



2019 Annual Report

Progress made over the past year



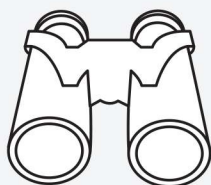
Infectious Diseases Institute
College of Health Sciences, Makerere University



IDI STRATEGIC PLAN 2018-2023

ALIGNING INSTITUTIONAL CAPACITY TO OPPORTUNITIES

VISION



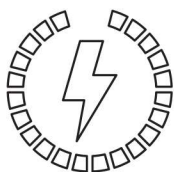
A HEALTHY AFRICA FREE FROM THE BURDEN OF INFECTIOUS DISEASES

MISSION

TO STRENGTHEN HEALTH SYSTEMS IN AFRICA WITH A STRONG EMPHASIS ON INFECTIOUS DISEASES THROUGH RESEARCH AND CAPACITY BUILDING



OVERARCHING APPROACHES



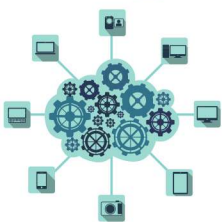
CATALYTIC ROLES TOWARDS ACHIEVING EPIDEMIC CONTROL



LEVERAGING ESTABLISHED CAPACITY AND PLATFORMS FOR ENHANCED PROGRAMMING



HARNESSING BIG DATA



TECHNOLOGY-LED PROGRAMME INNOVATION

ACTION AREAS

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



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



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



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



SUSTAINABLE OPERATIONS

Talent Acquisition and retention: Prioritising the acquisition and retention of critical talent
Management systems and infrastructure: Robust governance and support systems
Automation: Improved efficiency, knowledge acquisition and data utilisation
Resource management: Efficient use of resources to enhance competitiveness, value for money and institutional resilience
Diversification of income streams: To be done across sources and programme areas in order to minimise dependence risks



STRATEGIC PARTNERSHIPS, COLLABORATION & ENHANCED COMMUNICATIONS

Accelerating strategic partnership development: For rapid capacity building in key strategic areas
Strategic collaboration: Local partner development and management
Enhanced communication and utilization of programme results: Building capacity for documentation, publishing, communication and utilisation of IDI programme evidence and learnings



MAKERERE UNIVERSITY

Investing in the future: Impacting Lives



Foreword from the IDI board chair



**REV. PROF. SAMUEL
ABIMERECH LUBOGA,**
Chair IDI Board of Directors

It is my pleasure to present to you the Infectious Diseases Institute's (IDI) annual report for the financial year 2018/2019.

I hope it is evident in this report that through its 5 core programmes represented by Prevention Care and Treatment (PCT), Research, Training, Health Systems Strengthening (HSS), Global Health Security (GHS) & Laboratory Services by end of year, IDI's impact has been felt in 60% of the districts of Uganda where it has a presence, and on the national and global stage. As an NGO that is University-based and a permanent part of the Ugandan (and regional) health system, IDI has continued to successfully pursue its mission which rests on the three pillars of health systems strengthening, research and (internal and external) capacity development.

IDI grew tremendously this year in terms of its scope and its agility in meeting emerging needs in infectious diseases in Uganda and in Africa, even as these needs become more complex and call for greater learning and creativity.

There were some challenges in generating enough resources to sustain this impact and at the same time invest in the growth areas that we identified in our 5-year strategy, which will keep us relevant in the future. However, I am optimistic that our partners will continue to view the value we bring as one of the best investments in the health sector.

IDI has continued to be an example in exercising good stewardship over the resources entrusted to it. We have also learnt a great deal about working through an increasing number of peer organizations as well as community partners, numbering over 100 across our programmes by the end of the year. Their contribution is critical and we are proud to be building their capacity for programmatic and financial stewardship where it was lacking.

It is also evident that IDI is not just an organization but a family that greatly values all its staff and stakeholders. The development of the organization into one of the most respected NGOs in Uganda would not have been possible without the blessing and support of the Makerere University Vice Chancellor and the University Secretary, members of the College of Health Sciences and other senior officials of Makerere University.

The Institute is thankful for the continual support of the Ministry of Health and its various organs, which have provided the platform for IDI to pursue its mission. We are also grateful for the various funding and implementing partners who have bought into our vision of being an African organization that seeks to meet global standards in ridding Africa of the burden of infectious diseases. I would like to thank members of the board of directors for their commitment to the values and objectives of the Institute and for their valuable support and advice to IDI.

To our staff, I hope you realize how valued your contribution is and how it has held the IDI flag high on so many fronts. I hope you feel IDI has equally made a meaningful contribution and provided opportunities for your individual career growth.

I look forward to even greater impact in FY 2019/2020.

Message from the IDI Executive Director



DR ANDREW D KAMBUGU, FRCP
The Sande-McKinnell Executive Director, IDI

I am extremely delighted to invite all our stakeholders and our readership in general, to the 2019 IDI Annual Report!

"There is no dull moment at IDI" One will hear these words very often within the Senior Management Team circles at the Institute. It is fair to say that 2019 hardly had any dull moments. It has been a year of consolidating vital institutional relationships.

It is a tradition at IDI to formal interact with the political and technical leadership of the Ministry of Health every February and this year was no different. Additionally, this February, we held a number of key events including the inaugural IDI Science Fair, as well as the Open Day for the IDI Core Laboratory. The Institute coordinated a high-level 3-day visit by Makerere University, led by the Vice Chancellor, to the University of Zurich a leading academic Institute in Europe in September this year. This productive visit has led to tangible benefits for Makerere.

Steeped in a culture of caring for communities affected by infectious diseases, the Institute has continued to play a leading role in the HIV response and is focusing on "catalytic roles" to end the epidemic. Our teams are piloting innovative solutions that target men and Key Populations that are important for achieving this goal. The Institute's Academy for Health and Innovations is working on a medical-drones project to meet the care and treatment needs of fishing communities on Lake Victoria. We are proud of our significant contribution to meeting the national HIV care burden which currently stands at one in three persons living with HIV in Uganda today!

Leveraging its considerable footprint in the national HIV response, the IDI is making remarkable contributions towards the national capacity to prevent, detect and respond to global health threats including infectious diseases of public health concern. Through IDI's Global Health Security Programme, the Institute has contributed to national coordination efforts, border screening for Ebola prevention, national sample transportation systems support and monitoring of antimicrobial resistance.

The Institute continues to contribute significantly to the ranking of Makerere University through our research outputs that have passed the 850 peer-reviewed publications mark since the Institute's inception. This year witnessed the launch of the second African Centre of Excellence (ACE) in Bioinformatics and Big Data at Makerere University hosted at the IDI McKinnell Knowledge Centre on the Main Campus! This landmark event is a pointer of the strategic investment the Institute is making in sparking the Big Data revolution for the improvement of health outcomes.

As the Institute expands into new areas, and establishes new programmes, it is clear that we are one community that is pulling together to have greater impact. In this regard, my office has championed the One IDI approach to harness the Institute's collective and individual talents to make HIV history and to address new infectious diseases challenges.

Let me now take this opportunity to invite to turn the pages of this year's report, and let the people at the frontlines of our programmes engage you directly. I hope you will find that we have continued to Build for the Future, by Investing in the Future and Impacting Real Lives!

Programme highlights



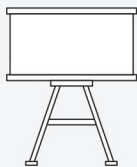
IDI GENERAL

- Co-hosted the Joint Tripartite Conference (The Makerere University College of Health Sciences Joint Annual Scientific Health (JASH), the Uganda Medical Association (UMA), Grande Doctors Conference and the Annual Anti-Microbial Resistance (AMR) conferences
- Supported and coordinated a visit of senior management at Makerere University to visit the University of Zurich
- Supported and high-level Makerere University/IDI visit the University of Zurich, Switzerland



RESEARCH PROGRAMME

- Transported 731 animal-health samples from West Nile Region through the integrated National Sample Transportation and Referral System improving the the turn-around time for outbreak samples from over 72 hours to an average of 36 hours.
- The launch of the first African Centre of Excellence (ACE) in Bioinformatics and Data Intensive Science in the region



TRAINING

- Established capacity to broadcast continuous medical education events happening at IDI Mulago to external participants through video conferencing.



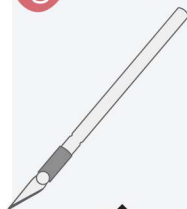
THE UGANDAN ACADEMY

- Started a new project focusing on the use of drone technology and won a pitch for the use of Blockchain technology in health
- History of HIV in Uganda exhibition, held at the Uganda Museum in partnership with The AIDS Support Organization (TASO) with funding from the Embassy of Ireland



PREVENTION CARE AND TREATMENT

- The Ministry of Health (MOH) designated the IDI-Mulago clinic as a pilot site for dolutegravir (new HIV medication) roll-out
- Created a Medical advisory board



HEALTH SYSTEMS STRENGTHENING

- Rebranded (from Outreach) to Health Systems Strengthening in line with the 2018-2028 IDI strategic plan

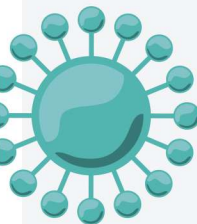


LABORATORY

- The Institute acquired full ownership of the Core Lab (previously owned by the Makerere University - Johns Hopkins University Research Collaboration).
- Acquired the Mass Spectrometer, the first of its kind in East and Southern Africa, equipped with a liquid nitrogen maker.

GLOBAL HEALTH SECURITY

- Offered MoH critical support in the prevention, and detection and response to 'high consequence pathogens' of global health security threat such as EVD (Ebola), Viral haemorrhagic fever, yellow fever, at the border of Uganda and Democratic Republic of Congo
- Won a CDC Foundation funding to strengthening Global Health security in Uganda; worth



INFROMATION SYSTEMS

- Began work on an open-source version on the IDI ICEA electronic medical records system for possible national adoption.
- Spearheaded cross-border mapping for the Ebola outbreak assessment under the GHSP in western, eastern and west Nile regions.



Awards and achievements



MS SUSAN LAMUNU SHERENI

Voted
Chief Financial Officer of the
Year, Not-for-profit Sector of
the CFO 2019
Awards



DR EVA LAKER
Best

Pharmacist NGO Sector
for the Year 2019 by the
Pharmaceutical Society
of Uganda



DR ESTHER NASSUNA

Competitively awarded
the Afya Bora
Fellowship in Global
Health Leadership



**DR CHRISTINE
SEKAGGYA WILTSHIRE**

Won the 2018 Stephen
Lawn TB-HIV Research
Leadership Prize for
innovative research on TB
and HIV in sub-Saharan
Africa.



