and Referral Assistant -Driciru Joy started to provide home based care/Intensive Adherence Care (IAC) and advised me on how best I could feed my child and give him drugs according to the prescribed time, I started to see some change and after 6 months my child Aitaa has now become suppressed. I am grateful to PEP CBO and IDI for supporting us as HIV positive clients in this sub county*

Narrated by Masiana Driciru from Offaka subcounty, Madi Okollo District.

SDGs

Through the HSS programme, IDI is the lead PEPFAR/CDC implementing partner for comprehensive HIV services in the Kampala and WN regions. IDI also implements USAID OVC Inter-regional Activity in Wakiso, Mid-West and West Nile regions; a USAID TB control program in Karamoja; CDC National KP CSO capacity building programs; and National TB programming through the USAID Local Partner Health Services TB activity.

Contribution to HIV Epidemic Control in the CDC Kampala and West Nile regions

This year, the programme maintained 209,901 People Living with HIV (PLHIV) on treatment through the PEPFAR/CDC funded Kampala and West Nile regions, with 95% of these being virally suppressed by June 2023.

1,013,113
292,029
721,084
Tested

19,880
3,448
16,432
Positives Identified

209,901
31,961
177,940
On ART

91% 98%
Viral Load Suppression Rates

■ West Nile Region   ■ Kampala Region
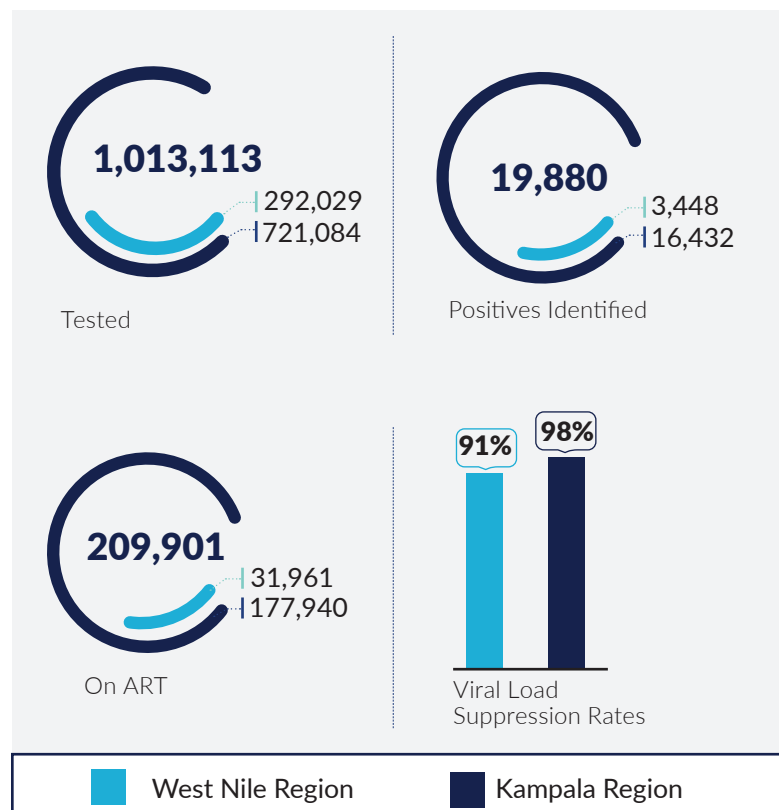
DREAMS

The DREAMS Program aims at reducing HIV incidence by delivering a package of interventions to directly address the structural drivers that increase the risk of violence and HIV infection among adoltescent girls and young women (AGYW). Guided by the latest scientific literature, the program reaches the most vulnerable AGYW populations to address key risk and vulnerability factors associated with HIV acquisition including behavioral and socio-economic interventions. Among the interventions, the program specifically enables AGYWs to acquire vocational skills and thus reduce the vulnerability

42,364

AGYW enrolled on the DREAMS program in Kampala Region with 74% receiving the service package.

2,175

Girls received vocational skilling

Vocational skills delivered by the DREAMS program

Skill	Number
Catering	341
Computer and secretarial studies	92
Flower Arrangement and Decoration	44
Hairdressing	698
Photography and Videography	216
Fashion and design tailoring	784
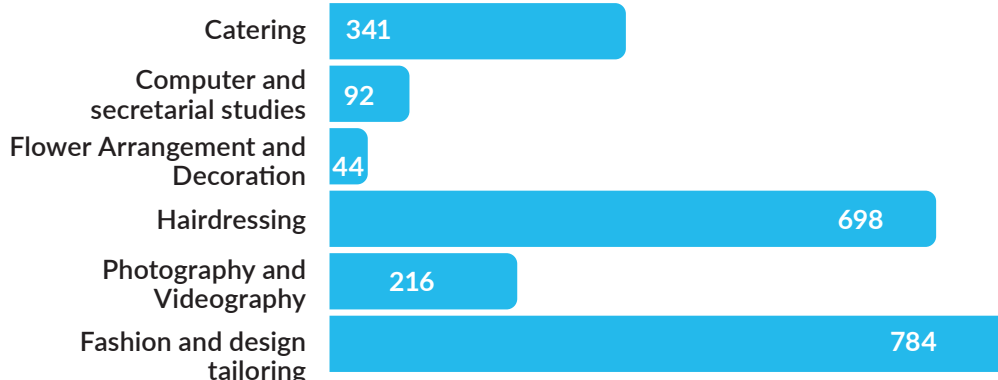
Voices of the DREAMS Girls
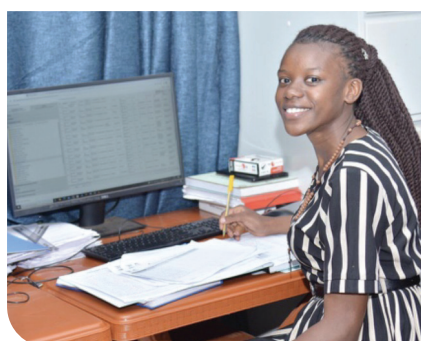
Daphine Namukasa | 23 years old

Before DREAMS, I battled addiction, risky behavior, and depression due to family struggles. When DREAMS came to my village in October 2021, I found supportive mentors who listened without judgment. Opting for HIV self-testing brought relief when it came back negative. Stepping Stones sessions boosted my self-esteem and taught me about safer sex and financial literacy.

I became passionate about the program, eventually becoming a peer leader and joining as a paid volunteer. Through savings and support from VSLA groups, I enrolled in Makerere University for Social Sciences. My dream is to be a Monitoring & Evaluation Officer, and with DREAMS, I'm on my way. Thank you for giving my life purpose.

Before DREAMS, I lived a risky life, engaging in multiple sexual relationships to survive after becoming a double orphan at 14. Since joining, my life has changed for the better. Through DREAMS, I received valuable services like Stepping Stones sessions and HIV testing, which I learned were crucial for my health. After testing negative for HIV, I gained knowledge about the risks of multiple partners, family planning, and communication skills. Additionally, I received training in financial literacy and joined the Sky Youth Group for saving. I pursued my passion for photography and videography, becoming the top student in my class. Now, I earn income from videography projects like weddings and birthdays, allowing me to support myself without relying on men's money. I have a goal of buying my own equipment.

Recently, I was hired as a paid trainer at Riviera Media, where I'll teach other DREAMS girls photography and videography skills, empowering them to pursue their dreams.

Kwagala Mariam | 22 years old

The USAID Local Partner Health Services -TB Activity (LPHS)

The LPHS-TB Activity continued to support the National TB and Leprosy Program's efforts to contribute to the reduction of Uganda's TB burden by 2026 through the scale-up of evidence-based high-impact interventions towards the achievement of the End TB strategy targets of 90% TB treatment coverage and treatment success rate of all TB cases in Uganda. Nationwide, TB cases notified continued to increase from 83,861 in Jul 2021-June 2022 to 70,539 in Jul 2022-June 2023.

LPHS-TB Activity further supported the nationwide Community Awareness Screening Prevention, Testing, and Treatment for TB (CAST TB) Campaign. The support entailed national coordination efforts and tracking of three CAST TB episodes, realizing significant contribution to national case-finding efforts through community approaches of hotspot screening, contact tracing, and door-to-door household visitation.

These efforts contributed 16% (3,750) of cases in March 2022, 33% (8,086) in September 2022, and 10% (2,256) in March 2023 of total notifications nationwide for the respective quarters in which CAST was implemented.

25,000+

Number of TB Patients served under LPHS and PACT out of 93,000+ of national number

36%

of TB patients in Uganda are directly supported by IDI with an estimated 95% TB case finding achieved

USAID Program for Accelerated Control of Tuberculosis (PACT) in Karamoja – Three years strong.

