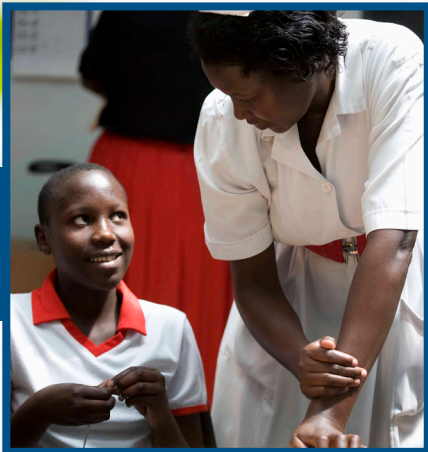


*A Transformative Investment:  
Accordia Global Health Foundation and the Infectious Diseases Institute*

celebration of  
partnership

Infectious Diseases Institute



State-of-the-art  
Clinical Care



Innovative Training



Ground-breaking  
Research



“... Academia and the private sector [partnered] to help create one of the leading regional HIV/AIDS training, research and infectious diseases clinics on the continent, the Infectious Diseases Institute... Today, it serves as a model of health systems strengthening and quality service delivery directed under complete local ownership and expertise.”

Ambassador Eric Goosby  
U.S. Global AIDS Coordinator  
Statement before the Senate Foreign Relations Committee  
June 2009



**An investment that has been leveraged many times over to transform health in Africa, improving millions of lives.**

Friends,

In 2001, Accordia Global Health Foundation and Pfizer, Inc. structured a transformative investment in African healthcare, providing important lessons as the global community moves from an emergency to a long-term response to the infectious disease crisis. The vision was for a Center of Excellence in infectious diseases located in Africa, enabling continuous innovation and responsiveness to the most pressing regional health concerns. The center would function at the intersection of training, research, and advanced clinical care to drive standards and would be established in a world-class setting to enable international standards of research and to retain Africa's best and brightest.

This vision was realized through the establishment of the Infectious Diseases Institute (IDI) in Kampala, Uganda. Ultimately, strong and secure multiyear funding enabled rapid scale-up to achieve this vision, while a planned phase-down drove the necessary diversification of funding sources to promote long-term sustainability. Governance and management structures were established to ensure long-term focus and locally appropriate solutions. Perhaps most importantly, the center was gifted to Makerere University to ensure complete integration into the national and regional health system. All initial operations were guided by an alliance of leading infectious disease experts from Uganda, North America, and Europe. Accordia Global Health Foundation (Accordia) was formed to help structure initial operations, provide targeted technical assistance, and assist with fundraising with the ultimate goal of ensuring independence and sustainability.

In just over six years since beginning full operations, IDI has gone from 100 percent reliance on funding from Pfizer Inc to less than 20 percent reliance. Its integration into the local health system enabled a significant contribution from the Ugandan government to its ongoing clinic operations and a diverse array of local and international partnerships has led to longer-term sustainability. The transformative impact of IDI is well documented, and it is now internationally-recognized as a Center of Excellence in infectious disease.

This report reveals the keys to success in transforming IDI from an idea to a Center of Excellence that is driving health innovation in Africa. Accordia Global Health Foundation and the Infectious Diseases Institute would like to thank Pfizer Inc for its critical long-term commitment and the countless other partners, donors, colleagues, and friends that have made this possible. These investments have saved the lives and improved the quality of life for countless Africans and will continue to do so for decades to come.

Sincerely,

Warner C. Greene, MD, PhD  
President, Accordia

Nelson Sewankambo, MBChB, MMED, MSc, FRCP  
Chairman, Infectious Diseases Institute



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Accordia and IDI leveraged Pfizer’s initial investment to secure funding from a variety of sources, moving from 100 percent dependence on a single funding source to less than 20 percent dependence on that original source.

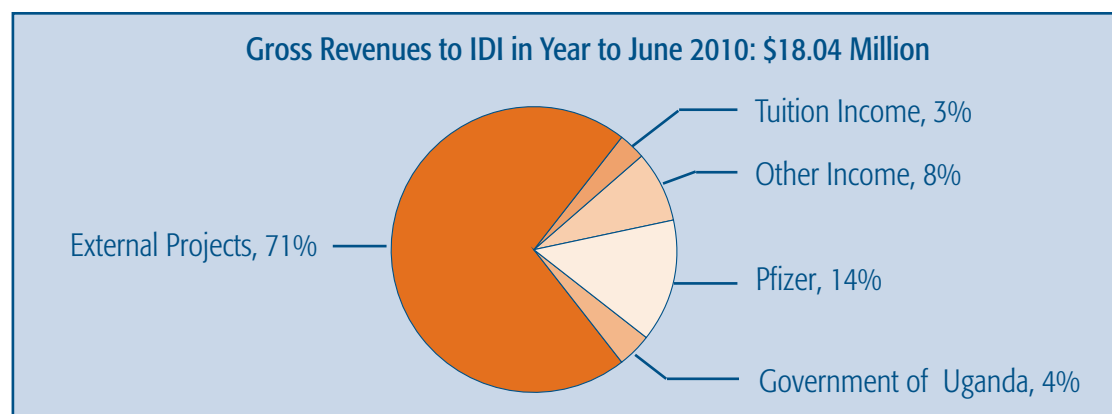
## Creating a Sustainable Center of Excellence

