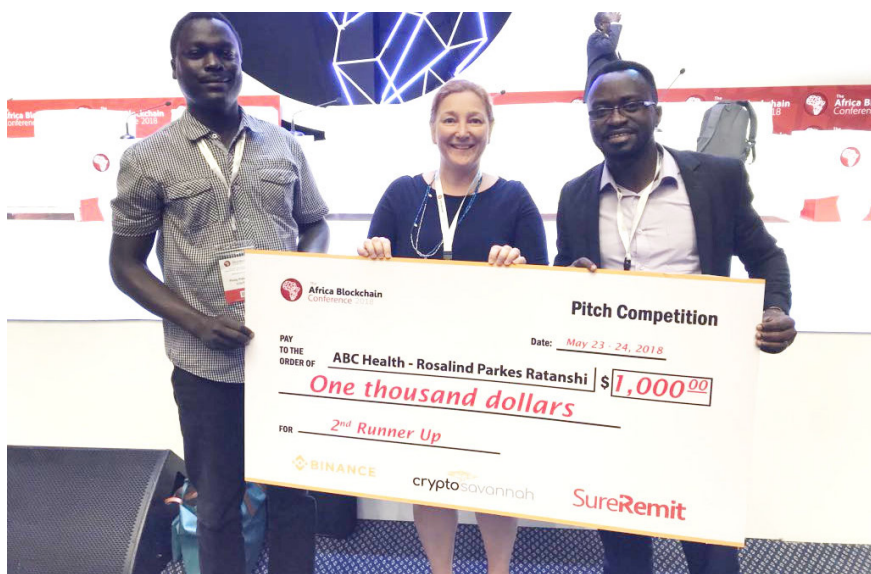




ACADEMY SCOOPS AWARD AT BLOCKCHAIN CONFERENCE



M-health coordinator Phillip Pido Oyat, director Dr Rosalind Parkes-Ratanshi and study coordinator ART Access Dr Martin Balaba

The Ugandan Academy's "Activate BlockChain for Health" idea emerged 2nd runner up in a pitch competition during Africa's largest blockchain conference on the 23rd and 24th May. Organized by The Blockchain Association of Uganda, with support from the Government of Uganda, the Africa Blockchain Conference concentrated on "the role of blockchain technology

in Africa's transformation". The pitch competition was geared towards showcasing ideas that can solve national problems and leaders in policy, business and academia from around the world were at the Kampala Serena Hotel for the event. The Ugandan Academy was the only health-related idea to make it to the finals and the only not-for-profit organisation that pitched in health.

At the Health Innovations Conference hosted by The Ugandan Academy in March, one of the most inquired-about session was "Data confidentiality and Intellectual Property" where Prof. Garrick Hileman, a blockchain expert based at the University of Cambridge presented on the opportunities for advancing health systems through the use of Blockchain.



Dr Martin Balaba presenting on Academy work in Johannesburg

We were represented in Johannesburg at the SHAPE Africa conference by Dr Martin Balaba where the theme was "transforming Africa through Innovation". At the three-day conference, Dr Martin was able to present the works of the Academy at the Johannesburg City council chambers, and got a lot of feedback from other country representatives, about possible collaborations. He was also invited to an exclusive workshop by World Economic Forum as a pre-conference event. During this workshop, he was engaged in discussions about the fourth Industrial Revolution, and what this means for the health sector. The outcomes of this discussion will be presented at the annual gathering of leaders in Davos, Switzerland to help inform policy in health related issues.

