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**UNIVERSITY OF WASHINGTON
SCHOOL OF PUBLIC HEALTH AND SCHOOL OF MEDICINE:
DEPARTMENT OF GLOBAL HEALTH: CURRICULUM VITAE (CV)**

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Education:

University of Pennsylvania, Philadelphia, PA.

Bachelor of Arts with Honors in African-American Studies, May 1996

Tulane University School of Public Health and Tropical Medicine, New Orleans, LA.

Masters in Public Health, December 2001

University of North Carolina-Chapel Hill School of Public Health, Chapel
Hill, NC.

PhD: Health Behavior and Health Education, May 2009

Faculty Positions Held:

- Clinical Assistant Professor, Department of Global Health, University of Washington, 2013-July, 2018
- Clinical Associate Professor, Department of Global Health, University of Washington, July, 2013-Oct, 2018
- Assistant Professor, Department of Global Health, University of Washington, October, 2018 - Present

Bibliography

Refereed research articles:

1. *O'Bryan, G., **Feldacker**, C., Ensminger, A., Nghatanga, M., Brandt, L., Shepard, M., ... & O'Malley, G. 2021. Adverse event profile and associated factors following surgical voluntary medical male circumcision in two regions of Namibia, 2015-2018. PloS one, 16(10), e0258611.
2. *Omollo V, Marongwe P, Murenje V, Madoda T...& **Feldacker**, C. 2021 Adverse event trends within a large-scale, routine, voluntary medical male circumcision program in Zimbabwe, 2014 to 2019. Journal of Acquired Immune Deficiency Syndromes (1999). 2021 Jun 22.
3. **Feldacker**, C., Murenje, V., Makunike-Chikwinya, B., Hove, J., Munyaradzi, T., Marongwe, P., ... & Sidile-Chitimbire, V. 2020. Balancing competing priorities: Quantity versus quality within a routine, voluntary medical male circumcision program operating at scale in Zimbabwe. Plos One, 15(10), e0240425.
4. Babigumira, J., S. Barnhart, J. Mendelsohn, V. Murenje, M. Tshimanga, C. Mauhy, I. Holeman, S. Xaba, M. M. Holec, B. Makunike-Chikwinya and C.

- Feldacker** . 2020. "Cost-effectiveness analysis of two-way texting for post-operative follow-up in Zimbabwe's voluntary medical male circumcision program." *PloS one* 15(9): e0239915.
5. **Feldacker** , C., Holeman, I, Murenje, V, Xaba, S., et al. 2020. "Usability and acceptability of a two-way texting intervention for post-operative follow-up for voluntary medical male circumcision in Zimbabwe." *PLOS ONE* 15(6): e0233234.
 6. **Feldacker** , C., Murenje, V., Holeman, I., Xaba, S., Makunike-Chikwinya, B., Korir, M., ... & Tshimanga, M. 2020. Reducing provider workload while preserving patient safety: a randomized control trial using 2-way texting for post-operative follow-up in Zimbabwe's voluntary medical male circumcision program. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 83(1), 16-23.
 7. Tweya, H., **Feldacker** , C Kiruthu-Kamamia, C., Billion, L., Gumulira, J., Nhlema, A., & Phiri, S. 2020. Virologic failure and switch to second-line antiretroviral therapy in children with HIV in Lilongwe, Malawi: an observational cohort study. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 114(1), 31-37.
 8. *Brito, A., Korn, A., Monteiro, L., Mudender, F., Maiela, A., Come, J., ... & **Feldacker** , C. 2019. Need for improved detection of voluntary medical male circumcision adverse events in Mozambique: a mixed-methods assessment. *BMC Health Services Research*, 19(1), 855.
 9. Tweya, H., **Feldacker** , C., Mpunga, J., Kanyerere, H., Heller, T., