

Founding Institutional Partnerships

IDI seeks to develop long term, mutually beneficial partnerships with strengths complementary to those of the Institute. Partnerships are critical to IDI's work, enabling IDI to meet its goals and expand its impact. Some of the founding institutional partners which are vital for IDI's existence and success include Makerere University College of Health Sciences, Mulago Hospital, Pfizer Inc. and Accordia Global Health Foundation.

Makerere University College of Health Sciences

IDI continues to develop and implement plans for stronger integration in the college, based on IDI being an integral part of the School of Medicine within the College of Health Sciences. This relationship has greatly contributed to IDI's success.

MUCHS members have continued to contribute to IDI through a number of significant roles: membership on IDI's Board of Directors; membership on IDI's Senior Management Team; Principal Investigators for research projects; and facilitators for the Training Programme.

IDI and the College also collaborate in regard to teaching and training. Final year medical students receive a one-week placement at IDI, to enable them to improve their knowledge and skills in caring for people living with HIV/AIDS. Both undergraduate and post-graduate students participate in weekly Continuing Medical Education (switch meetings, journal clubs and case conferences) at IDI. The visiting Professor in Residence Programme is jointly managed by IDI and the Department of Medicine.

IDI, as a member of the Makerere University College of Health Sciences, interfaces with various Schools and Mulago Hospital in collaborative research projects. In addition, IDI faculty teach in classrooms and on the wards to strengthen didactic and clinical services. Building on the strong grants management department and a

strong indigenous and international faculty base, IDI has also contributed significantly in proposal development and writing for the College. As a Center of Excellence, the IDI also supports students who are getting degrees at Makerere University through research capacity building programmes, but also through vibrant weekly conferences and guest lectures from affiliated international faculty.

Mulago Hospital

IDI is privileged to have a special partnership with Mulago Hospital, Uganda's only national referral hospital. IDI is regarded by the Uganda Ministry of Health as one of Mulago's specialized outpatient AIDS clinics. During the last two years Mulago and IDI have continued to collaborate in a number of areas.

Mulago and IDI have continued to collaborate in the strengthening of the treatment of infectious diseases in Ward 4A. Training sessions and joint rounds conducted by IDI clinicians and visiting PIRs continue to take place in the ward.

Accordia Global Health Foundation

Accordia Global Health Foundation was one of the key players in establishing IDI in 2004 and continues to serve a major role as one of IDI's most important partners. During the year, Accordia and IDI continued to work together in several areas:

On April 15 -16 this year, Accordia Global Health Foundation in partnership with the Infectious Diseases Institute and the US National Institutes of Health's

Forgarty International held its third annual Infectious Diseases Summit in Dar es Salaam in Tanzania. This year's theme, "Return on Investment: The Long Term Impact of Building Healthcare Capacity in Africa," attracted nearly 100 attendees from twenty African, North American, and European countries. The meeting was held in response to increasing urgency – in the face of the prolonged economic crisis – to more effectively gauge the return on investments in global health and to guide

difficult choices about how to invest scarce resources in the future. A report that was informed by the summit was also published. More information on Accordia's activities can be found on its website on www.accordiafoundation.org.

Accordia manages several major grants for programmes being conducted at IDI and provides technical programmatic assistance on key projects. IDI and Accordia Global Health Foundation continue to work together to build Africa's capacity to fight infectious diseases through training, research, care and prevention.



IDI has donated equipment for Mulago Hospital. An ultrasound unit was provided two years ago and in the last year an X-ray machine was added. The new X-ray equipment extends the diagnostic capabilities of the hospital, and provides a back-up for the original X-ray unit.

Facility upgrades have also been carried out on Wards 4A (Infectious Diseases and Gastroenterology) and 4B (Endocrinology, Neurology, Dermatology & Rheumatology). The wards were repainted, clinical furnishings were updated, and the lighting and plumbing systems were improved. Similar upgrades are being carried out on Ward 3B (Emergency, Surgical and Medical Ward).

Pfizer Partnership with IDI

"The success of Accordia and IDI continues to pay dividends to patients, providers and to the global health community – locally, regionally and internationally. For our colleagues around the world, it is a source of inspiration and reinforces colleague engagement in our mission and commitment to supporting healthcare in traditionally underserved markets"

Sally Susman, Senior Vice President, Policy, External Affairs and Communications, Pfizer Inc.

Pfizer's visionary and historic investment in the future of Africa, as a founder of both Accordia Global Health Foundation and the Infectious Diseases Institute, has impacted more than a million lives already, in Uganda and beyond. Pfizer supported the initial construction and core operations of IDI during its critical start-up years, and encouraged the development of diverse partnerships to ensure IDI's global relevance and long term sustainability. Today, Pfizer continues to provide essential support for the ongoing costs of maintaining IDI's uncompromising standards of excellence. Pfizer's commitment to excellence through this unprecedented investment has allowed IDI to transform standards of care and training throughout the region and conduct cutting edge research with global implications. Beyond its direct impact of improving access to quality healthcare, Pfizer's ongoing support of the core cost of excellence at IDI ensures IDI's international standards of governance and financial management, innovative training products, modern, well maintained facilities, and international collaboration. As a direct result of Pfizer's investment in Accordia's vision and IDI's potential, the Institute has now been recognized by the United States Institute of Medicine as a "preeminent center for infectious disease research, training, and treatment... with far-reaching applications for similar disease fighting efforts elsewhere in Africa". Pfizer has also received an award from Makerere University in recognition of its contribution to the University. Pfizer's investment of core financial resources has been the foundation for

every one of IDI's many successes over the years. Yet, the company has contributed in two other important ways which have also influenced IDI's emergence as a center of excellence in infectious disease: its talent, and its product.

The Pfizer Global Health Fellows Programme (GHF)

In addition to its core support of excellence at IDI, Pfizer also contributes substantial expertise through its Global Health Fellows Programme. This programme is an international skills-based volunteer programme that places Pfizer colleagues in three to six month assignments with non-profit and international development organizations to improve health for underserved populations. During assignments, fellows transfer their professional expertise in ways that promote access, quality or efficiency of health services.