Between 2005 and 2010, IDI strengthened its institutional sustainability by broadening its funding base and pursuing opportunities that complement IDI’s strategic direction and help cover the Institute’s core cost of operation. Today, while a small component of IDI’s total operating budget, Pfizer’s support remains an important source of funding for IDI’s “core costs of excellence” – those costs incurred to maintain a higher set of standards than is normally found in sub-Saharan Africa – an important part of Accordia’s deliberate strategy to build meaningful and lasting capacity locally.

Initial funding from Pfizer covered most of IDI’s original operating costs and enabled IDI to develop the robust systems that have driven high standards across all programs and departments. This adherence to international quality standards is the bedrock of IDI’s long-term future as an institution.

IDI currently manages over 70 grants and sub-grants, totaling \$18 million per year. IDI has a robust internal unit that attracts and manages significant funding from a diverse array of international and local organizations. IDI’s organizational structure was carefully designed and implemented to ensure sustainability and accountability, encourage continuous innovation, and maximize impact while minimizing risk. This deliberate focus on organizational structure ensured that governance and management systems have been established to drive long-term strategy and locally appropriate solutions.

IDI leveraged Pfizer’s initial investment to secure funding from a variety of sources, moving from 100 percent dependence on a single funding source to less than 20 percent dependence on that original source. Other partners now include PEPFAR, Global Fund, Bill and Melinda Gates Foundation, Wellcome Trust, ExxonMobil, BD, Gilead Sciences, and many others.



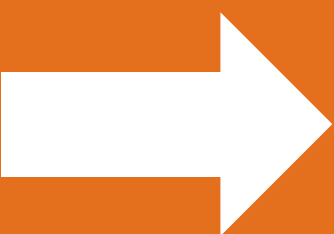
# Local Ownership and Leadership

IDI's ongoing success stems from an innovative leadership and governance model that marshals leaders across the globe to support its vision.

From the beginning the goal was to create an independent, African-owned and -led organization. In 2004, ownership of the Institute was transferred to Makerere University, and today IDI is fully accountable to the University, which acts as its trustee. As an independently registered non-profit, IDI has a Board of Directors, comprised of Ugandan leaders in health as well as international representatives from both the public and private sectors. The 12 members of the board are appointed in an independent capacity and make decisions in the best interest of the Institute. To enable agility and full financial transparency to an extent not often seen in resource-limited settings, this novel structure was developed to allow IDI to operate as a largely autonomous institute within Makerere University. This unique model has served Makerere University well and is now being replicated by other institutions.

In addition to the Board, IDI benefits from the expertise and guidance of Accordia's Academic Alliance, a global coalition of committed academicians, physicians, researchers, and other leaders from well-established institutions in North America, Europe, and Africa. The Academic Alliance plays a key role in constantly reenergizing the original vision of IDI; sourcing key grants and research projects; participating in core services like training, research, and clinical care; providing independent oversight in quality service provision and recommending cutting-edge innovations in IDI's operations. IDI also benefits from an International Scientific Advisory Board that annually reviews scientific programs, providing independent evaluations, advice, and critical feedback. These experts ensure that IDI adheres to the standards of global excellence.

**100** → percent locally-owned.



### **Inspirational Local Leadership**

Professor Sewankambo is the Principal of Makerere University's College of Health Sciences, Chair of the IDI Board, Vice President of Accordia's Board, and Co-Chair of the Academic Alliance. He is a globally respected researcher and health leader who wrote the first paper on HIV in Uganda in 1984 and has led and transformed the College of Health Sciences for the past 12 years.



### **Seamless Transition**

In late 2007, IDI celebrated the successful leadership of its founding director professor Keith McAdam and welcomed its new leader Dr. Alex Coutinho, a Ugandan public health physician who has been at the forefront of HIV prevention and management for the past 29 years.

# Improving Medical Education

The training program was designed to provide ongoing professional development opportunities to healthcare workers in Uganda and other parts of Africa. Initial training focused on HIV care and targeted medical doctors. Today, classes are offered in the areas of HIV/AIDS, TB, malaria, pharmacy, laboratory and data management, and research methods. With the emergence of task shifting, training was extended to other medical professionals, including nurses and community health workers. IDI offers core and specialized courses, continuing professional education, and on-site technical assistance to ensure that skills are maintained and updated.