EMMANUEL MANDE

Won
the UW/Fred Hutch
Center for AIDS Research
(CFAR) International
Infrastructure
Award



**DR RODGERS R.
AYEBARE**

Attained Certification of
the Board of
Infection Control and
Epidemiology (CBIC).
He is the pioneer in this
field in the East and
Central Africa region

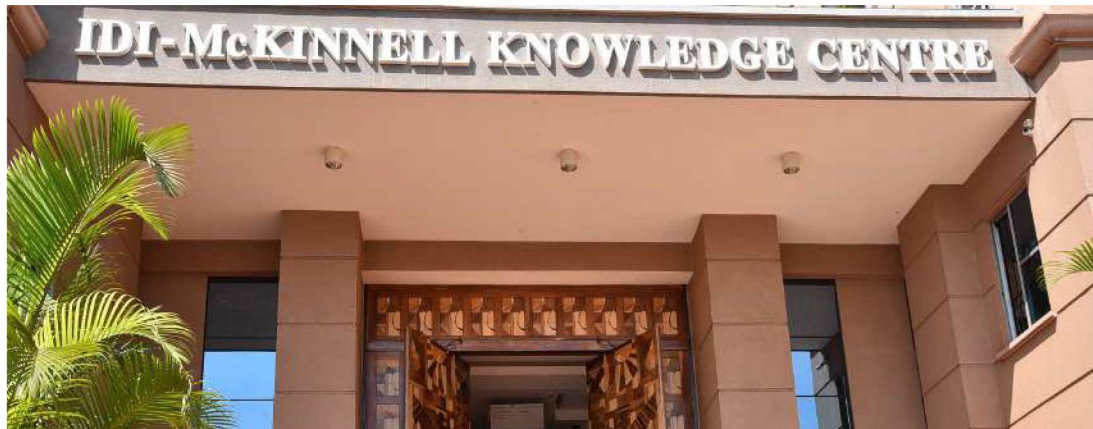


PETER A. BABIGUMIRA

Co-developed the
Biosafety and Biosecurity
Act Like a Pro programme.
This product
was presented at the 5th
Global Health Security
Agenda (GHSA) Ministerial
Meeting and the 9th
Biological Weapons
Convention (BWC) meeting
in Geneva,
Switzerland



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RESEARCH

Increased clinical trial capacity

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TRAINING AND CAPACITY BUILDING

Video conferencing and collaborations in accreditation

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LABORATORY

Acquisition of equipment including the mass spectrometre

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ACADEMY FOR HEALTH INNOVATION

Health Innovation Conference, Medical Drones....

20

SUPPORTING DEPARTMENTS

Strategic Planning and development, Human Resources, Information systems, Finance

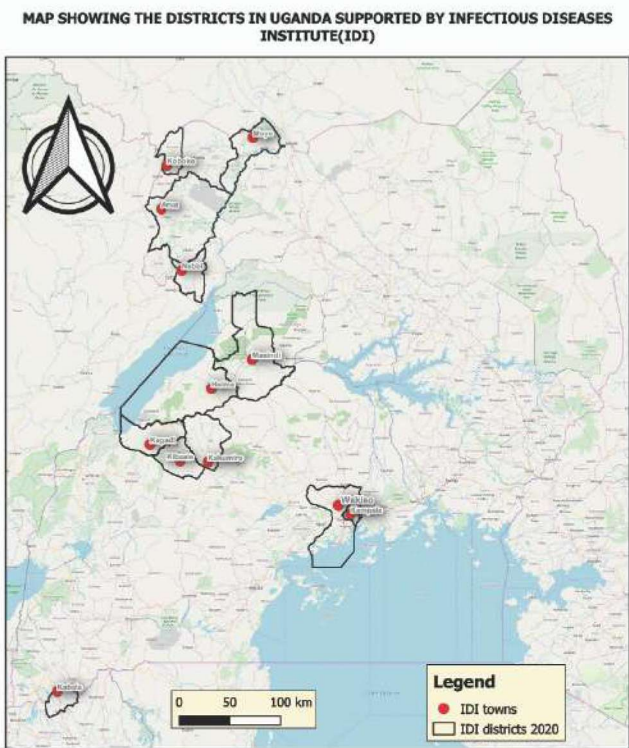
"When I started out, I was given freedom within defined borders to innovate and create solutions in a very challenging environment. I, however, had guidance from some of the best minds in the world. I like the diversity, complexity in my job that creates an illusion of a rose garden. It demands nurturing, agility and firm ground in prayer. I look around and see myself surrounded by rooks, castle and knights, this confirms that I am on the right board. All achievements are a result of teamwork and therefore, I cannot attribute any to myself."

Susan Lamunu, Head of Finance and Administration

Health System Strengthening programme

The IDI Outreach programme (currently rebranded to the Health System Strengthening programme) is committed to increase access to quality and comprehensive health services for HIV/AIDS and other infectious diseases. Significant effort is directed towards strengthening strategic information, supply chain management systems and laboratory services, as well as improving human resource capacity through mentorship, onsite support and infrastructural modifications.

The programme provides comprehensive HIV care to nearly one in three PLHIV in Uganda. It supports operational research interventions using the district-wide health systems strengthening approach. Programme activities are implemented in 21 districts, including Kampala, Wakiso, Hoima, Buliisa, Kiryandongo, Kakumiro, Arua, Maracha, Zombo, Adjumani, Moyo, Yumbe, Koboko. HSS works with over 70 subgrantees ranging from community based organisations to local government



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ALEX MUGANZI
HEAD OF HSS

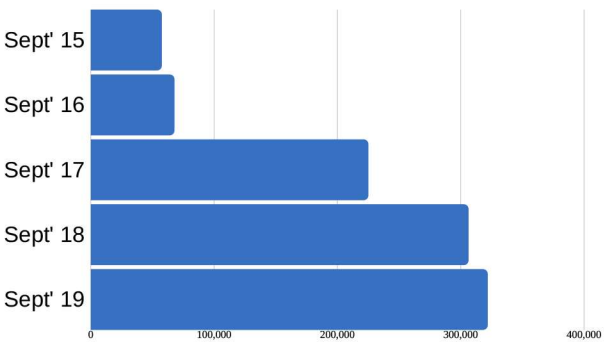
"My greatest achievement has been an opportunity to work with several health workers in the different clinics to offer care to over 300,000 patients. It is an amazing feeling knowing you have impacted many lives!"

Diversity in Population reach

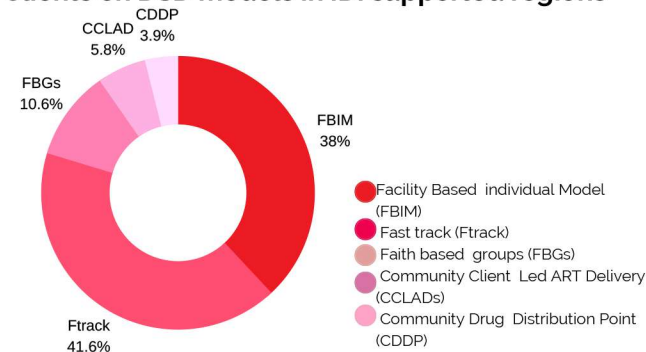
Throughout 2019, the programme has focused on different populations with the aim of providing care to the people in communities. These include refugees as well as key populations like sex workers. The achievements are listed in the table below.

Programme	Achievement
Current in care on ART	321,656
Viral suppression rate	91%
Clients on DSDM models for stable clients	191,310
Men 20-45 active in care	69,245
Refugees active in care	2,150
Key populations active care	5,273
Priority populations active in care	17,173
Numbers circumcised in COP 18	107,464
Proportion of males circumcised in pivot age	53,225 (50%)

A graph showing the numbers in care for the last 5 years in IDI supported regions.

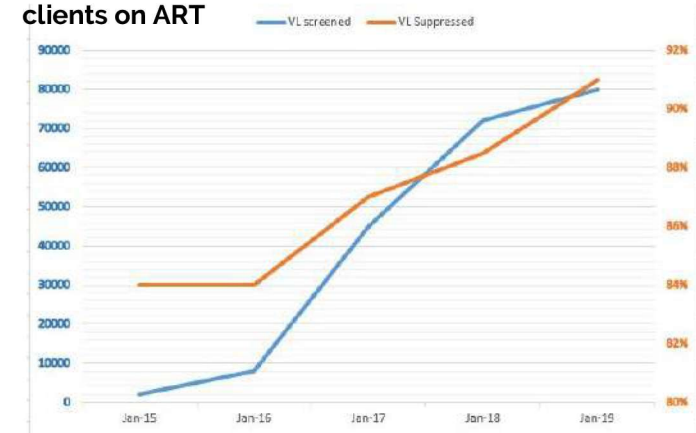


Clients on DSD models in IDI supported regions



IDI leveraged the MoH-approved Differentiated Service Delivery Models (DSDM). The DSDM suite includes routine HIV testing services, differentiated HTS, HIV self-test and HIV recency, Assisted Partner notification (APN), and Social Networking Strategy (SNS). The yield improved by 1.6% to 4.1% across the board, in regions within which IDI operates.

Trend graph Viral Load testing among eligible clients on ART



Health Systems Strengthening Programme



The Health Systems Strengthening programme works in all supported regions with key proven interventions towards epidemic control, including Assisted Partner Notification, HIV self-testing, and recency testing among others. Several strategies were created to support clients in HIV care with viral suppression greater than 95%. To achieve epidemic control, the programme continues to focus on groups such as men, young people, refugees and all those involved in cross border movements whose risk is elevated.

