The IDI Annual Report to June 2014 highlights the organization's efforts to improve health systems in Uganda and Africa as a whole in order to address the burden of infectious diseases.

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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 development

VALUES
Caring, Integrity, Innovation, Teamwork, Accountability, Respect

Editorial Team
Louisa Nakitende Kiggwe, Alex Coutinho
Sharon Sabiiti, Connie Kabatoro

Design & Print
Artfield Graphics

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Hydrogen Studios Ltd.
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Welcome to the 2014 Annual Report of the Infectious Diseases Institute (IDI) which is an integral part of the College of Health Sciences at Makerere University in Uganda.

The Institute moved into the IDI building in Mulago in October 2004 and is celebrating its first decade during which it developed a 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 currently provides care and treatment services to over 100,000 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) which amounts to about 13% of the national effort. IDI also provides extensive prevention services (including medical male circumcision and has circumcised over 145,000 males for HIV prevention) and is a national referral centre for complicated cases of HIV. IDI has trained over 14,000 health workers from Uganda and many other African countries; and has published over 330 articles in peer-reviewed journals. IDI now employs over 700 staff and manages annual revenue of about $20m from a broad funding base. IDI profoundly values its many national and international partnerships.

Looking ahead to IDI’s second decade, a key question is: how will such substantial achievements be sustained in an uncertain and highly competitive funding environment? For many years until 2012, IDI benefitted from generous funding from Pfizer Inc., and that funding enabled IDI, among other things, to establish the systems that give the Institute the capacity to compete for resources in the national, regional and global context (often in partnership with others). IDI has reached a pivotal point in its development and now needs to perform a very careful balancing act as it seeks to achieve its mission and its programmatic objectives (in support of Government plans and priorities), while it also strives to maintain its financial stability and manage risk explicitly and effectively. I am confident that the solid systems and structures that IDI has set up over the last decade will allow it to remain relevant and continue to exist as part of the College of Health Sciences at Makerere University and contribute to critical health system interventions not only in Uganda, but also globally.

IDI is gradually widening the scope of the infectious diseases needs that it seeks to meet and has recently given more attention to addressing extremely dangerous pathogens, including Ebola, both in Uganda and the Sub-Saharan region.

The IDI research portfolio remains strong and relevant; with the translational lab providing a significant boost to IDI’s research capability. IDI is also constantly reviewing its training approaches and optimizing its use of the latest technology and distance learning opportunities to build and refresh the capacity of health care workers. In addition, IDI’s outward-looking stance has been strengthened with a major and successful initiative to contribute towards bringing down the maternal and neonatal mortality rates in a large and challenging rural district; while in the IDI Mulago clinic the specialised HIV/AIDS service for elderly clients is proving a successful development and innovation.

The generation of resources to support the IDI programmes and institutional core is a continuing challenge and IDI management is constantly experimenting with innovations to sustain the widening range of IDI activities with access for all. The Institute will continue to play its distinctive role within the College of Health Sciences at Makerere University, supporting the University to achieve its strategy, and also drawing strength from its place within this long-established institution.

Prof. Nelson Sewankambo
Chair of the Board of IDI
Principal College of Health Sciences
IDI is proud to present its 2014 annual report which shares the progress we have made in the first year of the 2013/2018 Strategic Plan. This annual report is emphasizing the role that IDI plays in strengthening health systems in Uganda and beyond in line with our new mission statement. IDI continues to leverage resources that primarily benefit infectious diseases in a way that also strengthens the underlying health systems thus contributing to a longer term sustainable plan for the prevention and management of infectious diseases as well as other health conditions.

This has been ably demonstrated by the very successful SMGL program that in the space of 18 months reduced maternal mortality by an unprecedented 38% in Kibaale district. In the last 12 months, IDI has continued to go from strength to strength in supporting the scale up of HIV/AIDS interventions and has crossed the 1,000,000 mark of individuals tested for HIV as well as the 100,000 mark for individuals supported in HIV care and treatment and in the field of HIV prevention, IDI has circumcised over 100,000 individuals across Uganda.

IDI together with USAMRIID has also embarked on training health workers in Uganda, Kenya and Tanzania on early detection and prevention of especially dangerous pathogens. This is especially relevant given the Ebola epidemic that is ravaging Guinea, Sierra Leone and Liberia and the recent death of a health worker in Uganda due to Marburg fever.

As an academic institution, it is important that we remain grounded in contributing to the global knowledge pool and this report presents the considerable outputs of the research team that this year alone published 56 peer reviewed articles reaching a cumulative total of 334 publications since IDI was established 10 years ago. Of significance is that research at IDI is influencing international and national HIV treatment guidelines. The research department has also now got a strong footprint in the area of translational research as well as health economics research with a number of publications this year.

The IDI prevention, care and treatment service at Mulago also continues to be a critical platform for our research and capacity building roles of IDI and in addition PCT is an early innovator in responding to the emerging challenges of long term treatment of HIV. This report highlights some of the work we have done in establishing a co-pay clinic that provides a convenient appointment system for friends who prefer to visit after hours or on weekends. It also highlights the diversity of the complex HIV cases managed by IDI.

We are also pleased to highlight the progress we are making in the construction of the new building at Makerere University. When completed, it will be the hub of onsite and distance learning in infectious diseases across Africa, as well as all of our grants that provide capacity building and technical assistance to districts in Uganda to scale up various HIV/AIDS interventions. In addition, the building will house many of the support departments of IDI including the grants unit, information services and resource mobilization.

This 2014 report is also the last one that I present as the Executive Director of IDI since I will be moving on after a very fruitful seven years at the helm of IDI. It has been an honor to lead this institution with its wide range of institutional and individual collaborators, its diverse programs and its exceptional staff and volunteers. I am confident that I leave behind a very strong and robust IDI that will continue to contribute significantly to the eradication of infectious diseases as well as to the continuing strengthening of health systems in Africa.

Dr. Alex Coutinho
Executive Director of IDI

IDI continues to leverage resources that primarily benefit infectious diseases in a way that also strengthens the underlying health systems thus contributing to a longer term sustainable plan for the prevention and management of infectious diseases as well as other health conditions.
## IDI BY NUMBERS

- **8,025** active clients currently enrolled at the IDI Clinic.
- **1,087** clients on second line ART at the IDI Clinic, one of the largest second line single-centre cohorts in the region.
- **5,684** clients on first line and 200 clients on third line ART at the IDI Clinic, Mulago Hospital.
- **308** average daily client visits at the IDI Clinic, Mulago Hospital.
- **45,566** active HIV/AIDS clients on ART and supported by IDI through the ten HIV care sites.
- **57,561** active clients in HIV care in the IDI-supported outreach clinics in KCCA and seven districts in Western Uganda.
- **1,189,488** individuals have been counselled, tested for HIV and received results under EKKP, KCCA & CSF projects since 2007.
- **105,707** men circumcised since April 2011.
- **14,095** participants trained in the areas of HIV/AIDS, Malaria, TB, Systems Strengthening, Pharmacy, Laboratory, and Research since 2002.
- **334** research articles published in peer-reviewed journals since 2001.
- **41** active research grants, including 11 clinical trials, as of June 2014.
- **82** active projects at IDI, as of June 2014.
- **79,423** units tested at IDI Core and Central Labs from January – June 2014.
- **511** sero-discordant couples receiving comprehensive counselling, care and treatment from a PCT-run specialized clinic.

Photography by Will Boase
IDI PROJECTS IN THE DISTRICTS AT THE END OF JUNE 2014

65% Coverage of all Ugandan Districts
The Prevention, Care and Treatment (PCT) programme has continued to provide complex services to adults living with HIV, at the IDI Mulago Hospital facility. In line with the IDI Strategic Plan (2013-2018), the overall number of patients (friends) has reduced to 8,000 friends, though they increasingly require complex care. Less complex cases are referred to other facilities after stabilisation.

The services offered by PCT comprise integrated TB-HIV clinic and integrated Sexual and Reproductive Health (SRH) services ranging from elimination of Mother-to-Child Transmission (eMTCT) services to Sexually Transmitted Infection (STI) treatment, cervical cancer screening and family planning services.

IDI also has specialist doctors for elderly patients and patients with mental health problems, and has ensured that young adults, discordant couples and most-at-risk populations are seen on different clinic days, so that they receive extra time and attention.