Since baseline through the three (3) years of project implementation there have been notable achievements in TB TSR from 52% to 89%, improved cure rate from 28 to 78%, and improved TB case detection rate from 58% to 119% (Reference DHIS-2). These accomplishments are greatly attributed to contextualized multi-faceted approach in strengthening health systems at health facility and community levels.

Graph showing TB Case findings

Legend: Estimated TB Cases — Notified TB Cases

Values by year:
- 2020: 82,948 / 60,963
- 2021: 81,833 / 74,808
- 2022: 86,081 / 94,432
- 2023: 92,101 / 86,479

USAID's Orphans and Vulnerable Children Inter-regional Activity

On 26th May 2023, IDI publicly launched the USAID Orphans and Vulnerable Children Inter-regional Activity; a five-year prime award worth $17.5m running from September 2022 – September 2027.

The goal is to prevent new HIV infections and support empowerment efforts among orphans and vulnerable children (OVC) and adolescent girls and young women (AGYW). Its scope is 11 districts (Wakiso, Arua, Madi-Okollo, Nebbi, Pakwach, Kiryandongo, Masindi, Kikuube, Hoima, Kagadi, and Kibaale) and 2 cities (Arua and Hoima) in 3 regions of Uganda.

Social worker conducting a home visit in Pakwach district at the home of one of the beneficiaries

49,994
beneficiaries (including 5,671 children) from HIV affected households were served with comprehensive OVC packages including Health, Nutrition, Economic strengthening, and social protection services.

2,540
adolescent boys in Wakiso District were reached with No Means No training to prevent sexual violence.

403
Village saving and loans association (VSLA) groups were formed with 8,419 direct OVC beneficiaries reached. Cumulative savings of over **Ugx. 524million** reported through the savings groups.

Voluntary Medical Male Circumcision (VMMC)

During the FY 2022/23, **123,690** eligible males benefited from the comprehensive VMMC package (including health education, testing services, preventive measures like PrEP and PEP etc). This package entails thorough health education covering the advantages of VMMC, especially in HIV prevention. It also encompasses various risk reduction strategies such as promoting abstinence, faithfulness to sexual partners, proper condom use, screening for eligibility for medical circumcision, and referring individuals with underlying medical conditions for appropriate management. Additionally, it involves screening for sexually transmitted infections using a syndromic approach, referring those testing positive for treatment, performing the circumcision procedure, and providing post-procedure follow-up care.

As a proxy of the quality of service, only 0.1% clients that were circumcised reported having an adverse event. This is markedly lower than the 2% acceptable by MOH, PEPFAR and WHO.

Approximately 7,276 to 8,246 new HIV infections were averted in the period. VMMC continues to be the main health service that targets adolescent boys and men and is continually enriched with services aimed at reducing the risk, incidence and prevalence of HIV. Some of the enriched services include GBV support, PEP and PREP services.

61,847
Number of Men circumcised

Training and Capacity Development

In the FY2022/23, the Training Programme expanded its reach in terms of quantity and variety of courses provided, diversified revenue streams, and enhanced quality of service delivery. The programme reached a wider stakeholder base, ultimately training and mentoring 11,813 healthcare providers in diverse skill sets relevant to the evolving healthcare landscape.

Among the 90 conducted courses, two were delivered online. Distance follow-up and remote technical assistance through ATIC were extended to 3,972 healthcare workers.

Special emphasis was placed on growing the online presence, leading to a substantial rise in online trainees from 473 to 545.

The team successfully initiated and implemented various projects including the following:

- The AMR CQI project at Masaka Regional Referral Hospital focused on creating a replicable integrated antimicrobial stewardship capacity-building model for all regional hospitals in Uganda, aiming to promote the responsible use of antibiotics.

- With funding from the Islamic Development Bank, we trained 9,899 Village Health Teams under the Mobile Phone-based Interactive Training Initiative for Community Health Workers (MITIC) project in Uganda.

Reach and impact

The Training Programme reached a total of 11,813 trainees, bringing the cumulative number of IDI trainees since inception to 67,672.

90
Trainings conducted

11,813
Healthcare workers trained

We focused on building capacity within the team to retain and grow our relevance in developing new courses such as:
i. Production of alcohol-based hand rub,
ii. Resource mobilisation,
iii. Grant, financial management, and compliance,
iv. Basic HIV counselling,
v. Good clinical laboratory practices.

Number of Trainees by year

(Bar chart values: '18: 3,839; '19: 11,919; '20: 1,745; '21: 8,801; '22: 5,026; '23: 11,813)

(Horizontal bar chart — Participants per thematic area:
TB: 42;
System Strengthening: 1,610;
POCUS: 22;
Laboratory: 164;
HIV: 5,501;
GIS: 13;
GHS: 4,461)

Participants per thematic area July 2022 to June 2023

Curriculum Development & Adaptation

Over 15 online and classroom-based curricula were developed during the year, with two curricula attracting a significant number of participants from other African countries. The alcohol-based hand rub (ABHR) production online curriculum has been rolled out in Uganda and Kenya and is now being piloted in Malawi.

The online TB and HIV management course attracted local and international trainees from South Sudan, Zimbabwe, and Zambia. The eIDSR course was digitalized.

In collaboration with IDI's Uganda Academy for Health Innovation and with funding from the Islamic Development Bank, the team developed the Interactive Voice Response (IVR) based curriculum in six local languages for training Village Health Teams (VHT) on infection prevention and control and various aspects of COVID-19 prevention and management. A total of 9,899 VHTs received the Interactive Voice Response-based remote training.

Internally, we supported the Human Resources department in developing and delivering the online anti-sexual harassment course.

Training, Mentorship and Post training support

The proportion of self-sponsored trainees for the courses increased by 29%.

An additional seven UPDF health facilities were enrolled into the US Department of Defense-funded Uganda People's Defense Forces (UPDF) Partnership for Sustainable HIV Epidemic Control Project exceeding the 500 health workers-capacity target. Labs in UPDF health facilities were provided with assorted lab items in order to absorb an additional 17 health facilities into the ECHO system.

Spotlight on Training Impact

We continued to extend our impact beyond Uganda through collaboration on the Programme for Research on Vaccine Effectiveness (PROVE) project to provide online REDCap training in 15 African countries.

The programme continued its collaboration with the University Research Council (URC) and the U.S. Department of Defense to improve management of HIV patients at Uganda's military health facilities.

The programme continued equipping laboratory professionals with the skills in biosafety and biosecurity management, empowering them to safeguard both communities and the environment from the potential risks associated with handling infectious agents in their laboratories.

> " I would like to thank you, for your enthusiasm and for making the sessions interactive and highly informative. Attending these sessions has been truly worthwhile, and I have gained a lot from them." —Makerere University medical student

https://idi.mak.ac.ug/

Partnerships & Collaborations

HIV Guidelines Development: Collaborated with the Health Systems Strengthening programme to support the development and rollout of revised consolidated guidelines for HIV prevention, care, and treatment in Uganda.

Antimicrobial Resistance Curriculum: Partnered with the IDI Fleming Fund project and Masaka Regional Referral Hospital, with funding from Pfizer, to lay the foundation for creating the Integrated Management of Antimicrobial Resistance curriculum.

Medical Student Training: Collaborated with Makerere University and Islamic University in Uganda to train over 400 5th-year medical students in HIV management at IDI.

Disease Surveillance Support: Partnered with Global Health Security (GHS) programme to assist the Ministry of Health in reviewing, updating, and digitalizing the electronic Integrated Diseases Surveillance and Response (eIDSR) training.

Vaccination Training: Conducted training for approximately 2000 Vaccination Champions in the Wakiso district through continuous engagement via SMS/IVR messages.

Laboratory Services Collaboration: Worked with the Uganda National Health Laboratory Services to contribute to programme success through internal capacity development for IDI staff, support with guidelines, and laboratory programming.

Online Course Creation: Teamed up with GHS to create an online Population Connectivity Across Borders (PopCAB) course.

Future Outlook

The training and capacity development program will continue to evolve to meet emerging needs and ensure continous quality improvement including working towards ISO 15189 Certification and other international accreditations

Prevention, Care and Treatment

The PCT programme continues to provide multidisciplinary specialist patient-centered prevention, care and treatment for adolescent and adults with HIV. Other services include provision of a platform for clinical trials and other research, trainings, support supervision, mentorship for both local and international health care workers.

In this reporting period, the programme reviewed the accuracy, reliability and cohesiveness of data generated and stored in its clinic electronic medical record system.

The programme further adapted lessons from the recent pandemic to become more resilient.

Prevention of Mother to Child Transmission and Early Infant Diagnosis

The goal of the Uganda AIDS commission's prevention thematic area is to reduce new HIV infections by 65% among adults and youth, and to reduce new paediatric HIV infections to 5% by 2025.

