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9.1 Overarching Priority

9.2 Research Category 1

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9.4 Research Category 3
**LIST OF ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>APCA</td>
<td>African Palliative Care Association</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CHAPAS</td>
<td>Children with HIV in Africa Pharmacokinetics and Acceptability/Adherence of Simple Antiretroviral Regimens</td>
</tr>
<tr>
<td>DBS</td>
<td>Dry Blood Spot</td>
</tr>
<tr>
<td>EARNEST</td>
<td>Europe Africa Research Network for Evaluation of Second-line Therapy</td>
</tr>
<tr>
<td>EID</td>
<td>Early Infant Diagnosis</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counseling and Testing</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resource(s)</td>
</tr>
<tr>
<td>HSSP</td>
<td>Health Sector Strategic Plan</td>
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<tr>
<td>JCRC</td>
<td>Joint Clinical Research Centre</td>
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<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
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<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
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<tr>
<td>IPT</td>
<td>Isoniazid Preventive Therapy</td>
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<tr>
<td>MakSPH</td>
<td>Makerere University School of Public Health</td>
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<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>MDG(s)</td>
<td>Millennium Development Goal(s)</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MRC</td>
<td>Medical Research Council</td>
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<tr>
<td>MUg</td>
<td>Mildmay Uganda</td>
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<tr>
<td>MUREC</td>
<td>Mildmay Uganda Research Advisory Board</td>
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</tbody>
</table>
NCD(s)  Non-Communicable Disease(s)
PCR    Polymerase Chain Reaction
PLHIV  People Living with HIV
PMTCT  Prevention of Mother to Child Transmission
POS    Palliative Outcome Scale
PMTCT  Prevention of Mother to Child Transmission
PMTCT  Prevention of Mother to Child Transmission
PMTCT  Prevention of Mother to Child Transmission
POS    Palliative Outcome Scale
PMTCT  Prevention of Mother to Child Transmission
PMTCT  Prevention of Mother to Child Transmission
SOP(s)  Standard Operating Procedure(s)
SRH    Sexual and Reproductive Health
STI    Sexually Transmitted Infection
SWOT   Strengths, Opportunities, Weaknesses and Threats
TB     Tuberculosis
TC-Study Treatment and Care Cohort Study
TEDAS  Targeted Evaluation to Reduce Risk and Improve Adherence
UCSF   University of California at San Francisco
UN CST Uganda National Council for Science and Technology
URAA   Uganda Reach the Aged Association
UVRI   Uganda Virus Research Institute
WHO    World Health Organisation
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Maria Kwesiga

2010-2012 MakSPH/CDC Long Term HIV/AIDS Fellow
1.0 Executive Summary

Mildmay Uganda (MUg) was among the first HIV care and treatment organisations in Uganda. Established in 1998, it aims to provide and demonstrate quality holistic, comprehensive, outpatient care for patients with HIV and AIDS related health problems. MUg is committed to using an evidence-based approach in the decisions made, the policies developed and the programs implemented. It also strives to produce information that will influence and improve policy and affect overall well-being of people living with and affected by HIV and AIDS.

Now, thirteen years after its inception, a wealth of data has been collected on nearly 25,000 individuals. With such a large cohort, MUg is an excellent position to contribute to the generation and dissemination of information on trends and issues concerning HIV in Uganda, as well as achievements through both basic and operational research. However, MUg was not started with a research agenda, but solely as a care, treatment and training facility. Due to this, a Research Strategy was never created- until now.

Throughout the years, MUg has been involved in various research activities, but without a strategic direction. Although varied, all research activities share a common characteristic – to provide new knowledge that will in turn provide better service delivery and health outcomes for MUg clients and the community at large. MUg has understood that in order to be more successful, it must become more strategically focused in our research endeavours. Resources must be dedicated to establishing research activities and building capacity the most appropriate and beneficial way. This will, in turn, ensure that health research is being used effectively to improve the health of our clients as well as generate information to enhance the body of knowledge in the realm of HIV and AIDS.

The Mildmay Uganda Research Strategy provides details on the status of the organization, establishes goals and objectives of the Research Division to continue to further develop the strength and quality of research and provides research priorities.
2.0 Background to Mildmay Uganda

Mildmay Uganda (MUg) is an independent, not-for-profit, Christian organization involved in provision of holistic HIV and AIDS care and treatment services as well as offering education and training in such care. Established in 1998, it was among the first HIV care and treatment organisations in the East African region and over the years has been recognized as a Center of Excellence for HIV care and training in Sub-Saharan Africa and has been named as having Best Practices in Palliative Care.

MUg offers comprehensive HIV and AIDS services to HIV positive clients and their families using a multidisciplinary approach. The services include: specialised medical and nursing care, counselling, psychiatry, pastoral care, physiotherapy, occupational therapy, X-ray and ultrasound facilities, a fully equipped laboratory, pharmacy, social-welfare services, nutritional services, reproductive health services, cervical cancer screening, dental and ophthalmology services. In addition, MUg is providing free antiretroviral therapy (ART) to over 10,100 active clients at its main site and satellites clinics in the districts. MUg also supports the strengthening of health systems for comprehensive HIV programming in 16 districts in Central Uganda using this current model.

Clinical care and training go hand in hand at MUg, as such training and education are part of the core programme activities. The Mildmay Uganda Training and Education Directorate is an international training facility in the care and management of HIV, AIDS and related health care issues. It aims to develop initiatives that will introduce the knowledge and skills needed to provide comprehensive, holistic rehabilitation and palliative care for people living with HIV (PLHIV). To meet this aim, it has continuously adapted its training programmes to respond to the changing scene of the HIV epidemic and the emerging challenges- aligning its services to respond to the needs of PLHIV. To date, this directorate has trained more than 20,000 individuals.

Mildmay’s Vision
A world in which everyone with HIV can have life in all its fullness.

Mildmay’s Mission
“To improve the quality of life of men, women and children living with HIV primarily in resource-limited settings through provision of holistic care and training others to provide such care and to provide a center of excellence to demonstrate Best Practice in HIV/AIDS care to Government, NGOs, health professionals and community programmes and stakeholders.”