Highlights

- ABC Health won Second Runner up at the Blockchain Conference – P1
- Spotlight on SDI in Kalangala – P2
- Adherence to HIV treatment and prevention Adolescent and young adult African women – P3

From the Programme Manager of the Academy

We are happy to be enjoying ripple effects of the conference months after and hope to continue in this spirit. Our time with some of our sub-grantees ending in a few months and we are dedicating a section of this newsletter to highlight their journey so far. We are proud of the successes they continue to exhibit in spite of the inhibitions that exist in their areas of operation. This June marks a year since, H.E. President Yoweri Museveni launched "The Presidential Fast-track Initiative on ending HIV&AIDS in Uganda by 2030." The initiative spelled out plans to tackle HIV through a five point plan which included engaging

men in HIV prevention and closing the tap on new infections, particularly among adolescent girls and young women and accelerating implementation of Test and Treat strategy. Our sub-grantees have made strides in this journey and we hope to device even more innovative methods to ensure that ART is accessible for all that need it. Finally, we invite you to join us as we begin to prepare for the next innovations conference where we hope to discuss more ways to harness the use of new technologies to improve health in Uganda.

Diana Asimwe-Bena



SPOTLIGHT ON KALANGALA DISTRICT'S SUSTAINABLE DEVELOPMENT INITIATIVES

Denise (not real name), a mother living with HIV/AIDS, suffered complications during labour at Bufumira Health Centre III towards the end of last year. Her condition worsened and she was transferred to Kalangala Health Centre IV in time to save both her and the child. Today, Rachel and her 6-month old baby are doing well.

Two years ago, Rachel's story could have ended differently as one of the main challenges of living on the islands of Kalangala district on Lake Victoria is transport. The engine propelled boat on which she was transported has only been on Bufumira a year now, occasionally helping mothers such as herself.

Transport and access to information on health as well ART treatment is one of the biggest challenges for people living with HIV on the islands, a divide SDI with support from The Ugandan Academy is trying to help bridge.

As of 2017, findings showed that HIV prevalence rate in Kalangala, including Bugala, the district's largest island was at 27%, higher than the national prevalence rate of 7.2%, marking it as a hotspot.

Facilitating access to treatment

At the beginning of the project in 2016, SDI was mandated to facilitate these communities' access to HIV and TB services at health facilities. Outreaches designed to sensitise, mobilise, enroll patients into care and as well as share HIV prevention measures are the main mode of operation.

Of the 64 inhabited islands of Kalangala, SDI renders its services to twelve islands within and surrounding Bufumira sub-county. They have managed to register successes in gaining community trust and created two more partnerships in Lulamba Health Centre III and Bukasa Health Centre IV which



The SDI boat has a seating capacity of 20 people and was given as a capacity building initiative by The Ugandan Academy to ease transportation on the islands of Bufumira sub-county



A happy mother with her baby

join Bufumira Health Centre III in availing ARVs and viral load sample collection. Due to continued advocacy, there has been increased uptake of viral load services by people living with HIV. Additionally, the outreach carried out by SDI during President Yoweri Museveni's visit to Kyamuswa County in March led to an increase in uptake of HCT, T.B and Viral Load services.

The Kalangala landscape

The main transport on the islands of Kalangala is water transport which is costly in terms of fuel on boat engines



The houses in the fishing communities of Kalangala are arranged such that many are clustered at the landing sites

and thereby, many of the islands are considered hard to reach. One of the results of this is that the district does not have a hospital. The health centre IIs, IIIs and IVs are the locals best bet.

“Test and Treat”

Wilson Katongole, 41, is a fisherman on Katobo Landing Site for the last seven years. Katobo is one of the sites generating the highest income for the district and was only recently reopened after being shut down over illegal fishing.

“We have dispensaries one the island. Any real emergencies or chronic illnesses must be treated at the Health Centre,” he says, adding that the services of organizations such as SDI which bring health workers to the site makes a big difference. The nearest Health Centre III is Bufumira, about 50 minutes away, for which you'd need 20 litres of petrol or more depending on the size of the engine.

Because of their nomadic lifestyle, many of the fishermen habitually sleep with sex workers (key population) posted around the fishing landing sites. The interaction of these two key populations increases the spread of HIV/AIDS and other sexually transmitted diseases.

