



**Uganda UK
Health Alliance**

2021 UUKHA NEWSLETTER

"At a global level, different agencies are working to accelerate the development, production, equitable access and scaled up delivery of the COVID 19 Vaccines in all regions of the world" *Prof Ged Byrne.*



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Foreword



Professor Ged Byrne

*Director of Global Engagement Health Education England
Co-Chair Uganda UK Health Alliance*

We are a long way short of overcoming the havoc and sadness that COVID19 has brought over the last year and a half but the emergence and rollout of at least 7 effective vaccines is providing hope of an end to a bleak time in our collective histories. At the time of writing more than 30 Million people have received at least one dose of a vaccine, which, whilst demonstrating how quickly such a programme can be delivered when the infrastructure is in place to do so, also highlights the disparity and health inequalities between Western and African Countries.

At a global level, different agencies are now working to accelerate the development, production, equitable access and scaled up delivery of COVID-19 Vaccines to all regions of the world in an expedited manner.

The COVAX facility -the world's facility for universal access to COVID-19 vaccines has already started work to deliver atleast 2 billion doses of the vaccine by the end of 2021. Uganda has received 864000 doses of the AstraZeneca COVID-19 vaccine through the COVAX facility and an additional 2,688,000 doses is expected by June 2021

This is encouraging but still a long way short of

the levels of vaccination required to keep the Ugandan population safe from C19 in the future.

Never has there been a greater illustration that health security and safety can only be achieved through global solidarity, partnership and collaboration and I am delighted to report that the Uganda UK Health Alliance continues to advance this mantra by supporting various global health programs between the UK and Uganda in the different areas of health sector development.

I take the pleasure to thank the various UK institutions, NHS trusts and professionals that have worked with tremendous resilience and innovation with counterparts in Uganda in various areas of the global health in the face of these challenges.

Your efforts and partnerships will form a springboard for us to revisit and pursue global health targets for this decade.

This issue of the UUKHA newsletter features some of the work that has been done in this short window of a stable 2021.

It demonstrates the general aura of optimism in global health partnerships to address other challenges like health workforce, quality improvement, Research and Innovation as well as other areas of health sector development during the year.

I wish you a stimulating read and the assurances of our support in your endeavors.



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Dr Diana Atwine

*Permanent Secretary Ministry of Health-Uganda
Co-Chair Uganda UK Health Alliance*

It is now over a year since the outbreak of the COVID-19 Pandemic; a Public Health threat that has left unprecedented impact in all regions of the World.

The Pandemic has severely disrupted the socio-economic progress and left significant shortfalls in economies of all countries. In the same way the Pandemic has seen Health Systems directly stretched to breaking points ; and decade long gains that had been made to improve various indicators, have been rolled back.

On a positive note, however, this Pandemic has stimulated extraordinary Global solidarity and resilience which has resulted in the expedited development of Public Health interventions to mitigate the Pandemic.

As you may be aware, Uganda like many countries has already started the first phase of COVID 19 Vaccination and different sectors are implementing recovery measures to get the population and country back on its feet. The aspiration from the Ministry of Health is to reach the tail end of the Pandemic whilst simultaneously fast tracking its health development agenda for this decade.

Foreword

I take the opportunity to thank our UK Partners who have consistently supported Uganda's Health sector especially during such challenging times. The Ministry of Health has significantly benefited from the support extended by various programs from the UK departments of government as well as the institutional partnerships across the country

As the Uganda Co-Chair, I want to appreciate the framework of Uganda UK Health Alliance for remaining a strategic linkage between the Health Systems of our two countries.

Last year, UUKHA held its Joint Advisory Board Meeting and Annual symposium. Both events helped us to recuperate and set our priorities for this year. A number of areas of focus have been identified and these include Human Resources for Health, Health Research and Innovation as well as Health Investment and Finance.

I'm delighted to inform the readers that joint programs in these priority areas have already started at government-to-government level and through institutional partnerships. Some of these are indeed highlighted in this issue of the newsletter.