IDI has received nine Global Health Fellows through its partnership with Pfizer and Accordia Global Health Foundation. Each fellow has made important contributions to the growth of IDI and its sustainability.

Carol Plank

Duration: July 2003– January 2004



Carol, who was part of the first round of Pfizer Global Fellows, trained Clinical Staff in ICH/GCP, clinical trial proficiency and provided nursing education.

Kelly Willis

Duration: June 2004–September 2004



In collaboration with Accordia Global Health Foundation and Pangaea Global

AIDS Foundation, Kelly developed the first 5-year business/strategic plan and operating budget for the newly opened Infectious Diseases Institute (IDI), which formed the basis for a multi-year award from Pfizer Inc. In addition, she served as a member of the "IDI Transition Team" with other stakeholders, to identify and resolve key strategic issues in support of the ultimate transfer of IDI ownership to Makerere University.

Karen Barclay

Duration: September 2006–December 2006



Karen designed, developed and implemented a Preventative Maintenance Programme for the IDI Laboratory that was manageable, flexible and sustainable for the laboratory and maintenance colleagues. She also developed a schedule to determine frequency of Preventative Maintenance for each piece of equipment. Karen set up an inventory process for the IDI laboratory equipment; and updated and created new procedures and checklists to maintain the laboratory equipment.

Nancy Brady

Duration: September 2008–March 2009



Nancy supported the documentation of success stories of IDI Training Alumni, which are used as an advocacy tool to communicate the impact of IDI training on individuals' lives once they have left training. She was also instrumental in creating a system for engaging and retaining information about IDI Alumni.



Lance Heinle

Duration: August - January 2009

Lance implemented several new assays in the Ward 4A Side Lab at Mulago Hospital. He also implemented an HPLC at the Infectious Disease Institute (IDI) to monitor drug levels in patients, trained IDI scientists on how to use the HPLC, instituted a series of SOP's (Standard Operating Procedures), and consulted on several needs assessments to improve capability and data quality of several labs at the IDI.



Oonagh Puglisi

Duration: August - November 2009

Partnering with the Communication, Partnerships and Advocacy Department, Oonagh's work strengthened communication among IDI staff, Friends and partner clinics by creating and implementing programmes, tools and templates that support the overall IDI Strategy. She worked closely with the GIPA Office to develop capacity and streamline activities in regard to financial management and M&E systems. She also supported the establishment of a Resource Center in the clinic waiting area where Friends seek information and education; and created a laptop station by securing nine donated laptops filling a needs gap for Friends to gain access to online education and communication.



Thomas Schlecht

Duration: March - September 2010

During the first part of his fellowship, Thomas worked with the MU-JHU Core Laboratory at the IDI conducting a market analysis where he discovered that the market potential for the MU-JHU Core Laboratory could be further exploited. In the second part of his fellowship, Thomas was teaching basic marketing skills and helped develop a strategic marketing plan for the training programme.



Julie Le Chasseur

Duration: March - September 2010

During her placement at IDI Julie helped the laboratory to build its capacity by establishing an instrument integrated laboratory information system. She also helped develop supporting processes, procedures, and training programmes.



Brenda Mitchell

Duration: June - December 2010

Brenda is currently at IDI and has completed a survey of the clinic nurses at IDI to assess training requirements. The survey included demographics, environment and teamwork. She hopes to develop a training programme that is measurable and sustainable whilst ensuring that the nurses have the competence and confidence to manage shared care with the doctors at IDI. By the end of her Fellowship Brenda will have developed individual development plans to ensure that each nurse has the ability to develop to her/his own potential with the support of training and ongoing education.

Diflucan Partnership Programme

Pfizer has been actively engaged in Uganda's fight against HIV/AIDS through the donation of Diflucan to manage two HIV-related opportunistic infections. Since the launch of the Diflucan Partnership Programme with the Ministry of Health in February 2002, Pfizer's donation of Diflucan to Uganda is supporting HIV/AIDS treatment for patients in 300 sites – valued at USD \$1.19 million. Uganda is the second largest recipient of donated Diflucan after South Africa.

IDI has been a proud beneficiary of the DPP since its inception, receiving its supplies through Mulago Hospital. In August 2010 alone, IDI treated 38 new cases of esophageal candidiasis, ten new cases of cryptococcal meningitis and gave prophylaxis treatment to 261 post cryptococcal meningitis patients. The quality of the health of clients at IDI has greatly improved due to the availability of Diflucan as noted by one of the Senior Pharmacists, who made this comment:

“Cases of recurrence of cryptococcal Meningitis are practically non-existent in the Clinic because of the availability of free Diflucan. Before the Diflucan Partnership Programme made this provision, Diflucan was unaffordable for the majority of our patients; this brand would previously cost about \$120 for a month's treatment.”

Esophageal Candidiasis causes patients to have difficulty in swallowing and in some cases leads to problems with adherence to treatment and malnourishment. Cryptococcal Meningitis is a serious often fatal fungal infection of the lining of the brain. The Diflucan Partnership Programme has enabled IDI to achieve better treatment outcomes and has drastically improved the quality of life of patients at IDI.

Finance and Administration

The Finance and Administration department provides financial services, human resources administration, and facilities management for IDI core programmes and restricted projects. The Head of Department is assisted by three managers and their respective teams. Departmental priorities continue to focus on development and maintenance of systems that support transparent, cost-effective operations and long term institutional excellence. The Board Audit Committee represents the IDI Board of Directors and monitors the quality and effectiveness of financial and risk management.

The Institute places a high value on maintaining international standards of accountability and transparency. Annual external audits are conducted by Deloitte & Touche, based on International Financial Reporting Standards; and KPMG is responsible for internal audit. The Board Audit Committee directs the risk management process, supported by IDI management. The Procurement section, with three staff, reports through Financial Services. During the year the Financial Services section added a project audit function, to ensure compliance in the rapidly increasing volume of field-based activity.

Facilities

The Facilities department continues to be instrumental in the successful implementation of field-based programmes. Over the past year the Facilities team supported the extensive renovation of Ministry of Health clinical facilities in Kibaale and Kiboga district; and currently manages fourteen locations country-wide. Renovations of structures was carried out in 13 health facilities in both districts.