The Greater Involvement of People living with HIV/AIDS (GIPA) is a critical pillar of care for friends at IDI, and the elected friends council is involved in the making of clinic management decisions. The council consists of representatives from all the special groups of friends at the clinic.

NEW INITIATIVES IN 2014

Provision of Specialist Clinic Services at IDI

PCT has established a co-pay clinic with the ‘Stars in Global Health’ grant from Grand Challenges Canada. The idea of a co-pay clinic aims to explore the sustenance of clinical services through the establishment of a socially acceptable charging system for friends who would like to seek convenient clinical services. The Friendship clinic is a clinic for people who want extra privacy and have complex non-communicable disease problems such as hypertension and HIV; it runs on Wednesday evenings, and is staffed by physicians and specialist doctors. PCT has also started a Convenience clinic on Monday evenings run by medical officers. 348 patients have so far registered across these two clinics; many of them were previously lost to follow-up or had been failing on Antiretroviral Therapy (ART) from other centres, before their arrival at the IDI co-pay clinic.
Capacity Building of Staff in HIV Management

PCT continues to build the capacity of staff in specialised HIV management, in the areas of Early Infant Diagnosis (EID), eMTCT and ART trainings; several staff have presented at international research conferences such as the International Conference on AIDS and STDs in Africa (ICASA) in South Africa and the British HIV Association in the United Kingdom. Some doctors have also benefited from full scholarships to attend the East African Diploma in Tropical Medicine and International Health.

This year, PCT has built the capacity of staff in research proposal writing; it has also organized workshops for its staff on the integration of HIV and SRH, and on non-communicable diseases and HIV in conjunction with the Canadian African Prevention Trials Network (CAPTN) and Johns Hopkins University (JHU), respectively.

IDI Civil Society Fund - Regional Referral Hospitals Project

45,566 PLHIV were provided with comprehensive care services across HIV/AIDS programmes at 10 HIV care centres: eight Regional Referral Hospitals (RRHs), one Private Not-For-Profit (PNFP) and one HICIV. The IDI Civil Society Fund-Regional Referral Hospital (CSF-RRH) project aims to consolidate and scale-up HIV care, treatment and targeted integrated HIV prevention support services for adults, adolescents and children living with HIV/AIDS in key populations. Additionally, it aims to strengthen referrals, linkages and partnerships within and between RRHs, a network of medical specialists, Private Health Providers (PHPs), Civil Society Organisations (CSOs), other partners and IDI, for improved HIV/AIDS care, treatment and support.

Number of complex patients attending specialist services at IDI as of June 2014

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<th>Patient category</th>
<th>Number</th>
<th>% of clinic population</th>
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<tr>
<td>Research studies</td>
<td>1148</td>
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<tr>
<td>TB clinic patients</td>
<td>116</td>
<td>2.0</td>
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<tr>
<td>Patients accessing SRH services</td>
<td>818</td>
<td>10.1</td>
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<td>Elderly patients (&gt;60 or &gt;50 with co-morbidity)</td>
<td>294</td>
<td>3.7</td>
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<tr>
<td>Most at Risk Populations</td>
<td>64</td>
<td>1.0</td>
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<tr>
<td>Discordant couples</td>
<td>420</td>
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<tr>
<td>Mental health</td>
<td>63</td>
<td>1.0</td>
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<tr>
<td>Young adults</td>
<td>511</td>
<td>6.4</td>
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<tr>
<td>Co-pay clinic patients</td>
<td>348</td>
<td>4.4</td>
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Table 1: Percentage in special or complex groups = 44% (approximate as some may belong to 2 groups)
This year, patient councils have been established in all 10 CSF-supported sites, and council members have been trained in basic counselling skills. Income generating activities have been provided to 427 PLHIV belonging to key populations (young adults, discordant couples, commercial sex workers and those on second line ART).

Other activities that are being conducted include: provision of laboratory buffer supplies and ongoing skills development and knowledge building provided from Continuing Medical Education sessions (CMEs) for 1,154 health workers across the 10 sites. Boda-boda riders have been recruited as agents of change, to voluntarily encourage their fellow boda-boda riders to seek HIV/AIDS services. They have also been given high visibility/reflector jackets and t-shirts to wear, with messages reading “Take an HIV test today” and “An HIV test is a love test”, to encourage community members to seek HIV Counseling and Testing (HCT) services.
IDI’s training and capacity development programme enhances and maintains the competence of the health care workforce in Africa for the prevention and management of HIV and other infectious diseases with the aim of strengthening health systems in Africa.

During the year (to June 2014), trainings in the areas of HIV, laboratory management, malaria, clinical pharmacy, research and systems capacity building have been conducted for local and international trainees using face-to-face and online methods. These trainings were facilitated by seasoned national and international trainers, and were monitored using IDI’s robust quality monitoring system to ensure adherence to standards.

The programme also offers onsite mentorship to its alumni, distance post training support through the AIDS Treatment Information Centre (ATIC) and technical assistance to the Ministries of Health in Uganda and other African countries. Internal staff capacity building has been done especially in e-learning to ensure that IDI is positioned to tap into the growing need for e-learning methods for capacity building.

IDI’s capacity building activities are needs driven, hands-on, and are aligned to national and international policy guidelines. Various partners including Ministry of Health, World Health Organisation, IDI internal projects, Centers for Disease Control and Prevention - Uganda, Centers for Disease Control and Prevention - Atlanta, United States Army Medical Research Institute of Infectious Diseases, United States Defense Threat Reduction Agency - Co-operative Biological Engagement Program, New Hope project, the Uganda Private Health Sector Support Project, Stop Malaria project, The AIDS Support Organization, Mildmay, Africa Capacity Alliance and many others have played a pivotal role.

During the year (to June 2014), trainings in the areas of HIV, laboratory management, malaria, clinical pharmacy, research and systems capacity building have been conducted for local and international trainees using face-to-face and online methods.
Trainees from Africa after a clinical placement at the national referral hospital

Trainees from 2002 – June 2014

14,095 TRAINEES

Figure 1: Number of trainees at IDI over the years
EXPANSION OF THE INFECTIOUS DISEASES TRAINING PROFILE

The Uganda Private Health Sector Support Project (UPHSP)

During the year, activities for the five-year UPHSP, funded by USAID through Cardno commenced at IDI. The project aims to build the capacity of the private sector to deliver a comprehensive HIV care package, which is being implemented in 137 health facilities spread over 26 districts: Kampala, Wakiso, Mpiji, Mityana, Luwero, Nakasongola, Masaka, Rakai, Mubende, Masindi, Kiboga, Hoima, Buliisa, Kasese, Mubende, Kyenjojo, Kabarole, Bushenyi, Jinja, Mukono, Buikwe and Mbale, Serere, Lira, Kiruhura and Dokolo.

A training needs assessment conducted at the inception of the project identified gaps in skills and knowledge in HIV care provision, unwillingness of private practitioners to stay away from their work stations for long and recommendations to make capacity building interventions (trainings, mentorships and ATIC support) attractive. Courses delivered included Safe Male Circumcision, PMTCT, Health Management Information Systems / Data Management Course, updates on HIV Management and Laboratory Service Strengthening.

The Mentors Study

The Mentors study is a CDC–Atlanta funded capacity building operational research study whose overall aim is to determine the effectiveness of using on-site clinical mentorship to improve the clinical knowledge, competence, and practice of mid-level practitioners (clinical officers and registered nurses) in the management of HIV and TB, through a cluster randomized controlled trial that is conducted at ten (5 control & 5 intervention) level IV health facilities in rural areas of Uganda. IDI, in collaboration with Accordia Global Health Foundation (Accordia) successfully completed the intervention phase for the Mentors study; the follow-up phase is ongoing, with the key activity being assessments for knowledge and skills retention. Findings from the end-line assessment show an improvement in knowledge and skills in the intervention sites. It is anticipated that the findings from this study will help guide decision making and resource allocation regarding the length of clinical mentoring necessary to improve mid level practitioners, competence in managing patients with HIV and Tuberculosis (TB).