As we optimistically start this year, I wish to reaffirm the strong interest and support from the Ministry of Health , in Uganda, for the UK-led Health Sector developments in our Country.

Updates On Covid 19 Vaccination In Uganda

Editorial



Uganda Launched its first phase of COVID 19 Vaccination on 10th March 2021, 1 year after the first COVID 19 case was confirmed in the country. The first batch of 864,000 doses of the AstraZeneca COVID-19 vaccine was received through the COVAX facility-the world's facility for accelerating universal access to COVID-19 vaccines.

The first phase of the inoculation has started and targets health workers, security personnel; teachers; humanitarian front-line workers, people above 50 years with underlying conditions, people aged 18-50 with the same underlying conditions; and other emerging high risk and priority essential groups as more vaccine doses arrive in the country.

The ultimate goal of the National deployment and Vaccination plan is to vaccinate 49.6% (21,936,011) of the population in a phased manner.

As the process of vaccination is ongoing, MoH has embarked on a population based sero survey study for COVID-19 in Uganda as part

of the national response to the pandemic. The survey seeks to establish the magnitude of the virus in Uganda, identify the risk factors for severe disease and define the rates of symptomatic versus asymptomatic infection in the population and will provide decision makers with a population-based denominator of infections to define the case-fatality rate of the disease.

The ongoing and new public health measures being implemented have resulted in a drastic fall of the number of cases and hospitalization. Uganda is therefore steadily lifting various restrictions to the public that include opening up travel, Schools, markets and other social facilities.

The Ministry of Health is working with partners to recuperate other health services that had contracted as resources focused on fighting the pandemic and will benefit from UK global partnerships that can assist to get these services back on track.



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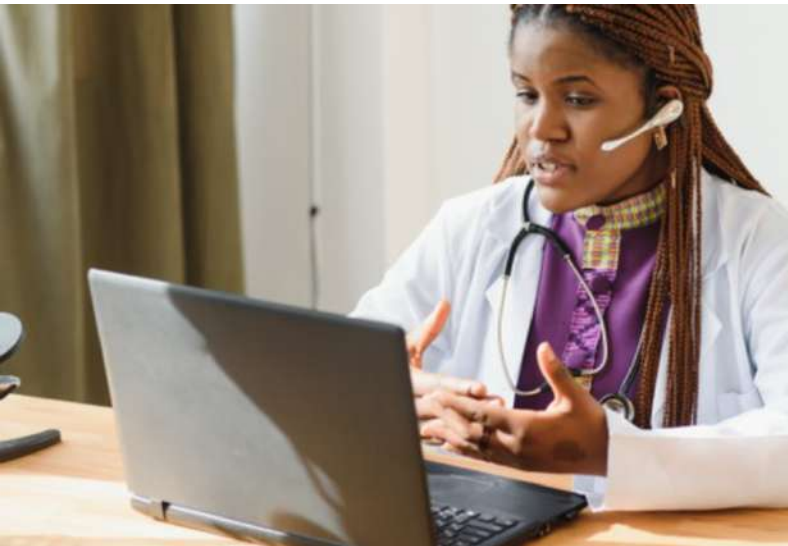


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COVID-19 : Digital Health Trends

Liz Ashall-payne & Kate Gilding

ORCHA



In 2020, amidst the corona virus pandemic, health and care services accelerated digital adoption plans as they established new ways to deliver services.

Throughout the pandemic, ORCHA has been there for our health and care partners, evaluating and distributing digital health solutions, to make sure only safe, secure and effective solutions have been used.

This reach gives ORCHA unique insights into exactly how the UK, and world, is engaging with digital health. Our insights reveal the needs and behaviours of the population since self-isolation, lockdown measures, and remote health and care came into effect.

2020 Digital Health Usage Trend

The ORCHA platform and its search data is an insightful way to explore trends in digital health, providing insight into the search activity of health professionals and the population.