As a way of decongesting the IDI Mulago complex and also providing for growth, IDI leased a magnificent three-story office structure at Kitante Close in Kampala to accommodate Training, the IDCAP project, and other functions. The building is referred to as the 'IDI Learning Hub'. The space recovered in the IDI Mulago building will allow for continued expansion of research activities.

IDI Fleet Management

IDI has experienced tremendous growth in project activities and this has created a need for a separate transport section to manage a fleet of 30 vehicles. The fleet size is still growing due to the upcoming projects that require transport for the successful implementation of activities. This year, a fleet management supervisor was recruited to ensure cost effective management of this fleet of vehicles.

The fleet is divided into two categories; IDI Core vehicles and Projects vehicles. There are six vehicles designated for core activities and 24 for project activities. The Fleet Management unit has facilitated cost-effective transport management through a number of mechanisms:

- A daily vehicle schedule is prepared to support adequate planning of activity implementation within IDI
- Vehicle movement log sheets are used to ensure fuel efficiency. The log sheets are filled in by the drivers and show the distance covered and amount of fuel used by each vehicle. This has enhanced fuel efficiency and there has been a reduction in the amount of fuel used since this system was established
- Preventive maintenance checks are also scheduled for all vehicles. Drivers conduct daily mandatory preventive maintenance checks and vehicles are scheduled for bi-weekly preventive maintenance to preserve the vehicles in good mechanical conditions
- Drivers are provided with continuous training to enable them acquire additional driving skills and customer care
- Fleet of preselected special hires (taxis) are used for emergency needs



PROFILE:

Magdalene Nakalyango Kintu - IDI Operations Manager



Magdalene Nakalyango Kintu started leading others at an early age. The name 'Nakalyango' means the "one who opens the door for others"; and she was given this name because she is the eldest girl among eight children. Magdalene remembers her childhood as a time when she was very competitive and participated in sports contests against neighbouring schools.

While growing up, she was inspired to become a banker after her aunt whom she watched with admiration as she counted money at the bank. She pursued her dream and was the first female Branch Manager with Pride Microfinance, Uganda where she spearheaded the initiative of opening three new branches. Before joining IDI, Magdalene excelled as a Human Resource Manager and Hospital Administrator at St. Francis Hospital, Nsambya- the second largest hospital in Uganda.

Magdalene is the Operations Manager at IDI, a role that she has performed in an exemplary manner for the last two years. She attributes her excellent management skills to hard work with practical hands on supervision, her ability to establish systems; and to take personal interest in the people that she leads. Working at IDI has allowed Magdalene to meet some of her career goals including being able to manage people beyond the work place. She looks back at how she taught some of her team members about saving, wealth accumulation and investment. Three of her team members have been able to purchase land and build homes. Magdalene's team members see her as one who is interested in the quality of their lives beyond the working environment. This motivates them to excel at what they do. 'My team members are highly motivated and often work beyond the required working hours without requesting for additional pay beyond their salary'.

Cost effectiveness and efficiency in service delivery are management tools that Magdalene refers to constantly with pride. She has saved IDI thousands of dollars by establishing systems to ensure optimal transport utilisation. Special hire costs have reduced by more than 70%, while overtime and transport/lunch refunds for Operations staff have reduced by over 90%. All this has been as a result of the rigorous systems that Magdalene has established and maintained. Through facility maintenance, a lot of money has been saved too. Systems were also established to minimize the number of team members that worked on the weekend, thus reducing the amount of money spent in paying staff overtime allowances and also providing staff with sufficient time to rest.

Facilities management at IDI has also greatly improved since Magdalene took up the position of operations manager. She attributes this to improved supervision and quality of cleaning materials that are used. She has learnt a lot from respecting people's views and taking time to critically analyse situations before making judgment. Team members have been motivated because their ideas are taken into consideration.

The future for the Operations unit at IDI is bright. With the upcoming energy audit of the main IDI building, energy consumption is expected to reduce by more than 50%. The implementation of the approved security management plan has started and is expected to reduce cost and improve IDI security. Fleet management guidelines in the offing will further streamline the efficiency and availability of transport. The Occupational Health, Safety, & Environment policy that is underway will ensure that IDI provides a safe & conducive environment for all.

Magdalene is married and a mother of three children. Like many women, juggling work and family has not been an easy task. She remembers days when she had to leave her home at 11:00pm to supervise closure of the office building and times when she had to leave her child admitted in hospital to attend to urgent meetings. Against these odds, Magdalene has excelled at her role as operations manager and watching her team members grow to their full potential gives her a lot of satisfaction.

IDI Collaboration with the Ministry of Health

IDI aims at maximizing linkages with the Government of Uganda with a view to supporting Government policies and plans; and contributing to their further development. The Uganda Ministry of Health (MOH) is one of the key institutions with which IDI works closely, including the following areas:

