

# HEARTBEAT

MRC

MRC/UVRI Uganda  
Research Unit on AIDS



UGANDA VIRUS RESEARCH INSTITUTE

The Quarterly Newsletter for the MRC/UVRI Uganda Research Unit on AIDS

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## Regional science training facility commissioned

Following over three years under construction, the Training building at the Uganda Virus Research Institute campus was commissioned on 13th August 2015 at an event that was attended by both local and international guests. The UGX 2 billion facility, which will also house the Bio-informatics center, was funded by the Wellcome Trust and Medical Research Council (UK) to promote Science and research training at the UVRI campus and in the region. Speaking at the commissioning event, Prof. John Ddumba Ssentamu, Vice Chancellor, Makerere University, commended the funders for supporting the UVRI and Makerere University to strengthen their research agendas through the Makerere University/UVRI Infection and Immunity Research

Training programme (MUII), a capacity building programme that aims to enhance the capacity of local scientists to pursue a research career in Infection and Immunity, focusing on endemic diseases of the region.

Dr. Edward Katongole Mbidde, the Executive Director of UVRI noted that the new building was a result of concerted efforts and collaboration between partners with a shared vision. “When I came to UVRI, I established a training committee with a mandate to develop a vibrant training programme. Having a facility like this is for me a dream come true and I am glad that the partnership between Makerere and UVRI has yielded fruits; very many young scientists have been trained”,

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Pamela Nabukenya  
Wairagala  
Communications &  
Engagement Officer

Dear Reader,

Welcome to this edition of the Heartbeat.

Thank you for your support and continued feedback.

You'll notice that this edition has a new "look and feel", thanks to Pauline Mullin, Head of Corporate Communications who has supported the design

and template development process. Going forward, this will be the Heartbeat identity. I would also like to thank Ms. Samantha Watt of Watt Design UK the firm that was contracted to develop the template and also design this edition.

Public engagement is a key area of the Unit's work as it creates the much needed bridge between our work and the end users who comprise of policy makers, civil society, media and the general public among others. In this edition, we bring you stories about some of the public engagement activities conducted during the quarter in different communities. And while you are at it, do not miss catching a glimpse of one of the Unit's own "singing Doctor" in action.

The Unit continues to conduct innovative ground breaking research that is responsive to the societal needs and feedback from the communities we work with is key. We bring you highlights of a project that was piloted in Kyamulibwa that not only gave us insight into what our clients think of our work but also enabled some members in this rural community to touch a computer for the very first time.

These and more stories, in this edition of the Heartbeat.

Enjoy your reading

### Editorial Board

- Agatha Jagenda
- Godfrey Kalungi
- Joan Ikiriza
- Pamela Nabukenya Wairagala
- John Kateregga
- Trevor Biransesha
- Vincent Basajja



## YOUR COMMENTS & FEEDBACK

Dear Pamela,

This is really informative and also beautifully done.

Thanks, and keep it up  
Godfrey Siu

Great job Pamela, exciting news!

Diana Nakito Kesi

Dear Pamela,

This is fantastic and it is very good work keep it up.

Best regards  
Edward Ssenyonjo

Dear Pamela,

I have really enjoyed reading the magazine. It is so informative about the science, and then it goes to the networks, future plans and the social aspects of staff and the research participants.

Thank you this is exciting.

Agnes Ssali

*Continued on page 03*

# DIRECTOR'S NOTES



Prof. Pontiano Kaleebu,  
Director MRC/UVRI

## Welcome to this edition of the Heartbeat.

On the 13th of August, the Training building, a resource facility at the UVRI campus that is aimed at advancing the Institute's work particularly Science and research training, was commissioned by Prof. John Ddumba Ssentamu, the Vice Chancellor of Makerere University. On behalf of the MRC/UVRI Unit and the UVRI community, I extend our gratitude towards the MRC (UK) and the Wellcome Trust for funding the construction of the building. Following the commissioning, activities to launch the Bioinformatics center, which will be housed in the basement of the training building, are in high gear, with most of the installations already in place.

Commissioning of the training building coincided with the Annual Science Symposium that brought together Senior and up-coming scientists to share their work and learn from one another. I would like to thank all those that participated and also to congratulate the young scientists who were recognized in the different categories.

As a Unit, we are strengthening our footprint in Non Communicable Diseases' research to respond to the emerging threat of NCDs in the country. I therefore would like to congratulate Dr. Anatoli Kamali, Dr Rob Newton and Prof Liam Smeeth upon receiving a GSK grant to conduct research on understanding chronic Kidney disease. I also congratulate Prof. Janet Seeley and Dr Rachel King upon receiving funding for work on, 'A Cognitive Behavioral and Structural HIV Prevention Intervention for Young Ugandan Women Engaging in High Risk Sexual Behaviour.

In response to the rising standard of living in the country, Unit management approved a 4% pay rise to all staff with arrears calculated from 1st April, 2015. While this may not be commensurate with the domestic inflation, it is the best the Unit can afford at the moment. Management is also working on a number of other staff benefit packages including review of out station allowances and staff medical insurance. These will be communicated in due course. I commend your efforts and support towards the achievement of the Unit's mission and vision.