The program supported this goal through its Prevention/Elimination of mother-to-child program which promoted identification, treatment, adherence to ART and retention of pregnant women, breastfeeding mothers and their exposed infants. In addition all mothers were tested for Hepatitis B and syphilis. Family planning services were provided for 765 breastfeeding and non-pregnant women in this period.

576 pregnant mothers cared for with 87% sustaining viral suppression

100% screened for gender based violence. Challenge of non-disclosure to partners continues

187 babies completed follow-up in the early infant diagnosis (EID) clinic and **all (100%) HIV Negative at 18 months**

4 food demonstrations and 3 peer support meetings held to equip patients
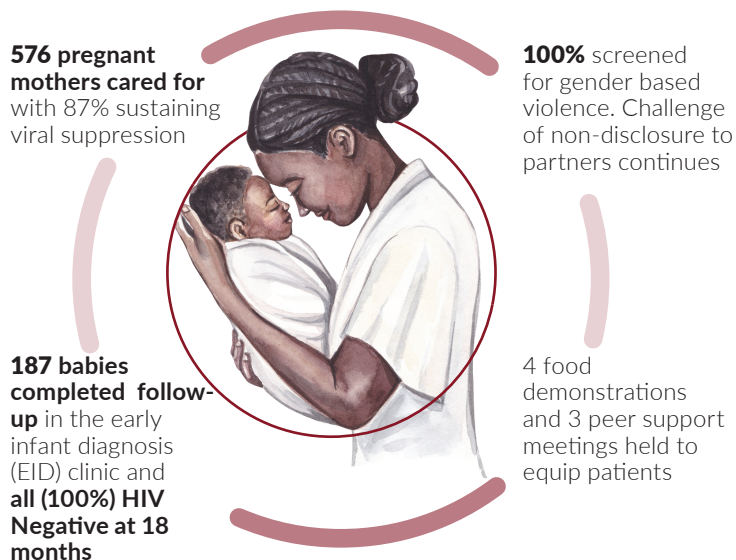
Cervical Cancer

According to the World Health Organisation, women living with HIV are six (6) times more likely to develop cervical cancer compared to those without HIV. The programme supported screening and treatment of pre-cancer lesions and vaccination against Human Papilloma Virus (HPV) in order to prevent cervical cancer in this population. 289 women were found positive on screening and 278 (96%) received treatment.

TB Services

We provided prophylaxis for Tuberculosis to 1022 patients, 90 patients were treated for tuberculosis, and 199 contacts of TB patients were traced with 96 of these being children.

HIV Testing Services

Testing services contribute towards achievement of the first out of the United Nations' 95-95-95 targets to end the HIV epidemic by 2030 (95% of people living with HIV to know their status). The programme contributed to this target by focusing on community testing in addition to facility testing.

In the reporting period, 3,140 HIV tests were performed at both the facility and community levels. This threefold increase from last year's achievement was achieved through carefully staged and targeted testing to reach populations at high risk of HIV acquisition in the community.

An average of 56% males were reached in the community with an overall positivity rate of 3.4%. All those found positive were linked to care.

Differentiated Service Delivery Models

Approximately 8,300 patients received care in the reporting period with 94% (7,747) achieving viral suppression targets. These stable patients were profiled and supported to choose from the different patient-centred care models in the community or at the facility.

Over 2,000 patients with comorbidities such as Hypertension, Diabetes Mellitus and patients with common or unique needs like the mental health patients and young adults were managed as groups within the facility-based groups model. This model was expanded to include the drama group and expert clients offering opportunity for peer-peer support and other advocacy.

The Community pharmacy model implemented through the ICEA integrated ART ACCESS application supported 1,806 patients, with community pharmacy refill visits and enabled the related logistics and reporting. 20% of patients were discontinued from this model for various reasons including pregnancy, loss to follow up and new diagnosis of hypertension

Training and Mentorship

In this period, the programme supported internship and elective training for counsellors, nurses, undergraduate students and postgraduate students from Makerere university and other public and private tertiary institutions. A total of **297 students** were supported.

The weekly medical education platform hosted by the programme (including journal club, switch meetings, case conference and the Nurses CME attracted both local and international attendees who shared insights and experiences that impact practice and improved patient care outcomes.
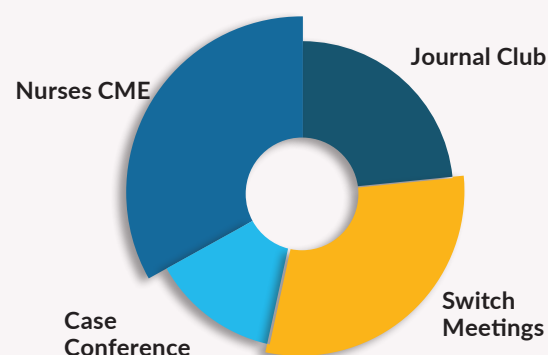

Nurses CME · **Journal Club** · **Switch Meetings** · **Case Conference**

Fig 2: Continous Medical Education

8,300
patients received care with 94% (7747) achieving viral suppression targets.

2,000
patients with comorbidities and patients with common or unique needs were managed as groups within the facility-based groups model.

1,806
patients with comorbidities and patients with common or unique needs were managed as groups within the facility-based groups model.

Academy for Health Innovation

The Academy of Health Innovations Uganda is a sub-programme in IDI, which was established to pilot and roll out innovations in health care. With its existing wealth of experience in the challenging context of the Ugandan health sector and innovation market, The Academy has positioned itself as a reliable partner to introduce, advance, and scale innovations in order to validate them while maximizing their impact.
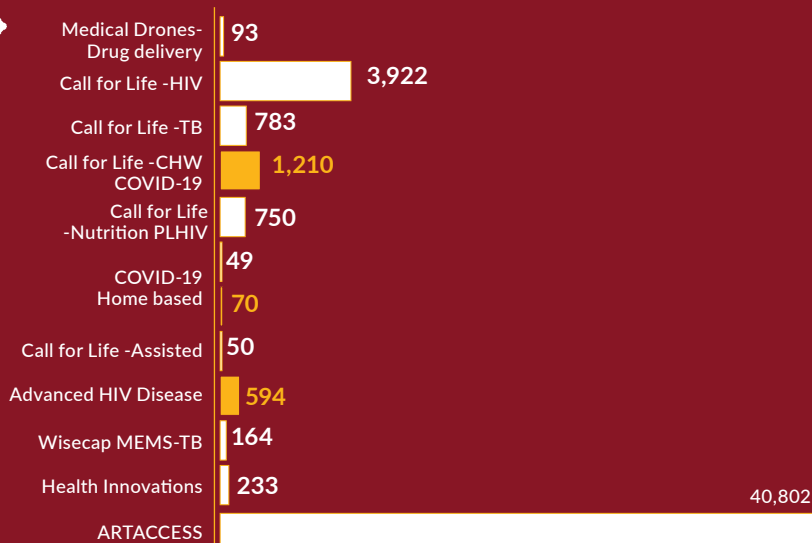
48,720
Clients reached through different platforms

Category	Value
Medical Drones- Drug delivery	93
Call for Life -HIV	3,922
Call for Life -TB	783
Call for Life -CHW COVID-19	1,210
Call for Life -Nutrition PLHIV	750
COVID-19 Home based	49
	70
Call for Life -Assisted	50
Advanced HIV Disease	594
Wisecap MEMS-TB	164
Health Innovations	233
ARTACCESS	40,802

Fig 1: Academy Innovations client reach in 2022/2023   ■ Client/Patient Reach   ■ Community healthcare worker reach

CALL FOR LIFE (CFL)

The Academy contributed towards the implementation and dissemination of the MOH approved COVID-19 prevention, risk communication, surveillance and community guidelines through healthcare worker trainings using its Call for Life platform.

The CFL platform was also introduced and successfully tested in multiple African countries including Malawi where it has been adopted for long COVID as part of the PROVE study. The platform has further been deployed to keep in contact with over 5,000 COVID-19 survivors to determine the long term effects that the victims have experienced on their road to recovery.

Plans are underway to use Call For Life in Francophone countries (Senegal & DRC) with a French version of the OpenMRS.

ARTACESS

The Ministry of Health adopted ARTACCESS, a digital health system that guides remote ART delivery services to support differentiated service delivery through the community pharmacy refill model. The Academy provided the technical support necessary to implement the system in order to document ART refills, facilitate efficient ART delivery through private pharmacies without additional human resource needs, to provide real time communication between pharmacy and HIV facilities regarding status of patient and to monitor ART stock movements between HIV facility and pharmacy.

The Academy has so far enrolled 81 facilities and 125 pharmacies on the program. It has also trained over 500 stakeholders including MOH officials, HIV implementing partners, facility and pharmacy staffs to use the system. A total of 40, 802 HIV clients have been enrolled on the program as of June 2023.

