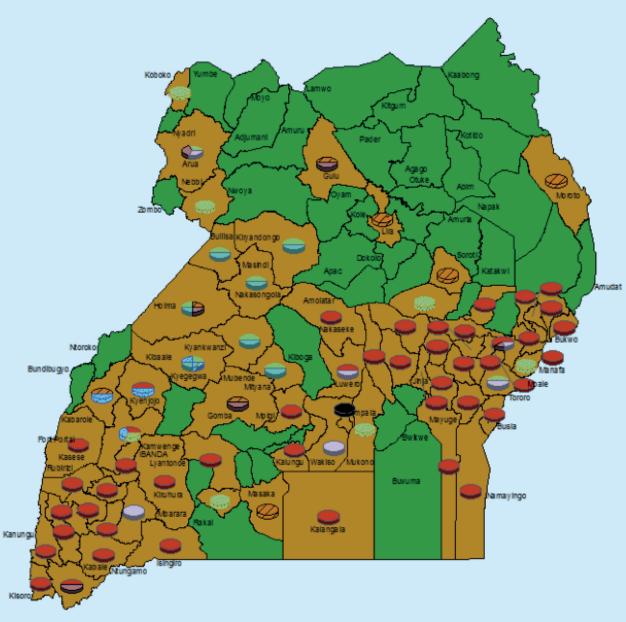
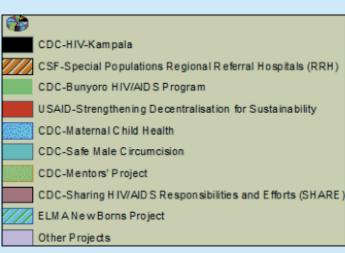


# Ugandan Districts in which IDI was active at the end of June 2015 54% Coverage





### **Table of Contents**

ibi by the Numbers (by end of June 2015)	2
Foreword from the IDI Board Chair	3
Introduction from the IDI Executive Director	3
Prevention, Care and Treatment Programme	4
Contribution to National and Global HIV Care Services	5
Building Capacity through the IDI-Kampala Capital City Authority Twinning Programme	5
Standard Operating Procedures: Driving Clinical Excellence	5
Training & Capacity Development Programme	6
Expansion of the Infectious Diseases Training Profile	7
The Uganda Private Health Sector Support Project	7
Building Capacity for the Management of Especially Dangerous Pathogens	7
The Low Dose-High Frequency Project	7
Upgrade of the IDI Distance Learning Platform: Collaborations to Enhance Distance Learning	7
The Connect for Life Project	8
Research Programme	9
Dissemination of Research Programme Outputs	9
List of CROI 2015 Presentations	9
Active (On-going) Studies	9
Emerging Infectious Diseases: Beyond HIV, Tuberculosis, Malaria and Hepatitis B	10
Public Engagement in Science	10
Building for the Future of Africa: A First-hand Account of a Gilead Scholars Program Grantee	11
Research to Policy: A Specific Antiretroviral Therapy Drug-Drug Interaction Poses a Reproductive Health Challenge	11
Outreach Programme	12
Leveraging the PEPFAR Platform	13
IDI/Kampala Capital City Authority Project	14
Voluntary Medical Male Circumcision for HIV prevention	14
IDI-Outreach Laboratory Services, Lab Hub Activities and Accreditation Efforts	15
Laboratory Services Programme	16
Information Services	17
Strategic Planning and Development	18
Financial Summary	19
IDI Gets New Executive Director- Dr. Richard Brough	20
The Launch of IDI's new McKinnell Knowledge Centre	20
Fundraising for IDI	21
Dr. Alex Coutinho: Impacting Africa and Beyond	22
Defying the Odds: A Young Volunteer Living with HIV/AIDS Becomes a Full-Fledged Counsellor	23
IDI Leadership	24

### IDI by the Numbers (by end of June 2015)

7,852 active clients currently enrolled, and 266 average daily client visits at the IDI Mulago Clinic.

5,886 clients on first line antiretroviral therapy; 1,181 clients on second line antiretroviral

therapy (one of the largest second line single-centre cohorts in the region) and 453 clients on third line antiretroviral therapy at the IDI Mulago Clinic.

557 sero-discordant couples receiving comprehensive counselling, care and treatment from an IDI specialized clinic by June 2015.

101,082 clients on antiretroviral therapy and 15,141 clients not on antiretroviral therapy,

plus **1,582,620** individuals counselled, tested for HIV (since 2007) in the IDI-supported outreach clinics in KCCA and in 7 districts in Western Uganda and in 10 Regional Referral Hospitals, 1 PNFP and 1

Health Centre IV.

190,064 men circumcised since April 2011.

17,556 participants trained in the areas of HIV/AIDS, malaria, tuberculosis, systems strengthening, pharmacy, laboratory, research and especially dangerous pathogens since 2002.

410 research articles published in peer-reviewed journals since 2001.

45 active research grants, including 12 clinical trials, 18 observational studies and 15 capacity building projects.

126,863 units tested at IDI core and central labs between July 2014 and June 2015.

10,920 health workers reached through the IDI AIDS Information and Training Call Centre since 2004.

60 districts across Uganda and 2 African countries provided with technical assistance during the year.

817 staff employed by IDI by the end of June 2015.

79 current grants managed by IDI by the end of June 2015.

### Foreword from the IDI Board Chair



Welcome to this year's IDI Annual Report covering the year to June 2015. IDI has now been an integral part of the College of Health Sciences at Makerere University in Uganda for over ten years. The institution has developed rapidly in that time and in 2015 completed the IDI McKinnell Knowledge Centre which is a six storey building that was officially opened at an auspicious ceremony graced by the Prime Minister of the Republic of Uganda, the Rt. Hon Dr. Ruhakana Rugunda; the Vice Chancellor of Makerere University, Prof. John Ddumba-Ssentamu, and many distinguished dignitaries and guests. At the same ceremony, IDI bid farewell to Dr. Alex Coutinho who served as IDI Executive Director with distinction from 2007-2014 and welcomed the new Executive Director, Richard Brough PhD, who had been IDI Head of Strategic Planning & Development since 2005.

However, despite the year being one of considerable change, IDI's strategic aims remain the same - to support the strengthening of health systems in Africa, with strong emphasis on infectious diseases, through research and capacity development. IDI's strategic stance is always to support Government of Uganda policies, strategies and priorities, at national and local levels; and to contribute to their further development when invited to do so. Equally, as an entity within Makerere University, IDI strives to support the strategies and enhance the good name of the University at all times.

Hekon Sewants.

Prof. Nelson Sewankambo

### **Introduction from the IDI Executive Director**



The year to June 2015 was a mix of consolidation and further programmatic expansion. IDI continues to develop its range of programmes (Research; Training; Prevention, Care and Treatment; Laboratory; and Systems Strengthening) backed by solid support departments (Finance & HR; Grants Management; and IT). Through these programmes, IDI (as at June 2015) was providing care and treatment services to over 110,000 people living with HIV in urban and rural settings in Uganda (directly through the IDI clinic, and in partnership with government and non-government health facilities). IDI also provides extensive HIV prevention services (including a major voluntary male medical circumcision programme) and is a national referral centre for complicated cases of HIV. IDI has trained over 17,000 health workers from Uganda and over 25 other African countries; and has published over 400 articles in peer-reviewed journals (thereby contributing to improving the global ranking of Makerere University).

There were 15 presentations by IDI authors at the 2015 Conference on Retroviruses and Opportunistic Infections (CROI) as IDI sought to not only contribute to national programmes, but to influence policy and practice in the global context. In addition, our Outreach Programme witnessed the completion of a major CDC-funded project and the beginning of its successor. The year also saw a further broadening of IDI's programmatic activities and funding sources, for example, the establishment of the Ugandan Health Academy for Health Innovation and Impact funded by Janssen Global Public Health through the Johnson & Johnson Citizen Trust.

These achievements would have been impossible without the support of the Government of Uganda, Makerere University (of which we are an integral part - within the College of Health Sciences), our development partners, and our funders; to all of whom we express sincere gratitude.

Rh. Lrough

Richard Brough PhD

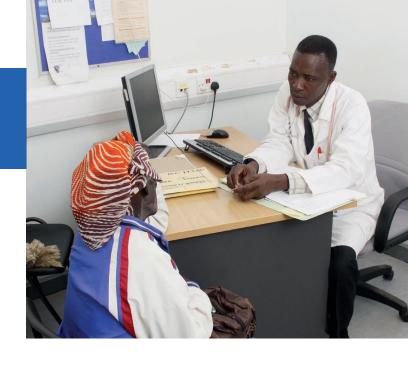
### Prevention, Care and Treatment Programme

he mandate of the Prevention, Care and Treatment (PCT) Programme is to provide high quality multidisciplinary care through sustainable and innovative systems, which can be used for research and capacity building.

Over the past couple of years, the PCT Programme has conducted clinical capacity building activities in several lower-level health facilities, to strengthen their capacity to provide quality HIV care and treatment services. These facilities are now capable of taking on and managing less complex patients, but refer the most complex patients to the IDI clinic at Mulago, for expert and specialised care. This year, the PCT Programme has continued to provide appropriate care to this growing patient population, at the IDI clinic.

IDI Specialist Clinics	Clients at end of June 2015
Adolescents clinic	243
Sexual Reproductive Health clinic	46
Senior Citizens Clinic	241
Kaposi Sarcoma clinic	152
TB/HIV clinic	122
Discordant clinic	557
MARPs clinic	158
Hepatitis B clinic	307
Mental Health clinic	84
2 <sup>nd</sup> line / 3 <sup>rd</sup> line clinic	1,222

"General patient numbers have been reduced to concentrate on managing complex ones."