Mildmay’s Core Principles

- Commitment to the highest ethical and clinical standards, while remaining at the forefront of culturally sensitive HIV/AIDS care and treatment in Uganda;
- An unconditional, holistic and non-judgemental approach to care, treating every individual with respect and dignity they deserve;
- Honesty and transparency in all our dealings;
- Good stewardship of resources;
• A participatory approach to planning and development;
• A commitment to empowering and developing people to their optimum potential; and
• Personnel policies that are just and non-discriminatory with proper regard to health, safety and equal opportunities.
3.0 Mildmay Uganda Research Division

The Research Division exists to execute operational and basic sciences research with broad goals of promoting quality service delivery through increasing efficiency, effectiveness and sharing Best Practices of Mildmay Uganda. The specific objectives of the Division are to:

• Design, conduct and analyse research data
• Perform operations research including patient satisfaction surveys
• Improve research profile through research collaborations
• Manage special studies and evaluation projects
• Ensure sharing of Mildmay Best Practices
• Ensure ethical research practices at Mildmay
• Conduct and provide technical advice on program evaluations
• Mentor Mildmay Uganda staff in relevant research methodologies
• Write and respond to research based grants

In addition to its set objectives, with the highly developed skills of the Division, it has been contracted to perform research and evaluation consultancies in various institutions.

3.1 Mission and Vision of Research Division

Vision

For Mildmay Uganda to become a premier research centre based upon its ability to advance the body of knowledge in the realm of HIV and AIDS.

Mission

To promote and perform quality, ethical research and enhance the capacity of Mildmay staff members and others who come for training to improve the quality of life for those infected and affected by HIV.

Mildmay Uganda Research Core Principles:

• Research should generate new knowledge and identify trends in HIV care to inform policy formulation, training curriculum and treatment choices
• Research should inform future programming with continuous quality improvement
• Research should include a wide range of factors that affect health, including non-clinical programs and interventions, organizational and system characteristics, and policies and regulations

• Research should be based on high ethical standards, morals and integrity

### 3.2 Structure of Research Division

The Mildmay Uganda Research Division was developed in 2008 and is overseen by the Directorate of Quality Assurance. Its members currently include a research manager and two research officers. It is also heavily supported by both the Monitoring and Evaluation and Data Management Divisions who are also in the Directorate of Quality Assurance.

The roles of the research manager are to manage and coordinate operational and other evaluation activities as well as special studies in Mildmay Uganda that will lead to the generation of evidence-based information to support the operations of Mildmay Uganda and other related organizations.

The key outputs include:

- Evaluation ideas developed
- All evaluation activities and special studies properly coordinated and undertaken
- Evaluation reports produced and disseminated
- National and international research guidelines are adhered to
- Surveys carried out for tracking client satisfaction
- Periodic plans and budgets prepared for evaluation activities
- Writing and submission of abstracts for local and international conferences supported and coordinated

The research officers are responsible to carry out timely and accurate collection of research data from the various Mildmay Uganda programmes so as to assist in improving service delivery. They also ensure that all ethical and regulatory issues governing research are adhered to by all research projects conducted at Mildmay or by Mildmay staff. They are also responsible for various aspects of the basic sciences and clinical evaluations. Their key outputs include:

- Research data collected, analysed and disseminated
- Reports on research activities produced
- All Mildmay Uganda generated abstracts reviewed and submitted for scientific presentation
• MUREC administration activities undertaken
• Surveys carried out for tracking client satisfaction

A third component of the Research Division are study teams. These are the coordinators and administration of special studies that take place in collaboration with Mildmay that come in specifically for that one research project and are not official MUG staff.

![Research Hierarchy diagram]

**Figure 1.1 Research Hierarchy**

### 3.3 Mildmay Uganda Research Ethics Committee

A main component of the Research Division is the Institutional Review Board called Mildmay Uganda Research Ethics Committee (MUREC), which began activities in 2004. It is a sovereign body hosted and located at the MUG main site that is responsible for overseeing research compliance. MUREC conducts the initial and continuing review of research projects, with the aim of protecting the rights and welfare of human research subjects at MUG. The protection of the participants is done through this execution of a rigorous scientific and ethics review process of research proposals and all research to be performed at MUG. It also reviews research proposals in regards to their ethics, study design, feasibility, methodology, and risks. Processes must be agreeable to all the committee members and in-line with national and international guidelines and regulations.

This office also oversees all training programs relating to responsible conduct of research.

In 2010, MUREC began the formal process of becoming an autonomous, fully accredited institutional review board. It currently has eight members who meet monthly. Members include a Chairperson that liaises with and updates the Research Manager and Director about key outcomes of the MUREC operations and confirms consultants proposed to conduct special duties on behalf and in consultation with MUREC. MUREC also contains an
Administrative Secretary, who is responsible for all the administrative functions and daily operations.

For the remaining members, generally the committee embraces various backgrounds in qualification, training and experience to achieve sufficient review of science and ethics in protocols received and research conducted at MUg. The professionals of interest include but not limited to: a social scientist, statistician, physician, epidemiologist and a theologian. At least one member not affiliated to Mildmay Uganda and two are members from the community. It has also representation from both gender (male and female) and varying age categories.

3.4 Mildmay Uganda Research Advisory Board

The Research Advisory Board was created in 2011 to enhance data use and streamline the process of data acquisition. All data requests are reviewed by the RAB members of for purpose of use and feasibility. If required, guidance is sought from the MUREC for ethical concerns. The RAB currently has six members and meets once a month.

As the RAB is a newly formed committee, SOPs are currently being created to further define its structure and the official roles of its members.

3.5 Partnership Collaborations with Mildmay Uganda Research Division

Collaboration is an essential element of research, both internally through a multidisciplinary team approach to research and care, and externally through partnerships with varying institutions. For MUg, creation of research partnerships is one of the most effective ways of increasing research productivity. Mildmay Uganda embraces such collaborations with research partners—both with individuals as well as organizations, medical and academic institutions to advance understanding about HIV prevention, care and treatment.

The Research Division has initiated and maintained research and evaluation collaborations with national and international institutions, including:

- Centers for Disease Control and Prevention (CDC)
- Ministry of Health National TB and Leprosy Programme
- Regional AIDS Training Network (RATN)
- Uganda National Council for Science and Technology (UNCST)
- Uganda Virus Research Institute (UVRI)
- Makerere University
- Joint Clinical Research Centre (JCRC)
- Medical Research Council (MRC)
- University of Ottawa
- RAND Corporation
- Uganda Reach the Aged Association (URAA)
- African Palliative Care Association (APCA)
- University of California San Francisco (UCSF)
- Engender Health
- Alere Technologies of Germany
4.0 Introduction to Research Strategy

By many measures, Mildmay Uganda has achieved the status of a top-tier health care facility and is recognized as a Center of Excellence. MUg would like to not only be distinguished as a successful treatment facility, but would also like to build our research profile and respond to institutional strengths and capabilities, regional and national needs, and what is required of a leading research institution.

