

Infectious Diseases Institute

Faculty of Medicine

Makerere University

Mulago Hospital Complex

Key Performance Indicators

For period ending 30 September 2007

9 November 2007



Contents

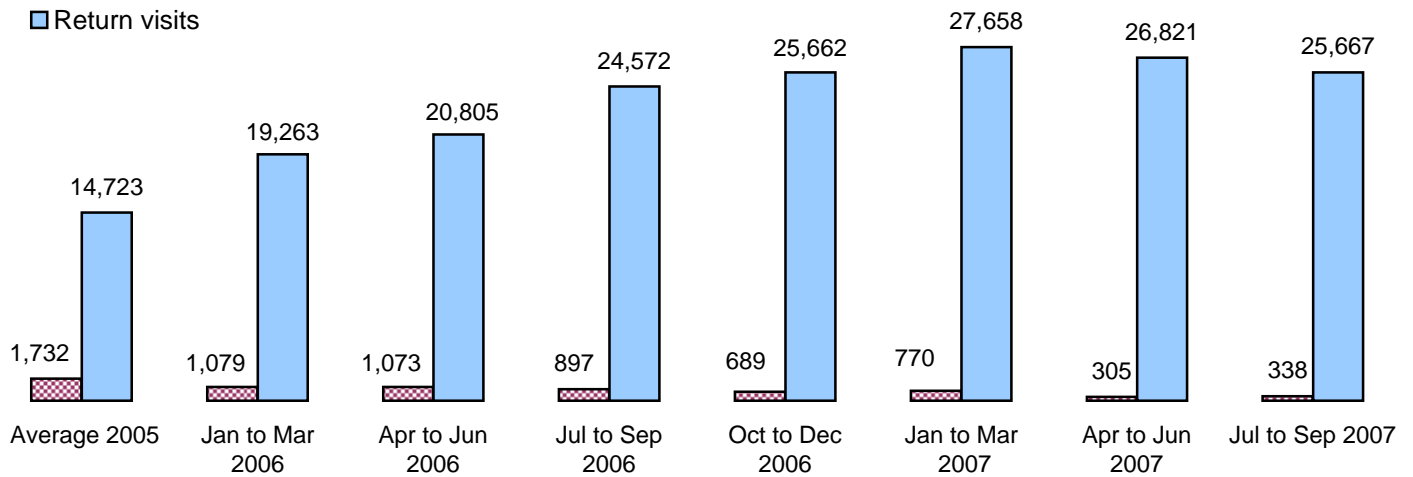
	<u>Data Range</u>	<u>Page</u>
IDI Prevention, Care and Treatment Programme		
Total Client Visits by Quarter	Jan 2005 to Sep 2007	3
Average Daily Client Visits by Quarter	Jan 2005 to Sep 2007	3
Active Clients by Gender	As at 30 Sep 2007	3
Total Client Visits by Type by Quarter	Jan 2005 to Sep 2007	4
Average Daily Client Visits by Type by Quarter	Jan 2005 to Sep 2007	4
Active Clients by Area of Residence	As at 30 Sep 2007	4
Active Clients by WHO Stage	As at 30 Sep 2007	5
Active Clients by ART Status	As at 30 Sep 2007	5
Total Client visits by location	2007 quarterly	6
Active Clients by ART Regimen	As at 30 Sep 2007	6
Sources of ARV Funding for IDI Clients	As at 30 Sep 2007	6
IDI Training Programme		
HIV/AIDS Trainees by Profession	2002 - 2006 annually; 2007 cumulative	7
Funding of HIV/AIDS Trainees	2002-2005 cumulative; 2006 annual; 2007 cumulative	7
HIV/AIDS Trainees from Uganda and other African countries	2002-2005 cumulative; 2006 annual; 2007 cumulative	7
Ugandan HIV/AIDS Trainees by Area of Residence	2006 annual; 2007 cumulative	7
HIV/AIDS Trainees by Country of Residence	Cumulative to Sep 2007	8
HIV/AIDS Trainees by Profession	2007 quarterly	9
Sources of HIV/AIDS Trainee Funding	Cumulative to Sep 2007	9
AIDS Treatment Information Centre (ATIC) queries answered per quarter	2004 - 2005 average per quarter; 2006 onwards quarterly	9
Malaria Trainees by Profession	Oct -Dec 2006; 2007 quarterly	10
Other Trainees	2007 quarterly	10
Research and Laboratory		
Value of Current Research	As at 30 Sep 2007	11
Core Laboratory Testing Volume by Quarter	Sep 2004 to Sep 2007	11
IDI Resource Generation		
Number of Grants and Contracts by stage of development	As at 30 Sep 2007	12
Number of proposals submitted in last year	Oct 2006 to Sep 2007	12
Value of Grants and Contracts by stage of development	As at 30 Sep 2007	13
Value of Grants and Contracts by type of funder	As at 30 Sep 2007	13
Value of Grants and Contracts from major funders	As at 30 Sep 2007	13
Grants & Contracts Outlook - Gross Revenue to IDI	2006 - 2010	14
Grants & Contracts Outlook - Contribution to IDI Core Costs	2006 - 2010	14
Cumulative value of grants generated by IDI	2005 - 2007	14
Notes to Figures		15