I take this opportunity to welcome staff who have recently joined the Unit especially Dr. Jesus Salazar Gonzalez who joins as a senior Virologist and wish them a fruitful and rewarding career path at the Unit. We also thank all those who have left the Unit after many years of service especially Dr. Sam Biraro and Ms. Betty Namyalo and wish them success in their new assignments.

*Continued from page 02*

Dear Pamela,

Many thanks for the beautiful Newsletter and the publication Digest, this will keep us informed about what is happening in other MRC stations.

The following new staff on Ebola Study in Masaka were left out of the arrivals section

Ronald Kiwanuka  
- Field worker

Zabroni Ayinebyona  
- Counselor

Nakkazi Angella  
- Counselor

It will be good to add them in the next issue even though they won't belong to that quarter

Kind regards,  
Ggayi Abu Baker

To give feedback or submit an article contact the editorial team on;  
**communication@mrcuganda.org**





*Un-veiling the plaque to commission the Training building*

*Continued from page 01*

Dr. Mbidde said. He also thanked the government for creating a conducive environment that enables experts to conduct research work in the country and therefore promote knowledge transfer.

Speaking on behalf of the funders, Dr. Mike Turner from the Wellcome Trust noted that the new facility provided a lot of opportunities and urged young scientists to ensure that they put it to maximum use while Dr. Morven Roberts from the MRC (UK) anticipated that with the availability of necessary infrastructure and resources would make the institute a beacon of international research and source of future African Scientific Research leaders.

On behalf of the Sir John Savill, Chief Executive-MRC, Ms. Sally Louise commended the efforts of the leadership at the Unit for creating a conducive research environment and called on the leadership to ensure that the Unit attracts and retains young scientists.

Other speakers at the event included Prof. Pontiano Kaleebu, the MRC/UVRI Unit Director and Prof. Alison Elliot, the Head of the Co-infections programme at the Unit and MUII Programme Coordinator who both commended the Wellcome Trust and the MRC (UK) for the support towards building the capacity of Scientists not only at the UVRI and the Unit, but in Africa. Commissioning of the Training building coincided

with the one-day annual Science symposium that comprised of oral and poster presentations by upcoming scientists as well as presentations by renowned international scientists. Symposium participants and MRC/ UVRI staff were later hosted to a cocktail reception at the campus.



*The Chief Guest and other dignitaries cut a Training building replica cake at the commissioning event*



*The Entertainers at the cocktail reception*

## Entebbe conducts Fire and Emergency Evacuation drills



*The New Labs were one of the structures that were evacuated during the fire and emergency evacuation drills training*

**T**he fire and emergency evacuation drills training was conducted on Monday 17th August, 2015 by the Quality Assurance, Health and Safety Office in conjunction with the Estates/Engineering section. The drills which aimed at training Unit staff in emergency evacuation procedures with focus on fire evacuation involved all staff from the New laboratory building, the Training/Resources building, the Rabbit house, the Administration, Statistics and Science building as well as the Work shop/Estates / Engineering buildings.

The Uganda Occupation Safety and Health Act, 2006 provides guidelines for fire evacuation and other emergency response at work place. The drills require the foreknowledge of alarm sounds, fire escape routes and assembly point and are part of on job training to support the staff with adequate knowledge about emergency response and evacuation and should be conducted every six months.

As part of the evacuation drill training, the fire alarm was set off using smoke at a point near the smoke detector to warn occupants of an emergency. Staff would then evacuate immediately, closing doors and or windows (for security purposes) and report to the assembly point via established fire emergency exit routes. Each building was allocated 30 minutes for the

evacuation drill to be completed, with response time ranging between four to five minutes for all buildings. At the assembly point, staff were briefed by the Unit health and safety Officer about the importance of conducting evacuation procedures to their health and safety.

Following the drill training, it was recommended that fire wardens for the respective buildings keep up-to-date registers of occupants and visitors which would be used to roll call, in case of emergencies. Staff were also encouraged to take note of the assembly points for the respective buildings.

Refresher sessions will be conducted every six months across the Unit as stipulated by the Unit's Health and Safety Policy and will be conducted in partnership with relevant institutions such as the Police and the Fire Brigade.



## How did we do today?

### A pilot project to test a novel system for capturing patient experience in Kyamulibwa (The Red light-Green light Study)

Sarah Nakamanya

Principle investigators; Dr. Heidi Larson- LSHTM and Professor Janet Seeley- MRC/UVRI



Sarah Nakamanya

One of the major attributes that influence uptake of a health intervention is patient perception of their interaction with the doctor or other healthcare providers. There are currently few mechanisms in Sub-Saharan Africa that provide quick, systematically collected feedback about patient satisfaction with health services to the health service providers. Use of a simple tab that has the Red or Green light indicating negative or positive perceptions of service respectively, could help fill this gap. The Red Light – Green Light project, a collaboration between the MRC/UVRI Uganda Research on AIDS and the London School of Hygiene and Tropical Medicine, was piloted in Kyamulibwa over a period of six weeks.