PROGRAMME HIGHLIGHTS



191,310

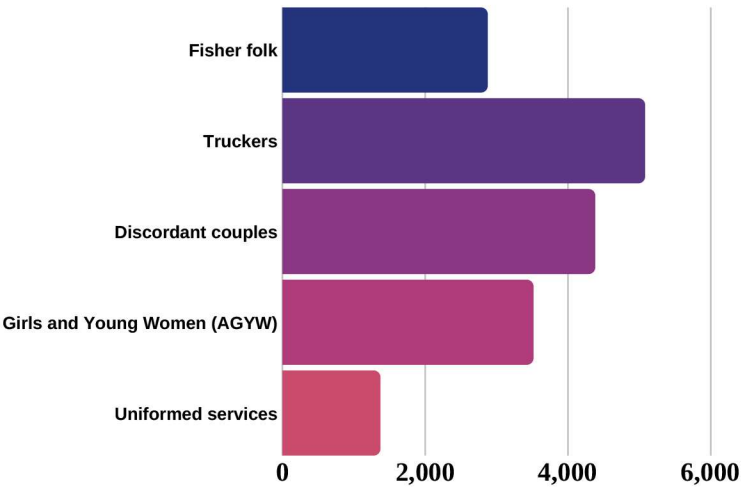
STABLE CLIENTS ON DSDM MODELS



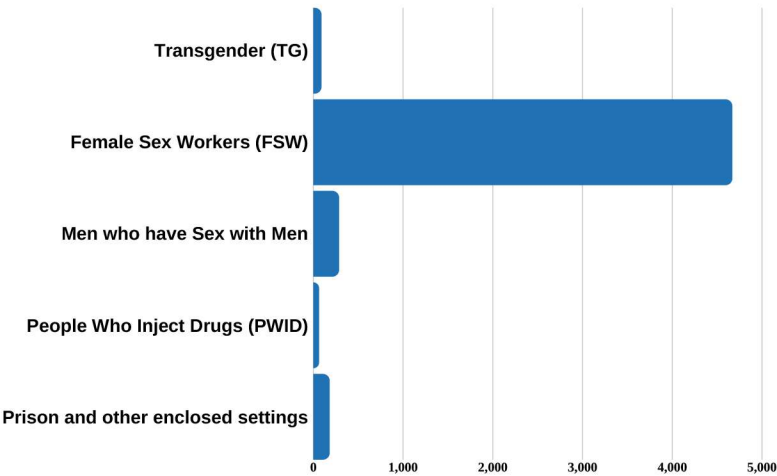
69,254

MEN BETWEEN 20-45 ACTIVE IN CARE

Priority populations active in HIV care by category



Key populations active in HIV care by category



NEW AND UNIQUE PLATFORMS FOR COLLABORATION IN HSS

 IDI PROGRAMMES	 SAMPLE STUDY
THE ACADEMY FOR HEALTH INNOVATION	• Call for life implementation in Kampala and mid-western region • ART access App support delivery of HIV services at community drug delivery points in Kampala
RESEARCH	• Cryptococcal Antigenemia in ART-Experienced HIV patients in Uganda with suspected virologic failure • Dolutegravir in pregnant HIV mothers and their neonates • Tracing non-retained HIV positive pregnant women and their Babies • Yellow Fever vaccine study • A randomised controlled trial of darunavir versus dolutegravir and tenofovir versus zidovudine in second-line antiretroviral therapy regimens for the public health approach in sub-Saharan Africa, NADIA
PrEP KASANGATI	• Barriers to PrEP access and adherence as part of combination prevention among sero- discordant couples, men who have sex with men and fisher folk in Central Uganda
PCT, RESEARCH, HEALTH SYSTEMS STRENGTHENING, MOH, CDC	• DTG and hyperglycaemia

Prevention, Care and Treatment Programme

Support to MoH TWGs, committees

Using its vast experience in HIV/AIDS care and management PCT staff continued to support the Ministry of Health (MoH) by serving on Technical Working Groups (TWGs) and committees developing policies and guidelines used for the national HIV response. The year the team participated in developing the HIV Issues paper that informed the development of 3rd National Development Plan (NDPIII) for the period 2020/2021-2024/25. The PCT representative chaired and guided the TWG in developing NDP contents for this thematic area and supported national committees with making decisions on switching patients to 3rd line ART in the country.



TWGs are key to development of policies and strengthening of systems

The team acted as part of the pharmacovigilance committee responsible for the detection, assessment, minimisation and communication of the risk of drug adverse reactions. In addition to this, two new clinics, neurology and physiotherapy, got integrated into the HIV/AIDS services. The clinics aim to cater for patients with problems which are due to direct effects of HIV or associated opportunistic infections. Plans for commencement of another integrated care model, HIV/Dermatology clinic, have been finalised and expected to open soon.

The Dolutegravir (DTG) experience

In October 2016 WHO reviewed ART regimens for HIV and found those including Dolutegravir (DTG) to have more effective, better viral suppression, CD4 count recovery and a lower risk of treatment discontinuation compared with Efavirenz (EFV). As such, PEPFAR recommended fast introduction of DTG in its priority countries. Due to the high prevalence of primary resistance to EFV, Uganda became one of the early adopters of the recommendation. In June 2018, MoH updated ART guidelines to introduce DTG-based regimens as preferred 1st-line ART for adults and IDI was chosen a pilot site to transition certain treatment-experienced patients to DTG based 1st line ART. By March 2019, a number of stable patients were observed to have developed hyperglycemia and for some severe enough to require admission, this was possible because of the excellent pharmacovigilance programme. MoH has since amended national ART guidelines basing on findings of this best practice.

PCT support to GHS establishment and transitioning

The teams participated in assessing facilities for infection, prevention and control (IPC) capabilities and training staff where gaps are identified. These efforts have since contributed to a steady and successful implementation of GHS projects mainly the Global Health Security Partner Engagement Project and Joint Mobile Emerging Diseases Intervention Clinical Capability which eventually led to GHS becoming an autonomous programme. PCT staff provide assistance to various GHS projects as well as ongoing support to teams offering clinical care.

Annual Major Visit introduced

The "Annual Major Visit" is a clinical review where patients receive a comprehensive evaluation and do recommended lab tests so as to optimise compliance to set care guidelines and chances for early detection of developing complications. Since its implementation in July 2018 major visit reviews have led to significant improvement in timeliness of viral load testing, screening for non-communicable diseases (hypertension, diabetes) and cervical cancer.

Clinical training

Thirty-two undergraduate medical students from Islamic University In Uganda and 1 fellowship student from Aga Khan University had clinical training placement in PCT.

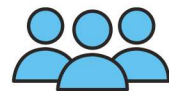


Expert Patients Living with HIV in the clinic play a significant supplementary role in optimising their own care and treatment. They also support basic data management activities including physical and emotional support to fellow patients, sometimes through drama skits

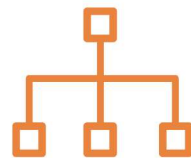
PROGRAMME HIGHLIGHTS

92.2%

PERCENTAGE OF PATIENTS WERE SATISFIED WITH SERVICES IN THE CLINIC ACCORDING TO A SURVEY CONDUCTED IN DEC 2018.



ENTIRE PCT TEAM RECEIVED TRAINING IN AMR AND MANAGING VIRAL HEMORRHAGIC FEVERS, IN PARTICULAR EBOLA



IDI WAS CHOSEN AS PILOT SITE TO TRANSITION TREATMENT-EXPERIENCED PATIENTS TO DTG BASED 1ST LINE ART

Prevention, Care and Treatment Programme

Patient safety programme

On 6th September 2018, PCT hosted the first Uganda Patient Safety Symposium. The event was collaboratively organized by the Ministry of Health (MoH), the Community Health and Information Network (CHAIN), the Human Rights and Peace Centre, Makerere University and Nottingham Law School (Nottingham Trent University, UK) and the aim was to; bring stakeholders together in an inclusive dialogue about patient safety; evaluate past and present patient safety initiatives within Uganda, identify successes and weaknesses and begin to develop a framework for future action.



The inaugural Uganda Patient Safety Symposium hosted by PCT

Differentiated Service Delivery Models

DSDMs have improved efficiency of existing care and treatment approaches by addressing individuals' needs, informing targeted interventions with better outcomes. The models have also improved access, coverage and quality of services leading to efficient utilization of resources. During the 2018/2019 period PCT embarked on expedited implementation of DSD models so as to reduce on clinic visits per patient and focus on managing advanced HIV disease and other complicated patients.

Currently, we have clustered 50 patient groups (3-7 members) ready to be enrolled in the Community Client Led ART Delivery (CCLAD) model. With this approach daily clinic patient numbers have been maintained below 200.

PROGRAME HIGHLIGHTS

50

PATIENT GROUPS
(3-7 MEMBERS)
READY TO BE
ENROLLED IN THE
COMMUNITY
CLIENT LED ART
DELIVERY MODEL



THREE STAFF
MEMBERS JOINED
THE EMERGENCY
RESPONSE TEAM
AND CONTINUE TO
UNDERGO
REGULAR DRILLS
FOR
PREPAREDNESS IN
CASE OF DISEASE
OUTBREAKS.



Some of the Prevention Care and Treatment staff team at Mulago during the commemorative celebrations of World AIDS Day

Global Health Security Programme

The IDI Global Health Security (GHS) programme goal is to support health systems in Uganda and the rest of Africa to develop capabilities to prevent, detect and respond to infectious disease outbreaks and biologic threats. The programme continued to support the Ministry of Health (MoH), Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and other government departments to fill gaps identified by the 2017 Joint External Evaluation (JEE) while maintaining gains achieved in implementation of the Global Health Security Agenda.

Accelerating implementation of the International Health Regulations (2005)

Through the RESOLVE project, the programme supports the GoU to accelerate progress to comply with the IHR 2005. Technical support is provided through an Acceleration Team and resources are made available to complement investments made by the Government of Uganda and her partners for areas identified with no capacity status during the country 2017 Joint External Evaluation.

TECHNICAL SUPPORT PROVIDED

- National Legislation, Policy and Financing, Emergency Preparedness and Points of Entry (POEs).
- A five-year National Action Plan for Health Security (NAPHS)
- One Health Platform leveraged for stakeholder engagement
- National Multi-Hazard plan revised
- National Model for One Health decentralisation piloted in 5 districts,
- 3 POEs (Mpondwe, Entebbe International Airport, and Busia) designated for IHR capacity



Dr. Jane R. Aceng, Minister of Health and Deborah R. Malac, US Ambassador to Uganda launching the National Action Plan for Health Security

Laboratory Systems Strengthening

Leveraging on capacities strengthened through PEPFAR, the CDC funded Global Health Security Partner Engagement Project and the Fleming Fund Country Grant laboratory capabilities for the detection of priority diseases particularly zoonotic diseases and antimicrobial resistance were strengthened. This involved the improvement of microbiology testing capacities through Laboratory Quality Management Systems, infrastructure and equipment enhancement.