- During the year the outreach lab services section was part of a team that provided support to the Ministry of Health (Central Public Health Laboratory) in developing a National Lab Policy, Lab Strategic Plan, Lab Quality Master Plan and Lab Certification and Accreditation Plan.
- Laboratory linkages and partnerships are critical to strengthening the quality of laboratory services. The laboratory Outreach services team has facilitated the linkage of laboratories within the six rural districts (Kibaale, Kiboga, Masindi, Buliisa, Kyankwanzi and Hoima) and IDI-supported KCC clinics to the Central Public Health Laboratory (CPHL). These partnerships establish referral points for Quality Assurance and highly technical tests, such as Viral Load, DNA-PCR, HIV and TB Drug Resistance which cannot be conducted in most rural labs. Additionally, networking provides access to partner labs in case of prolonged service interruptions or unplanned increase in the workload.
- Infrastructure upgrades were also conducted and additional equipment procured and installed within labs of 13 MOH health facilities in Kibaale and Kiboga (2 Hospital labs, 4 Health Center IV labs and 7 Health Center III labs). Comprehensive laboratory quality management systems are also being developed in these labs.
- IDI supported the installation of CD4 testing machines in district referral labs (Kiboga and Kagadi). These labs are now being considered by MoH as training/reference labs.
- Accreditation is essential in streamlining the provision of quality laboratory services. The Strengthening Laboratories Towards Accreditation (SLAMTA) approach was proposed by WHO and CDC for adoption by laboratories within resource-limited settings. IDI in partnership with CPHL customized the WHO check list and are currently pre-testing it at 25 IDI project sites in the Expanded Kiboga Kibaale Project (EKKP).
- IDI provides logistical support through provision of buffer stocks of drugs and supplies to safe guard against stock outs in MOH facilities supported by the IDI-EKKP project and IDI- KCC project.
- Drug Provision: One of the key ministry inputs to IDI is the provision of up to two thirds of drugs for the Friends at IDI which in turn provides monthly reports which have consumption and drug projection details.
- The MOH and IDI collaborate through their interaction at the National Sub-Committee level. The Head of PCT at IDI is part of the Adult ART Committee and the HIV Drug Resistance Committee, where he contributes towards national treatment guidelines. IDI has also contributed data (as a sentinel site for HIV drug resistance) to the monitoring of HIV drug resistance.
- IDI is a significant contributor to the national ART treatment targets with 6,417 patients receiving ART at the institute. The second-line cohort of over 600 patients is one of the largest in the region. IDI clinic receives referrals for advanced and complicated HIV management from other centers in Uganda and occasionally in the region (mostly from the Democratic Republic of Congo).
- Research conducted at IDI is used by MOH to inform policy: For example an analysis has been done at IDI for screening people for early cryptococcal meningitis. The EARNEST study (Europe-Africa Research Network For Second-Line Treatment) which has commenced at IDI will share the results with MOH and these will hopefully be used to inform policy.
- MOH consults MU-JHU Core Lab on quality assurance policies for the whole country and the MU-JHU Core Lab helps with step- wise accreditation plans.
- IDI was part of the team that supported the MOH to develop the National TB Referral System using Information Technology (IT) and Geographic Information System (GIS) tools. The meetings held in November, 2009 came up with a strategy for implementing an electronic Laboratory Information System (LIS) to facilitate data management within the National TB Referral System.
- The Training department collaborates with the MOH to ensure that training programme activities are in line with Ministry of Health policies; as well as supporting the MOH in developing Global Fund proposals.
- Training health workers: MOH supports IDI in the review and development of training materials used for training health care workers; MOH staff are also part of the IDI training department faculty. IDI was part of the team that supported MOH in training national trainers on the use of Rapid Diagnostic Test (RDTs) kits.

- The AIDS Treatment Information Center (ATIC) aims to support healthcare workers in the provision of high quality care and treatment of HIV/AIDS and related infectious diseases. ATIC has been designated by the Ministry of Health as a National Switch Center. The Ministry of Health advises healthcare workers to contact ATIC before making a decision to switch a patient from 1st to 2nd line ART. ATIC supports the MOH in offering continuing medical education for health care workers and dissemination of treatment guidelines through a quarterly Newsletter.

PROFILE

Prof. Elly Katabira: President of the International AIDS Society and Founding Member of IDI



The dream of becoming a medical doctor for Prof. Katabira was born during his childhood. As he watched his father who was a medical assistant at the time (equivalent of clinical officer) treat patients on a daily basis within their home, he resolved in his heart to study medicine and follow in his father's footsteps. He remembers his dad as a man that people looked up to with confidence to bring health to their people. Katabira, a professor of medicine at Makerere University, is a humble man who is hesitant to take credit for his outstanding contributions to the response against HIV/AIDS and is resolute that everything he has achieved has been possible because of the combined effort of fellow health workers and the support of the political leadership.

The face of HIV has changed significantly during the last 25 years that Katabira has been involved in this struggle. He remembers how shocking it was when he saw the first cases of AIDS after returning from England in 1985. He decided that he would make a difference among his countrymen. "There was lack of knowledge and support among health workers and care givers; and stigma was very high". Katabira was a founding member of the first AIDS clinic in Uganda at Mulago National Referral Hospital; co-founder of TASO and contributed to the national guidelines for the HIV/AIDS response at the AIDS Control Programme in Uganda's Ministry of Health.

As Katabira looks back, he is delighted to see many people involved in the care and treatment of people living with HIV/AIDS; an area that was characterized with shame and contempt. "It is very exciting to watch the involvement of ordinary people at the community level because PLHA were shunned for a long time and

to see that people are willing to help others with HIV gives me so much satisfaction." He attributes these great strides that Uganda has made to the combined effort of several health workers and organizations such as Uganda AIDS Commission and Uganda's Ministry of Health among others.

Prior to becoming president of International AIDS Society (IAS), Katabira participated in various conferences with WHO and UNAIDS that opened doors for him to join the IAS. The IAS is the world's leading independent association of HIV professionals that envisions a global movement of people working together to end the HIV epidemic, applying scientific evidence and best practice at every level of the HIV response. Its membership is comprised of 114 countries.

He has served as a member of the governing council for the Africa region, was involved in establishing the electronic journal of IAS; and was among its first editors. He will serve as president of the IAS for a two year period (2010-2012), then serve as immediate past president for one term (two years) providing guidance and mentorship to the next president.

Katabira has always seen his job as a way of offering hope to those suffering and that is why he happily serves as president of IAS without any financial remuneration. He is confident that during his term of office as president of IAS, he will continue to see evidence-based care being promoted, more young professionals being trained and increased funding solicited from established research organizations.

Professor Katabira envisions a future where African countries will take more responsibility for the healthcare of their people and rely less on donors for ART provision. He believes this is attainable if governments paid for people that cannot afford and encouraged those who can afford to make a contribution to their care. He also hopes to see improved access to ART and an increase in the number of trained and competent medical personnel. He is a founding member of IDI and continues to impact the institute's growth and development in many ways. He is currently a Principal Investigator for multiple IDI research projects. Katabira wears many more hats. He is married, is a proud father of three children and grandfather of two; he talks about his family with fondness and a broad smile.

It has been a long fight for Katabira but looking at the great strides that have been made in the national and global response to HIV/AIDS gives him great optimism for a brighter tomorrow.