IDI's linkages to international academic medical institutions enable it to design training programs based upon global knowledge and adapted to what is locally relevant. World-class facilities ensure an optimal learning environment, and the on-site HIV clinic affords trainees exposure to complicated and unusual cases under the supervision of IDI clinical leadership and visiting experts.

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## Ground-Breaking Training Approaches

### *Clinical Coaching*

IDI trainees spend approximately 50 percent of their time caring for patients under the supervision of IDI clinical leadership. Through carefully selected placement in the IDI clinic and other partner clinics throughout Kampala, trainees are exposed to the most complex clinical cases in HIV/AIDS and related infectious disease.

### *Mobile Teams*

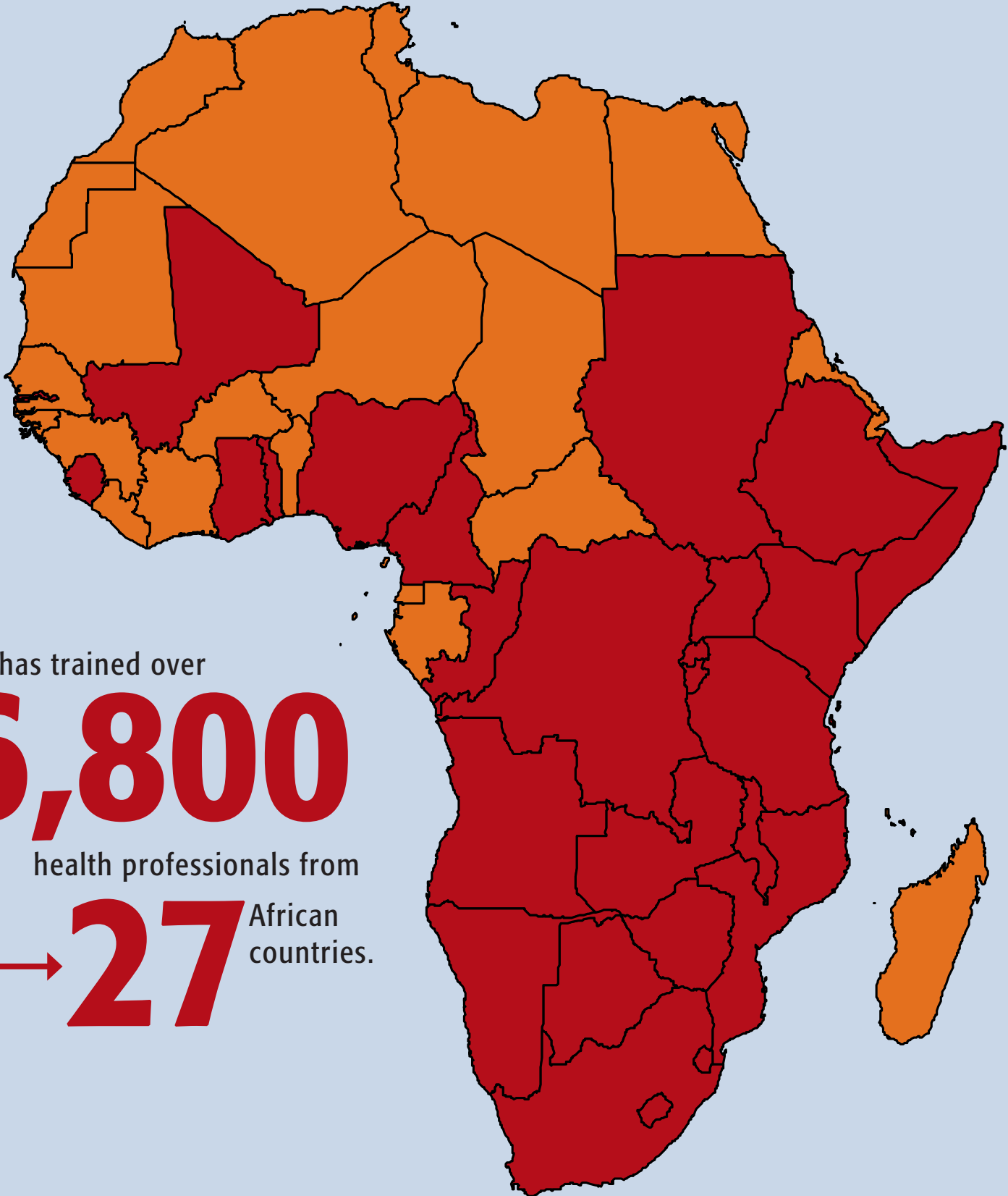
IDI's approach to on-site support uses well-trained multidisciplinary mobile teams to perform clinical training and one-on-one coaching and mentorship. They are building lasting improvement at health facilities throughout the country.

### *ATIC*

Graduates of IDI's training program are offered ongoing support through the AIDS Treatment & Information Center (ATIC), a free call center staffed by pharmacists and physicians who answer clinical questions about HIV and related diseases.