IDI PREVENTION, CARE AND TREATMENT PROGRAMME

Total Client Visits by Quarter

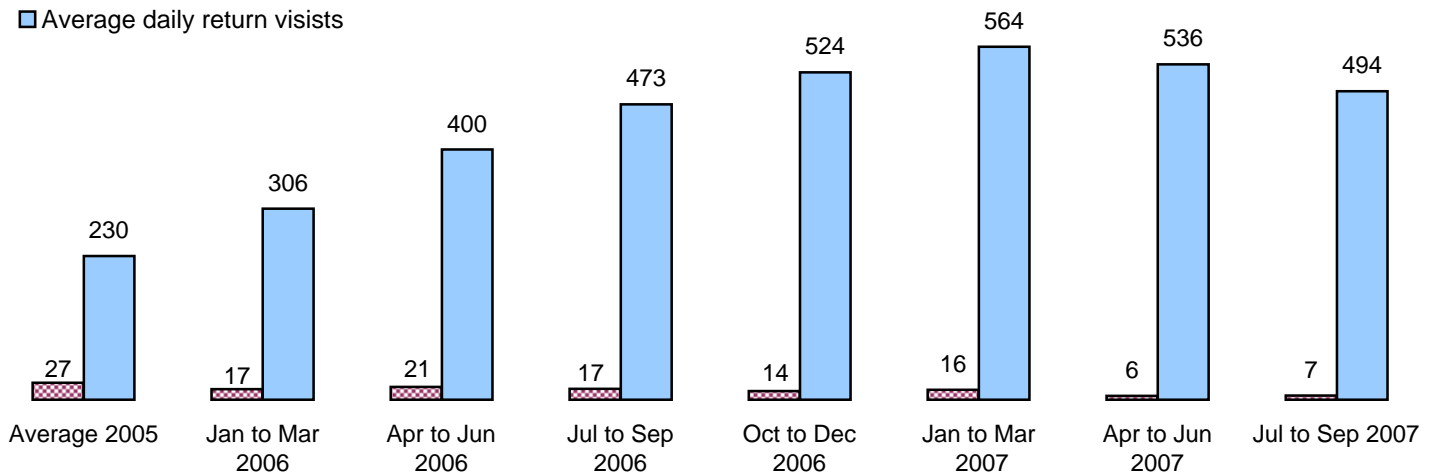
Total visits since Jan 2005 : 373,059

- New clients
- Return visits



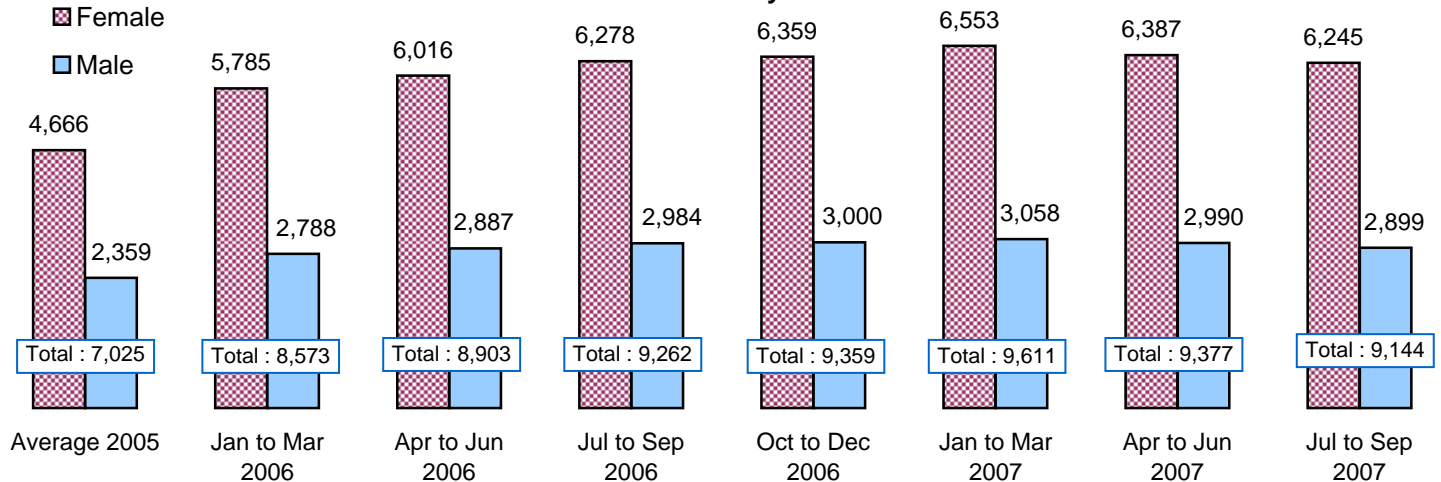
Average Daily Client Visits

- Average daily new visits
- Average daily return visits

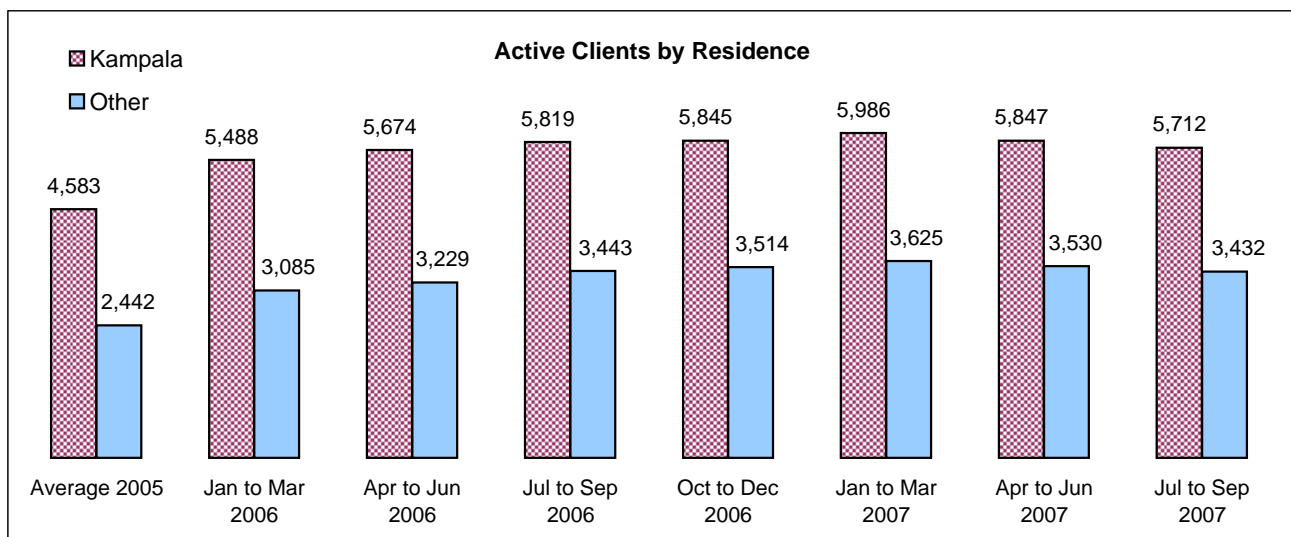
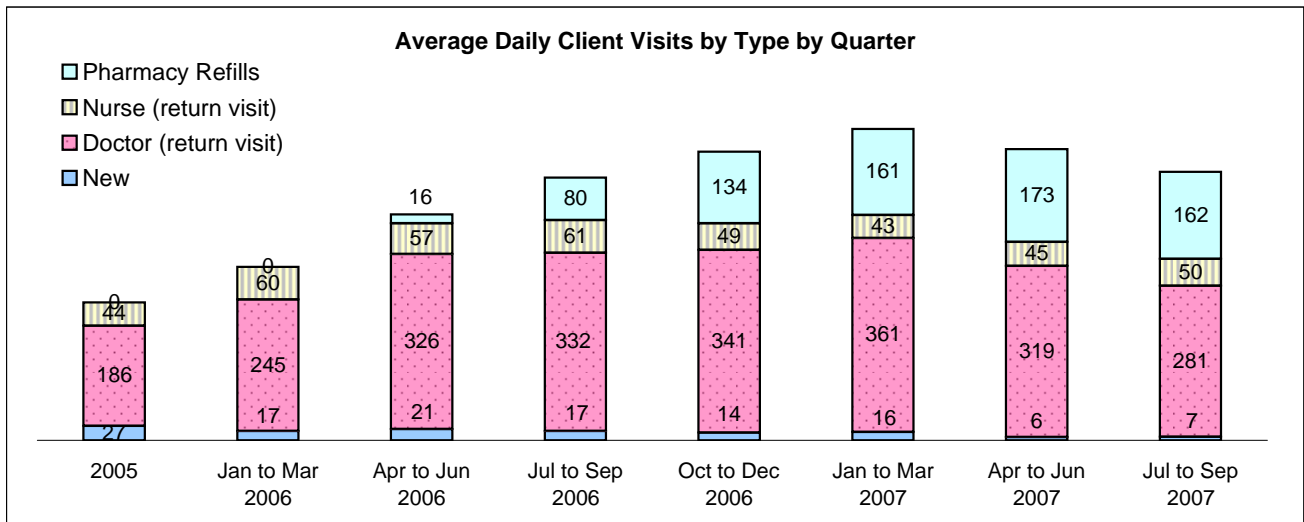
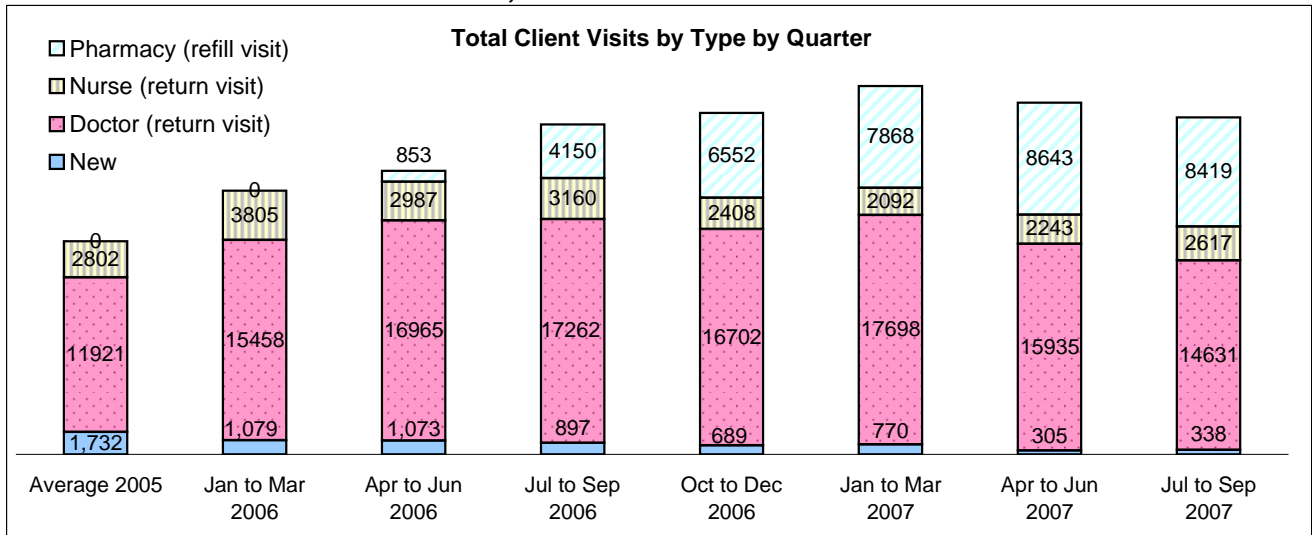


Active Clients by Gender

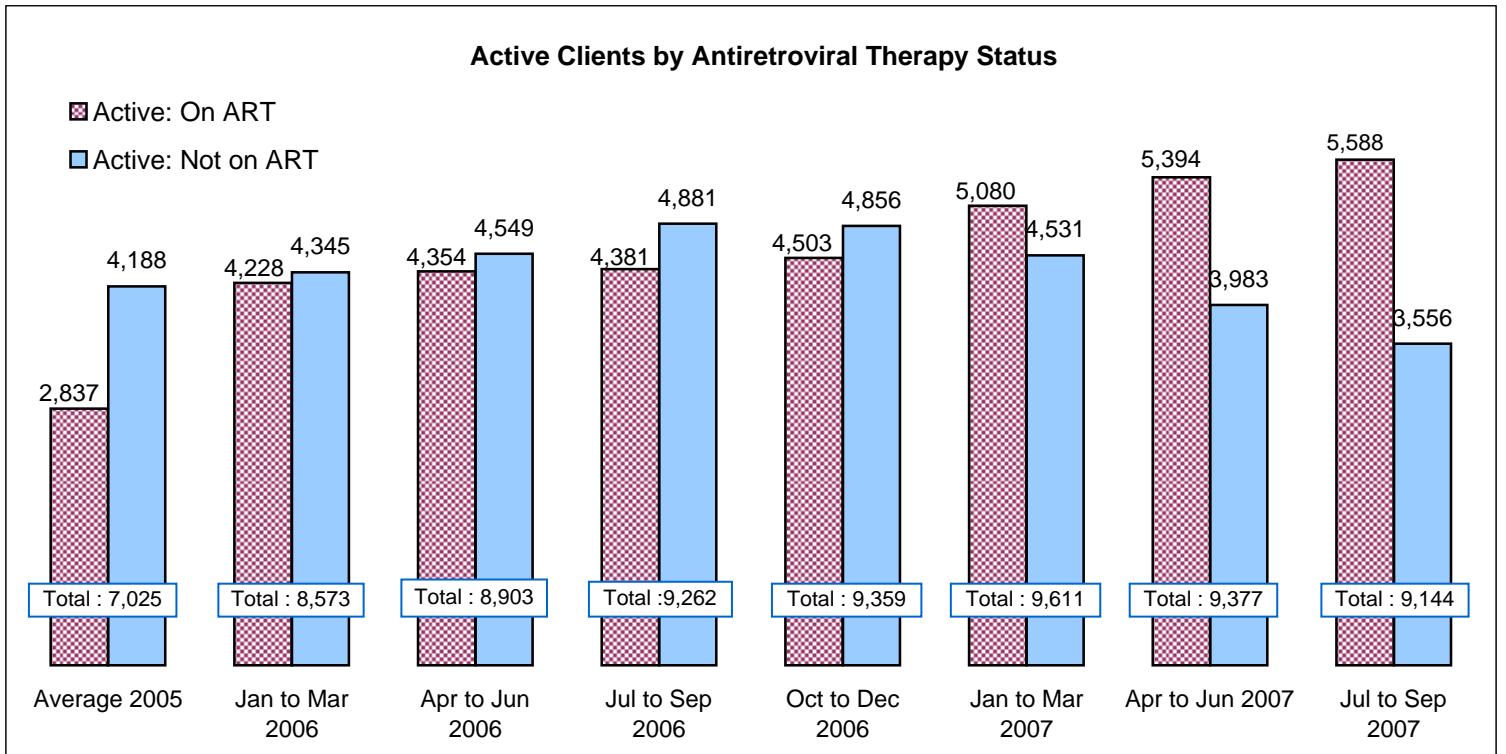
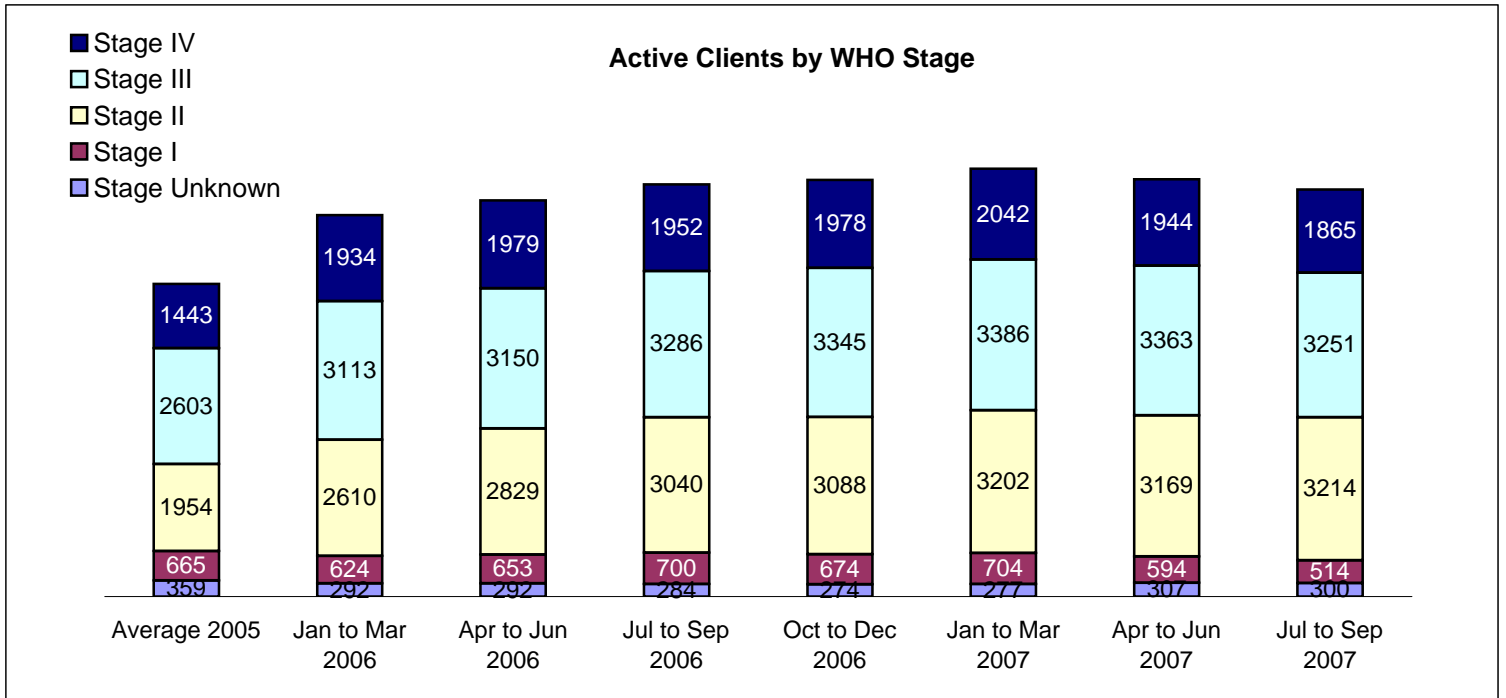
- Female
- Male