To gain a good perspective on how usage has changed during the pandemic, we have

looked back over the past 24 months, starting before COVID-19. We believe this provides a credible baseline, with 15 months of app search and download data prior to COVID-19 lockdown measures.

The trend reveals the point at which digital health accelerated, with the shift occurring quickly around March 2020, which, of course, for many, was the date when the first lockdown began. This demonstrates the speed at which digital health was identified and embraced as a solution to remote care needs, and the increasing difficulties in accessing face-to-face care.

An encouraging sign is that this shift has been maintained ever since, with adoption continuing to grow, both in numbers and across additional health areas. Usage clearly shows a sustained and increased growth among the public, and health care professionals, who are searching for safe digital health technologies.

Areas of highest demand

ORCHA's research revealed that the initial demand for digital came from the immediate need for COVID-19 and respiratory digital health, followed by mental health aspects of COVID-19 and then onwards towards healthy living and exercise.

The trend provide a snapshot of how digital health can transform access to healthcare. It shows that, if mapped to the patient pathway, they may provide opportunities for improved self-management at every stage

See the full article on www.uukha.org



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Closing The Gap: Rolling Out Basic Mental Health Training During The Pandemic

Professor Ewan Wilkinson | *Jamie's Fund*

Covid-19 has had a widespread effect. The importance of clinical staff having even a basic awareness of mental ill-health and its treatment is all the more important; there are many people whose mental health will have been adversely affected by the impact of the virus. Those attending general clinics may not be complaining of 'anxiety' or 'depression' but come with somatic symptoms such as palpitations or general body pains.

Jamie's Fund has recognised that training in WHO's mental health GAP (mhGAP) programme will help general clinicians in Uganda to improve their skills in recognition and management of psychological difficulties and mental illness.

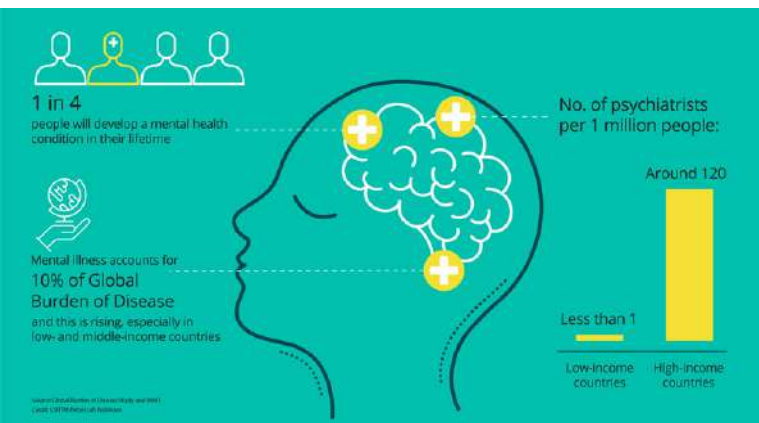
We sponsored two train-the-trainer workshops for staff from 17 hospitals last year. One was in February, just before lockdown, and one in November as it was being eased.

We are now asking these hospitals for proposals to roll out the mhGAP training to the non-specialist clinical staff in their main hospital and linked health centres. We are greatly encouraged that we have had proposals from ten of the hospitals already.



One of the train-the-trainer workshops

We are aware that things are still difficult for some hospitals, as financial flows are not back to normal. We appreciate their commitment to improving the care of those with mental ill health in their communities.



One aspect of our work is enabling hospitals to train non-specialist clinical staff in the mhGAP programme. For the past year we were very limited in what we could do, due to lock down and the associated impact on hospital activity and funding. Things are now easing a bit.



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The Change Exchange Hub

Jo Hart & Lucie Byrne-Davis

University of Manchester



The Change Exchange is a hub for health psychologists with expertise in behaviour change to volunteer with health partnerships and other global health projects helping them to meet their project goals, through the in situ application of behavioural science. Taking a behavioural approach to health partnership work can have benefits.