### *Cascade Training*

After attending a Training of Trainers course in advanced instruction in adult education methodology and curriculum development, graduates of IDI's training program are supported as they conduct on-site training courses themselves, first under the supervision of IDI training coordinators. The multiplier effect of this approach allows for rapid scale-up of training in a monitored and cost-effective manner.



IDI has trained over

**6,800**

health professionals from

**27** African countries.

■ = countries from which IDI trainees originate

# Innovative Training Models

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## ***Accordia's National Malaria Training Program***

IDI's multidisciplinary training model in malaria case management began in 2006 with support from ExxonMobil with an emphasis on microscopy to confirm malaria cases, as opposed to the common practice of presumptive treatment. Study results confirmed that unnecessary prescribing of costly antimalarial medicines declined significantly after health workers received the training package, which includes two post-training on-site support visits by a mobile training team. Recent research has driven more innovation in the malaria training offered by IDI. The entry of rapid diagnostic tests (RDTs) for malaria provides a method for testing patients outside of laboratory environment; IDI's training has evolved to train rural and community health workers to effectively implement RDTs and to dispense appropriate medicines at the community level thereby increasing access to life-saving treatment.

## ***Integrated Infectious Diseases Capacity Building Evaluation***

Based on the promising evidence from IDI's multidisciplinary training model in malaria case management, IDI, Accordia and other partners, with support from the Bill & Melinda Gates Foundation, developed the Integrated Infectious Disease Capacity Building Evaluation (IDCAP) to help establish the evaluation of training as a legitimate and essential field of research. Through a randomized control trial, IDI is leading operational research to test the impact of the IDCAP training on individual competence, facility level performance, and patient health outcomes. Implemented in 36 rural health facilities throughout Uganda, IDCAP will estimate the cost-effectiveness of building this approach to capacity among non-physician clinicians in sub-Saharan Africa for the treatment and prevention of infectious diseases. IDCAP has the potential to transform the field of training by establishing a new precedent for future evaluations and guiding development, policy, and funding decisions.

## ***DOD HIV/AIDS Prevention Program***

A program developed in partnership with the U.S. Department of Defense HIV/AIDS Prevention program (DHAPP) trains military medical personnel from across the continent. IDI's training program routinely engages in ongoing quality improvement of training products, based on extensive evaluation activities. Training materials are continuously updated and new training courses are introduced to the IDI training portfolio when unmet needs are identified through internally driven research. Following each course, lecture, and clinical rotation, participants complete evaluations, which help guide subsequent improvements. An impact evaluation currently underway will help determine the longer-term impact of the DHAPP program at IDI. Effects include: the degree to which knowledge transfer has occurred, participant-led training activities, the possible organizational impacts of training in terms of career development, and the mediating effects of organizational context in the participants' home environments.



1,616

African health workers have been trained in malaria diagnostics and treatment.

**The IDI research department has produced 133 research publications, 148 abstracts, and 47 total research projects, all aimed at improving regional healthcare policy and practice and developing a new generation of independent African researchers.**

## **Locally Relevant Research**

IDI's research department has grown from a small number of externally-driven research projects to 47 high-impact research programs today that are increasingly driven by local investigators and targeted at issues impacting the health of Ugandans and all of sub-Saharan Africa. These cutting-edge research programs are having immediate impacts on the quality of care in resource-limited Africa

Cohort-based research has led to prospective clinical research which, in turn, has spawned clinical trials proposals and led to a tremendous increase in the diversity of research projects over time. Focal research areas include ART-associated outcomes, tuberculosis and opportunistic infections, sexual and reproductive health, HIV prevention, and diagnostics. Research findings have strengthened clinical services at IDI and other sites, such as the Kampala City Council clinics, Gulu Regional Hospital, Lacor Hospital, and the Kiboga District Hospital.

The research department has built high-quality systems for proposal review, data management, statistics, and regulatory and clinical trials coordination. In addition, a translational research lab was established in June 2009 for diagnostics in the areas of hepatitis, tuberculosis, HIV, and pharmacokinetics. IDI has also spearheaded and harmonized immunology researchers around Mulago Hill in a weekly immunology interest group meeting.

As IDI has emerged as a regional leader in research and research capacity building, the number of regional and multi-center collaborations has increased. IDI is part of a database of networks including International Epidemiologic Databases for East Africa; capacity-building programs such as INTERACT, East African Consortium for Clinical Research, and Wellcome Trust; in addition to clinical trials and research partners like EARNEST second-line HIV therapy trial, PROMPT prevention of early mortality trial, FHI Adherence study, and cryptococcal meningitis ART timing trial.

The IDI research department provides a rich environment and infrastructure for high-quality clinical and translational laboratory research that has led to many improvements in care and a conducive environment to train the next generation of Ugandan researchers.