Financial Summary

IDI is a registered company limited by guarantee, without share capital, and wholly owned by Makerere University. The Institute is registered in Uganda as a Non-Governmental Organization (NGO) exempted by Uganda Revenue Authority from paying taxes on surplus funds. The fiscal year is July 1 to June 30.

Over the past year the Institute continued the rapid growth of the preceding years, due to further expansion of sponsored project activities. Sponsored, or restricted, projects refer to funds committed to a specific purpose, as defined by the programme sponsor. Sponsored projects contribute to IDI core programmes through fixed overheads and recovery of core staff effort.

The three main core programmes (Prevention Care and Treatment; Training; and Research) will increase to four in the next fiscal year; with the addition of the Outreach programme. IDI receives a substantial portion of core funding (unrestricted grants) from the Accordia Global Health Foundation; the majority of which originates from Pfizer Inc. Core funding is supplemented by tuition fees and overhead recovery from sponsored projects, mentioned above. Chart 1 demonstrates the rapid growth of self generated funds over the last five years, and the smaller role of unrestricted grants.

Chart 2 compares relative growth in the three main programme areas over the last five years; and highlights the continued prominence of research activity. The sudden increase in 'Other Programmes' is due to the nascent Outreach currently comprising two large-scale outreach projects. Management and administration costs have fallen to 17% of total expenditure, compared to 20% in the previous year.

Chart 3 represents expenditure by category over the last five years for combined core programmes and restricted projects. Facilities costs are relatively high for the current year, due to large-scale renovations and laboratory upgrades in Kibaale and Kiboga districts.