In our research, we have found that often, health care working training could focus more on practice change, and health workers have not planned how to make changes to their practice, that sometimes their working environment doesn't allow for changes and that sometimes they can feel that change is being imposed on them. All of these factors make it harder for projects to help health workers and ultimately patients.

The Change Exchange works with partnerships by helping partnerships to:

1. Specify behaviours that need to change for the project to be successful
2. Explore the barriers and facilitators to behaviour changes

3. Develop the interventions (eg training, or other ways to support staff) to change practice, based on best evidence and theory of behaviour change

4. Work out how and if interventions have been successful in changing behaviour

A number of our partnerships/collaborators have been based in Uganda, including supporting midwives (Uganda Private Midwives Association and the Royal College of Midwifery, UK), excellence in obstetrics care (Kitovu District, and the Royal College of Obstetrics and Gynaecology, UK), creating a community of researchers to understand, evaluate and drive behaviour change of healthcare workers (with Makerere School of Public Health), Safer Anaesthesia SAFE training in obstetrics, paediatrics and operating room (World Federation of Societies of Anaesthesiologists) and anti-microbial stewardship (London School of Hygiene and Tropical Medicine, Makerere University College of Health Science, Infectious Disease Research Collaboration and Department of Pharmacy; Cambridge University Hospitals NHS Foundation Trust. Mulago National Referral Hospital; Gulu University, Health Education England and Manchester Metropolitan University).



Suicide Awareness And Prevention Project Comes To An End

Greg Harrison & Kim parker

Sheffield Health and Social Care NHS Foundation Trust.



Suicide is a global issue. 800,000 people die by suicide every year, many will be under 30 years old. 79% of suicides happen in low and middle-income countries, where access to mental health care and services is often limited or does not exist.

Since 2006, northern Uganda has experienced a period of relative peace, however, the effects of the atrocities committed during the over twenty year's civil war by the Lord Resistance Army (LRA) has resulted into considerable psychological trauma and disability, increase in alcohol and drug abuse among the population in the post conflict northern Uganda. Of recent, the cases of suicide have been rising steadily in Acholi sub-region in northern Uganda.

The data collected by Gulu Sheffield Mental Health Partnership (GSMHP) in Northern Uganda (Acholi sub-region) indicates that a total of 80 (23F, 57M) people ended their lives by suicide between January and October 2020".

Gulu Sheffield Mental Health Partnership has been implementing a one year Suicide Awareness and Prevention training project targeting the health workers in the lower health facilities in Gulu district to help in combating the public health concern. However, it noted that community leaders are also crucial in suicide prevention in the community because they hold a lot of opinions therefore a number of community leaders were trained during the project period,



Between November 2019 and December 2020, the project has trained a total of 225 health workers, 136 community leaders and 18 journalists to help in combining efforts in combating suicide which is a public health issue.

As the project comes to an end, the Gulu-Sheffield Mental Health Partnership will continue to improve mental health services in the region through various initiatives.



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Understanding Ageing perceptions And interventions in Uganda

Dr Rosalind Parkes-Ratanshi
Lauren Kahunde

University Of Cambridge - Academy for Health Innovation Uganda.

A picture of Ageing is a study that combined demographic, phenotypic, social science and artistic methods in order to understand the life of Older persons in Uganda; Wakiso District, Busukuma Sub-County. The project was successfully implemented with the unwavering support of the University of Cambridge, Makerere University/Infectious Diseases Institute as well as the Ugandan Ministry of Gender Labour and social Development; which is directly responsible for older persons.

ing their perceptions and general well-being. The older persons were thrilled about this study since it provided them with an opportunity to voice their concerns, interact with young people as well as showcase some of their capabilities.



A Data collector taking the Older persons through an exercise to check their Cognitive flexibility through computer games

A colourful and exciting exhibition was held to close the project activities in the community as well as bring together the older persons and their community leaders.

A series of workshops and interactions have since taken place in a bid to collaborate and influence policies regarding the older person in Uganda.

It also brought to light many pertinent issues concerning the older person for example issues of access to health care services, income generating activities and their social well-being; most of which had previously not been attended to.