Dr. Isaac Lwanga attending to an elderly patient at the IDI clinic at Mulago.

### Strengthening Sexual Reproductive Health Services

The capacity to provide comprehensive Sexual Reproductive Health (SRH) services has been further strengthened at the IDI clinic, through specialist visits. Dr. Emily Mabonga, a visiting sexually transmitted infection (STI) specialist physician from King's College Hospital in London, trained and mentored SRH clinic staff in modern approaches to screening and treating STIs. Under Dr. Mabonga's guidance, an STI focal person who is to be stationed at the IDI clinic has been identified. The STI focal person will screen, investigate, treat and follow up all patients with STI symptoms as well as their sexual partners; this will facilitate the centralisation of STI care to ensure prompt and proper diagnosis and treatment.

An SRH clinic doctor conducting a patient examination.



### Contribution to National and Global HIV Care Services

The PCT Programme has continued to contribute to the achievement of national and global targets for the provision of HIV clinical services. This year, a team of senior PCT staff joined officials from the Ministry of Health and implementing partners to review the 2011/12-2014/15 National HIV/AIDS Strategic Plan and formulate the new 2015/16-2016/17 Plan. PCT staff members have also actively participated in national activities aimed at fighting major HIV-associated infections such as tuberculosis (TB) and hepatitis B.



An IDI PCT doctor briefing the Minister of Health Dr. Elioda Tumwesigye during World TB Day in Gulu district.

### Maintaining Infection Control at the IDI Clinic at Mulago

By creating a safe work environment for all employees and patients at the IDI clinic, the PCT Programme, through its Infection Control Committee, organised and conducted infection control training for employees of KAD Agencies, the private company contracted to clean IDI. The training included theoretical, practical and assessment sessions, and climaxed with a graduation ceremony where participants were awarded certificates. As a result of this training, one of the KAD employees has been promoted to be in charge of infection control for the company at Kibuli Hospital.

### Building Capacity through the IDI-Kampala Capital City Authority Twinning Programme

The twinning programme is an innovative mentorship approach that was started by the PCT Programme, to



▲ KCCA nurses during a hands-on practical session at IDI SRH Mother-Baby Care Centre.

specifically strengthen the capacity of Kampala Capital City Authority (KCCA) nursing staff to manage HIV-infected special patient populations consisting of young adults, the elderly, discordant couples, as well as TB/HIV co-infected; and to provide integrated HIV / SRH services. The twinning programme was piloted at Kawaala Health Centre in March 2014; in May 2015, it was rolled out to the KCCA clinics of Kitebi, Komamboga, Kisugu, Kiswa, and Kisenyi; and to Kawempe Home Care, a not-for-profit facility supported under the same arrangement. A total of 16 nursing staff members from these facilities have benefited from the twinning programme. Under this initiative, participants attend specialised clinics with senior clinicians to get hands-on experience in managing patients with complex cases. The beneficiaries of this programme are then expected to pass on the acquired knowledge and skills to their colleagues at their respective facilities.

### Standard Operating Procedures: Driving Clinical Excellence

The Quality Assurance (QA)/Quality Control (QC) Unit at the IDI clinic continuously develops and regularly reviews standard operating procedures (SOPs) and care guidelines, and then updates staff as part of the IDI QA/QC Programme. The QA/QC team helps with investigating effectiveness, efficiency, safety, and the standard of services and strategies, as well as identifying measures for improving services. With dynamic developments in medical practice, it is ever more important that health facilities keep abreast with modern trends. This year, the PCT programme held a one-day training workshop for all clinic staff on old and new clinic SOPs and guidelines.

# Training & Capacity Development Programme

he Training Programme at IDI, provides training and capacity development to enhance and maintain the competence of the healthcare workforce in Africa, for the prevention and management of HIV and other infectious diseases, with the aim of strengthening health systems in Africa.

This year July 2014–June 2015, IDI conducted trainings in the areas of HIV, laboratory management, especially dangerous pathogens (EDPs), research and systems strengthening for local and international trainees, using face-to-face and online methods of training.

IDI training courses are facilitated by seasoned national and international trainers. The quality of courses has been maintained over the years through the continuous development of up-to-date content and the regular evaluation of courses. IDI has also developed the skills of staff in e-learning, and now delivers courses using the latest e-learning methods. Besides offering mentorship to its alumni, IDI also provides distance post-training support through the AIDS Treatment Information Centre (ATIC).

IDI's capacity building activities are needs-driven, handson and are aligned to national and international policy

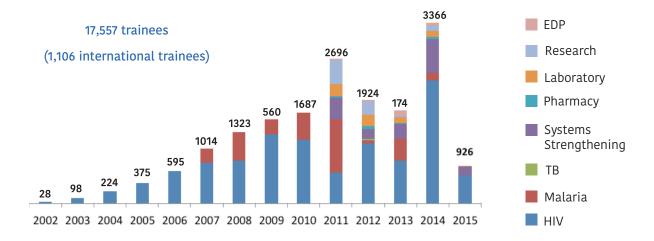


Participants from Madagascar and Somaliland practicing the use of malaria rapid diagnostic tests during a fever case management training session at IDI.

guidelines. Various partners including the Ministry of Health-Uganda, WHO, IDI internal projects, CDC Uganda, CDC Atlanta, the United States Agency for International Development (USAID) through Cardno Emerging Markets, U.S. Defense Threat Reduction Agency (DTRA) through the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), the BARR Foundation through Jhpiego, and Africa Capacity Alliance (ACA) have played a pivotal role in the implementation of this year's activities.

The Training Programme has also provided technical assistance to the Ministries of Health in Uganda, Gambia, Kenya, Tanzania, Swaziland and Cambodia; in the management of laboratory services, HIV and the Ebola virus.

#### **CUMULATIVE NUMBER OF TRAINEES FROM 2002 - JUNE 2015**



We train hundreds, who train thousands, to care for millions of patients.

### Expansion of the Infectious Diseases Training Profile

### The Uganda Private Health Sector Support Project

The Uganda Private Health Sector Support Project is a five-year project funded by USAID through Cardno; the project is currently in its second year of implementation. The project aims at ensuring availability, affordability and accessibility of quality HIV/AIDS care and treatment services for patients who seek care in private-for-profit health facilities. The project is spread over 27 districts in Uganda: Bugiri, Buikwe, Bushenyi, Busia, Entebbe, Hoima, Jinja, Kabarole, Kampala, Kasese, Kibaale, Kinyara, Kiruhura, Kyenjojo, Kyotera, Masaka, Masindi, Mbarara, Mpigi, Mubende, Mukono, Rakai, Sembabule, Serere, Wakiso, Bugiri and Lira.

As a subcontractor on this project, IDI's key responsibility is to implement comprehensive HIV/AIDS capacity building activities in the private sector. The project has so far established a network of 109 private-for-profit high volume sites that are accredited to provide integrated quality HIV/AIDS care and treatment services; 64 of these sites are currently offering prevention of mother-to-child transmission of HIV and Option B Plus, while 45 are offering tuberculosis services. All clinics are now reporting their performance data through the Ministry of Health official information system DHIS-2. IDI has contributed to the achievement of these milestones, by conducting teambased trainings, providing post-training support via its distance learning platform (through a toll free line) and providing integrated onsite mentorship.

### Building Capacity for the Management of Especially Dangerous Pathogens

In collaboration with USAMRIID and the Ministries of Health of Uganda, Kenya and Tanzania, IDI conducted training of trainers courses and service provider training in management of especially dangerous pathogens (EDPs) such as Ebola, for clinicians in Uganda and Kenya. In addition, there was post-training follow-up of alumni through onsite and distance learning methods.

To date, a total of 277 clinicians (128 Ugandans, 128 Kenyans and 21 Tanzanians) have been trained; 42 (26 Kenyans and 16 Ugandans) have so far been followed up, and have displayed evidence of improved preparedness for EDP detection and management.

IDI, Accordia Global Health Foundation and USAMRIID also provided technical expertise to the West African Infectious



Participants demonstrate a step-by-step process of putting on personal protective equipment during a clinical training session at IDI.

Diseases Institute (WAIDI) during the development of a curriculum for Ebola and other disease outbreak management. The curriculum will be used to train preservice healthcare workers in universities, who will in turn conduct cascade trainings for communities, and inservice trainings for health practitioners and public health professionals.

#### The Low Dose-High Frequency Project

IDI commenced activities for the Low Dose-High Frequency (LDHF) Project, a six-month capacity building multi-centre evaluation study funded by the BARR Foundation through Jhpiego, alongside other study centres which include Mildmay Uganda and the Association of Obstetricians and Gynecologists of Uganda. The project aims at evaluating the feasibility of building capacity for pediatric HIV/TB management using multiple onsite mentorships (high frequency), covering limited course content per mentorship visit (low dose), as opposed to traditional methods. Activities for this project are ongoing in the four districts of Kiboga, Kyankwanzi, Hoima, and Kibaale. It is anticipated that the findings from this study will inform decision making and resource allocation, regarding more effective approaches to capacity building.

