

October 2019

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**SMART Africa
Center**



**SECURING OUR
CHILDREN'S
FUTURE TODAY**

Brown School at Washington University in St. Louis

Halloween greetings from the ICHAD and SMART Africa Teams. We hope you will enjoy our latest updates. This month, ICHAD founder and director, Dr. Fred Ssewamala was a featured speaker at the inauguration ceremony for Washington University's new Chancellor, Andrew Martin. His talk highlighted the importance of investing in youth in Sub-Saharan Africa, and was backed by evidence from ICHAD studies. The full presentation can be found [here](#).

In October, our country teams were incredibly busy, particularly with Multiple Family Group sessions implemented in 10 different schools and financial literacy trainings at 12 sites! Read more about all of our country teams' accomplishments below.

In addition, three ICHAD/SMART Africa publications were released including recommendations for Implementation Scientists working in low-resource settings, as well as two protocol papers detailing ICHAD studies. We also welcomed two new team members to our U.S. Team, Jennifer Nakilembe and Fithi Embaye. Please join us in welcoming them both!

As always, please feel free to share any news or update you would like us to include in our upcoming newsletter [here](#).

Best Regards,
ICHAD and SMART Africa Teams



UPDATES FROM THE FIELD



SMART Africa-Uganda participant drawing of a “Happy Family”

SMART Africa-Uganda

SMART Africa-Uganda is a scale-up study in Uganda that utilizes an adapted version of the evidence-based Multiple Family Group (MFG) intervention. This intervention has 16 sessions that aim to address behavioral health challenges in children and adolescents. In October, the team completed MFG intervention delivery in four schools. Intervention delivery is now complete in eight out of twenty schools in the treatment arms. Congratulations to the team on this great milestone!

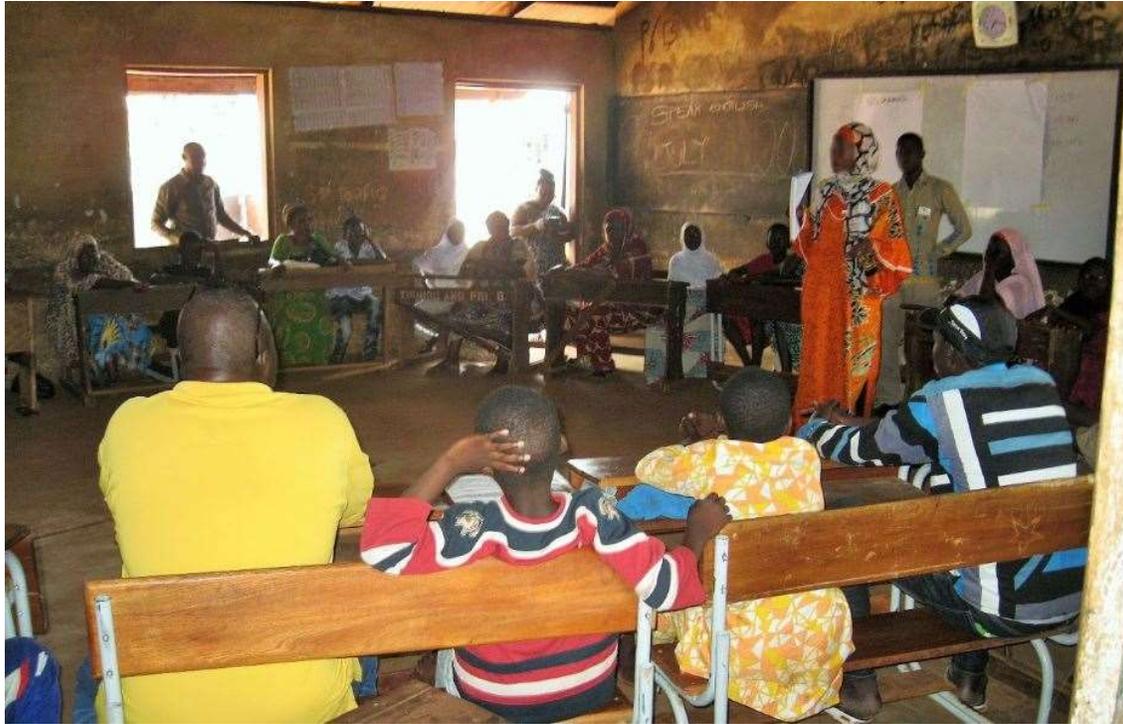
This month, the team was also busy conducting the 16-week post-intervention assessments with families - both children and guardians, following the last MFG sessions delivered in the four schools, with 97.5% interviews completed to date. The team also completed the 6-month follow-up assessments within the four schools that completed MFG sessions earlier this year with up to 96% of interviews completed as of October.

Additionally, the team trained MFG facilitators, both Parent Peers and Community Health Workers who will deliver MFG sessions in the remaining 12 treatment arm schools. These facilitators have completed and passed their Knowledge Skills and Attitude Tests. Baseline interviews for the last round of 12 schools also began this month. Currently, 83% of guardians and children at two participating schools have been screened. This exercise will continue until next month when MFG session delivery commences. Congratulations to the team for all that you have accomplished this month!