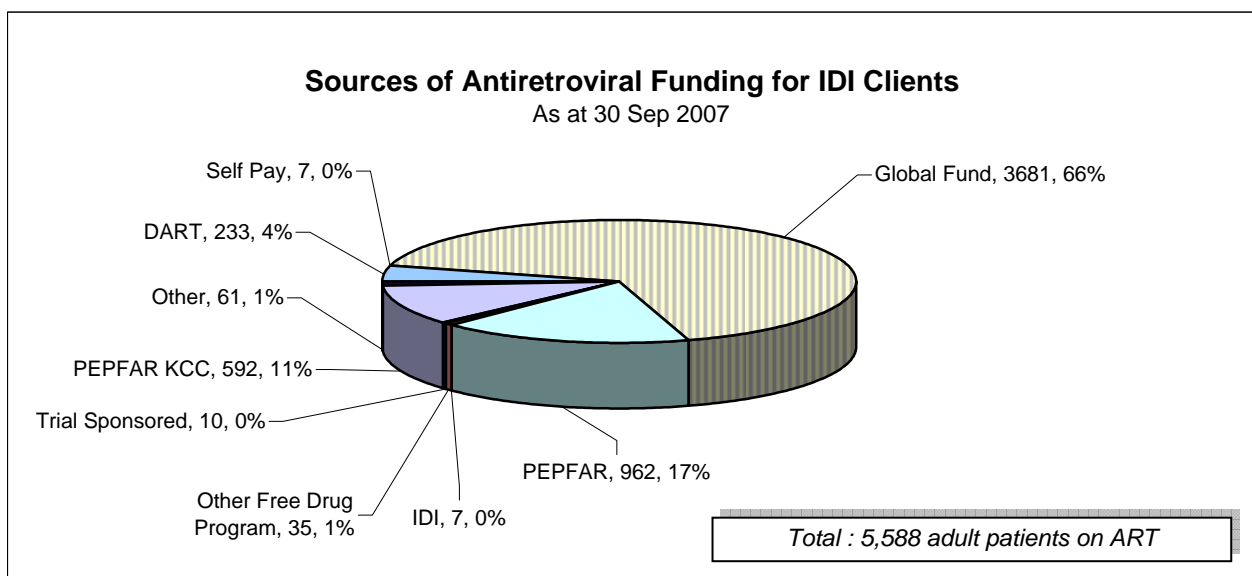
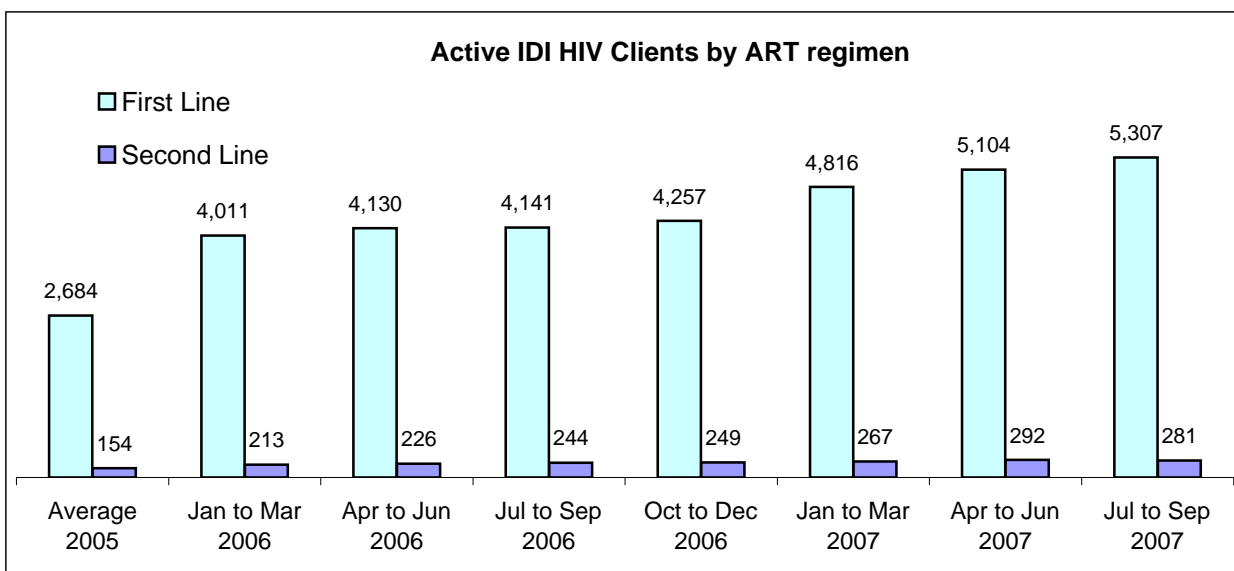
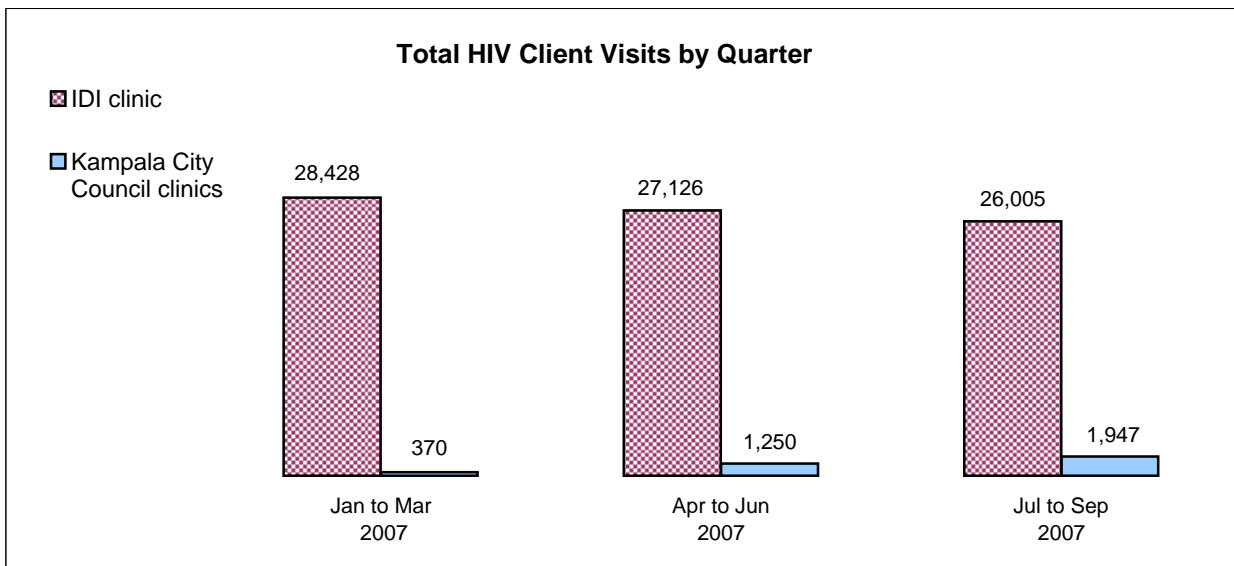
IDI PREVENTION, CARE AND TREATMENT PROGRAMME