Loaded on tablet computers, the App had an audio recording of questions about the patient's clinic experience. The recordings were in the local language, Luganda to ease understanding by the largely non-English speaking community members. Four "levels of satisfaction" were available for the respondents to choose from; satisfied, very satisfied, dissatisfied to very dissatisfied. Follow-up questions offering potential explanations for having a satisfactory or unsatisfactory experience were provided on the audio and on the screen for the patients to choose from.

A social scientist who was part of the research team conducted daily demonstrations on how to use the App. However, to mitigate social acceptability bias and research team influence, the researcher stayed outside the booth where

the computers were stationed to allow participants make independent decisions.

#### Preliminary findings

The study elicited mixed feelings; excitement, enthusiasm, tension and even fear from the participants most of whom had never been in close contact with a computer. Over 95% of patients who participated in the survey described their experience in the clinic as satisfactory and were particularly happy because their expectations were met and they had the opportunity to explain their problems to the clinicians. Very few patients expressed concerns about not being listened to fully, and prolonged waiting times.

Besides seeking for healthcare, the survey gave community

*Continued on page 07*



Clinic clients try out the App

# ONGOING STUDIES

*Continued from page 06*

members reason to look forward to attending the clinic. Following the 'introduction of computers' at the clinic, patients and care givers flocked the clinic to enjoy the 'improved' services as well as to 'press' (use) the computer. While some genuinely wanted to express their sentiments about the services received, others just wanted to have a chance at using a computer as illustrated below:-

**'... And everybody is looking forward to having people in their household fall sick so that they seek treatment from the MRC clinic and get a chance of using the computer', one woman said while discussing the App; '... And to give blood samples next year. There is one person who has not been giving blood samples but they said they will give next year.'**

For the clinic staff, introduction of the App first caused tension and fear as staff thought it was a form of evaluation of their output. However, this was quickly addressed by giving staff an explanation and a demo of how the App worked. Clinic staff acknowledged the usefulness of the tool as it could help them identify areas where improvement was needed. .

Community members, most of whom have very limited education found the tool easy to use. The findings can be used to improve patient experience, not only at the MRC/ UVRI clinics but even other health care service providers. At their monthly meeting, the Local Council Executive requested to have the tool piloted at the government managed Health Centre IV in Kyamulibwa.



*A client at the clinic listens to the audio recording*



*Researcher demonstrating use of App*

## Pay Rise VS Personal Finance Management

Godfrey Kalungi. Human Resources Manager



Recently, a salary increment for staff across the Unit was communicated. To majority it was good news and to others it did not really mean much. A lot of literature confirms that, it's not how much or little you earn, but how you spend it that really matters. If you are not able to save at least 10% of your present monthly salary, then it does not matter how much you earn in the future, your financial stability is questionable. Now that you have the increment, consider it something you should use to lift you up. A few basics to look at in proper personal financial management;

### 1. Set Your Priorities

The first thing you need to do is to set your priorities. I know that people have a myriad of objectives when it comes to finance. The problem is that it is not easy to pursue many different goals at once and achieve them all. So set your priorities right.

*...many times we spend money we do not have, to buy things we do not need, to impress people who do not really care.*

### 2. Make a Budget.

The reality is that it's almost impossible to plan well if you don't have a budget to work with and without a budget money disappears as fast as you earn it and usually without any saving. *"If you're not staying on top of your money, you are putting your financial well-being at risk"*

Preparing personal budgets seems very complicated at the start. With time however, the process gets easier. You must know your expenditure daily, weekly and monthly; and as a discipline, avoid spending on items you did not plan to spend on.

### 3. Pay your bills and loans on time.

Make it a point to settle any bills as soon as you receive them and loans when they are due. You can avoid that bank penalty for withdrawing a due instalment or the one for not paying your water or electricity bills on

time. Not only does this help avoid late payment fees/penalties but also helps with your credit rating.

### 4. Control Your Debts

Even with a good budget and prompt bill payments, you still find yourself holding occasional debts.

The trick is to take only unavoidable loans and settle them as soon as possible. If you find out that you have to settle a debt longer than the useful life of the product you bought, please forego the debt.

*"If you buy things you do not need, soon you will sell things you need".*

– Warren Buffet

### 5. Invest.

A monthly salary is never enough, and you should always be on the lookout for more income. Identify investments that you think you can handle successfully. Always choose your investments wisely, and engage investment experts on a regular basis.

*"If you want to reap financial blessings, you have to sow financially".*

– Joel Osteen

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## 6. Don't Forget about Insurance

While doing all these, it is important to protect your investments and assets acquired by having them insured.

You don't want your investments to be swept away by a disaster or an accident, so always make sure you protect them with the right insurance policies.

## 7. Plan for Your Retirement

It is never too early to start planning for retirement; something most people forget. The reality is that you can't expect to live comfortably in your sunset year without planning for it.

For future financial security, please identify an appropriate retirement plan and aim to persist with it for as long as possible, NSSF contribution is never enough so you can do something additional for yourself.