## Upgrade of the IDI Distance Learning Platform: Collaborations to Enhance Distance Learning

IDI established a partnership with Stanford University School of Medicine to further develop IDI's distance learning capacity. In October 2014, Stanford Medicine hosted IDI's distance learning team; the team received state-of-the-



▲ Joe Benfield (Senior Instructional Technologist) from Stanford University, demonstrating to Ruth Kikonyogo (IDI eLearning Officer) how to use the e-learning equipment.

art e-material development equipment and training in online equipment use, from senior instructional material designers of Stanford Medicine. This support has enabled IDI to set up a recording studio, which will enable IDI to offer trainees a better distance learning experience, through more interactive and higher quality courses.

The equipment received includes a high-end laptop computer, an inking display, HD microphones, HD camcorders, a webcam and video editing software. The equipment has so far been used to develop high-quality, asynchronous narrated modules for the online blended comprehensive antiretroviral therapy management course for clinical officers, nurses and midwives. Special appreciation is extended to Kathy Burke, Robert Burke and Dr. Charles Prober (Senior Associate Dean of Medical Education at Stanford Medicine) for supporting the development of IDI's Distance Learning Programme.

#### The Connect for Life Project

IDI commenced implementation of the capacity building component of the Connect for Life Project funded by Janssen Global Public Health through the Johnson & Johnson Corporate Citizenship Trust. The project aims to enhance health worker capacity in the management of infectious diseases, through IDI's distance learning programme. Through this project, IDI's alumni and other health workers will have free access to specific high impact educative content from the IDI's case conference discussions and switch meetings as well as interactive content developed using the state-of-the-art recording studio. IDI alumni and other webpage users will receive regular updates whenever content is added or updated. IDI's toll free call centre will also be upgraded, to increase alumni access to technical support during non-office hours and over the weekends.

"Through this project, IDI's alumni and other health workers will have free access to specific high impact educative content from the IDI's case conference discussions and switch meetings as well as interactive content developed using the state-of-the-art recording studio."

### **Research Programme**

he past one year has been characterised by dissemination opportunities for IDI research outputs (international and regional meetings); efforts to increase public engagement in research/scientific understanding, and initiatives to expand the scope of the Research Programme to the area of emerging infectious diseases (EIDs).

### Dissemination of Research Programme Outputs

The Research Programme has cumulatively produced 410 peer-reviewed publications since 2001, and these publications can be accessed at http://www.idi-makerere.com/resources/publications. In the year to June 2015, 76 articles have been published (62 authored by either current or past researchers-in-training (scholars) at IDI.

At the Conference on Retroviruses and Opportunistic Infections (CROI) 2015 meeting held in Seattle Washington, USA from 23<sup>rd</sup>-26<sup>th</sup> February 2015, there were four oral and eleven poster presentations of IDI-based work; two of the oral abstracts were based on work undertaken through the Europe African research Network on Second-line Treatment (EARNEST) Study. Drs. Kambugu and Paton presented findings on neurocognitive outcomes and HIV drug resistance, respectively from the EARNEST Study.

#### List of CROI 2015 Presentations

#### **Oral Presentations:**

- Neurocognitive Function in Africans Failing First-Line Antiretroviral Therapy (ART) and Responses to Second Line
- Impact of Nucleoside Reverse Transcriptase Inhibitors (NRTI) Cross-Resistance on Second-Line Protease Inhibitor (PI) + NRTI Therapy Outcomes in Africa
- Prognostic Model for Patients with Kaposi Sarcoma Treated with ART Alone in Africa
- Levonorgestrel Implant + Efavirenz-Based ART: Unintended Pregnancies and Associated Pharmacokinetic Data



Dr. Aggrey Semeere, Research Fellow with the University of California San Francisco based at IDI and working in the field of HIV and malignancies.

#### **Poster Presentations:**

- Comparative Effectiveness of HIV Care and Treatment Programs in East Africa
- Facility-Level Factors Influencing Retention in HIV Care in East Africa
- Peripheral Neuropathy at First-Line Failure and on Second-Line in Sub-Saharan Africa
- Second-Line Treatment in Sub-Saharan Africa: Week 144
   Follow-up of the EARNEST Trial
- Randomized Trial of Protease Inhibitor-Based Antiretroviral Therapy for Kaposi Sarcoma in Africa
- Low Bone Mineral Density (BMD) Among Ugandan HIV-Infected Patients on Failing First-Line ART
- Local and Systemic Humoral Responses to Cryptococcal Meningitis in Patients with AIDS
- Characteristics and Outcomes of Patients Seeking Care at a 'Co-Pay' Convenience Clinic Established to Explore Sustainable Funding Models in Uganda
- Cost Savings of Viral-Load Testing Before ART Second-Line Switch in a Resource-Limited Setting
- Increase in CD4 Counts at Presentation to ART Care among Urban HIV Clinics in Uganda
- Monocyte Immune Responses in Cryptococcal Reconstitution Inflammatory Syndrome

#### Active (On-going) Studies

At the end of June 2015, there were 45 active research studies within the programme, consisting 12 clinical trials, 18 observational studies and 15 research capacity building projects.

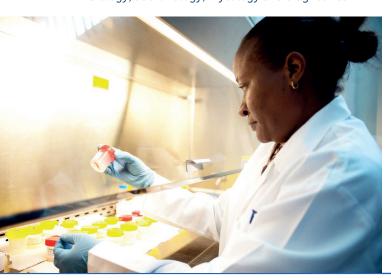
### NUMBER OF IDI RESEARCH ARTICLES PUBLISHED IN PEER REVIEWED JOURNALS INDICATING CONTRIBUTION OF IDI SCHOLARS / EX-SCHOLARS | CUMULATIVE NUMBER OF RESEARCH ARTICLES PUBLISHED: 410



#### Emerging Infectious Diseases: Beyond HIV, Tuberculosis, Malaria and Hepatitis B

In line with the IDI's broader mandate of infectious diseases, the Research Programme has contributed to IDI's strategic entry in the area of emerging infectious diseases (EIDs). The Research Programme's focal areas of research have traditionally been largely in HIV/AIDS and tuberculosis research, and to a lesser extent in malaria and hepatitis B studies. In the era of the deadly viral haemorrhagic fever epidemics including the Ebola virus disease, bioterrorism

▼ The Translational Laboratory at IDI, established in partnership with the Department of Obstetrics and Gynaecology at the Makerere University College of Health Sciences, and supported by the University of California San Francisco, promotes research in immunology; virology; pharmacokinetics; molecular biology; bacteriology; mycology and diagnostics.



and the increasing threat of antimicrobial resistance, the programme seeks to leverage IDI's institutional systems and resources to make significant national and regional contributions in the EID field. IDI's programmatic presence in the districts that are "hotspots" for EIDs, has provided additional justification for this strategic initiative.

In the course of this year, the IDI Research Programme has responded to two requests for applications in the EID field. The multi-year U.S.-based request for applications by the National Institutes of Health (NIH) and U.S. Centers for Disease Control and Prevention (CDC) represent significant entry points in EIDs, for the Institute. The Research Programme spearheaded two of the three institutional bids for these funding opportunities. The IDI bids will enable the Institute to make clinical and research contributions in the specific areas of antimicrobial stewardship and resistance prevention service, enhancement of national biosecurity, biosafety capacity and laboratory systems. IDI has so far obtained one of the three bids; a multi-year project to build national capacity in biosafety & biosecurity, antimicrobial resistance prevention and laboratory systems.

#### **Public Engagement in Science**

Following a competitive bid for a Public-Engagement-in-Science (PISE) Grant from the Wellcome Trust, IDI obtained funding to engage the public in science and research themes. This initiative was undertaken in line with the IDI Research Programme goal, which includes translating research findings into policy and practice. The PISE Project sought

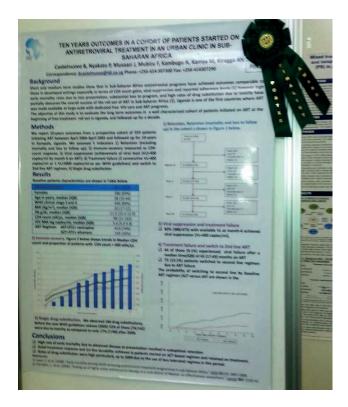
to facilitate communication between health scientists at IDI, the general public and the media; the project utilised roundtable discussions, media (television and radio) talk shows, professional development workshops and conferences. It was implemented in urban and rural settings with journalists, patient groups, policymakers and researchers, as key participants. The research scientists on the other hand, had communication skills training to enhance their capacity to effectively communicate with the lay public, and to advocate for the uptake of their research products. We are currently performing a formal evaluation of the impact of this PISE Project.

#### Building for the Future of Africa: A Firsthand Account of a Gilead Scholars Programme Grantee

A beneficiary of the IDI-based Gilead Scholars Programme (one of the 15 research capacity building initiatives within the IDI Research Programme), Dr. Kasonia, shares his story. "I have just successfully completed my postgraduate studies in internal medicine at Makerere University. I commenced the programme with the promise of sponsorship from my institution back home (a university in the Democratic Republic of Congo). When the first semester started, I got communication from my home university that they could not continue supporting me, owing to financial constraints; I then had to return home. I contacted friends and relatives to marshal financial support; I managed to finish my first year, with this support. Fortunately, I saw the advert of the IDI-based Gilead scholarship. I applied and was offered a scholarship. My dream of becoming a qualified physician became a reality. With Gilead scholarship support, I was now able to concentrate on studying. My academic grades greatly improved with each semester. Finally, I completed the course and got the distinction of the best performing student in my final year. I am now practicing as a physician in my country, in our teaching hospital".