Provision of Technical Assistance to Malawi Ministry of Health in Curriculum Development

Accordia and IDI in partnership with ExxonMobil and Malawi University’s Malaria Alert Centre (MAC) continued the Technical Assistance (TA) started in 2013, in Malawi. This year, the TA targeted to equip Malawi Ministry of Health officials in charge of Community Case Management (CCM) and other stakeholders with curriculum development skills to enable them to develop a curriculum framework, course content and implementation guidelines for CCM. IDI and Accordia staff facilitated two consecutive workshops over seven days (18-24th February 2014) in Lilongwe, Malawi. The members of the IDI/Accordia team that provided the TA included: Dr. Umaru Ssekabira (Acting Head of Training at IDI); Victoria Hammond (Senior Program Manager at Accordia) and Sheila Marunga Coutinho (Curriculum Development Specialist & consultant with Accordia). To ensure that the TA was appropriate to the local context, two local experts in curriculum development worked alongside the IDI/Accordia team, and these were Dr. Macloud Salanjira from the University of Malawi, Chancellor College and Charles Mulilima (Senior Lecturer, Malawi College of Health Sciences). Participants included officials from the Ministry of Health, University of Malawi Chancellor College and Kamuzu College of Nursing, Malawi training institutions, and other development partners such as UNICEF and Save the Children.
Upgrade of the IDI Distance Learning Platform

IDI, in collaboration with Uganda Private Health Sector project inaugurated the online PMTCT Option B+ course that was run from March to April 2014. The online version was selected in response to the Training Needs Assessment (TNA) results, which emphasized the provision of continuing medical education with minimal disruption to health service delivery. ATIC also conducted an internal capacity building course, ‘Writing Online Courses’, with the aim of equipping department technical staff with the skills and knowledge to write materials for online courses.

In addition, the Moodle platform was upgraded with a framework for offering training follow-up support using SMS quiz questions. This innovative approach to enhance knowledge retention has enabled IDI to leverage the use of mobile technology and computers to increase access to information and knowledge in a cost effective way.
Building capacity for management of especially dangerous pathogens funded by USAMRIID

In collaboration with the United States Army Medical Research Institute on Infectious Diseases (USAMRIID) and Ministries of Health from the three East African countries, IDI continued to support the strengthening of health systems in Uganda, Kenya and Tanzania to conduct early detection, management and reporting of Especially Dangerous Pathogens (EDPs) such as Ebola, through training of clinicians.

The New Hope Project

IDI, through its partnership with the New Hope Project of the Children AIDS Fund Uganda, built the capacity of doctors, laboratory personnel, clinical officers, nurses, midwives, data officers and M&E officers in the disciplines of HIV/AIDS management, laboratory services, data management and monitoring and evaluation of HIV and other health projects in eight privately owned indigenous health facilities in Uganda namely: Family Hope Center Jinja, Family Hope Centre Kampala, Alive Medical Services Centre, Kabwohe Clinical Research Centre, Bushenyi Medical Centre, Namugongo Fund for Special Children, Nurture Africa and Buwenge Hospital.
The Research programme at the IDI has this year continued on the path to actualising its programme goal: To produce outstanding, internationally-recognized scholarship in infectious diseases that influences global policy and practice, with an emphasis on Africa. With the publication of 56 peer-reviewed scientific articles in the course of the year, including two articles in the highly-regarded New England Medical Journal, the Institute has brought its cumulative publication record to 334 articles in the 10 years of its existence.

Part of the high-impact research work being undertaken at the Institute is beginning to influence local and regional policy and practice. The section on cryptococcal meningitis in the addendum to the National Antiretroviral Treatment Guidelines, for instance, was largely informed by studies done by IDI-based investigators and their collaborators. The programme has made key infrastructural investments including the development of a new translational laboratory (in collaboration with the Department of Obstetrics and Gynaecology at Makerere University); a dedicated research pharmacy; as well as a phase II clinical trials unit (in partnership with the IDI Prevention, Care and Treatment programme).

In the quest to remain relevant to the rapidly changing context and needs in the area of HIV/AIDS management, the programme has established a long-term cohort comprising of individuals who have been on ART for 10 years. This cohort will be one of the key strategic research platforms from which longitudinal analyses, cost-effectiveness studies as well as translational science projects will be undertaken.
The IDI Research programme continues to place high value on productive partnerships and collaborations. Its partners at Johns Hopkins University (JHU) and University of California San Francisco (UCSF) have made significant contributions in human resource capacity development for research, this year. Specifically, through the National Institutes of Health (NIH) D43 and U54 mechanisms, Dr. Yukari Manabe and Dr. Jeff Martin will support Ugandan scientists based at IDI to undertake advanced research training in the fields of HIV/co-infections and HIV-associated malignancies, respectively. Additionally, the collaboration between the IDI and the University of Zurich has been strengthened through exchange visits, as well as through the hosting of a health-focused symposium at Makerere University on the 7th and 8th of July 2014.

In the areas of implementation science and health outcomes research, the IDI is conducting two large implementation science projects: the Operational Research for Cryptococcal Antigen Screening (ORCAS) and Sharing HIV/AIDS Responsibilities and Efforts (SHARE).

The Health Economics and Outcomes Research (HEOR) unit at IDI has completed a study on the cost-effectiveness of syphilis screening and treatment during antenatal care among 43 sub-Saharan African countries, which was published in PLOS Medicine (a peer-reviewed weekly medical journal covering the full spectrum of the medical sciences) in November 2013. Based on this important analysis, the unit developed similar models to analyze the same issue among Asian and Latin American countries. These findings were presented in two separate abstracts by the IDI Professor in Residence, Dr. Andreas Kuznik at the International Society for Pharmaco-economics and Outcomes Research (ISPOR) 19th Annual International Meeting in Montreal, QC, Canada. The unit also hosted the inaugural seminar for the ISPOR-Uganda Chapter.

This year, the unit worked on a study to estimate the current burden of syphilis in sub-Saharan Africa using a novel approach; the work has been submitted to the International Global Health Journal for review.

**Publications and Abstracts**

The Research programme has cumulatively produced 334 peer-reviewed publications since 2001. In particular, the main findings from the Cryptococcal meningitis Optimisation of Antiretroviral Therapy (COAT) trial and the Europe Africa Research Network on Second-line Treatment (EARNEST) trial were published in the high-impact New England Medical Journal; the publications were co-authored by IDI-based investigators.
Number of IDI Research Articles published in peer reviewed journals indicating contribution of IDI scholars/ex-scholars
Cumulative number of research articles published: 334

![Figure 2: Publications in peer-reviewed journals](image)

Active (On-going) Studies
Currently, there are 41 active research studies within the programme, consisting of 11 clinical trials, 19 observational studies and 11 capacity building projects (see figure 3). Owing to the ending of some clinical trials and longitudinal studies and the limited number of new projects (in the 2012-2013 period), there has been a decline in the total number of active studies in 2014.

![Figure 3: Active research studies](image)
Clinical Trials at IDI

The Clinical Trials Unit (CTU) has supported the implementation of Phase III and Phase IV studies, which consist of investigator/institution-initiated studies and industry-sponsored studies. Currently 11 trials including seven (7) clinical pharmacokinetics studies are underway in the CTU.

The capacity of the CTU has been enhanced by the following investments:

i. A dedicated research pharmacy area was established in partnership with the IDI Prevention, Care and Treatment programme (PCT). The area consists of a temperature-controlled drug storage facility, as well as a drug dispensing and administration space.

ii. A Phase II clinical trials suite: This two-bed facility is fully equipped for emergency resuscitation; it will enable the IDI to implement phase II clinical trials. The suite was a collaborative effort between the IDI Research and PCT programmes.

The Research Office and Research Capacity Building Unit

The IDI Research Office under the leadership of Ms. Allen Mukhwana obtained an International Public Engagement grant from the Wellcome Trust. The grant has facilitated the implementation of the Partnering In Science Engagement (PISE) project to facilitate communication of health research generated at the IDI. Project activities that have been conducted consist of: roundtable discussions, media talk shows, and professional development workshops. Specifically, the project has facilitated dialogues between researchers, policy makers and journalists.

The Research Office has conducted regular interfaces with the national regulatory authorities: National Drug Authority (NDA) and the Uganda National Council for Science and Technology (UNCST) through clinical trial application submissions, NDA and UNCST workshops /symposium participation and technical support to the NDA. With regard to the enhancement of regulatory capacity at the Institute, the IDI has acquired software for adverse event reporting that meets local and international (ICH) regulatory requirements (Medical Dictionary for Regulatory Activities).

The regulatory section of the Research Office successfully coordinated two inspections by the UNCST and one audit of clinical trials at IDI funded by the European and Developing Countries Clinical Trials Partnership programme (EDCTP).