Prevention of Antimicrobial Resistance

During the period, the National Action Plan for AMR (2018-2023) was launched with the help of IDI. The framework for the One Health AMR governance structures which includes One Health and sector specific Technical Working Groups was also described. Normative documents for AMR Surveillance were developed. These include the Human Health AMR Surveillance Plan (2019-2013), Clinical Protocol for Case Based and Syndromic AMR Surveillance, Site Manual for implementation of AMR surveillance; Animal Health AMR Surveillance Plan and the MAAIF protocol for Implementation of AMR Surveillance in poultry. Uganda for a 2nd year running managed to report country AMR surveillance data to the WHO Global Antimicrobial Surveillance System (GLASS). The programme also supported the 2019 National IPC Assessments and the 3rd in-depth AMU/C survey at 6 Regional Referral Hospitals.

Biosafety and Biosecurity

GHS supported the Ministry of Science, Technology and Innovation to advocate for the development of a legal oversight system for biosafety and biosecurity to promote a shared culture of responsibility, reduce dual use risks, pathogen control measures and mitigate the risk of their deliberate and or accidental spread to human and animal populations. The National Bio-banking Policy guidelines were developed, and the Annual Biosafety and Biosecurity audit supported.



Dr Andrew Kambugu, presenting at the joint tripartite meeting hosted by Joint Annual Scientific Health - Grand Doctors' Conference - Anti Microbial Resistance

PROGRAMME HIGHLIGHTS



IN-SERVICE MICROBIOLOGY CURRICULUM FOR ANIMAL AND HUMAN HEALTH LABORATORY PERSONNEL DEVELOPED

5,036

SAMPLES FROM 9 REGIONAL REFERRAL HOSPITALS CULTURED

2

REGIONAL REFERRAL HOSPITAL MICROBIOLOGY LABORATORIES RENOVATED



SANAS ACCREDITATION FOR MICROBIOLOGY SERVICES AT FORTPORTAL HOSPITAL ATTAINED

Global Heath Security Programme

Disease Surveillance, Preparedness and Response

During the year, GHS supported GoU efforts in preparedness, prevention and control measures for outbreaks including Ebola Virus Disease (EVD). Following the spill-over of an EVD case from DRC into Kasese, an innovative IPC approach informed by risk mapping based on population movement and connectivity assessments was conducted in 21 EVD high risk districts. Lessons from Kasese were integrated into the West Nile One Health project to develop a district-based model for preparedness and response. This model consists of 4 key components: Activation and strengthening of district preparedness, response and coordination structures; case management and IPC; surveillance and border health and laboratory systems strengthening.



Two Ebola Treatment Units (ETUs) were constructed at Naguru RRH in Kampala and Oli HC IV in Arua district, respectively. Capacities for real-time disease surveillance through the electronic Integrated Disease Surveillance and Response system (eIDSR) were also enhanced. Over 1,397 SMS alerts from both human and animal health sectors were sent through eIDSR system.



Dr. Rodgers R. Ayebare (right) training health workers on outbreak response to support clinical management of severely ill patients with infections of outbreak potential

Through the JMEDICC and CAPA-CT projects, the programme established a core team that can integrate with national outbreak response teams to support clinical management of severely ill patients with infections of outbreak potential. A capacity-building model for acquisition of competencies for enhanced laboratory biosafety and infection prevention and control for case management was developed and tested through drills and simulation exercises. Over 41 health workers were trained as part of efforts to build a surge response force. The programme also supported the CCHF outbreaks in Masindi and Jinja and Anthrax in Kween.

2019/2020 plans

The programme seeks to scale up sustainable infection prevention and control models to other areas of the country in the face of existing and emerging infectious diseases, and standardise surveillance of antimicrobial resistance and acute febrile illness with emphasis on improving data quality and sharing through advancing electronic systems. Plans are underway to acquire ultra-modern equipment for identification of bacteria, fungi and other organisms and fast-track CAP accreditation of the NMRL at UNHLS.



The research and training teams work together to create curricula for different programmes

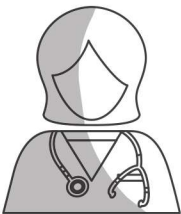
PROGRAMME HIGHLIGHTS



1,397

SMS ALERTS FROM BOTH HUMAN AND ANIMAL HEALTH SECTORS WERE SENT THROUGH EIDSR SYSTEM.

41



HEALTH WORKERS TRAINED AS PART OF EFFORTS TO BUILD A SURGE RESPONSE FORCE.

Research Programme

The Research Programme consistently produces outstanding, internationally-recognized scholarship in infectious disease that influences global policy and practice, with emphasis on Africa. The programme focuses on fostering collaborations, building capacity and harnessing use of big data.

Building infrastructural clinical trial capacity

In the past year, IDI became a coordinating centre for the first international multi-site and multi-country clinical trials entirely run by a Ugandan institution. One of these clinical trials, Nucleoside and Darunavir/Dolutegravir in Africa (NADIA is an open-label, multi-centre, factorial (2X2) randomised, controlled Phase IIIb trial. It investigates i) darunavir versus dolutegravir and ii) tenofovir versus zidovudine in second-line antiretroviral therapy regimens for the public health approach in sub-Saharan Africa. The study has sites at the University of Zimbabwe Clinical Research Centre, the, Kenya (AMPATH Centre) and five sites in Uganda. Through NADIA IDI aims to demonstrate our ability to coordinate and manage a multi-site/multicountry clinical trial as a sponsor by recruiting swiftly whilst optimising and following solid processes as well as employing staff with the appropriate level of skills and experience and developing more experience within IDI through capacity building.

Bioinformatics

The African Centre of Excellence in Bioinformatics and Data Science (ACE) was launched in March 2019 to respond to need for the creation of local African-led capacity to harness the data that African researchers and institutions have accumulated over time. IDI the opportunity to explore with new eyes; the "African genome" and its influence on disease development and health African epidemiological data and other rich African datasets, The ACE materialized through the productive leveraging of pivotal partners in the local and international bioinformatics research and development eco-system; IDI, the US Government's National Institute of Allergy and Infectious Diseases and its Office of Cyber Infrastructure and Computational Biology (NIH/NIAD/OCICB) working in collaboration with the College of Computing and Information Sciences (CoCIS).

It hosts workshops in artificial intelligence (AI), machine learning and Bioinformatics, such as those delivered by Wellcome Genome Campus Advanced Courses and the African Center of Excellence in Materials Science (MAPRONANON ACE). The centre expects to launch the first Big Data Interest group (BIG). The group will bring together individuals from different career paths with the aim of harnessing their ideas and talents in bioinformatics, AI and machine learning to improve productivity in the different fields of science within our eco-system. Currently, the centre is taking part in a government of Uganda-supported Research and Innovation Fund (RIF) to use data and AI to mitigate HIV infections among young adults and hopes to work with international players.



The center has already proved itself as a platform for a plethora of services. exceptional computing resources including 24 high-end workstations, a high-performance computing capacity of 1500TB ZFS storage, 4TBs RAM, 32 cores/node



The centre currently supplies computational and lecture resources to 37 students undertaking master's and PhD programmes in bioinformatics at Makerere (34 Masters and 3 PhD students).

Translational Laboratory

The research team works hand in hand with the lab to share research learnings with the ministry of Health through the Translational lab. During this period, 10 new research projects were embarked on. The lab also supported 1 post-doc, 5 PhD and 3 master's. The new mass spectrophotometer and a nitrogen generator increased the lab's capabilities to conduct pharmacokinetics studies. A Luminex machine for multiplexing ELISA testing was also acquired. Staff were trained on using new point-of-care diagnostics that utilise the MOBINAAT (Mobile nucleic acid amplification testing) technology. One laboratory staff member started his PhD studies in pharmacokinetics and another began his MSc studies in Bioinformatics.

PROGRAMME HIGHLIGHTS

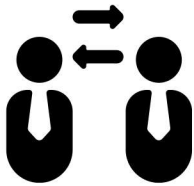


182

RESEARCH ARTICLES PUBLISHED IN PEER-REVIEWED JOURNALS



STARTED FIRST INTERNATIONAL CLINICAL TRIAL ENTIRELY RUN BY A UGANDAN INSTITUTION



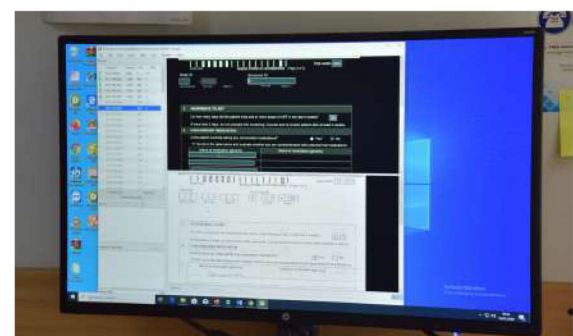
MEMBER OF
IeDEA -International epidemiology Databases to Evaluate AIDS, ACTG - The AIDS Clinical Trials Group and AMNET - African Meningitis Trials Network

Research Programme

Data Management/Statistics DataFax

This project will celebrate 10 years of growing high-quality data management services in October 2019. During the reporting period, it became DFdiscover 2019 with two new applications (DFweb and DFcollect) added onto the software.

Additionally, in the reporting period, 5 scholars were recruited under the TB node, Gilead and Virtual consortium.



Leveraged platforms and abilities

Through the existing partnership between the IDI HSS programme, research department and the CDC Uganda, IDI statistics unit spearheaded the data extraction from the UgandaEMR database for a rapid assessment of the use of Dolutegravir among patients receiving care and treatment at 17 sites in Kampala and Wakiso. This supplied a unique opportunity to harness the high-end computing power at the IDI ACE, as well as supply leadership in statistical analysis. Using data generated from the IDI HSS platforms, the statistics unit supported 17 abstract submissions for the upcoming International AIDS society meeting. This supplied an opportunity to enhance inter-institutional collaborations and partnerships using existing routine observational data.

Training was conducted in Geospatial analysis and spatial statistics through collaborations with the University of Cincinnati, USA. This birthed several data partnerships between staff from GHS, HSS, Research, IS and future projects that harness the institutional geocoded data with leadership from the IDI statistics unit.

REDCap services have increased in the past year, and to-date the unit supports over 12 research projects, with databases developed internally and data securely hosted on the IDI local server.

Research Administration

The IDI research and misconduct policies were approved and signed off. The team acquired a new robust anti-plagiarism software (Turnitin) to ensure originality of publications. A risk-based monitoring approach was being implemented and the team is conducting cross-monitoring of clinical trials at Joint Clinical Research Council (JCRC) and Baylor Uganda through the Medical Research Council Clinical Trials Unit (MRC CTU) to build ability of our internal monitors to conduct external monitoring services.