Dr. Kambale Kasonia



#### Research to Policy: A Specific Antiretroviral Therapy Drug-Drug Interaction Poses a Reproductive Health Challenge

One of the IDI-based studies featured at the CROI 2015 meeting, entitled Levonorgestrel Implant and Efavirenzbased ART: Unintended Pregnancies and Associated Pharmacokinetic Data (Abstract 85LB), will influence the use of hormonal contraceptives among women on ART. The study conducted by IDI, in collaboration with the University of Nebraska, found that efavirenz, a commonly used HIV drug, can compromise efficacy of a family planning implant containing a drug called levonorgestrel. The amount of levonorgestrel in the blood was significantly lower among women receiving efavirenz-based antiretroviral therapy compared to women who had not started antiretroviral therapy, and are using the implant. Importantly, 3 out of 20 women receiving the combination became pregnant during the first 12 months of combined use (a 15% contraceptive failure rate). This finding likely results from efavirenz enhancing the elimination of levonorgestrel from the body. Alternative contraceptive methods should therefore be considered for women on efavirenz.

### **Outreach Programme**

he Outreach Programme's main focus is to increase access to quality and comprehensive health services for HIV/AIDS and other infectious diseases in Uganda, through innovative and strengthened health systems, using a district-wide health systems strengthening (HSS) approach. The Outreach Programme is contributing towards zero infections, UNAIDS 90-90-90 treatment goals, an HIV/AIDS free future generation, as well as improving the lives of people living with HIV.

Since October 2008, the IDI Outreach Programme has been supporting HIV/AIDS prevention, care and treatment services in districts of mid-Western Uganda – expanding coverage from two districts initially to seven at present (Kiboga, Kyankwanzi, Kibaale, Hoima, Masindi, Buliisa and Kiryandongo), using the HSS approach. The districts have been supported to provide an enriched HIV prevention, care and treatment package that includes HIV prevention messages; risk reduction counselling for HIV negatives; and positive health, dignity and prevention for the HIV positives. By the close out of the initial Expanded Kibaale,



Outreach senior technical team during a planning retreat.

Kiboga Project on 31<sup>st</sup> March 2015, 30,837 HIV-positive clients were active in HIV care (compared to just 3,678 at project inception). Of those in care, 23,788 were active on antiretroviral therapy (ART), compared to 799 clients in 2008. This represented 77% of those in care being on ART.

This year, IDI was awarded the follow-on five year project (2015-2020) for the Bunyoro region of Uganda, after a competitive application process. The project is entitled "Accelerating Comprehensive HIV/AIDS Service Delivery through Health Systems Capacity Building and Technical Assistance to District Health Teams and Health Facilities in Western Region of Uganda".

#### PATIENTS RECEIVING HIV /AIDS CARE AND TREATMENT ACROSS THE SEVEN DISTRICTS (2009-2015)



During the period April-June 2015, IDI was involved in several start-up activities for this follow-on project, while ensuring uninterrupted continuity of previous critical patient sustaining activities. The project has maintained over 32,110 HIV positive clients in care (with over 80% on ART), and reduced the HIV positivity rate among exposed infants tested from 4% to 2.4% within the period (July 2014 to June 2015). This is below the national virtual elimination of mother-to-child transmission of HIV target of less than 5%.

#### Leveraging the PEPFAR Platform

IDI has also used its expertise to seek for complementary funding for health services in the supported districts, using the existing PEPFAR platform. The Positive Action for Children's Fund/ViiV Project in Kiboga and Kyankwanzi, supported IDI's collaborative work with 13 community-based organizations, to improve uptake of PMTCT/EID (Early Infant Diagnosis) services using a transport voucher system for mothers. This same funding also supported the construction of waiting blocks for at-risk pregnant women at Muwanga Health Center III, in Kiboga district. In Kibaale district, the project worked closely with the Saving Mothers-Giving Life Project to reduce the maternal mortality rate by 38% in one year, through focused interventions at health facility and community levels.



▲ Bukomero Health Centre IV mother waiting block constructed with support from the Embassy of Japan.

This project has supported renovation and functionalization of several operating theatres and maternity waiting blocks across the districts. With complementary funding from the Embassy of Japan, IDI has also constructed two maternity waiting blocks at Bukomero Health Center IV (Kiboga) and Ntwetwe Health Centre IV (Kiboga). These structures were formally handed over to the respective districts on 7<sup>th</sup> July 2015 by the Japanese Ambassador to Uganda.



▲ Japanese Ambassador to Uganda (H.E. Junzo Fujita), Kiboga district Local Council V Chairman, Resident District Commissioner and IDI senior leadership at the ceremony to commission the maternity waiting block at Bukomero HCIV, July 2015.

These buildings provide accommodation for at-risk pregnant mothers and mitigate the infrastructural challenges, common across most of the supported facilities. These additional projects are one way of ensuring sustainability of project interventions, beyond the life of the main PEPFAR funding.

Under the Saving Mothers-Giving Life Project, critical maternal, newborn and child health services were provided, including support towards continued functionalization of all hospital and HCIV theatres in Kibaale district. The project also supports the motor vehicle and tricycle ambulance systems that are critical to supporting the referral systems, across the health facilities and other districts for improved access to maternal, newborn and child health services.

#### Newborn Unit at Kagadi Hospital, Kibaale district.



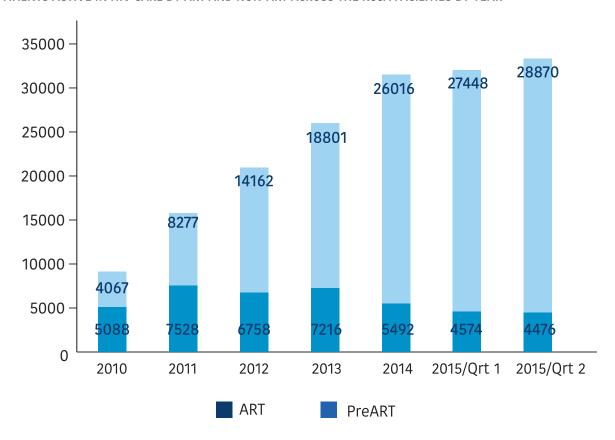
With support from the ELMA Foundation, the project is also supporting interventions for improving new born care services in Kibaale district, with the goal of increasing coverage of new born services from 53% to 75%, over three years. With this additional funding, a neonatal intensive care unit has been constructed at Kagadi Hospital in Kibaale district. The project has also supported the procurement of medical equipment and commodities for the new born care unit, clinical placement of health care workers at Mulago National Referral Hospital New Born Intensive Care Unit, as well as community surveillance of new born deaths among other supported interventions.

#### **IDI/Kampala Capital City Authority Project**

IDI is the lead implementing partner for the provision of comprehensive HIV/AIDS services, in public health facilities managed by Kampala Capital City Authority (KCCA). The IDI-KCCA project goal is to scale up comprehensive HIV/AIDS care that includes provider-initiated testing and counselling, TB/HIV co-infection services, orphaned and vulnerable children services, and care and ART for adults (including pregnant women) and children in six KCCA facilities and two private not-for-profit clinics supported by the project.

This project has been running from October 2010 to date. By the end of June 2015, 33,514 HIV positive clients were receiving services across these clinics. 1,715 (5%) of these are children and 29,915 (87%) of all positive clients are on ART.

#### PATIENTS ACTIVE IN HIV CARE BY ART AND NON-ART ACROSS THE KCCA FACILITIES BY YEAR



### Voluntary Medical Male Circumcision for HIV prevention

Voluntary medical male circumcision (VMMC) services are offered as part of the comprehensive package for male reproductive health services that includes HIV testing

and counselling, prevention messaging, STI screening and management, and safe male circumcision. The package also strengthens linkages with existing services at facilities, such as HIV care and ART, and reproductive health and family planning. By June 2015, IDI had circumcised over 190,064 adult males for HIV prevention.

Innovative approaches have been utilized to generate demand for VMMC services, and these include conducting outreaches in communities, involvement of Village Health Teams (VHTs), local leaders and women in mobilization campaigns, and novel transportation models used to reach men in hard-to-reach areas.

A total of 71 government health workers (26 clinical officers, 39 nurses & 6 counselors) participated in the safe male circumcision surgical training. This aimed at ensuring that qualified Ministry of Health healthcare workers engage in VMMC activities, as a way of achieving sustainability for project interventions.

#### IDI-Outreach Laboratory Services, Lab Hub Activities and Accreditation Efforts

The Ministry of Health has set up lab hubs with capacity to provide full lab support to monitoring and treatment of HIV/ AIDS related conditions. These hubs have adopted the WHO step-by-step approach for laboratory accreditation (SLMTA/ SLIPTA: SLMTA - Strengthening Laboratory Management towards Accreditation; SLIPTA - Stepwise Laboratory Quality Improvement Process Towards Accreditation programme). SLMTA is a training and mentoring programme that equips lab managers with knowledge and skills related to implementation of practical quality management systems in laboratories in resource-limited settings, using available resources. It is designed to achieve immediate and measurable laboratory improvement. It is closely linked (mapped) to International Organization for Standardization (ISO) standards and WHO AFRO SLIPTA audit checklists.



Newly renovated Buliisa Hospital Lab Hub, Buliisa district.

A total of 10 IDI Outreach programme labs have been enrolled onto this programme. The hub and SLMTA approach has greatly improved the quality of lab services by strengthening the lab network in all the supported districts. The model uses motorcycle hub riders and referral mechanisms to transport samples from lower facilities to district and national level. This, in turn, has reduced the turnaround time for lab tests/results, improved accessibility and quality of lab services, and the general health care for all those served through the IDI Outreach programme network.