The Mildmay Uganda Research Strategy outlines this direction of and provides clear guiding principles for research. As we move away from our largely historically “donor-driven” agenda for research, the Strategy provides a context within which MUg can move confidently into the future, grow as an organisation, and make the most of available resources and opportunities, as well as focus on research priorities and sustainability.

An essential component for ensuring sustainable healthcare systems is the capability of effectively providing decision makers and the research community with high-quality health data and evidence to inform the most favourable and appropriate decisions. Therefore, the overarching objective of the Strategy is to build an evidence-based body of knowledge that can be used to influence such decision makers in HIV and AIDS care and management in a way that supports the Uganda Ministry of Health’s program objective for Health Sector Strategic Plan III, “to create a culture in which health research plays a significant role in guiding policy formulation and action to improve the health and development of the people of Uganda.”

4.1 Justification of Research Strategy

The idea for development of a Research Strategy due to the tremendous amount information and data is collected from clients and program activities of Mildmay Uganda since it was established but a minimal amount of analysis is performed on it.

As a result of this gap, not much information is generated from the data. This implies that it is neither utilised at MUg nor disseminated to other potential morbidity/mortality trend users. There is great importance to inform MUg and other program implementers on HIV and AIDS related trends and Best Practices in care.

As research opportunities and the Research Division began to grow, it was soon realized that there should be a strategic direction and focus for its decisions. Previous research was nonspecific- with topics and projects highly dependent on donor’s interest as opposed to MUg itself. With constant interest from external researchers, creation of a Mildmay Uganda Research Strategy would be the next logical step in expansion of research, keeping MUg’s priorities at the forefront.

Research findings will inform and support program design and delivery. The priority areas identified are to guide researchers towards such research. This will help focus more readily upon our clients and make a positive difference to the health care system. They are also intended to provide the broader research community by adding to the existing knowledge base.
Some of the research topics identified in the Research Strategy will be conducted internally or commissioned by MUg through a formal process, as some topics contain research areas that are practical for external researchers to explore in partnership with MUg. We are keen to engage in productive research collaborations to progress the priorities identified in the Strategy and we welcome approaches from interested parties.

It is not a restrictive document, but rather it is a flexible blueprint for stronger, more cohesive and more focused research at Mildmay. The priority areas identified in the Research Strategy do not represent an exhaustive list, but are rather intended as guidelines or prompts for researchers and are outlined in broad terms.
5.0 Process of Research Strategy Development

This project began with a rapid appraisal to describe and analyze the current situation regarding the status of health research at Mildmay Uganda. The first step was a SWOT analysis, listing the known strengths, weaknesses, opportunities and threats in research at MUg. Participation in this activity included members of the Research Division, Monitoring and Evaluation Department and Management. We collectively listed strengths and weaknesses that currently exist and the opportunities and threats that may exist in the future. The findings included the following:

5.1 Mildmay Uganda Research SWOT Analysis

<table>
<thead>
<tr>
<th>Research Strengths at MUg</th>
<th>Research Weaknesses at MUg</th>
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<tbody>
<tr>
<td>• Experienced, resourceful, dedicated workforce</td>
<td>• Continuous heavy workload and understaffing prohibits research</td>
</tr>
<tr>
<td>• Proactive management team</td>
<td>• It is seen as an outside activity leading to a lack of commitment to research</td>
</tr>
<tr>
<td>• Expanding research goals and objectives</td>
<td>• Lack of sufficient staff and resources in research department</td>
</tr>
<tr>
<td>• Department has an excellent reputation and collaborates with a wide range of locally and</td>
<td>• Insufficient support/training for staff interested in research</td>
</tr>
<tr>
<td>regionally agencies</td>
<td>• Too many competing priorities</td>
</tr>
<tr>
<td>• Access to a wealth of information with a large cohort, including main site, community</td>
<td>• Small history of research, as MUg is a care and treatment facility—therefore not a</td>
</tr>
<tr>
<td>and satellite clinics</td>
<td>priority</td>
</tr>
<tr>
<td>• Broad range of high quality clinical and practical experience opportunities</td>
<td>• High staff turnover</td>
</tr>
<tr>
<td>• Infrastructure (physical and social)-Up-to-date medical equipment and trained staff to</td>
<td>• Funding for HIV and AIDS projects decreasing</td>
</tr>
<tr>
<td>run it—providing diagnostic information</td>
<td>• Lack of funding to increase staff and research activities</td>
</tr>
<tr>
<td>• Institutional Review Board (IRB) on-site</td>
<td>• Competition for resources—both internally and externally</td>
</tr>
<tr>
<td>• Uses an integrated approach to care</td>
<td>• What if there is a cure for HIV and AIDS? What happens to MUg?</td>
</tr>
<tr>
<td></td>
<td>• Many competing organizations that already have a research focus</td>
</tr>
<tr>
<td></td>
<td>• Non-communicable and other diseases gaining more attention than infectious</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Opportunities at MUg</td>
<td>Research Threats at MUg</td>
</tr>
<tr>
<td>• Further promotion of teamwork across divisions</td>
<td>• High staff turnover</td>
</tr>
<tr>
<td>• Identify/tap into staff hidden strengths</td>
<td>• Funding for HIV and AIDS projects decreasing</td>
</tr>
<tr>
<td>• Students/Outsider Researcher wanting to perform research projects at Mildmay</td>
<td>• Lack of funding to increase staff and research activities</td>
</tr>
<tr>
<td>• We have the ability to connect and develop partnerships with the community and a</td>
<td>• Competition for resources—both internally and externally</td>
</tr>
<tr>
<td>diverse array of agencies (e.g., medical, schools, businesses) Newly developed Business</td>
<td>• What if there is a cure for HIV and AIDS? What happens to MUg?</td>
</tr>
<tr>
<td>Development department</td>
<td>• Many competing organizations that already have a research focus</td>
</tr>
<tr>
<td>• An opportunity to use reputation for quality programming and geographic location</td>
<td>• Non-communicable and other diseases gaining more attention than infectious</td>
</tr>
<tr>
<td>• Flexibility in service provision</td>
<td></td>
</tr>
<tr>
<td>• Growing reputation within the policy community</td>
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</tbody>
</table>
After the SWOT analysis, key informant interviews using the themes uncovered in the SWOT analysis were conducted with eight individuals including members of Management, Heads of Departments, as well as staff members of different cadres who have participated in research activities. The involvement of several participants was important in order to ensure not only varying opinions, but also to ascertain staff ownership. These interviews also included health research priorities, the desired outcomes of Mildmay Uganda’s health research, changes required in the health research system to achieve these desired outcomes, opportunities to be maximized and challenges to be addressed in the development of a health research strategy.