*"Money is the opposite of the weather. Nobody talks about it, but everybody does something about it."*

– Rebecca Johnson

You can get there if you choose to start now and not tomorrow. Please make a commitment to better financial management and be blessed in your endeavours.

**"The only way to permanently change the temperature in the room is to reset the thermostat. In the same way, the only way to change your level of financial success 'permanently' is to reset your financial thermostat. But it is your choice whether you choose to change".**

**– T. Harv Eker.**

# MRC/UVRI Uganda unit finally joins INDEPTH

Jessica Nakiyingi Miiro (PhD)



*Kyamulibwa field station*

Following a protracted process that started in 2012, the MRC/UVRI Uganda Research Unit on AIDS was granted membership into the INDEPTH network. Founded in 1998, INDEPTH is a global network of health and demographic surveillance systems (HDSSs) comprising of 45 member centres, with 52 HDSS field sites located on 3 continents. With over three million people followed in 20 low and middle income countries (LMICs) in Africa, Asia, and Oceania, INDEPTH is uniquely positioned both to answer the most pressing questions on health, population dynamics and development, and to provide policy-makers and donors with evidence on the impact of interventions.

Commenting about the development, Dr. Jessica Nakiyingi Miiro, Senior Statistical Epidemiologist at the Unit, who was at the forefront of the initiative noted the importance of reliable

health and population data, “In a world seeking answers to poverty and underdevelopment, INDEPTH produces the data necessary to study and solve our greatest social problems”. She further noted that, “lack of reliable health and population data make it difficult for policy-makers in LMICs to meet the real needs of their people”.

Births, deaths and causes of death are not registered in the poorest countries, and data from health facilities omit those who do not use health centres. Data on other social questions, meanwhile, are often piecemeal and limited to small samples or brief points in time. By monitoring new health threats, tracking population changes through fertility rates, death rates and migration, and measuring the effect of policy interventions on communities, INDEPTH provides information that enables policy-makers to make informed decisions

and to adapt their programmes to changing conditions.

The MRC/UVRI INDEPTH Network site, the third in the country, will be based at the Kyamulibwa field station and will be headed by the Unit Director, Professor Pontiano Kaleebu. As part of the application process, the Unit was required to actively collect verbal autopsy (VA) data providing population distribution, mortality, fertility and migration figures for the Kyamulibwa General Population Cohort (GPC), a requirement that was met in 2013 when ALPHA Network, with funds from the Bill and Melinda Gates Foundation (BMGF) provided MRC with funds to resume VA data collection which had stopped in 2009, due to lack of funding.

Following the admission to the INDEPTH Network, the Kyamulibwa HDSS joins selected sites in the world that will routinely contribute health and population data that will contribute to policy formulation in LMIC as well as evidence to donors on impact of interventions.

# Turning promising research into patient treatments



Mike Bond

Promising research findings are of little use to patients unless they can be developed into technologies that reach and benefit patients. MRC Technology (MRCT) was set up as an independent life science medical research charity in 2000 to bridge this gap and help early discoveries progress to clinical application.

MRCT supports MRC units and institutes in realising the potential of their work to impact upon human health in a number of ways:

- MRCT scout for ideas and discuss new findings with researchers,
- administer seed funding to help with the development of translational research,
- protect exciting new developments through patents and other intellectual property rights,
- help to find and negotiate with industrial partners.

MRC Technology also provides scientific expertise in therapeutic and diagnostic development through our Call for Targets and Call for Diagnostics schemes. Through these schemes, MRCT takes applications for promising new drug targets or diagnostic candidates, with successful applicants entering into a collaborative project to progress these candidates to a stage where

they can be partnered with industry. As a consequence, their work covers the range of activities required to successfully develop research with translational potential, supporting every MRC scientist to develop the patient benefit inherent in their work.

Every MRC researcher has an MRCT Business Manager who is their point of contact with whom they can discuss their scientific ideas in the context of what MRCT can do to help them.

When discussing translation, the focus can often fall on basic and preclinical discoveries such as new therapeutics or therapeutic pathways; however, MRCT has assisted in the development of many discoveries made in the clinical setting. This work has encompassed clinical questionnaires, interactive diagnostic aids for clinicians, diagnostic and medical devices and biomarker signatures. Examples of each of these types of discovery have received funding through the MRCT-managed Development Gap Fund and intellectual property has been protected where appropriate by MRCT.

MRCT can help scientists to find the right partners to ensure the success of their efforts in patient-directed research. In many cases this comes at the latter stages of a project when licensing a product to an industrial partner; however MRCT can also assist researchers in finding the right collaborators to move projects forward.

A recent example saw MRCT facilitating collaboration between scientists and software developers to turn their findings into an interactive clinical application. The project, initiated by Dr Tom Manly at the MRC Cognition and Brain Sciences unit, saw scientists from a number of institutions come together with software developers Ounce Technology to develop a touch screen based application to speed up and simplify the assessment of cognitive function and mood in stroke patients.

