

The Ugandan Academy - The Journey so far

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Investing In The Future – Impacting Real Lives



The Ugandan Academy for Health Innovation and Impact

Formed after an MOU between the following partners:

- Ugandan Ministry of Health
- Infectious Diseases Institute
- Janssen, the pharmaceutical companies of Johnson & Johnson
- The Johnson & Johnson Corporate Citizenship Trust



Academy Mission Statement

Vision: Sustainable health care accessible to all in Uganda

Mission: to improve **health outcomes** through **innovations** in clinical care, capacity building, systems strengthening and research, which inform **policy and practice**, with a strong emphasis on HIV and TB



By taking an inclusive approach the Academy aims to make a **sustainable impact** on the lives of patients in Uganda, in particular those who are most vulnerable.

The organizations involved in the Academy share a common aim of adherence to international standards of excellence in all that they do.

Connect for Life

The Ugandan Academy is a flagship implementation of the Janssen Connect for Life™ program.



The aim of the Connect for Life™ program is to sustainably improve disease prevention and outcomes in underserved populations based on local partnership, expertise and evidence, by catalyzing initiatives in applied research, capacity building and clinical management.

Planned Academy projects

Demonstration projects implemented by IDI

Open call for Proposals launched by Academy

	2015/16	2016/17	2017/18	2018/19	2019/20
Board					
Secretariat					
Projects					
Research demo					
Capacity development demo					
clinical management demo					
Research 2					
Capacity development 2					
Clinical management 2					
Research 3					
Capacity development 3					
Clinical management 3					
Masters and PhD programme					
Janssen global health fellow					

Academy-IDI Demonstration Projects

Call for Life research study (2016-2019)

- Interactive voice calls for ART adherence
- symptom reporting
- appointment reminders
- health tips
- Randomised controlled trial – 600 patients Kampala

Call for Life lite implementation project

- Weekly interactive voice call for ART adherence

Cohort of patients on long term ART

- 1000 patients on ART >10 years
- 97% viral suppression

Clinical training website (eLearning) and AIDS Treatment Information Centre (ATIC) call centre



New Academy projects

■ Sub-granted projects

- ICOBI – Kabohe District
- TASO – 11 Centres of Excellence countrywide
- MAKSPH – Wakiso District
- HOCADEO- Hoima District
- Sustainable Development Initiative – Bufumira Island
- Child and Family Foundation –Kawempe Division, KPL
- Reach Out Mbuya – Kampala
- RICE – West Nile



ART AccessApp project

- Title - Development of new paradigm in differentiated care for HIV patients; Community pharmacy drug refill using novel mHealth innovations
- Stage 1 –Pilot; development of a phone/computer/web application to enable community (private) pharmacy refills for stable HIV patients
- Stage 2- combine with other mHealth technologies for district wide approach
- Funded by UK MRC
- Collaborators – Janssen GPH, University of York, University of Cambridge

Academy supported innovations in development/testing

Name of Innovation	Development organisation	Testing organisation	Target Beneficiaries
Call for Life	Janssen GPH	Academy - IDI	PLHIV –high risk
Call for Life Lite	Janssen GPH	Academy - IDI	PLHIV - stable
Call for Life	Janssen GPH	JCRC	PLHIV on 3 rd Line
TB stool	IDRC	IDRC	At risk of TB
Call for Life TB	Janssen GPH	Academy - IDI	Those with TB
Online CPD training	IDI	Academy - IDI	Health care workers
Community Drug Distribution Point Application (CDDP App)	Reach Out Mbuya (ROM)	ROM and RICE	PLHIV
Map and Link	Academy - IDI	Academy - IDI	TB contacts
Tippy Tap	ICOBI	ICOBI	General population

mHealth challenges so far

Infrastructure issues

- Stability of electricity supply
- Stability of mobile phone network
- Stability of internet
- Capacity of other service providers in-country
- Changes to mobile phone legislation e.g. sim registration
- Lack of legislation around confidentiality, use of cloud

End user specific

- Multiple phone lines – switching phones
- Stigma – voice vs text messages
- Lack of experience with pin codes

mHealth lessons learnt

End user specific

- Attitudes to a phone-based system adherence system – generally positive
- Some frustration with network issues

Technology specific

- Build in conservatism
 - connect in as many ways as possible
 - Enable connect to whatever devices are at hand
 - e.g. texts, website, smartphone apps
- Configuration of systems e.g. algorithms need to be relevant

mHealth patient voices

'It is hard to get a doctor who cares so much for you, they ask if you have any health complaints or you report the symptom, the next day they respond and ask you what the problem is. It is very good because we are cared for. It is good because no matter where you are, if you report a symptom they respond the following day'.

(focus group discussion, male discordant positive partner, 49 years old, accessing CFL at Kasangati Health centre).

'Consultation with the doctor is done on phone. The whole process of saving money for transport, making a line to see the doctor, is no more. But now, we do direct consultations which helps us a lot'.

(focus group discussion, male discordant positive partner, 46 years old, accessing CFL at Kasangati health centre).

What next for the Academy?



- Embed our innovations in pipeline to larger health systems/ implementation activities
- Networking events with different innovators around the country
- Continue to impact lives of our beneficiaries
- Take our pilot innovations to scale to reach even more beneficiaries

Thank you for Listening



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for Health Innovation
and Impact



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For further questions or comments, please contact: office@idi.co.ug

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