



**35**  
*years of high impact research*

# **RHSP ANNUAL REPORT 2024**

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# ACROYNMS

RHSP	Rakai Health Sciences Program
RCCS	Rakai Community Cohort Study
NIH	National Institutes of Health
NIAID	National Institutes of Allergy and Infectious Diseases
PEPFAR	United States President's Emergency Plan for AIDS Relief
IDI	Infectious Diseases Institute
UNAIDS	Joint United Nations Programme on HIV/AIDS
HTS	HIV Testing Services
IAS	International AIDS Society
CROI	Conference on Retroviruses and Opportunistic Infections
MPH	Masters of Public Health
ROC	Rakai Orphans in Communities
ICARE	Improving understanding of Capacity to consent to sensitive biomedical Research among adolescents in Rakai Uganda

# ACROYNMS

CP-NCDs	Cardio-Pulmonary Non Communicable Diseases
R2U	Rural to Urban
QCs	Quality Controllers
REDCap	Research Electronic Data Capture
ODK	Open Data Kit
OCICB	Office of Cyber Infrastructure and Computational Biology
CSR	Corporate Social Responsibility
UVRI	Uganda Virus Research Institute
ISO	International Organization of Standardization
SMT	Senior Management Team
SANAS	South African National Accreditation System
JHU	John Hopkins University
SOP	Standard Operating Procedure
PhD	Doctor Of Philosophy
PrEP	Pre-exposure prophylaxis
PEP	Post-exposure prophylaxis
CDDP	Community Drug Distribution Points



2024+

# ABOUT US

The Rakai Health Sciences Program (RHSP), founded in 1987, is a leading Ugandan health research and service organization dedicated to advancing global public health through excellent service delivery informed by research in HIV, Climate shock and non-communicable diseases.

Originating from early HIV studies in the 1980s, RHSP has become a model for HIV interventions, with landmark findings on HIV incidence and prevention.

Our Rakai Community Cohort Study (RCCS) informs global health policies. Supported by key partners like NIH, RHSP remains committed to innovative research and community-based healthcare solutions.

# Our strategic Plan

**RHSP released its Strategic Plan for 2024–2029, marking a new chapter in advancing public health through research, innovation, and partnerships.**

The plan outlines key priorities including strengthening research excellence, expanding community-responsive health services, leveraging data and digital tools, and investing in capacity building.

Developed through wide stakeholder engagement, this roadmap sets the stage for continued impact in HIV, reproductive health, and emerging health challenges.

Click [here](#) to download



# Meet the Team



**Prof . David Serwadda**  
Founder



**Prof. Maria Mawer**  
Founder



**Prof. Nelson  
Ssewankambo**  
Founder



**Dr. Godfrey Kigozi**  
Executive Director



**Dr. Gertrude Nakigozi**  
Director Research



**Agnes Nantongo**  
Director Finance and  
Administration



**Dr. Fred Nalugoda**  
Grants, Science and  
Training

# Meet the Department Heads



**Nakyanjo Neema**  
Head SBS



**Absalom Ssettuba**  
Head Data & Biostatistics



**Nalwoga Grace Kigozi**  
Head QC & Compliance



**Robert Ssekubugu**  
Head Epidemiology



**Edward Mukwaaya**  
Finance Manager



**Dr Robert Kairania**  
Head of community and Health



**Nalwanga Specioza**  
Operations Manager



**Dr Galiwango M. Ronald**  
Lab director



**Joan Nankya**  
Human Resource Manager

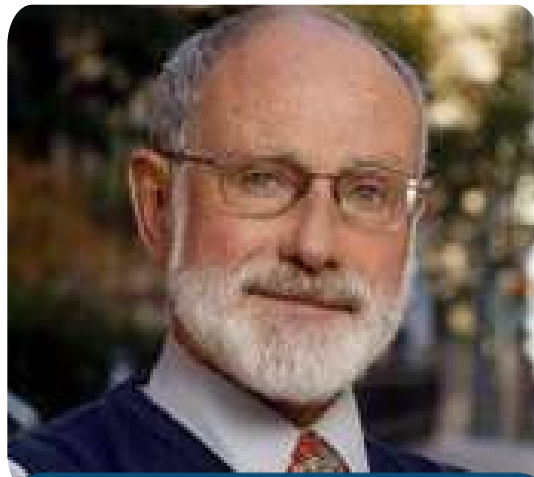


**Llyod Ssentongo**  
Head of IT

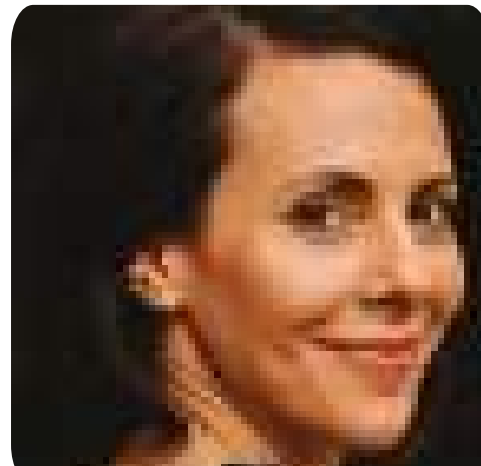
# Meet the Investigators



**Dr. Caitlin Kennedy**  
Johns Hopkins University



**Dr. Ronald H. Gray**  
Johns Hopkins University



**Dr. Kate Grabowski**  
Johns Hopkins University



**Dr. Larry Chang**  
Johns Hopkins University



**Dr. Greg Rosen**  
Johns Hopkins University



**Prof. John Santelli**  
Columbia University



**Dr. Joseph Eisenberg**  
University of Michigan



**Dr. Pamela Jagger**  
University of Michigan



**Dr. Phil Kreniske**  
City University of New York



**Dr. Jessica Prodger**  
Western University



**Dr. Cindy Liu**  
George Washington



**Dr. Edward Kankaka**  
RHSP



**Dr. Steven Reynolds**  
NIAID/ NIH



**Dr. Andrew Redd**  
NIAID/ NIH



**Prof. Thomas Quinn**  
Johns Hopkins University



**Prof Leah Rubin**  
Johns Hopkins University



**Dr. Eileen P. Scully**  
Johns Hopkins University



**Dr. Phillip Goulder**  
University of Oxford



## Vision

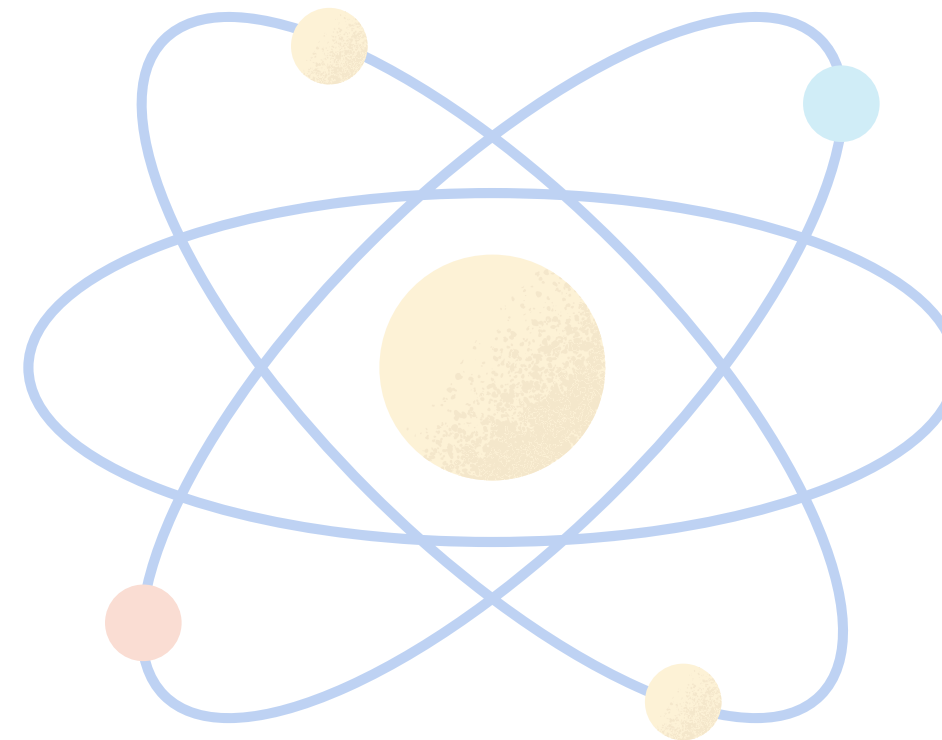
RHSP envisions improving the health of the population it serves through excellent service delivery informed by research in infectious and non-communicable diseases.

[www.rhsp.org](http://www.rhsp.org)

## Mission

To be the lead at improving population health through generating and translating knowledge to inform policy and service delivery.

RHSP 2024 Annual Report



# **RHSP RESEARCH UPDATES**



# Revolutionizing Data Management at RHSP: A Year of Innovation and Impact

The Rakai Health Sciences Program (RHSP) Data and Biostatistics Department has made significant strides in enhancing data quality, efficiency, and accessibility. The department's most notable achievement this year is the digitalization of the RCCS census data collection, a groundbreaking initiative aimed at modernizing data management systems and improving research accuracy.

## Digitalizing the RCCS Census Data Collection

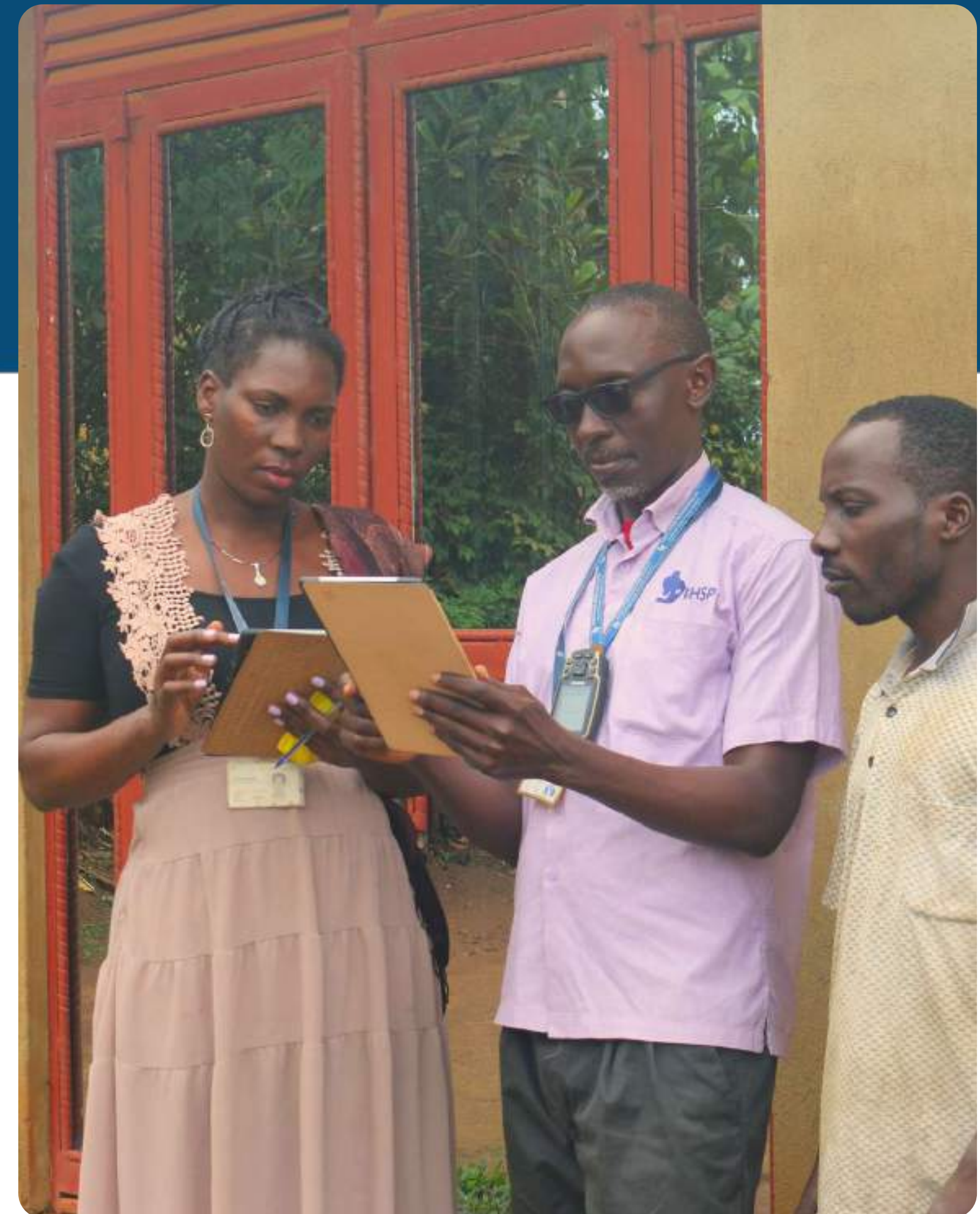
As part of its commitment to leveraging technology for better data management, RHSP embarked on a project to digitize the RCCS census data collection process.