SMART Africa-Kenya

SMART Africa-Kenya is a pilot study that tests the effectiveness of the Multiple Family Group (MFG) intervention amongst approximately 180 children and their caregivers in Kiambu County, Kenya. The team is currently in the field delivering MFG sessions to families in two treatment arm schools. To date, the team has delivered up to session four of the MFG intervention. Participants, teachers, and school administrators are optimistic about the intervention and hope to see modification in children's behaviors and families in general. Baseline assessments have been conducted for all study participants. In the control arm schools, all participants have received mental health literature and will be assessed at eight weeks. The Kenya team would like to thank their implementing partner BasicNeeds Kenya and the mentorship received from Dr. Keng Yen-Huang at New York University. Many thanks for making this study a success!



SMART Africa-Ghana

SMART Africa-Ghana is a pilot study that tests the effectiveness of the Multiple Family Group (MFG) Intervention amongst approximately 180 children and their caregivers in northern Ghana. Our SMART Africa Ghana team is currently busy in the field, delivering MFG sessions in one of the two treatment arm schools. To date, they have delivered up to session seven to 52 participant dyads and they hope to deliver sessions eight and nine in the upcoming weeks. Families and the school administration, including teachers, appreciate the intervention. They participate enthusiastically and share relevant experiences to help everyone learn from one another. The School Health Education Program (SHEP) coordinators who facilitate these sessions have noted that they are proud to be part of an intervention that is improving families' wellbeing. Regarding data collection and data management, the team is currently entering data collected at baseline and 16-week follow-up. The team also began collecting week eight follow-up assessments from families in the SHEP treatment school. The team will begin to collect data from the parent peer group treatment arm school in the near future. The team is also working on their protocol paper, which will be submitted to the special issue around mid-November. Kudos to the Ghana team for all your efforts in the field and to BasicNeeds Ghana for the wonderful collaboration.



Suubi4Cancer

Suubi4Cancer seeks to identify confirmed and suspected cancer cases among a cohort of more than 3,000 youth living with HIV/AIDS in Uganda. This month, the team continued to enter and clean data for the registry and data collection is about 75% complete. The team anticipates initiating the second phase of this study, to conduct economic empowerment interventions with identified cancer cases, later this year. The team also recently published a protocol paper, described in greater detail in the New Publications and Conference Presentations section below. Congratulations team for your progress this month!



Suubi4Her

Suubi4Her seeks to examine the impact and costs associated with an innovative combination

intervention that aims to prevent HIV risk behaviors in communities heavily impacted by HIV/AIDS. This month, the team conducted all three intervention components: Multiple Family Group (MFG), financial literacy training (FLT) and the Income Generation Activity (IGA) in the treatment arm schools. In terms of MFG, the team continues to deliver sessions to families, and they have delivered up to session six in four additional schools, with an amazing 87% turnout. Eight schools have received all FLT sessions. IGA sessions have been conducted in three schools and the team will continue with more training in future months. The attendance is very good and families are eager to start IGA projects. Families value the training and interventions; groups are participatory and facilitators are doing a great job. In addition, the team is still conducting wave II follow-up assessments. To date, out of the 1,259 participants expected, the team had interviewed 1,180 participants from the 47 participating schools. They are following up with the remaining 79 participants and preparations to find them are underway. Congratulations to the team for all you have accomplished this month!

Suubi4Her mHealth

This study seeks to examine access and utilization of mobile phones (technology) and the acceptability of mhealth interventions among adolescent girls. Specifically, the study assesses behavioral health and psychosocial functioning, cell phone access, as well as beliefs and attitudes about tobacco, alcohol, substance use, sexual decision-making, and HIV-risk factors. This month, the Ugandan team concluded qualitative interviews with focus groups in four different schools. They are currently working on transcribing the data.



Kyaterekera

The Kyaterekera Project is focused on reducing new incidences of sexually transmitted infections and HIV among female sex workers through a combination of economic empowerment, vocational skills training, and HIV risk reduction sessions. In the month of October, the study team concluded

delivery of six financial literacy training (FLT) sessions to four treatment arm sites, and 115 participants opened up Matched Savings accounts with partnering financial institutions, Stanbic and Equity Banks. The participants who have not yet opened bank accounts are being encouraged to take advantage of the opportunity. The study team has embarked on the delivery of HIV Risk Reduction sessions to 181 participants recruited from six sites and to date, 3 sessions have been delivered to participants.

The second quarterly Community Collaborative Board (CCB) meeting was held on October 23 at Serona Hotel Kyotera and 11 out of the 12 members attended this meeting. The CCB consists of a group of local experts who together helps ICHAD make decisions that will best direct how to conduct the Kyaterekera project. During the meeting, the study's coordinator, Mr. Joshua Kiyingi, updated the board members on study progress, including participant recruitment, data collection, intervention delivery, as well as ongoing and upcoming study activities. In a discussion led by ICHAD's co-Director, Dr. Proscovia Nabunya, board members reacted to current field activities and figures and provided suggestions and recommendations on intervention delivery and uptake, including PrEP uptake, accounts' opening, session attendance and vocational training and mentorship for female participants.

UPDATES FROM ICHAD AND SMART AFRICA TEAMS

NEW TEAM MEMBERS



**JENNIFER
NAKILEMBE**



**FITHI
EMBAYE**

New ICHAD and SMART Africa Team Members!

We are pleased to welcome the International Center for Child Health and Development's (ICHAD) latest team members Jennifer Nakilembe and Fithi Embaye!

Originally from Uganda, Jennifer received her BA in Social Sciences as well as her Master's degree in population and reproductive health from Makerere University in Uganda. Her research interests include epidemiology and reproductive health issues, and her dissertation was entitled "Predictors of time to fistula repair and Post effects of Obstetric fistula among treated women in Uganda." Jennifer recently relocated to St. Louis to pursue her MSW degree at St. Louis University and will work with us part-time as an administrative coordinator and assist with the Kyaterekera study.