New diagnostic methods introduced

MobiNAAT: A molecule diagnostic tool for TB and gonorrhea

BioFire: A molecular diagnostic tool for several organisms including bacteria, viruses and fungi

Magna Pure: For DNA extraction

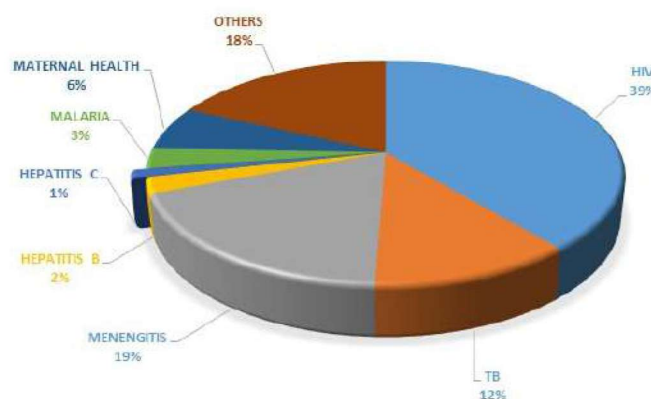
Luminex assays for immunological markers in all specimens

TINY: For molecular diagnosis of HPV.



Members of the DFdiscover team after a training

PUBLICATIONS DURING JULY 2018 TO JUNE 2019



Read more at <https://idi.mak.ac.ug/resources/publications/>

PROGRAMME HIGHLIGHTS



4

SENIOR SCHOLARS WON INTERNAL RESEARCH GRANTS FROM EUROPEAN AND DEVELOPING COUNTRIES CLINICAL TRIALS PARTNERSHIP AND USAID



8

EIGHT PHD SCHOLARS WERE ASSIGNED TO LOCAL AND INTERNATIONAL MENTORS, EACH AND THEIR NEEDS DEFINED. THE PHD SCHOLARS HAVE BEEN PAIRED WITH MASTER SCHOLARS FOR PEER TO PEER MENTORING.

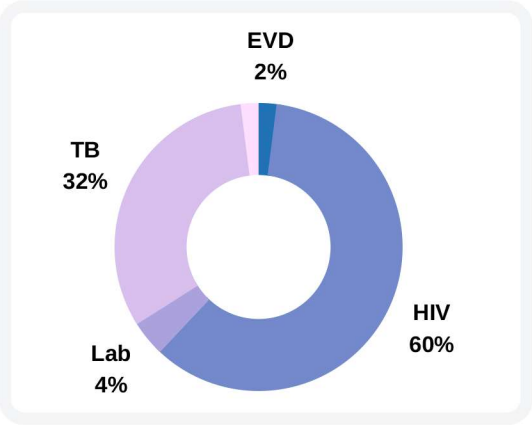
Training and capacity development programme

Our Training programme, managed by a myriad of professionals, provides capacity development opportunities to enhance and maintain the competence of the healthcare workforce in Africa for the prevention and management of infectious diseases.

Course Diversification and Trainees Reached

A total of 11,919 trainees including final-year medical students from Makerere University and Islamic University were trained in the areas of systems strengthening, pharmacy, laboratory, research and Especially Dangerous Pathogens (EDP). The cumulative number of trainees since inception of the programme is 40,052 health workers. See pie chart and graph below for details.

Pie chart Showing 2018/2019 trainees per programme area



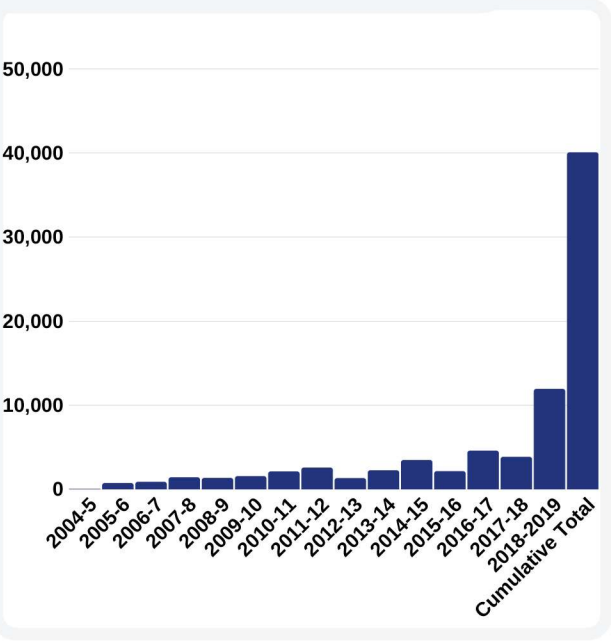
New courses in Training

- ISO 15189:2012 and CAPA Management
- Sub-grant Management
- Electronic Integrated Disease Surveillance and Reporting.

Capacity Building Innovations

Working in partnership with USAID's Defeat TB Project and the CDC-funded Kampala-Wakiso HIV Project, IDI established capability to broadcast continuous medical education events happening at the IDI Clinic in Mulago to external participants through video conferencing. This hub-spoke setup currently features in our sites in IDI Mulago, the McKinnell Knowledge Centre in Makerere University and Hoima Regional Referral Hospital. It can also be freely accessed by individuals both locally and internationally with internet-enabled devices through the Zoom app. This resource has increased access and participation of our staff, alumni and participants from outside the country in IDI Continuing Medical Education (CME) activities. By the end of June 2019, 29 sessions had been livestreamed with 182 individuals participating remotely.

Trainees reached per financial year



PROGRAMME HIGHLIGHTS



11,919

TRAINEES REACHED



29

CME BROADCASTS



IDI laboratory mentor doing test result validation and proficiency smear reading at Rwamwanja HC III,



Hoima Regional Referral Hospital team attending IDI Mulago's Switch meeting via video conference

Training and capacity development programme

Support to Ministry of Health and Other Implementing Partners

Our capacity development programme has participated in policy formulation, development and dissemination of guidelines for management of various diseases. There was collaboration with Population Council, USA in supporting MoH to develop and disseminate the policy documents and guidelines. Through mentorships, support supervision, and external quality assurance in collaboration with Malaria Action Program for Districts, we also increased both the proportion of patients tested for malaria before treatment from 83% (PY1) to 99% (PY3) and the accuracy of reading malaria blood slides across the 53 supported districts.

Policy documents and guidelines supported

1. National Testing and Treatment Guidelines for Hepatitis B and C
2. Curriculum for Training of Health-workers to Provide Key and Priority Population-friendly Health Services
3. The Synthesis, Consolidation and Building Consensus on Key Population Size Estimation Numbers in Uganda
4. Five-year National Most At-Risk Populations (MARPs) Priority Action Plan
5. Policy Guidelines for Alcohol and Harm Reduction
6. Key population (KP) Package/Toolkit for Differentiated Service Delivery Models
7. Standard Operating Procedures for Establishment of Drop-in Centers for KP
8. A roadmap for improving the coordination and delivery of HIV/AIDS services in fishing communities
9. Supported roll out of various Ministry of Health (MoH) approved policies and treatment guidelines, efforts to handle outbreaks of notifiable diseases across the country including the upsurge of malaria in IDI-supported districts.



The training arm of IDI regularly trains healthworkers on approved policies and treatment guidelines, efforts to handle outbreaks of notifiable diseases

“



RUTH KIKONYOGO
E-LEARNING SPECIALIST

"Interactive e-learning has increased the enrollment and completion rate for our training and removed the monotony from our training systems. Having transitioned from the use of PowerPoint slides to PDFs, now our trainees also have access to videos, 3D animations and highly interactive content."

Training Department's Vision and Target

Our training programme intends to partner with key stakeholders, institutions and interested individuals to enhance health worker capacity for stronger health systems through new approaches. These approaches, outlined below expand the scope of training and expertise through strategic collaborations.

APPROACHES TO ENHANCE CAPACITY FOR STRONGER HEALTH SYSTEMS

PARTNERSHIPS FOR COURSES



- IDI Information Services department for the GIS course.
- WHO for the leadership and management in health service delivery
- Global Health Security Agenda stakeholders for GHSA-specific courses
- The Health[e] Foundation for the course on refugee health
- Uganda Medical and Dental Practitioners Council for comprehensive HIV training for newly qualified doctors
- National Association of Radiologists and Radiographers to develop the Point of Care Ultra Sonography training



FUTURE PLANS



- Expand scope and size of IDI trainers, and mentors to enable continued implementation of the IDI capacity development portfolio through CME and actual practice.
- African Center of Excellence in Bioinformatics to tailor data science and bioinformatics training for in-service health workers and researchers



- Build and sustain an excellent level of countrywide capacity for malaria diagnosis which is a critical requirement in Uganda's roadmap towards malaria pre-elimination.

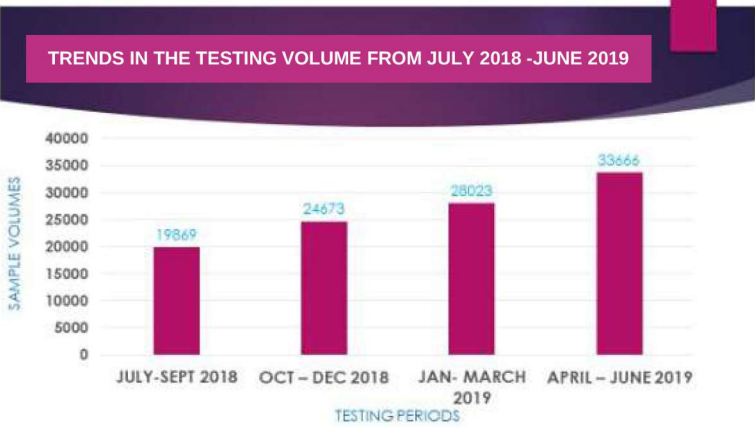
Laboratory Programme

The IDI Core Laboratory provides an extensive range of high-quality lab services for IDI clinical and research activities. It also supports other research projects and clients for sustained improvement of lab capacity across Uganda with systems of assured and consistent quality.

Important developments during the year



- Acquisition of new equipment including Sysmex XN2000 Autoloaders,-80 back-up freezers and Uninterrupted Power Supply unit - 60KVA inverter (Effekta UPSs) improved the laboratory turnaround time.
- The lab embarked on improving specimen storage system by separating the two storage systems (LDMS and Corelab System) specimens into separate freezers to make it easier for physical tracking.