### Key milestones include:

1. Designing REDCap-based data collection tools, enhancing efficiency and usability.
2. Training key personnel, including eight (8) data managers, four (4) quality controllers (QCs), four (4) study co-ordinators from RCCS and VICINITY, and twelve (12) data collectors.
3. Pilot testing in two communities, Kikungwe and Mitondo, yielding promising results:

### Why REDCap:

- Digital census data collection is feasible in both online and offline modes.
- The data collection team adapted well, demonstrating trainability and willingness to embrace digital tools.
- REDCap enables seamless data sharing in multiple formats.
- Ensuring sufficient mobile device memory is crucial for effective offline data collection.



REDCap enables seamless data sharing in multiple formats. Ensuring sufficient mobile device memory is crucial for effective offline data collection.

With 90% of data collection platforms now digitized, including participant consenting, the team is set to roll out electronic census data collection in RCCS Round 22, along with an electronic verification entry system. These advancements mark a significant shift towards a fully digital, streamlined data management system.

Working in collaboration with the team in the Office of Cyber Infrastructure and Computational Biology (OCICB) at NIAID|NIH, the RHSP dashboard is being updated to include more recent data on HIV incidence, prevalence, circumcision and ART coverage.

## Recognitions and Training Excellence

The department's commitment to excellence was acknowledged by the REC & UNCST teams during their monitoring visit. The approval of participant consent scanning has already led to the digitization of 6,239 R21 consents and 2,484 R20 consents. Additionally, the team received specialized training to enhance data management skills:

- DFdiscover training by the NIH Team (10 staff trained) .
- SOP writing training by the NIH Team (15 Data staff trained).
- REDCap training workshop (In-house) (8 Data Managers trained).
- ODK training by Michigan University Team (3 Data Managers trained).

The team has also successfully written and reviewed fifteen (15) SOPs, further solidifying RHSP's commitment to data integrity and compliance.



RHSP data team and leadership with a team from Uganda National Council for Science and Technology (UNCST).

## Supporting Research and Publications

The Data and Biostatistics Department plays a crucial role in supporting ongoing, upcoming, and completed studies.

## Capacity Building and Knowledge Sharing

A strong focus on mentoring and training has seen the department facilitate six (6) PhD students and 10 apprentices for their practicum. Additionally, the department continues to expand its impact by sharing data management knowledge through trainings, presentations, and publications.

## The Future of Data at RHSP

With the successful implementation of digital census data collection and continued advancements in data management, RHSP's Data and Biostatistics Department is positioned as a leader in leveraging technology for public health research.

As the team moves forward, the focus remains on enhancing digital data solutions, improving data accessibility, and driving high impact research. By integrating cutting-edge technologies and fostering a culture of continuous learning, the department is set to further redefine data management in global health research.



# Rakai Community Cohort Study (RCCCS) and the Power of Community Data



# A CLOSER LOOK AT THE RCCS ROUND 21 IN ACTION



The RHSP hosted U.S. Ambassador to Uganda, William W. Popp, along with CDC Country Director Dr. Mary Boyd and NIH Uganda Scientific Director Dr. Steven Reynolds at the RCCS camp in Bitabago village in Rakai District.

The Rakai Community Cohort Study (RCCS) remains a pillar of health research in Uganda, continuing its mission to track community health trends, particularly in HIV prevention and treatment.

Now in its 21st survey round, RCCS is progressing well, with the current phase expected to conclude in March 2025.

The RCCS is one of the world's longest-running community-based health studies, collecting critical data that informs public health policies and interventions.

The study follows thousands of community members across different age groups and locations in Rakai, helping researchers understand health patterns and the effectiveness of prevention programs.



## Community engagement and participation

From December 2023 to December 2024, the study team attempted to locate over 31,000 individuals, using household visits to track community members.

- 43.6% of participants have already been reached and enrolled in the study.
- Some individuals were unavailable due to work commitments, relocation, or other reasons.

Participation spans across multiple communities, with areas like Kasensero, Bitabago, and Luteebe reporting some of the highest engagement rates.



## What the data tells us

The RCCS collects vital information through questionnaires and blood samples, providing insight into health trends and intervention impact:

- 73.9% of participants were part of follow-up surveys, helping track health changes over time.
- The study covers a broad age range, with 32.6% of participants aged 40 and above, an important group for long-term health analysis.
- 99.5% of participants provided blood samples, enabling researchers to conduct detailed health assessments.
- Nearly all participants (98.3%) are enrolled in Combination HIV Prevention Impact Evaluation (CHPIE), a key initiative in tracking HIV prevention progress.



## Ensuring ethical research

The RCCS remains committed to the highest ethical standards. No changes have been made to consent procedures, and no adverse events have been reported during this study round.

Researchers continue to uphold strict ethical guidelines, ensuring that all data is collected responsibly and with full participant consent.



## Looking Ahead

As RCCS progresses towards completing Round 21 in March 2025, the data gathered will be crucial in shaping health policies and interventions.

The study's findings continue to provide valuable insights for public health officials, researchers, and healthcare providers, contributing to improved health outcomes in Uganda and beyond.

The RCCS team extends gratitude to the communities and participants who make this study possible. Their contribution is helping to build a healthier future for generations to come.

# **RHSP Laboratory:** **Advancing research &** **diagnostics**





The RHSP Laboratory department at RHSP supports attainment of the Program’s mission and vision through provision of clinical and research services regarding biospecimen collection, processing, testing, archiving and advisory services.

Last year, our laboratory made significant strides in enhancing research capacity, improving service delivery, and expanding community health impact..

## Infrastructure & Equipment Upgrades

To optimize operations, RHSP installed solar panels at the freezer house, reducing electricity costs.

Additionally, two new  $-80^{\circ}\text{C}$  freezers (Haier brand) and two mini-centrifuges for IPDA testing were acquired, courtesy of Dr. Jessica Prodger from Western University. These upgrades have ensured adequate sample storage and enhanced research efficiency.

## Research & Testing Milestones

The lab continued to support key studies, including RCCS, Vicinity, and Longview, with over 90% of required samples tested by year-end. The Sex Host Microbiome Study concluded in November 2024, while latent sample collection for Visit 9 ended in July. IPDA testing for Visits 7 and 9, along with returned samples, is still ongoing.

*In pictures: (above) The solar panels at the Freezer house; (below) One of the Haier freezers.*



## CERTIFICATE OF ACCREDITATION

### RAKAI HEALTH SCIENCES PROGRAM

#### UGANDA

Co. Reg. No.: 66088

### RAKAI HEALTH SCIENCES PROGRAM LABORATORY

Facility Accreditation Number: M0694

is a South African National Accreditation System accredited facility provided that all conditions and requirements are complied with

This certificate is valid as per the scope as stated in the accompanying schedule of accreditation, Annexure "A", bearing the above accreditation number for

### MEDICAL TESTING LABORATORY CHEMISTRY, HAEMATOLOGY, MICROBIOLOGY, MOLECULAR VIROLOGY AND SEROLOGY

The facility is accredited in accordance with the recognised International Standard

**ISO 15189:2012**

The accreditation demonstrates technical competency for a defined scope and the operation of a quality management system

While this certificate remains valid, the accredited facility named above is authorised to use the relevant accreditation symbol to issue facility reports and/or certificates

Mr F Osman  
Acting Chief Executive Officer

Effective Date: 07 October 2024  
Certificate Expires: 07 June 2028

## Service Expansion & Accreditation

Following approval from the Senior Management Team (SMT), RHSP extended lab services to more health facilities in Kyotera and Rakai, resulting in a steady rise in client numbers.

The lab successfully maintained its SANAS accreditation for another four years (until June 2028) after a rigorous reassessment in March.

Additionally, supervision visits from UVRI REC and UNCST in November affirmed the lab's strong capacity in handling study samples. Monthly Continuing Medical Education Sessions further strengthened skills and knowledge of team members.

## Capacity Building & Staff Training

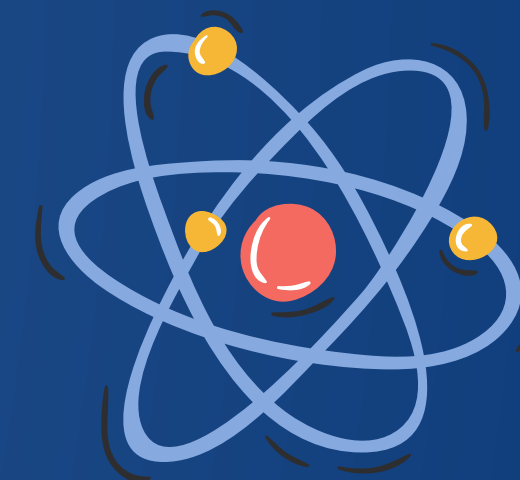
RHSP prioritized staff development, with all lab personnel (except field staff) trained on the new ISO 15189:2022 standards.

Specialized training was also conducted, including bio-risk management, internal auditing, phlebotomy, and laboratory.

The RHSP lab holds management Review meetings to assess lab progress and challenges.

As RHSP continues to expand its research and diagnostic capabilities, the laboratory remains a cornerstone of innovation and excellence in health science.

# From Storage to Discovery: RHSP's Ongoing Sample Collaborations



**a.** Sample collection



**b.** Sample processing



**c.** Sample testing



**d.** Sample archival

Samples are assigned locations in the freezers for storage using freezer works system to enable easy retrieval when needed.

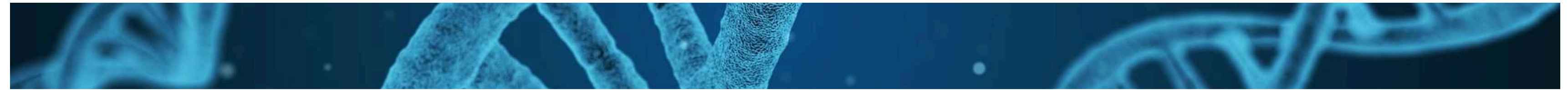
## **e. Sample Shipment and collaborations**

RHSP continues to strengthen its collaborations through key sample exchanges with partner institutions. In August, RHSP shipped Latent PBMC samples (visit 7 and part of visit 9) to Johns Hopkins University (JHU).

In December, additional Latent PBMC samples (part of visit 9) were sent to JHU, while Extended Neuro serum, plasma, CSF, and PBMC samples were shipped to New York for further analysis.

Additionally, RHSP received Latent and HERA PBMC samples from JHU, including earlier Latent study visits (1, 2, 4, 5 & 7) for IPDA testing, reinforcing the ongoing research partnerships.