IDI PREVENTION, CARE AND TREATMENT PROGRAMME



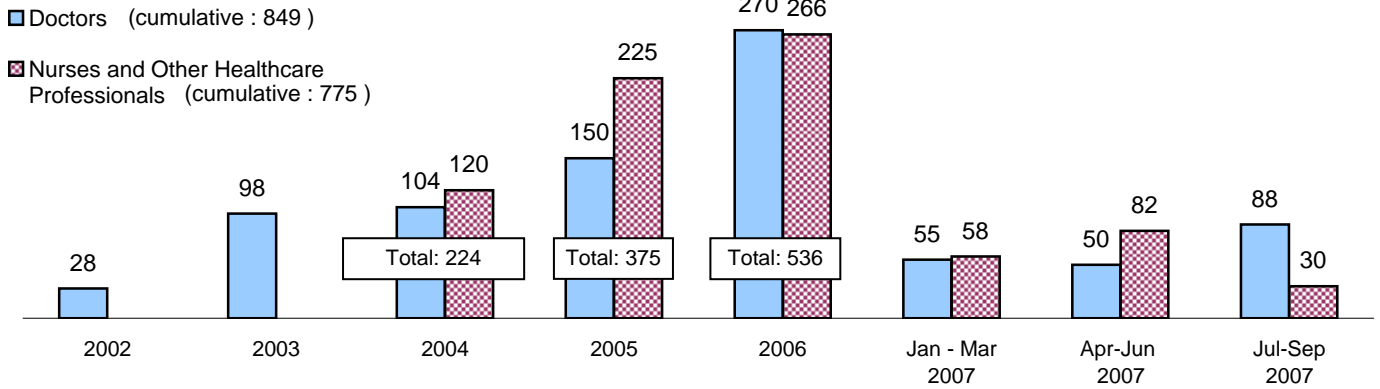
IDI PREVENTION, CARE AND TREATMENT PROGRAMME



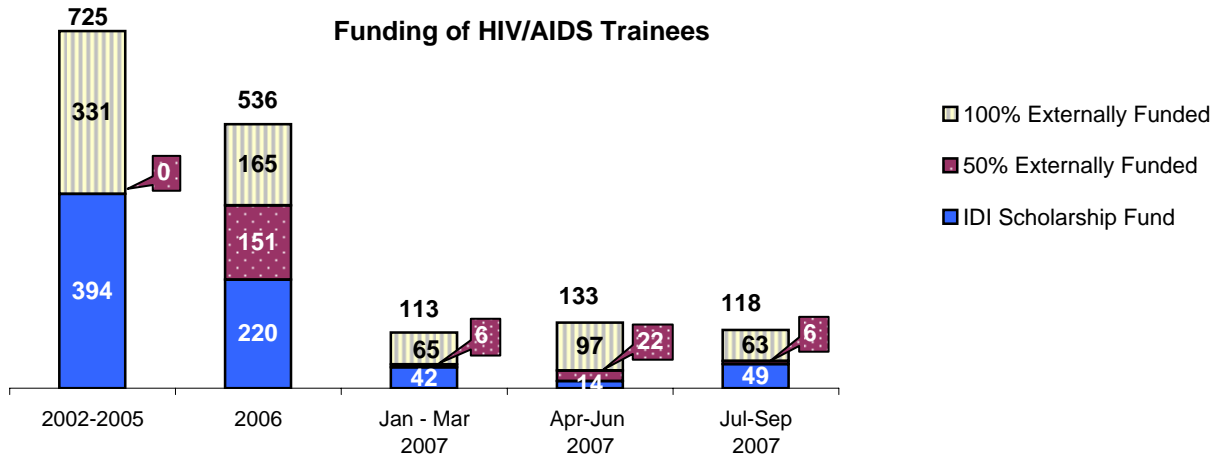
HIV/AIDS TRAINING PROGRAMME

HIV/AIDS Trainees by Profession

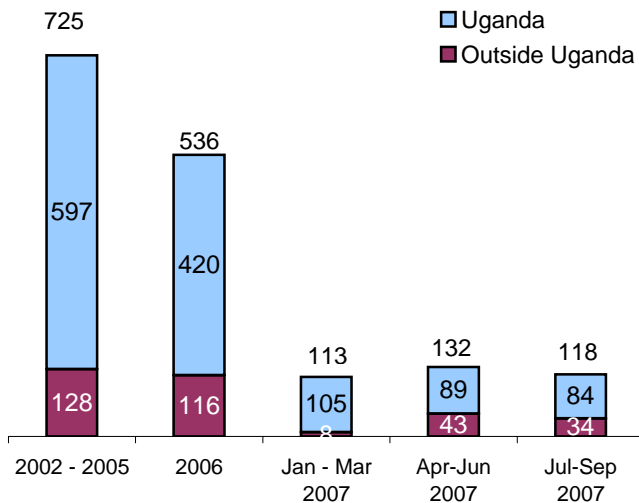
Cumulative to 30 Sep 2007 : 1,638



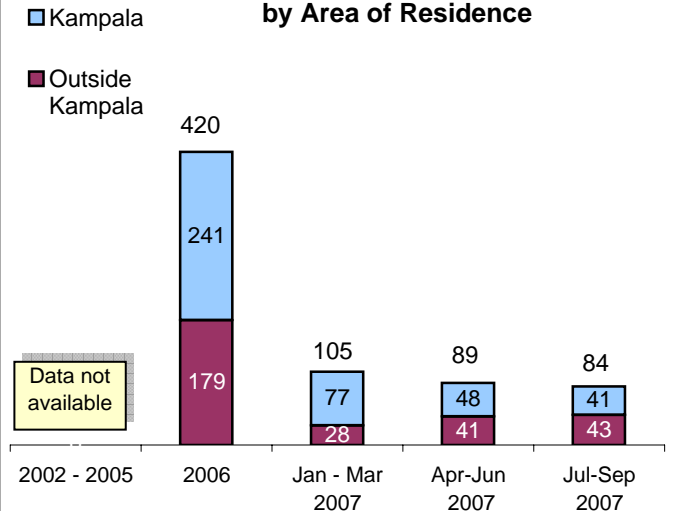
Funding of HIV/AIDS Trainees



HIV/AIDS Trainees from Uganda and other African countries



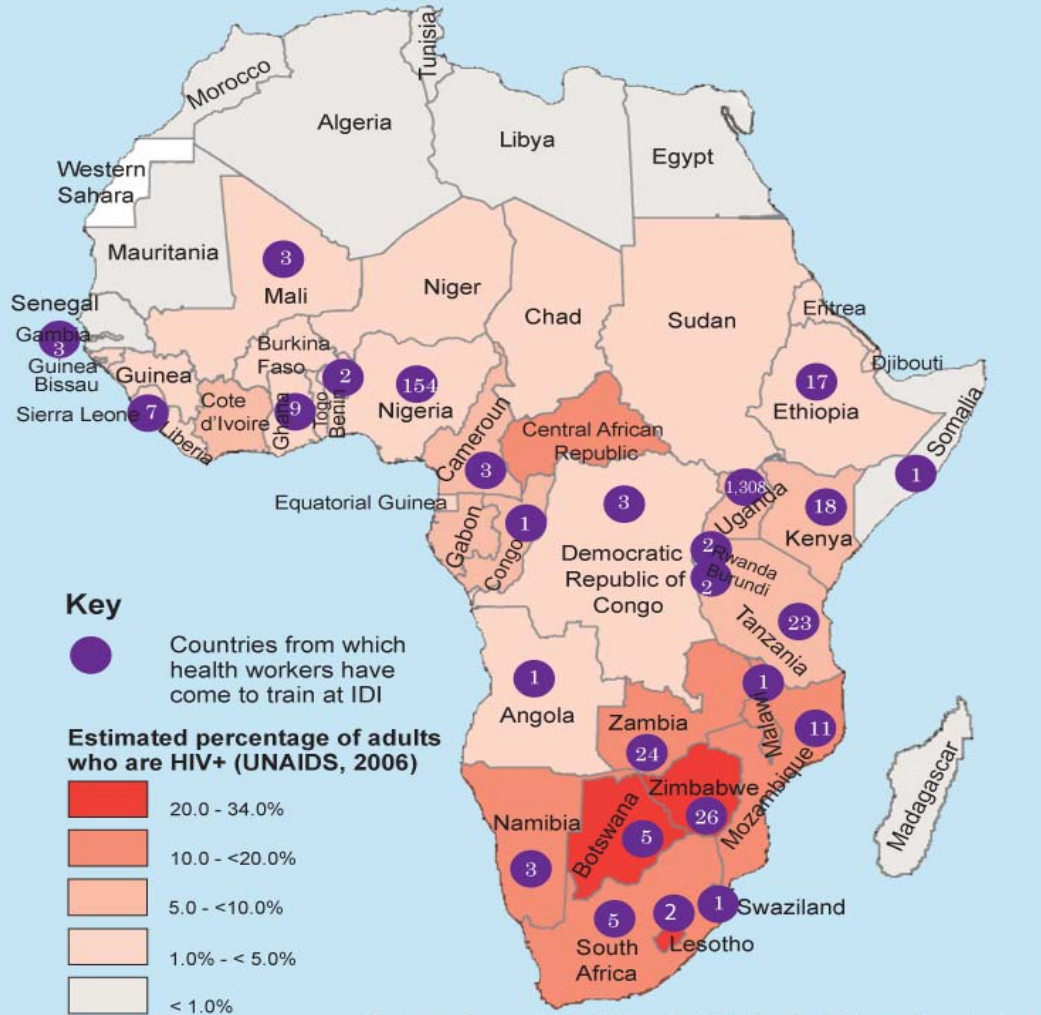
Ugandan HIV/AIDS Trainees by Area of Residence



HIV TRAINING PROGRAMME



Coverage of IDI's HIV & Lab Training Programmes as of September 30, 2007

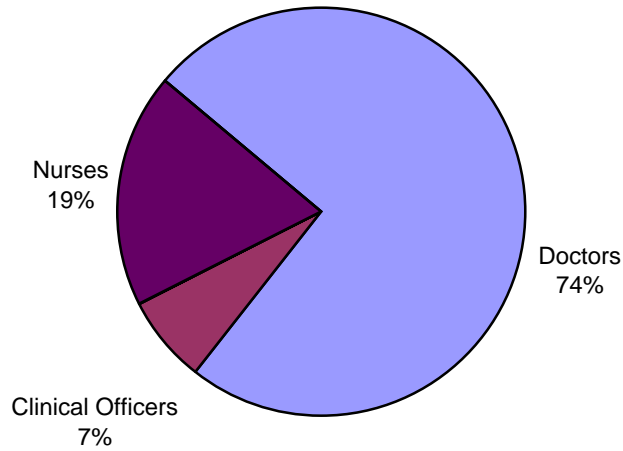


Cumulative Training Statistics (September 30, 2007)

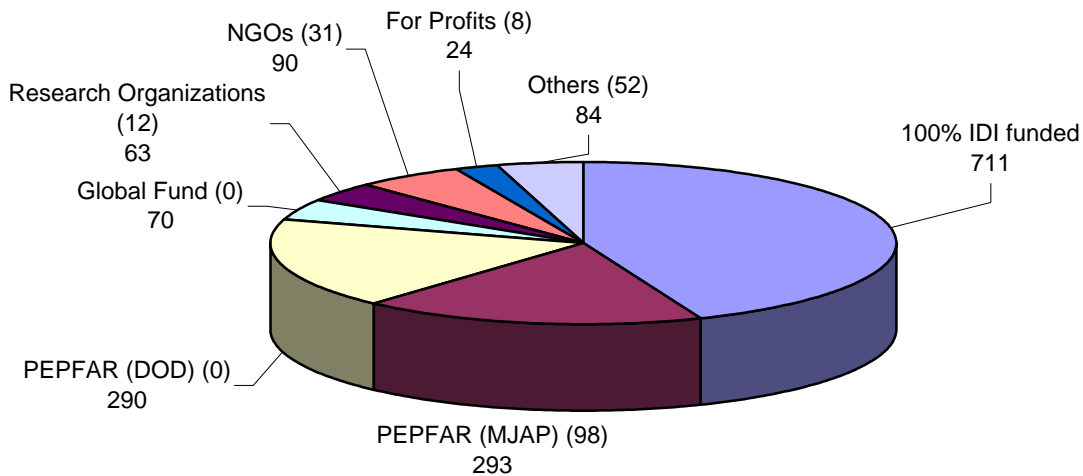
Number of Trainees	
Medical doctors	849
Other health workers	789
Total	1,638
Number of African - countries	
	26

HIV/AIDS TRAINING PROGRAMME

HIV/AIDS Trainees by Profession (Jul - Sep 2007 detail; excluding lab)