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MRCT's work has also extended to supporting the building of consortia to allow the establishment of biobanks and to aid patient recruitment. An excellent example of this is MRCT's work in the development of the Hepatitis C Research UK consortium, led by Dr John McLauchlan at the MRC-University of Glasgow Centre for Virus Research.

If you would like further information, or wish to discuss any aspect of your work, please contact the MRCT Business Manager for MRC / UVRI Uganda Research Unit on AIDS, Dr Mike Bond.

Mike will also be conducting virtual drop-in sessions by phone to give scientists at the MRC / UVRI a regular forum for discussions with MRCT. Details will be circulated prior to each session.

**Dr Mike Bond,**

Tel: +44 (0) 20 7391 2727

**[michael.bond@tech.mrc.ac.uk](mailto:michael.bond@tech.mrc.ac.uk)**

For further information on MRC Technology, please visit **[www.mrc technology.org](http://www.mrc technology.org)**

## MRC/UVRI young scientists shine at Science Symposium

Four MRC/ UVRI young scientists emerged top at a competition held as part of the Science Symposium held on 13th August, 2015 at the UVRI campus. Organized under the auspices of the Wellcome Trust funded Makerere University/UVRI Infection and Immunity Research Training programme (MUII), a programme that aims to enhance the capacity of local scientists to pursue a research career in Infection and Immunity focusing on endemic diseases of the region, the one-day Science Symposium brought together scientists from renowned international institutions comprising of Research organizations, Universities as well as Funding partners.



*Dr. Rwamahe Rutakumwa*

The Symposium featured oral presentations by seasoned scientists from international Universities and up-coming scientists some of whom are beneficiaries of the MUII programme as well as poster presentations on developments in on-going research in HIV/AIDS, Ebola, Malaria, and Tuberculosis among others and provided a platform for young scientists to interact, present and discuss their work with their local and international peers and seniors.



*Dr. Gersim Asiki receives a certificate of recognition for presenting the best short talk at the Symposium*

To encourage and promote excellence in science research, the best three out of the submitted forty two posters in the areas of Immunology and Immunoepidemiology; Microbiology and Genetics; Mental health; Epidemiology, statistical methods and mathematics as well as the best short talks from the submitted abstracts were recognized. Among the winners were MRC/UVRI's Dr. Gershim Asiki (First prize- short talk), Dr. Rwamahe Rutakumwa (Second prize- Short talk), Mr. Gyaviira Nkurunungi (First prize- Poster presentation) and Dr. Maggie Nampijja (second prize- Poster presentation), who received certificates and cash prizes.

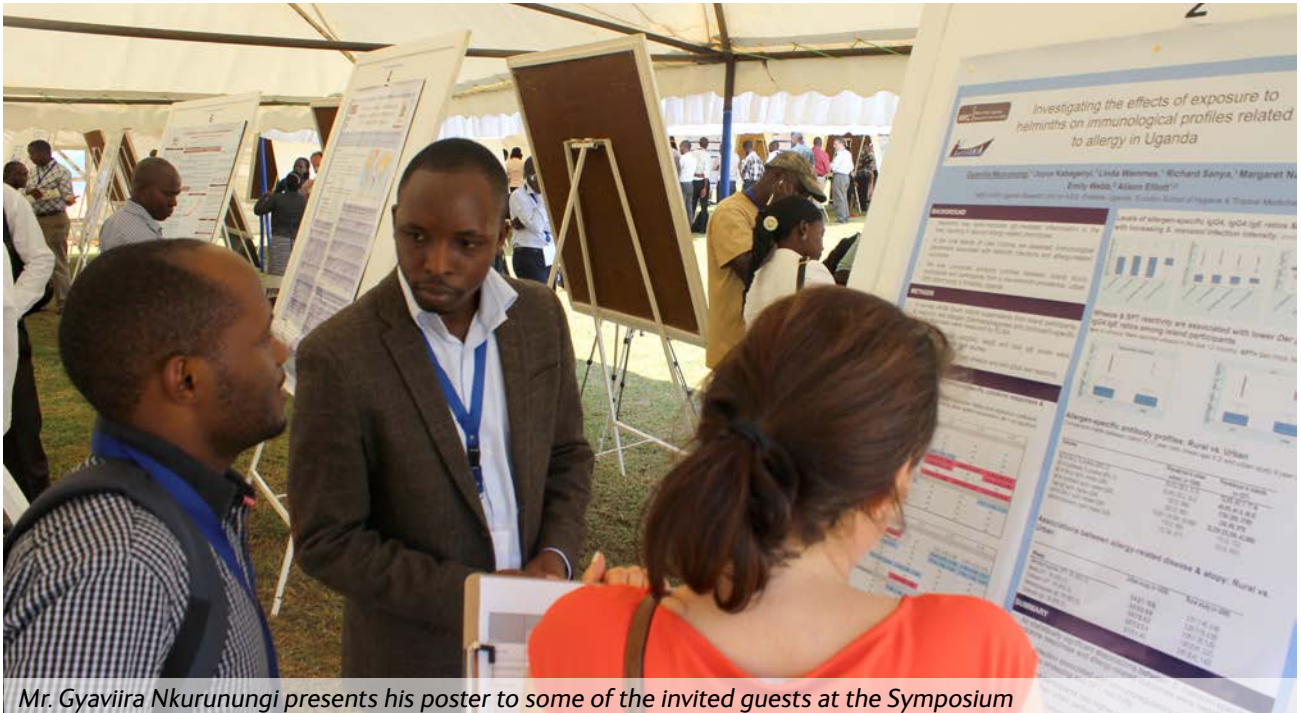
Speaking about the Award, Dr. Nampijja, who was winning the prize for a second time, commended the event organizers and programme funders. *"Thanks to the Wellcome Trust who are funding the MUII programme, including my Post-*



