



# DR. MARTIN MUDDU (MBCHB, MMED, PhD)

## PRINCIPAL INVESTIGATOR K43 PROJECT

“LEVERAGING EXISTING HIV DIFFERENTIATED SERVICE DELIVERY MODELS TO SCREEN AND TREAT HYPERTENSION IN UGANDAN PERSONS LIVING WITH HIV FOR DUAL CONTROL.”



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### ACADEMIC QUALIFICATIONS

Dr. Martin Muddu (MBChB, MMED, PhD) holds a Bachelor of Medicine and Surgery as well as a Master's degree in Internal Medicine from Makerere University. He completed his training in Implementation Science at the Makerere University-University of California San Francisco Implementation Science training program.

### EXPERIENCE

Dr. Muddu is the Principal Investigator (PI) of a newly awarded Fogarty funded K43 project at IDRC aimed at integrating the management of hypertension into community based HIV services.

Dr. Muddu has experience in integrating the management of non-communicable diseases and HIV while leveraging the HIV program gains. He is a co-investigator of the PULESA-Uganda study at IDRC, an NHLBI funded project that focuses on integrating hypertension care within urban and peri-urban HIV clinics in Uganda through a cluster-randomized trial.

### WHY ARE YOU PASSIONATE ABOUT THE STUDY?

*I am happy to be the Principal Investigator of the K43 project titled “Leveraging existing HIV differentiated service delivery models to screen and treat hypertension in Ugandan persons living with HIV for dual control.” Hypertension, a major cause of cardiovascular disease is the leading risk factor for mortality globally.*

*It contributes the largest risk for heart attack and kidney disease in persons living with HIV (PLHIV). In Uganda, adult PLHIV have a high prevalence (27.9%) of hypertension. The Uganda Ministry of Health and the World Health Organization recommend community based care for stable PLHIV.*

*Community based models of HIV care are more patient centered than clinic based care and reduce the burden on the health system.*

*However, hypertension management has not yet been integrated in existing HIV community based models of HIV care as initial integration efforts are concerted at HIV clinics. Thus, PLHIV in the community receive sub-optimal screening and treatment for hypertension.*

*In this study, we will utilize implementation science methods to design and implement strategies to screen and treat hypertension among PLHIV in the community.*