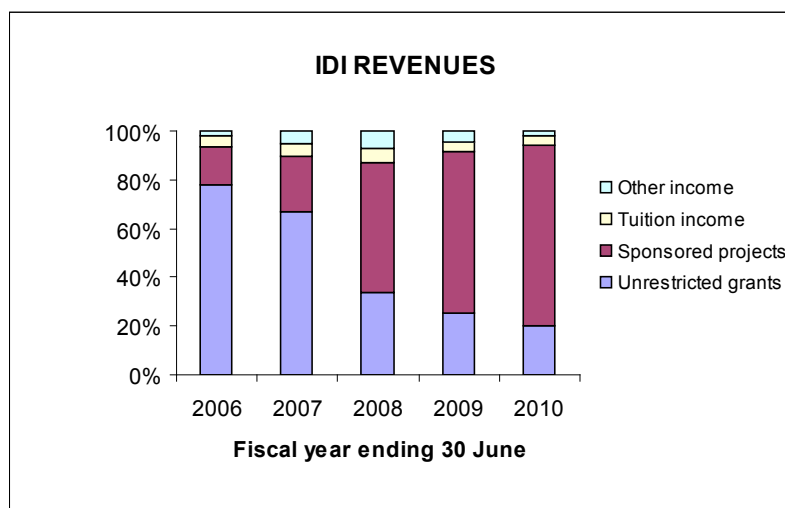


Chart 1

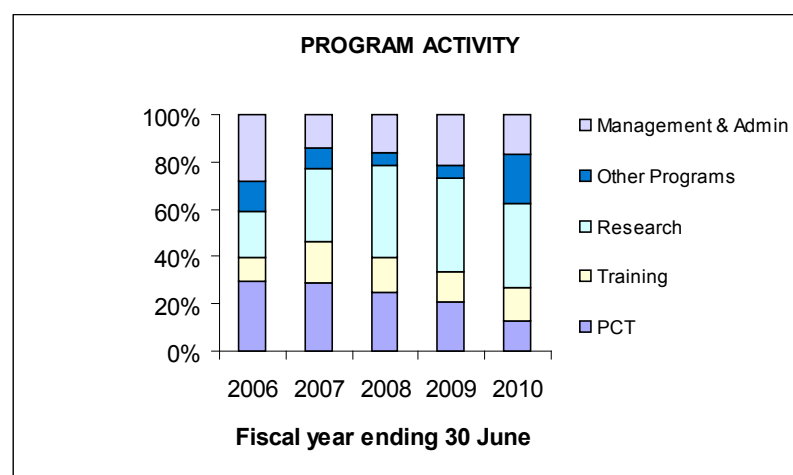


Chart 2

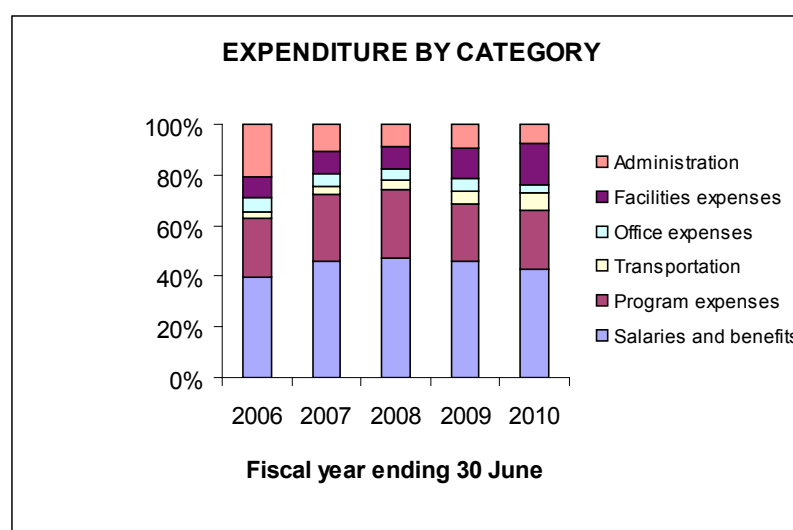


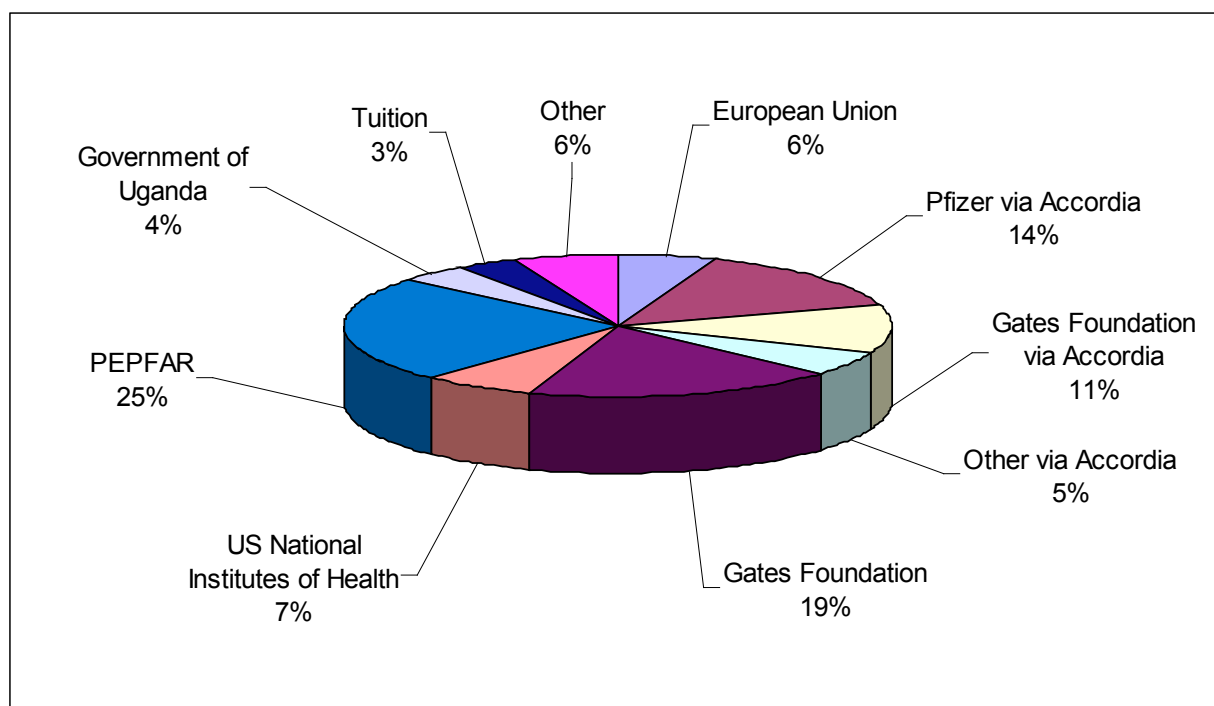
Chart 3

Development of the IDI Funding Base

IDI continues to seek new partnerships and funding agencies to broaden the resource base for its programmes. Funding from Pfizer and Accordia Global Health Foundation has helped IDI to create the necessary infrastructure and capacity for a robust resource generation function. In the two-year period between July 2008 and June 2010 the number of externally funded projects in progress at IDI has grown from 48 to 60 projects worth a signed multi-year value of about \$25 million. Out of this total value, contribution to core IDI costs is estimated to be about 18%.

The Strategic Planning and Development Team which primarily provides direct support to this resource generation and grant management effort has grown from 3 to 8 staff during this time. Many manual and automated support systems and procedures have since been implemented to maximize the efficient use of the funding generated, including strengthened time allocation and time sheet management, and monitoring and reporting. Several resource generation progress reporting tools have also been developed. In addition, a management tool to aid objective selection of suitable grants for IDI to pursue has been introduced.

Approximately 20 funding agencies contributed to IDI revenue through both direct grants/contracts and sub-grants/sub-contracts with intermediary organizations in the fiscal year ending June 2010. These are broadly grouped as follows:



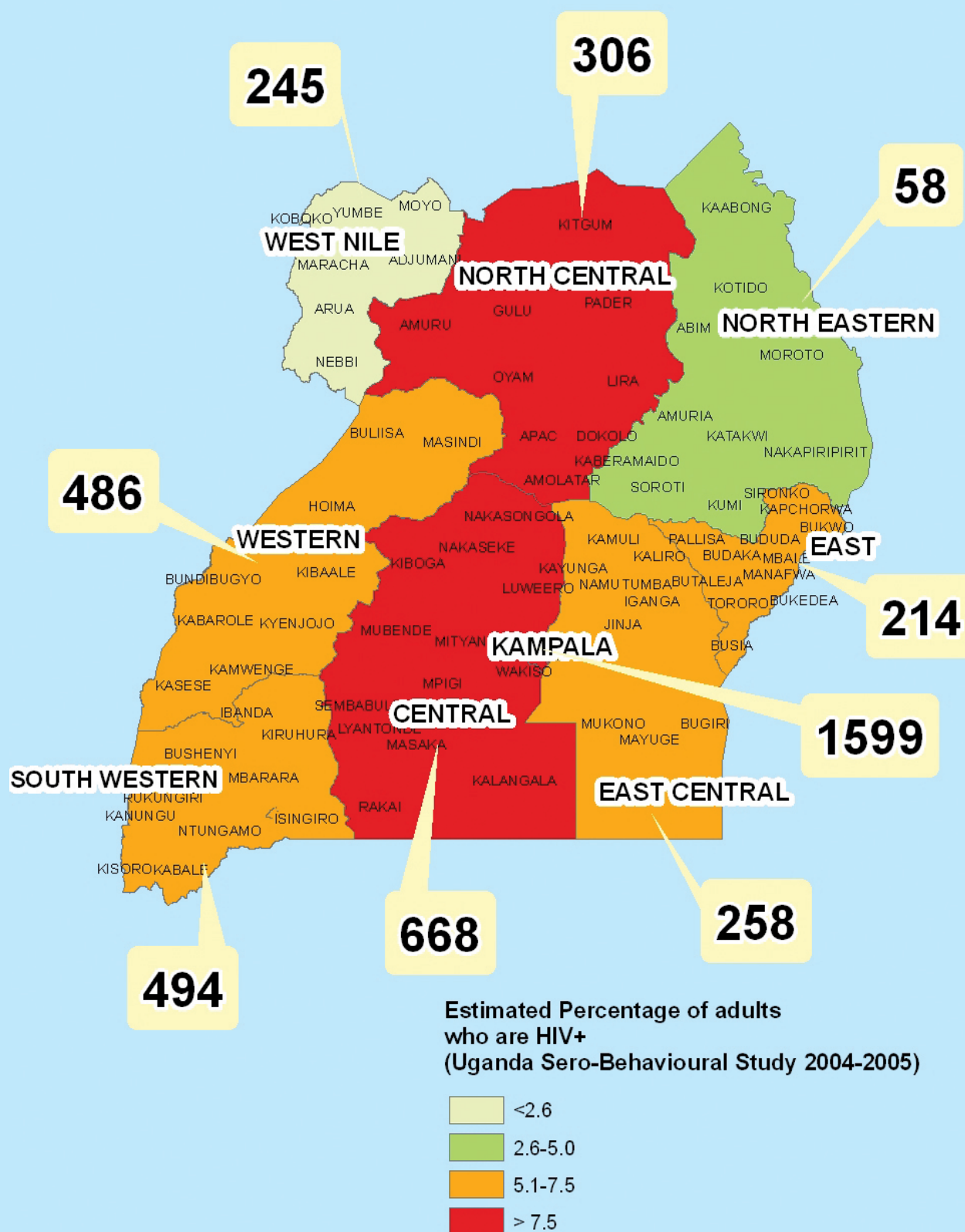
Notable trends in the sources of revenue since 2008 include less dependence on Pfizer funding; Uganda Government commitment to meet all non-personnel clinic costs initially for three years (renewable) and significant growth in PEPFAR funding. Mirroring recent global trends, the Bill and Melinda Gates Foundation and PEPFAR are the most significant funders, contributing 30% and 25% of revenues respectively in the fiscal year ending June 2010.