*Dr. Maggie Nampijja*

**"Young Scientists should make use of opportunities like this one not only to share their work but to improve their presentation and public speaking skills,"**  
**Dr. Rwamahe**

*Continued on page 14*



Mr. Gyaviira Nkurunungi presents his poster to some of the invited guests at the Symposium

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*Doctoral fellowship. They are doing a great job in career development of young scientists at the Unit”.*

Dr. Rwamahe Rutakumwa, whose presentation on the *“Relative perception of risk as a driver of unsafe sexual practices among key populations: Cases of fisher folk and women and their partners involved in multiple sexual partnerships in Uganda”*, emerged second in the short talk category encouraged fellow young Scientists to participate in similar activities as they are motivating and provide an opportunity for self-improvement. *“Young Scientists should make use of opportunities like this one not only to share their work but to improve their presentation and public speaking skills,”* Dr. Rwamahe said.



## Engaging the community for better project delivery



The HIVCOMB project leader, Dr. Kuteesa (standing fourth right) joins the netball team before kickoff

During the month of August, the HIVCOMB project team conducted two community interventions to promote HIV prevention services in the target communities. The events were held in Ssenyondo, a rural landing site in Mpigi and another at Ggaba landing site in Kampala district. The activities comprised of voluntary HIV counselling and testing, health education, behaviour change communication, male and female condom distribution among others.

In the rural community, the event was crowned with a sports gala featuring a football match between marrieds and singles and a netball match between two local teams. The best teams in both matches won prizes. Both the rural and urban site featured a mobile disco van with a professional DJ and queen dancers who mobilised community members to attend the HIV prevention community hub and also provided HIV prevention and treatment edutainment.

Speaking about the events each of which was attended by over 300 people, Dr. Monica Kuteesa, the HIVCOMB project leader noted the role that such events play in successful project implementation. “These social events enable us to engage with the community members and to better understand their HIV related needs while at the same time allowing us to provide HIV prevention services in a more relaxed and fun-filled environment... it is a very rewarding experience to deliver HIV prevention solutions to a vulnerable people.”

Dr. Kuteesa emphasized the need to engage with communities as a way of not only involving them in research projects but as a way of closing service delivery gaps. “These events enable us to bring the much needed services closer to the communities we work with. On these two days a good number of people tested for HIV for the very first time including some who were HIV infected. Others sought HIV confirmatory tests

and the HIVCOMB team helped to link them to care at the local HIV care facilities.”

This was corroborated by the large numbers of mostly women and children who turned up at the field clinics at both events, with the commonly diagnosed ailments being malaria, sexually transmitted infections, respiratory tract infections and skin infections, for which a clinician on the field team prescribed and provided medication.

Community members appreciated the initiative and the fact that project staff actively engaged them in the decision making processes.

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A community member joins the edutainment team



A community member participates in the health talk session



A Unit counsellor attends to a community member

*Continued from page 15*

In Ssenyondo, a player on the netball team noted that, besides asking them to participate in the events, Unit staff had also asked for ideas about the prizes for the winning teams. “For a long time we have not had proper net ball goal posts and that is what we asked for. It does not matter which team wins the match today, all the women in Ssenyondo will have won because we have received metallic goal posts, which were our dream”, she noted.

## About HIVCOMB

HIVCOMB is an 18 months pilot study investigating factors limiting access to HIV prevention interventions and to assess the feasibility of conducting HIV combination interventions (HIVCOMB) effectiveness trials in fishing communities in Uganda.

### Study design:

It is a parallel-arm cluster randomised trial with two clusters in each arm. Clusters are divided into two pairs based on geographical proximity, and one cluster



*Community members attend the field clinic*



*Community members await a turn to have their blood drawn at the field laboratory*



*Community members interact with the footballers at half time*



*Condom distribution*

in each pair is allocated to the intervention arm. The other serves as the control arm. Approximately 400 initially HIV-uninfected adults (50% male) in each arm being followed up.

### Study population:

Adult male and female (aged  $\geq 18$  years) residents of four fishing communities in Mpigi, Wakiso and Kampala districts.

### Methods:

A census and other preparatory activities preceded the selection of a sample of about 250 participants per community. This was followed by a baseline HIV seroprevalence survey carried out by the end of month 3. The combination prevention package was then implemented in the two intervention communities. The third and final sero-survey is underway across all four study communities. The combination prevention package will then be implemented in the two control communities in the final two months of the study to ensure that all four communities have the intervention in place.