Fithi Embaye, LISW is a first-year doctoral student at the Brown School of Social Work. She will be joining the ICHAD team and supporting the Kyaterekera study. Born and raised in Eritrea, Fithi earned her BA in Sociology and Social Work from the University of Asmara in 2007, and her MA (2012) and MSW (2017) from Ohio University. Fithi is a Licensed Independent Social Worker (LISW) and certified Early Childhood Mental Health Consultant (ECMHC) in Ohio with over six years of international and local research experience. Most recently, her work engaged evidence-based practices and attachment-based systems-level mental health interventions aimed at promoting trauma-informed early education settings. Under the guidance of Hopewell Health Centers Early Childhood Programs and Robin Gurwitch (PhD) of PCIT International, Fithi developed and oversaw the CARE Classroom Consultation pilot program implementation and evaluation in rural Appalachian Ohio. She also led the management and analysis of programs' data for more than 150 early education classrooms across 11 Southeast Ohio counties over a three year period. Her research agenda emphasizes improving the behavioral, educational and health outcomes associated with childhood exposure and/or risk of trauma, particularly abuse and neglect in Sub-Saharan Africa, resource-scarce communities, immigrant, refugee, and internally displaced populations.

Please join us in welcoming both members to the ICHAD team!

MOMENTUM

/MO' MEN(T)ƏM (NOUN):
THE IMPETUS AND DRIVING FORCE GAINED
BY THE DEVELOPMENT OF A PROCESS OR COURSE OF EVENTS.

The Inauguration of Andrew D. Martin



The Inauguration of Andrew D. Martin

On October 3, ICHAD's Director Dr. Fred Ssewamala was part of a select panel of Washington University faculty to discuss research and discovery in a symposium honoring the inauguration of Chancellor Andrew Martin. Dr. Ssewamala's presentation titled "Global Health Work in Sub-Saharan Africa: Opportunities for Scientific Researchers" detailed the work of ICHAD and SMART Africa in Uganda, Kenya, and Ghana. He began by describing the reality of children in Sub-Saharan Africa living in extreme poverty and their dream of obtaining a better education. Dr. Ssewamala explained that the number of children in this region is growing rapidly and that classrooms are often overcrowded, yet the children yearn to study. The region also has the largest number of people living with HIV and AIDS in the world. He illustrated how poverty impacts child development, mental health functioning, risk-taking behavior, and more. Therefore, instead of focusing solely on the outcomes of poverty, Dr. Ssewamala structures combination interventions around financial stability. In addition to reducing poverty, these interventions positively affect physical health, mental health functioning, ART adherence for HIV-positive adolescents, family cohesion, school performance and risk-taking behaviors. Dr. Ssewamala emphasized the importance of collaboration across sectors and with families in order to implement successful interventions. Lastly, he noted the bi-directional importance of the research and how findings from the study in Sub-Saharan Africa can be used as a potential framework to address similar needs in the U.S. You can watch the video [here](#) (1:10:10).

CAPACITY BUILDING



Qualitative Interview Training

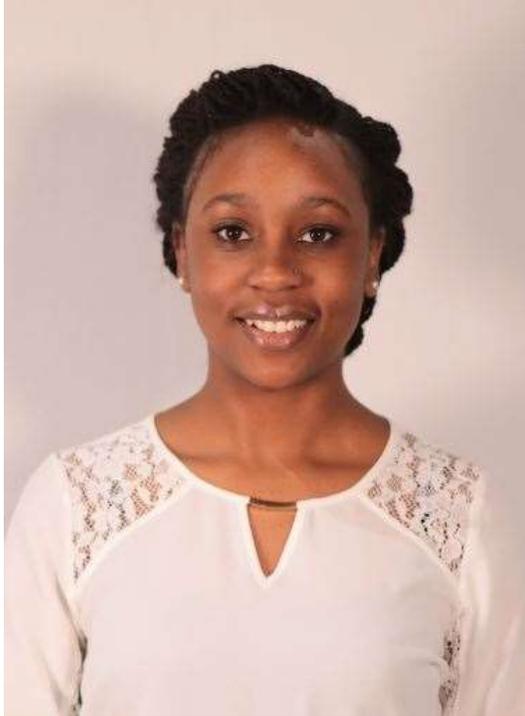
In preparation for the upcoming qualitative interviews for the Kyaterekera Project and Suubi4Her supplement, ICHAD Co-Director Dr. Proscovia Nabunya conducted a qualitative interview training with the field team in Uganda. Specifically, the qualitative interviews for Kyaterekera Project will address study aim three, focused on examining the study's implementation process by investigating participants' interventional experiences (satisfaction, facilitators, barriers, recommendations); factors influencing participation, sexual decisions, financial behaviors; and perceptions of programmatic sustainability. Similarly, the qualitative interviews for the Suubi4Her supplement will address study aim four, examining participants' experiences with the intervention in each treatment condition, including factors influencing participation and perceptions on sustainability; and the multi-level factors that may have impacted participants' observable behaviors and decision-making in regard to savings, mental health, and sexual risk-taking. Interviews will also address the factors that may influence system-level sustainability by interviewing MFG facilitators and school head teachers/contact teachers in treatment arm schools. During the training sessions, the team covered the qualitative interview techniques, reviewed the interview guides, and conducted mock interviews to familiarize themselves with the content as well as address any issues or questions that might arise. The team will be pretesting the interview guides with selected participants in the field.