BIOHAZARD

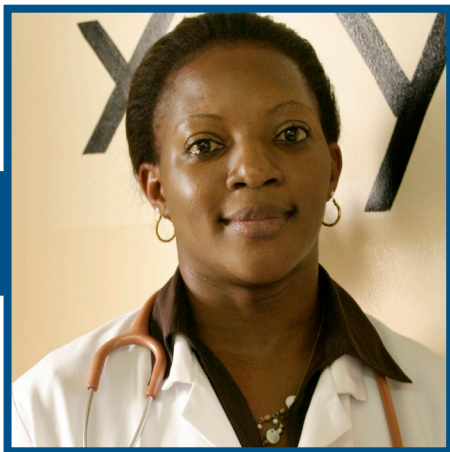
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# Fostering the Next Generation of Health Leaders

Through its research department and Accordia's international network of experts, IDI is building research capacity and supporting the development of young medical investigators. At IDI, international teams of researchers meet to discuss specific research topics, while guest specialists do rounds accompanied by local researchers and medical practitioners. Together, they discuss complex cases, share treatment ideas and exchange knowledge. IDI is a hub that attracts and shares intellectual capital for the purpose of achieving scientific excellence.

IDI's capacity-building programs were designed to transform bright young clinicians into internationally-recognized, independent scholars and researchers, enabling ambitious candidates to succeed at levels not often possible in Africa. Over the years, research time, supporting resources and intensive mentoring have afforded IDI scholars the opportunity to focus on their career development and substantially increase the number of publications coming out of IDI, including a significant number of first authored papers appearing in international peer-reviewed journals. Graduates of the program have gone on to achieve full faculty status and elevated positions in the Ministry of Health and have become independent clinical investigators on internationally-competitive grants.



**Dr. Sabrina Bakeera-Kitaka** was given the financial support, mentorship, and opportunity to make a difference in her home country through the Nelson Sewankambo Clinical Scholars Program, where she has the opportunity to train and conduct research at IDI. With this time, Dr. Bakeera-Kitaka has worked to improve care for adolescents, starting a special clinic at IDI for 16-24 year olds that is addressing the unique needs of adolescents, teaching positive empowerment and prevention.



**Dr. David Meya** is a graduate of Accordia's Infectious Disease Fellowship Program, during which he became involved in a Cryptococcal Meningitis IRIS study, learned aspects of flow cytometry, participated in investigations on environmental risk factors, and gained leadership and expertise in the area of immune reconstitution in HIV. Following his fellowship, Dr. Meya accepted a faculty position at Makerere University, where he now teaches and mentors other medical students.



IDI and Academic Alliance members  
are currently mentoring



**36**

Masters and PhD students.

The IDI prevention, care, and treatment department is providing life-saving care to over 37,000 patients throughout Uganda.

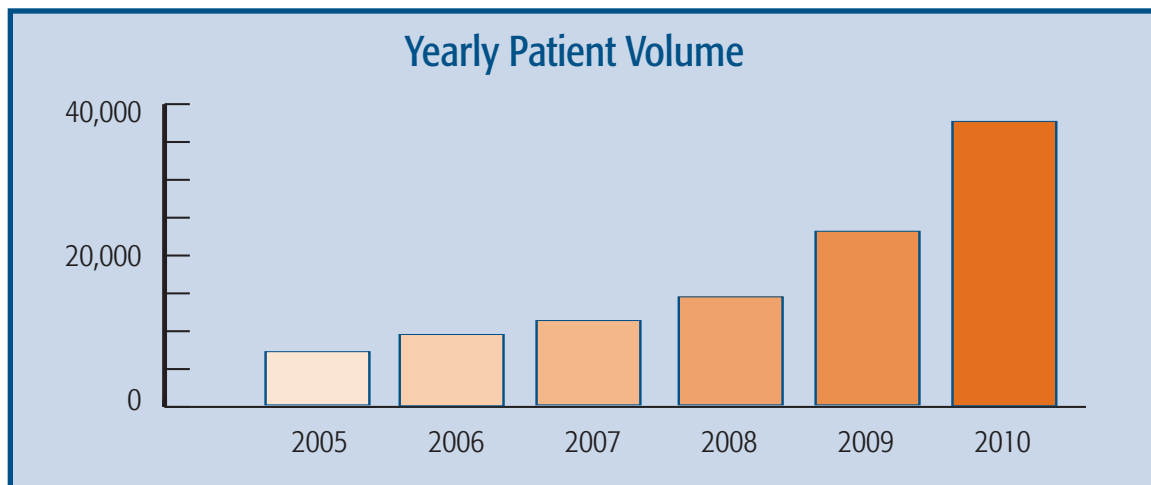


## Prevention, Care, and Treatment

The IDI clinic specializes in complicated HIV/AIDS cases that other facilities often do not have the resources or skills to address. With state-of-the-art laboratory facilities, IDI is able to more carefully monitor treatment protocols, which reduces the potential emergence of drug resistance.