In the future, IDI resource generation priorities will be broadly centered on:

- further diversifying the funding base to meet current and emerging challenges;
- improving funding solicitation, management and reporting systems and structures to respond to the growing number, diversity and complexity of grants;
- engaging the Government of Uganda in order to continue its support to IDI
- seeking opportunities for funding that build on existing programmes;
- securing capital funding for construction of a new IDI facility located at the main Makerere University campus.

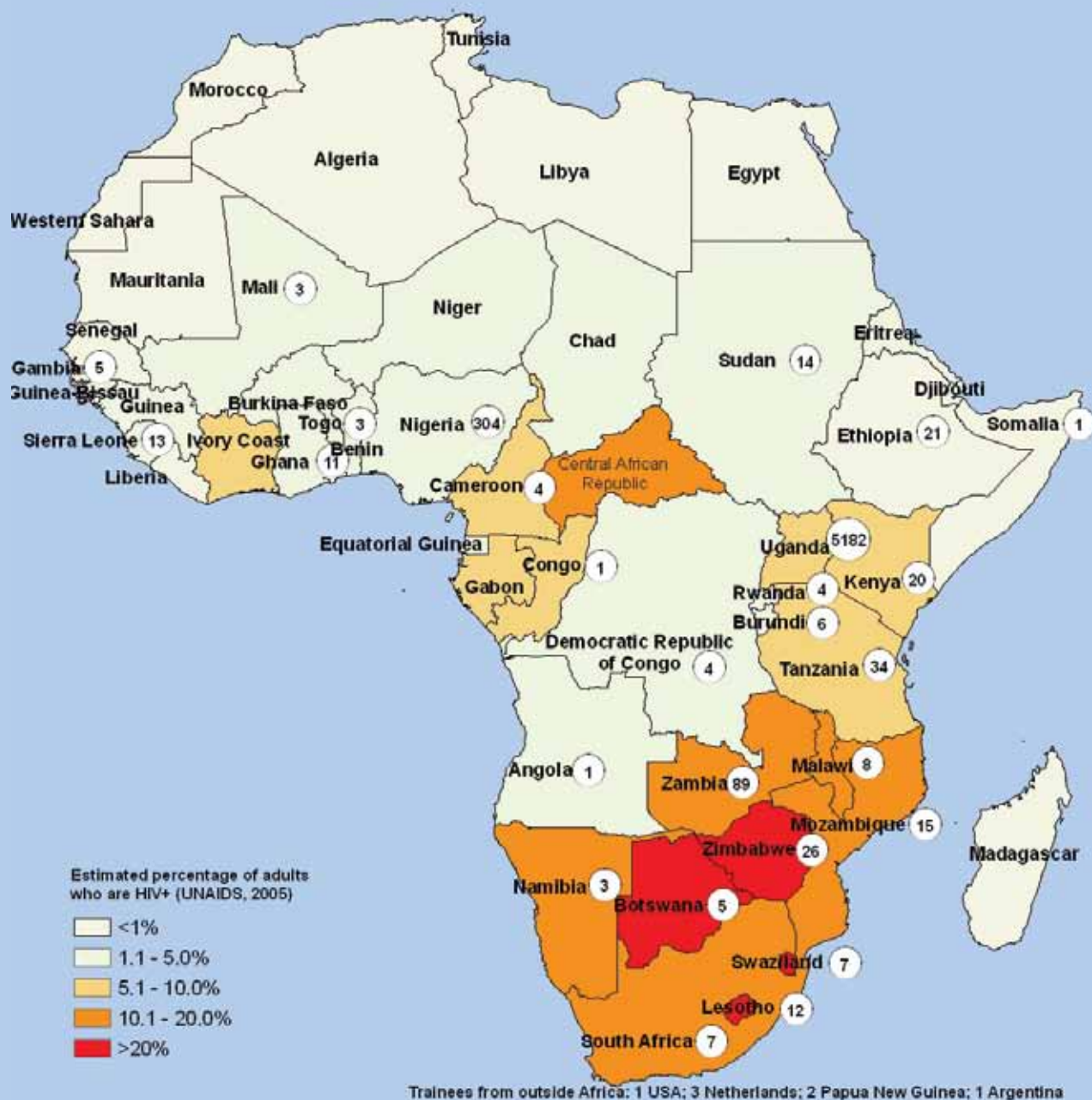
Map of Uganda showing source of IDI trainees

(Source of IDI trainees from Uganda, 1st January 2006 to 30th June 2010)