Our Own Amaka Amasanyufu (Happy Family)

During our October Team meeting, SMART Africa coordinators and seasoned Multiple Family Group (MFG) facilitators William Byansi and Phionah Namatovu took the U.S. ICHAD/SMART Africa teams through MFG session one as part of the team-building exercise. This session, designed to introduce group participants to each other, create rules for participants, and give an overview of the MFG, introduced newer members of the U.S.-based team to the curriculum as well as common issues and questions that are raised during these initial sessions. For example, how facilitators may deal with people initially unwilling to attend all 16 sessions or those that might have conflicting family rules. In this interactive session, the facilitators reviewed the four R's (Rules, Responsibility, Relationships, and Respectful Communication) and two S's (Stress and Social Support) and asked the team for input from their own experiences throughout. Thanks to William and Phionah for transporting us (momentarily), into the classrooms of Uganda, Kenya, and Ghana!

FELLOWS CORNER



Thembekile Shato

Thembekile Shato is a member of the first cohort of Researcher Resilience Fellows, a NIMH-funded program designed for researchers of African descent interested in adolescent behavioral health in low resource settings. The Researcher Resilience Training Program (RRT) is a joint program between ICHAD, SMART Africa and the Race and Opportunity Lab, all housed at the Brown School. Thembe is currently a doctoral student at Saint Louis University, and under the RRT program, receives mentorship from Dr. Fred Ssewamala. In this capacity she is working with the team on a paper focused on examining the mediational role of family communication on the effect of a family-based economic empowerment intervention (Suubi-Adherence) on HIV-related prevention attitudes and knowledge among adolescents living with HIV in Uganda.

This past spring Thembe received the [2019 Sister Shirley Kolmer Memorial Grant](#), for a research project determining the influence of individual and community-level factors on health-seeking behaviors and access to preventive women's reproductive health care services in Sub-Saharan Africa. She will be using the grant to enhance the lives of women in their reproductive ages and contributing to further steps that need to be taken by researchers to address reproductive health challenges among Sub-Saharan women.

Thembe also [co-authored a paper](#) on intimate partner violence (IPV), pregnancy intention and contraceptive use in Honduras, which was published this August in the Journal Contraception. Findings indicated that IPV was associated with both unwanted pregnancy and increased contraceptive use among married Honduran women.

This October, Thembe presented at the Women in Statistics and Data Science conference on an ongoing co-authored study focused on examining the health care access and sociodemographic determinants of cervical cancer screening in Zimbabwe. The presentation abstract can be found [here](#).

With a group of students at Saint Louis University (SLU), Thembe also participated in an [Amazon Alexa SLU Innovation Technology Challenge](#) where they built an Alexa skill with the goal of improving awareness of and linkage to mental health information and services for students. Congratulations Thembe on these wonderful accomplishments!

Dr. Ernestina Korleki Dankyi

Please join us in congratulating SMART Africa Global Fellow Dr. Ernestina Dankyi, who has recently been offered a research fellowship at the University of Dundee, Scotland, United Kingdom starting in January 2020. Through this prestigious fellowship, Dr. Dankyi will be involved in analyzing and publishing from the largest qualitative dataset on street children in three African countries. Congratulations Dr. Dankyi!



NEW PUBLICATIONS AND CONFERENCE PRESENTATIONS

Implementation science in global health settings: Collaborating with governmental & community partners in Uganda

Mary M. McKay^a, Ozge Sensoy Bahar, Fred M. Ssewamala

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ARTICLE INFO

Keywords:
Child behavioral health
Implementation science
Global health
Community engagement
Sub-Saharan Africa

ABSTRACT

Approximately 450 million people, many of whom live in poverty and are from low and middle income countries (LMICs), experience serious mental health challenges. Children in sub-Saharan Africa comprise half of the total regional population, yet existing mental health services are severely under-equipped to meet their needs and evidence based practices (EBPs) are scarce. In Uganda, one in five children present mental health challenges, including disruptive behavior disorders. Guided by the Practical, Robust Implementation and Sustainability (PRISM) framework, this paper describes the strategies by which we have engaged community and government partners to invest in a collaborative, longitudinal study in Uganda aimed at improving youth behavioral health outcomes by testing a collaboratively adapted EBP. We emphasize that implementation scientists should be prepared and willing to invest time and effort building key relationships and sustain relationships through a full range of collaborative activities; ensure that their science meets a felt need among the stakeholders; and translate their research findings rapidly into accessible and actionable policy recommendations. Finally, we highlight that collaboration with global communities and governments plays a critical role in the adaptation, uptake, and sustainability of EBPs, and that the process of engagement and collaboration can be guided by conceptual frameworks.

1. Introduction

Approximately 450 million people, many of whom live in poverty and are from low and middle income countries (LMICs), experience serious mental health challenges (Roberts et al., 2013). Children in sub-Saharan Africa (SSA) comprise half of the total regional population, yet existing mental health services are severely under-equipped to meet their needs (Koenig et al., 2011; Roberts et al., 2013). The World Health Organization (WHO) estimates that 1 in 5 children in SSA struggle with a serious mental health issue (WHO, 2002). Uganda (one of the poorest countries in SSA) reports that 12 to 20% of children present mental health symptoms when screened in primary care clinics (Chakravorty, 2010). Given the large numbers of children in Uganda, child disruptive behavior disorders (DBDs), if untreated, are a particularly serious concern as they commonly persist through adolescence and adulthood with negative outcomes, including academic problems, social impairment, a higher incidence of chronic physical problems, unemployment and legal problems, and substance abuse and violence among adults (Chen, 2009; Hillis et al., 2013; Burke et al., 2004; Kaufman, 1999; Lundquist, 1999; Luber et al., 2009a, 2009b; Washburn et al., 2008). Studies have identified specific risk factors for

increased incidence of DBDs among children, including poverty, low parental educational attainment, maternal depression, harsh parenting, poor parent-child relationship, stress, and neighborhood (Koenig et al., 2014; Mubwanya and Ssewamala, 2014; Ssewamala et al., 2013).