Sources of HIV/AIDS Trainee Funding (excluding lab) : 2002 to Sep 2007

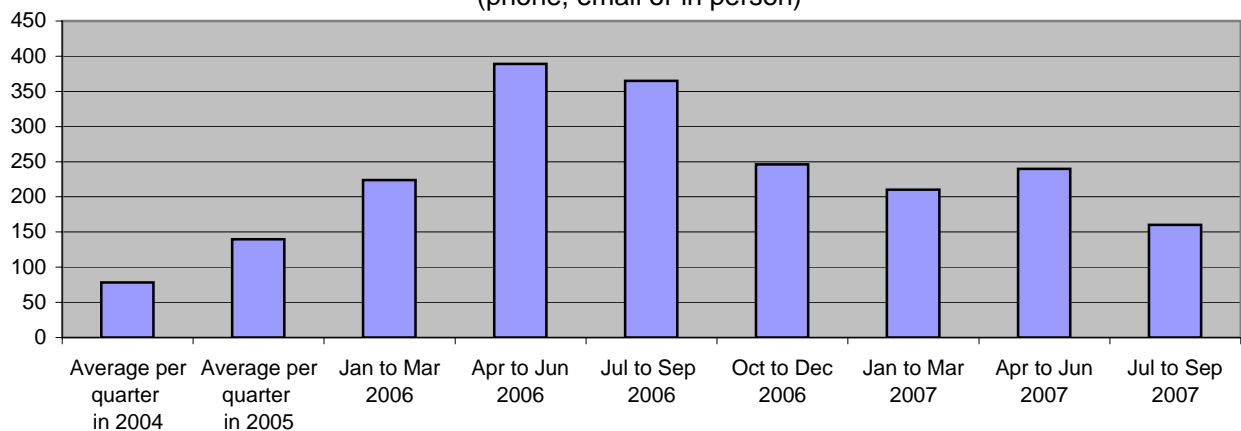


Other

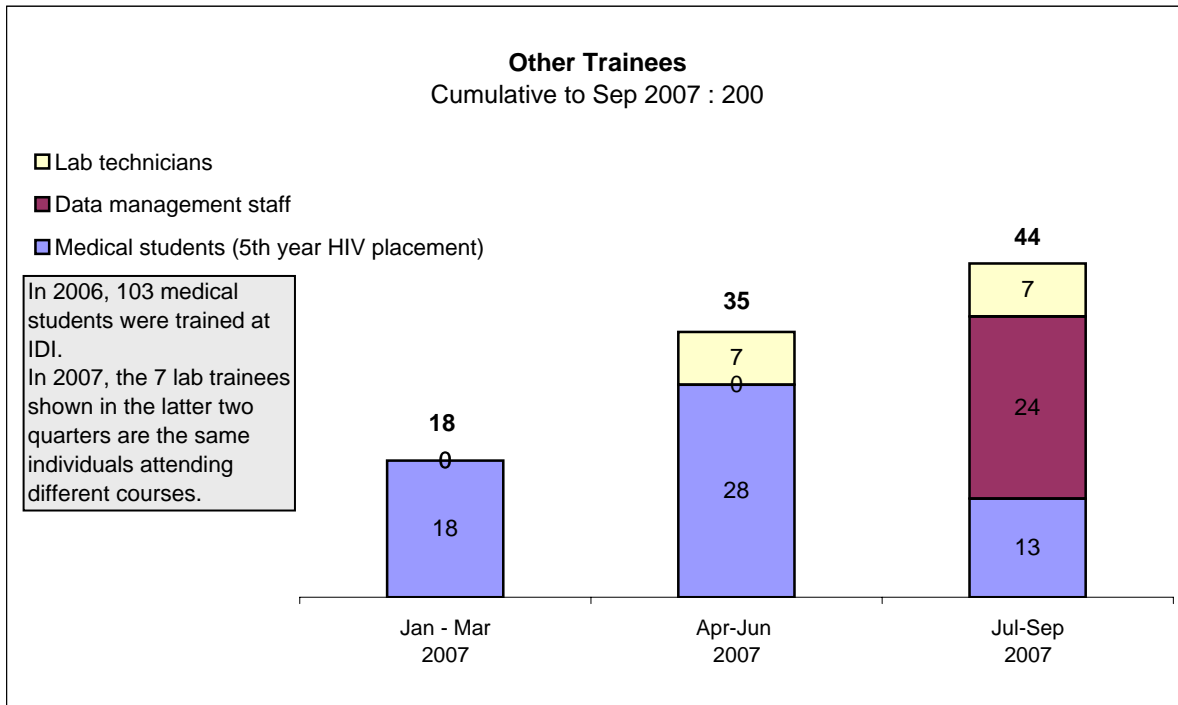
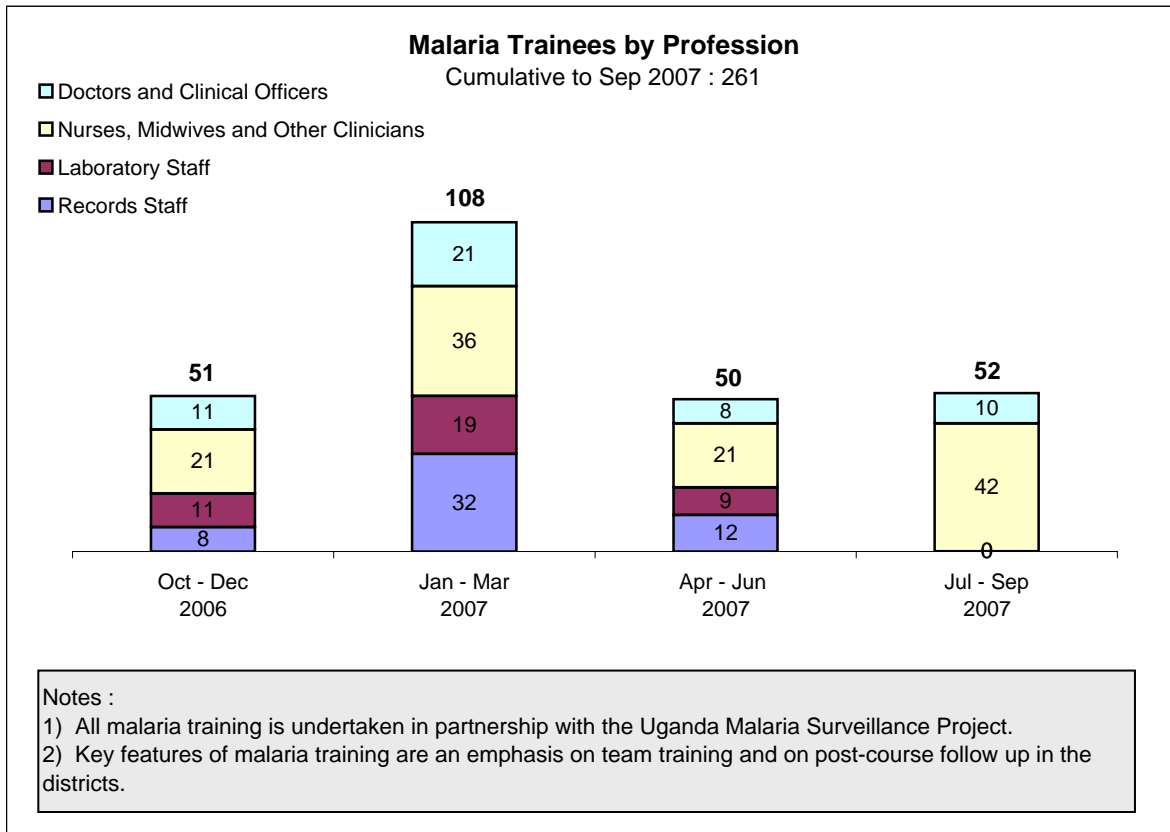
Malaria : All funded by ExxonMobil in 2006 and 2007
Lab : All funded by Becton Dickinson in 2007

Chart shows cumulative number of trainees by source of funding; with those 50% funded by IDI (from January 2006) shown in brackets. The unbracketed figure is the total of both fully and partially sponsored