From these interviews, meetings were held with the Research Division to begin to develop a vision, mission, goals, objectives and research priorities for future research practices. After a list of research priorities was created, literature reviews were performed to understand the topics in depth and also to develop potential questions for each area. Several drafts of the Research Strategy were then created, with each reviewed by several members of staff until consensus was reached on the final document.
6.0 Research Past of Mildmay Uganda

Mildmay Uganda (MUg) was among the first HIV care and treatment organisations in Uganda, aimed to provide and demonstrate quality holistic, comprehensive, outpatient care for patients with HIV and AIDS related health problems. Though a Research Division was established in 2008 to coordinate and execute operations research with the broad objectives of promoting quality service delivery and sharing Best Practices, there was, and still is no current plan or strategy of how this will be accomplished or priorities of such research. Due to this, the research past of MUg is quite limited.

6.1 Past Research Projects at Mildmay Uganda

- The Targeted Evaluation to Reduce Risk and Improve Adherence (TEDAS): Started in 2007, data collection/follow-up ended July 2010 and analysis is underway. The main objective of the study is to determine and compare the effectiveness of the three intervention strategies in reducing HIV-transmission risk behaviour. The three interventions are: facility-based, home-based and enhanced home and facility.

- Europe, Africa Research Network for Evaluation of Second-line Therapy (EARNEST): A randomised controlled trial to evaluate options for second line therapy in patients failing first line regimens in Africa performed in partnership with the Joint Clinical Research Centre.

- RAND 1- The Effects of Depression and its Treatment on the Impact of ART on Health Outcomes: The study set put to determine the effect of the treatment of HIV positive individuals on ART and how individuals who may be depressed function compared to HIV positive individuals on ART who are not. The project started recruitment and follow-up September 2009 and ended in February 2012 and is currently in analysis.

- Children with HIV in Africa - Pharmacokinetics and Acceptability/Adherence of Simple Antiretroviral Regimens (CHAPAS): A randomized trial to compare the toxicity and pharmacokinetics of three fixed dose combinations based antiretroviral regimens for treatment of HIV infected children in Africa. This project was conducted in partnership with JCRC.
7.0 Research Present at Mildmay Uganda

Research has not only become a priority at Mildmay Uganda, but also with Mildmay International. “One Step Beyond,” is the April 2011- March 2014 Strategic Plan of MI, providing guiding principles towards Mildmay’s vision. In that document, research is noted as an embedded theme in all strategic objectives. One Step Beyond sets the goal “to support processes that identify high priority and relevant research needs through enhanced strategic information collection, storage and analysis at community and facility levels within the national monitoring and evaluation framework.”

The overall purpose of making research a bigger concern for Mildmay is to yield knowledge that will help to optimize the delivery of services and maximize impact of HIV and AIDS prevention, care, and treatment services provided. This includes health care research that helps the Ugandan health care system provide access to high-quality, cost-effective services, and to improve health status and quality of life.

Now, thirteen years after its inception, a wealth of data has been collected on nearly 24,000 individuals. With such a large cohort, MUg is in an excellent position to contribute to the generation and dissemination of information on epidemiological and social trends and issues concerning HIV in Uganda, as well as achievements through both basic and operational research and documentation of Best Practices in HIV and AIDS care and management.

Though not started as a research institution, several research activities have and are occurring at Mildmay Uganda.

7.1 Mildmay Uganda Current Research Work

Mildmay Uganda offers care and treatment to over 16,000 clients living with HIV and has a training programme that has trained over 20,000 health care workers mainly in Uganda but also throughout the East African region.

7.1.1 Operational Research

Mildmay Uganda is concerned about health system bottlenecks and barriers that often hinder delivery of efficient and cost effective health services. To address these system-based issues, Mildmay Uganda conducts high quality operational research to explore:

- Health systems service issues (drug availability, distribution, affordability, access, service quality and most importantly capacity of health workers)
- Health policy guidelines which can be rolled out locally, regionally and nationally
- Community issues (adherence patterns, HIV and AIDS knowledge, attitudes behaviours and care and treatment seeking practices)

The majority of these projects focus on operations research, i.e. patient satisfaction surveys, needs assessments, and program evaluations to inform programming.
7.1.2 Epidemiological Research

Mildmay Uganda generates a great deal of patient data from its large cohort of clients in care. This has attracted many researchers interested in infectious diseases. On average, the Research Division one research request weekly from a wide range of researchers from universities, ministries, local and international agencies to work in partnership.

We are currently collaborating on the following epidemiological research projects:

- Last 1000 Infections Assisted Computer Aided Self Interview (ACASI): An HIV and AIDS surveillance activity tailored after the slogan “Know Your Epidemic.” It aims at tracking recently infected persons to better inform what puts them at risk. This project started in 2010 and is ongoing. This project is in partnership with the MakSPH.

- RAND 2- Antidepressant Effects on Adherence and Socioeconomic Outcomes of HIV Positive Clients: Recruitment began in December 2010 and commenced in February 2012. Depressed patients were recruited and began antidepressants. They were then followed up for six months, monitoring for any effect on adherence and socioeconomic status. Data collection is on-going. This project is in partnership with RAND Foundation.

- Paediatric HIV Program Evaluation, Assessing the Quality of Paediatric HIV Care and Treatment during the Initial Scale-Up Phase: A retrospective study of children and their treatment outcomes. Analysis is on-going. This project is in partnership with the University of California at Los Angeles.

- Evaluation of Dried Blood Spots (DBS) for HIV-1 Resistance Testing in Antiretroviral Treated Patients: This project started recruitment in June 2011 with 120 patients so far been screened. Resistance results are pending from collaborators. This project is in partnership with the WHO, CDC, and UVRI.

- Performance Evaluation of the CLONDIAG HIV-NAT Test in Venous Whole Blood: This study started in October 2011 and samples are currently being collected to test new viral load technology. This project is in partnership with the Alere Technologies.

- Isoniazid Preventive Therapy (IPT) Project: This study reviews the integration of isoniazid preventive therapy (IPT) into routine HIV and ART care at Mildmay Uganda. Its main objectives are early identification of TB through intensified case finding, early provision of anti-TB treatment and to provide IPT and follow-up for at least 1200 eligible HIV positive adults and children. Started in February 2012 and initial phase will be one year. This project is in partnership with CDC.

- Validation of the African Palliative Care Association (APCA) Palliative Outcome Scale (POS): A cross-sectional study to validate a pain assessment scale for children. Data
collection began in February 2012 and commenced in March. The project is currently in data entry and analysis. This project is in partnership with APCA.