Hub for Artificial Intelligence in Maternal, Sexual and Reproductive Health in Africa – HASH

Under the HASH project, the Academy awarded 10 subgrants in seven African countries to conduct 12-18 months research projects in AI innovations to tackle challenges in Maternal and Sexual Reproductive Health in Sub Saharan African Africa(SSA). A seven member advisory committee comprising of well established professionals in AI and MSRH was formed to develop a strategy for a sustainable HASH network that will outlast the current project funding and lifetime.

Preliminary findings from research that is currently being conducted to document the landscape of AI for MSRH on the continent were disseminated at the COCIS open day, the IDI Science Fair and the inaugural AfricAI conference in Kigali which was held in June 2023.

4th Annual Health Innovations Conference

The Academy for Health Innovation Uganda organized its fourth Health Innovations Conference on "Building Resilient Healthcare Systems Through Innovations" at the Kampala Serena Hotel from December 12th to 13th, 2022.

The conference was attended by over 320 participants, including innovators, health workers, and entrepreneurs. US Ambassador to Uganda, Natalie E. Brown, highlighted the event as an invaluable opportunity to collectively share experiences and innovations, ultimately enhancing the quality of care in Uganda.

This conference is a valuable opportunity to collectively take stock of what we are innovating in our different spheres and share experiences that will ultimately improve the quality of care that can be provided in Uganda.

Medical Drones

Community structures in Moyo district have been strengthened to facilitate drone deliveries. Two weather stations have been installed in Dzaipi sub county and Moyo Hospital with the help of the Uganda National Meteorological Authority to ensure proper drone operations.

In Kalangala district, peer leaders (also known as delivery observers) have been trained to prepare and secure the drone landing zone and maintain constant communication with the pilot.
A drone delivery observers' toolkit is currently under development by the drones team.

Patrick Ssesaazi, the Drones' project Coordinator loading drugs onto the drone at Kalangala

Future Outlook

In the upcoming year, the academy will focus on strengthening the use of emerging technologies in the health sector by leveraging collaboration with research partners, international organizations, universities, and pharmaceutical companies.

Core Laboratory

100+

clinical trials supported

120,000+

tests conducted in FY2022/23

>80%

customer satisfaction achieved

The IDI Core Laboratory is accredited by the prestigious College of American Pathologists (CAP), the world's premier lab accreditation body. It has a rich history of supporting ground-breaking clinical trials and responding to public health crises, such as the recent COVID-19 pandemic.

In the fiscal year 2022/23, the laboratory continued to provide high-quality laboratory services. Its extensive range of services included haematology, clinical chemistry, immunology, serology, molecular biology, parasitology, and urinalysis.

The lab contributed to the sustainability of IDI and also provided world class world-class laboratory services, for a variety of research studies including clinical research trials in Uganda and beyond.

Looking ahead, the IDI Laboratory Services programme aims to become a regional biorepository hub, to produce knowledge products, offer consultancy services, and enhance training programs to further solidify its position as a centre of excellence. Active involvement in professional societies such as the African Society of Laboratory Medicine (ASLM) will further enrich the programme's network.

Information Systems

The Information Services department supports IDI with a strong infrastructure backbone, reliable internet connectivity across sites, modern data management systems, proven Internally developed systems, and sound knowledge management as part of the overall institute-wide digital transformation journey.

This year, the department embarked on several initiatives including upgrading its financial management system Navision (2016) to Dynamics Business Central to support the growing needs of the institute.

The department also continued with its automation of the hiring and recruitment function through an internally developed human resource management system (HRMIS).

The department further scaled up the use of geospatial mapping and trained several researchers in applying GIS services across IDI programs and partner institutions. It continued to support the Ministry of health to track all hospital assets in Uganda from health center 2 to referral hospitals using a mobile inventory system (NOMAD mobile).

Knowledge Management and Utilisation (KMU)

The IS department undertook an institution-wide SWOT analysis to identify gaps and opportunities to enhance knowledge management.

The analysis identified key opportunities for better KMU including the need for integration of knowledge, stimulation of new learning, improving access to knowledge (including access for non-traditional stakeholders and deployment of new innovative platforms) for knowledge debate, discussions as well as dissemination suitable for post-COVID-19 pandemic settings

26 KMU champions were selected from the six technical programmes and four departments to coordinate the KMU Strategy micro-planning to support continuous self-assessments and innovation for improved knowledge management.

Future Outlook

The Information Services department aims to develop an integrated Enterprise Architecture and to enhance data science and AI capabilities. Central to this is the launch of an Institutional Dashboard to monitor programme KPIs precisely, coupled with the institution-wide adoption of Microsoft 365 tools, to improve internal collaboration. By embracing a cloud-based infrastructure and leveraging the power of 5G technology, we will empower our staff with enhanced remote work capabilities and ensure high-speed internet access – both essential elements for a modern healthcare environment.

Human Resources

The HR Department embarked on a journey to streamline its structure in order to provide a proactive service-centric culture.

Employee Engagement and Well-being:

The department led efforts to cushion staff from a rising cost of living experienced in FY2022/23 by increasing medical premiums and provident fund contribution. Additionally, a cost of living adjustment was applied to salaries in January 2023.

The department enhanced employee communication with management through Town halls held at all IDI sites within Kampala and virtually with the teams in West Nile and Karamoja.

The town halls enabled interaction with various members of the Senior Management Team and thus fostered the IDI culture of open communication amongst all staff regardless of level of authority.

↑ Dr Andrew Kambugu, the executive Director, addressing staff during townhall meeting at the Sande Mckinell Centre

The HR team further embarked on a survey in the second half of the year which informed action planning sessions with each of the departments that participated.

In commemoration of the World Day for Safety and Health at the workplace, IDI on Friday, April 28, 2023, IDI launched its Employee Assistance Program Services for all staff and their immediate family. The program aims to improve the mental health of employees through providing access to clinical clinical psychologists and creating an environment in the workplace where mental health is a priority. This initiative aims at reducing the stigma associated with such services, and ultimately promoting a healthier and more productive workforce within the Institute.

Learning and Development:

The department expanded IDI staff training programs (both in-person and through digital platforms) to cater to the diverse needs of our workforce. Additionally, it promoted internal knowledge sharing and professional certifications in order to maintain a culture of continuous learning.

Diversity, Equity, and Inclusion (DE&I):

The department continues to make significant strides in promoting diversity, equity, and inclusion is working towards a well balanced structure throughout the organization.

2,604
Total Staff
👤 1,154 (44%)
👤 1,450 (56%)

SMT: 07, 13
MMF: 13, 20
Functional Staff: 1154, 1450
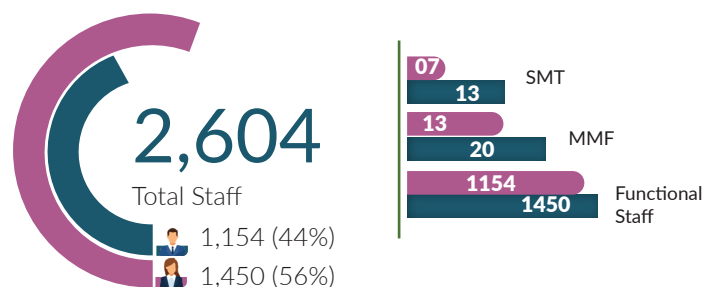
Orientation of New Staff

IDI welcomed 205 new staff of whom 65% were male and 35% female, during the year. Three-day hybrid orientation sessions were held where the staff received an engaging onboarding experience and were assured of a positive and productive workplace culture within IDI. Feedback was solicited on how best to improve our onboarding experience

Occupational Health, Safety and Environment

In acknowledgment of the importance of employee well-being, both Management and the Board approved the recruitment of an OHSE & Safeguarding Manager whose role is to focus on aspects of employee safety, community, and child safeguarding as well as the impact of our activities on the environment in which we operate in.

66

Number of claims made in FY2022/23

(38)

(28)

Closed   Open
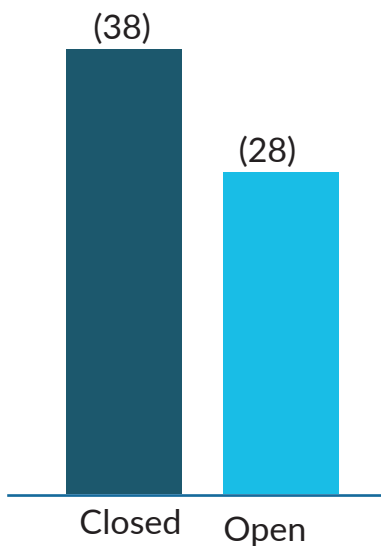
Number of claims made (those closed and those still open)

Fire Fighting

The OHSE & Safeguarding function undertook baseline inspections and registration of all IDI workstations with the ministry of Gender, Labour and Social development in order to comply with regulatory requirements.