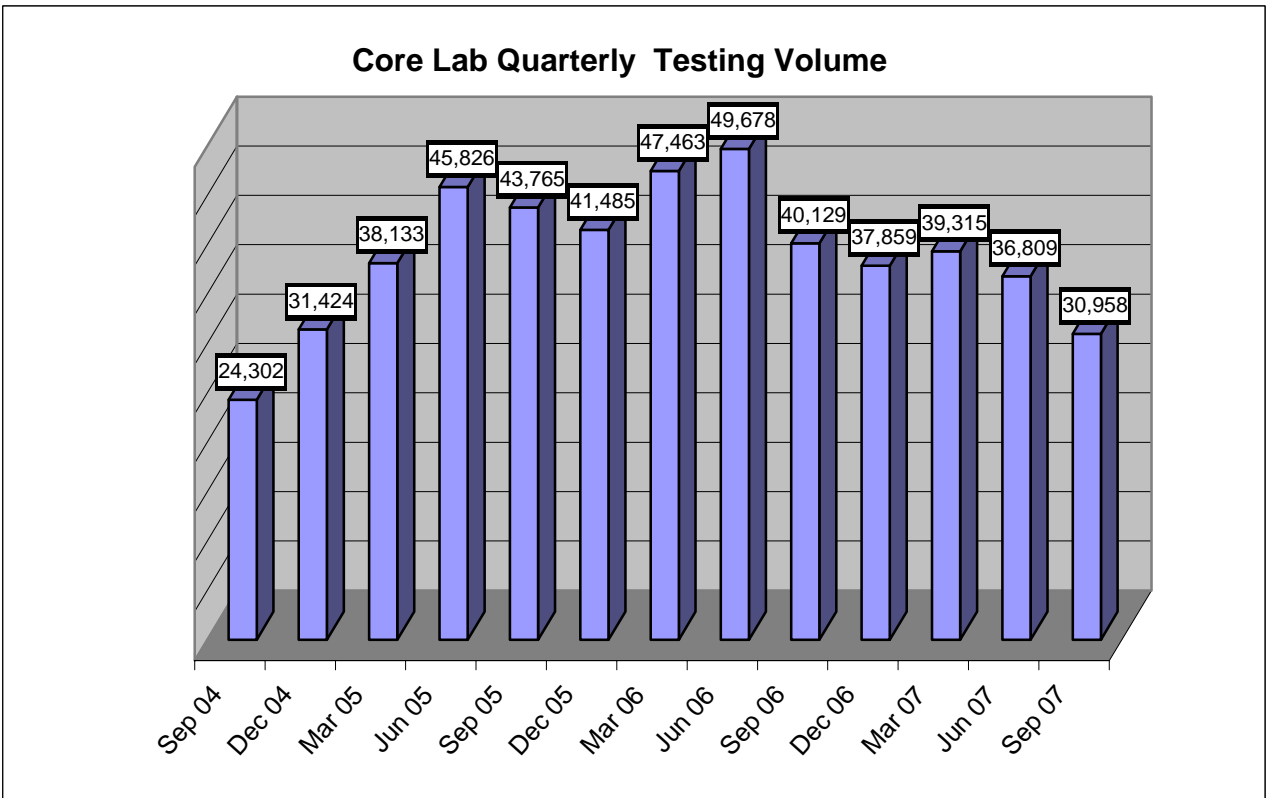
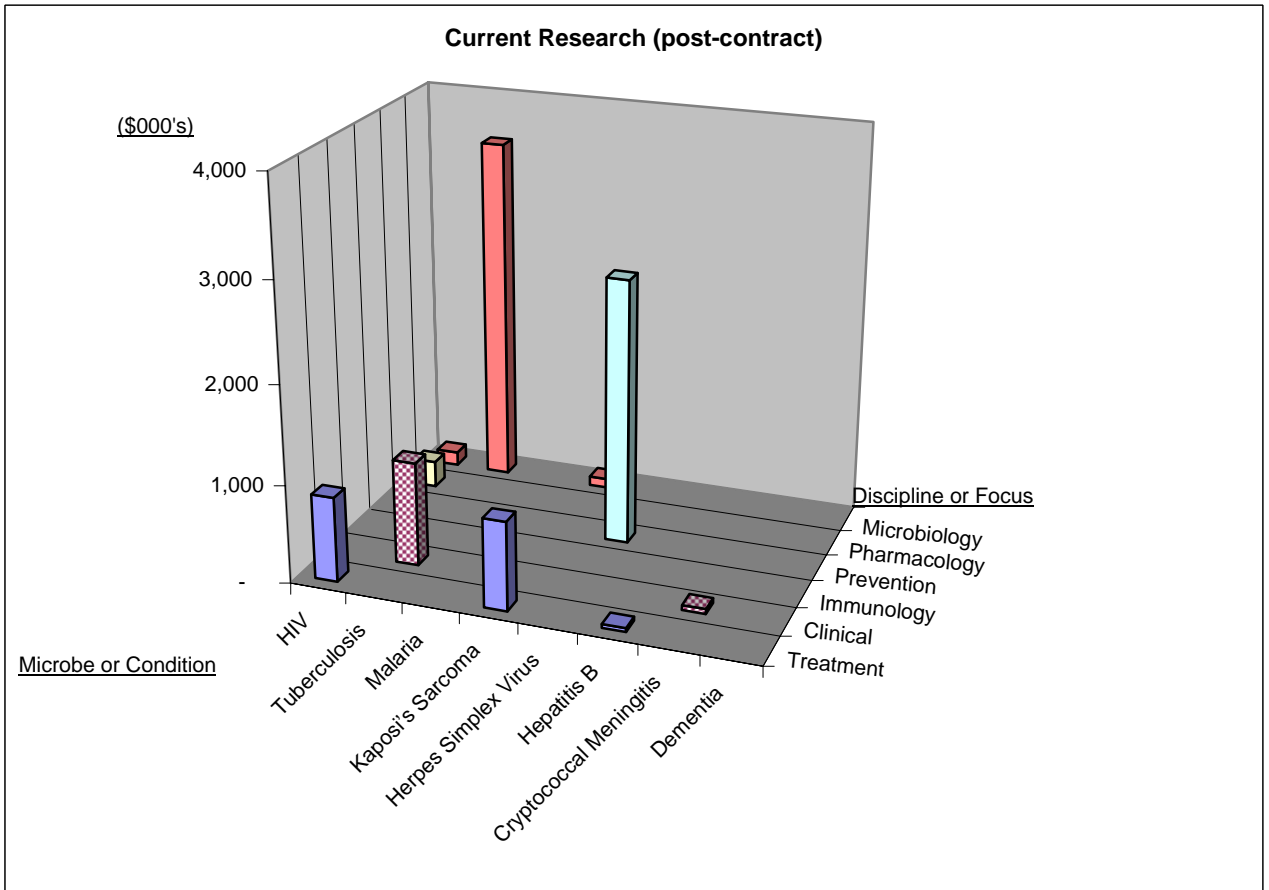
**AIDS Treatment Information Centre (ATIC) queries answered per quarter
(phone, email or in person)**



