

We are targeting men – IDI boss

The Infectious Diseases Institute (IDI) is a not-for-profit organisation based at Makerere University. It focuses on strengthening health systems in Africa. As we mark the World AIDS Day, the executive director told the *New Vision* why the organisation is focusing on men and what else it is doing to tackle the HIV/AIDS scourge, among other issues.

Q What is IDI doing differently to scale up the fight against HIV/AIDS?

In line with the national and presidential fast-track initiative, IDI is specifically: **Targeting men:** We recognise that men are being left behind. The majority of individuals in care (65%) are women, and so we have employed a strategy called assisted partner notification (APN), where we approach the people who we know are HIV-positive and engage them in order to identify and reach out to their sexual partners for HIV testing.

This strategy significantly increases the yield (identification) of persons living with HIV, who were previously unaware of their HIV status. The other innovation I would like to share with you is that in partnership with the UNAIDS Uganda team and the AIDS Information Centre, as well as the Uganda AIDS Commission, IDI is working with the Uganda Boxing Federation (UBF) to reach men via the sport of boxing.

Boxing is a male-dominated sport and we are running sensitisation workshops for coaches, boxing professional and icons so that they, in turn, reach out to the boxing



The Infectious Diseases Institute executive director, Dr Andrew Kambu, during an interview

fraternity, with a view of increasing the uptake of HIV testing.

Data-driven approach: As an institute based at an academic institution and steeped in the research tradition, we recognise the opportunity to use data to focus our intervention on the appropriate target populations. We are able to look at our programme data not just at regional or district-level, but also at health unit level. That way, we can compare and provide a culture of data-driven accountability, as well as scale up best practices.

Differentiated service delivery models: We recognise that we

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need to use the relatively limited resources in a smarter way. For example, persons living with HIV do not need to see a healthcare worker each time they come to the facility. Sometimes, they only need a refill of their drugs. So, IDI has introduced smarter approaches to service delivery and also scaled up models developed elsewhere. We would like

our friends to receive care at the most convenient and appropriate places as much as we are able to make that happen.

Can we beat the global target of ending AIDS by 2030?

We definitely can make the end of AIDS a reality by 2030. I am emboldened to say this because

we have robust, evidence-based tools to prevent new HIV infections through interventions such as antiretroviral therapy, PREP, medical male circumcision and others. This package is referred to as combination prevention. It is important to realise that there is no magic bullet here that will end AIDS, only the concerted efforts of all partners using the tools in the combination prevention package.

Additionally, I am a keen promoter of measurement. If we measure things well, then we can assess how well (or not) we are doing and what we need to change. Because we have strong measurement tools for HIV testing and viral load suppression, this gives me great hope that we will stringently monitor our progress and make the necessary adjustments to achieve success.

Where should the most funds be allocated in the campaign against HIV/AIDS and why?

The focus should be on prevention efforts targeting those populations that drive the epidemic, especially those that we have not adequately reached for a variety of reasons.

In the case of Uganda, we recognise that we need to be more innovative in reaching out to men and to key populations. I am not necessarily saying the greatest funds should go to these, but that these populations should be specifically targeted with appropriate interventions.

What is your vision as the new executive director for IDI?

I am keen to leverage the considerable capacity and track record we have built in the field of HIV and related infections, such as TB and Hepatitis B, to build national and regional capacity for new and emerging infectious disease threats, including viral haemorrhagic fevers, such as Ebola, Marburg and antimicrobial resistance.

Abacus Pharma taking center stage in saving lives



Rukmini Bonthala
Executive Director – Kiboko Group

Back Ground

Kiboko Group, the mother of Abacus Pharma, was established 27 years ago. A few years later in 1995, the proprietors of Kiboko took a decision to set up a pharmaceutical company in Uganda. Hence the birth of Abacus Pharma Ltd

The company was started with a sole motive of solving the problem of inadequate drugs and medicine on the Ugandan market. Most of the drugs were by then being imported from Kenya. Speaking the company executive director Rukmini Bonthala, they started by importing drugs from Kenya and mostly India.

"We worked with manufacturing companies in Kenya and India which started supplying us with a range of pharmaceutical products hence solving the scarcity problem in an affordable manner in Uganda. We started with Kampala but had plans of expanding," Bonthala says. Bonthala also added that the reception they received then was tremendous and overwhelming because the problem we were solving was a huge one. Doctors, hospitals and clinics, really supported us in helping the patients get the medicines.

Expanding

In 2007 the company conceived the idea of setting up manufacturing plant of Intravenous fluids. Bonthala says that IV fluids were also very hard to access and expensive for the pharmacies that could get them. We therefore decided to set up a manufacturing plant of these products to make them easily accessed and made affordable "We did this because we wanted to give back to the community and make our presence helpful and building the country," Bonthala revealed. The plant was later launched in 2009

Now, Abacus Pharma has over 22 branches across the country making accessibility of drugs to be much closer to the patients. And APDL (the IV Fluids plant) is now exporting medicines to over 6 countries with plans to expand to another 10 countries very soon. "Today we employ 290 employees at our

Intravenous Fluids manufacturing plant, 450 employees at Abacus Pharma.

Blood donation and HIV/AIDS tests campaign

Early this year Abacus Pharma rolled out a campaign plan to ensure that the problem of blood shortage in the blood bank is solved. "We have so far organized several camps over the years in Nakawa and neighboring areas to collect blood and in each of these blood donation drives, we have received over 100 people," Bonthala says. Aside from blood collection, the company has gone on to sensitize the people about testing for HIV/AIDS. Bonthala says that most Ugandans still die and spread the virus because of ignorance about their status

Giving back to community

Bonthala intimated that the company gives out 20 scholarships to pharmaceutical students

from across the country. "These students are chosen according to their brilliance and inability to sponsor themselves due to family weaknesses financially," revealed Bonthala

Abacus spends over sh100m per year on these scholarships and has been doing it for the last 8 years. The condition given before one gets the scholarship is that they have to practice in rural areas for at least a year.

Abacus also recently took free medicines to the people of Bududa especially those who got injured in the recent landslides that occurred in that area.

And the company is very engaged in supporting several welfare initiatives within the country and for its employees as well.