With the support of PEPFAR and the Global Fund, the main IDI clinic treats just under 10,000 active patients, providing lifesaving antiretroviral therapy to almost 7,000 of those patients. An additional 27,000 individuals receive services through outreach programs. In line with the program's goal of providing advanced HIV/AIDS services within the national program, the IDI clinic has one of the largest second-line ART cohorts in the region, consisting of 713 actively enrolled individuals.

The clinic is staffed by Uganda's best and brightest physicians and clinical officers, and IDI's counselors focus on encouraging disclosure and optimizing prevention behavior among patients.





37,571

# INFECTIOUS DISEASES INSTITUTE

Investing in the Future:  
Impacting Real lives

University





## Greater Involvement of People Living with HIV/AIDS (GIPA)

All of IDI's clinic activities are based around a core model of patient empowerment where patients are referred to as "friends." Something as simple as a name change denotes a paradigm shift from a perceiving someone as a passive patient to an individual who is an integral part of his or her own recovery process.

Since 2005, IDI has supported a Friends-led effort called the creativity initiative, where Friends join volunteers to form creative communities through IDI's Resource Center in the IDI Clinic. The Resource Center is designed to enhance the delivery of care to Friends by promoting adherence, healthy behavior, and offering opportunities to ensure that Friends have the information and support they need to live healthy, productive lives. The Center also operates as a market place where Friends can access information through computers and community message boards.

Another way that friends can get involved is through the Music, Dance, and Drama Group. The 25 members of the group deliver HIV/AIDS messages of prevention, care, and treatment to other friends and the general public through performances of song, poems, skits, dance, and the sharing of life testimonies.



## Specialty Clinics

To provide targeted care, IDI operates several specialty clinics, including an adolescent clinic for young adults aged 16-24, an outdoor clinic for patients with TB, and a clinic for HIV-discordant couples. These clinics are designed to address the particular needs of specialized populations.

For example, the adolescent clinic cares for 480 young adults, addressing the specific needs of HIV-positive youth as they make the transition from adolescence to full adulthood. In addition, the HIV-discordant couples clinic provides HIV care (including ART), counseling and peer support services to 300 couples, addressing critical transmission issues including the prevention of mother to child transmission. In less than a year, the TB clinic has screened more than 2400 patients with on-site Fluorescent Microscopy services allowing for same-day diagnosis of tuberculosis. Through these specialty clinics, IDI is able to cater to the specific life-saving needs of each of its patients.

376,643



# Transferring Excellence

## *Kampala City Council (KCC) Clinics*

Due to the high demand for HIV/Services in Kampala, IDI teamed with Uganda’s two largest teaching hospitals on a PEPFAR-funded initiative to build capacity and effective systems at individual clinics throughout the city. Ten KCC clinics now deliver comprehensive HIV/AIDS care serving a growing number of HIV positive people and their families. This initiative is an impressive urban care model and has relieved demand on the IDI clinic, allowing it to remain a national referral center for the most complex cases.

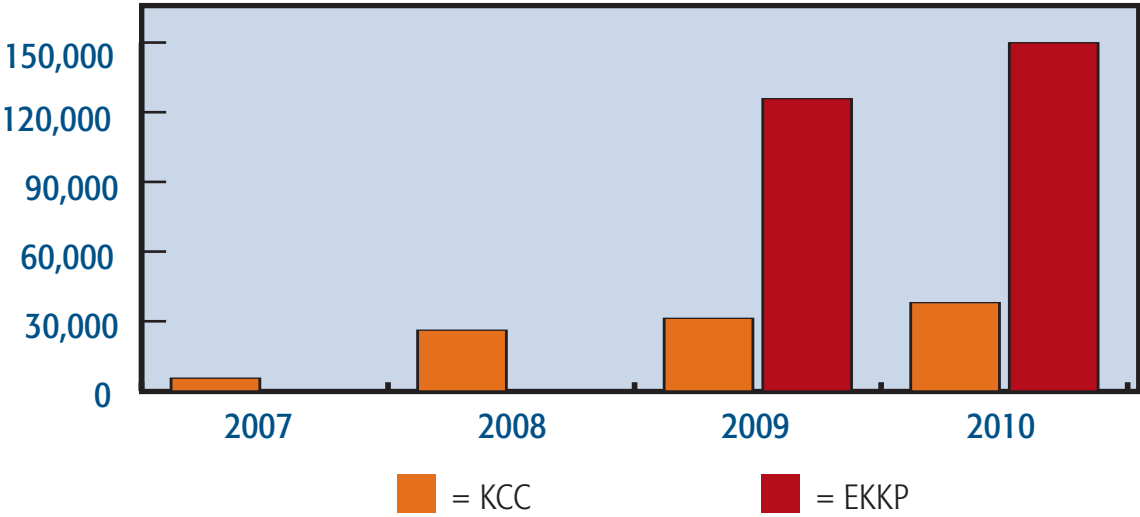
## *Expanded Kibaale Kiboga Project (EKKP)*

EKKP is a five-year CDC-funded project that aims to scale up and strengthen HIV/AIDS service delivery in six underserved rural districts of mid-western Uganda. IDI, in partnership with The AIDS Support Organization (TASO), District Health Services, and Strengthening HIV Counseling Training in Uganda (SCOT), is strengthening health systems and rolling out innovative testing and care models piloted at IDI to improve the efficiency and effectiveness of district facilities. Mobile teams have been established by IDI and are regularly dispatched to underserved areas to support local staff that may be overworked, underequipped, and inadequately trained.