MALARIA AND OTHER TRAINING PROGRAMMES

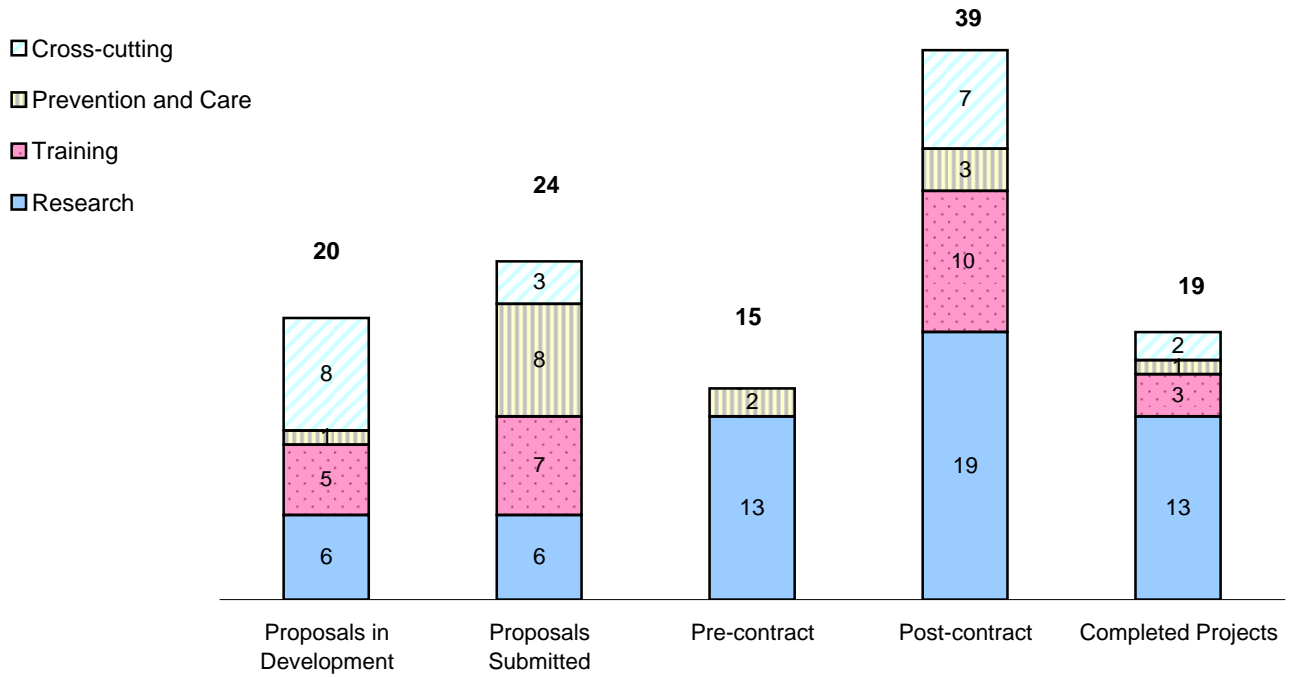


IDI RESEARCH



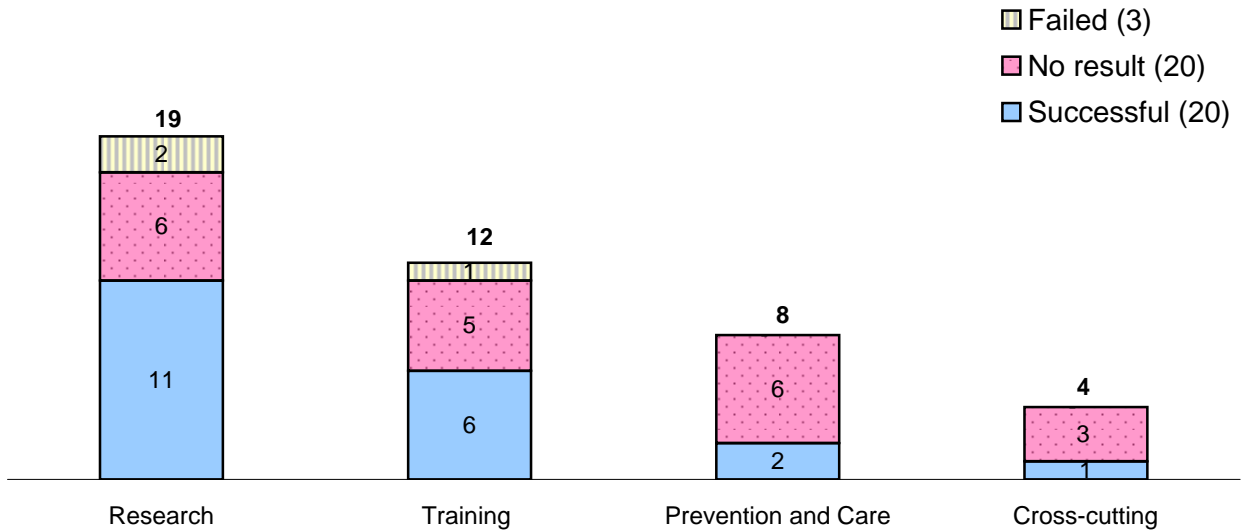
IDI RESOURCE GENERATION

Number of Grants and Contracts at various stages at Sep 30 2007

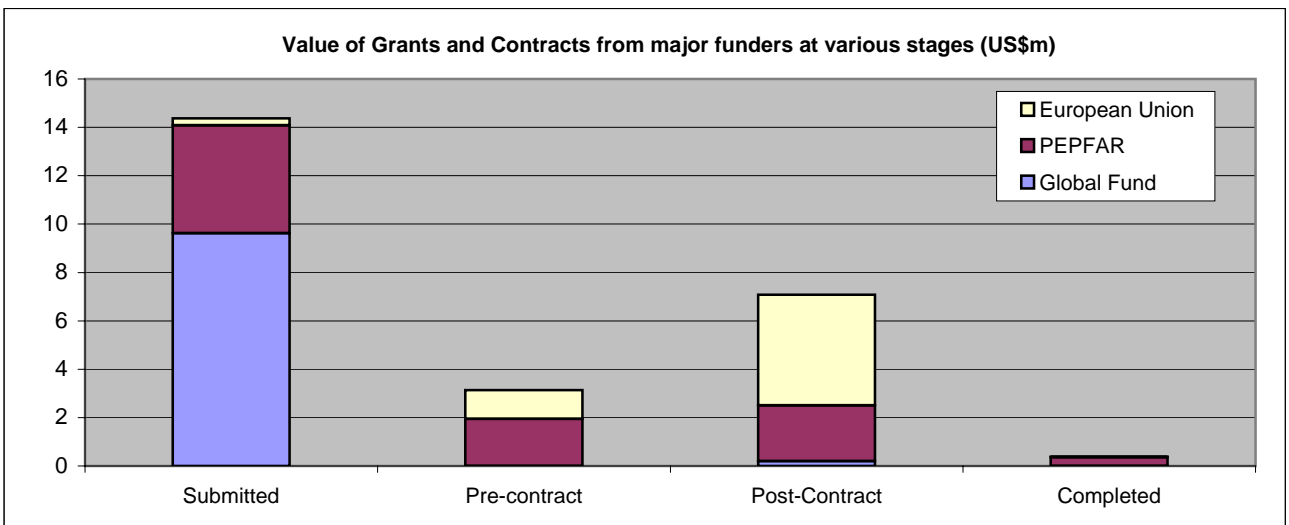
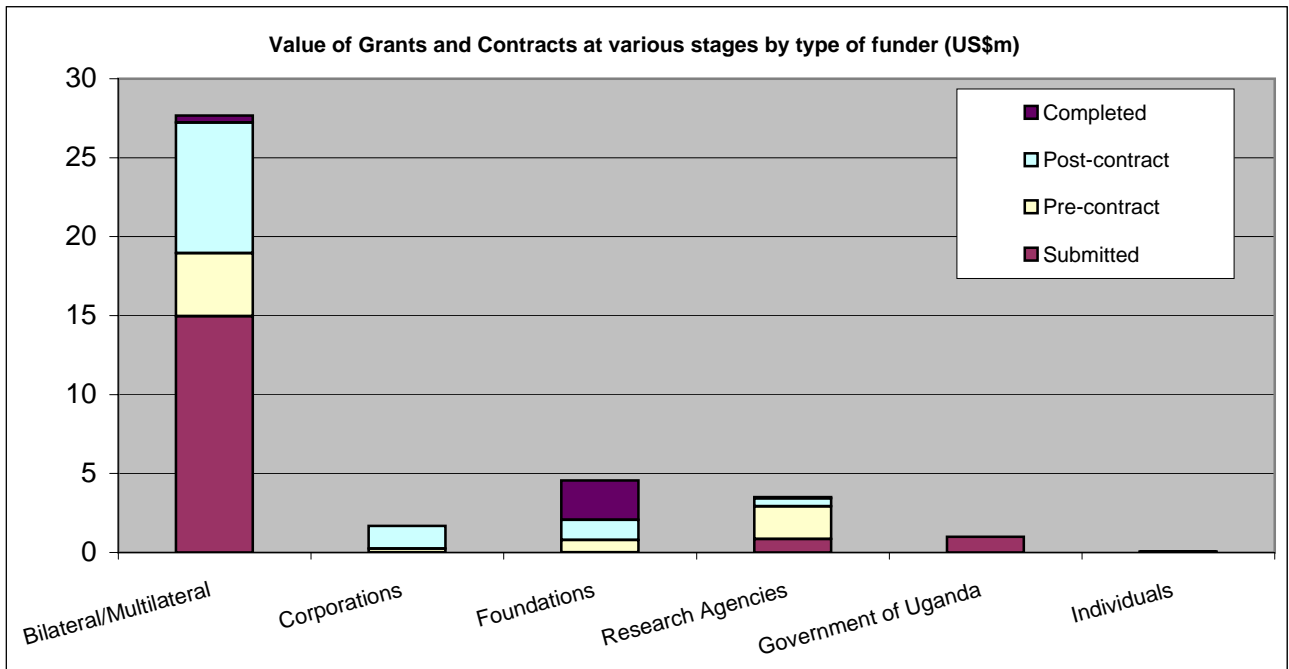
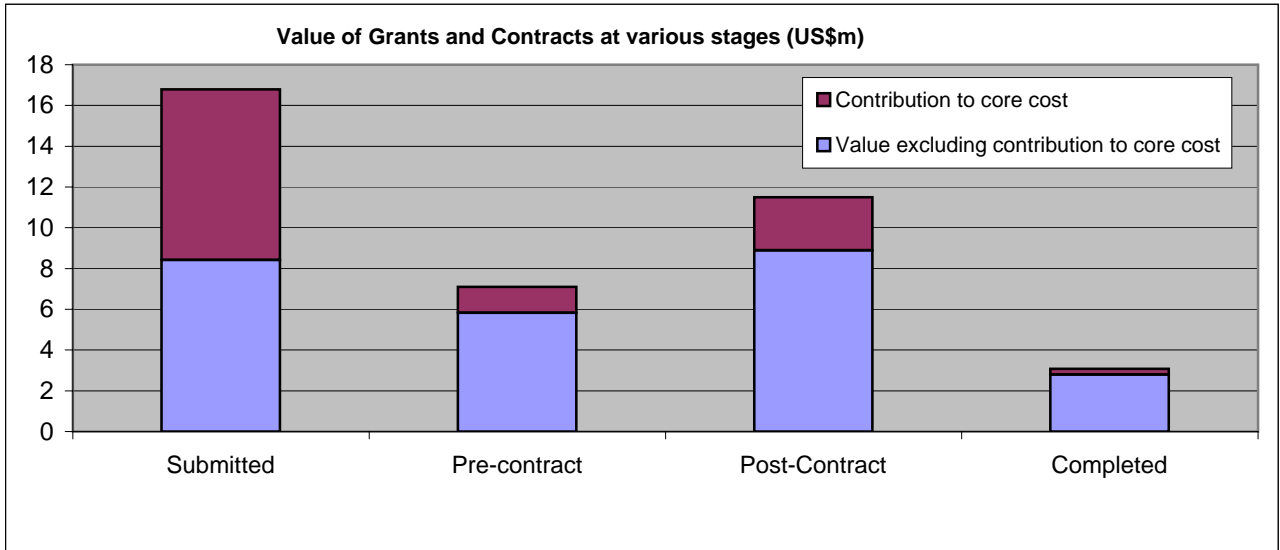


Proposals submitted - 1 Oct 2006 to 12 Oct 2007

Total : 43

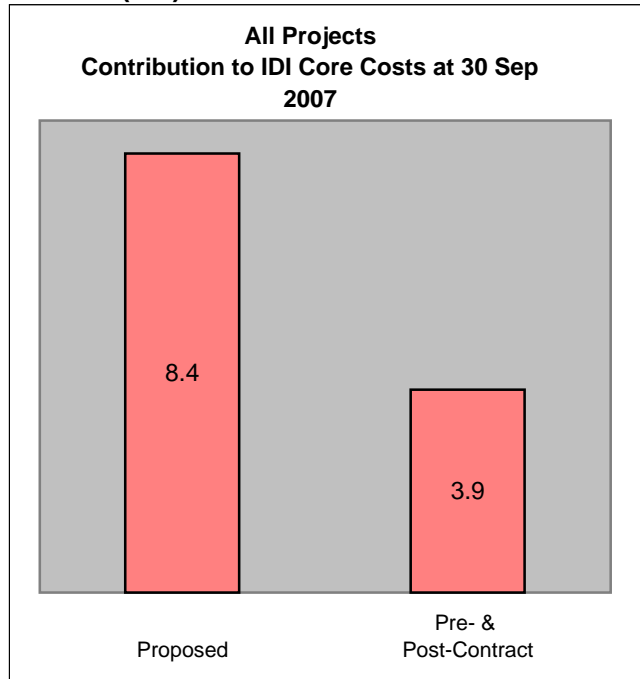
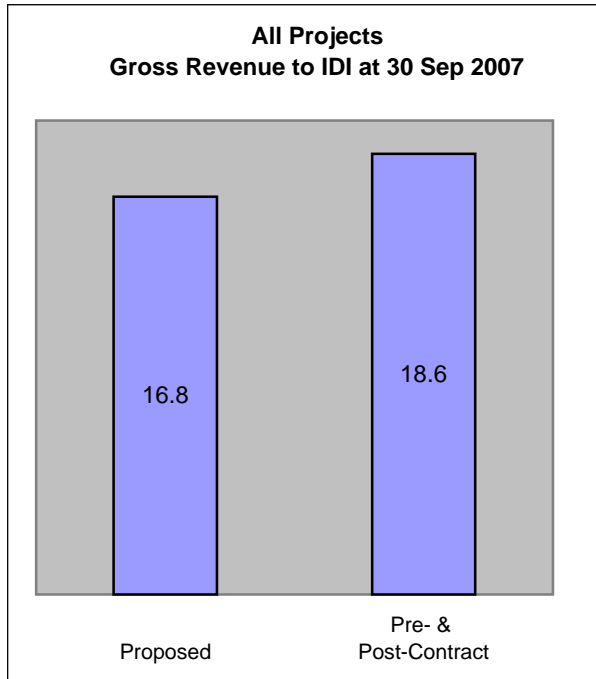


IDI RESOURCE GENERATION



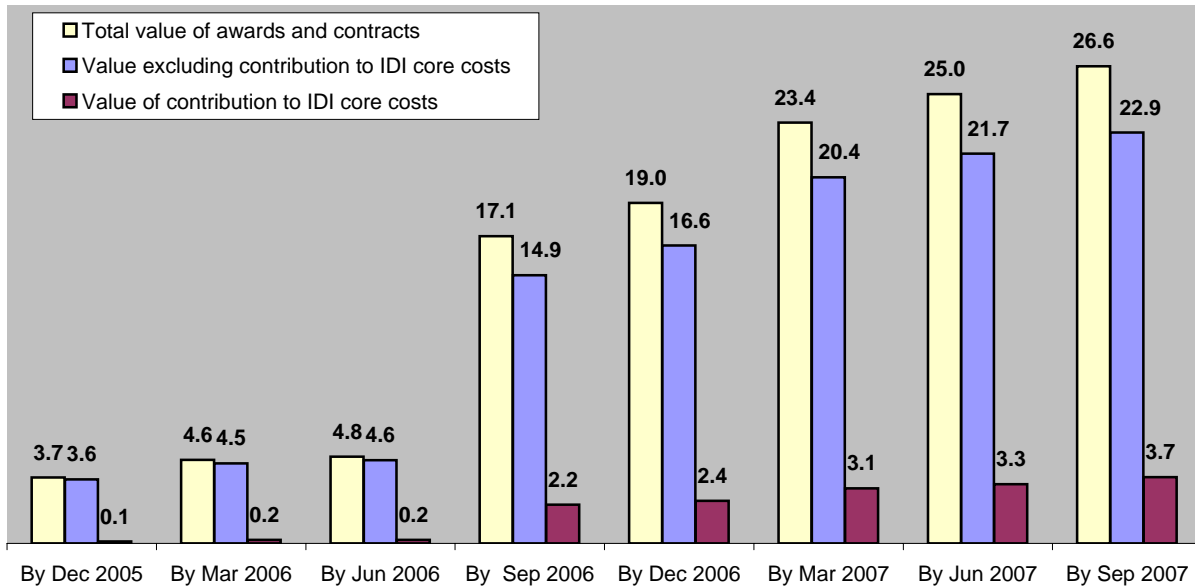
IDI RESOURCE GENERATION

IDI Grants & Contracts Outlook (\$m)



Cumulative value of awards and contracts generated by IDI per quarter (US\$m)

Source : 'Pre-contract' and 'post-contract' entries in IDI Grants and Contracts Register of Sep 2007



NB: This chart excludes grants channeled through AAF from Pfizer, Exxon Mobil, Becton Dickinson, PEPFAR (via US Department of Defense), Gilead, PRANA – Stiftung and Donald & Jennifer Holzworth and the Triangle Community Foundation

SELECTED NOTES

Please note : historical figures are amended if found to be inaccurate.