A total of 10 IDI Outreach programme labs have been enrolled onto this programme. The hub and SLMTA approach has greatly improved the quality of lab services by strengthening the lab network in all the supported districts.

# Laboratory Services Programme

he Makerere University-Johns Hopkins University/IDI Core Lab has been operating since 1989, and from 2004 to date, has been housed at IDI Mulago.

The lab which aims to provide enhanced quality lab services has been recognised with a series of international awards by the African Society for Lab Medicine (2012), the Medical Lab Observer (2008) and the Microbicide Trials Network (2008), for its outstanding lab proficiency, high quality standard services and practices, and additionally for its quality assurance and quality control for both service providers and researchers.

The highlight for this year was the CAP (College of American Pathologists) accreditation obtained by the lab, which was achieved with zero citations and zero recommendations for improvement. Although it has been a year of transition and change, the lab continues to provide sustainable world class lab services to clients.

One of the original Core Lab team, Deborah Obuya who has mentored a new generation of medical technologists, retired this year; and Patrick Karugaba, the lab Quality Management Coordinator was elected as Chair of the Uganda Medical Lab Technology Board.

The lab targets are revised each year with a view of meeting latest published and internationally accepted standards, while also striving to remain sensitive and relevant to the



A Laboratory Technician using a FACSCalibur instrument used for CD4/CD8 enumeration.

operational context. This year, the MU-JHU Core Lab has continued to realize set targets for all closely monitored quality indicators in all aspects of testing and operations. Most notable of these have been the historic 99.4% average pass rates for external proficiency testing, 100% of customer biennial satisfaction survey respondents rating us overall as providing excellent services, and zero safety incidents.

The lab has over 40 well-trained Ugandan lab staff, is equipped with up-to-date equipment and serves both national and international academic, research and clinical institutions such as Makerere University, Case Western Reserve University, Johns Hopkins University and IDI. Currently, the lab is serving over 40 research and clinical projects in Uganda, and plans to expand and offer its services to other regional institutions, in an effort to promote the provision of enhanced quality lab services in Africa.

Some of the MU-JHU Core Laboratory staff with Dr. Ali Elbireer, Director of Laboratory Services (extreme right).



#### **Information Services**

he IDI Information Services (IS) department has implemented some major projects in the past year, and continues to innovate new ideas that will be implemented in the short, medium and long terms, to effectively drive the technology agenda and aspirations of IDI.

Up until April 2015, IDI has been subscribing to a diversity of local internet/data service providers - with the result that it has been costly to manage consumption and business relationships over the years. This has driven the migration of IDI to the Research and Education Network of Uganda (RENU) as the new internet/data service provider for IDI. This connectivity is based on a fiber network. Today, IDI Mulago (which houses the main data center) is connected to Makerere over a 100 Mbps leased line capacity provided by RENU. Previously, the capacity of the leased line was only 4 Mbps (and this came at a higher cost to IDI). Likewise, internet capacity is now consolidated under RENU, representing a significant increase in bandwidth and considerable reduction in cost. The IS department is already in the process of piloting an open source technology (freepbs) to ease voice/video communication between Mulago and Makerere over the new leased line capacity at no additional cost!

With the ICEA (clinic management system) copyright under processing and the successful sale of an ICEA licence to JCRC (Joint Clinical Research Center), the IS department has started planning the marketing of in-house developed software like CLOCKTIME (an automated timesheet system which has hugely improved IDI's cost recovery from projects); and PROMIS, a procurement and stock management information system, which is fully operational. The scale-up of NOMAD is gaining shape. NOMAD is a multi-purpose,



▲ IDI IT staff conducting essential maintenance on the IDI IT infrastructure.

highly-customizable in-house system that has so far been customized for MOH Laboratory Accreditation (SLMTA), MOH inventory system, IT Asset Register, Circumcision Project (AMAKA), Document Management, Photo Consent Management, and about ten other smaller modules.

As part of new knowledge management efforts, IDI started an institute-wide campaign to gather, revise (if necessary) and safeguard all IDI key strategic documents to ease operational efficiency and promote institutional memory. The electronic management of this process has been incorporated in NOMAD and is spearheaded by the Knowledge Management Officer. This system so far tracks hundreds of documents ranging from IDI constitution, Board minutes, standard operating procedures, financial statements, and contracts among others.

The past year has seen new innovative business intelligence efforts, particularly the automated clinic management reports that are automatically generated and distributed according to pre-defined schedules to relevant recipients. The demand for such tools has also increased for new research studies where the scheduled reports play a vital role in providing information to aid in the client enrolment and follow-up processes.

As part of new knowledge management efforts, IDI started an institute-wide campaign to gather, revise (if necessary) and safeguard all IDI key strategic documents to ease operational efficiency and promote institutional memory.

### **Strategic Planning and Development**

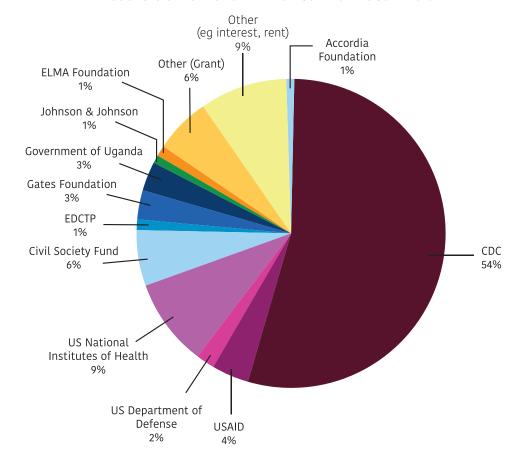
trategy: Several key themes in IDI's second five-year Strategic Plan were pursued during the year, for example: a broadening of the scope of funding opportunities pursued (for example, in the area of emerging infectious diseases); initiatives to improve, maintain and update/refresh capacity of healthcare workers more cost effectively in both clinical and management areas (particularly through distance learning); integrated approaches to implementation of projects nationwide; and the pursuit of less conventional sources of income (for example, the sale of our copyrighted ICEA clinic management software).

**Monitoring and Evaluation:** The Strategic Planning and Development team continues to play a vital role in supporting routine tracking and periodic assessment of IDI projects. Notably, the last year provided many opportunities for the monitoring and evaluation (M&E) team to "strengthen the E" in M&E - summative evaluations were conducted for projects focused on: supporting

specialized HIV/AIDS services at Regional Referral Hospitals in Uganda, and on scaling up prevention of mother-to-child transmission, and early infant diagnosis services. The M&E team also provided key support for IDI's lab management and HIV services technical assistance assignments in the Kingdom of Swaziland.

Resource Generation and Grants Management: IDI generated an average of three proposals per month over the year and maintained a portfolio of about 80 projects with a broad funding base of around 25 funders. New funders during the year included: Janssen Global Public Health through the Johnson & Johnson Citizen Trust, the International Society for Infectious Diseases, WHO, and the Thrasher Fund; and as a subcontractor IDI linked with new partners such as CH2M HILL (a major lab services contractor) and Jhpiego. More than six grant-specific or funder specific external audits of IDI financial records and systems were conducted over the year with no adverse findings.