# RHSP – Social & Behavioral Sciences Department.



## 1. ICARE STUDY: Improving Understanding of Capacity to Consent to Sensitive Biomedical Research Among Adolescents in Rakai, Uganda

**Study period:**  
April 2024 - March 2029  
(On-going study)

**Sponsor:** National Institutes of Health (R01MH134695)

**Investigators:**

- Uganda PI: Dr. Robert Kairania, Dr. Fred Nalugoda, Ms. Neema Nakyanjo
- US PI: Dr. Philip Kreniske (City University of New York - CUNY)

**Aim:**

To systematically examine decision-making processes around biomedical prevention and research among adolescents and their guardians, focusing on factors such as stigma, understanding of research risks and benefits, and ethical constructs like randomization, privacy, safety, and autonomy.

**Approach:**

The study assesses cognitive capacity to consent among 438 adolescents (ages 10–19) and their guardians, comparing those with and without prior research experience.

It employs the MacArthur Competence Assessment Tool (MacCAT-CR) and qualitative interviews to explore ethical considerations and influences such as education, health literacy, and PrEP awareness. Findings will inform a digital toolkit for Research Ethics Committees (RECs) and Institutional Review Boards (IRBs) to harmonize adolescent consent policies.

**Project update:**

The project has received ethical approval. Preparatory activities are ongoing, including planning meetings, tool development, and translation of research instruments.



## 2. INSTEP: Integrated Female Sexually Transmitted Infection Testing for HIV Epidemic Control Through PrEP.

**Study period:**  
March 2024 - January  
2029  
(ongoing study)

**Sponsor:** Johns Hopkins University. National Institute of Allergy and Infectious Diseases

**Investigators:**

- Uganda PI: Dr. Ronald Moses Galiwango
- US PI: Dr. Kate Grabowski (Johns Hopkins University)

**Aim:**

To evaluate whether integrating curable STI (cSTI) testing into PrEP screening improves HIV prevention among African women, particularly those unaware of their STI status.

**Approach:**

In-depth interviews will be conducted with approximately 30 women (intervention and control arms) at one- and six-months post-PrEP referral, stratified by cSTI pathogen and SRST outcomes. Additionally, 15 service providers and stakeholders will be interviewed to assess PrEP uptake and adherence.

**Project update:**

Planning meetings are ongoing, focusing on finalizing data collection tools and preparing for study implementation.

3. OPTIONS STUDY  
Optimizing Adoption and Implementation of Out-of-Facility and Clinic-Based Differentiated Service Delivery Models for HIV Treatment in Uganda.

Study period:  
April 2024 - October 2024  
(ongoing study)

- Investigators:
- Uganda PI: Dr. Robert Kairania.
  - US PI: Dr. Joseph G. Rosen (Johns Hopkins University)

Aim:  
To explore decision-making contexts and pathways to patient enrolment in differentiated HIV care models, and to identify contextual and institutional factors influencing adoption at the clinic level.

Approach:  
Semi-structured, in-depth interviews will be conducted with up to 25 DSDM-enrolled patients, 48 HIV clinicians, and 12 HIV planning stakeholders to gather insights into patient and provider experiences across various settings.

Project update:  
The study has received formal approval and is in the implementation phase. Data collection, transcription, and preliminary data processing are actively underway, supported by ongoing operational meetings.

4. ROC STUDY:  
Rakai Orphans in Communities.

Study period:  
September 2023- August 2028  
(ongoing study)

Sponsor: National Institutes of Health (R01HD112241)

- Investigators:
- Uganda PIs: Dr. Fred Nalugoda, Ms. Neema Nakyanjo, Dr. Tom Lutalo
  - US PI: Dr. John Santelli (Columbia University)

Aim:  
To explore how orphanhood and age at orphaning influence HIV risk and social outcomes among adolescents and young adults (AYA), and to inform programmatic responses for this vulnerable population.

Approach:  
Using life history interviews with youth and their adult caretakers, the study investigates the impact of orphanhood on HIV risk behaviours, social transitions, and economic well-being.

Project Update:  
The project has received official approval. Operational meetings are ongoing, and activities such as data collection, transcription, and data processing for analysis are in progress.



# 5. The Missing Links – PANGEA-HIV:

## The Missing Links: Qualitative Research to Understand Sexual Relationships Where Phylogenetic Links Are Missing.

**Study period:**  
August 2024-July 2025 (completed study)

**Sponsor:** PANGEA-HIV Consortium

**Investigator:**

- Uganda PI: Neema Nakyanjo (RHSP – Rakai Community Cohort Study)
- US PI: Drs. Kate Grabowski , Caitlin Kennedy (John Hopkins University)

**Aim:**

To describe the sexual relationships and partnership histories of female RCCS participants in incomplete phylogenetic networks, aiming to identify potential undiagnosed men living with HIV.

**Approach:**

Approximately 30 female participants from clusters with and without missing male partners were selected for in-depth interviews using a timeline approach to reconstruct life and sexual relationship histories.

**Project Update:**

Data collection was successfully completed, and the data analysis phase is currently underway.

**Preliminary findings:**

Women reported initiating sexual relationships as early as age 14. These relationships lasted from a few months to several years, with some women returning repeatedly to the same partner. Some relationships were concurrent, and several women had children from different partners.

Most of the relationships were consensual, with many women moving in to live with their partners. Financial support from male partners was cited as the major attraction for these relationships. However, many of the relationships were marked by violence, partner infidelity, inconsistent condom use, and partner mobility. Women noted that men primarily moved for work, while women often moved for relationships.

Women described their different partnerships in terms of risk and, in retrospect, identified which partner they believed may have infected them with HIV.

## 6. PREGNANCY STUDY:

### Perceptions, Concerns, and Perceived Benefits of Pregnant Women and Those Intending to Become Pregnant Regarding Participation in HIV Cure Studies

**Study period:**  
July 2024- September  
2024  
(completed study)

#### **Investigators:**

- Uganda PI: George William Ddaaki, Co-PIs: Dr. Ronald M. Galiwango, Neema Nakyanjo
- US PI: Dr. Jessica Prodder (Western University)

#### **Aim:**

To identify concerns and perceived benefits among women in south-central Uganda regarding participation in HIV cure studies, and to explore their perceptions and attitudes toward studies focused on the impact of pregnancy on the HIV viral reservoir and cure research.

#### **Approach:**

Qualitative methods were used to gather insights from pregnant women and those intending to become pregnant regarding participation in HIV cure studies.

#### **Project Update:**

Data collection and transcription have been completed. The data are currently undergoing analysis.

#### **Preliminary findings:**

The pregnancy study revealed that joint counseling and shared HIV testing improved maternal well-being and strengthened partner relationships by fostering open communication and mutual trust. Participants appreciated respectful, gender-sensitive care, especially during intimate procedures, and valued the financial compensation and transport support, which encouraged continued participation.

Despite these benefits, several challenges emerged, including fear of HIV disclosure, stigma, potential domestic conflict, and concerns about the effects of medication on unborn babies.

To address these issues, participants recommended increasing community awareness, offering more pregnancy-related support services, and promoting greater involvement of partners and families in maternal health care.

Can we force HIV out of hiding?

HIV remission ← No Reactivable? Yes → HIV elimination



# RHSP

# HIV CURE

# RESEARCH

## 1. The Rakai HIV Reservoir Cohort

Study period:

(On-going studies)

**Sponsor:** National Institutes of Allergy and Infectious Diseases (NIAID) Intramural Program (**14IN123**)

**Investigators:**

- Uganda PI: Dr. Ronald M. Galiwango
- US PI: Dr. Steven J. Reynolds (Lead PI), Prof. Thomas C. Quinn (Johns Hopkins University)

**Aim:**

To measure the size of the latent HIV reservoir in virally suppressed HIV infected individuals residing in Uganda and to examine the immunological and virologic correlates of the latent reservoir.

**Approach:**

This cohort enrolled 70 virally suppressed individuals in 2014, an additional 20 individuals in 2018. Annual visits with questionnaires and blood collection.

**Project update:**

By 2024, this was one the largest and most detailed HIV reservoir cohort in Africa. The protocol was revised to extend follow up of these individuals for an additional ten years and expanded with addition of 30 individuals who were treated in early infection. This cohort provides a unique platform to address new questions related to HIV cure in different research projects.

Presentations: In 2024, the cohort was highlighted during the Nordic HIV conference (Dr. Galiwango), and during the U.S Ambassador's visit to Rakai (Dr. Kankaka)

# RHSP – ‘Latent HIV reservoir / REACH study’

## 2. Qualitative Measurement and Correlates of the Latent HIV Reservoir in Virally Suppressed Ugandans.

**Study period:**  
August 2021 - April 2027  
(On-going study)

**Sponsor:** United States National Institute of Health  
Uganda PIs: Dr. Ronald M. Galiwango  
US PI: Steve Reynolds (NIH)

**Hypotheses:**

- Increased levels of endemic infectious diseases in Ugandans alter the chronic state of immune activation, resulting in increased memory T cells, and consequently increase the latent reservoir in virally suppressed HIV-infected Ugandans.
- Continued immune activation from endemic diseases should enhance the decay rate of the latent reservoir in virally suppressed Ugandans compared to virally suppressed North Americans.

**Aims:**

- Examine and measure the levels of latent HIV reservoirs in virally suppressed Ugandans at baseline and then annually thereafter for a total of 20 years.
- Determine the role of endemic infectious diseases, nadir CD4 count, length of exposure to viremia, and length of fully suppressive therapy on latent HIV reservoir size at each measurement.
- Explore the level of immune activation in virally suppressed HIV-infected Ugandans in correlation with the size of the reservoir and its decay rate.
- Evaluate in vitro potential latency reversal agents.

**Approach:**

- 90 HIV+ adults ART-suppressed (<40 copies/ml) for >18 months being followed up.
- Sampled with large blood draws (180mls) in 2015, 16, 17, 19, 20, 22, and 24.
- Participant demographics, and clinical variables collected and QVOAs, IPDA and immune assays done.
- 2022 and 2024 collection funded by REACH RF1, NIH funding 2025 collection.

**Project update:**

- Ongoing cohort study.
- 30 more individuals with known seroconversion windows to be recruited to the cohort.

<p><b>3. The REACH Project:</b></p> <p><b>Research Enterprise to Advance a Cure for HIV - Martin Dellaney Collaboratory.</b></p> <p><b>Study period:</b> August 2021 - April 2027 (On-going studies)</p>	<p><b>Sponsor:</b> National Institutes of Allergy and Infectious Diseases (NIAID) (14IN123)</p> <p><b>Investigators:</b></p> <ul style="list-style-type: none"><li>• Uganda PI: Dr. Ronald M. Galiwango</li><li>• US PI : Brad Jones (Cornell) , Marina Caskey (Rockefeller University)</li></ul> <p><b>Aim:</b> Harness cellular immune responses (NK and T cells), combined with next-generation virus-neutralizing biologics, to achieve durable remission and eradication of HIV.</p> <p><b>Approach:</b> Research focus 1 – Basic Science of HIV persistence; Research Focus 2 – Viral control; Research Focus 3 – Eradication of reservoirs.</p> <p><b>Project update:</b> Project in final year, plans for renewal application.</p>
<p><b>4. The CDRF Global HIV Cure Project: Longitudinal size and dynamics of the HIV reservoir.</b></p> <p><b>Study period:</b> August 2024-July 2029 (On-going studies)</p>	<p><b>Sponsor:</b> NIH, via the Johns Hopkins Centers for AIDS Research AFRICURE Program</p> <p><b>Investigators:</b> Uganda PIs: Dr. Ronald M. Galiwango (Lead PI), Dr. Edward N. Kankaka</p> <p><b>Aim:</b> Analyze longitudinal changes in the size of the intact and defective HIV reservoir, and the role of cytotoxic T-cell responses and Dolutegravir switching on those changes.</p> <p><b>Approach:</b> Measure reservoir size using an intact proviral DNA assay (IPDA) adapted to the HIV subtypes in Uganda (first in the region), fit individual-level and global models to these longitudinal data and correlate with contemporary T-cell responses and DTG switching.</p> <p><b>Project update:</b> IPDA testing started in late 2024.</p>

**5. The Wellcome Trust HIV Cure Project:**  
**Utilizing heterogeneities in the African HIV epidemic to address HIV reservoir and immune dysfunction challenges to facilitate HIV cure**

**Study period:**  
August 2024-July 2032 (On-going studies)

**Sponsor:** Wellcome Trust (306962/Z/23/Z )

- Investigators:**
- Continental PIs: Prof. Thumbi Ndung'u (African Health Research Institute- Lead PI) , Dr. Marcel Tongo (CREMER Cameroon)
  - Uganda PIs: Dr. Edward N. Kankaka, Dr. Ronald M. Galiwango (RHSP) Prof. Damalie Nakanjako (Makerere University)
  - US PIs : Dr. Andrew D. Redd (NIH) , Dr. Philip Goulder (University of Oxford)

- Aim:**
- To study HIV reservoir establishment and maintenance, as well as identify viral and immune factors that may impact reservoir control.
  - To study immunological dysfunction following ART to identify therapeutic targets for restoration of host immunity.