The team of Investigators from University of Cambridge, Makerere University, artists and data collection team on a site visit

It was led by a group of researchers who are experts in their different fields in Psychiatry, Infectious Diseases, Geography, Population Studies, Psychology, Public Health as well as humanities.

For a period of 4 months, a team of data collectors spent time with the Older persons from 150 households, Interacting with them and assess-



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New website and online support For treatment of children with Retinoblastoma in Uganda

Marcia Zondervan

International Centre for Eye Health, London School of Hygiene & Tropical Medicine



long-standing eye health partnerships.

Rb-NET has established regular online multidisciplinary team (MDT) meetings to enable specific cases to be presented and strategies for management to be optimised. Participants include ophthalmologists, pathologists, paediatric oncologists and radiologists.

Uganda has spearheaded the use of online technology for Rb-NET MDTs, with two held in 2020 and the next one booked for early 2021; the Rb centres at Ruharo, Mbarara and Mulago, Kampala are active participants.

The sessions have proved so popular that a new website is being launched to host the national Rb-NET MDT meetings and enable members to access recordings and case studies from previous sessions, to enhance their learning.

If you are involved in management of retinoblastoma in Uganda and would like to join the national Rb-NET MDTs, please use the contact form: Contact – RB NET MDT (rb-net-mdt.org)

Retinoblastoma (Rb) is a rare but deadly cancer, which affects approximately 9,000 children globally per year. The Retinoblastoma Network (Rb-NET) was established to enhance the quality of care of patients diagnosed with retinoblastoma.

Rb-NET is formed of 10 Rb treatment centres in six sub-Saharan African countries (Uganda, Tanzania, Malawi, Kenya, Nigeria and Zimbabwe), linked with experts from specialist Rb centres in the UK, India, Israel, Europe and the USA.

Rb-NET was established by the VISION 2020 LINKS Programme at the International Centre for Eye Health, LSHTM, in 2017 and is based on



Uganda Rb-NET MDT online meeting



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A Glaucoma Toolkit for Africa

Fatima Kyari

*The International Agency for the Prevention
Of Blindness*



Glaucoma is an important public health problem in sub-Saharan Africa, where it accounts for 15% of blindness. It is estimated more than 1 in 100 people in East, Central, and Southern Africa are affected by the condition.

But for people who live in remote areas, early detection is often not possible because medical care is inadequate.

The first Toolkit for Glaucoma Management in Sub-Saharan Africa has been co-developed by more than a dozen high level, renowned glaucoma experts and general ophthalmologists from the region. The toolkit builds on the important ICO Guidelines for Glaucoma Eye Care and counts with invaluable contributions from the International Council of Ophthalmology (ICO), the International Agency for the Prevention of Blindness (IAPB), the College of Ophthalmology for Eastern, Central and Southern Africa (COECSA), the Francophone African Ophthalmic Society (SAFO), the West African College of

Surgeons (WACS), the African Glaucoma Consortium, the Ethiopia, Uganda, Ghana, Nigeria and South Africa Glaucoma and Ophthalmological Societies, as well as the scientific community and major international training institutions.

This unprecedented and dynamic toolkit, developed and owned by African eye care professionals and glaucoma specialists, is instrumental to guide ophthalmologists, glaucoma specialists and glaucoma care team members and programme planners to set up integrated glaucoma care services adapted to their very own context and to strengthen the health systems sustainably. Its development was made possible thanks to funding from Light for the World and the Else Kröner-Fresenius-Stiftung.

The launch of the tool kit took place on March 10th, 2021. The event outlined the development process of the toolkit and presented its content to the audience, including learnings from piloting its use in Nigeria.