OHSE Representatives were nominated for each program/ project across the institute, trained and appointed to support OHSE activities at departmental level in a bid closely support staff and enhance the institute's safety and environmental sustainability culture.

With support of the operations team, due diligence inspections were conducted to ensure compliance of IDI's waste management service providers with its OHSE policy.

Workplace emergency preparedness and response capacity building trainings were conducted including first aid administration for all drivers and fire fighting for all staff based at IDI workstations.

Retirement Training

In September 2022, IDI partnered with the IDI Insurance Advisors, i.e., Marsh Insurance Brokers Limited Uganda and Imagine Me Africa, to continue strengthening our staff's well-being and financial security through retirement training which covered the following areas: exploring and dealing with fears in retirement, my money story, money leakages, estate planning, consideration for a business enterprise.

Participants received experiential learning with a true story and in-person interaction on thriving in retirement from retired country Director of World Vision Roby Muhumuza covering ideal life planning mapping and planning for retirement.

Through a coaching and interactive workshop approach, the individuals in the cohort received financial counseling and developed their budget and action plans. This improved the satisfaction of the soon-to-be-retired staff and their retirement readiness and empowered them to navigate the complex landscape of retirement planning. They were also rewarded each with a copy of the book "Corporate at a Crossroad," which draws from the author's real-life experiences.

Future Outlook

Challenges faced during the year included external market shifts, talent shortages in certain areas, and changing workforce dynamics. The department will continue to adapt and evolve strategies as well as improve our policies and processes in order to meet the evolving needs of the organization and its employees

This will include an organizational restructuring exercise aimed at supporting IDI's strategy and ambition to expand into Africa, a job analysis to ascertain whether we have sufficient talent to meet our objectives and a job evaluation to inform an attractive and robust compensation and benefits structure that continues to attracts and retain talent.

We will also continue with the digitalization process to improve the quality-of-service provision.
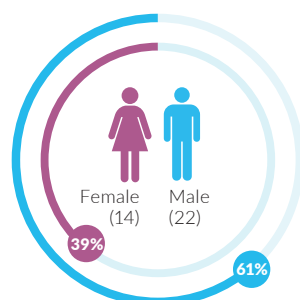
Middle Managers Team

The idea to establish the Middle Management Team (MMT) forum was conceived in 2018 in the F&A department. It became official in 2019 following a thorough due process and approval from the Senior Leadership Team (SMT) as an integral component of the leadership mechanisms at IDI.

Comprising 35 representatives from various programmatic and support departments, the MMT forum serves as a vital bridge between senior leadership and the broader workforce, promoting a unified approach to realizing IDI's vision and mission. It also fosters leadership development and cross-departmental collaboration within the organization.

Timothy Muwonge
Programs Manager
IDI Kasangati

Immaculate Nabukenya
Project Manager

Ronald Kaliisa
Supply Chain Manager

Paul Gonza
Senior Research Manager

Judith Nanyondo
Project Manager

Martin Ssuuna
Chief of Party, USAID's OVC Interregional Activity

Mary N Mudiope
Chief of Party, USAID's LPHS TB Activity

Twaha Mahaba
Program Manager WHP

Paul Kavuma
Regional Manager - KHP

Francis Were
Program Manager VMMC

Priscilla Atim
Laboratory Supervisor

Fig 1: Composition by Gender

Female (14) 39%
Male (22) 61%

- Research
- Prevention Care and Treatment
- Health Systems Strengthening
- Academy for Health Innovations
- Core Laboratory
- Human Resources
- Global Health Security
- Training and Capacity Development
- Information Services
- Strategic Planning and Development
- Finance and Administration

Priority Areas of the MMT Forum

Cohesion: Through regular meetings and collective action, the MMT forum facilitated increased communication, transparency, and alignment across the entire institution. Staff feedback informed policy reviews, process improvements, and enhanced employee welfare initiatives

Collaborative Learning: To bolster operational awareness and unity, the MMT introduced the "Learning Gallery," showcasing departmental achievements and fostering mutual respect and understanding amongst colleagues.

Breaking the Silos: By encouraging open dialogue and collaboration, the MMT successfully disrupted traditional barriers between teams, resulting in greater efficiencies and shared best practices.

Development of Leadership Talent and Capacity: Recognizing the need for structured leadership development, the MMF organized targeted workshops and training sessions aimed at improving managerial competency and contributing to long-term succession planning.

Accomplishments and Challenges of the MMT Forum within the Priority Areas

Cohesion: Weekly MMT meetings provided a platform for discussing issues of concern, leading to the adoption of HR policies, refinement of business processes, and enhancement of staff performance management systems.

Collaborative Learning: The introduction of the Learning Gallery during the IDI@20 anniversary celebrations significantly boosted understanding of IDI's diverse operations and activities.

Breaking the Silos: Regular MMT meetings and subsequent actions resulted in stronger connections between units, sections, and departments, thereby reducing fragmentation and increasing overall productivity.

Development of Leadership Talent and Capacity: Two specialized management and leadership training courses were conducted, equipping middle managers with essential tools and techniques to excel in their roles.

Beyond the priority areas outlined above, the MMT played a crucial part in several additional endeavours, such as organizing events, coordinating responses to crises, and advocating for the Institute's interests both internally and externally.

As we look ahead towards future challenges and opportunities, the MMT stands poised to continue driving innovation, collaboration, and sustainable growth at the Infectious Diseases Institute.

Ivan Kwehangana
HR Operations Manager

Evelyn Ikalai
Compensation and Benefits Manager

Solomon Ngoboka
OHSE Manager

Stella Mirembe Musonge
Employee Relations and Assistance Manager

Silver Kasigeire
Senior Training Operations Manager

Paul Buyego
Physician

John Matovu
Data Management Team lead

Caroline Asiimwe
Documentation and Utilisation Specialist

Lydia Ssanyu
Ag. Software Development Manager

Cyprians Tamale
IT Manager

Charles Kabanda
Senior Manager - Grants and Contracts

Specy Kakiiza
Senior Manager -Subgranting

Stephen Anyijukire
Senior Manager -Grants and Contracts

Eva Nyakaisiki
Senior Manager -Grants and Contracts

Daniel Omagor
Operations Manager

Suzan Achom
Senior Manager Internal Audit

Frank Sebalamu
Finance Manager Lab & Clinical Care

Fiona Kesande
Finance Manager GHS

Christine Adure
Finance Manager HSS

Benard Musana
Finance Manager Research

Shadia Namaganda
Procurement Manager

Eva Laker
Team Leader Pharmacy

Joseph Ssuuna
Warehousing and Distribution manager

Ahmed Ddungu
Clinic Physician

> " *As an MMT member from the West Nile Region, I have grown into a more empathetic, adaptable, and resilient leader, which has helped me bridge the gap between senior leadership and frontline employees in the organization,"*
>
> *–Twaha Mahaba, Manager—West Nile HIV Programme*

Governance

The IDI Board comprises of 12 eminent individuals who provide governance support to ensure transparency, accountability, and efficiency in all of IDI's operations. The Board met thrice during the FY2022/23 (as per its meeting schedule) to discuss a wide range of topical and strategic issues.

Prof. Barnabas Nawangwe
Vice Chancellor
Makerere
University

Yusuf Kiranda
University Secretary
Makerere University

Samuel Abimerech Luboga
IDI Board Chairperson
ED Sustainable
Leadership Institute
Chairperson Education
Service Commission
Associate Professor (ret.)
Makerere University

Henry Mwebesa
Director General
Health Services,

Ministry of Health

Umar Kakumba
Associate Professor
and First Deputy Vice
Chancellor (Academic
Affairs) at Makerere

University

Wilfred Griekspoor
Board Audit Committee
Chair
Director Emeritus
McKinsey &
Company Amsterdam,

Netherlands

Harriet Mayanja Kizza
Professor of
Medicine, College
of Health Sciences,

Makerere University

Milly Katana
Board Audit Committee
Member
Director, Senior
Support Services

Moses R. Joloba
Professor of Molecular
Biology, Immunology
and Microbiology
Dean, School of
Biomedical Sciences

Makerere University

Yuka Manabe
Program Committee Chair
Professor of Medicine,
Division of Infectious
Diseases School of
Medicine,
Associate Director of
Global Health Research
and Innovation Johns
Hopkins University

Samuel Kanakulya Lubinga
Board Audit
Committee Member
Executive Director
Singo United
Investments

Jeremiah Chakaya
Executive Director,
Kenya Association
for the Prevention
of Tuberculosis and