**Approach:**  
Monitor key host and HIV reservoir characteristics in individuals who were treated in early infection versus those treated in chronic infection.

**Project update:**  
The project was launched in November 2024.

**6. The Africure Project:**  
**Defining the role of proviral intactness and integration site in differential HIV-1 reservoir inducibility in ART-suppressed Ugandan males and females.**

**Study period:**  
April 2024-Mar 23  
(On-going studies)

**Sponsor:** NIH, via the Johns Hopkins Centers for AIDS Research AFRICURE Program

- Investigators:**
- Uganda PIs: Dr. Edward N. Kankaka (Lead PI) , Prof. Damalie Nakanjako (Makerere University)
  - US PI : Dr. Eileen P. Scully (Johns Hopkins University: )

**Aim:**  
Define the role of two fundamental characteristics of the HIV reservoir, which are hypothesized to impact HIV inducibility with implications for both reactivation and permanent silencing strategies.

**Approach:**  
Measure levels of HIV proviral intactness using a subtype-adapted intact proviral DNA assay (first in the region), determine where HIV integrates in the human genome; and relate these to the extent of HIV reactivation following stimulation by latency reversal agents.

**Project update:**  
Deep HIV integration site sequencing completed in 13 individuals. Measurement of HIV proviral intactness started in late 2024. Presentations: IAVI-UVRI-MRC seminar series.

# RHSP – Sex host and genital microbiome study

## ‘Sex partner study’

**Assessing the role of heterosexual activity, host microenvironment, and genital immune responses in shaping acquisition of genital bacteria that increase HIV risk**

**Study period:**  
December 2021-November 2026 (On-going study)

**Sponsor:** United States National Institute of Diabetes and Digestive and Kidney Diseases Health (NIDDK - NIH) (R01MH134695)

US PI: Cindy Liu (GWU)

**Hypotheses:**

- Genital bacteria in Ugandan couples is more inflammatory and may induce more inflammation after sex.
- Treating BV will reduce inflammation after sex.

**Objective:** Elucidate the sexual transmission of genital bacteria and the determinants of the penile microbiome after sex.

**AIM 1:** Investigate the differences in genital microbiome composition and inflammation pre and post coital between Uganda and Toronto couples – what role do abiotic/biotic factors play in peri-coital microbiome transmission?

**AIM 2:** Assess the impact of BV treatment on genital inflammation and microbiome composition after sex.

**Approach:**

Recruited 164 heterosexual couples, who were HIV- and STI-negative at baseline, aged between 18-45 years old. Study activities include collection of pre- and immediately post-coitus samples to examine the effect of penile-vaginal sex and associated biotic and abiotic factors including immune parameters on the temporal composition and stability of the genital microbiome peri-coitus, among heterosexual couples.

**Project update:**

Study enrollment and follow up completed, sample testing (microbiome and cytokines) with data analysis ongoing.

# RHSP – ‘IN-STEP RCT study’

## Integrated Female Sexually Transmitted Infection Testing for HIV Epidemic Control through PREP – IN-STEP

**Study period:**  
March 2024-  
January 2029  
(On-going RCT trial)

**Sponsor:** United States National Institute of Health  
US PI: Mary Kate Grabowski (Johns Hopkins University)

### Hypotheses:

- compared to SRST alone, self-risk screening tools (SRST) integrated with diagnostic testing for curable sexually transmitted infections (cSTI) will increase PrEP use (uptake, adherence, and persistence) among cis-gender African women
- Increased PrEP use will occur through two primary mechanisms: (1) improved identification of women at high risk for HIV via objective biomarker screening, and (2) enhanced self-perceived HIV susceptibility among women with cSTIs.

### Objectives:

- To conduct an individually randomized effectiveness implementation trial of SRST plus cSTI testing to increase PrEP use among African women at high HIV risk.
- To perform a mixed-methods, implementation science evaluation of female cSTI testing for improving PrEP use for HIV prevention
- To determine the most efficient, population-level female cSTI testing strategies to reduce HIV incidence in African settings.

### Approach:

- ~4,500 HIV-negative women will be randomized 1:1 to PrEP eligibility screening based on SRST plus cSTI testing (intervention) versus screening based on SRST alone (control arm).
- Primary outcomes will be PrEP uptake after screening and adherence and persistence at 6 months assessed through survey, clinical records, and drug level testing

### Project update:

All study approval in place, awaiting delivery of study supplies to start enrollment

# RHSP – Climate shock survey

## Climate Shock Survey

**Study period:**  
November 2024-  
September 2025  
(On-going study)

**Sponsor:** University of Michigan

**Investigators:**

Uganda P.I: Dr. Gertrude Nakigozi  
US P.I: Dr. Pamela Jagger, Dr. Joseph Eisenberg (University of Michigan)

**Aim:**

- The goal is to understand how people in rural Uganda are responding to changes in weather patterns, extreme weather events, and natural disasters (e.g., flooding).
- Validation of the climate shock survey for South central Uganda.

**Approach:**

- Conducted within the framework of the Rakai community cohort study (RCCS)
- At baseline, a total of 400 households, randomly selected from RCCS Communities (200 from fishing and 200 from agrarian communities)
- The household head or designee, or representative aged 18 years or older or emancipated minor most knowledgeable about household economics, coping strategies, and health will participate as the household representative/ respondent'

**Project update:** Quarter 2 Household Survey was completed:

COMMUNITY TYPE	TOTAL SURVEYED	NON-RESPONSE		
		OUTMIGRATED	AWAY	DEAD
AGRARIAN	193 (96.5)	0 (0.00)	6 (3.00)	0 (0.00)
FISHING	188 (94)	1 (0.50)	11 (5.50)	1 (0.50)
OVERALL TOTAL	381 (95.25)	1 (0.25)	17 (4.25)	1 (0.25)

# RHSP – Mental Health Study

## Mental Health Study

**Study period:**  
August 2024- June 2025  
(Completed study)

**Sponsor:** National Institutes of Health

**Investigators:**  
Uganda PI: Dr. Gertrude Nakigozi  
US PI: Prof. Leah Rubin (Johns Hopkins School of Medicine)

**Aim:**  
The study investigated the effects of HIV and psychosocial determinants on major depressive disorder (MDD) and neurocognitive impairment (NCI) which may contribute to understanding cognitive phenotypes and their functional consequences and the underlying pathophysiology.

**Approach:**  
The study leveraged Rakai Neurology Cohort Study participants and additional recruits. Participant recruitment commenced on 30th November 2020 and ended on 23rd June 2022. Six hundred and four (604) participants were screened and 600 enrolled.

Participants were followed up at 24 months after baseline visit. Follow-up activities commenced on 9th November 2022 and were completed on 29th May 2024.

General health and Neurological assessments were administered including examinations on verbal memory, motor and psychomotor speed, simple motor skills, verbal fluency, and attention/information processing. During participant follow-up, computer-based assessments including Facial Emotion Perception Test (FEPT) (n = 548), Figure 8 (n = 547) drawing and Face and Flanker tasks (n = 548). Blood and Cerebral Spinal Fluid (CSF) samples are also collected.

**Project update:**  
Data collection is complete and data analysis and manuscript writing ongoing

# VICINITY STUDY: Understanding the HIV and NCD Connection in Africa

Urbanization in Africa is rapidly reshaping the landscape of health risks and care delivery. In response, the Epidemiology and Impact of the HIV, Non-Communicable Diseases (NCDs), and Urbanization Syndemic in Africa (VICINITY) study has emerged as a pathbreaking initiative nested within the Rakai Community Cohort Study (RCCS).

This pioneering research is not only helping us better understand the changing face of disease but also paving the way toward integrated health interventions.

Launched to investigate how HIV intersects with cardiopulmonary non-communicable diseases (CP-NCDs) in a rural-to-urban (R2U) African cohort, the study is uncovering how environmental and behavioral factors converge to influence health outcomes.

## A Groundbreaking Cohort Design

The VICINITY study tracks Rural to Urban migrants in Masaka City and the Kampala Metropolitan area, comparing them to matched rural-to-rural migrants and non-migrants. This design enables researchers to precisely assess how migration and urban life affect HIV prevalence, CP-NCD risk, and access to health services.



➤ Dr. Joseph Ssuuna demonstrating how Ambient air quality monitoring is done using E-sampler and Purple air devices.

## Hands-On Science in Action

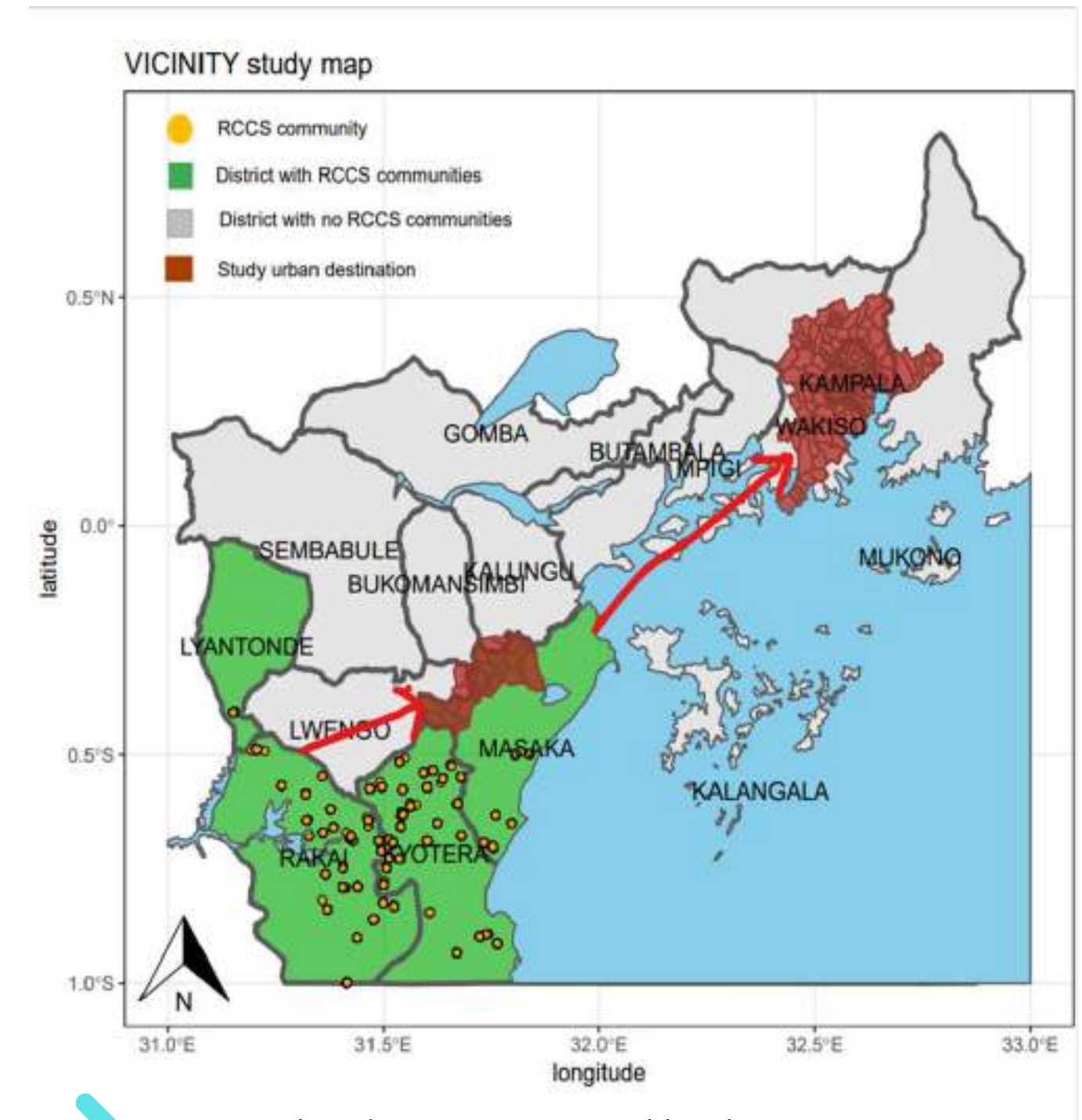
Field activities have brought science face-to-face with community life:

- Spirometry testing was done on over 6000 participants.
- Echocardiography provided insights into cardiac function in 2,847 participants during the first round.
- Air Quality Monitoring, both personal and ambient levels.
  - a) Personal air quality monitoring: Done for over 1200 participants with sets of ECM and carbon monoxide monitors worn and installed in the cook area for 48hours.
  - b) Ambient Air Quality monitoring: we use purple air devices that were placed in various places (17 in RCCS communities, placed at Health facilities, 4 in Masaka and 4 in Kampala metropolitan). One was collocated with BAM at Makerere University weather station and 3 were collocated with Airqo devices. One purple air device was collocated with the E-sampler to RHSP headquarters for data validation.
- 24-hour Ambulatory Blood Pressure Monitoring (ABPM) offered continuous insight into cardiovascular patterns.

And through Daily Movement Mapping, GPS data revealed where participants live, work, and travel—vital to understanding the environmental exposures shaping their health.

## Toward a Healthier Future:

By layering clinical findings with environmental data and health service utilization patterns, VICINITY is positioning RHSP to design integrated HIV and CP-NCD care models specifically tailored for mobile and urban populations. This study highlights not just the complexity of health in transition—but our capacity to respond with innovation and empathy.



A map showing areas covered by the VICINITY study in Uganda



# **RHSP PROGRAMS UPDATES**

# i. The Rakai Health Sciences Program HIV Clinic 2024 Status Report.

With our partners, we're advancing an AIDS-free generation by focusing on those most at risk.

[www.rhsp.org](http://www.rhsp.org)

The Rakai Health Sciences Program (RHSP) HIV Clinic, supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Infectious Diseases Institute (IDI) under the Masaka-Wakiso Region HIV Project, is at the helm of the transformative initiative *"Accelerating HIV Epidemic Control in the Masaka-Wakiso Region."*

As a recognized leader in the HIV response in Uganda, RHSP is delivering innovative, high-impact interventions that are rapidly advancing progress toward an HIV-free future. Through visionary leadership, unwavering commitment, and data-driven service delivery, RHSP is not only changing lives but also setting new standards for epidemic control and public health excellence.

## **Strategic Partnership with the Infectious Diseases Institute (IDI)**

Our collaboration with the Infectious Diseases Institute (IDI) is grounded in a direct service delivery approach that places people at the center of care. This partnership is purposefully designed to accelerate progress toward achieving an AIDS-free generation, with a deliberate focus on populations most at risk and in urgent need of HIV-related services.

Aligned with the UNAIDS 95-95-95 targets and PEPFAR's strategic priorities, our implementation model emphasizes high-impact, evidence-based interventions aimed at epidemic control. By prioritizing those communities disproportionately affected by HIV, our work ensures that no one is left behind.

## **The core thematic areas of focus include:**

### **1. HIV Testing Services (HTS):**

Expanding access to early diagnosis through targeted, community-friendly testing strategies.

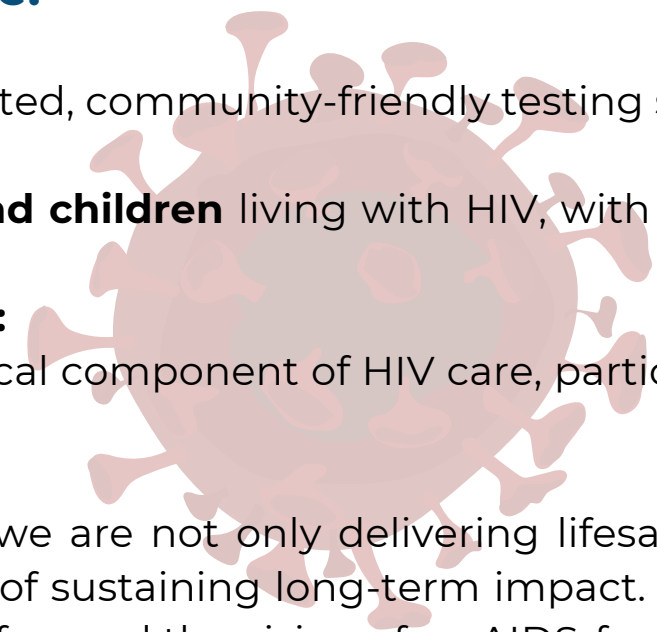
### **2. Comprehensive HIV Care and Treatment:**

Delivering high-quality services for both **adults and children** living with HIV, with an emphasis on retention, adherence, and viral suppression.

### **3. Tuberculosis (TB) Screening and Management:**

Integrating TB prevention and treatment as a critical component of HIV care, particularly for co-infected individuals.

Through this results-driven partnership with IDI, we are not only delivering lifesaving services but also building resilient health systems capable of sustaining long-term impact. Together, we are transforming lives, restoring hope, and driving forward the vision of an AIDS-free future.



### HIV Testing Services (HTS)

RHSP significantly surpassed its HIV Testing Services (HTS) targets, reinforcing its leadership in identifying new HIV infections and linking individuals to life-saving care and treatment.

A total of **9,357 individuals received HTS, achieving an impressive 147% of the annual target of 6,347**. This exceptional performance reflects the program’s strategic outreach, demand creation, and integration of testing services across both facility and community settings.

Among those tested, 242 individuals were newly diagnosed with HIV, representing 117% of the annual target of 206 new diagnoses. These results highlight RHSP’s success in targeted testing approaches that effectively reach populations most at risk of HIV infection, including key and priority populations, sexual partners of PLHIV, and individuals reached through social network strategies.

Every new diagnosis was viewed as a critical opportunity—not just for care linkage, but for breaking the chain of transmission. All newly diagnosed clients were offered immediate post-test counseling and escorted or referred for prompt antiretroviral treatment initiation.

RHSP’s strong HTS performance demonstrates the impact of data-driven strategies, community trust, and responsive service delivery, making a meaningful contribution toward national and global HIV epidemic control targets.

Indicator	Quarter1	Quarter2	Quarter3	Quarter4	Total	Target	%age
HIV Testing	1050	2241	4651	1442	9384	6347	148%
Tested HIV+	49	61	92	40	242	206	117%



### Pre-Exposure Prophylaxis (PrEP) Services

RHSP achieved outstanding results in scaling up Pre-Exposure Prophylaxis (PrEP) as a cornerstone of its HIV prevention strategy, particularly among individuals at substantial risk of HIV acquisition.

A total of **232 individuals were initiated on PrEP**, surpassing the annual target of 202 and achieving 119% performance against this goal. This remarkable uptake reflects RHSP’s strong community mobilization, effective risk assessment, and commitment to expanding access to biomedical HIV prevention options.

Even more notably, 164 individuals continued on PrEP throughout the year, exceeding the continuation target of 105 by 156%. This high level of continuation demonstrates RHSP’s success in supporting clients with adherence counseling, regular follow-up, and demand-driven, client-centered service delivery.



The RHSP Art clinic.

## HIV Care and Treatment Services

RHSP delivered high-impact HIV care and treatment services, surpassing key performance targets and achieving strong outcomes across the care cascade—reinforcing our commitment to excellence and patient-centered care in 2024.

A total of **2,727 people living with HIV (PLHIV)** remained actively engaged in antiretroviral therapy (ART) throughout the year. Notably, **244 individuals were newly initiated on HIV treatment**, representing **123% of the annual target (198)**—a testament to RHSP’s effective testing, linkage, and immediate initiation strategies.

**Proxy retention in care reached an outstanding 98%** (2,727 out of 2,785 expected), reflecting excellent continuity of care, patient trust, and adherence support systems. This rate far exceeds global averages and highlights RHSP’s commitment to long-term treatment success.

By the end of 2024, **only 58 clients had been lost to care**, and each of these cases is undergoing active follow-up to determine outcomes and re-engage where possible.

This low loss-to-follow-up rate demonstrates the strength of RHSP’s community-based support mechanisms, peer navigation, and differentiated service delivery models.

These achievements reflect not only quantitative success but also the program’s quality and resilience, ensuring that individuals living with HIV receive lifelong, person-centered care that is accessible, consistent, and responsive to their needs.

## Viral Load Testing and Suppression Monitoring

In 2024, RHSP sustained its strong performance in HIV treatment monitoring through consistent viral load (VL) testing, a key indicator of treatment success and progress toward epidemic control.

Out of 2,557 patients eligible for viral load testing, an impressive 2,333 individuals (91%) received testing during the year. This high coverage reflects RHSP’s robust systems for routine monitoring and commitment to achieving optimal treatment outcomes for all clients on ART.

Of those tested, 99% (2,308/2,333) achieved viral suppression, a remarkable achievement that underscores the effectiveness of RHSP’s HIV care and treatment program. Sustained viral suppression not only improves individual health outcomes but also significantly reduces the risk of HIV transmission within communities.

A total of 25 clients were found to have unsuppressed viral loads. These clients have been enrolled in intensive adherence counseling and follow-up support, ensuring personalized, data-driven care aimed at re-establishing viral suppression as quickly as possible.

This performance reflects RHSP’s unwavering commitment to the UNAIDS 95-95-95 targets, with a particular focus on the third “95” — ensuring that individuals on ART maintain durable viral suppression. Through strong systems, responsive care, and a dedicated health workforce, RHSP continues to set a high standard for HIV program performance in Uganda and beyond.

## Cervical Cancer Screening Among Women Living with HIV (Aged 25–49)

In 2024, RHSP continued to advance its commitment to the integrated care of women living with HIV by prioritizing cervical cancer screening—a critical intervention in preventing cancer-related illness and death among this high-risk population. A total of **425 women aged 25 to 49 years** living with HIV were screened for cervical cancer, achieving **92% of the annual target** (463 women).

This impressive performance reflects RHSP's dedication to proactive, preventive women's health services within HIV care platforms. Among those screened, **20 women were identified as eligible for Human Papillomavirus (HPV)-related treatment**. RHSP acted swiftly to ensure timely intervention: **16 women received appropriate treatment using either thermocoagulation or the Loop Electrosurgical Excision Procedure (LEEP)**—both of which are highly effective in removing pre-cancerous lesions and preventing progression to cervical cancer.