In SSA countries, namely Uganda, Nigeria, South Africa, Malawi, the Democratic Republic of Congo, and Kenya, have reported high DBD prevalence rates ranging from 12% to 32% (Agha et al., 2015; Ashwood et al., 2001; Corbin et al., 2012; Long et al., 2003). Given the serious consequences of failing to intervene as DBDs emerge, it is imperative that effective and scalable solutions are discovered, while simultaneously recognizing the challenges facing these countries in meeting the educational and mental health care needs of their large youth populations. Addressing the current disruptive behavioral health challenges is also emerging as a serious policy concern as DBDs may undermine the ability of the "next generation" to contribute to the success of LMIC contexts.

This policy concern is grounded in the fact that in Uganda, the focus of this paper, children make up about half (50%) of the total population (compared to 20% in the US) (UNICEF, 2015), and they must often contend with multiple simultaneous physical, mental health, and educational challenges (Population Reference Bureau, 2009;

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Implementation science in global health settings: Collaborating with governmental & community partners in Uganda

Congratulations to Dean Mary McKay, Dr. Ozge Sensoy Bahar, and Dr. Fred Ssewamala on their recent publication

“Implementation science in global health settings: Collaborating with governmental & community partners in Uganda” that was published in the journal *Psychiatry Research*. The article highlights the need to develop sustainable, evidence-based practices (EBPs) that meet the mental health needs of children in Sub-Saharan Africa. Using the Practical, Robust Implementation and Sustainability Model (PRISM) framework, the paper describes how the team has engaged community members and government organizations to implement a longitudinal study adapted to fill the service gap for youth behavioral health in Uganda. The NIMH-funded SMART Africa scale-up study in Uganda is used as a case example to demonstrate how community stakeholders can be involved to improve child mental health outcomes. The paper discusses the partnerships created within the research study context and beyond, reaching policymakers and government structures. Finally, the article examines strategies for successful implementation and increased sustainability and replication in low-resource conditions. The full publication can be found [here](#).

Suubi+Adherence Study Protocol: A family economic empowerment intervention addressing HIV treatment adherence for perinatally infected adolescents

Congratulations to the ICHAD Suubi+Adherence team, Fred Ssewamala, William Byansi, Ozge Sensoy Bahar, Proscovia Nabunya, Torsten Neilands, Claude Mellins, Mary MckWay, Miriam Mukasa, Fredrick Makumbi, and Getrude Nakigozi, on publishing the recently concluded Suubi+Adherence study's protocol in the Contemporary Clinical Trials Communications Journal. The protocol describes a financial stability model created to positively affect antiretroviral treatment adherence for youth. The study intervention combines a matched savings account, financial education, health education, and income-generating activities. This is meant to promote monetary savings for study participants and their families so there is sufficient income to meet the needs associated with managing HIV as a chronic illness, to provide support for adherence to antiretroviral therapy, to develop microenterprises to generate family income, and/or to further their studies in secondary education. The protocol clearly lays out the study's background, methods and design, implementation and evaluation strategies. The full publication can be found [here](#).

Suubi+Adherence Study Protocol: A family economic empowerment intervention addressing HIV treatment adherence for perinatally infected adolescents - ScienceDirect

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Contemporary Clinical Trials Communications
Available online 20 October 2019, 100463

Research paper
Suubi+Adherence Study Protocol: A family economic empowerment intervention addressing HIV treatment adherence for perinatally infected adolescents

Fred M. Ssewamala ^{a,*,}, William Byansi ^{b,}, Ozge Sensoy Bahar ^{b,}, Proscovia Nabunya ^{b,}, Torsten B. Neilands ^{c,}, Claude Mellins ^{d,}, Mary McKay ^{e,}, Flavia Namuwonge ^{f,}, Miriam Mukasa ^{g,}, Fredrick Edward Makumbi ^{h,}, Getrude Nakigozi ^{i,}

<https://doi.org/10.1016/j.conctc.2019.100463> [Get rights and content](#)
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Abstract

Background

Globally, 1.8 million children <15 years are living with HIV. Sub-Saharan Africa (SSA), as a region, is heavily burdened by HIV, with 90% of new infections among children happening there. Within SSA, Uganda has an HIV prevalence of 7.2% among 15–49-year-olds, with high prevalence in Masaka region (12%). Uganda also reports unprecedented numbers of perinatally HIV-infected children, with close to 150,000 children (ages 0–14) living with HIV (CLHA). However adherence to antiretroviral therapy (ART) among children and youth is poor, and has been attributed to economic insecurity, including lack of finances for transportation to clinic appointments, inadequate meals to support medication consumption, and resource

<https://www.sciencedirect.com/science/article/pii/S246826671930225X?via=ihub> Page 1 of 33

Opinion paper

Suubi4Cancer: A protocol for an innovative combination intervention to improve access to pediatric cancer services and treatment adherence among children living with HIV/AIDS in Uganda