## *Laboratory Improvement*

Through outreach programs, IDI has also strengthened the diagnostic capacity of government-owned laboratories in rural areas. These laboratories have been equipped with state of the art equipment for better and faster diagnosis, like the rapid diagnostic test for malaria and the latest technology for accurate CD4 count.

**Individuals Who Received HIV Testing and Counseling Services through IDI’s Outreach Programs**



# Outstanding Laboratory Service

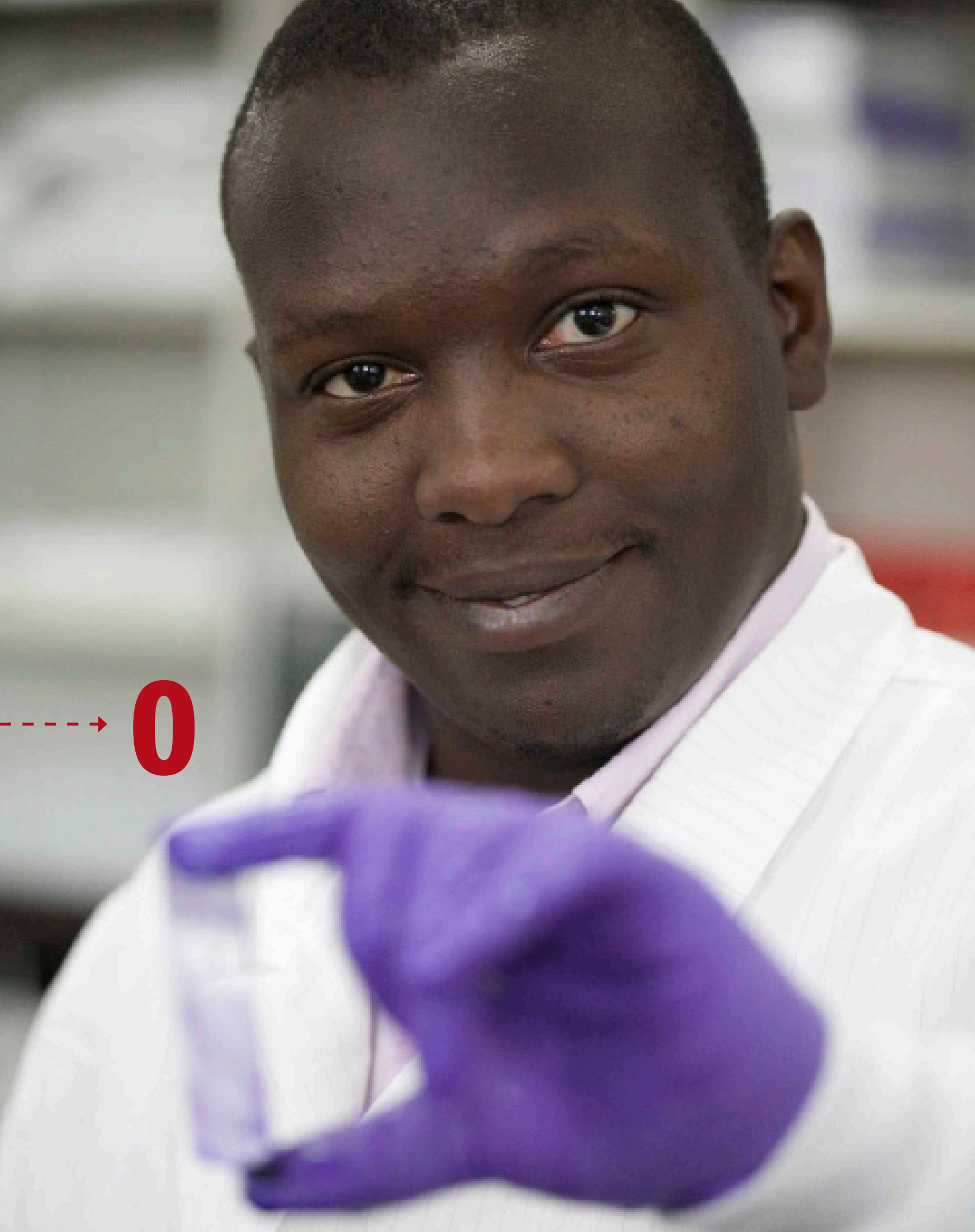
Laboratory services are fundamental to both IDI's research department and the prevention, care, and treatment programs. The Johns Hopkins Department of Pathology established a research laboratory in collaboration with Makerere University in 1991. This facility moved to IDI in 2005 and now serves patient care as well as research and training needs. The IDI laboratory was among the first of the now seven laboratories in sub-Saharan Africa to be certified by the College of American Pathologists and maintains that certification today through a rigorous annual accreditation process.