Statistics and Data Management

The Statistical unit has continually been expanding, and currently consists of three bio-statisticians, one research data manager, and five staff from the DataFax unit. The unit has maintained statistical and data management support to the large group of researchers within the Institute.
DataFax Unit
Since the inception of the DataFax unit, over 220,000 records have been processed. In 2013, 68,750 records were processed, which is slightly higher compared to the previous year, 2012 (64,959 – 2.8% increase). As of July 2014, the unit had processed a total of 26,113 records.

Quality Management Activities
The Quality Control and Quality Assurance unit in the last year has expanded its scope beyond quality of data to quality monitoring within the longitudinal cohorts. The recently established quality management function under the supervision of the IDI Heads of PCT and Research programmes is led by the Quality Manager at IDI, Mrs. Rachel Musomba. The role of the new unit is to ensure good quality of patient care, health systems, data and documentation integrity in the clinic at IDI; to support plans of research studies for quality management and to maintain the integrity of the data collected by studies, in the IDI database.
Lab-related activities take many forms at IDI:

- the lab systems development programme (in Uganda and the region);
- the lab training programme (running a range of courses – classroom and online);
- the translational lab (looking to maximise impact from research);
- the outreach lab support (supporting specific projects in Uganda); and
- the US-certified MU-JHU core lab (Makerere University - Johns Hopkins University collaboration) which is housed at IDI.

IDI recognises and seeks to harness the comparative advantage of each, and create synergies to optimise the total beneficial effect in Uganda and the region.

Provision of Technical Assistance (TA)

The IDI Strategic Plan (2013-2018) envisages an expansion of TA both in Uganda and further afield, primarily related to capacity development – provision of such consultancy services will further the achievement of both the programmatic and sustainability objectives of IDI.

Since November 2013, the IDI lab systems development team, ably led by Richard Walwema (Senior Manager - Laboratory Technical Assistance), has been providing TA for the Kingdom of Swaziland Health Laboratory Services (SHLS) under the HIV/AIDS & Tuberculosis Related Laboratory Support & Technical Assistance Project funded by the US Centers for Disease Control and Prevention (CDC) and implemented by University Research Co., LLC (URC). The IDI team worked with URC project staff and SHLS staff both on strengthening the lab systems and specific services.
The TA interventions had very clear aims:

- To help raise the rating of key Swazi labs in the context of WHO-approved grading programme called SLIPTA (Stepwise Laboratory quality Improvement Process Towards Accreditation), while at the same time supporting the enhancement of the entire lab system.
- To set up a functional lab performance management, Monitoring and Evaluation (M&E) system.

The TA provided was a mix of both onsite support in Swaziland and distance support from Uganda (by email and phone); this was found to be an effective combination which provided excellent value for money.

After seven months of such interventions and support, the African Society for Laboratory Medicine (ASLM) conducted an audit of the five labs in Swaziland which had benefitted from the TA; the results were as follows:

- one lab (National TB Reference Lab) had shot up to Star 3 from Star 1 at baseline;
- three labs (Mbabane Government Hospital Lab, the National Molecular Reference Lab, and Piggs Peak Regional Hospital Lab) had progressed to Star 2 from Star 0; and
- the Central Lab had risen to Star 1 from Star 0.

On the lab performance management and M&E systems, the results were as follows:

- an M&E Plan for the SHLS Strategic Plan 2014-2018;
- a functional M&E unit with a workplan;
- a data management framework with associated Standard Operating Procedures (SOPs); and
- trained URC and SHLS staff on key concepts in M&E and data management.

The IDI TA programme in Swaziland is ongoing, with further interventions scheduled for October 2014 to build on the achievements to date.

IDI’s unique high-impact systems approach to strengthening lab capacity has been developed, and refined in partnership with Accordia and with support from a Becton Dickinson / PEPFAR Public Private Partnership. The approach is based on the IDI default model for capacity development, the Capacity Building Pyramid1 and other international models/frameworks. This approach emphasises the resolution of systemic issues, by dealing with a hierarchy of capacity needs at five levels and linking these capacities to the development of Lab Quality Management Systems.

Strengthening Laboratory Services

The IDI-KCCA project supported the set up and functionalization of the Kisenyi HCIV District Reference Laboratory. The Kisenyi HCIV District Reference Laboratory now has the capacity to support all patient monitoring tests, except viral load. In addition, a robust sample transportation system ensures that lab services are available on a daily basis across all supported KCCA facilities for all patients in care and also HIV-exposed infants.

The project also supported and strengthened the capacity of the Wabigalo Central Medical Equipment Maintenance workshop in laboratory equipment maintenance. Two biomedical engineers have been recruited; baseline assessments of equipment across the Central region done; workshop tools and test equipment procured; and a mobile workshop van procured.

The scale-up of PMTCT Option B+ and ART services in lower facilities (HCIIIs) required a boost of the region’s investigative capacity especially for CD4 tests. During the year, the project supported renovation works for Kakindo HCIV Laboratory in Kibaale district to support its functionality as a laboratory hub. The laboratory was also equipped with CD4 count and hematology machines, and is connected to the national power grid. The health workers were trained in the proper use of the equipment as part of the hub operationalization process. Kakindo HCIV laboratory is the fourth operational hub, out of the six planned for the EKKP region. The other two will be activated over the next six months.
The Makerere University - Johns Hopkins University (MU-JHU) core lab together with MU-JHU Care Ltd. celebrated 25 years (August 2013). This year, MU-JHU core lab’s testing volume increased from 165,577 tests from the previous period (July 2012-June 2013) to 174,692, which represents a 5.5% increment.

The lab acquired two new FACS caliburs to replace the old ones for CD4 and CD8 cell counts (Sept 2013), and also acquired a new water deionizer system to purify tap water to reagent grade water for analysis. In May 2014, MU-JHU Core lab initiated a process to acquire two new chemistry instruments to replace the current ones. The process is still in progress and almost complete.

The MU-JHU core lab also welcomed Dr. Timothy Amukele from Johns Hopkins University, Baltimore, USA as its new Core Lab Director. Dr. Amukele replaced Dr. Brooks Jackson.
The IDI - KCCA project has continued to support comprehensive HIV/AIDS services in Kampala city, with 31,117 clients active in care by the end of June 2014.

78% of these are active on ART (with 6% of them being children below 14 years of age). The IDI Centre of Excellence clinic at Mulago has continued to provide specialized support in the management of complicated HIV/AIDS cases and complexities of ART regimen switch that cannot be managed within the KCCA network. The clinic also serves as the tertiary referral center for complicated HIV positive patients who cannot be managed within the KCCA network.

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**IDI-KAMPALA CAPITAL CITY AUTHORITY (IDI-KCCA) PROJECT**

Number active in care by June 2014 at IDI-KCCA supported sites

*Figure 4: Number of patients active in care at IDI-KCCA supported health facilities*
Infrastructure modification to improve quality of HIV/AIDS services

Kisenyi Health Center has experienced an influx of patients from Kawempe and Kirrudu HCs, which were closed for renovation in September 2013. Owing to space challenges, the project with support from KCCA embarked on the renovation of the old outpatient block to create additional space. Today, Kisenyi HC serves as a comprehensive HIV center with all HIV services available on site.

Psychosocial Support Clubs

Adolescent and discordant couple clubs as well as family support groups have been established and maintained across all IDI-KCCA supported clinics. The clubs provide platforms for experience sharing and peer counseling in order to promote treatment adherence, retention in care, and positive prevention.

CMEs, Training and Mentorships

Sixty newly recruited KCCA health care workers of various cadres have been trained in PITC, new ART guidelines and counseling for antiretroviral therapy, during this period. IDI has also continued to conduct CMEs and onsite mentorship at all the IDI-supported sites.

PLHIV support for HIV/AIDS services

The Friends’ (PLHIV) councils have continued to provide invaluable support to health workers at all IDI-KCCA supported sites where they receive and register clients and participate in: peer counseling; pre-packing of pills; updating of client contact information; capturing of return appointments; tracking clients who miss clinic appointments and following them up via phone to reduce high rates of attrition from care.