Fred M. Ssewamala^a, Ozge Sensoy Bahar, Kimberly J. Johnson, Ruth G.N. Katumba

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ARTICLE INFO

Keywords:
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Economic empowerment
Access to treatment services

ABSTRACT

Youth Living with HIV (YLWHV) are at high risk for cancer. Sub-Saharan Africa (SSA) has some of the worst pediatric cancer survival rates due to barriers to accessing cancer services and treatment adherence. This protocol describes a study that aims at: 1) Identifying unmet and suspected cancer cases in a cohort of 3000 HIV-positive youth; 2) Empowering the caregivers, primarily, caregivers of an evidence-based Economic Empowerment (EE) intervention, Suubi ("hope" in a local Ugandan language), on access to pediatric cancer diagnosis and care, and treatment adherence among YLWHV with suspected cancers in Uganda; and 3) Exploring multiple factors impacting intervention participation and experience. The proposed Suubi4Cancer intervention combines targeted EE through family development activities (FDA) with financial literacy and management (FLM) and cancer education (CE). The study will review medical charts in 39 clinics in Southwest Uganda to identify confirmed and suspected cancer cases. Subsequently, Suubi4Cancer will be evaluated via a randomized-controlled trial design (FDA + FLM + CE versus Usual Care) targeting a total of 75 youth aged 10-to-24 and their caregivers. Assessments at baseline and 6 months will examine change in cancer treatment access; cancer treatment adherence; and knowledge, attitudes, and beliefs about cancer and cancer treatment. Semi-structured interviews with the intervention group will explore their intervention experience. To our knowledge, Suubi4Cancer will be the first study to test the preliminary impact and acceptability of a combination intervention to increase access to cancer diagnosis and treatment services for YLWHV.

Trial registration: ClinicalTrials.gov NCT03916703 [Registered: 04/16/19].

1. Introduction

Worldwide, there are ~2.1 million HIV-infected youth <15 years old with over 80% living in sub-Saharan Africa (SSA) [1]. HIV-infected youth, also known as Youth Living with HIV (YLWHV), are a particularly vulnerable group at high risk for numerous social and disease outcomes including cancer [2]. Cancer risk in YLWHV is markedly increased relative to HIV-negative youth [3–5]. Yet, cancer studies in YLWHV in SSA are rare with only one large scale South African study reported to date [6]. In Uganda, there are no prevalence data available for pediatric cancer among YLWHV. Moreover, survival from pediatric cancer in YLWHV is low in SSA [7]. Thus, the overall goal for this study is to tailor and explore the short-term preliminary outcomes of an existing evidence-based Economic Empowerment (EE) Intervention,

Suubi (meaning "hope" in Luganda, a local Ugandan language), on access to pediatric cancer diagnosis, care, and treatment adherence in YLWHV with suspected cancers in Uganda.

The Suubi EE has been tested to address adherence to HIV treatment among YLWHV in Southern Uganda (Suubi + Adherence; R01HD074949). The intervention promotes family income-generating activities (IGA) for poor HIV-positive adolescents and their families to meet financial-specific needs associated with managing clinic visitation appointments and fees (e.g., transportation to clinic appointments, and food and nutritional supplements). Our prior studies show that Suubi EE is acceptable, feasible, and efficacious at improving adherence to antiretroviral (ART) medications with YLWHV [8]. Thus, given the successful implementation of the Suubi EE intervention, coupled with reports of cancer-related deaths among YLWHV in the region (resulting from non or late diagnosis), the next logical step in caring for this

Suubi4Cancer: A protocol for an innovative combination intervention to improve access to pediatric cancer services and treatment adherence among children living with HIV/AIDS in Uganda

Congratulations to the Suubi4Cancer team, Fred Ssewamala, Ozge Sensoy Bahar, Kimberly J. Johnson, and Ruth G.N. Katumba, on the publication of the Suubi4Cancer protocol in the Contemporary Clinical Trials Communication Journal. This protocol details the rationale for the study and the methods used with the ultimate aim of testing the effect of the proposed economic empowerment intervention on access to pediatric cancer diagnoses and care with treatment adherence in youth living with HIV in Uganda. The full publication can be found [here](#).

SOCIAL CORNER



ICHAD and SMART Africa's Fall Festival

To celebrate the new semester, ICHAD and SMART Africa hosted a student get together on September 28 at Dr. Fred Ssewamala's home. This event provided students with the opportunity to interact with ICHAD and SMART Africa team members and meet with faculty while enjoying delicious African cuisine.

UPCOMING EVENTS

Joseline Marhôte Pierre, PH, MD, MPH, MSc

November 19, 2019 | 12:05 – 1 p.m. | Brown Hall, Brown Lounge



Dr. Joseline Marhôte Pierre

Nutrition Specialist
Director of Food and Nutrition Program
Haitian Ministry of Public Health and Population

This event is co-sponsored by the MPH Program, the International Center for Child Health and Development (ICHAD) and SMART Africa Center

Dr. Joseline Marhôte Pierre will be presenting on nutrition policy in Haiti on Tuesday, November 19, from 12:05-1:00 PM in Brown Lounge, Brown Hall. No registration is required for this event. You can learn more [here](#).