Since its creation, the IDI laboratory has gained a reputation for uncompromising standards of quality, excellent service and a commitment to build laboratory capacity in Uganda. Every year there are approximately 160,000 tests conducted in the IDI laboratory, with support services provided to over 70 research and clinical projects throughout the country. Technical support is also provided to laboratories at Kampala City Council clinics and to Mulago Hospital.

The laboratory is the first outside of the United States to be recognized by the *Medical Laboratory Observer's* laboratory of the year award, as second runner up in 2008 and first runner up in 2010.

“ During my thirty year career, since 1976, as a pathologist and CAP inspector...I have never inspected any lab and did not find any citations, including my own lab. So, this is a first for me. ”

*Professor Hownatiz commenting on the Core Lab receiving zero citations during inspection.*



# IDI by the Numbers

## *Impressive Impact*

- > Over **6,800** healthcare providers trained in HIV, laboratory, malaria, clinical pharmacology, research, and systems strengthening from **27** African countries
- > Care and treatment to over **37,000** patients with outreach to **376,000** individuals
- > **133** research publications, **148** abstracts, and **47** total research projects, all aimed at improving regional healthcare policy and practice and developing new generation of independent African researchers
- > Award-winning laboratory, **1** of **7** College of American Pathologists accredited research facilities in Africa, enables the Institute to conduct the majority of its research projects on site

## *Transferring Excellence*

- > Building capacity for family based care at **10** Kampala City Council government clinics
- > Strengthening health systems in **6** rural districts with catchment area of **3 million**, including human resources for health, training, lab services, pharmacy, IT systems, clinical care, and physical infrastructure
- > Innovative research on a novel design of integrated management of infectious diseases training for non-physician clinicians in **36** rural, mid-sized health facilities

## *Sustainability*

- > Pfizer funded **100%** of initial operations. Pfizer funding now comprises less than **20%** of the Institute's annual operating budget but remains a critical source of core support
- > Pfizer's investment has leveraged significant investment: **\$18 million** generated for the year ended June 2010 (7:1 leverage) through partnerships with the Government of Uganda, Gates Foundation, Global Fund, PEPFAR, ExxonMobil, Gilead, BD, CDC, Wellcome Trust and others

## *Governance and Leadership*

- > International caliber management team, with **7** of **10** top leadership positions held by African nationals
- > **12** local and international Board of Director members who maintain international standards of governance and financial accountability
- > **3** internal audits and **1** external audit conducted by internationally-recognized firms each year.

*All numbers accurate as of December 2010.*

# According to Key Influencers

“... Academia and the private sector [partnered] to help create one of the leading regional HIV/AIDS training, research and infectious diseases clinics on the continent, the Infectious Diseases Institute... Today, **it serves as a model of health systems strengthening and quality service delivery** directed under complete local ownership and expertise.”

Ambassador Eric Goosby, Statement before the Senate Foreign Relations Committee

**“The capacity building that Accordia is involved in could not be more appropriately focused...** We’re going to have to save more lives, with less money. That means we’re going to have to become far more efficient and far more effective in the ways that we do it – so everything that you’re doing here.”

Senator John Kerry (MA), Remarks at Accordia’s 2010 Celebration of Partnership

“I just want to thank all of you and congratulate all of you for the work that you are doing, and when you think about where you were a decade ago and where you are today, **it shows the incredible work that has been done by a commitment of private contributors, governments, and local people all working together, all for the greater good.**”

Senator John Barrasso (WY), Remarks at Accordia’s 2010 Celebration of Partnership

“Accordia Global Health [Foundation], your work is not in vain. Those of us who have seen, as you have seen, what it was, what it has been, the lives lost, the lack of communication and information, **I can assure that this is not work in vain...** Thank you very much for your leadership.”

Rep. Sheila Jackson Lee (TX-17), Remarks at Accordia’s 2010 Celebration of Partnership

“Accordia Global Health Foundation is thinking differently about building long-term health capacity in Africa and they are doing the right thing. **I am impressed with the tremendous results that they have achieved** and look forward to witnessing the impact of their work for generations to come.”

Julio Frenk, Dean, Harvard School of Public Health

“African-owned and African-led, the IDI is now a preeminent center for infectious disease research, training, and treatment... **The IDI model has proven extraordinarily productive, with far-reaching applications for similar disease fighting efforts elsewhere in Africa.**”

Institute of Medicine, Report on U.S. Commitment to Global Health



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