The remaining four women were pending treatment at the time of this report, with active follow-up measures already in place to ensure completion of care.

Through these efforts, RHSP is not only improving the quality of life for women living with HIV but also making measurable strides toward national and global goals for cervical cancer elimination. This achievement underscores RHSP's holistic, women-centered approach to healthcare, where prevention, early detection, and timely treatment come together to save lives.

## Tuberculosis (TB) Screening, Treatment, and Prevention

RHSP maintained a strong and integrated TB/HIV strategy in 2024, underscoring its commitment to ending both epidemics through early detection, prompt treatment, and effective prevention.

All 2,727 (100%) clients actively receiving antiretroviral therapy (ART) were systematically screened for tuberculosis, ensuring that no opportunity for early TB diagnosis was missed. As a result of this comprehensive effort, 19 individuals were identified with TB-HIV co-infection and were promptly linked to care.

Beyond facility-based efforts, RHSP extended its reach into communities using a targeted Social Network Strategy for TB case finding. Through this innovative approach, 34 HIV-negative individuals were diagnosed with TB, along with an additional 6 individuals who were co-infected with both HIV and TB. This strategy successfully identified undiagnosed cases that may have otherwise gone unnoticed, reflecting RHSP's effectiveness in bridging facility-community TB surveillance.

In total, 59 individuals were diagnosed with TB during the year, all of whom (100%) were immediately initiated on anti-TB treatment. This represents 97% of our annual treatment target of 61 cases, demonstrating RHSP's exceptional performance in meeting national TB control objectives.

In addition to treatment, RHSP emphasized prevention. A total of 178 ART clients were enrolled in **TB Preventive Therapy (TPT)**, a critical intervention in reducing the risk of TB infection and morbidity among people living with HIV.

These achievements reflect RHSP's unwavering commitment to delivering high-impact, client-centered TB services that are fully integrated within HIV care, contributing to better health outcomes, reduced transmission, and progress toward national and global TB elimination goals.

## ii. Counselling in Research and Program Settings:

### a. Couples' HIV Counselling Services

In 2024, RHSP continued to prioritise couples-focused HIV prevention as a critical strategy for reducing new infections and promoting mutual responsibility for health within relationships. A total of 400 clients—comprising both partners in committed relationships—benefited from specialised couples' HIV counselling services delivered by trained RHSP counsellors.

These sessions created a safe, confidential space where partners could openly discuss sensitive issues related to HIV status, sexual health, and relationship dynamics. The counselling not only facilitated mutual disclosure of HIV status but also provided tailored risk-reduction plans, options for HIV prevention such as PrEP for HIV-negative partners, and immediate linkage to care for those newly diagnosed.

This approach significantly enhances trust and joint decision-making among couples, particularly in sero-discordant relationships, and is instrumental in strengthening treatment adherence and long-term prevention outcomes.

By empowering couples with knowledge, support, and access to comprehensive HIV services, RHSP continues to foster healthier relationships and resilient communities, contributing meaningfully to the national HIV response.



### b. Linkage into HIV Care

Ensuring timely and effective linkage to HIV care remains a cornerstone of RHSP's comprehensive response to the HIV epidemic. During the reporting period, 128 newly diagnosed HIV-positive clients were successfully linked to care through a proactive, client-centered approach.

RHSP counselors played a critical role in facilitating this process by providing immediate post-diagnosis support and personally escorting clients to their preferred antiretroviral therapy (ART) facilities across the Rakai, Kyotera, and Lyantonde districts.

This hands-on accompaniment helped reduce barriers to access—such as fear, stigma, and logistical challenges—and ensured that clients were connected with treatment services without delay. For clients who preferred to enroll in care at facilities outside their immediate area,

RHSP utilized the national ART clinic directory to place direct calls to the respective health facilities. This coordination ensured smooth referrals and confirmed reception of each client by the receiving clinic, minimizing the risk of loss to follow-up. This high-touch, personalized linkage strategy reflects RHSP's unwavering commitment to achieving and sustaining universal access to HIV treatment, aligning with the UNAIDS 95-95-95 targets and ultimately contributing to better health outcomes and community viral suppression.

### c. Post-Exposure Prophylaxis Services

A total of 28 individuals accessed PEP, demonstrating the program's readiness and responsiveness in preventing new infections through timely post-exposure intervention.

These achievements reflect RHSP's commitment to a multi-pronged approach to HIV prevention, combining proactive risk identification, client-centered education, and swift clinical response to both ongoing and potential exposures.

# Community Connections: RHSP Community Mobilization Impact Report 2024



## 1. Partnering with community leaders for change:

Through the Health Education and Community mobilization team, RHSP held various sensitization meetings with community leaders in preparation for the Rakai Community Cohort Study (RCCS) and other study activities.

These meetings facilitate awareness and support from key stakeholders in the different communities we work in i.e. Kakuuto, Ddimu, Lwanda and Kalisizo among others.

## 2. Bringing healthcare closer through Community Engagement:

We held various community engagement activities including drama shows, mobile mobilization efforts, football tournaments, mobilization for Community Drug Distribution Points (CDDP) and Center of Excellence clinic activities to ensure that RHSP services and activities reach the community members.



**Picture above:** Eric Ssebanyiga with one of the girls football teams in the communities.

**Picture below:** Clinic activity at the RCCS camp in Ddimu fishing village.



### 3. Reaching hidden populations: Sex Host Study Mobilization:

The Health Education and Community Mobilization team played a vital role in the mobilization efforts for the Sex Host Study where they successfully carried out, identification and engagement of potential participants.

### 4. Sensitization meetings:

#### a. Strengthening lab services through awareness

A sensitization meeting was held for health facility in-charges regarding RHSP laboratory services. This involved identification, budgeting, notification, hosting, and a presentation delivered by the RHSP Lab team.



#### b. Oral Health Awareness

Sensitization meetings for the oral health study were conducted, successfully engaging the targeted audience. These meetings were held in Ddimu, Kalisizo, Kyotera, and Lwanda.

#### c. Reaching hidden populations: Sex Host Study Mobilization:

The Health Education and Community Mobilization team played a vital role in the mobilization efforts for the Sex Host Study where they successfully carried out, identification and engagement of potential participants.

### 5. Giving Back: RHSP Corporate Social Responsibility (CSR) 2024:

We successfully executed a number of CSR initiatives distributing scholastic materials and medical supplies to police stations, schools, prisons, and health facilities in Rakai and Kyotera districts.

### 6. Learning & Improving: End-of-Round Mobilization Assessment:

Assessments were conducted in RCCS survey areas to evaluate challenges and improve future mobilization strategies. Reports were compiled and submitted.

**Picture above:** The HECM mobilization vehicle driving through a community creating awareness for RHSP activities.

**Center:** RHSP team with CAB members after the lab services awareness meeting.

**Picture below:** HECM team lead giving out bicycles to community mobilizers to facilitate their work in communities.



## 6. Various Engagement strategies were used and these include:

### a. Storytelling for Change: Drama Script Writing & Training

A drama script focusing on HIV risk reduction was developed and training was conducted with local drama groups, Butula Flying Eagles and Kyotera Talents Drama Group, to ensure relevant messaging.

### b. Female Football: Kicking Off Community Awareness

Four female football tournaments were held in Kakuuto, Ddimio, Lwanda and Kalisizo subcounties. We used female football as a mobilization channel for RHSP research activities, engaging community members and delivering health messages.



These football sessions are used as mobilization tool since they attract a large crowd making it the best platform to disseminate the messages.

## 7. Community Involvement.

### a. Community Advisory Board (CAB) Activities

The Health Education and Community Mobilization team held quarterly general meetings, executive CAB meetings, and planning meetings for the National Cross-CAB Forum.



### b. Empowering Community Health Mobilizers (CHMs)

Thirteen (13) planning meetings were held with CHMs. The mobilizers were supported with raincoats, mobilization allowances, and trainings to improve their performance.

**Picture above:** A drama session in the community.

**Center:** The teams getting ready for a football game in Kyotera district.

**Picture below:** Community Advisory Board team meets with ROC and ICARE study teams from City University of New York and Columbia University.

# RHSP Administration





## Human Resource Department

The HR Manual has been successfully revised to reflect organizational changes and improve the clarity and understanding of policies.

Our recent employee engagement survey has provided valuable insights into our team's experiences and satisfaction levels. We're pleased to report that majority of employees feel their opinions are valued and appreciate the professionalism and communication within their teams, reflecting strong leadership.

To improve the effectiveness and efficiency in addressing and supporting employee needs, the HR Department has enhanced its technology by introducing a Human Resource Information System (HRIS).

The Human Resources department ensures that staffing levels were maintained, employee performance is effectively managed, and policy compliance is upheld to achieve organizational objectives.

The department facilitated the onboarding of twenty five (25) new employees and managed twenty seven (27) departures throughout 2024, concluding with a total headcount of One hundred ninety seven (197) employees and a moderate annual turnover rate of 14%.



# Finance and Grants Department

The finance team is committed to maintaining transparency and integrity. RHSP's financial performance throughout the fiscal year demonstrates our commitment to prudent resource management and the successful implementation of our activities.

During the fiscal year spanning October 2023 to September 2024, RHSP successfully achieved remarkable milestones in financial performance and compliance. These accomplishments highlight RHSP's commitment to responsible fiscal management, transparency, and adherence to regulatory standards.

Through its exemplary compliance with both the National Social Security Fund (NSSF) and the Uganda Revenue Authority (URA), RHSP has solidified its reputation as a trustworthy and accountable organization.

This unwavering commitment to meeting regulatory obligations has not gone unnoticed, as RHSP was notably recognized and awarded by NSSF for its outstanding compliance within the region—a testament to the organization's dedication to excellence and integrity in its operations.

In the fiscal year, RHSP has achieved a total funding of \$2.8million comprising of research and programs as shown in the graphs:



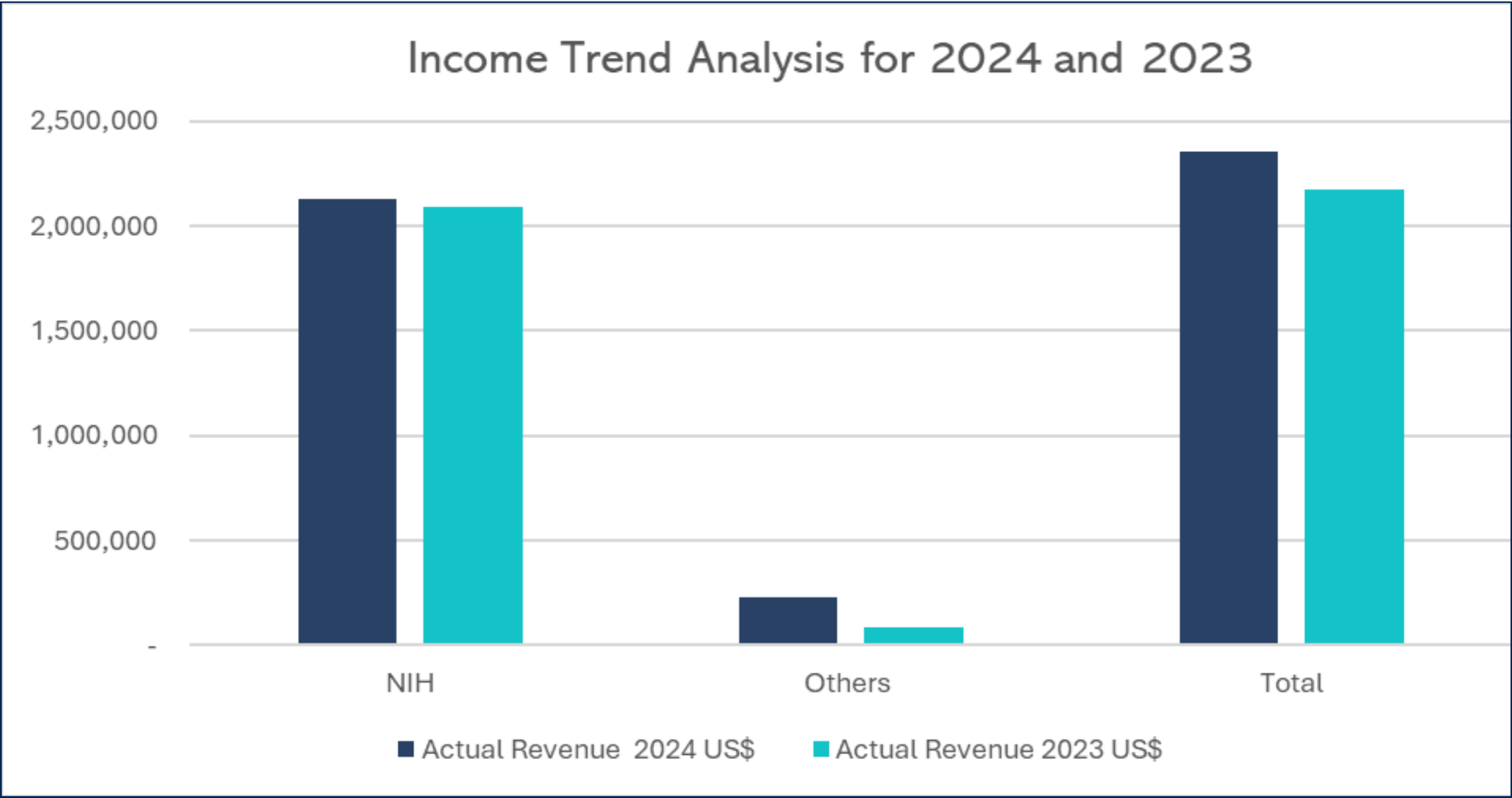
Grants Portfolio		
Category	Amount USD	Percentage
Programs	464,109	16%
Research	2,354,901	84%
Total	2,819,010	100%