Strategic information

The IDI-KCCA project has continued to maintain the Open MRS electronic database across supported facilities, as well as internet connectivity to support timely health facility reporting into the national systems including DHIS II.
The Expanded Kibalee Kiboga Project (EKKP) continued to support comprehensive HIV/AIDS services in the seven districts of Kibalee, Kiboga, Kyankwanzi, Hoima, Bulisa, Masindi and KIryandongo. Technical support to the region was greatly improved by the creation of a coordination office at KIryandongo to support KIryandongo and Masindi districts. These two districts were initially supported by the Hoima office, which was overstretched by the wide geographical coverage and thin technical support teams.

HIV Counselling and Testing (HCT)
The project supported provision of HCT services to 170,615 individuals, the majority of whom (157,884; 93%) accessed these services at health facilities. The smaller proportion of 12,731 individuals (7%) represents community outreaches with focus on key populations such as fisher folk on the Albertine shoreline (Hoima, Masindi and Bulisa) and commercial sex workers.

HIV Care and Treatment
The project further supported the provision of comprehensive HIV care and treatment services across the seven districts. Thirty five out of 97 supported health facilities were able to offer comprehensive HIV care services to 26,408 individuals, 16,887 (64%) of whom are active on ART. 10,718 new individuals were enrolled into HIV care during the year, while 7,247 were newly initiated on ART, during the same period. Overall, the project was able to support 31,823 (83%) of all individuals in HIV care and treatment in the Mid-Western Region.
Human Resources for Health (HRH)
The districts’ health human resource capacity was boosted by the addition of 60 health workers recruited under the PEPFAR HRH initiative to augment the national recruitment drive made by the GoU.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (eMTCT)

Option B+: Uganda officially rolled out Option B+ for elimination of mother-to-child transmission in December 2012. 5,452 pregnant women and lactating mothers have received Option B+ treatment during the period July 2013 to June 2014 at facilities supported by IDI outreach programs.

Early Infant Diagnosis
A total of 5,081 exposed infants tested for 1st DNA PCR in the outreach programs, and 175 tested positive showing a prevalence of 3%, which is below the national target of 5% positivity rate.
The IDI SMC programme continues to directly offer services across the seven EKKP-supported districts, as well as in KCCA. A total of 54,783 men were circumcised between July 2013 and June 2014. Cumulatively, a total of 105,707 adult males have been circumcised from project inception in April 2011 to end of June 2014. SMC is offered as part of a male sexual and reproductive health package. This comprehensive package includes HIV testing, Sexually Transmitted Infection (STI) screening & management, education & counselling on the different HIV prevention strategies, circumcision surgery, follow-up management of adverse events and referral of HIV positive clients for care and treatment. Adverse events related to SMC are low due to the establishment of monitoring systems including quality assurance teams at the sites, emphasis on use of updated SOPs and conduct of routine internal quality assessments for improved technical skills and efficiency.

SMC training
Building on the existing SMC training platform at IDI, a total of 50 district/MoH health workers selected by the respective District Health Officers and MoH staff were trained in safe male circumcision service provision, as teams. These included 23 clinical officers, 22 nurses and 5 counselors. These are vital for continued scale-up of SMC services in the respective districts.

IDI participates in the initial roll out of PrePex method for circumcision
A new circumcision method (PrePex) was introduced at two IDI-supported sites as part of the Ministry of Health led active surveillance required by the World Health Organization (WHO) before the method is approved for routine use in Uganda. In total, 464 men were circumcised by IDI using this method (target was 400).
HIV Care and Treatment

The one-year project (Nov 2013–Oct 2014) to construct maternity inpatient blocks in Bukomero Health Centre IV in Kiboga and Ntwetwe HC IV in Kyankwanzi Districts is funded by the Japanese Embassy in Uganda under the Grant Assistance for Grass-roots Human Security Projects (GGP). The purpose of the grant is to boost maternal inpatient services, as well as provide accommodation for women with high risk pregnancies and those who live in hard-to-reach areas, weeks before their due date of delivery. This project was designed to support the already existing PACF/ViiV project that is helping to reinforce demand creation for eMTCT services in the two districts. By the end of June 2014, construction at Bukomoro and Ntwetwe HC IVs was being finalized. Once finalized, the blocks will greatly improve maternal and child health services within the two districts as the Ntwetwe HC IV in-charge observed.

“I look forward to the time when this block will be finished because it is going to help us improve our maternal inpatient services, especially in keeping the post-operative mothers who should not mix with other mothers as we are doing currently” - District Official from Kiboga

PACF/ViiV PROJECT - PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS (CBOs) FOR eMTCT

The PACF/ViiV Healthcare supported eMTCT-EID project, funded by ViiV Healthcare Foundation is in its third and final year of implementation. The Project was designed to support the national eMTCT program that seeks to achieve zero vertical HIV infections and the UNAIDS “Count Down to Zero” Global Plan towards the elimination of new HIV infections among children by 2015, and keeping their mothers alive. The project has built the capacities of 13 CBOs in Kiboga and Kyanwazi districts to create demand for eMTCT-EID services, and as a result over 40,000 people have been reached with messages on eMTCT-EID using various communication channels such as drama, video shows and health talks; 966 mother-baby pairs who were previously lost to follow-up, were contacted and linked into care;
8,668 transport vouchers were issued out to needy HIV+ mothers to facilitate their transport to and from the nearest health facilities so that they can access ANC and maternity services; the mothers’ waiting shed constructed by the project at Muwanga Health Centre III in Kiboga district was used by over 1,041 mothers for ANC visits, PNC visits, labour and delivery and bed rest for mothers with obstetric complications; the CBOs were trained and mentored in governance, messaging through drama groups, and grants management, and they were provided with equipment such as generators, computers, drums, megaphones and Internet modems to support optimal functioning of the CBOs.

**SAVING MOTHERS, GIVING LIFE (SMGL) PROJECT**

In Uganda, Saving Mothers, Giving life (SMGL) – phase 1 resulted in substantial improvements to the quality of health facilities and the care they provided, as well as increased availability of emergency obstetric and newborn care services. This yielded impressive results and an overall achievement of a 30% reduction in maternal mortality in the SMGL districts of Kibaale, Kabarole, Kamwenge and Kyenjojo and 38% reduction in Kibaale district (IDI’s SMGL operation area).

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>End line</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio</td>
<td>452</td>
<td>316</td>
<td>30% Decrease</td>
</tr>
<tr>
<td>HFs Providing BEmONC and Newborn care</td>
<td>3</td>
<td>9</td>
<td>200% Increase</td>
</tr>
<tr>
<td>Number of women giving birth at HFs</td>
<td>46</td>
<td>74</td>
<td>62% Increase</td>
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<tr>
<td>Women who received prophylaxis or treatment for eMTCT</td>
<td>1,262</td>
<td>1,620</td>
<td>28% Increase</td>
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<tr>
<td>Rating of quality of care at HFs by women in SMGL Districts</td>
<td>NA</td>
<td></td>
<td>3 times more likely to receive a high rating of quality of care, compared to non-SMGL comparison districts.</td>
</tr>
</tbody>
</table>

*Table 2: SMGL data for the 4 districts*
Ministers’ visit and hand over of Project CURE equipment to Kagadi hospital

The leadership of Kibaale District hosted the Health Minister, Hon. Ruhakana Rugunda and the State Minister for Finance and Planning, Hon. Matia Kasaija, several Members of Parliament and the CDC - Uganda Country Director in Kibaale district on 29th November 2013. The visiting team toured three IDI supported health facilities in Kibaale district: Kakumiro HCIV, Kibaale HCIV and Kagadi Hospital, where IDI has implemented innovative interventions such as the mothers waiting sheds, donation of motor vehicle and tricycle ambulances with support from PEPFAR/CDC Uganda that have ultimately contributed to the reduction of maternal deaths.

At Kagadi Hospital, Hon. Dr. Rugunda handed over a donation of medical equipment worth over $70,000 from Project CURE, a US Government partner under the Saving Mothers, Giving Life (SMGL) programme.
Commissioning of the ‘Coutinho Village’ in Kibaale District

This year, Dr. Alex Coutinho presided over the opening of the “Coutinho Village”, a new name that was unanimously given to Ndaiga Health Centre II by all members of the Kibaale District Council. Ndaiga Health Centre II is about 80km from Kibaale District headquarters, located at the shores of Lake Albert (Africa’s seventh largest lake) in the Albertine Rift, the western branch of the East African Rift valley. The Health Centre, which was previously housed in a dilapidated structure, is now made up of four modern circular huts that were constructed by the Infectious Diseases Institute with support from CDC and the Ministry of Health. This centre serves people from Hoima and Buliisa in Uganda and the Democratic Republic of Congo.
Launch of IDI Strategic Plan 2013 to 2018

IDI’s second five-year strategic plan (running from July 2013) was formally approved by the IDI Board and was launched at a high-profile event attended by the Minister of State for Health - General Duties, Dr. Elioda Tumwesigye and other dignitaries on 20 February 2014.