#### SOURCES OF FUNDS FOR IDI FROM JULY 2014 TO JUNE 2015



### **Financial Summary**

#### STATEMENT OF COMPREHENSIVE INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2015

Transport		2015 US\$	2014 US\$
Self-generated income         1,598,331         1,033,027           Interest income         241,259         86,727           20,678,443         20,209,907           Expenditure         Salaries and benefits         8,825,117         8,827,981           Program expenses         6,299,349         4,775,836           Transportation         2,104,985         1,995,463           Office expenses         647,862         683,524           Facilities expenses         647,862         683,524           Administration expenses         664,053         766,104           Administration expenses         664,053         766,104           Foreign exchange (gain)/loss         604,053         76,104           Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:         18,183,108         16,789,187           Univestricted grants         18,189,108         16,789,187           Univestricted grants         18,189,108         16,789,187           ** SELF GENERATED INCOME*         11,143,756         584,177           ** Rental income         291,	Income		
Interest income         241,759         86,727           Expenditure         20,678,443         20,209,007           Expenditure         Salaries and benefits         8,625,117         8,827,991           Program expenses         6,299,349         4,775,836         1,795,463           Office expenses         647,862         683,524         683,524           Facilities expenses         1,813,349         1,785,187         2,878,733         1,785,187           Administration expenses         664,953         786,860         76,104         20,758,773         18,786,747           Surplus/ (deficit) for the year         (80,300)         1,449,160         1,449,160         1,449,160           OTHER COMPREHENSIVE INCOME         C         68,330)         1,449,160	Grant income	18,878,353	19,088,153
Expenditure         20,678,443         20,209,907           Expenditure         Salaries and benefits         8,625,117         8,827,981           Program expenses         6,299,349         4,775,836           Transportation         2,104,985         1,995,463           Office expenses         647,862         683,524           Facilities expenses         1,813,348         1,785,187           Administration expenses         664,053         768,860           Foreign exchange (gain)/loss         604,059         -76,104           Surplus/ (deficit) for the year         (80,330)         1,449,100           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,100           Notes:         8         8,8330         1,498,100           Notes:         8         18,878,353         19,886,100 <tr< td=""><td>Self-generated income</td><td>1,558,331</td><td>1,035,027</td></tr<>	Self-generated income	1,558,331	1,035,027
Expenditure           Salaries and benefits         8,625,117         8,827,981           Program expenses         6,299,349         4,775,836           Transportation         2,104,985         1,995,463           Office expenses         647,862         683,524           Facilities expenses         1,813,348         1,785,187           Administration expenses         664,053         768,860           Foreign exchange (gain)/loss         604,059         -76,104           Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:         -         -         -           Pestricted grants         18,183,108         16,789,187           Unrestricted grants         18,876,353         19,088,153           4         SELF GENERATED INCOME         -         -           Training income         1,143,756         584,177           Rental income         291,060         277,200           Other income         11,453,756         584,177           Salaries and wages (core activities)         2,579,433         2,959,523 <t< td=""><td>Interest income</td><td>241,759</td><td>86,727</td></t<>	Interest income	241,759	86,727
Salaries and benefits         8,625,117         8,827,981           Program expenses         6,299,349         4,775,836           Transportation         2,104,985         1,995,463           Office expenses         647,862         683,524           Facilities expenses         1,813,348         1,785,187           Administration expenses         664,053         768,860           Foreign exchange (gain)/loss         604,059         -76,104           Z0,758,773         18,760,747         20,758,773         18,760,747           Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:         3         GRANT INCOME         -         -           Restricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           18,878,353         19,088,153           4         SELF GENERATED INCOME         1,143,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           TOTAL COMPREHENCY <t< td=""><td></td><td>20,678,443</td><td>20,209,907</td></t<>		20,678,443	20,209,907
Salaries and benefits         8,625,117         8,827,981           Program expenses         6,299,349         4,775,836           Transportation         2,104,985         1,995,463           Office expenses         647,862         683,524           Facilities expenses         1,813,348         1,785,187           Administration expenses         664,053         768,860           Foreign exchange (gain)/loss         604,059         -76,104           Z0,758,773         18,760,747         20,758,773         18,760,747           Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:         3         GRANT INCOME         -         -           Restricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           18,878,353         19,088,153           4         SELF GENERATED INCOME         1,143,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           TOTAL COMPREHENCY <t< td=""><td>Expenditure</td><td></td><td></td></t<>	Expenditure		
Program expenses         6,299,349         4,775,836           Transportation         2,104,985         1,995,463           Office expenses         647,862         683,524           Facilities expenses         1,813,348         1,785,187           Administration expenses         664,053         768,860           Foreign exchange (gain)/loss         604,059         -76,104           20,758,773         18,760,747           Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:         8         18,183,108         16,789,187           Unrestricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           12,878,353         19,088,153           4 SELF GENERATED INCOME         1,143,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           Other income         1,558,331         1,035,027           Salaries and wages (core activities)         2,579,433         2,959,523 <t< td=""><td></td><td>8,625,117</td><td>8,827,981</td></t<>		8,625,117	8,827,981
Define Expenses         647,862         683,524           Facilities expenses         1,813,488         1,785,187           Administration expenses         664,053         768,800           Foreign exchange (gain)/loss         604,059         -76,104           Surplus/ (deficit) for the year         (80,330)         1,449,100           OTHER COMPREHENSIVE INCOME         °         °           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,100           Notes:         8         18,183,108         16,789,167           Notes:         18,8183,108         16,789,167           Restricted grants         695,245         2,298,966           18,878,353         19,088,153           4         SELF GENERATED INCOME         11,143,756         584,177           Rental income         291,060         277,200           Other income         13,558,331         1,035,027           5         STAFF COSTS         Salaries and wages (core activities)         2,579,433         2,959,523           Staff benefits (core activities)         371,218         407,416           Salaries and wages (project activities)         4,911,573         4,796,013           Staff benefits (project activities)         762,893	Program expenses	6,299,349	4,775,836
Facilities expenses         1,813,348         1,785,187           Administration expenses         664,053         768,860           Foreign exchange (gain)/loss         604,059         -76,104           20,758,773         18,760,747           Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:         8         18,183,108         16,789,187           Unrestricted grants         18,183,108         16,789,187           Unrestricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           18,787,353         19,088,183           4         SELF GENERATED INCOME         11,43,756         584,177           Rental income         291,060         277,200           Other income         11,43,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           5         STAFF COSTS         584,177           Salaries and wages (core activities)         2,579,433         2,959,523	Transportation	2,104,985	1,995,463
Administration expenses         664,053         768,86 to           Foreign exchange (gain)/loss         604,059         -76,104           20,758,773         18,760,747           Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:         3 GRANT INCOME         8 Restricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           10,9878,353         19,088,753           4 SELF GENERATED INCOME         1,143,756         584,177           Rental income         291,060         277,200           Other income         11,558,331         1,035,027           5 STAFF COSTS         Salaries and wages (core activities)         2,579,433         2,959,523           Staff benefits (core activities)         371,218         407,416           Salaries and wages (project activities)         4,911,573         4,796,013           Staff benefits (project activities)         762,893         665,029	Office expenses	647,862	683,524
Foreign exchange (gain)/loss         604,059         -76,104           Sur Jus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:           3 GRANT INCOME           Restricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           10,987,353         19,088,153           4 SELF GENERATED INCOME           Training income         1,143,756         584,177           Rental income         291,060         277,200           Other income         11,558,331         1,035,027           5 STAFF COSTS         Salaries and wages (core activities)         2,579,433         2,959,523           Staff benefits (core activities)         371,218         407,416           Salaries and wages (project activities)         371,218         407,416           Staff benefits (project activities)         762,893         665,029	Facilities expenses	1,813,348	1,785,187
Surplus/ (deficit) for the year (80,330)	Administration expenses	664,053	768,860
Surplus/ (deficit) for the year         (80,330)         1,449,160           OTHER COMPREHENSIVE INCOME         -         -           TOTAL COMPREHENSIVE INCOME/ (LOSS)         (80,330)         1,449,160           Notes:           3         GRANT INCOME         -         -           Restricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           18,878,353         19,088,153           4         SELF GENERATED INCOME         1,143,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           5         STAFF COSTS         1,558,331         1,035,027           5         STAFF COSTS         2,579,433         2,959,523           Staff benefits (core activities)         371,218         407,416           Salaries and wages (project activities)         371,218         407,416           Salaries and wages (project activities)         4,911,573         4,796,013           Staff benefits (project activities)         762,893         665,029	Foreign exchange (gain)/loss	604,059	-76,104
OTHER COMPREHENSIVE INCOME         - </td <td></td> <td>20,758,773</td> <td>18,760,747</td>		20,758,773	18,760,747
Notes:         (80,330)         1,449,160           Notes:         3 GRANT INCOME         18,183,108         16,789,187           Unrestricted grants         18,183,108         16,789,187           Unrestricted grants         695,245         2,298,966           18,878,353         19,088,153           4 SELF GENERATED INCOME         1,143,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           1,558,331         1,035,027           5 STAFF COSTS         2,579,433         2,959,523           Staff benefits (core activities)         2,579,433         2,959,523           Staff benefits (core activities)         371,218         407,416           Salaries and wages (project activities)         4,911,573         4,796,013           Staff benefits (project activities)         762,893         665,029	Surplus/ (deficit) for the year	(80,330)	1,449,160
Notes:         3 GRANT INCOME       18,183,108       16,789,187         4 Variety of Company       695,245       2,298,966         4 SELF GENERATED INCOME       1,143,756       584,177         7 Rental income       1,143,756       584,177         Rental income       291,060       277,200         Other income       123,515       173,650         5 STAFF COSTS       31,558,331       1,035,027         5 Salaries and wages (core activities)       2,579,433       2,959,523         5 Staff benefits (core activities)       371,218       407,416         5 Salaries and wages (project activities)       4,911,573       4,796,013         5 Staff benefits (project activities)       762,893       665,029	OTHER COMPREHENSIVE INCOME	-	-
GRANT INCOME         Restricted grants       18,183,108       16,789,187         Unrestricted grants       695,245       2,298,966         18,878,353       19,088,153         4       SELF GENERATED INCOME       1,143,756       584,177         Rental income       291,060       277,200         Other income       123,515       173,650         1,558,331       1,035,027         5       STAFF COSTS         Salaries and wages (core activities)       2,579,433       2,959,523         Staff benefits (core activities)       371,218       407,416         Salaries and wages (project activities)       4,911,573       4,796,013         Staff benefits (project activities)       762,893       665,029	TOTAL COMPREHENSIVE INCOME/ (LOSS)	(80,330)	1,449,160
GRANT INCOME         Restricted grants       18,183,108       16,789,187         Unrestricted grants       695,245       2,298,966         18,878,353       19,088,153         4       SELF GENERATED INCOME       1,143,756       584,177         Rental income       291,060       277,200         Other income       123,515       173,650         1,558,331       1,035,027         5       STAFF COSTS         Salaries and wages (core activities)       2,579,433       2,959,523         Staff benefits (core activities)       371,218       407,416         Salaries and wages (project activities)       4,911,573       4,796,013         Staff benefits (project activities)       762,893       665,029	Notes:		
Unrestricted grants         695,245         2,298,966           18,878,353         19,088,153           4 SELF GENERATED INCOME         1,143,756         584,177           Training income         1,143,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           5 STAFF COSTS         5         Salaries and wages (core activities)         2,579,433         2,959,523           Staff benefits (core activities)         371,218         407,416           Salaries and wages (project activities)         4,911,573         4,796,013           Staff benefits (project activities)         762,893         665,029			
Unrestricted grants         695,245         2,298,966           18,878,353         19,088,153           4 SELF GENERATED INCOME         1,143,756         584,177           Training income         1,143,756         584,177           Rental income         291,060         277,200           Other income         123,515         173,650           5 STAFF COSTS         5         Salaries and wages (core activities)         2,579,433         2,959,523           Staff benefits (core activities)         371,218         407,416           Salaries and wages (project activities)         4,911,573         4,796,013           Staff benefits (project activities)         762,893         665,029	Restricted grants	18,183,108	16,789,187
4 SELF GENERATED INCOME         Training income       1,143,756       584,177         Rental income       291,060       277,200         Other income       123,515       173,650         5 STAFF COSTS       31,558,331       1,035,027         Salaries and wages (core activities)       2,579,433       2,959,523         Staff benefits (core activities)       371,218       407,416         Salaries and wages (project activities)       4,911,573       4,796,013         Staff benefits (project activities)       762,893       665,029			2,298,966
4 SELF GENERATED INCOME         Training income       1,143,756       584,177         Rental income       291,060       277,200         Other income       123,515       173,650         5 STAFF COSTS       31,558,331       1,035,027         Salaries and wages (core activities)       2,579,433       2,959,523         Staff benefits (core activities)       371,218       407,416         Salaries and wages (project activities)       4,911,573       4,796,013         Staff benefits (project activities)       762,893       665,029			19.088.153
Rental income       291,060       277,200         Other income       123,515       173,650         5 STAFF COSTS       1,558,331       1,035,027         5 Salaries and wages (core activities)       2,579,433       2,959,523         Staff benefits (core activities)       371,218       407,416         Salaries and wages (project activities)       4,911,573       4,796,013         Staff benefits (project activities)       762,893       665,029	4 SELF GENERATED INCOME		,,
Rental income       291,060       277,200         Other income       123,515       173,650         5 STAFF COSTS       1,558,331       1,035,027         5 Salaries and wages (core activities)       2,579,433       2,959,523         Staff benefits (core activities)       371,218       407,416         Salaries and wages (project activities)       4,911,573       4,796,013         Staff benefits (project activities)       762,893       665,029	Training income	1,143,756	584,177
Other income       123,515       173,650         5 STAFF COSTS       Salaries and wages (core activities)       2,579,433       2,959,523         Staff benefits (core activities)       371,218       407,416         Salaries and wages (project activities)       4,911,573       4,796,013         Staff benefits (project activities)       762,893       665,029			
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Staff benefits (core activities) 371,218 407,416 Salaries and wages (project activities) 4,911,573 4,796,013 Staff benefits (project activities) 762,893 665,029	5 STAFF COSTS		
Salaries and wages (project activities) 4,911,573 4,796,013 Staff benefits (project activities) 762,893 665,029	Salaries and wages (core activities)	2,579,433	2,959,523
Staff benefits (project activities) 762,893 665,029	Staff benefits (core activities)	371,218	407,416
	Salaries and wages (project activities)	4,911,573	4,796,013
8,625,117 8,827,981	Staff benefits (project activities)	762,893	665,029
		8,625,117	8,827,981