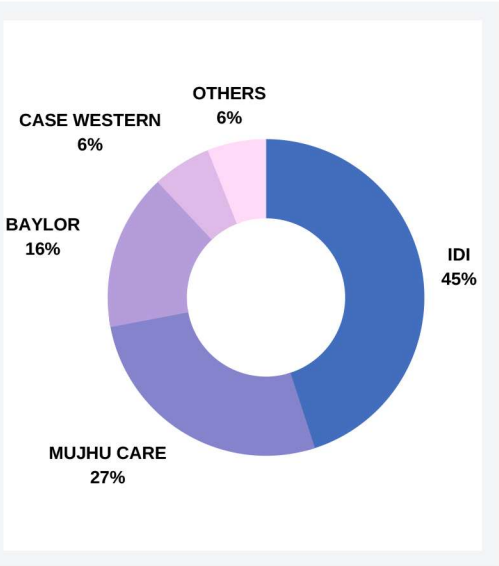


- A programme to train 2 new graduates every quarter for 3 months' on-site in the CAP accredited laboratory was introduced. This will help expose fresh graduates to a world-class laboratory service and contribute to the country's effort in improving laboratory services.

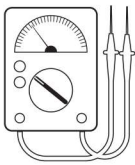


The lab has strengthened and expanded its Test Menu with the ability to conduct 16 different tests in Chemistry, Hematology, Blood Cell Microscopy, Serology, Flow-Cytometry, Urinalysis, PCR & immunoassays.

PERCENTAGE OF TESTING VOLUME JULY 2018 TO JULY 2019



PROGRAMME HIGHLIGHTS



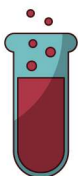
33,666

INCREASED TESTING VOLUME



70

NUMBER OF PROJECTS RECEIVING SERVICES BOTH NATIONAL AND INTERNATIONAL



120,220

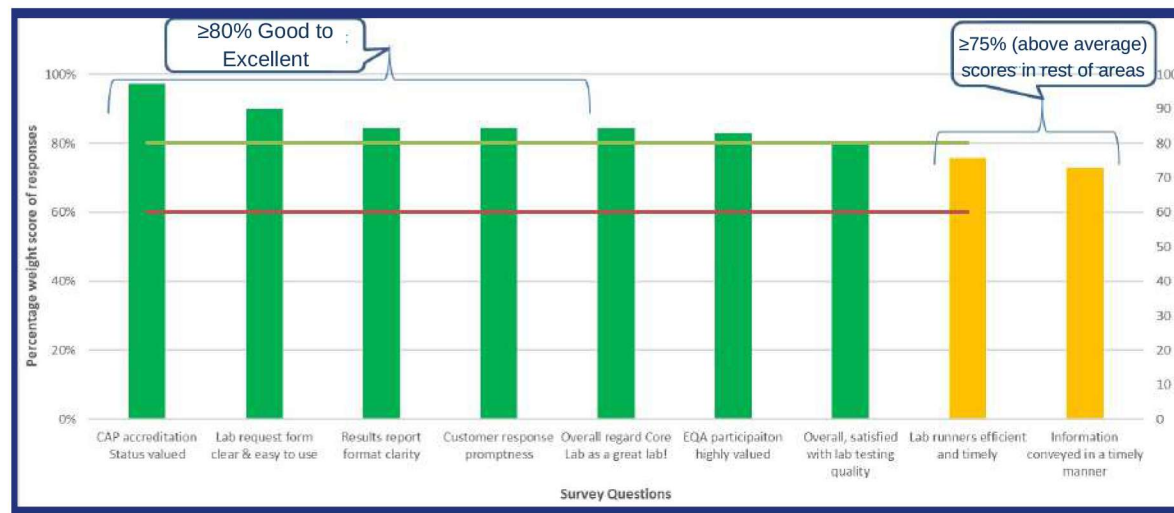
LAB TESTS CONDUCTED

Central Lab

The Central Lab is another arm of the IDI-Core Lab, created to serve walk in clients and doctors who need real time results for patient management. Currently, the lab offers testing services to approximately 75 studies, projects, clinics and implementation programs in Kampala and surrounding rural areas and provides laboratory support for the International HPTN, MTN and IMPAACT network of clinical trial units.

In a recent Core Lab Customer Satisfaction Survey, we found that the range of weighted scores for all questions was above average (>75%) and the CAP accreditation status was the most valued attribute. 8 Local and 7 international laboratory audits have been conducted. (84%, see graph below)

RESULTS FROM THE CUSTOMER SATISFACTION SURVEY



Key activities for the future

- Collaboration with the research office to launch the modern Mass Spectrometer and include all drug testing under CAP accreditation. IDI will additionally source for new equipment to enhance Next Generation HIV and non-HIV sequencing including TB and cancers. This will reduce testing costs for the clinics and research activities.
- Continue improving software to directly upload test results from individual instruments to the lab data software and clientele.
- Introduction to microbiology testing capabilities in collaboration with the Makerere University Microbiology Department.
- Develop a Center for Laboratory Excellence Training to improve the practice in Uganda and Africa.



The lab has been strengthened and expanded to enhance its ability to conduct 16 different tests including Chemistry and Hematology

PROGRAMME HIGHLIGHTS



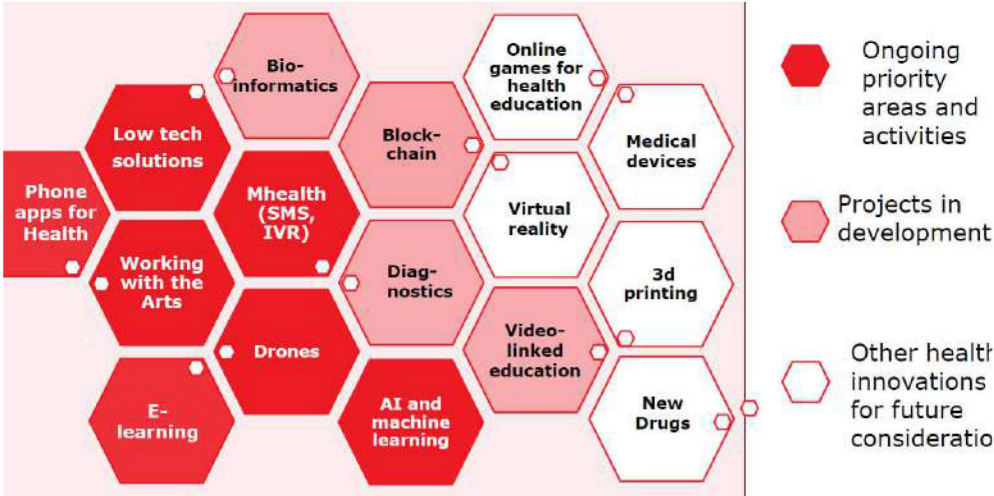
CONCLUDED 9TH BIENNIAL CAP RE-ACCREDITATION INSPECTION AND GOT RE-CERTIFIED.



CONTINUED TO OFFER TECHNICAL SUPPORT AND TRAINING TO LOCAL ORGANISATIONS

The Uganda Academy for Health Innovation

The Ugandan Academy for Health Innovation and Impact is a diversified project running various studies and projects. Born of an MOH between the Ugandan Ministry of Health, IDI, Janssen, the pharmaceutical companies of Johnson & Johnson, and the Johnson & Johnson Corporate Citizen Trust, The Academy enjoys the benefit of a diverse advisory board, ranging from academicians, traditional implementing partners and most recently, private sector representatives in a bid to increase collaboration. The tiles on the right reflect Academy areas of interest.

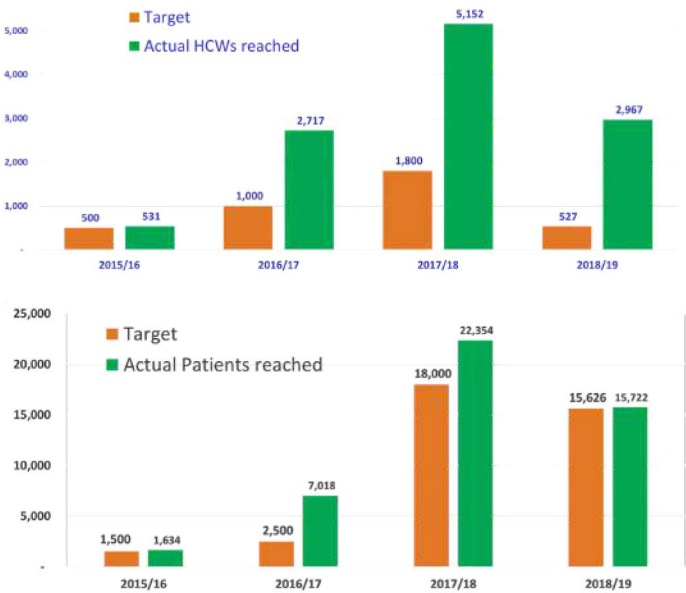


Close-out of 9 sub-grantee projects

Under the guidance of the Academy Board, a series of sub-granteeing projects were embarked on in the categories of Capacity building, clinical management and research. This year 6 of 9 two-year projects came to a close. The following projects came to a close after two years of support following RFAs that were answered by different organisations.

- **Improving access to HIV/TB services in the fishing communities of Kalangala District** - Sustainable Development Initiatives
- **Active case finding for TB and missed HIV diagnosis in children and adults** - Child and Family Foundation
- **Mentorship in HIV/AIDS care for health workers** - The AIDS Support Organisation
- **System to improve HIV and TB reporting and management in Western Uganda** - Integrated Community Based Initiatives -
- **Support to Community Drug Distribution Points (CDDPs) in Kampala and West Nile** - Reach Out Mbuya and Rural Initiative for Community Empowerment respectively
- **Community-based approaches to maximise sustainable interventions in HIV&TB care** - Hoima Charitas Development Organisation

GRAPHS SHOWING TARGET NUMBER OF BENEFICIARIES Vs REACH Vs OVER THE YEARS



On-going projects

- **Evaluation of novel stool processing for detecting mycobacterium TB**-Infectious Diseases Research Collaboration
- **Adherence tool to support stable patients in Kampala** - Call for Life, IDI
- **eLearning portal**-Advanced Treatment and Information Centre (ATIC) at IDI
- **Investigation of outcomes for HIV patients on ART**-Longitudinal Cohort study by IDI Mulago
- **Improving outcomes in PLHIV with interactive voice response (IVR)**- a Call for Life Randomised Control Trial
- **Using AI to support public health in resource limited settings**-In collaboration with the University of Cambridge
- **A Picture of Ageing in Uganda**- A multidisciplinary project of the ARTS
- **History of HIV in Uganda**-An exhibition by TASO, Uganda AIDS Commission and IDI

DETAILS ON INNOVATIVE PROJECT ACHIEVEMENTS



History of HIV exhibition: This unique project, launched in the past year, explored the impact of historical communications on HIV prevention and its impact on Uganda's fight against the disease. The exhibition attracted 2,202 participants, 290 of whom were international visitors, by the end of its extension in February of 2019. HIV testing was undertaken; Some people visitors were found to be HIV+ and linked to care. Funding was won secured through Wellcome Trust to take the exhibition around the country.