## Keeping the Promise Sharing the COSTOP trial results

By Vincent Basajja (Masaka Site)  
and Arthur Namara (Entebbe Site)

In keeping with Good Participatory Practices in biomedical research, findings from the three-year COSTOP trial have been shared with key stakeholders at various dissemination sessions and events. Stakeholders included the trial participants, and collaborating ART provision centers who referred patients for recruitment: The AIDS Support Organisation (TASO) in Masaka and Entebbe, Uganda Cares Masaka, Kitovu Mobile AIDS Organization, Entebbe Grade A Hospital, Kisubi Hospital, Katabi Military Hospital and Masaka Regional Referral Hospital. In addition the MRC held information meetings with the Ministry of Health and The Uganda AIDS Commission. Reports of the results have also been submitted to regulatory bodies who provided oversight for the study: the UVRI Research and Ethics Committee, Uganda National Council for Science and Technology and the National Drug Authority. From a community–researcher liaisons perspective, sharing trial results with stakeholders in whichever form caps the trial activities and also paves the way policy discussions and/or change in practice.

Cotrimoxazole, commonly known as Septrin is an antimicrobial used to treat a variety of bacterial and parasitic infections. Following earlier studies among ART naïve HIV infected patients that demonstrated marked reductions in HIV related morbidity and



*The guest of Honor at the Masaka event, Mr. Tomusange Kayinja, a veteran journalist and CAB member hands over a certificate to one of the participants. Standing right is Dr. Zac Anywaine, the Masaka site Project Leader*

mortality, both Uganda and WHO guidelines on comprehensive HIV care recommended daily Cotrimoxazole as prophylactic treatment among HIV infected patients. Despite the known benefits, the long term daily administration of Septrin and ART may be associated with haemotoxicity, increased pill burden and an increase in the overall cost of HIV care. Therefore, COSTOP was a randomized double blind placebo controlled non-inferiority trial designed to investigate the safety of discontinuing Cotrimoxazole prophylaxis among HIV infected adults in Uganda who were stable on ART. The trial also had other secondary objectives such as investigating the effect of stopping Septrin prophylaxis on all-cause mortality, incidence of malaria, hospitalizations and change in CD4 count.

### The Trial

Between 2011 and 2013, 2160 participants were recruited from different ART service providers around Entebbe and Masaka. Eligible participants were HIV infected adults aged 18 and above, who had been

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*A cross section of the participants enjoy lunch at the Masaka event*



*A participant entertains fellow participants at the Masaka event*



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on ART for at least 6 months, had gained CD4 cell restitution to 250cells/mm<sup>3</sup> and more and with no contra-indication to either stopping or continuing with Septrin prophylaxis. Participants also had to be able to attend the designated study clinic.

Participants were randomized in a ratio of 1:1 to continuing daily Septrin (the control group) or to taking an inactive identical placebo tablet (the experimental group). Both groups continued their daily ART medications.

## Reception of Results

With the dissemination so far done, results have been well received by stakeholders, all congratulating the team upon having successfully carried out this clinical trial in the most acceptable ethical manner.

Dissemination events for the study participants were held in August at the Unit stations in Masaka and Entebbe and provided an opportunity for the volunteers to meet fellow participants as well as the Trial teams at the respective sites. The events were filled with celebrations and loud cheers as participants applauded their own efforts and those of the study teams in improving HIV care not only in Uganda but worldwide. Speaking at the Masaka event, Dr. Zac Anywaine the COSTOP Project leader commended the participants for participating in the study. *“You are part of the many people all over the world, including scientists, who are trying to find a solution to this problem of HIV. Not everyone accepts to participate in studies like this one, you are heroes”*, he told the participants.



*Dr. Paula Munderi, the HIV Care Programme Head hands a certificate to one of the study volunteers. Looking on is Dr. Joseph Lutakome, the Entebbe site Project Leader*



*Some of study staff at the Entebbe site join representatives of the volunteers to cut a cake in commemoration of the results dissemination*

Volunteers commended the high level of healthcare they received during the trial period and applauded the Trial team for ensuring that their safety was of utmost importance while they participated in the Trial.

*“During the study period, we received treatment for any complication that we got and the basawo encouraged us to report every change that we felt in our bodies, however slight it seemed. When we were first told that some volunteers in the study would be taken off Septrin to observe if they would not lose any benefits they get from taking it, I was very worried. It was after I attended the trial information sessions that I fully understood why the study was important since it was meant to evaluate safety of stopping Septrin but not stop it without scientific evidence.”*

The volunteers appreciated the results dissemination process and expressed willingness to participate in other research undertaken by the Unit.

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*Part of the participants that attended the dissemination event in Masaka*

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*“I am very happy today. You have given us the results in a format that is easy to understand such that even I, who is not very educated, can talk about them very confidently. If all researchers were doing what you have done today, people would continue to support their scientific efforts to conduct more research. Please don't forget us when another opportunity arises for us to participate in research studies with your organisation”,* commented one of the volunteers.