### IDI Gets New Executive Director-Dr. Richard Brough

Richard Brough (PhD) was appointed IDI's Executive Director on July 01, 2015. Richard Brough was the Head of Strategic Planning and Development at IDI from 2005 and Acting Executive Director from late 2014. Dr. Brough brings almost ten years of experience as IDI's Head of Strategic Planning and Development and his professional background is operational research (PhD from University of Warwick, UK). Following a period in management consultancy in London, he has since 1992 worked full-time in the planning and management of health services, as well as institutional development, in the South Pacific, Philippines, India, and Uganda for a range of development agencies; and in both Government and NGO sectors.



he IDI McKinnell Knowledge Centre is a strategic addition to the infrastructure of Makerere University, with a key role as a knowledge hub and source for both clinical and management information in the health sector; the hub will use the latest innovative information technology to strengthen the health system. This year on 26 June 2015, Prime Minister the Rt. Hon. Dr. Ruhakana Rugunda officially opened and launched the McKinnell Knowledge Centre at IDI.

The IDI McKinnell Knowledge Centre was constructed with very generous personal contributions from Hank McKinnell Jr. (Chair of the Board of Accordia Global Health Foundation - one of IDI's prime partner organisations in the USA); Nicolas Hellmann and Sue Desmond-Hellmann; Robert Burke and Katherine States Burke; Gary and Fang Bridge; Donald and Jennifer Holzworth; Hiro Ogawa; Joseph Feczko and Leighton Gleicher; Walter and Mary Schlech; Allan and Myrna Ronald; Julie Louise Gerberding; Warner and Peggy Greene; Wilfred Griekspoor; Gary and Lori Cohen; Andrew and Carol Spahn; Robert Mallett; Richard Mrlik and Suzanne Sande Mrlik; Fred and Linda Port; and Uzondu Ihebereme. The University of Minnesota also contributed as did IDI itself by allocating some of its own funds.



Dr Richard Brough



Rt. Hon. Dr. Ruhakana Rugunda with past and present IDI leadership during the celebration of the launch of the IDI McKinnell Knowledge Centre.

The IDI McKinnell Knowledge Centre will serve as a base for the IDI's Outreach and Training programmes (including some projects), the IDI Department of Strategic Planning and Development, and the Executive Director's Office.

In his remarks, the Premier appreciated IDI for working with the Ministry of Health and the Uganda AIDS Commission to ensure that its programmes are in line with national priorities.

"The work IDI does in providing advanced and specialized courses in the management of HIV and related infectious diseases using a comprehensive blend of learning that includes classroom- based training, clinic and community immersion is timely and holistic," said the Premier.

### **Fundraising for IDI**

#### **Red Ribbon Ball**

The IDI Red Ribbon Ball, IDI's first major fundraising project, was held in early December 2014 to coincide with World AIDS Day. The Emin Pasha Hotel kindly hosted this event and the IDI red and silver theme was spectacular; the setting with cocktail tables and our international food stations was a great way to encourage the guests to mix and mingle. There was a red carpet entrance and guests were greeted with a welcome cocktail. There was also a separate room for our mini casino, an area where IDI arts and crafts were displayed for purchase and also a silent auction room.

The event was a sell-out with about 300 guests attending the ball, and special appreciation goes to the Accordia Global Health Foundation, generous individuals, and IDI Board members who purchased "virtual tickets", which enabled 30 IDI staff to participate, making this a truly memorable and lively event. Our live band, Tony Kololo and the Matoke Meltdown donated their time to support IDI and soon had our guests on their feet. The mini casino was busy throughout the night and Pyramid Casinos donated all proceeds to IDI.

The silent auction found guests bidding for amazing prizes donated by Turkish Airlines, Wild Places Luxury Lodge, Emin Pasha Hotel, Nile River Explorers, Knights Menswear, Karen Saunders UK and Native Safaris.

This event would not have been possible without the generous support of our sponsors: Metroplex, Arcadia Suites and Cinema Magic, Crown Healthcare, Imperial Bank, Precise Diagnostics, UTL, African Wine Traders, DHL, Kakira Sugar and Nile Breweries. The substantial funds raised by the IDI Red Ribbon Ball will be used to support our Friends (patients) in education programmes throughout 2015. We plan to run this event every two years.

#### Fundraising Raffle & T-shirt Competition

IDI also raised funds through a raffle in December 2014; and organised a very popular "design a T-Shirt" competition, where the winning designs would be printed on men, women and children's T-Shirts. The competition was judged by prominent Ugandan designer Sylvia Owori, philanthropist Don Holzworth from USA, and Fusion Africa's Alya von Aubel Hajee. Fusion Africa donated the printing and supported the cost of manufacturing the T-Shirts for sale at IDI.



▲ The Red Ribbon Ball entrance at Emin Pasha Hotel.

The event was a sell-out with about 300 guests attending the ball, and special appreciation goes to the Accordia Global Health Foundation, generous individuals, and IDI Board members.

Guests at the IDI Red Ribbon Ball.



# Dr. Alex Coutinho: Impacting Africa and Beyond

r. Alex Godwin Coutinho, many have said, has had God's blessings following him throughout his 30-year medical career, and it could most likely be because of his altruistic passion and drive to make access to quality medical care and treatment a reality for all Africans.

Unbeknown to Dr. Coutinho, his career in HIV was paved out for him when he graduated from medical school, and his first patients were HIV positive; his personal life and career continued to avail him with opportunities to provide care and treatment for people living with HIV, conduct HIV prevention campaigns, participate in global advocacy on issues of HIV and, in the last fourteen years, provide leadership for two key institutions involved in the fight against HIV/AIDS in Uganda - The AIDS Support Organisation (TASO), Africa's oldest HIV patients' advocacy organization where he served as Executive Director and the Infectious Diseases Institute, where he took over leadership from 2007-2014, and served with outstanding performance until he decided to continue his service on an international platform. It was during Dr. Coutinho's tenure that IDI was awarded the 2011 African Network for Drugs and Diagnostics Innovation (ANDI) Centre of Excellence Innovation for its longitudinal cohort research, and also recorded numerous notable achievements, such as:

- A 30% reduction of maternal mortality in Kibaale district through the Saving Mothers, Giving Life Project;
- 8,000 individuals with HIV cared for at the IDI Clinic, and over 100,000 individuals with HIV cared for through partnerships;
- 150,800 men circumcised through the Safe Male Circumcision Programme;
- 16,100 health professionals trained across Africa;
- 354 articles published in peer-reviewed journals through research;
- Provision of technical assistance in Mali, Malawi, Swaziland, Kenya, Tanzania and Nepal;
- Growing IDI from less than 300 staff in 2008 to over 800 staff in 2014;



#### Dr. Alex G. Coutinho

- Expanding the annual income base of IDI from about \$8,000,000 USD in 2008 to about \$20,000,000 USD by June 2014; and
- Personally mobilising local resources to renovate the Children's Ward at Kagadi Hospital in Kibaale District; assisting in the Ebola response at Mubende Hospital in 2012 and raising funds for the purchase of equipment worth \$4,000 USD for the Burns Unit at Mulago National Referral Hospital.