# Finance and Grants Department

Comparing with the previous year 2023, we noted 8% increment in the research income with a 63% increment in the non NIH grants which is attributed to diversification of the research portfolio to foundations.

Research Portfolio			
Category	Actual Revenue	Actual Revenue	Percentage change
	2024	2023	
	US\$	US\$	
NIH	2,127,166	2,091,781	2%
Others	227,735	84,851	63%
Total	2,354,901	2,176,632	8%





## Finance and Grants Department

In regards to programming funds, we noted a reduction of 97% due to the region grant we lost in 2023 and in total a reduction in funding of 83%. However the research portfolio has not been affected as shown by the 8% increment.

Grants Port folio			
Category	Actual Revenue	Actual Revenue	Percentage change
	2024	2024	
	US\$	US\$	
Programs	464,109	14,407,450	97%
Research	2,354,901	2,176,632	8%
Total	2,819,010	16,584,082	83%

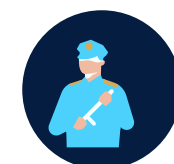


## Operations Department

The Operations Department supports the organization in managing operational needs across all the sections thereby furthering the goals of the organization.

The department comprises of the following sections, that is stores, procurement, transport, Estates and security.

On the next slides are the key highlights of the respective sections.



## Security

At RHSP, maintaining a secure environment is our top priority. The team has been enhanced with state-of-the-art surveillance technology, a 24-hour CCTV monitoring room, and a highly trained canine unit. Together, they've consistently proven their effectiveness in neutralizing security threats, managing access control, ensuring schedule adherence, and responding to incidents. With rigorous training and constant readiness, the team is always prepared to take action.



## RHSP Warehouses

The section ensures a steady and reliable supply of essential project materials, from life-saving drugs and medical supplies to general operational items and protective gear for both staff and study participants involved in various program activities. The warehouse has been a crucial player in cost-saving strategies, particularly in the face of the often-unpredictable donor environment. This has been achieved through effective substitution of user needs, diligent budget tracking, eliminating unnecessary expenses, controlling consumption, and recovering funds based on usage.

With its vital role in asset lifecycle management, the warehouse has also contributed to the program's financial health by disposing of items in a way that benefits the organization economically. To cap off the year, the section supported a Corporate Social Responsibility (CSR) initiative at Kalisizo Hospital's children's wing, providing essential supplies to make the stay more comfortable for both patients and their caretakers.



## RHSP CSR : Spreading Joy at Kalisizo Hospital



(Top) RHSP leadership , Kalisizo hospital administration team and RHSP staff posing for a photo at Kalisizo hospital during the christmas CSR event. (Bottom left: RHSP Staff walking to Kalisizo Hospital to share the christmas cheer)



As part of our commitment to community support and healthcare improvement, RHSP continues to collaborate with health centers and hospitals to ensure consistency in patient care. This past Christmas season, we had a chance to give back to the patients at Kalisizo Hospital, particularly in the maternity and children's wings.

Our team donated essential items—including soap, sandals, buckets, and sanitary towels—aimed at improving the comfort and well-being of patients during their hospital stay. These small yet impactful contributions reflect our dedication to supporting health facilities and easing the burden on patients and their caregivers.

The hospital administration expressed deep appreciation for RHSP's thoughtfulness, encouraging our team to continue these visits in the future. Patients were equally delighted, with many calling their loved ones to share the heartwarming gesture.

At RHSP, we believe that healthcare goes beyond medical treatment; it is about community, compassion, and collective well-being. We are grateful for the opportunity to give back and look forward to continuing our support for Kalisizo Hospital and other healthcare facilities in our region.



## Procurement

This section plays a central role in managing the annual purchase plans, vendor relationships, cost reduction efforts, and ensuring the value-for-money acquisition of key program supplies, services, and works.

Notable achievements include significantly reducing overall procurement costs using consortiums and a re-evaluation of vendors, saving the organization a substantial percentage of its budget. We've also worked to minimize vendor and end-user queries by improving flexibility, shortening lead times, and enhancing product quality.

Our strategic approach has led to the creation and implementation of a plan for managing excess inventory, which has helped avoid or reduce costs through a cross-budget system. Additionally, we've prepared solicitations and competitive bids for prospective suppliers, ensuring the best quality and pricing.

Efforts to improve safety plans, implement employee training (such as the SharePoint workshop), and boost the performance and compliance of both the procurement team and end users have also been key highlights. Finally, we've enhanced the accuracy of budget forecasts, making it easier to plan and allocate resources effectively for the entire program.



## Transport

The transport section plays a vital role in ensuring smooth transportation for personnel, consultants, and field staff, helping to execute key project activities like community surveys, HTS, and the highly anticipated medical camps and outreaches.

Our diverse fleet—ranging from minivans to robust Land Cruisers and heavy-duty Fuso trucks—supports the wide variety of activities and projects we run. Given our remote location, we manage all repairs and servicing in-house, ensuring that our fleet is always in top condition and ready for action whenever it's needed.

[www.rhsp.org](http://www.rhsp.org)



RHSP received vehicle donations from the National Institute of Health Uganda, Scientific Director, Dr. Steven Reynolds.



## Estates

The Estates team plays a crucial role in ensuring our operations run smoothly and efficiently. They maintain a pristine environment by overseeing the cleaning and upkeep of our facilities, managing repairs and servicing of equipment, and handling the power and water supply across the entire project.

A standout achievement was the restoration of the green belts at the ARV compound and TBK complex, along with the installation of a solar system that has significantly boosted our use of clean energy. These efforts are making a positive impact on both our operations and the environment.

# RHSP INFRASTRUCTURE

RHSP has upgraded its data center by adopting immersion cooling, an innovative and eco-friendly technology that submerges servers in a dielectric liquid for efficient heat dissipation.

This transition reduces greenhouse gas emissions, enhances sustainability, and lowers IT operational costs. Key benefits include improved energy efficiency, space savings, extended hardware lifespan, and reduced environmental impact.



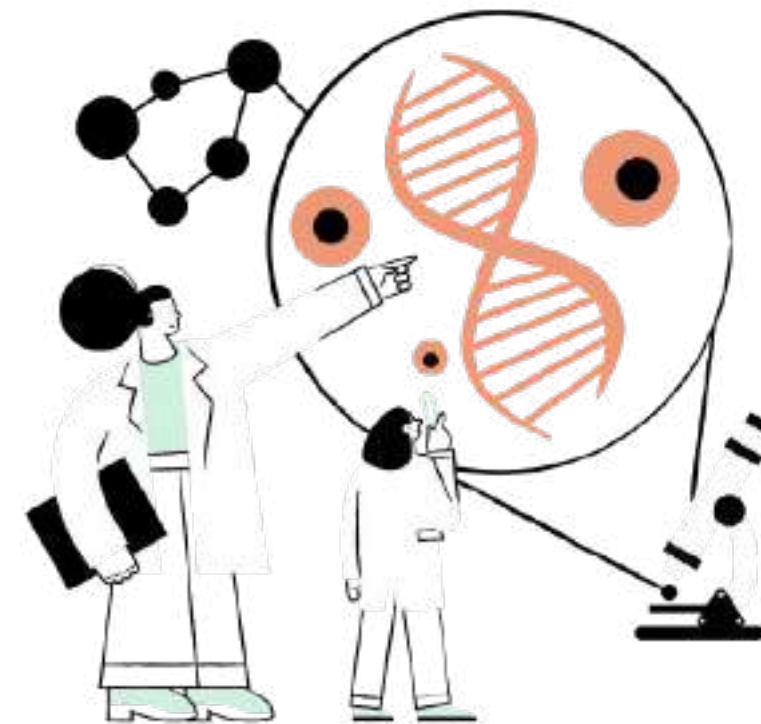
Immersion cooler for servers at RHSP premises.



Solar system at RHSP Headquarters in Kalisizo.

RHSP's laboratories are fully powered by solar energy, reinforcing our commitment to sustainability. This transition reduces our carbon footprint, ensures reliable power for critical healthcare services, and lowers operational costs.

By embracing renewable energy, we promote environmental responsibility and energy independence for our communities.



# **RHSP GRANTS, SCIENCE AND TRAINING UPDATES**

# Grants, Science and Training -2024 update.



The Grants, Science and Training team during a planning meeting

The Grants, Science and Training department continues to operate with a focus on three key objectives:

1. expanding funding sources to increase program income;
2. enhancing the program's scientific output and impact both locally and internationally by utilizing available data and generating new research ideas and projects;
3. and developing and implementing a comprehensive program to actively promote academic and research training, foster a skilled workforce, enhance expertise, and ensure the delivery of innovative public health services and solutions.

Several efforts have been made to secure funding for research and programming, including the submission of eight (8) grant applications to various funding agencies.



Additionally, four (4) more applications are currently in progress, with submission deadlines set for various times in 2025.

A total of twelve (12) abstracts were presented at global scientific conferences, including the Conference on Retroviruses and Opportunistic Infections (CROI 2024) [11] and the International AIDS Society (IAS) [1], with three (3) as oral presentations and nine (9) as posters.

Six (6) abstracts were submitted to CROI 2025, with 50% accepted for presentation in March 2025. Efforts to maximize scientific output have been intensified, with 13 papers published in high-impact, peer-reviewed journals.

In line with RHSP's goal of equipping professionals with specialized skills and knowledge, two (2) trainees graduated with Doctor of Philosophy (PhD) degrees in Public Health and Medical Anthropology this year. Three additional trainees are set to graduate with Master of Public Health (MPH) degrees in 2025.

Furthermore, the program hosted 23 students on internships and placements, including 9 from national and 14 from international institutions of higher learning, between April and November 2025.