For more information Visit:

<https://www.iapb.org/learn/our-events/focus-on-glaucoma/focus-on-glaucoma-webinars/launch-of-a-toolkit-for-glaucoma-management-in-sub-saharan-africa/>



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Developing Nursing and Midwifery Leadership in Uganda

Ruth Davis, Julia Downing, Joy Kemp, Gill Knight, Elizabeth Bannon

*University of South Wales (USW),
Royal College of Midwives, Queens University Belfast*



Nurses and midwives make an enormous difference to the health and well-being of a nation. In Uganda they make up 72% of the public health workforce, but with a ratio of 1:11,000 population, limited leadership capacity and poor access to continuing professional development the ability to influence change is limited.

Our UK project team, made up of nurses and midwives with long-term commitments to Uganda, obtained a grant from the Wales and Africa Grant Scheme and Heb Ffin (a small Welsh non-governmental organisation) for a one-year project to explore the leadership development needs of nurses and midwives in Uganda and to make recommendations for further development. The project was developed under the umbrella of the Nursing Now 2020 initiative, together with support from the Ugandan Ministry of Health, the Commissioners for Nursing and Education and Nursing Now Uganda.

Over a hundred nurses and midwives met in nine different focus group discussions groups spread across the country (Kabale, Kampala, Mbale and Gulu) share perspectives on different aspects of their profession



The results have been compiled, recommendations made and a framework for leadership development drafted with the support of our Ugandan partners via email and virtual Zoom meetings.

Feedback has provided to the Welsh Government, key stakeholders in Uganda and everyone who was involved in planning and attending the focus group discussions.

Subject to further funding, the plan is to work with our Ugandan partners to take the project forward by refining and implementing a leadership competency framework with supporting learning resources



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The GBS PROGRESS Study

Kirsty Le Doare, Mary Kyohere

St George's University of London,
Makerere University John Hopkins Collaboration.

The GBS PROGRESS study is a Prospective cohort and nested case-control study that focuses on surveillance of Group B Streptococcus (GBS) in pregnant women, their babies and infants admitted to the paediatric units of Kawempe Hospital, Makerere University – Johns Hopkins University (MUJHU) Research Collaboration.



Primary aim: establishing maternal anti-GBS antibody concentration in infants with GBS disease compared to healthy controls.

Secondary outcomes: establishing health-centre level active surveillance for neonatal sepsis and meningitis and GBS-related stillbirths; establishing the neurodevelopmental outcomes of infants with GBS disease in Uganda up to 2 years of age; and determining the GBS colonization rate and serotypes in Ugandan women at delivery.

Methods: Rectal and vaginal swab samples are taken from mothers in labour to establish the prevalence of genitourinary GBS colonization among pregnant women. Maternal and cord blood samples are also collected to establish the presence and quantity of maternal antibodies against GBS and whether these are being passed on via the cord to the baby.

Any infants between the ages of 0 – 90 days admitted to the Acute Care Unit or paediatric wards with signs of sepsis have a blood sample taken off for blood culture, as well as a lumbar puncture if indicated, to establish the incidence of GBS-associated sepsis and/or meningitis. Parents of babies found to be GBS positive on blood culture are consented for neurodevelopment follow-up whereby the babies are assessed for long term neurological sequelae of GBS infection. Heart stab samples are taken from stillborn babies to establish the incidence of GBS-related stillbirths.

Over nearly two years, we have collected samples from 6,293 labouring women, including more than 11,500 rectal and vaginal swabs, more than 6,000 maternal and cord blood samples, and 248 heart stab samples from stillborn babies. We have assessed 8,468 infants admitted with sepsis and taken 7,656 blood culture samples. We currently have 18 babies undergoing neurodevelopmental follow-up till 2 years of age.



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The WoMANPOWER STUDY

Kirsty Le Doare, Mary Kyohere

St George's University of London



WOMANPOWER Study is a maternal vaccine trial looking at the safety and immunogenicity of combined pertussis-containing vaccine (Tdap) for HIV-infected pregnant Women and their newborns, at Kawempe Hospital, under Makerere University – Johns Hopkins University (MUJHU) Research Collaboration.