- Task Shifting Study: The project evaluates a task-shifting approach to depression treatment that uses a nurse-driven model for managing antidepressant treatment in 12 Ugandan HIV clinics. This project is in partnership with RAND Foundation and is to begin in late May.

- Epsilon Study- Estimating the Misclassification Rate of HIV Recent Assays in Uganda: With the possibility of long-term HIV infections being misclassified as recent due to the use of ART and population variability in host immune response, the proportion of persons that will falsely misclassify as recent within a population needs to be determined so incidence is properly calculated. This misclassification rate can then be used to calibrate subsequent incidence estimations. This project is in partnership with CDC and MakSPH and is expected to start in June 2012 and last 3 years.

- Treatment and Care Cohort Study (TC-study): A five year, facility-based observational study of a cohort of HIV positive patients enrolled from time of diagnosis into care and/or initiation of ART. Study is set to begin in July 2012 in partnership with CDC.

7.2 Looking Towards the Future

The Uganda Ministry of Health (MoH) acknowledges that a lot of research is conducted in Uganda. The results of these studies are supposed to inform decision making hence contribute to improving delivery of and access to health care.

As mentioned in the Health Sector Strategic Plan III 2010/11-2014/15, conduct of research by various organisations in Uganda has so far been hampered by the lack of a policy framework, an uncoordinated priority setting of the research agenda, inadequate funding, shortage of human resource and inadequate logistics. These have all been experienced by MUg and were uncovered during the SWOT analysis.

Though many strides have been taken in the development of the Research Division, we have discovered there is room for improvement. Uganda's health-care system faces critical challenges, including infrastructure deficiencies, capacity limitations and dwindling human resources. MUg must deal with these constraints as well as organizational setbacks and hindrances.

To address these issues, MUg must build its research capacity as well as collaborate with our partners at medical and research institutions, universities, health professionals, decision makers in the health system and the MoH to both develop knowledge and improve patient care, while making the Ugandan health care system more efficient.
8.0 Research Future at Mildmay Uganda

Looking towards the future, Mildmay Uganda is excited to make research more of a priority. This research will continue to provide new knowledge that will in turn provide better service delivery and health outcomes for MUg clients. MUg understands that in order to thrive in a competitive research environment, we must become more strategically focused in our endeavours and combat the current challenges. Resources must be dedicated to establishing research activities and building capacity the most appropriate and beneficial way.

Not only will a strategically focused research program provide information, foster collaborations and influence policy development- it can lead to increased funding opportunities for MUg.

To support our research needs, we have developed research goals and objectives.

8.1 Mildmay Uganda’s Research Goals and Objectives

- To design and implement operational and basic research that produces actionable evidence, knowledge and results to enhance Mildmay’s evidence-based practice, programme development and training

- To contribute to both national and international learning and give input into national strategies and policies through dissemination of research findings

- To build upon the current MUREC operations for increased ethical operational and community based research among Mildmay staff, researchers within Uganda and internationally-based collaborators, while ensuring the protection of human subjects

**Goal 1:** To design and implement operational and basic research that produces actionable evidence, knowledge and results to enhance Mildmay’s evidence-based practice, programme development and training

- Objective 1.1: Coordinate the initiation and conduct research and evaluation projects of the different MUg activities

- Objective 1.2: To attract, develop and retain research professionals to conduct evidenced-based research

- Objective 1.3: Enable mechanisms for collaboration between staff and researchers in identification of the research problem, development of the study design, implementation of the study and analysis and interpretation of results

- Objective 1.4: Utilize systematic data collection procedures, both qualitative and quantitative, to accumulate evidence supporting decision-making
• Objective 1.5: Enhance the utilisation of research for continuous quality improvement

Goal 2: To contribute to both national and international learning and give input into national strategies and policies through dissemination of research findings

• Objective 2.1: Disseminate experiences and achievements through reports, abstracts and publications to stakeholders, policy makers and the scientific community

• Objective 2.2: Document Best Practices at Mildmay Uganda

• Objective 2.3: Attend regional, national and international conferences to report such findings

• Objective 2.4: Gain support and engage stakeholders in research

Goal 3: To build upon the current MUREC operations for increased ethical operational and community-based research among Mildmay staff, researchers within Uganda and internationally-based collaborators, ensuring appropriate knowledge and skills of participants

• Objective 3.1: Work in collaboration with in-country and international organizations and researchers to develop and implement ethical sound operational research;

• Objective 3.2: Develop knowledge and skills related to research methods and ethics among MUg staff and other researchers and students

• Objective 3.3: Develop educational and training programs to provide staff and students with the tools and knowledge to conduct research that is ethically sound, safe and secure for all participants

• Objective 3.4: Review research proposals and ensure ethical sound research at MUg
### 8.2 Key Actions

| Goal 1: To design and implement operational and basic research that produces actionable evidence, knowledge and results to enhance Mildmay’s evidence-based practice, programme development and training | **Suggested Time Span**  
Long term= 3 to 5 years  
Medium term= 1 to 3 years  
Short term = Less than one year |
<table>
<thead>
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<tbody>
<tr>
<td>Objective 1.1: Coordinate the initiation and conduct research and evaluation projects of the different MUg activities</td>
<td>Short term - Long term</td>
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<tr>
<td>Design program evaluation studies to help assess impact/outcome of the services</td>
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<tr>
<td>Use current data to evaluate MUg programs retrospectively</td>
<td>Short term - Long term</td>
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<tr>
<td>Review calls for funding and allocate staff to develop proposals to generate revenue for department</td>
<td>Short term - Medium term</td>
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<tr>
<td>Objective 1.2: To attract, develop and retain research professionals to conduct evidenced-based research</td>
<td>Short term - Medium term</td>
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<tr>
<td>Promotion and marketing of Mildmay Uganda research practices, activities and opportunities</td>
<td>Short term</td>
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<tr>
<td>Respond to research grant RFAs to increase the number of permanent and temporary staff in the Research Division</td>
<td>Medium term</td>
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<tr>
<td>Objective 1.3: Enable mechanisms for collaboration between staff and researchers in identification of the research problems, development of the study design, implementation of the study and analysis and interpretation of results</td>
<td>Short term</td>
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<tr>
<td>Develop a research section on Mildmay Uganda website</td>
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<td>Staff sensitization workshops on the importance of research</td>
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<td>Staff sensitization on the identification of a research problem</td>
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<td>Objective 1.4: Utilize systematic data collection procedures, both qualitative and quantitative, to accumulate evidence supporting decision-making</td>
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<td>Develop Research Advisory Board SOPs</td>
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<td>Review and revise data request forms</td>
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<td>Develop research questions for retrospective data analysis</td>
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<td>Objective 1.5: Enhance the utilisation of research for continuous quality improvement</td>
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<tr>
<td>Review content of the client satisfaction survey tools, collect data- supervise data collection, entry and analysis</td>
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<td>Staff sensitization on client satisfaction survey findings</td>
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**Goal 2: To contribute to both national and international learning and give input into national strategies and policies through dissemination of research findings**