Driven by his dream for all Ugandans to access quality medical services, Dr. Coutinho created a community model of the IDI Outreach Programme, so that IDI could extend the provision of quality HIV services to people living in hard-to-reach areas. Ndaiga Health Centre II, which is located in Kibaale district and lies on the shores of Lake Albert, is one such hard-to-reach area that was recently commissioned as 'The Coutinho Village' because of Dr. Coutinho's leadership and guidance in the construction of four modern circular huts that will provide quality health services to the population around the lake; coming from the areas of Hoima, Buliisa and the Democratic Republic of Congo.

Dr. Alex Coutinho has received awards for his contribution in the fight against HIV/AIDS and other infectious diseases in Africa. He received the prestigious Second Hideyo Noguchi Africa Prize for his "pioneering efforts to expand access to life-sparing medicine for people infected with HIV"; and the 50th Independence Golden Jubilee Medal from His Excellency the President of the Republic of Uganda, Yoweri Kaguta Museveni was for his contribution to health and academics. On the global arena, Dr. Coutinho was appointed Chair of The International AIDS Vaccine Initiative (IAVI), and he continues to be active in global health. We would like to thank Dr. Coutinho for his selflessness and dedication, and his wife Sheila Coutinho and his children for allowing him to serve IDI, Uganda, Africa and the world.

### Defying the Odds: A Young Volunteer Living with HIV/AIDS Becomes a Full-Fledged Counsellor

achael Kizito (not real name) was brought up by her maternal relatives, from age nine months old. At age 12 years, Rachael lost her mother. "I was looking forward to sitting my Primary Level 7 examinations because I was going to meet my mother for the first time since she left me to go and look for a more lucrative job. I was sad, but having not known her, I still managed to excel in the examinations and was admitted at one of the top prestigious girls' schools in Uganda," narrates Rachael. Owing to the unwavering support that she received from her grandparents and aunt, Rachael was fortunate to complete her education.

When Rachael joined Senior Level 5, she fell critically ill. "The illnesses thereafter became so frequent that I got fed up, and decided to go for an HIV test on my own. I moved from one clinic to another because I did not believe the results. After the tenth test, I confided in my aunt. She did not believe me, and advised that I take one last test at Mulago Hospital. That was the day that my aunt and I came to terms with the fact that I was HIV-positive."

It was in 2011 that Rachael was referred to the IDI Transition Clinic. She thereafter started attending the young adults' clinic, every Wednesday, and kept returning to the clinic even when she did not have clinical appointments. "I felt at home at the clinic. I met friendly staff, volunteers and fellow peer clients who encouraged me and helped me accept my situation easily. I made friends with the young adults volunteering at the Resource Centre, and with them, we helped to equip our fellow peers with basic computer skills".

In 2012, Rachael was informed by her IDI doctor, during one of her clinical appointments that she would have to commence antiretroviral therapy because her CD4 count had dropped to 420. "Although I was afraid to commence this



#### ▲ IDI Friends attending the clinic at Mulago.

treatment, I am glad I did, and I have been on antiretroviral therapy for two and a half years now; my current CD4 count is 660 cells and my viral load is undetectable," says Rachael with a smile on her face.

In late 2013, Rachael applied for an intern counseling position at the clinic, and was recruited into this position; her confidence then started to grow when she was applauded for designing tickets for the IDI Christmas Fair. "Dr. Rosalind Parkes-Ratanshi [IDI Head of Prevention, Care and Treatment] then noticed my capabilities, and offered to financially support me to pursue an HIV counselling course at The AIDS Support Organization (TASO)". With the internship experience that Rachael had obtained, she secured a locum position with IDI, and has recently been recruited as a full-time counsellor. "When I was told that I had passed the interview for the position of counsellor, I was ecstatic. I would like to thank God for my quardian angels: Dr. Rosalind Parkes-Ratanshi, the counsellor mentors and the entire IDI family. Working with the whole team at IDI has been a great experience; from working as a volunteer to becoming a full-fledged counsellor at IDI. My message to young people is to never give up until the battle is over. They should struggle to achieve their dreams regardless of their HIV status".

My message to young people is to never give up until the battle is over. They should struggle to achieve their dreams regardless of their HIV status.

### **IDI Leadership**

#### **IDI Board Members**

#### Nelson Sewankambo

Professor of Internal Medicine College of Health Sciences, Makerere University Chairman, IDI Board

#### Richard Brough

Executive Director, IDI
Secretary of the IDI Board, Nominations Committee

#### **Tom Quinn**

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

#### Sam Zaramba

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

#### Addy Kekitiinwa Rukyalekere

Executive Director, Baylor Uganda Milly Katana Senior Manager, NUPITA (New Partners Initiative) Audit Committee

#### **Senior Management Members**

#### Richard Brough

**Executive Director** 

#### Mohammed Lamorde

Head, Prevention, Care and Treatment

#### Isaac Lwanga

Head, Clinical Services

#### Andrew Kambugu

Head, Research

#### Barbara Castelnuovo

Head, Longitudinal Cohort Trials Unit

#### Umaru Sekabira

Head, Training

#### Ali Elbireer

Director, MU-JHU Core Laboratory

#### Wilfred Griekspoor

Director Emeritus, McKinsey & Company Chair, Audit Committee

#### Harriet Mayanja-Kizza

Professor, Medicine College of Health Sciences, Makerere University

#### Florence Maureen Mirembe

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

#### James Gita Hakim

Professor of Medicine, University of Zimbabwe

#### Samuel Abimerech Luboga

Chair, Board of Directors, Mildmay Uganda Former Deputy Dean Education, School of Medicine, College of Health Sciences, Makerere University

#### Moses Joloba

Dean, School of Biomedical Sciences College of Health Sciences, Makerere University

#### Jane Ruth Aceng

Director General of Health Services, Ministry of Health

#### Ernest Okello-Ogwang

Deputy Vice Chancellor (Academic Affairs) Makerere University

#### Alex Muganzi

Head, Outreach

#### Joanita Kigozi

Deputy Head, Outreach

#### Tom Kakaire

Head, Strategic Planning and Development

#### Fred Wangolo

Head, Finance and Administration

#### Susan Lamunu-Shereni

Financial Controller

#### **Richard Orama**

Head. Information Services

#### **Academic Alliance Members**

#### Nelson Sewankambo

Professor of Internal Medicine College of Health Sciences, Makerere University Kampala, Uqanda

#### Allan Ronald

Distinguished Professor Emeritus Department of Medical Microbiology University of Manitoba Winnipeg, Canada

#### **Bob Colebunders**

Professor Infectious Disease, Epidemiology for Global Health Institute, University of Antwerp Emeritus Professor, Institute of Tropical Medicine, Antwerp

#### **Concepta Merry**

Consultant in Infectious Diseases and Senior Lecturer in Global Health, Trinity College Dublin, Ireland

#### David Serwadda

Professor of Infectious Diseases, Makerere School of Public Health & Director, MakSPH-CDC Fellowship Program Director, Rakai Health Sciences Program

#### **David Thomas**

Director of the Division of Infectious Diseases, Johns Hopkins School of Medicine, Maryland, USA

#### Edward Katongole-Mbidde

Director of the Uganda Virus Research Institute, Entebbe, Uganda

#### Elly Katabira

Co-founder, The AIDS Support Organization (TASO) Professor of Medicine, College of Health Sciences, Makerere University, Kampala, Uganda

#### Fred Wabwire-Mangen

Associate Professor of Epidemiology, Makerere University School of Public Health

#### Gisela Schneider

Director, German Institute for Medical Mission

#### Hank McKinnell Jr.

Chairman of the Board, Accordia Global Health Foundation - Washington D.C., USA Retired chairman and CEO of Pfizer Inc

#### Harriet Mayanja-Kizza

Professor, Medicine College of Health Sciences, Makerere University

#### Jerrold Ellner

Chief of Infectious Diseases, Boston Medical Centre

Professor of Medicine, Boston University School of Medicine

#### Keith McAdam

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

#### Lydia Mpanga Sebuyira

Partner and Director: Capacity Building, IMPRINT (U) Ltd.

#### Moses Joloba

Dean, School of Biomedical Sciences College of Health Sciences, Makerere University

#### Moses Kamya

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

#### Philippa Musoke

Associate Professor; Department of Pediatrics and Child Health; Makerere University

#### Tom Quinn

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

#### Michael Scheld

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

#### Walter Schlech

Governor, American College of Physicians Professor of Medicine, Dalhousie University, Nova Scotia, Canada

#### Warner Greene

Director, Gladstone Institute of Virology and Immunology, University of California- San Francisco (UCSF), California, USA

Executive Chair, Accordia Global Health Foundation, Washington D.C., USA

#### Yukari Manabe

Associate Director of Global Health Research & Innovation Centre for Global Health Johns Hopkins University School of Medicine

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



#### **IDI Vision:**

A healthy Africa free from the burden of infectious diseases.

#### **IDI Mission:**

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

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