Lung Disease

Charles Ibingira
Professor of
Anatomy

Makerere University

Alex Opio
Public Health
Consultant &
Researcher

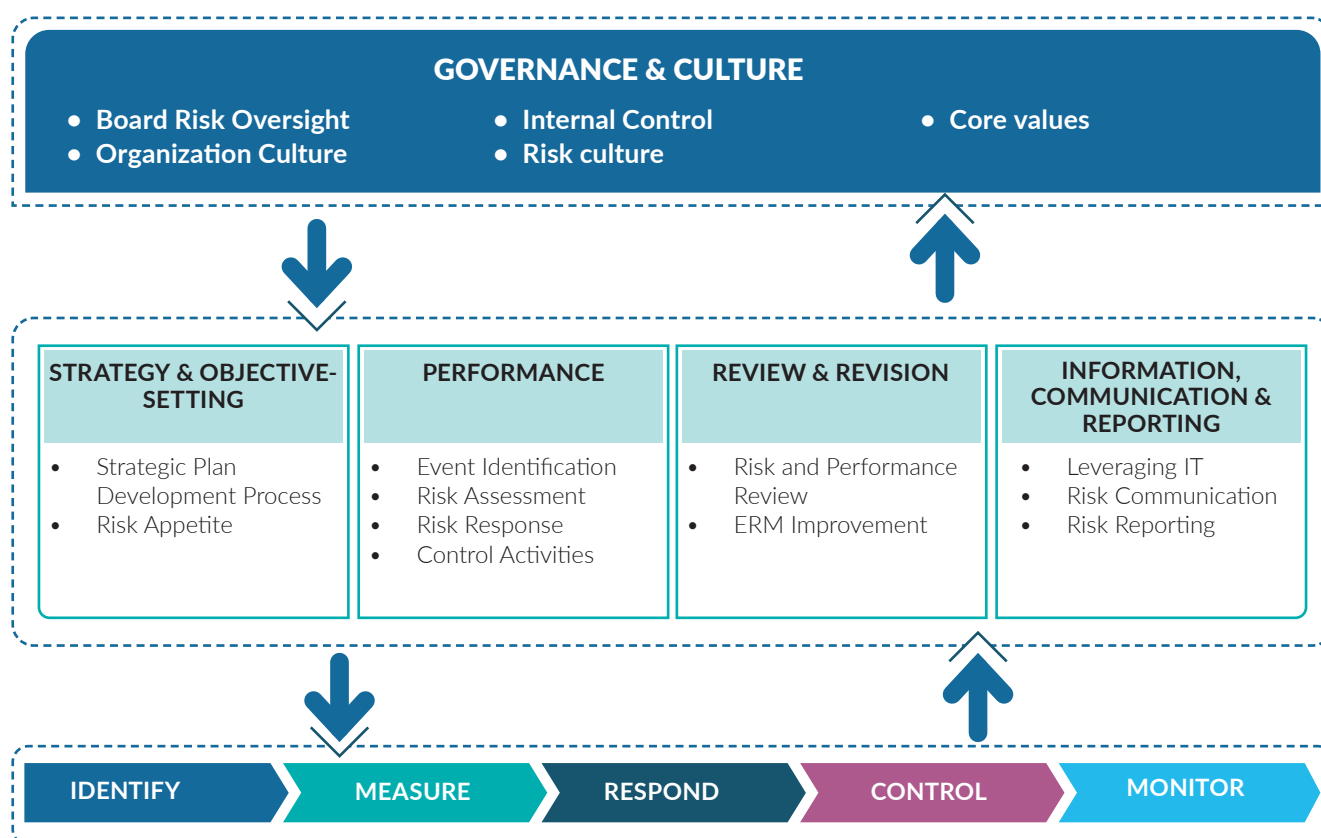Medireal

Programme Support

The Board constituted a new Programs and Development Committee (PDC) to review, evaluate, monitor and support program design, delivery and outcomes and to support the related resource acquisition efforts. The Board Chair and Executive Director had a successful Annual General Meeting (AGM) with the University VC and US on the 15th of March 2023 during which IDI contributions to Makerere and overall excellence in management were applauded.

Financial Stewardship:

The Board continued to provid oversight for IDI's rigorous financial controls and for an extensive internal audit calendar (with excellent performance indicators) achieved this year.

Risk Management:

This year, the Board's risk management role was particularly significant in handling of program risks occasioned by the Ebola outbreak (including exposure of staff). It was also key to monitoring of subgrantee compliance and managing of financial risks related to over heads and cost recovery for major projects (that have a high impact on IDI's financial sustainability) as well as in gauging IDI's ability to withstand sustained financial shocks through stress tests.

GOVERNANCE & CULTURE

- Board Risk Oversight
- Organization Culture
- Internal Control
- Risk culture
- Core values

STRATEGY & OBJECTIVE-SETTING	PERFORMANCE	REVIEW & REVISION	INFORMATION, COMMUNICATION & REPORTING
• Strategic Plan Development Process • Risk Appetite	• Event Identification • Risk Assessment • Risk Response • Control Activities	• Risk and Performance Review • ERM Improvement	• Leveraging IT • Risk Communication • Risk Reporting

IDENTIFY → MEASURE → RESPOND → CONTROL → MONITOR

Compliance and Ethics:

Makerere University introduced a new policy for the Establishment and management of Research Entities and Institutions within the university.
The board guided management on key aspects of compliance to this policy

The board further guided management in responding to new legislation that potentially has a direct effect on IDI funding and programming.

Continuous Improvement:

The IDI Board's commitment to continuous improvement and excellence was demonstrated with a comprehensive board evaluation exercise implemented by Steadman Global Consulting, an external consultant firm. The evaluation will inform the Board's training calendar for FY2023/24.

Internal Audit

The IA team at IDI develops annual work plans that outline specific areas, units, or projects prioritized for audits and assessments.

In the fiscal year 22/23, a total of 32 audit assignments were scheduled, with 24 completed. A notable focus of audit assignments during this period was on IDI's expanding sub-grantee portfolio. During the period, 12 sub-grantees were audited under IDI's West Nile Health Programme, funded by PEPFAR/CDC.

Pre-award risk assessments were conducted for a total of 27 organizations, both locally and regionally in Africa to evaluate the strength of their internal control environment and identify related exposures.

Out of these, 22 organizations were recommended for sub-granting, while others received suggestions for corrective action in specific areas.

The IA team conducted two targeted trainings on fraud awareness and anti-money laundering for selected staff. Fraud awareness training was also integrated into twelve monthly orientation sessions for new staff.

In the reporting year, management enhanced the capacity of the Internal Audit unit through a 3-day fraud investigation training and two anti-money laundering trainings conducted by the Financial Intelligence Authority (FIA).
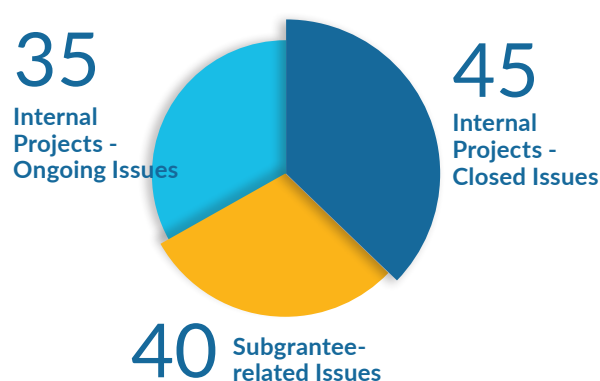
The Unit also benefited from six internal trainings covering various aspects of the internal audit program.

The IDI Board Audit Committee (BAC) continued to provide oversight and support to the IDI Internal Audit function. In FY 22/23, six meetings with BAC were held with in-depth discussions on the internal audit activities throughout the year.

Risk Management:

The IA team routinely monitored the institute's corporate risk register, coordinated its comprehensive review, and updated it to reflect changes in the Institute's risk environment.

In addition to its scheduled assignments, the IA unit investigated five fraud cases and presented them to the Board Audit Committee (BAC), which used them to recommend relevant management actions and enhance internal controls.

35
Internal Projects - Ongoing Issues

45
Internal Projects - Closed Issues

40 Subgrantee-related Issues

Audits Raised through FY2022/23

24
Audits Completed

13
Fraud Awareness Trainings

27
Pre-Award Risk Assessments

13
Whistle-Blower Reports Handled

Supply Chain

IDI recognizes that Supply Chain Management is an integral part of service delivery, in all our operations across the six program areas whether its in ensuring uninterrupted availability of HIV/AIDS care to our patients or responding to an Ebola outbreak. The Supply Chain team aims to have the agility to be responsive and provide high quality services amidst multiple interruptions of both local and global scale.

We focus on meeting the five Rights of procurement ensuring that: the Right Products of the Right Quality that meets specifications and user requirements are procured, delivered at the Right Place, at the Right Time and at the Right Price.

Team Capacity

The Team prides in continuous learning and continues to receive multiple internal trainings to enhance capacity and develop soft skills needed for excellent service delivery to our clients.