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<tr>
<th>Objective 2.1: Disseminate experiences and achievements through reports, abstracts and publications to stakeholders, policy makers and the scientific community</th>
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<tr>
<td>Ensure timely compilation of the Mildmay Uganda Annual Research Report</td>
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<tr>
<td>Sensitize staff on importance of research to increase staff participation</td>
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<tr>
<td>Document Best Practices</td>
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**Objective 2.2: Attend regional, national and international conferences to report such findings**

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<td>Identify conferences and corresponding topics</td>
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<td>Obtain funding to attend conferences</td>
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**Objective 2.3: Gain support and engage stakeholders in research**

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<td>Hold stakeholder meetings to discuss research</td>
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<td>Continue to build research profile</td>
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**Objective 3.1: Work in collaboration with in-country and international organizations and researchers to**

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**Goal 3: To build upon the current MUREC operations for increased ethical operational and community based research among Mildmay staff, researchers within Uganda and internationally-based collaborators**

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<tr>
<td>Objective 3.2: Develop knowledge and skills related to research methods and ethics among MUg staff and other students</td>
<td>Short term – Medium term</td>
<td>Short term – Long term</td>
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<tr>
<td>Train in the development of research proposals and the principles of conducting research</td>
<td>Short term – Medium term</td>
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<tr>
<td>Train in data collection and basic analysis</td>
<td>Short term – Medium term</td>
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<tr>
<td>Train in scientific writing skills</td>
<td>Short term – Medium term</td>
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In achieving the key actions, the Research Division structure will have the following functions:

![Figure 3: Projected Structure and Functions of the Research Division](image-url)

Director Quality Assurance

- Research Manager
  - IRB - in charge of ethical issues
  - Center for Innovations - publications, concept development, graduate research reviews, abstract writing and mentorship
  - Enterprise Office - grants office, scholarships
  - Research Implementation, program monitoring, partnerships office
  - Data Office - for data storage, cleaning, analysis
9.0 Research Priority Areas

It is important for MUg to focus its research resources and energy in areas that are critical to the well-being of its clients, and to take full advantage of its current strengths and opportunities. MUg provides multiple services and in order to create priorities, research areas were identified through a consultation process and a review of the recent literature on HIV and AIDS related issues, most importantly, the Uganda Ministry of Health’s Health Sector Strategic Plan III 2010/11-2014/15 (Uganda Ministry of Health, 2010). This was to ensure that Mildmay Uganda’s priorities fit into the National plan.

The research priorities identified are based on several other factors, including the MUg’s geographic and demographic makeup, existing areas of strength and weaknesses, and emerging opportunities presented.

9.1 Overarching Priority

*Research that Helps Mildmay Uganda to Understand the External Environment and Emerging Trends*

Effectiveness of any organisation heavily relies on its capacity to scan the external environment, have knowledge of emerging trends and respond in a practical manner. Research is critical to this scanning process and over time, the strategic implementation of research findings can influence trends and the environment.

Mildmay Uganda will establish initiatives and programming to respond to emerging health trends and threats. Though MUg will not engage in environmental research in the broader scale, there must be knowledge of the following, as it may affect implementation of research:

- Demographic HIV and AIDS trends (global, national and regional)
- Economic forces affecting HIV care and management
- Political and legislative forces
- Prevention and Modes of Transmission
- Epidemiology of Disease
- Behavioural and Social Research
9.2 Research Category 1
Research that Helps Mildmay Uganda to Deliver Care and Treatment Efficiently and Effectively

Research Priorities
Understanding Mildmay Uganda Patients and Their Needs

With the complexity of HIV, Mildmay Uganda ensures that needs, priorities and choices of the patients and their families are considered when delivering care.

Patient Satisfaction

Patient satisfaction is of the utmost importance to MUg, so much so that we refer to them as clients- for we believe we are rendering a service and must keep them contented.

Client satisfaction surveys therefore, are valuable tools for healthcare providers to use to identify areas that need improvement. Through the collection of accurate and measurable data, client satisfaction surveys can help assess the quality of your care and service from our clients’ perspectives.

Patient satisfaction surveys keep services appropriate, monitor quality as well as trends in client’s needs and demands. They feed into management to improve services based on evidenced recommendations and has led to the following improvements at MUg:

- Introduction of another service point for the pharmacy
- Employment of more clinical staff to reduce waiting time
- Encouraging patients to follow their appointments and strictly following patient appointments to reduce waiting time
- Provision of more information at the waiting areas in more than one language
- Counselling of staff with poor conduct.
- Provision of drugs for three months for stable patients.

Having a client-centred approach to quality management is vital in today’s healthcare environment. Client satisfaction surveys demonstrate that you are proactively searching for ways you can provide them with better service. These surveys empower patients while presenting your organization with honest, insightful feedback you can interpret and act upon.

Researchable areas:

- Waiting times
- Facility environments and cleanliness
- Thoroughness of medical exam
- Patient-physician and patient/nurse communication and interaction
- Desired new services
Program and Service Delivery

Family Based Approach

Mildmay uses the family approach to HIV care which involves identifying one HIV positive index family member and using that contact to get the spouse(s) and children if it is an adult, siblings and parents if it is child, and other people living within the same household. All identified are offered free HIV testing through VCT. All those found to be HIV positive are then registered and started on appropriate treatment.

By using the family based approach, MUg has seen improved access to care for the family - with all being encouraged to test after an index patient is identified. MUg has witnessed improved adherence when family enters into care together as well as disclosure to family members which leads to decreased stigma. There are further benefits to the family, including reduced cost of transport to MUg - as one family member can come pick ARVs for other stable family members.

Researchable areas:

- Uptake of Family Based Approach
- Disclosure
- Partner testing
- Condom use
- Uptake of PMTCT and reproductive health services

Care and Treatment Outcomes

Maternal and Child Health and Prevention of Mother to Child Transmission

The HSSP III cites maternal and child health conditions carrying the highest total burden of disease with perinatal and maternal conditions accounting for 20.4% of the total disease burden in Uganda. Though there have been tremendous achievements in the reduction of maternal to child transmission of HIV, there is still an unmet need in developing countries.