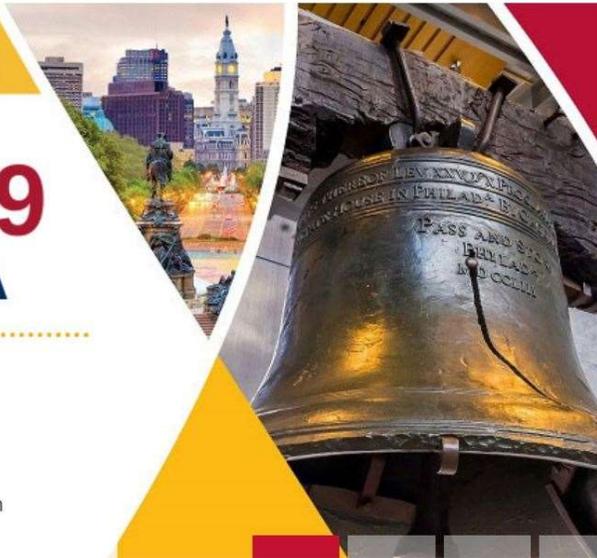
REGISTER NOW!

APHA 2019 PHILADELPHIA

Network. Learn. Be Inspired.

Join us in Philly, Nov. 2-6!

Don't miss the largest yearly gathering of public health professionals.



The American Public Health Association's Annual Meeting and Expo is the largest and most influential annual gathering of public health professionals. Nearly 13,000 attendees join us each year to present, learn and find inspiration. This year's event will be hosted on November 2-6, in Philadelphia. ICHAD's own Joelynn Muwanga will also be attending this year's conference and presenting a poster entitled "Self-reported medication adherence, physical health and pediatric quality of life among children and adolescents living with HIV: Baseline findings from Southwestern Uganda." You can learn more about the conference [here](#).



Global Health Week is Washington University-wide initiative to engage in global health topics, organized by Global Health Center and its Global Health Student Advisory Committee at the Institute for Public Health, Arts & Sciences, Brown School, McKelvey School of Engineering, Olin Business School, School of Law, and School of Medicine. Events are scheduled from November 18-22. You can learn more [here](#).

WUSM Global Health & Medicine *presents*

Introduction to Medicine & Global Human Rights: 1st Annual Forensic Documentation Workshop



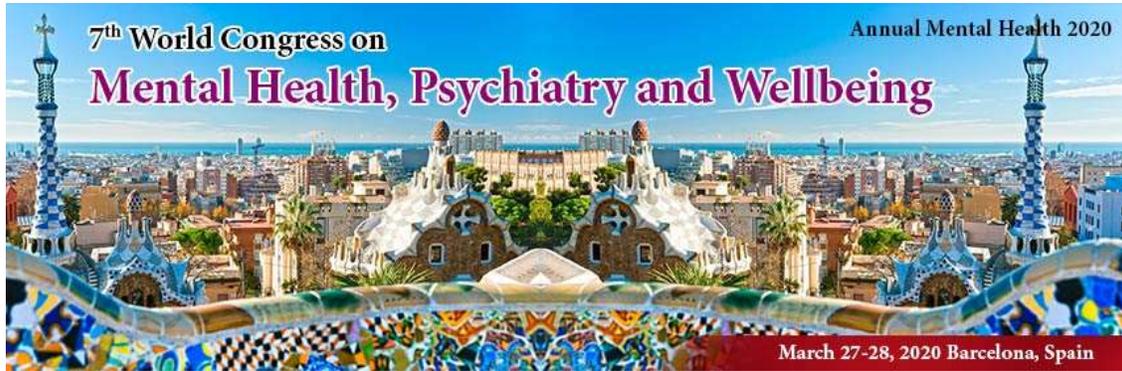
On November 16, the Washington University School of Medicine is hosting an Introduction to Medicine & Global Human Rights workshop from 8:30 AM - 2:30 PM at the Holden Auditorium, Farrell Learning and Teaching Center, on the Washington University Medical Campus. This inaugural, interdisciplinary workshop will introduce medical trainees to the skills needed to contribute to medical forensic documentation for investigations related to human rights violations. Topics covered will include the identification of physical scars related to torture, affidavit drafting, medical careers in human rights, international criminal law, trauma-informed care with survivors of atrocity crimes, and more. All with an interest in global health and human rights are welcome to register. Attendance will be capped, so registration is first-come-first-served. You can learn more [here](#).



Ignite Global Health is scheduled for November 22, from 4-6 PM at Bryan Cave Moot Courtroom, Anheuser-Busch Hall. This event features faculty and trainees presenting five-minutes on global health experiences. A reception and networking event will follow to close Global Health Week. You can learn more [here](#).



On December 4-6 more than 1,200 individuals will convene in the nation's capital to ensure that evidence is used to inform decisions that will improve the health of individuals and communities at the 12th Annual Conference on the Science of Dissemination and Implementation in Health. This year's conference theme, Raising the Bar on the Rigor, Relevance, and Rapidity of Dissemination and Implementation Science, is intended to help us map the way forward for improvements in the development, execution and application of D&I science. You can learn more [here](#).



The 7th World Congress on Mental Health, Psychiatry and Wellbeing will take place on March 27-28, 2020, in Barcelona, Spain. This year a special focus of the Congress will be the integration of new technologies and research findings. It will also bring together expert clinicians, researchers and leaders of stakeholder organizations in the field of mental health, offering an outstanding set of Plenary and State of the Art Lectures, Educational Courses, Symposia, Workshops with experts and sessions designed by and for early-career mental health professionals and psychiatrists with the theme "Mental Health Matters: Mental illness is not a choice, but Recovery is for Wellbeing." You can learn more [here](#).