All procurement staff as of June 2023 are members of the Chartered Institute of Procurement and Supply (CIPS) and have at least completed a level 4 diploma in procurement and supply from the Chartered Institute of Procurement and Supply (CIPS). Equally, some Warehouse staff are attaining professional qualifications with the Chartered Institute of Logistics and Transport (CILT) among others.
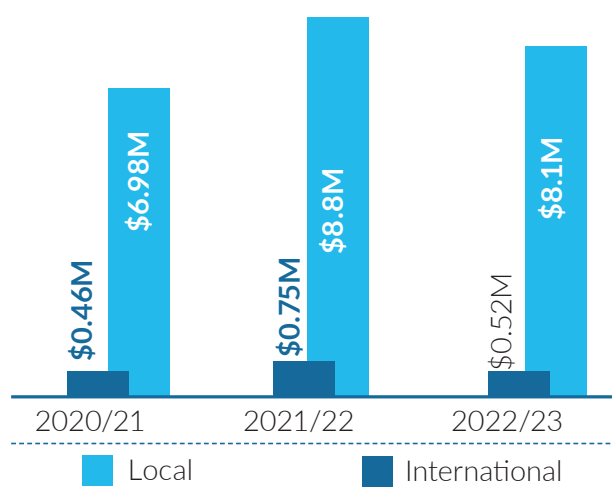
Procurement

Procurement Systems

In a continuous efforts to automate and achieve process efficiency, we made an upgrade in the Procurement Processes Management Information System (PPMS) in the 2022-2023 financial year. The upgrade included automated requests for Quotations from our prequalified vendors in each category which has improved speed, accuracy and transparency of the sourcing process. The system was also modified to give users a smooth experience with clear visibility into the sourcing process all within one tab.

Local Procurement

The department makes deliberate efforts to procure locally in order to improve community livelihoods, support trade and employment opportunities and reduce the impact of its activities on the environment.

In the financial year 2022 to 2023 the local spend increased further. 94.02% of the total procurement spend of USD 8,661,492 was through local suppliers in Uganda, 1.42% was from suppliers in other member states in the East African community and 4.56% was with international suppliers.

Bar chart showing Local and International procurement spend:
- 2020/21: Local $6.98M, International $0.46M
- 2021/22: Local $8.8M, International $0.75M
- 2022/23: Local $8.1M, International $0.52M

Legend: Local, International

Improved Supplier Prequalification/ Assessment:

In order to rid the IDI supply chain of counterfeit and substandard items, IDI invests in identifying genuine, authorized, committed, and ethical vendors. We also engage our user department to provide feedback on vendor Key performance aspects and this information is used in vendor rating and making key future procurement award decisions.

In the 2022/2023 financial year particularly, we had an engagement with all vehicle hire service providers and this brought a lot of clarity on the expectations of both parties and smoothened our working relationship and service deliveries.

We also carried out a mini-prequalification exercise to identify additional vendors in some categories that were lacking.

Procurement planning:
We introduced the concept of Institutional planning in order to reduce costs through economies of scale, reduced delivery lead times, increased effeciency and improved relationship with vendors

Warehousing and Distribution:

The team improved IDI warehousing and distribution throughout its network comprising of a central warehouse in Kampala, 11 mini-Distribution centers/storage facilities in the different regions we support (in Arua, Nebbi, Koboko, Adjumani, Moroto, Kotido, Mulago, Wakiso among others) and the community/ final consumers.

Distribution Centers in communities

Distribution Centers in communities

Distribution Centers in communities

COMMUNITIES SERVED
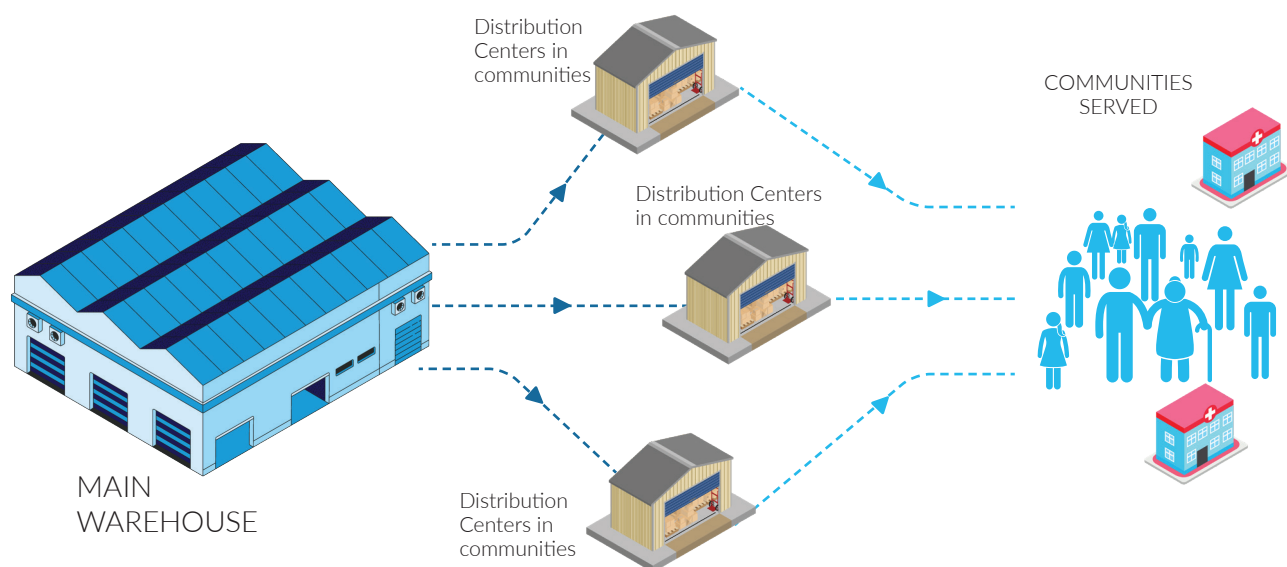
MAIN WAREHOUSE

Specifically, the team improved the following functions:
Order Processing
In order to reduce order processing time and improve user experiences, the warehouse leadership instituted order processing time targets for the different sizes of orders

Bin accuracy continued to improve, and is expected to hit 90% in the 2023-2024 Financial year.
Monthly inventory status reports are now sent to users in order to inform utilization and purchase decisions and thus eliminate redundancy and obsolescence of stock.

Parameter	FY20/21	FY21/22	FY22/23
Inventory Accuracy (Bin accuracy score)	80.60%	83.7	84.2

Loading/dispatch waiting time:
In the 2022/2023 Financial year, we started tracking the waiting time for each order against the targets

Operations

The IDI Operations Unit has a team of key professionals in various engineering fields (Mechanical, Biomedical, Electrical, Civil, and Quantity surveying) who are charged with supporting maintainence, stability and growth of IDI infrastructure. The team is pivotal in supporting key elements of excellent program management such as the IDI Core Lab's and Translational Laboratory's international CAP certification.

Training and Capacity Building

In the year 2022/2023, operations team's capacity to manage engineering projects was built through training for Engineers/Technical teams. In collaboration with the OHSE team, the fleet team, Fire Marshals, and all staff across the institute were skilled in various fields as summarised in the table below.

#	Course	Beneficiary	Trainer
1	CPD - Project financing and project life cycle Management, Competitive soft skills for Engineers in the 21st century	IDI Engineers	Uganda Institute of Professional Engineers
2	First Aid Training for the fleet team	All IDI Transport Assistants (Drivers and Riders)	Emergency Care Society of Uganda
3	First Aid administering and Emergency response	All IDI Fire Marshals	First Aid International
4	Fire drills and fire emergency response	All IDI Staff across the field offices (Kampala, West Nile, and Karamoja)	Uganda Police Force Fire Brigade

Infrastructure Improvement

The Operations team provided technical and project management oversight for infrastructural improvements as part of IDI's health system strengthening mandate.

Notably, this year, the team supported renovation of four government human and animal microbiology laboratory testing centres in Regional Referral Hospitals across the country through the Fleming Fund Country Grant project.

BEFORE:

AFTER:

Environmental Safeguard:

Medical providers often generate significant biohazardous waste. IDI, generates over 10 tons of human Biohazardous waste from its clinical and Laboratory facilities. In the year 2023, the facilities team made further strides in ensuring that the waste generated is well handled right from its yards upto the final destination of disposal with no harm to the environment and human surroundings. Routine inspection is done of the disposing sites to make sure that the disposing facilities are in good condition and working.

Energy for sustainability

IDI initiated an energy systems supply upgrade in 2021. This is geared towards sustainably meeting the institutional growth in energy demand.

This year, in furtherance of this upgrade, switchboards, Power stabilizer, metering kiosk, and the Yaka metering were upgraded from 200kva (400Ampires) to 500kva (800 amperes) for both Mulago and MKC.

The IDI Mulago server room's power backup stability was equally upgraded from 10KVA to 30kva for reliable data storage and information security. This has greatly improved the power systems performance in stability in the institute. Solar security lighting was installed at the IDI facilities in 2023 as a safe renewable energy self-generation mechanism.