Page Three

Client visits by quarter

- i) The IDI adult clinic is part of Mulago Hospital; it is a continuation of Uganda's first HIV/AIDS clinic which started at Mulago in 1987. In 2002 the Academic Alliance began restructuring the clinic, including increasing the number of full-time staff and specialist consultants, and increasing the availability of drugs for management of HIV. The clinic moved to the newly constructed IDI building in August 2004. Complete and reliable clinic data is only available from January 2005.
- ii) Client visits include (from 20 April 2007 edition) 'nurse only' and 'pharmacy refill' visits, and also visits by clients registered under the DART (Development of ART in Africa) programme; this results in some restatement of earlier figures.
- iii) Client visits include both scheduled and walk-in appointments.

Average daily client visits

- i) The average daily client visit figure is calculated by dividing the total number of client visits in the quarter by the number of days the clinic is open. The clinic is closed on Wednesdays, so for this chart Wednesdays have been excluded and so have the few patients who attend for research purposes on that day. Wednesdays are now devoted to staff capacity building, dedicated research efforts, and outreach activities.

Active clients by gender

- i) An active client is defined as one who has visited the IDI clinic in the current or previous quarter. Because data is not available before January 2005, the first quarter in which clients can be defined as active begins April 2005 (although an exception is the first three months of 2005 for which figures for those who visited in that period are shown).
- ii) The female to male client ratio is in keeping with national infection statistics.

Page Four

Total client visits by type by quarter

- i) These data show the effect of the introduction of 'nurse only' and 'pharmacy refill' visits to relieve the pressure on medical staff and shorten waiting times for clients.

Average daily visits by type by quarter

- i) These data show the effect of the introduction of 'nurse only' and 'pharmacy refill' visits to relieve the pressure on medical staff and shorten waiting times for clients.
- ii) During a 'new' visit, a client sees a doctor and other staff too.

Active clients by residence

- i) An active client is defined as one who has visited the IDI clinic in the current or previous quarter. Because data is not available before January 2005, the first quarter in which clients can be defined as active begins April 2005 (although an exception is the first three months of 2005 for which figures for those who visited in that period are shown).
- ii) These data probably underestimate the number of clients from outside Kampala because some clients from outside Kampala stay with friends / relatives in Kampala when seeking treatment and give a Kampala address.

Page Five

Active clients by WHO Stage

- i) An active client is defined as one who has visited the IDI clinic in the current or previous quarter. Because data is not available before January 2005, the first quarter in which clients can be defined as active begins April 2005 (although an exception is the first three months of 2005 for which figures for those who visited in that period are shown).
- ii) The World Health Organization has developed a scale to quantify the progression of disease in HIV/AIDS clients. Clients progress from Stage I to Stage IV and clients cannot revert to earlier stages once they have progressed.

- iii) The data reflect each active client's WHO stage at their most recent IDI visit. The study designs of particular research projects sometimes include alternative means of classifying the progression of AIDS in patients: the WHO stage is therefore not recorded and such clients are classified here as 'unknown'. Means of standardising information collected between studies are being explored.

Active clients by Antiretroviral Therapy Status

- i) An active client is defined as one who has visited the IDI clinic in the current or previous quarter. Because data is not available before January 2005, the first quarter in which clients can be defined as active begins April 2005 (although an exception is the first three months of 2005 for which figures for those who visited in that period are shown).
- ii) The data reflect each active client's ART status at their most recent IDI visit. For some clients, ART status is not recorded, and therefore unknown, due to the study design of individual research projects.
- iii) Clients may have an 'unknown' ART status if they are part of a study whose specific questionnaire does not request that information, or because they were new clients in the quarter - ART status is not recorded at initial client visits. Means of collecting this information more consistently are being explored.

Page Six

Total client visits by quarter

- i) As part of the Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP; funded by PEPFAR), IDI partnered with Kampala City Council (KCC) to build capacity in KCC clinics for HIV/AIDS prevention, care and treatment partly because the IDI clinic is running close to capacity. This graph shows the progress attained in establishing HIV/AIDS services in KCC clinics.

Active clients by ART regimen

- i) An active client is defined as one who has visited the IDI clinic in the current or previous quarter. Because data is not available before January 2005, the first quarter in which clients can be defined as active begins April 2005 (although an exception is the first three months of 2005 for which figures for those who visited in that period are shown).

Source of Antiretroviral Funding

- i) Global Fund for AIDS, TB and Malaria : ARV drugs provided by Global Fund are dispensed to IDI clients at Mulago Hospital because IDI does not have sufficient dispensing space. The Global Fund supplies ARVs, but not ARV slots (ie a commitment to supply ARVs to a client, or their replacement, for the duration of a programme). Global Fund has not funded associated staff or lab costs so far.
- ii) PEPFAR : US President's Emergency Fund for AIDS Relief; five year programme from mid 2004 to mid 2009; supplies received through MJAP (Mulago-Mbarara Teaching Hospitals' Joint AIDS Program) funded by US CDC; IDI had an allocation of 900 ARV slots through PEPFAR which was increased to 1,200 in August 2007 and the implementation of this change is reflected in the figures shown; PEPFAR also funds some staff, other drug, and lab costs.
- iii) DART : Development of ART in Africa is a research programme covering Zimbabwe and Uganda (four sites : IDI, The AIDS Support Organisation, Joint Clinical Research Centre, and Uganda Virus Research Institute); funded by the UK Medical Research Council (MRC), the UK Government's Department for International Development (DFID), and the Rockefeller Foundation; ARVs are provided by GlaxoSmithKline, Gilead and Boehringer-Ingelheim; five year programme from Jan 2003 to Dec 2007 (with extension to Dec 2008 partially funded by Rockefeller Foundation); recruitment of clients into this research group is complete.
- iv) Other : Includes self-funded and those funded by a range of research projects.
- v) IDI does not generally fund ARVs, although a contingency budget is maintained in case of interruption of supply.

Page Seven

HIV/AIDS Trainees by Profession

- i) Information about trainees prior to January 2006 is limited to 'physician' and 'other'. Beginning in January 2006, more detailed breakdown of trainees' professions is available.

Funding of HIV/AIDS Trainees

- i) In January 2006, the tuition fees charged by IDI were doubled as part of a strategy to ensure the sustainability of the IDI training programme. At the same time the IDI Scholarship Fund was established to fully or partially fund good candidates with insufficient means (on the bar chart, the 394 trainees for 2002-2005 shown as 'IDI Scholarship Fund' were simply funded by IDI, as the Scholarship Fund did not actually exist in that period).
- ii) The figures for 'trainees' currently include newly qualified medical officers from Mulago Hospital who attend a one week taught course at IDI (none in the quarter January to March 2007), but currently exclude :
 - undergraduate students from the Faculty of Medicine, Makerere University who follow a one week, problem-based curriculum (see page 10);
 - healthcare workers attending short (two day) Continuing Professional Education events at IDI.IDI currently funds both the above forms of training.

HIV/AIDS Trainees from Uganda and other African countries

- i) Information about trainees prior to January 2006 is limited to cumulative summaries.

Ugandan HIV/AIDS Trainees by area of residence

- i) Information about Ugandan trainees prior to January 2006 is not available.

Page Eight

Coverage of IDI's Training Programmes

- i) Cumulative number of HIV and lab trainees by country of origin.

Page Nine

AIDS Treatment Information Centre(ATIC) queries answered

- i) Queries include calls from alumni and non-alumni, clinicians, clinical service support staff, laboratory staff and dispensing staff from over 20 countries. Queries received include those on therapeutics, drug interaction, adverse drug reactions and switching therapy. ATIC responds to queries about malaria as well as HIV/AIDS.

Page Ten

Malaria Trainees by Profession

- i) Malaria training (JUMP partnership) began at IDI in December 2006.
- ii) Training in Malaria Case Management is conducted for multi-disciplinary teams from Health Centre IVs, and regional and referral hospitals.

Other Trainees

- i) Lab training began at IDI in April 2007.
- ii) Data management training began at IDI in July 2007.

Page Eleven

The number (not the value) of ongoing multi-year projects with a separate contract for each year are only shown against 'Post-Contract' (not against 'Pre-Contract' or 'Completed') to avoid any double-counting of the number of projects.

Page Twelve

Number of Grants and Contracts at various stages

- i) These are estimates of grants and contracts at various stages of development and implementation as at 30 June 2007 (and exclude the grant from Pfizer via AAF).
- ii) The 'contribution to core cost' shown against 'Post-Contract' is based on the budget not on actual figures and so may be an overestimate as one of the challenges currently facing IDI is to ensure that recovery of core costs from projects is maximised.
- iii) This information is drawn from the IDI Grants and Contracts Register : for some annual rolling projects, funding for each year is negotiated in a separate contract and is treated as such in the Grants and Contracts Register.
- iv) The number and values of grants and contracts shown on pages 12 to 14 exclude the Pfizer grant, but include all grants secured through AAF except where it is stated otherwise.
- v) For multi-year projects we have taken the following approach :
 - if there is a single contract covering all the years of the project then the entire value of the project is shown in the 'Post-Contract' section;
 - if there is a separate contract for each year then the value of the year being implemented is shown in the 'Post-Contract' section, but the value of all years yet to be implemented appears in the 'Pre-Contract' section; so while the project name appears in two sections there should be no double-counting of the value.
- vi) The value shown against 'Post-Contract' is known to be an underestimate because the value of completed years of ongoing multi-year projects, with annual contracts, has been excluded. This will be corrected in the next release.

Page Thirteen

- i) The 'in development' stage is excluded from all the charts on this page because the value of many proposals in this stage is unclear; and also the status of proposals in development varies enormously from early definition of concept to late draft almost ready for submission.

Page Fourteen

Grants and Contracts - Gross Revenue to IDI

- i) These estimates of grant and contract revenue through to 2010 represent a snapshot of the rapidly developing collection of specific revenue-generating program activities. The numbers do not reflect target levels. The estimates do not include some general current sources of revenue—for example, Pfizer support and regular training tuition income.
- ii) Pre-contract projects are those that have been awarded, but not yet contracted or received. Post-contract projects are active projects underway.
- iii) Proposed projects are those that have already been submitted and are being considered by the funding institution.

Grants and Contracts - Contribution to Core Costs

- i) These estimates of grant and contract revenue through to 2010 represent a snapshot of the rapidly developing collection of specific revenue-generating program activities. The numbers do not reflect target levels. The estimates do not include some general current sources of revenue—for example, Pfizer support and regular training tuition income (outside formal grant mechanisms)
- ii) Contribution to core costs estimates include : IDI staff effort, overhead, rent, patient care support, and other provisions within project budgets.

Cumulative value of awards and contracts generated by IDI per quarter

- i) This chart may underestimate training revenue generated by IDI (especially from smaller contracts).