Map of Africa showing source of IDI trainees

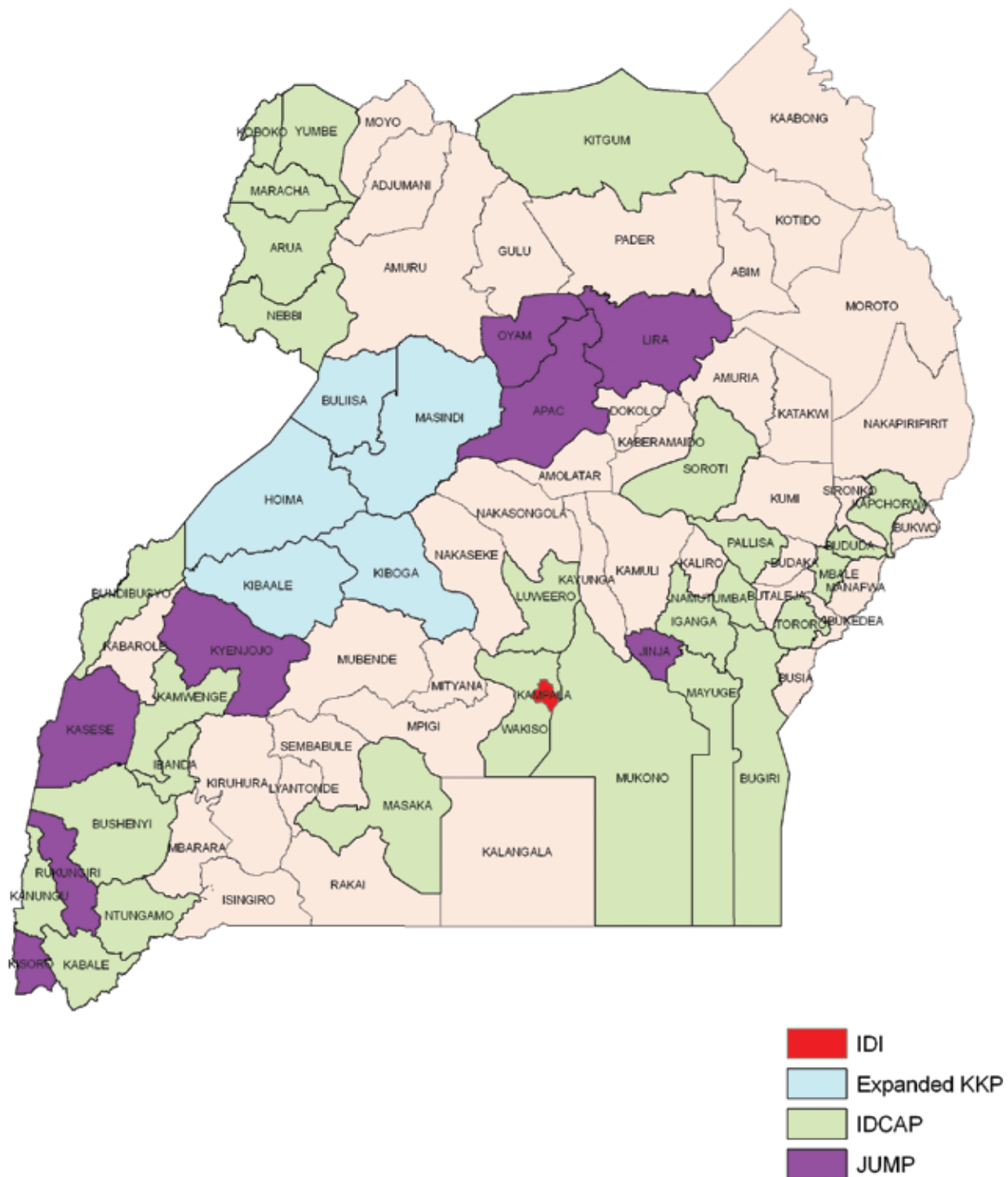
(Source of all IDI trainees as at 30th June 2010)



Cumulative training statistics as at 30 June 2010

	Medical Doctors	Other health workers	Total
HIV Training (27 African and Non-African countries)	1,373	1,914	3,287
Malaria Training (all Uganda)	50	1,185	1,235
Laboratory Training (9 African countries)	0	370	370
Systems Strengthening (Uganda and Nigeria)	34	189	223
Research Capacity Building (3 African countries)	302	393	695
Grand total	1,759	4,051	5,810

Map of Uganda showing Districts where IDI is active



IDI Leadership

Current IDI Board Members

Nelson Sewankambo

Principal, College of Health Sciences, Makerere University
Chairman of the Board

Alex Coutinho

Executive Director, IDI
Secretary to the Board
Nominations Committee

Lillian Tibatemwa-Ekirikubinza

Deputy Vice Chancellor for Academic Affairs, Makerere University
Audit 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 Zambamba

Current Chair of WHO Board
Outgoing Director General, MOH

Addy Kekitiinwa Rukyalekere

Executive Director, Baylor College of Medicine

Milly Katana

Senior Manager, New Partners Initiative-Technical Assistance (NUPITA)
Audit Committee

Wilfred Griekspoor

Director Emeritus, McKinsey & Company
Chair, Audit Committee

Harriet Mayanja-Kizza

Professor, Medicine
Chair, Department of Medicine, College of Health Sciences,
Department of Obstetrics & Gynecology, Makerere University

Florence Maureen Mirembe

Professor, College of Health Sciences, Makerere University

James Gita Hakim

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Professor, Tropical Diseases, Institute of Tropical Medicine
Professor, Infectious Diseases
University of Antwerp

Moses Joloba

Senior Lecturer and Head of the Department of Medical Microbiology, College of Health Sciences, Makerere University's

Keith McAdam

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

Dave Thomas

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

Ceppie Merry


Consultant in Infectious Diseases, Senior Lecturer in Global Health, Trinity College Dublin
Currently based at IDI; developing HIV pharmacology research and the AIDS Treatment Information Center (ATIC)

Gisela Schneider

Director, German Institute for Medical Mission

Walter F. Schlech, MD

Professor of Medicine, Dalhousie University
Faculty of Medicine



Infectious Diseases Institute
College of Health Sciences
Makerere University, Kampala, Uganda

P.O. Box 22418, Kampala, Uganda Tel: +256-414 307 000/312 307 000 Fax : +256 414 307 290
Email: office@idi.co.ug Website: <http://idi.mak.ac.ug>