In order to thrive, IDI is going to have to be a truly innovative and resilient organisation: ensuring top management has the right up-to-date and reliable strategic information for it to be increasingly light on its feet and responsive to its changing environment. Risk management will be a key activity. Key aims remain fundamentally the same: to focus on infectious diseases research, capacity building and service delivery; to strengthen health systems in the context of local and national government strategies and priorities; and to influence national, regional and global policies and best practice through research publications, and documentation of best practice. IDI will continue to press for high quality in all its activities, and seek to play its full part to enhance the good name and reputation of the College of Health Sciences within Makerere University particularly through contributions to research and national capacity building.

There will be a broadening of the scope of IDI activities to include all infectious diseases as well as health systems; and IDI will be exploring the greater ‘integration’ of services at point of delivery, allied to the drive for greater cost-effectiveness. IDI also recognises that in the area of capacity development, IDI’s main contribution will increasingly be focused on systematically maintaining, updating and refreshing existing capacity preferably in a well-defined quality assurance context. There will be an increasing emphasis on proving quality across all areas of IDI; covering both main programmes and support services; and IDI would also seek to play a greater role in national accreditation. IDI will adopt an increasingly efficient and business-like approach based on an understanding by all staff that IDI can only achieve its programmatic objectives by paying close attention to the ways in which it sustains the institutional core of the organisation. IDI will also look to link with all appropriate elements of the health system, including the private sector.
Monitoring & Evaluation (M&E)
The M&E team continues to play a key role in the production of performance data for project/programme and overall institutional planning, decision making and management. Notably, the M&E team started providing international Technical Assistance to set up a Management, Monitoring and Evaluation system for the Kingdom of Swaziland Health Laboratory Services under the HIV/AIDS & Tuberculosis Related Laboratory Support & Technical Assistance Project funded by the US Centers for Disease Control and Prevention (CDC) implemented by University Research Co., LLC. Also, as a way of contributing to IDI management information for decision making and planning and sustainability, the M&E team is leading a new initiative to produce IDI finance key performance indicators (KPIs) to respond to the need for ever more effective and efficient management of increasingly scarce resources. Over the next year, the team plans to offer its comprehensive M&E training curriculum in an on-line format to increase access and convenience for users, both locally and internationally.

Systems Development
The Systems Development team within the Strategic Planning & Development team introduced various enhancements to IDI’s automated System for Integrated Grants management, M&E and Reporting (SIGMER) over the last year; including changes to produce more accurate, standardised Grants Register reports which form the basis of IDI’s business projections. The team continued to enhance the functionalities of ClockTime, the IDI automated timesheet system, to make it more responsive to IDI’s needs for staff time documentation and reporting. These enhancements led to dramatic improvements in the completeness, accuracy and speed with which IDI staff time was billed to projects; thus, strengthening a key element in the sustainability of IDI. Further enhancements related to ordering and procurement systems are underway.

Resource generation and management
The last year has been particularly challenging, yet nonetheless, IDI continued to attract significant new projects and new funders which include: Japan International Cooperation Agency, Welcome Trust, AIDS Vaccine Advocacy Coalition, Academy of Medical Sciences (UK), Elma Foundation, the Gates-funded International Initiative for Impact Evaluation (3ie), Society for Family Health (USA); and FIND (Foundation for Innovative New Diagnostics). At the close of the year, over 80 projects were underway at IDI funded from a variety of sources.
With the cessation of direct unrestricted funding, IDI has re-examined many aspects of the way it conducts its business during the last year. For example, measures were introduced to manage semi-autonomous functions/units within IDI programmes in a more business-like manner with careful monitoring of their revenues and costs to ensure their financial viability. Also, the management of financial and reputational risk associated with fixed fee grants has been addressed through an ongoing tightening of its approach to budgeting, negotiating, contracting and financial monitoring for such grants. IDI has also piloted some ‘non-traditional’ funding models such as voluntary co-pay for some services, and the provision of paid TA for health-related support services such as strategic planning, proposal writing and grants management, M&E, data management, and management information systems. Another key activity has been the continuing development of well-documented unit costs across IDI programmes and support departments for better budgeting and cost recovery.
The Information Services (IS) Department has undergone continuous evolution, with several new innovative systems that were established during the past one year. With foresight, and driven by the strategic goal of the department, it is envisaged that the coming years will see a lot of additional automation projects established by the department.

It is worthwhile to note that the foundation of the department hinges around the notion of “data-information-knowledge”, supported by technology; and this is the very reason for which the department exists.

Below are some insights into the key achievements of the department in the past one year:

A major milestone in the department’s achievements in the past one year has been the design, implementation and operationalization of the electronic timesheet management system (ClockTime), a web-based system currently used by all core staff of IDI to electronically complete their timesheets. ClockTime also allows the Grants, Finance and HR teams to manage their respective roles in timesheet management. This system has greatly reduced the time spent on managing timesheets, and has also significantly improved compliance by staff in completing their timesheets. The net impact of ClockTime can be summarized as improved cost recoveries and efficiencies for IDI.

The department also continues to maintain and upgrade the electronic medical records system (ICEA) and other in-house systems to meet the dynamic user requirements. Some major upgrades made in ICEA in the past year include integration with Navision, a new module for the co-pay clinic, and a new module for the new cohort study.

On the basis of the electronic databases, the department fully utilizes the power of Business Intelligence to implement decision support systems as well as to facilitate sharing of information and knowledge with stakeholders. IDI is proud to be one of those institutions which not only collect
data, but transform that data into quality information and knowledge for research, operational / tactical / strategic management, and other purposes. A lot of data is collected at IDI, and as a result, a high degree of complexity can be introduced in the management of such data as the data volume increases. To counter any undesirable consequence of complexity, the department implements a data quality assurance strategy to ensure that the data at our disposal is of very high quality.

In the past year, the department also supported a number of internal and external data management capacity building exercises, notably training of district staff in 35 districts under Strengthening Decentralization for Sustainability (SDS) programme.

The IS department has established and maintained strong collaboration with libraries of both local and international partner institutions. Notable international collaborations were established with libraries at University of Toronto, University of Nairobi, Royal Tropical Institute Amsterdam, and Yale University USA. Locally, the department has collaborated closely with the Africa Centre for Systematic Reviews and Knowledge Translation - Makerere University College of Health Sciences, Ministry of Health Resource Center, Uganda AIDS Commission, among others. The department also continues to support users of the IDI library and resource centers (including the upcountry centers). As part of the mandate to promote knowledge sharing, the department was very instrumental in the re-development of the IDI website and promoting institutional use of social media (e.g. Facebook, Twitter, YouTube, Google +) by providing technical leadership.

In order to support the above mentioned activities, it is important to maintain a solid IT infrastructure. September 2013 was a challenging period when a major breakdown of the servers occurred, leading to some disruption in services; however, because IDI has a well-established disaster recovery plan, we were able to manage the incident and restore service to normal in a reasonably short time. As a consequence, IDI has since procured new servers, backup systems and other equipment, which have been installed and configured on the network. IDI now has a stable IT infrastructure which is able to support the existing needs. As we prepare to move into the new IDI Knowledge Center, the department continues to spearhead the planning and design of the IT setup for the new building.
The IDI Finance and Administration Department comprises of four sections (1) Finance (2) Procurement (3) Operations (4) Human Resources.

Finance
The IDI Finance team is constructed around four pillars to execute its financial management supportive role to the Institute:

Transparency, Integrity and Accountability with Excellence
The IDI management developed a robust Conflict of Interest Policy and Whistle Blower Policy to create an environment that promotes ethical behavior and provides means for discouraging unethical behavior and promote a fair, bias-free and objective decision-making in the running of affairs of the Institute. As a policy, all staff are expected to declare to management any situations in which they might be involved in a conflict of interest.

The IDI Board has approved the Whistleblower Policy, which governs reporting and investigation of allegations of suspected unlawful activities and potential violations of ethical behavior, as well as the protection of whistleblowers from retaliation. The policy also provides means to protect innocent employees from being unfairly accused.