This is a randomized, observer blind, controlled 2x2 clinical trial aiming at recruiting 200 women, 100 of whom are HIV positive with 100 HIV negative controls. Half the participants in either arm (HIV positive or HIV negative) will be randomized to receive either the standard of care vaccine (Td) or the trial vaccine (Tdap) at their second vaccination.

Inclusion criteria: Women aged 18 years or older at 16 – 26 weeks gestation, carrying a singleton low risk pregnancy.

Primary Outcomes

Primary Outcome 1: Anti-pertussis toxin (PT)

and anti-FHA IgG concentrations in cord blood of Tdap-vaccinated HIV-infected vs. HIV-uninfected pregnant women.

Primary Outcome 2: Anti-pertussis toxin (PT) and anti-FHA IgG concentrations in cord blood of Tdap -vaccinated vs. Tdap -unvaccinated pregnant women and whether this differs by maternal HIV status

Primary Outcome 3: Anti-PT and anti-FHA IgG concentrations in infants born to Tdap vaccinated vs Tdap -unvaccinated pregnant women 4 weeks after the completion of a series of primary vaccination with 3 doses of wP vaccine, and whether this differs by maternal HIV status.

Secondary outcomes:

Secondary Outcome 1: Anti-PT and anti-FHA IgG concentrations in HIV-infected and HIV-uninfected pregnant women following Tdap vs Td vaccination during pregnancy (4 weeks post-vaccine & at delivery)

Secondary Outcome 2: Anti-PT IgG antibody avidity for all comparisons above

Secondary Outcome 3: Serum bactericidal activity for all comparisons above.

Secondary Outcome 4: Anti-PT IgG and anti-FHA placental transfer ratios in each of the four groups with comparisons between groups

Secondary Outcome 5: Tetanus Toxoid antibody responses in each of the 4 groups with comparisons between groups at all time points including transfer ratio

Over the past 4 months the study team has enrolled 114 women to the study, all of whom have received their first vaccination. 64 have received their second vaccination, 44 have had a post vaccination blood draw and two deliveries have occurred.



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UK Small Charities Challenge Fund (SCCF) Grant

Bethan Rees

Harpenden Spotlight On Africa



Bukasakya Health Centre in action

SCCF grants are given to improve the lives of the most vulnerable and marginalised.

HSoA was chosen along with 13 other UK-registered, grassroots charities and our SCCF project aims to increase immunisation coverage and health education and to improve maternal care in Bukasakya sub-county in Uganda.

Having developed a Community Health Outreach Programme over the last 10 years, HSoA opened The Bukasakya Level 3 Health Centre in November 2017; and in its 1st year we had over 50,000 patients. The Health Centre provides a comprehensive 24/7 service to include general outpatients, maternity care and child-birth facilities. It is also supported by an ambulance service.

Why Immunisation and Maternity Care?

A recent survey undertaken by Spotlight on Africa in our community of Bukasakya reveals very high home delivery mortality rates, which are far higher than even the Ugandan national

average (336 per 100,000 live births).

UK Aid supports HSoA Community Health Programme of 180 Community Health Promoters (CHPs) who have been trained, to work in collaboration with our Health Centre in order to double the number of childbirth facilities.



Community Health Outreach work

The Community Health Programme will:-Immunise more children as part of our Outreach Programme

-Overcome barriers to health seeking behaviour for women

-Increase ante-natal clinic attendance

-Increase the number of deliveries in a safe environment

COVID-19

The need is even greater as a result of the Covid-19 pandemic. Outreach work is critical to engage with communities that have become more isolated as a consequence of lockdown measures. HSoA ambulance service has been in greater demand and has proved essential in bringing those in need to the Health Centre. Spotlight tailors have supported the clinicians and patients by making over 10,000 face masks.



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GULU4AMS -An Anti-Microbial Stewardship Project in Gulu

Helen Slattery | Manchester University NHS Foundation Trust



The “Gulu4AMS” project describes a two-year UK Aid/Fleming Fund initiative designed to tackle antimicrobial resistance, which ran from 2019 to 2021.