In pictures: Some of the students who were part of RHSP internship programme

# Grants submitted in 2024

NIH-POST TB SPIROMETRY-R01, Submitted June 2024; PIs: Drs Dowdy and Galiwango

Climate Change Risk Survey (Univ of Mich) – Funded for 1 year ~ 70K (PI: Dr Nakigozi)

Fogarty D43 Renewal – Resubmission (MPIs: Drs Kigozi and Chang).

SENTINEL R01 (Surveillance) – Resubmission to JHU ORA (MPIs: Drs Kigozi and Chang).

Venue Identification and Outreach (VIO) R01 – Resubmission (MPIs: Drs Nakigozi and Kennedy).

Utilising heterogeneities in the African HIV epidemic to address the HIV reservoir and immune dysfunction challenges to facilitate HIV cure (PI: Ndugu & Galiwango).

Defining the role of proviral intactness and integration site in differential HIV-1 reservoir inducibility in ART-suppressed Ugandan (PI: Kankaka) - CFAR Africure

HIV Reservoir Dynamics and Immune Responses Across the Female Reproductive Life Span (PIs: Eileen Scully, Galiwango, & Kankaka)

# Abstracts and Publications in 2024

Lead Author	Title
Xinyi Feng	<u>HIV incidence and viral suppression among Ugandan males with female bar and sexworker partners.</u>
Micheal A. Martin	<u>Population-Based Longitudinal Dynamics of HIV Drug Resistance During Dolutegravir Roll-Out in Uganda.</u>
Hadijja Nakawooya	<u>The Impact of Partner Notification Services on HIV Testing and PrEP Uptake in High- HIV Burden Populations in South Central Uganda.</u>
Silas Odiya	<u>Most with HIV viremia are not in care despite high ART coverage: a population-based study in Uganda.</u>
Greg Rosen	<u>Clinic Switching and HIV Viral Load in Six African Countries: A Population-Based Study.</u>
Robert Ssekubugu	<u>Contact Investigation of incidence HIV in a population cohort; Implications for Case finding and PrEP.</u>

# Abstracts and Publications in 2024

Ssuuna, J., Yeh, P.T., Kigozi, G., Nalugoda, F., Nakigozi, G., Kagaayi, J., Galiwango, R.M., Rosen, J.G., Reynolds, S.J., Quinn, T.C. and Wawer, M.J., 2024. Household transport ownership and HIV viral suppression in rural Uganda: a cross-sectional, population-based study. Research Square. nihpp-rs4288433v1.pdf .

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Salazar, J.E., Park, D.E., Punjani, N., Pham, T., et. al., June 2024. Comparison of the penile microbiome in infant male circumcision: Mogen clamp versus Shangring. EBioMedicine, 105

Spindler, E., Hoffman, S., Nalugoda, F., Chen, I.S., et. al., 2020 July. What's driving girls' adolescent marriage decline in Rakai, Uganda? The interplay between adolescent pregnancies and social determinants, 1999–2018. International Journal of Adolescence and Youth, 29(1),p.2384863

West, N.S., Namuganga, L.P., Isabirye, D., Nakubulwa, R., Ddaaki, W., et.al., 2024 July. Cognitive interviewing to assess and adapt three measures of mental health symptoms among people living with HIV in Rakai, Uganda: the Thinking a Lot Questionnaire, the Patient Health Questionnaire 9 (PHQ-9), and the Hopkins Symptoms Checklist (HSCL).

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Kasango, A., Daama, A. and Negesa, L., August 2024. Challenges in managing HIV and non-communicable diseases and health workers' perception regarding integrated management of non-communicable diseases during routine HIV care in South Central Uganda: A qualitative study. Plos one, 19(8), p.e0302290.

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# Publications/Manuscripts from the RCCS data in 2024

**i.** Young R, Ssekasanvu J, Kagaayi J, Ssekubugu R, Kigozi G, Reynolds SJ, Nonyane BAS, Chang LW, Kennedy CE, Paina L, Anglewicz PA, Quinn TC, Serwadda D, Nalugoda F, Grabowski MK. HIV and viremia prevalence in non-migrating members of migrant households in southern Uganda: A cross-sectional population-based study. *J Acquir Immune Defic Syndr*. 2024 Oct 31. doi: 10.1097/QAI.0000000000003553. Epub ahead of print. PMID: 39477824.

**ii.** Population dynamics of HIV drug resistance during treatment scale-up in Uganda: a population-based longitudinal study  
Michael A. Martin, Steven James Reynolds, Brian T. Foley, Fred Nalugoda, Thomas C. Quinn, Steven A. Kemp, Margaret Nakalanzi, Edward Nelson Kankaka, Godfrey Kigozi, Robert Ssekubugu, Ravindra K. Gupta, Lucie Abeler-Dörner, Joseph Kagaayi, Oliver Ratmann, Christophe Fraser, Ronald Moses Galiwango, David Bonsall, M. Kate Grabowski, the Rakai Health Sciences Program  
medRxiv 2023.10.14.23297021; doi: <https://doi.org/10.1101/2023.10.14.23297021>

**iii.** Seungwon Kim, Godfrey Kigozi, Michael A Martin, Ronald M Galiwango, Thomas C Quinn, Andrew D Redd, Robert Ssekubugu, David Bonsall, Deogratius Ssemwanga, Andrew Rambaut, Joshua T Herbeck, Steven J Reynolds, Brian Foley, Lucie Abeler-Dörner, Christophe Fraser, Oliver Ratmann, Joseph Kagaayi, Oliver Laeyendecker, Mary K Grabowski, Intra- and inter-subtype HIV diversity between 1994 and 2018 in southern Uganda: a longitudinal population-based study, *Virus Evolution*, Volume 10, Issue 1, 2024, veae065, <https://doi.org/10.1093/ve/veae065>

**iv.** Nakawooya H, Ssempijja V, Ndyababo A, Yeh PT, W Chang L, J Wawer M, Nalugoda F, Serwadda D, H Gray R, Kagaayi J, Reynolds SJ, Lutalo T, Kigozi G, Grabowski MK, Ssekubugu R. Impact of natural disasters on HIV risk behaviors, seroprevalence, and virological suppression in a hyperendemic fishing village in Uganda. *PLoS One*. 2024 Oct 11;19(10):e0293711. doi: 10.1371/journal.pone.0293711. PMID: 39392803; PMCID: PMC11469503.

**v.** Spindler, E., Hoffman, S., Nalugoda, F., Chen, I. S., Samari, G., Lutalo, T., ... Santelli, J. S. (2024). What's driving girls' adolescent marriage decline in Rakai, Uganda? The interplay between adolescent pregnancies and social determinants, 1999 – 2018. *International Journal of Adolescence and Youth*, 29(1). <https://doi.org/10.1080/02673843.2024.2384863>

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**vi.**Young R, Ssekasanvu J, Kagaayi J, Ssekubugu R, Kigozi G, Reynolds SJ, Wawer MJ, Nonyane BAS, Nantume B, Quinn TC, Tobian AAR, Santelli J, Chang LW, Kennedy CE, Paina L, Anglewicz PA, Serwadda D, Nalugoda F, Grabowski MK. HIV incidence among non-migrating persons following a household migration event in Uganda. *Int J Epidemiol*. 2024 Aug 14;53(5):dyae118. doi: 10.1093/ije/dyae118. PMID: 39242079; PMCID: PMC11379466.

**vii.**Kevin Footer, Camille M Lake, Joshua R Porter, Grace K Ha, Tanvir Ahmed, Alex Glogowski, Anthony Ndyanabo, M Kate Grabowski, Larry W Chang, Joseph Ssekasanvu, Joseph Kagaayi, David M Serwadda, Jackie Mckina, Christopher Whalen, Lloyd Ssentongo, Ivan Nsimbi, Benedicto Kakeeto, Godfrey Kigozi, Robert Ssekubugu, Tom Lutalo, Maria J Wawer, Ronald H Gray, Steven J Reynolds, Alex Rosenthal, Thomas C Quinn, Michael Tartakovsky, Using publicly available, interactive epidemiological dashboards: an innovative approach to sharing data from the Rakai Community Cohort Study, *JAMIA Open*, Volume 7, Issue 3, October 2024, ooae069, <https://doi.org/10.1093/jamiaopen/ooae069>

**viii.**West NS, Namuganga LP, Isabirye D, Nakubulwa R, Ddaaki W, Nakyanjo N, Nalugoda F, Murray SM, Kennedy CE. Cognitive interviewing to assess and adapt three measures of mental health symptoms among people living with HIV in Rakai, Uganda: the Thinking a Lot Questionnaire, the Patient Health Questionnaire 9 (PHQ-9), and the Hopkins Symptoms Checklist (HSCL). *Res Sq [Preprint]*. 2024 Jul 10;rs.3.rs-4697900. doi: 10.21203/rs.3.rs-4697900/v1. PMID: 39041027; PMCID: PMC11261958.

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**x.**Namusisi, P., Yeh, P.T., Ssekubugu, R. et al. The intersection between migration, HIV, and contraceptive use in Uganda: a cross-sectional population-based study. *Reprod Health* 21, 65 (2024). <https://doi.org/10.1186/s12978-024-01796-z>



# 2024 KEY PICTURE MOMENTS



## US ambassador visits RHSP



➤ From September 10<sup>th</sup> to 11<sup>th</sup>, 2024, U.S. Ambassador William W. Popp, alongside CDC Country Director Dr. Mary Boyd and NIH Uganda Scientific Director Dr. Steven Reynolds, visited RHSP headquarters in Kalisizo, Kyotera District, to explore the program's impactful health research and community initiatives.



➤ RHSP hosted a team from NIH/NIAID, led by James M. Cherry, Associate Director and Chief of the Research Technology Branch, along with Karlynn Noble, Communications and Outreach Lead, Christopher Whalen from the Office of Cyber Infrastructure and Computational Biology, and Steven Reynolds, NIH Director Uganda, among others, for the NIAID onsite inspection at RHSP.





➤ From October 21st to 24th, 2024, RHSP hosted its annual retreat, bringing together esteemed partners and collaborators from The Johns Hopkins University, Makerere University, Uganda Virus Research Institute, African Center of Excellence in Bioinformatics and Data Science (ACE-B), Columbia University, the The National Institutes of Health, among others.

The retreat focused on key updates from grants, research, and finances, as well as a productive research site visits.

# 35 YEARS CELEBRATION: STAFF AWARD CEREMONY



# THE RHSP TIMELINE



One of the first cars at Rakai Project



Construction of the RHSP research building



Opening ceremony of the RHSP research building



Opening ceremony of the research building



# Thank you!

Thank you, RHSP stakeholders, partners & donors. Your support fueled 35 years of high - impact research.



# Next Steps

As we reflect on the past 35 years of the Rakai Health Sciences Program (RHSP), it is with great pride that we present this 2024 Annual Report, a testament to our unwavering commitment to high-impact research and innovation in public health.

From pioneering studies that reshaped the global HIV response to expanding our focus on reproductive health, infectious diseases, and emerging health challenges, RHSP has remained at the forefront of impactful scientific inquiry.

Last year's theme, 35 Years of High-Impact Research, sums up the essence of our journey—one marked by resilience, groundbreaking discoveries, and meaningful collaborations. As we document our achievements, challenges, and aspirations, we recognize that our success is deeply rooted in the dedication of our researchers, healthcare workers, partners, funders and the communities we serve.

This report offers an in-depth look at our scientific milestones, programmatic impact, and strategic vision for the future.

We hope it serves as both a reflection of our legacy and an inspiration for the road ahead.

Thank you for your continued support and commitment to advancing public health through research.

We are encouraged by your continuous visits, donations, work and shout outs wherever you are.

In the coming years, we aim to curate the RHSP story. Whether it's about your internship or your time working with the RHSP team in Kalisizo, we'd love to hear from you. Share your experiences, stories shaped by the RHSP legacy, words of advice, encouragement, or praise for RHSP's work over the years. You can send your articles to [communications@rhsp.org](mailto:communications@rhsp.org).



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