Financial Reporting and Internal Control Environment
The department provides IDI management with timely and informative financial reports that support and contribute to sound program management and informed decision-making. It also provides owners, regulators and key stakeholders with timely, complete, accurate and consistent interim reports and audited financial statements.

Resource mobilization, management and reporting are done in a controlled, tight and safe environment to ensure transactions are authorized by responsible officers only up to their approved levels of responsibility. Controls are in place to ensure all payments are appropriately approved, are for the organization’s business and are made to the right party.

The result of the sound internal control systems and environment is that for the last nine years IDI has been reviewed and audited by global accounting firms and it has received unqualified audited financial reports; a big indicator of the effectiveness of the financial and internal control systems at IDI.

Board Audit Committee
The Board Audit Committee is mandated to assist the Board of Directors in fulfilling its oversight responsibilities for the
financial reporting process, the system of internal controls, the audit process, and the company’s process for monitoring compliance with laws and regulations and the code of conduct. The Committee reviews the effectiveness of the system for monitoring compliance with laws and regulations and the results of management’s investigation and follow-up (including disciplinary action) of any instances of non-compliance; reviews the findings of any examinations by regulatory agencies, and any auditor observations; reviews the process for communicating the code of conduct to IDI staff, and for monitoring compliance therewith; and obtains regular updates from management and IDI legal counsel regarding compliance matters.

Procurement
The Procurement section comprises the Senior Procurement officer and four other procurement officers plus procurement interns that are hired on a short term basis. Some of the items procured include, but are not limited to the following: construction works, medical equipment, drugs, medical sundries, vehicles, motorcycles, office supplies, consultancy services, printing services, electrical equipment, generators, solar, among others.

The overall objective of the procurement section is to support the organization’s performance and sustainability through timely, cost effective procurement of goods and services. The specific objectives are to: obtain the best value for the expense incurred, effective and efficient use of resources in a competitive and transparent manner, and sound procurement processes that contribute to operational and strategic goals.

The section has successfully delivered and executed its mandate as evidenced in the achievements below:

- Due to the section’s resilience, transparency and competency in strategic procurement and sourcing, IDI currently provides procurement technical support to organizations in partnership with donor agencies. For example IDI currently handles Procurement needs of EMBLEM project under National Cancer Institute (NCI).
- There is high level of compliance with procurement regulations as a result of the sensitization meetings and client engagement discussions conducted by the section; resulting in quicker procurement turn around; more efficiency and hence value for money procurement.
- The procurement policy and procedures manual for the institute is periodically reviewed and amended to capture organizational changes and current best practices in procurement.
- The procurement section successfully conducted the disposal of IDI aged, obsolete and broken down assets in October, 2013 where all disposable items were sold off in an orderly and efficient manner, raising significant resources from the salvage value of the assets.
- There is continuous improvement in contract management after introducing a supplier appraisal system where all contracted service providers are appraised before renewing their contracts.
- Strategic sourcing; this has been done by identifying the most reliable sources of supply through pre-qualification of suppliers and retaining only those that are capable of meeting the Institute’s requirements.

Operations
This year, the department recruited a new Operations Manager, Miss Doreen Muhebwa in February 2014. Doreen supervises, coordinates, and oversees the Engineering, Fleet, Security and Facilities maintenance function.

New IDI Building at Makerere Main Campus
Remarkable progress has been noted with the construction of the new IDI building. The projected completion period is December 2014.

Human Resources
IDI has a robust and efficient automated human resource management system. The Human Resource section is staffed with qualified human resource practitioners who are registered members of the Human Resource Managers’ Association of Uganda, the professional body for Human Resource management practitioners in Uganda. The main objective of the IDI Human Resource is to position IDI in the top range of Ugandan non-profit employers through maintaining strong Human Resource Administration and development along with sustainable and competitive policies, salaries and benefits package anchored on the premise of caring, safe and conducive working environment.
The Infectious Diseases Institute (IDI) has numerous frontline workers in its upcountry stations which are spread over 65% of all the districts in Uganda. Sacrificing the time they would have spent with their families, they have dedicated their lives to serving people who live in the districts that IDI supports.

Edward Kyagulanyi is one such worker, currently working as a Project Coordinator with the Saving Mothers Giving Life Project (SMGL), a maternal and child health proof of concept project implemented in the mid-western districts of Kibaale, Kabarole, Kamwenge and Kyenjojo, with funding from the United States Government – President’s Emergency Plan for AIDS Relief/Centers for Diseases Control and Prevention (USG-PEPFAR/CDC). Edward joined IDI in January 2012 because he wanted to experience new challenges, and having lost one of his closest relatives to a pregnancy related complication, was eager to be part of the team that would contribute to the reduction of maternal and neonatal mortality rates in Kibaale district.

Edward is a married man with three beautiful children- a set of twin boys and one girl. Before Edward set foot in Kibaale district, Edward had imagined Kibaale to be a very remote area, riddled with unrest, but when he arrived in Kibaale, he met a warm and welcoming IDI team, as well as a very cooperative district leadership, whom he says has contributed to the successful story of the SMGL project. “IDI facilitates my work in all ways possible hence making it enjoyable and motivating. The team spirit of togetherness and the IDI family has motivated me; hence, enabling me not to miss my family very much. The district leaders’ cooperative spirit has also motivated me to continue working in the district and with IDI”.

Edward Kyagulanyi participating in a community engagement exercise
This year, the SMGL project which had initially come to a close, obtained a three-year extension after successfully implementing Phase I that saw a reduction of maternal mortality in Kibaale district by 38%, and overall by the USG partners in Kibaale, Kabarole, Kamwenge and Kyenjojo districts by 30%. According to Edward, this was attributed to the strategies that IDI put into place to increase community demand for health services and improving the supply side of quality services: strengthening the Village Health Team (VHT) system by engaging VHTs from each village across all the 31 sub counties and four town councils that make up Kibaale District to provide community surveillance and report any maternal deaths in the community; registering and enhancing referral of mothers from the community to the health facilities; improving the district health staffing levels from 48% before the intervention to 64%; implementing the mother waiting shed concept and improving documentation, timelines and completion of the DHIS2.

Under the able leadership of Dr. Alex Coutinho (the Principal Investigator for the SMGL project), Dr. Alex Muganzi (the Head of the Outreach Department) and Ms. Brenda Picho (the SMGL Project Manager), Edward believes that the next three years of the SMGL Project will lead to a big transformation in the district, and he is hoping to see a more streamlined district equipment maintenance programme, a strong ambulance system, strong district health supervision, continuous mentorship of higher facilities and lower facilities to ensure sustainable service delivery, collaborative district-wide efforts to sustain the achievements of the SMGL Project, and an improved response to the three delays that are causing maternal deaths. According to Edward, “Valuing team work and a strong and good relationship with the district leadership has contributed to the success of the SMGL project”.
## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>Notes</th>
<th>US$</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant income</td>
<td>5</td>
<td>19,088,153</td>
</tr>
<tr>
<td>Self-generated income</td>
<td>6</td>
<td>1,035,027</td>
</tr>
<tr>
<td>Interest income</td>
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<td>86,727</td>
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<tr>
<td><strong>Total Income</strong></td>
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<td>20,209,907</td>
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<tr>
<td><strong>Expenditure</strong></td>
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<tr>
<td>Salaries and benefits</td>
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<td>8,827,981</td>
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<tr>
<td>Program expenses</td>
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<td>4,775,836</td>
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<tr>
<td>Transportation</td>
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<td>1,995,463</td>
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<tr>
<td>Office expenses</td>
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<td>683,524</td>
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<tr>
<td>Facilities expenses</td>
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<td>1,785,187</td>
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<tr>
<td>Administration expenses</td>
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<td>768,860</td>
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<tr>
<td>Foreign exchange (gain)/loss</td>
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<td>(76,104)</td>
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<tr>
<td><strong>Total Expenditure</strong></td>
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<td>18,760,747</td>
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<tr>
<td><strong>Surplus/(deficit) for the year</strong></td>
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<td>1,449,160</td>
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<tr>
<td><strong>TOTAL COMPREHENSIVE INCOME/ (LOSS)</strong></td>
<td></td>
<td><strong>1,449,160</strong></td>
</tr>
</tbody>
</table>