The project involved UK partners from Manchester University NHS Foundation Trust, Manchester Metropolitan University, Health Education England, University of Manchester, Bradford Institute of Health Research and in Uganda, Gulu Regional Referral Hospital, Gulu University and St Mary’s Hospital, Lacor.

The key aim of the project was to co-develop and deliver, high quality continuous professional development (CPD) in Gulu’s two hospitals, to support colleagues to adopt antimicrobial stewardship practices.

Additionally, the first Global Point Prevalence Survey in Gulu was completed and a review of AMS within Gulu University undergraduate healthcare student curriculum was conducted.

One key aspect in developing the CPD was to

incorporate behavioural science to help facilitate professional practice change and specifically to support overcome barriers staff faced in following antimicrobial guidelines.

212 participants were trained initially, with 25 of this cohort being trained as future Trainers..

Following training, prescriber ratings suggested higher perceived opportunity and motivation to prescribe in line with antimicrobial guidelines. For nursing staff, training seemed to strengthen their perceived capability, opportunity, motivation, intentions and planning to record doses and missed antimicrobial doses. Pharmacists’ ratings suggested they saw more opportunity to discuss problems in prescriptions with other professions.

A second training in November 2020 was undertaken and delivered by the Lead pharmacists from both Gulu and Lacor hospitals to a further 97 participants indicating that training in AMS could be delivered beyond the end of the project.

For more information contact Helen.slattery@hee.nhs.uk



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The 'MABI' approach to revive Quality Improvement (QI) activity: sharing our experience in Gulu Regional Referral Hospital, Uganda

Mai Khalifa, Abigail Aston-Payne | *Health Education England,*



They developed the 'MABI' approach to empower all healthcare professionals of different levels to participate in planning and participating in quality improvement activity within a department. The overall aim was to engage all staff in participating and leading QI work no matter what level you are, with the overall aim of improving service delivery outcomes and embed QI culture within a health facility.

Four departments were trained to use this approach and each had an improvement goal with planned tasks for 6-12 weeks. We gathered feedback to from staff regarding the sessions.

The Improving Global Health (IGH) Programme, is a Leadership development programme for clinicians and Non clinicians in the English NHS. It provides benefit to all participants – the NHS participants (IGH Fellows) as well as the overseas' health teams with whom they work collaboratively on system-strengthening projects.

In February 2019 2 Fellows, Mai Khalif and Abi Aston Payne started their six month placement at Gulu Regional Referral hospital although this was cut short due to COVID. The Programme was designed as a "virtual" placement for February 2021 and this has enabled the fellows to continue their work on Quality Improvement with the hospital despite remaining in the UK.

During the stay, the fellows worked with staff at Gulu Regional Referral Hospital to revive QI activity within the hospital to tackle the key challenges they face in each department.

95% of staff had increased confidence to plan and perform QI activity
Improvements seen include: improvement in waste segregation, hand washing facilities installed, education materials on hand-washing and hand hygiene developed and overall improvement in staff compliance with handwashing.

Currently the fellows have started a virtual fellowship as part of the IGH programme with colleagues in Gulu in February 2021 to resume the work started. They hope to share their experience and outcomes after six months so that this approach can be adopted in hospitals across Uganda to empower leadership from 'within a team' to train and engage healthcare professional in QI activity.



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Sustainable Health Workforce Symposium 2021

Theme:

"Building Sustainable Health Workforce strategies for Universal Health Coverage"

Dates:

28th-29th April & 12th-13th May 2021

Hosts:

Tropical Health and Education Trust, African Centre for Global Health and Social Transformation (ACHEST), Ministry of Health- Uganda & Health Education England



5th Uk East Africa Health Improvement And Investment Summit 2021

Theme:

COVID-19 and its impact on global health, collaborative research, funding policy and capacity building"

Dates:

27th April, 2021

Hosts:

University of Manchester



Royal College of Psychiatrists International Congress 2021

Dates:

21-24 June (Entirely Online)

Hosts:

Royal College of Psychiatrists



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