Volunteers received certificates of appreciation and promised to share the results with their colleagues who had not participated in the Trial.

*“Now that I know how important it is, I will tell all my friends at TASO that we have to continue taking Septrin. Before this trial, some ART patients were getting themselves off Septrin without the knowledge of health workers. Now that science has spoken through these results and since I was part of the trial, I will encourage my friends to stay on Septrin, just like they stay on their ARVs”,* a male volunteer noted after receiving his certificate.

On the part of health professionals, the results were hailed for informing policy in the management of HIV/AIDS patients. While the treatment guidelines required them to encourage patients to take Septrin, there wasn't much compelling evidence as was provided by the COSTOP trial. Dissemination of the results to the wider scientific community will continue through conference presentations and peer reviewed publications.



Some of the entertainment was provided by the Unit's own Dr. Jonathan Kitonsa



Some of the participants who attended the results' dissemination event in Entebbe

## Training Calendar: September 2015

### Upcoming Trainings, Conferences and Scholarship Opportunities

#### **The Uganda Intensive Epidemiology and Statistics Course (UIESC 2015)**

16 – 27 November 2015  
UVRI, Entebbe

#### **IATA Training by Peter East Associates**

28 – 29 September 2015

The target group for this training is laboratory staff involved in shipping of samples

#### **7th HIV Annual Update Meeting**

30 September - 2 Oct 2015  
Imperial Royale Hotel Kampala

Organized by JCRC with other collaborating partners

#### **East Africa Diabetes Study Group Scientific Congress**

2 – 5 November 2015  
Dar es Salaam

#### **18th ICASA-International Conference on AIDS and STIs in Africa**

29 Nov – 4 Dec 2015  
Zimbabwe

Theme-HIV in post 2015 Era: Linking Leadership, Science and Human Rights

#### **Keystone Symposia Conferences:**

**HIV Persistence: Pathogenesis and Eradication(X7)**  
20-24 March 2016  
California, USA

Scholarship and Abstract deadlines: 19 Nov and 17 Dec 2015 respectively

**HIV Vaccines(X8)**  
20-24 March 2016  
California, USA

Scholarship and Abstract deadlines: 19 Nov and 17 Dec 2015 respectively

**Note:** Only two conferences have been listed here but there are many more on the website: [www.keystonesymposia.org](http://www.keystonesymposia.org)

#### **CROI 2016 -The Annual Conference on Retroviruses and Opportunistic Infections**

22 - 25 February, 2016  
Boston, Massachusetts, at the Hynes Convention Center

Abstracts submission open on 8th September and close on 30th September 2015

Scholarships application open on 8th September and close on 30th September 2015

#### **21st International AIDS Conference**

17 - 22 July 2016  
Durban South Africa

Abstract Submissions open on 1st December 2015 and close on 4th February 2016

Scholarship applications open on 4th December 2015 and close on 12th February 2016

#### **Scholarship Opportunity**

##### **HIV Research Trust Scholarships 2016**

Open on 1st September 2015 and close on 12th October 2015

#### **Symposium**

##### **Health Sciences Symposium by Infectious Diseases Institute (IDI), Kampala**

4th – 6th November 2015

Theme: Supporting and Celebrating Interdisciplinary and Transnational Research Collaboration



## Arrivals

The following staff have joined the unit in the last quarter;

Sarah Nakazibwe	Administrative Assistant	Mengo
Eva Akurut	Laboratory Technologist	Mengo
Afusa Nabuuma	Administrative Assistant	Entebbe
Kisuule Rogers	Laboratory Technologist	Entebbe
Sheila Nina Balinda	Ph. D Scientist	Entebbe
Carol Nanyunja	Clinical Officer	Entebbe
Ronald Mubiito	Driver	Entebbe
Laura Joan Nsangi	Medical Officer	Masaka
Amos Semalulu	Community Liaison Officer	Masaka
Eva Kisakye	Nursing officer	Masaka
Hadijah Naluyinda	Nursing officer	Masaka
Mande Sulait	Field Worker Interviewer	Masaka
Katana Safina	Field Worker Interviewer	Masaka

The following staff joined the Unit between April and June 2015 but were not included in the last issue of the Heartbeat. Apologies for the omission.

Ronald Kiwanuka	Field worker	Masaka
Zabroni Ayinebyona	Counsellor	Masaka
Nakkazi Angella	Counsellor	Masaka

## Departures

The Following staff left the Unit during the last quarter;

Samuel Biraro	Senior Scientist	Mengo
Betty Najjuuko	Nursing Officer	Mengo
Aminah Nakitto	Driver	Entebbe
Jackson Were	Sen. Laboratory Technologist	Entebbe
David Serunjogi	Data Management Assistant	Entebbe
Irene Nabaweesi	Clinical Officer	Entebbe
Kenneth Kugonza	Data Management Assistant	Masaka
Zziwa Abulubasha	Laboratory Technologist	Masaka
Betty Namyalo	Office Attendant	Masaka
Elvis Kintu	Field worker	Kyamulibwa