### Notes:

5. **GRANT INCOME**
   - Restricted grants: 16,789,187 (18,226,990)
   - Unrestricted grants: 2,298,966 (1,328,354)
   - Total Grant Income: 19,088,153 (19,555,344)

6. **SELF GENERATED INCOME**
   - Training income: 584,177 (488,362)
   - Transfers from Scholarship reserve: - (28,291)
   - Rental income: 277,200 (264,000)
   - Other income: 173,650 (75,341)
   - Total Self Generated Income: 1,035,027 (855,994)

8. **STAFF COSTS**
   - Salaries and wages (core activities): 2,959,523 (3,203,582)
   - Staff benefits (core activities): 407,416 (457,117)
   - Salaries and wages (project activities): 4,796,013 (5,015,742)
   - Staff benefits (project activities): 665,029 (745,747)
   - Total Staff Costs: 8,827,981 (9,422,188)
CAREER ACHIEVEMENTS FOR IDI STAFF IN 2014

Dr. Alex Coutinho becomes Chair of IAVI Board

Dr. Alex Coutinho, Executive Director of IDI is the new Chair of the International AIDS Vaccine Initiative (IAVI) Board of Directors. Dr. Coutinho is a driving force in the global fight against HIV/AIDS in his personal life and professional career.

As Executive Director of the Infectious Diseases Institute in Kampala, and previously at The AIDS Support Organization (TASO), he has helped ensure access to life-saving HIV services for hundreds of thousands of people.

Dr. Alex Muganzi nominated for Technical Review Panel for Global Fund to Fight HIV/AIDS, TB and Malaria

Dr. Alex Muganzi, Outreach Head of Department was selected to join the Technical Review Panel (TRP) for the Global Fund to Fight HIV/AIDS, TB and Malaria. The TRP is an independent panel of experts who review funding requests to the Global Fund for technical merit and strategic focus and make funding recommendations. Dr. Muganzi was also re-elected as Africa Regional representative to the IAS Governing Council.

Dr. Martin Ssuuna awarded the 2014 Arthur Ashe HIV/AIDS Fellowship in New York, USA.

Dr. Suuna Martin, Team Leader and Medical Officer with the IDI-KCCA Project was one of the doctors from all over the world who was awarded a full scholarship to attend the prestigious Arthur Ashe HIV/AIDS Fellowship for international HIV/AIDS health workers at Cornell University, New York, USA.

This HIV management training took place at The New York Presbyterian Hospital-Weill Cornell Medical College and involved visits to various hospitals in New York City and Manhattan. The Weill Cornell Medical College ranks among the best medical schools in the US. Martin’s alumnus status and lead clinician roles are anticipated to create positive ripple effects for both the patients and medical colleagues at the Infectious Diseases Institute.

Mr. Michael Enyakoit awarded Clinical Research Associate International Certification

Mr. Michael Enyakoit, Research Regulatory Affairs and Monitoring Officer at IDI obtained membership and certification as a Clinical Research Associate from the Association of Clinical Research Professionals, USA.

At IDI, Michael is responsible for compliance and regulatory oversight of all research projects.


24. Moses Galukande mail, Kevin Duffy, Jean Paul Bitega, Sam Rackara, Denis Sekavuga Bbaale, Florence Nakaggwa, Teddy Nagaddya, Nick Wooding, Monica Dea, Alex Coutinho. Adverse Events Profile of PrePex a Non-Surgical Device for Adult Male Circumcision in a Ugandan Urban Setting. Published: January 28, 2014. DOI: 10.1371/journal.pone.0086631.


IDI LEADERSHIP

IDI Board Members

**Nelson Sewankambo**  
Principal of the College of Health Sciences,  
Makerere University  
Chairman, IDI Board

**Alex Coutinho**  
Executive Director of IDI  
Secretary of the IDI Board, Nominations Committee

**Thomas Quinn**  
Professor of Medicine, Pathology, International Health, Epidemiology, Molecular Microbiology and Immunology,  
Johns Hopkins University Medical Institutions; Founding Director, Johns Hopkins Center for Global Health;  
Associate Director of International Research; Senior Investigator and Head of Section on International HIV/STD, National Institute of Allergy and Infectious Diseases, Maryland, USA; Chair, IDI 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 of Baylor College of Medicine Children’s Foundation – Uganda (Baylor - Uganda)

**Milly Katana**  
Senior Manager of NUPITA (New Partners Initiative)  
Member, IDI Audit Committee

**Wilfred Griekspoor**  
Director Emeritus, McKinsey & Company  
Chair, IDI Audit Committee

**Harriet Mayanja-Kizza**  
Professor of Medicine and Immunology  
Dean, School of Medicine, College of Health Sciences, Makerere University

**Florence Maureen Mirembe**  
Associate Professor of Obstetrics/Gynaecology, College of Health Sciences, Makerere University

**James Gita Hakim**  
Professor of Medicine, Department of Medicine  
University of Zimbabwe

**Samuel Abimerech Luboga**  
Chair of the Board of Directors, Mildmay Uganda  
Former Deputy Dean, Faculty of Medicine, Makerere University

**Moses Joloba**  
Senior Lecturer of the Department of Medical Microbiology, School of Medicine, College of Health Sciences, Makerere University

**Jane Ruth Aceng**  
Director General of Health Services  
Ministry of Health

**Prof. Ernest Okello Ogwang**  
Deputy Vice Chancellor (Academic Affairs)  
Makerere University

Academic Alliance Members

**Nelson Sewankambo**  
Principal of the College of Health Sciences, Makerere University

**Allan Ronald**  
Distinguished Professor Emeritus, Department of Medical Microbiology, University of Manitoba, Winnipeg, Canada.

**Bob Colebunders**  
Professor in Tropical Diseases, Antwerp Institute of Tropical Medicine (ITM), Professor in infectious diseases, University of Antwerp, Head of the Clinical HIV/STD Unit at ITM Antwerp, Belgium.
Concepta Merry  
Consultant in Infectious Diseases and Senior Lecturer in Global Health, Trinity College Dublin, Ireland.

David M. Serwadda  
Professor of Infectious Diseases, School of Public Health, College of Health Sciences, Makerere University.  
Director, Rakai Health Sciences Program  
Director, MakSPH-CDC Fellowship Program

David L. 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

Elly T. Katabira  
Co-founder, The AIDS Support Organization (TASO)  
Professor of Medicine, School of Medicine, College of Health Sciences, Makerere University

Fred Wabwire-Mangen  
Associate Professor of Epidemiology, School of Public Health, College of Health Sciences, Makerere University

Gisela Schneider  
Director of the German Institute for Medical Mission

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

Harriet Mayanja-Kizza  
Dean of School of Medicine, College of Health Sciences, Makerere University

Jerrold Ellner  
Chief of Infectious Diseases, Boston Medical Centre  
Professor of Medicine, Boston University School of Medicine, Boston, USA

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  
Professor of Medical Microbiology, School of Medicine, College of Health Sciences, Makerere University

Moses R. Kamya  
Professor and Head of Department of Medicine, College of Health Sciences, Makerere University

Philippa Musoke  
Associate Professor of the Department of Pediatrics and Child Health, Makerere University

Roy Mugerwa  
Professor of the Department of Medicine, College of Health Sciences, Makerere University

Thomas Quinn  
Professor of Medicine, Pathology, International Health, Epidemiology, Molecular Microbiology and Immunology, Johns Hopkins University Medical Institutions  
Founding Director, Johns Hopkins Center for Global Health  
Associate Director of International Research; Senior Investigator and Head of Section on International HIV/STD, National Institute of Allergy and Infectious Diseases.  
Maryland, USA

Michael W. Scheld  
Bayer-Gerald L. Mandell Professor of Internal Medicine; Director, Pfizer Initiative in International Health, University of Virginia (UVA) School of Medicine, Virginia, USA

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

Warner C. Greene  
Director of the Gladstone Institute of Virology and Immunology; Nick and Sue Hellman Distinguished Professor of Translational Medicine; Professor of Medicine, Microbiology and Immunology; University of California, San Francisco(UCSF), California, USA.  
Executive Chair, Accordia Global Health Foundation, Washington D.C., USA

Yukari C. Munabe  
Associate Director of Global Health Research & Innovation Centre for Global Health; Associate Professor, Division of Infectious Diseases, Johns Hopkins University School of Medicine Maryland, USA.