Preventing HIV infection in pregnant women simultaneously benefits the women themselves, their partners, and their children. For those who are HIV positive, prevention of mother-to-child transmission (PMTCT) is more than the provision of antiretroviral drugs to prevent transmission of HIV from an HIV-positive woman to her infant, but also includes provision of treatment, care, and support to HIV-infected women and their families as well as prevention of unintended pregnancies among HIV-infected women.

In 2010 more emphasis was put on offering PMTCT services at MUg. In the clinic clients are offered PMTCT education/counselling and it is ensured that every pregnant mother is either on ART for their own health or prophylaxis and monitored for adherence. They are referred to a nearby government health facility for antenatal care. They are given Nevirapine syrup at 36 weeks and instructions on how to use it. At this very visit they are also given a second referral letter to take to the health facility where they intend to deliver from. They are then
given an appointment to return to the clinic at 6 weeks post partum. The babies are then followed up for one year.

Researchable areas:

- Early Infant Diagnosis (EID)
- Polymerase chain reaction (PCR) DNA testing using Dry Blood Spot (DBS)
- Family planning
- Male involvement during pregnancy

Prevention with Positives

According to the HSSP III, the majority of people newly infected were through heterosexual relations. Forty three percent (43%) of those new infections occurred among people in long term relationships, calling therefore for an increased focus on HIV prevention among couples.

Because each new infection originates with someone already infected with HIV, and nearly all are preventable, making prevention practices crucial for HIV-positive people. People living with HIV and AIDS require knowledge and support so they can protect others from infection, protect themselves from HIV re-infection, and avoid other sexually transmitted infections. Infected patients are equipped to ensure that they do not transmit the virus to unborn babies or to their negative sexual partners. Regular workshops for couples in discordant relationships are held to empower each couple to prevent HIV transmission.

Though prevention with positives is currently practiced- there are many research opportunities to explore- none of which has yet happened at M Ug.

Researchable areas:

- Prevention interventions
- Family planning
- Disclosure

Disease diagnoses

*TB and other opportunistic infections screening, diagnosis and treatment*

The Allied Health Services Division is responsible for increasing access to quality diagnostics, essential medicines and rehabilitation services for patients attending Mildmay Uganda both at the main site and at the supported sites. This is achieved through four departments, namely; Laboratory, Pharmacy, Radiography and Therapies (Physiotherapy, Occupational and Nutrition).

Currently all patients are assessed for TB at every clinic visit and all patients voluntarily counselled and tested are also assessed for TB and treated or referred as appropriate. As
the leading cause of death among persons with HIV infection, it is of great importance to continue to further explore the factors associated with HIV and TB.

Isoniazid preventive therapy (IPT) is an important intervention for preventing and reducing active TB in communities affected by HIV and it has recently become part of the routine care package provided by MUg- allowing many research opportunities.

Researchable areas:
- TB and other OIs diagnosis and treatment
- Isoniazid preventive therapy

**Sexual and Reproductive Health Services**

Linking sexual and reproductive health (SRH) and HIV is a way of providing comprehensive and integrated services. In February 2009 Mildmay Uganda established a reproductive health clinic in order to offer quality reproductive health services for its clients. The services offered include PMTCT, breast and cervical cancer screening, family planning, screening and treatment of STIs and reproductive health counselling.

Researchable areas:
- PMTCT
- Breast and cervical cancer screening
- Family planning
- Screening and treatment of STIs

Reproductive health counselling

**Mental Health**

HIV and AIDS impose a significant psychological burden. People with HIV often suffer from depression and anxiety as they face the difficulties of living with a chronic life-threatening illness, for instance shortened life expectancy, complicated therapeutic regimens, stigmatization, and loss of social support, family or friends (World Health Organization, 2008).

Apart from psychological impact, HIV infection has direct effects on the central nervous system, and causes neuropsychiatric complications including HIV encephalopathy, depression, mania, cognitive disorder, and frank dementia, often in combination.

Mildmay Uganda is currently has a psychiatry department, though very little research has been performed.

Researchable Areas:
- HIV encephalopathy
- Depression
Cognitive disorder
Dementia

**HIV and non-communicable diseases**

There is increasing focus on the burden of non-communicable diseases (NCDs) in developing countries and growing recognition that NCDs, including diabetes, cardiovascular disease, and cancers, are now the world’s leading cause of mortality.

People living with HIV often also have high rates of NCDs. People with HIV are living longer and are developing non-HIV-related chronic conditions similar to the rest of the population. Some NCDs are related to HIV infection itself and to the side effects of some of the medicines used to treat HIV infection. While infectious disease has been at the forefront of care and treatment, the impact of joint epidemics of HIV and NCDs has been a growing topic (UNAIDS, 2011).

Researchable areas:

- NCD interventions
- Prevalence and management of NCDs
- HIV and diabetes
- HIV-associated lymphoma
- Cervical and other forms of cancer

**Vulnerable and Neglected Groups**

There are several groups in Uganda that neglected and underserved. This can also be seen in the HIV epidemic.

At MUG, these priority groups include:

- Elderly
- Orphans and vulnerable children
- Adolescents (children age 10-19)
- Persons with disabilities (PWD)

**Palliative Care**

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with diseases not responsive to cure, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other symptoms, physical, psychological and spiritual.

MUG has been named as having Best Practice in palliative care, but few additional research projects have been done, even though it is one of the few paediatric palliative care units in Uganda.
Researchable Areas:
- Paediatric palliative care
- Pain management
- Patient counselling
- Family counselling

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<tr>
<th>Research Priority</th>
<th>Researchable Areas</th>
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<tbody>
<tr>
<td><strong>Understanding Patients Needs</strong></td>
<td>Patient Satisfaction</td>
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<td>• Waiting times</td>
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<td>• PCR DNA using Dry Blood Spot (DBS)</td>
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<td>• Depression</td>
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</table>
| HIV and Non-communicable Diseases | • Cognitive disorder  
• Dementia  
• NCD interventions  
• Prevalence and management of NCDs  
• HIV and diabetes  
• HIV-associated lymphoma  
• Cervical and other forms of cancer |
| Vulnerable Groups | • Elderly  
• Orphans and vulnerable children  
• Adolescents (children age 10-19)  
• The disabled |
| Palliative Care | • Paediatric palliative care  
• Pain management  
• Patient counselling  
• Family counselling |
9.3 Research Category 2
Research that Helps Mildmay Uganda to Deliver Training Efficiently and Effectively

Research Priorities
Training
The Training and Education Directorate aims to develop initiatives that will provide the knowledge and skills needed to offer palliative care to people living with HIV and AIDS in a range of settings. It targets all cadres of healthcare professionals active in such care in hospitals, health centres, dispensaries and the community. MUg has also become a focus for regional training initiatives.