This power systems upgrade has greatly reduced the IDI energy demand from 90% to 45% of load capacity leaving an allowance for future growth in energy utilisation.

	Switch gear at Mulago	Switch gear at MKC	Server room Mulago
Capacity			
Before	200KVA	200KVA	10KVA
After	500KVA	500KVA	30KVA
Demand			
Before	90%	70%	90%
After	45%	35%	30%

Summary of load capacity before and after systems upgrade

2020	2021	2022	2023
$208,966	$149,000	$109,203	$115,083

The progressive energy cost reduction
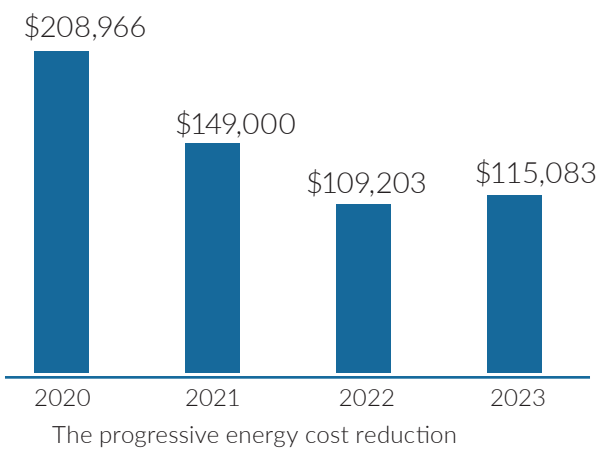
Fleet

The institute's fleet management system benefits from continous improvement initiatives. In 2022/23, the fleet management team continued to build a reliable and sustainable fleet to meet stakeholders needs with a variety of readily available fleet choices. This ranged from services provided by the core fleet to prequalified vehicle hire companies, and approved Boda Boda riders. This has provided on-time service delivery with minimal risks.

The core fleet also maintained its self-sustainability through susbtancial cost recoveries from projects.

To reduce the delays in processing requests and approvals, the fleet management unit working hand in hand with 3D services (a vehicle tracking company) have digitalized the vehicle service components through mail alerts to initiate the next scheduled service. This has reduced activity delays due to downtime of vehicles waiting for service approval.

69
Vehicles
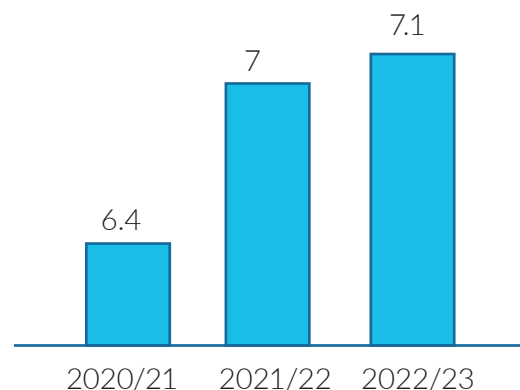
Graph showing Efficiency (km/L) for the vehicles

2020/21	2021/22	2022/23
6.4	7	7.1

Security

The security team's mandate is to provide a safe and secure work environment to all staff, visitors, contractors and safe guard all IDI property across all regions of operations. The key IDI Security controls in place include Human guarding service, CCTV, Electronic access controls, Biometrics and closed collaborations with other sister securities agencies and partners like the Uganda Police, Internal Security Organization (ISO), District Internal Security Officer (DISO), Resident District Commissioner (RDC), United Nations Department of Safety and Security (UNDSS) and Mercy Corps.

These have have provided daily updates of security risks which are shared with all staff especially in the districts of jurisdiction (West Nile, Karamoja, Bunyoro and the Metropolitan Kampala).

IDI, in collaboration with its partners, maintains a contingency safety plan for staff in all its regions of operation.

INFECTIOUS DISEASES INSTITUTE LIMITED
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2023
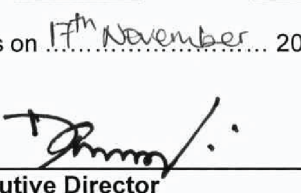
INCOME	Note	2023 US $	2022 US $
Grant income	4	63,187,840	61,259,254
Self-generated income	5	4,503,592	3,883,904
Interest income		257,605	26,322
		67,949,037	65,169,480
EXPENDITURE			
Salaries and benefits	7	26,072,496	24,566,743
Program expenses	8	27,854,838	29,046,591
Transportation	9	4,297,006	3,358,236
Office expenses	10	1,609,950	1,708,947
Facilities expenses	11	3,730,395	3,030,642
Administration expenses	12	1,900,232	1,856,133
Direct laboratory test	13	528,279	539,870
Foreign exchange gain	14	(112,370)	(2,222)
		65,880,826	64,104,940
Surplus for the year		2,068,211	1,064,540
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME		**2,068,211**	**1,064,540**

INFECTIOUS DISEASES INSTITUTE LIMITED
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2023

	Note	2023 US $	2022 US $
ASSETS			
Non-current assets			
Property and equipment	15	4,037,475	3,928,211
Right-of-use asset	16(a)	309,333	412,496
		4,346,808	4,340,707
Current assets			
Inventories	17	449,612	171,500
Receivables and prepayments	18	7,969,055	6,156,285
Cash and cash equivalents	19	20,442,497	22,597,301
		28,861,164	28,925,086
TOTAL ASSETS		33,207,972	33,265,793
FUNDS AND LIABILITIES			
Reserves			
Accumulated surplus		17,580,749	15,512,538
		17,580,749	15,512,538
LIABILITIES			
Non-current liabilities			
Retirement benefit obligation	20	-	242,172
Deferred income	21	12,486,896	13,674,259
Lease liability	16(b)	170,214	273,773
		12,657,110	14,190,204
Current liabilities			
Payables and accrued expenses	22	2,828,188	3,435,640
Lease liability	16(b)	141,925	127,411
		2,970,113	3,563,051
TOTAL FUNDS AND LIABILITIES		33,207,972	33,265,793

The financial statements were approved by the Board of Directors on ...17ᵗʰ November... 2023 and signed on its behalf by:

_____   _____
Chairman Board of Directors   **Executive Director**

INFECTIOUS DISEASES INSTITUTE LIMITED
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED 30 JUNE 2023

	Accumulated surplus US $
At 1 July 2021	14,447,998
Surplus for the year	1,064,540
At 30 June 2022	**15,512,538**
At 1 July 2022	15,512,538
Surplus for the year	2,068,211
At 30 June 2023	**17,580,749**

Our Partners

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

MAKERERE UNIVERSITY

PEPFAR

USAID
FROM THE AMERICAN PEOPLE

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Pfizer

World Health Organization

Janssen
PHARMACEUTICAL COMPANIES
OF Johnson&Johnson

African Union

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

The Fleming Fund
Country Grants

NIH
National Institutes of Health
Turning Discovery Into Health

RESOLVE
TO SAVE LIVES

Unitaid
Innovation in Global Health

mastercard foundation

LSTM
LIVERPOOL SCHOOL
OF TROPICAL MEDICINE

CFAR
SAN DIEGO | CENTER FOR AIDS RESEARCH

Foreign & Commonwealth Office

Department for International Development

UNCDF
Impact Capital for Development

E D C T P

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The ROCKEFELLER FOUNDATION

BILL & MELINDA GATES foundation

ROCKEFELLER
Philanthropy
Advisors

BD

IAS

IDRC · CRDI
Canada

Sida

CORE
Community Organized Relief Effort

JCRC
Joint Clinical Research Centre

ESTHER
IRELAND

CDC Foundation
Together our impact is greater

Cepheid

LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE

gsk
GlaxoSmithKline

Fred Hutch
Cancer Center

EAST CENTRAL AND SOUTHERN AFRICA
COLLEGE OF PHYSICIANS

hjf

DD
DORIS DUKE FOUNDATION

IsDB
Islamic Development Bank

ViiV Healthcare

W
wellcome

SLU

RAND

CLINTON HEALTH ACCESS INITIATIVE

UKRI
Medical Research Council

IREX

BANCO DO BRASIL

HRSA
Health Resources & Services Administration

pharmacometrics africa

NRF
National Research Foundation

DT Global

Duke
UNIVERSITY

UCSF
University of California
San Francisco

ELMA

NMRC National Medical Research Council
Singapore

W.E.B. Du Bois Scholars Institute

NIHR | National Institute for Health and Care Research

UNIVERSITY OF CAMBRIDGE

Grand Challenges Africa

Royal College of Physicians

UNIVERSITY of WASHINGTON

UNIVERSITY OF TORONTO

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Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

JOHNS HOPKINS UNIVERSITY

University of St Andrews

UNIVERSITÄT LEIPZIG

Universität Zürich UZH

UNIVERSITÉ DE MONTPELLIER

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