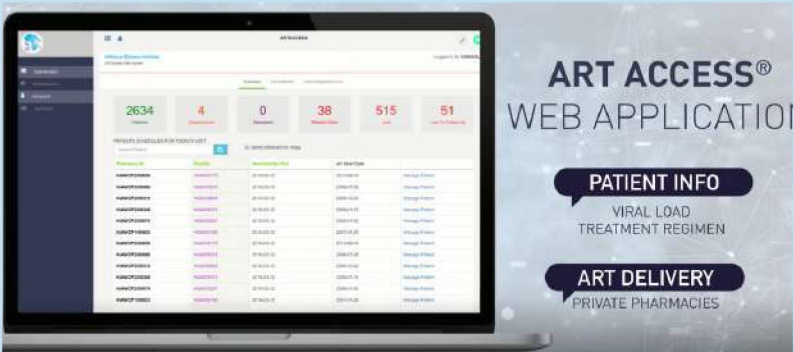
The Ugandan Academy for Health Innovation

DETAILS ON INNOVATIVE PROJECT ACHIEVEMENTS



Use of technology to overcome geographical barriers to delivery ART therapy: The Academy visited possible drone landing sites on Kalangala while holding stakeholder meetings to explore drone technology as a means to deliver antiretroviral therapy to vulnerable but stable patients on Kalangala islands. Though the world has made tremendous strides in combating HIV and other healthcare challenges, lifesaving medications remain out of reach for millions of people who live beyond the reach of traditional healthcare systems. To address this, the Kalangala Medical Drones Project is developing a program to bring lifesaving medications directly to patients who need them. The Project team is working in close consultation with the local community and government authorities, including the national Ministry of Health, to get this important programme underway. We look forward to sharing more information as this programme progresses.

ART Access: Iterative development of the ART Access tool took place, and the latest version is 10.0. The ART access appversion 5.0 app was presented at the Global Digital Health Forum in Washington DC in December 2018. The ART Access tool was piloted in three pharmacies and two health facilities (Kawaala and Kiswa) and more than 1,200 clients previously served using the paper based method were migrated to using the tool. The ART Access Tool was presented at the MOH eHealth technical working group in February 2019. Two meetings with Dialogue with METS were held, to lay ground work and plans for integrating the tool to the OpenMRS is in progress.



Picture of Ageing in Uganda: The Academy carried out an innovative multidisciplinary study that evaluated the social, demographic, clinical, frailty and co-morbidities of people 60 and older living in a community in Wakiso district;Busukuma Division. The primary objective was to determine the feasibility of combining demographic and phenotypic and artistic methods in understanding the picture of community dwelling older persons in Uganda. This study brought together neuroscientists, demographers, social scientists and artists (visual and performing). Data collected will be used to inform the ministries of Gender and Health about the challenges faced by older people in the community.



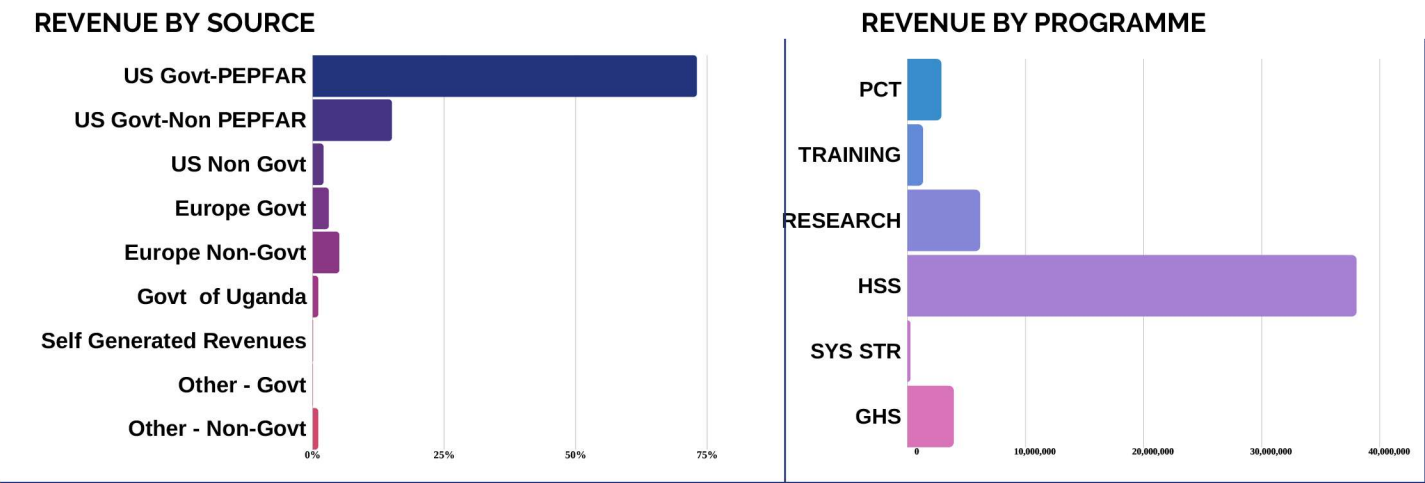
Annual Health Innovation Conference: The Academy hosted the second annual HIC entitled "Harnessing the Fourth Industrial Revolution for Health". 350 attendees including international participants represented 4 continents including USA, Belgium, India, Ethiopia and France. #HIC2019 registered an increase in private sector collaborations to include Andela Uganda, Kampala Pharmaceutical Industries and Global Digital Network, US. The HIC also hosted its first 17-hour Health Hackathon that resulted in 4 winning ideas to alleviate the difficulties in reaching the last mile.

IDI Support Departments

STRATEGIC PLANNING AND DEVELOPMENT (SPDT)

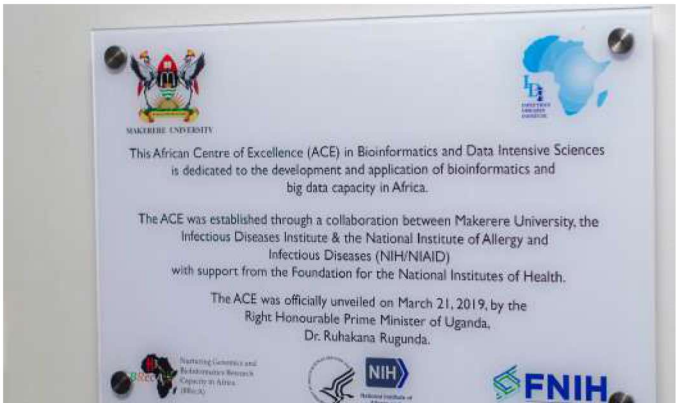
The SPDT covers four major functions in IDI; Planning, Business development, Grants & Contracts Management (including subawards to other entities) and Strategic Information (including monitoring and evaluating the strategic plan). It coordinates efforts to acquire, manage and report on resources entrusted to the Institute by its external partners.

FY 2018/2019 resource acquisition and utilization summary



Progress in achieving strategic goals for the period 2018/2023

- Harnessing Big Data:** Established high throughput data infrastructure to support data intensive science
- Leveraging established capacity:** Invested in institutional strengthening based on the HIV response to become a trusted MoH partner for Uganda's emerging diseases prevention, detection and response efforts (5 of GHS programme staff transitioned from PCT)
- Catalytic role towards ending epidemic control:** Developed local partner capacity with growth in subgrantee numbers to 104 (including 19 KP partners). In addition, IDI strenthened its sub granting unit that oversees day-to-day management of IDI subgrantees.
- Enhanced communication:** Hired a full time specialist to strengthen the documentation, utilization and communications function.



The ACE is located at the IDI headquarters on the ground floor

Business Development aspirations for FY 2019/2020

The department aims to actively facilitate the integration of data intensive approaches into all IDI programmes. It will seek to diversify revenue sources to match IDI's strategic leaning and growth and goals with specific emphasis on data and technology-led programming.

INFORMATION SERVICES

The IS team worked with Clinton Health Access Initiative (CHAI) and Japan International Cooperation Agency (JICA) to strengthen the IDI-led implementation of the MOH electronic inventory management system. CHAI provided funding for hiring data entrants to carry out massive data updates to inform equipment planning by the government, while JICA provided IT equipment to support the IDI-developed system at the regional workshops. The IS team developed and continues to maintain the electronic system which tracks computers and accessories, medical equipment, furniture, and medical instruments at all health facilities in Uganda.



The executive director, Andrew Kambugu with Mike Tartakovsky, CIO at NIAID, National Institute of Allergy and Infectious Diseases (NIAID) and members of both institutions at the opening of the ACE in March 2019

IDI Support Departments

FINANCE & ADMINISTRATION (F&A)

F&A teams, together with the SPD and Internal Audit teams, provide stewardship over the Institute's resources.

In FY 2018/2019, all five financial audits and reviews produced clean reports with a few recommended improvements. F&A and SPD continued with automation of selected processes, achieving about 40% automation by the end of the year against a longer-term target of 90%.

The F&A department, with the support of an external consulting firm embarked on a 2-year process to strengthen its supply chain management function, which is responsible for the procurement, storage and distribution of a product line of over 1,700 unique items (about US\$ 34 million annual volume). The team's facilities and engineering function supported the renovation of 43 health facilities across the country, while its security and fleet management functions supported services for 18 facilities across three regions and a fleet of 55 vehicles respectively. In the next year, the department aims to continue to pursue its automation target.

By June 2019, F&A through its HR function was overseeing a workforce of 1,277 staff and over 500 volunteers and had conducted 23 Institutional trainings addressing Institutional strategic skill gaps with 858 staff in attendance. The HR Office plans to coordinate at least 25 Institutional training targeting 800 staff and to further improve the talent acquisition process through the introduction of psychometric and aptitude assessments.