OPPORTUNITIES

APPLICATIONS DUE: December 1, 2019

An advertisement for the LEAD Training Program. The top part features a photograph of a group of people, including children and adults, sitting on the ground outdoors in a grassy area, engaged in a discussion. Below the photo is a white banner with the text "LEAD Training Program" in bold black letters. To the left of the banner is the logo for Washington University in St. Louis School of Medicine, and to the right is the logo for Washington University in St. Louis Brown School. At the bottom of the advertisement, the text "T37 LEAD Training Program" is written in large white letters, followed by "Training LEADers to Accelerate Global Mental Health Disparities Research" in smaller white letters. The background of the advertisement is a dark blue gradient.

Washington University in St. Louis
SCHOOL OF MEDICINE

Washington University in St. Louis
BROWN SCHOOL

T37 LEAD Training Program
Training LEADers to Accelerate Global Mental Health Disparities Research

The new LEAD Training Program, co-directed by Dr. Fred Ssewamala of the Brown School and Dr. Patricia Cavazos in the Department of Psychiatry at Washington University School of Medicine, is “Training LEADers to Accelerate Global Mental Health Disparities Research.” This is 2-Phase training program designed for advanced predoctoral students and postdoctoral trainees from diverse backgrounds in the US, including groups underrepresented in biomedical, behavioral, clinical and social sciences research, interested in global mental health disparities research. Phase 1 will consist of didactic training at Washington University in St. Louis. Phase 2 will consist of hands-on research at a selected global site in sub-Saharan Africa. For more information or to apply, visit <https://sites.wustl.edu/LEAD/>. **Applications due December 1, 2019.**



ICHAD is hiring a Study Coordinator to manage the day-to-day activities of an NIH-funded R01, to include: coordinate research activities, assist with the submission and tracking of IRB protocols, conduct data analysis, develop study progress reports, and disseminate study findings among other things. You can apply [here](#). (Job number 45467)



[Boston College School of Social Work](#) is looking for two postdoctoral fellows for the [Research Program on Children and Adversity \(RPCA\)](#) to work on the implementation science research project at the direction of Drs. [Theresa Betancourt](#) (PI) and Alethea Desrosiers (Co-PI). This program focuses on improving protection and care for children, youth, and families facing multiple forms of adversity, including due to armed conflict, poverty, and infectious disease. The program is devoted to applied cross-cultural research in health and human rights. RPCA research directly addresses strategies and methods to close the global implementation gap in providing protections and effective services for youth and families experiencing adversity.

1. The postdoctoral fellow will be required to spend at least 50% time in Sierra Leone, with the option of based in-country. The remaining time will be at Boston College. The postdoctoral fellow will be responsible for overseeing all aspects of data collection and management, data analysis, study design, and implementation science related to the project. A strong focus of this position is to provide skills in multilevel modeling, data analysis, study design oversight,

scientific writing, and implementation science processes. Previous NIH experience is also highly desired. You can learn more [here](#).

2. The Postdoctoral fellow will support research with specific attention to disparities facing war-affected, Muslim refugee populations, and other populations on topics such as substance use/abuse, community support, and caregiver-child relationships. The postdoctoral fellow will help measure psychosocial outcomes to assess effectiveness of the Family Strengthening Intervention for Refugees (FSI-R), a 10-module home-visiting intervention focused on skill building and psychoeducation to reduce mental health disparities. You can learn more [here](#).

Boston College is also recruiting for a Program Manager position in Rwanda. The Program Manager will oversee a local team and direct field logistics; manage day to day research team activities; manage research budgets; engage in national level stakeholder engagement; train, implement and monitor the PLAY Collaborative Approach; and liaise regularly with partner organizations on the ground as well as local and national government officials to fulfill the scientific aims of the project. You can learn more [here](#).

UCLA

Postdoctoral Fellowship Training Program

The University of California Los Angeles recently posted a full-time opportunity in Epidemiology. The [UCLA Postdoctoral Fellowship Training Program in Global AIDS Prevention Research](#) lasts three years and will involve the completion of at least one major HIV prevention research project in a global setting. Fellows must also make a research presentation in at least one major scientific conference and be published as a first author in leading scientific journals. UCLA will close the application for this position on December 16, 2019.

University of California San Francisco

The logo for the University of California San Francisco (UCSF), consisting of the letters 'UCSF' in a stylized, bold, blue font.

Research Coordinator Position

The University of California San Francisco recently posted a full-time opportunity in the area of prevention science. The research project is an NIMH-funded study to develop a mobile app for

couples in which one or both men are HIV+ Black, gay /bisexual/same-gender-loving. The team is seeking an energetic and committed individual to recruit research participants who are in a primary relationship. The position is part-time and will be under the supervision of the principal investigator. You can learn more [here](#).



The Summer Research Program is open to students who seek challenge, research and experience in one of two tracks, along with the opportunity to explore and grow academically in a diverse environment. Students may apply to one or both programs for which they qualify, but may only be accepted into one program. These programs include:

1. Public and Global Health Track which provides students the opportunity to gain knowledge, conduct real-world practice and research, receive career counseling and build a network of colleagues while collaborating with public and global health faculty, St. Louis community professionals and each other.
2. Aging and Neurological Diseases Track which provides students the opportunity to learn about three neurological conditions and diseases that often interplay with the aging process: stroke, Parkinson’s disease, and dementia. Participants work in research labs and centers focused on these issues.

You can learn more [here](#).

SMART Africa Center
International Center For Child Health and Development (ICHAD)
Brown School, Washington University in St. Louis



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