Mildmay Uganda devotes a significant portion of its programming to training, with the expectation of improving the effectiveness and efficiency of programs- both internally and through a cascade effect to those who come for training from outside institutions. To ensure valid use of scarce training resources, MUg must determine whether the training has made a difference and whether specific performance problems can be solved through training.

In order to ensure the Training Directorate is meeting its goals, several areas of research should be explored.

Continuous Review of Training Needs of Mug Staff and Other Health Care Providers

To be effective and efficient, all training programs must start with a needs assessment to determine who, what, when, where, why and how of training. This will identify performance requirements and the knowledge, skills, and abilities needed by training participants as well as workforce requirements.

An effective training needs assessment will help direct resources to areas of greatest demand. By performing this research activity, gaps between performance required and current performance will be identified. When a difference exists, it explores the causes and reasons for the gap and methods eliminating it.

Though this currently is the practice training needs assessments are the current practice at Mildmay, as the face of HIV evolves, we must adopt our trainings as well. We must ensure that needs assessments occur frequently. This also includes constant review of courses to ensure we are training in accordance with changes in the environment.

Reseachable areas:
• Training needs assessments
• Review of environment and training provided
• Review of curriculums
Impact of Alumni on Their Health Facilities

The desired long-term impact of training is to improve organizational and program performance and, ultimately, to contribute to the achievement of national demographic and health goals. It is difficult to demonstrate a direct link between training and these long-term results because of the many factors other than training that are involved. However, it is possible to demonstrate the impact of training on staff skills and performance.

After their coursework, students return to their workplaces. In order to truly determine the results of training programs, the impact that these alumni have on both their health delivery organizations as well as the community at large.

Researchable Areas:

- Which elements of the training program are effective and which are ineffective
- How the training did or did not help staff transfer their new skills from the classroom to the workplace
- Translation of knowledge and skills to local settings
- Transfer of knowledge from alumni to co-workers

Determine Impact of Alumni on Their Community

During training needs assessments, interviews are conducted with community members to assess training gaps of health care workers, as well as service and skills gaps. We then adjust the training to make sure these gaps are addressed.

Researchable Areas:

- Have alumni met the desired needs of their community
- Has the community benefited from alumni training

Analysis which training programs work best in specific situations

MUg uses different models to meet the training and education needs of the various categories of care providers. To date, four models have been implemented; the Short Courses model, The Mobile Training model, the Clinical Mentorship model and the Work-based Modular model. To-date, MUg has trained more than 20,000 individuals using these models.

MUg conducts HIV and AIDS trainings for health and non-health care providers with the aim of improving care and management of people living with HIV/AIDS. To improve service
delivery, one must determine what training models are most effective in specific environments and different settings.

Research topics include:

- Cadre and type of training
- Short and long term benefits of specific training models

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<th>Research Priority</th>
<th>Researchable Areas</th>
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| Continuous Review of Training Needs of Mug Staff and Other Health Care Providers | • Training needs assessments  
• Review of environment and training provided  
• Review of curriculums                                                           |
| Impact of Alumni on Their Health Facilities                                       | • Which elements of the training program are effective and which are ineffective  
• How the training did or did not help staff transfer their new skills from the classroom to the workplace  
• Translation of knowledge and skills to local settings  
• Transfer of knowledge from alumni to co-workers |
| Determine Impact of Alumni on Their Community                                      | • Have alumni met needs of their community  
• Has the community benefited from alumni training  
• Transfer of knowledge to the patients                                               |
| Analysis which training programs work best in specific situations                 | • Cadre and type of training  
• Short and long term benefits of specific training models                           |
Research Category 3
Research that Helps Mildmay Uganda to be a high-quality, accessible and sustainable health-care organization

Research Priorities

Human, Financial, and Material Resource Stability

Uganda, like many developing countries, is experiencing a serious human resources crisis in the health sector. The Human Resources (HR) Division is responsible for providing HR support to all departments including personnel management support, volunteer services and placements administration.

The Finance and Accounting department supports Mildmay Uganda to access funds from donors, to monitor funds utilisation as well as ensuring and receiving accountability from departments and programmes under MUg. These support Divisions are essential in ensuring the full functionality of MUg.

Health workforce mobilization

The sustained success of HIV prevention, care and treatment services relies equally heavily on the presence of a stable and trained health workforce. Also a priority for the Uganda Ministry of Health, MUg would like to supply and maintain an appropriately skilled, motivated and productive workforce matched to the changing population needs and demands, health care technology and financing.

Researchable areas:
- Assessing human resources to quantify the staff and to define the gaps that currently exist
- Staff training
- Staff retention
- Staff turnover

Task Shifting

Task-shifting is the process of delegating tasks from more to less specialized health workers and has been proposed as one of several possible solutions to human resource shortages facing the African health sector.

Mildmay Uganda (MUg) patient numbers have increased tremendously making it difficult for the medical team to clerk and prescribe for all the clients without affecting the quality of care.

A nurse led clinic was established in 2007, in which nurses attend to stable patients, both ART or naïve, during follow up visits. They first triage, identify any new problems and/or
conditions, check whether routine investigations are up to date. Psychosocial support and health education for any emerging issues is given; prescriptions are provided accordingly, including ARVs. Further consultations are done with fellow nurses, doctors, counsellors and other allied health professionals when there is need. These instances include new opportunistic infections, decreases in CD4 count, adherence problems and social issues.

By exploring and researching task shifting we can understand and better develop mechanisms to manage the scale up of chronic care of with limited resources.

Researchable areas:

- Possibilities for task shifting (community based volunteers, midwives, etc)
- Health care worker perception of task shifting
- Patient perception of task shifting

**Pre-project needs assessments, mid-term and end of project evaluations to measure progress and refine interventions/programs**

**Cost effectiveness evaluations of programs**

Cost-effectiveness analysis is a technique for selecting among competing actions wherever resources are limited. Like MoH, MUg believes priority should be given to interventions proven effective against diseases targeted for control, elimination or eradication, and in conjunction with the private sectors provide in an integrated manner, preventative, curative and rehabilitative services that have been proven effective, cost effective and affordable.

In order to do so, MUg must conduct cost-effectiveness evaluations. Currently, to better understand the status of the HIV/AIDS epidemic and program responses to it in a specific time and place, the research team has led the gathering, synthesizing, and analyzing information with enough objectivity and detail to support a program decision especially before staring the satellite clinics and scale up of comprehensive HIV and AIDS care in the Districts.

Researchable areas:

- Effective resource allocation
- Technology used in services provide

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Works Cited