PROGRAMME HIGHLIGHTS



1,277

NUMBER OF FULL-TIME IDI STAFF

1.5%

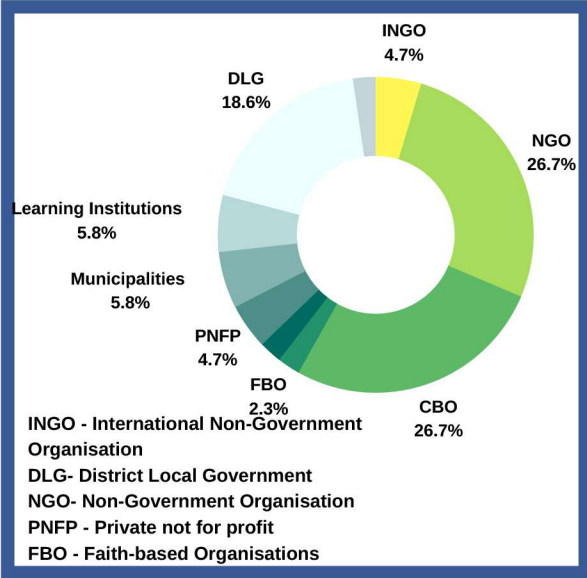
REDUCTION IN STAFF TURNOVER

500

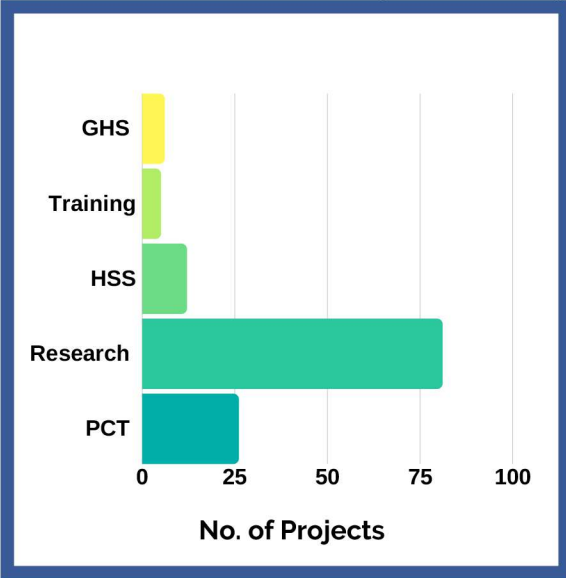
NUMBER OF VOLUNTEERS

KEY NUMBERS FOR 2018 - 2019

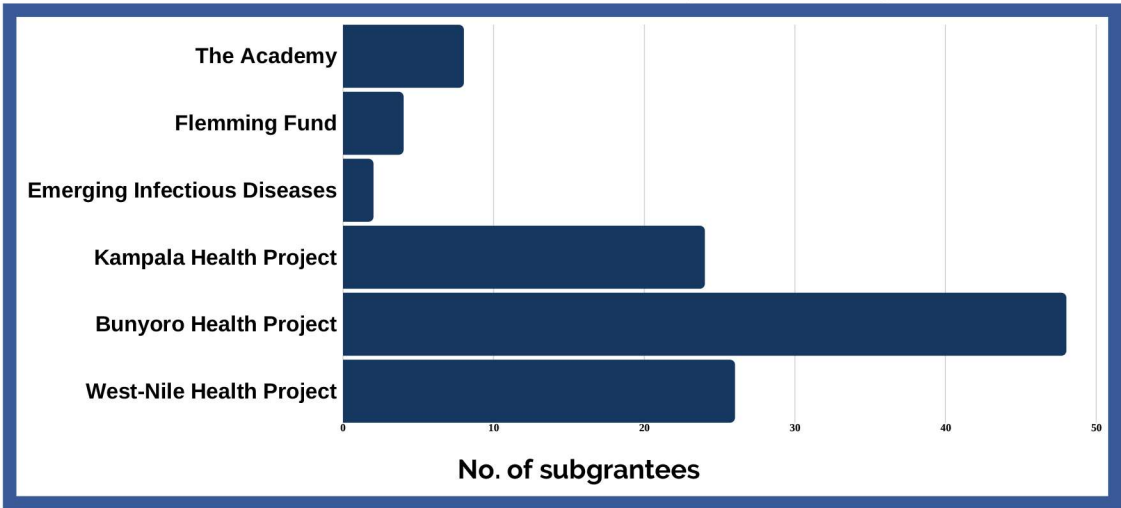
CATEGORIES OF SUBGRANTEES 30TH JUNE 2019



PROJECTS PER PROGRAMME BY 30TH JUNE 2019



SUBGRANTEES BY PROJECT AS OF 30TH JUNE 2019



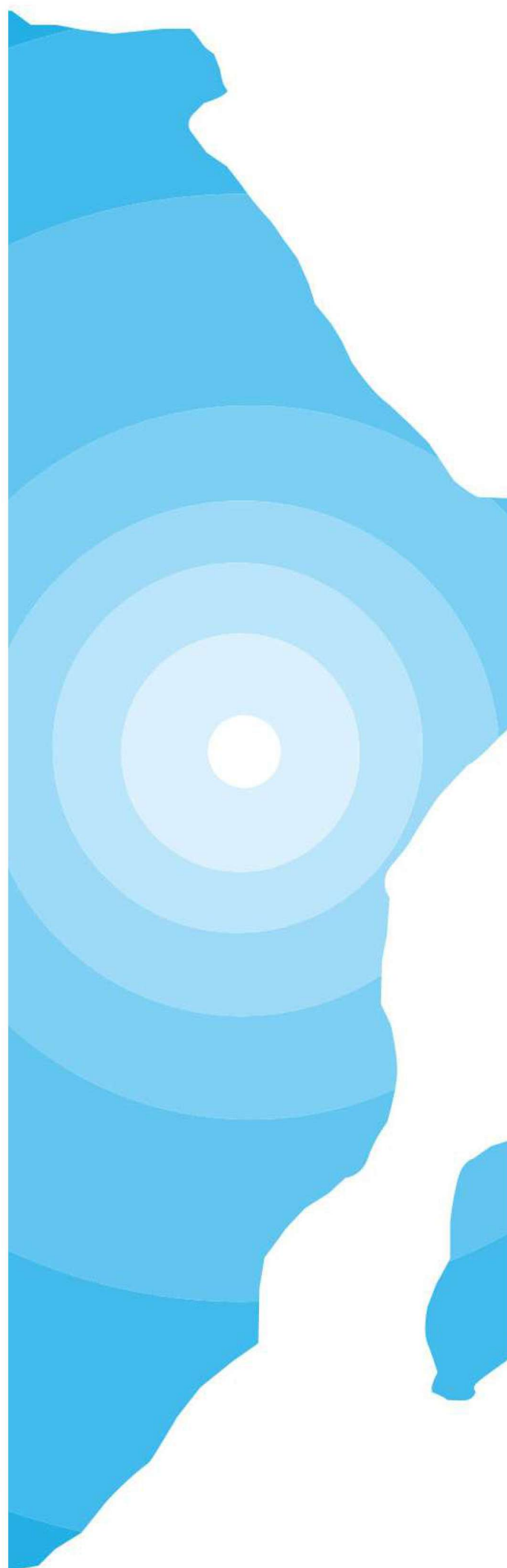
INFECTIOUS DISEASES INSTITUTE LIMITED

STATEMENT OF FINANCIAL POSITION AT 30 JUNE 2019

	2019 US\$ 30 June	2018 US\$ 30 June
ASSETS		
Non-current assets		
Property and equipment	4,353,408	4,070,881
	<u>4,353,408</u>	<u>4,070,881</u>
Current assets		
Inventories	173,291	31,003
Receivables and prepayments	8,775,829	9,186,025
Cash and cash equivalents	9,228,768	9,130,390
	<u>18,177,888</u>	<u>18,347,418</u>
Total assets	<u>22,531,296</u>	<u>22,418,299</u>
RESERVES AND LIABILITIES		
Accumulated surplus	14,234,724	13,171,007
LIABILITIES		
Non-current liabilities		
Retirement benefit obligation	1,159,690	866,005
Deferred Income	4,019,360	4,161,624
	<u>5,179,050</u>	<u>5,027,629</u>
Current liabilities		
Trade and other payables	3,117,522	4,219,663
	<u>3,117,522</u>	<u>4,219,663</u>
Total Reserves and Liabilities	<u>22,531,296</u>	<u>22,418,299</u>

Acronyms

4IR - 4th Industrial Revolution
DTG - Dolutegravir
ACE - African Centre of Excellence
ACTG - AIDS Clinical Trials Group
AGYW - Adolescent Girls and Young Women
AMNET - African Meningitis Trials Network
ART - Antiretroviral Therapy
ATIC - Advanced Treatment and Information Centre
CAP - College of American Pathologists
CAPA - Corrective and Preventive Action
CCLADs - Community Client Led ART Delivery
CDC - Centers for Disease Control and Prevention
CDDP - Community Drug Distribution Point
CME - Continuing Medical Education
COCIS - College of Computing and Information Science
CTU - Clinical Trials Unit
DSDM - Differentiated Service Delivery Model
EDP - Especially Dangerous Pathogens
EVD - External Ventricular Drain
FBGs - Faith based groups FSW Female Sex Workers
FBIM - Facility Based individual Model Fast track
GHS - Global Health Security
GHSA - Global Health Security Agenda
GHSP - Global Health Science and Practice
GIS - Geographic Information System
HIC - Health Innovation Conference
HSS - Health System Strengthening
ICEA - Insurance Company of East Africa Limited
IDI - Infectious Diseases Institute
IDRC - Infectious Diseases Research Collaborations
leDEA - International epidemiology Databases to Evaluate AIDS
JCRC - Joint Clinical Research Centre
JHU - John Hopkins University
KP - Key Populations
MARPS - Most at Risk Populations
MoH - Ministry of Health
MRC - Medical Research Council
MSM - Men who have Sex with Men
NADIA - Nucleoside and Darunavir/Dolutegravir in Africa
NEF - Next Eistein Forum
NIAID - National Institute of Allergy and Infectious Diseases
NIH - National Institutes of Health
UNICEFF - United Nations International Children's Emergency Fund
WHO - World Health Organisation





Fashion show during the inaugural #ONEIDI team building



CEO of Resolve to Save Lives Dr Tom Frieden visit to Arua that included a meeting with district, municipality, political and technical leadership



16 days of Activism to end gender violence celebrations at Kampala Capital City Authority Hall in Makindye



Handover of the surgical ward by E-Amaka at Wakiso Health Centre IV



East African Clinical Tropical Medicine Training Course at IDI in collaboration with the University of Minnesota



PACP project support to believers peer groups that sensitize other youth in the same age brackets about the right way of taking and picking medication



IDI partnering with Global Living Institute to test the youth

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