One of the interventions that SDI employs is the “test and treat” policy where newly infected people are enrolled on antiretroviral regimen (ARVs) to control their viral load.

The Ugandan Academy and SDI are exploring different, reliable, timely and sustainable methods of getting ART to patients on the various islands.



ADHERENCE TO HIV TREATMENT AND PREVENTION ADOLESCENT AND YOUNG ADULT AFRICAN WOMEN



Dr Wanyama and Dr Reid, a consultant physician at the university during the Conference in Harare, Zimbabwe

Dr Jane Wanyama, a former post doc fellow at The Ugandan Academy was recently invited to a two-day HIV conference in Harare, Zimbabwe. The conference, hosted by The University of Zimbabwe College of Health Sciences, Clinical Trials Unit run with the central theme of adherence to HIV treatment and prevention with a special focus on adolescent and young adult African women in sub-Saharan Africa.

The HIV Endgame was emphasised at the conference because tools to end the AIDS epidemic exist.

These include:

- Effective biomedical prevention
- Effective ART and PREP
- Effective behavioural approaches

Adolescents and young women are greatly impacted by the HIV epidemic and need special consideration in the AIDS response.

Adolescents are a large and growing group in high need of HIV risk prevention tools. Unfortunately, research efforts suffer disproportionately low representation of the youth

who are most at risk.

Behavioural drivers of adherence were highlighted and accompanied with a call to overcome adherence barriers using novel HIV prevention trials.

Adherence to Pre-exposure prophylaxis (PreP), strategies for engaging adolescents in HIV testing and the need to address mental health needs of patients were discussed looking at experience from implementation projects.

Adherence interventions from pharmaceutical perspective were also highlighted.

HOIMA CHARITAS'S COMMUNITY BASED APPROACHES FOR PLHIV

Hoima Charitas Development organisation (HOCADERO) another of The Ugandan Academy sub-grantees focuses on “Scaling up sustainable clinical management interventions on HIV and TB care and treatment through community based approaches” in the sub-county of Kabwoya in Hoima district in a bid to attain the 90-90-90 UNAIDS goals. They do this through linking patients back to care, empowering the livelihoods groups of people living or affected by HIV & TB and encouraging client-led refills to solve the issue of transport to and from the Health Centre III that is far from the community.

Stories of Harry and Rachel

One of Tukururakurane Group members, Harry (not real name) says, “In the beginning my wife kept getting ill and when I finally took her to the medical centre, it was too late and she died. I was immediately checked for HIV and it was discovered that I had contracted the virus as well.” Harry had two wives at the time and he was encouraged to



A savings meeting of Tukururakurane Group, who are all living with or affected by HIV and TB meet during the month and carry out client-led refills

take his other wife Eva for testing, which he did.

“Eva was found to be negative and thankfully, she did not leave me but has been of great help over the past two years ensuring I stay on track with my medication and nutrition.” Rachel, 31, on the other hand, was found to be HIV positive after a series of illnesses. Upon explaining her predicament to her husband of four years, and asking him to test for his sero status as well, she was met with a deaf ear.

“I threatened to leave him, but he convinced me to stay. He bought a plot of land and built a separate house for me and my two children, but refused to get tested,” she narrates.

After a while, due to the distance



Edward Katto, senior community linkages coordinator at IDI Hoima teaching HOCADERO and Kabwoya HC iii staff on the proper use of the linkages register during support supervision visit by Academy staff (left) in May

from the health centre to her home and because of personal difficulties, Rachel stopped her medication.

“Two months later, I was contacted by a health worker who asked me why I had stopped coming to the health centre for my ART,” she says.

Rachel then explained how far she was, and her consequent inability to make the one hour journey to go the health centre.

Norman from HOCADERO offered to visit her at home to discuss her options.

He made the boda boda journey to Rachel’s home the following day and effectively linked her back to care and encouraged her to join a group where she can access client-led refills.

Rachel says she was able to convince her husband to start the medication with her as he had also been discovered to be positive.

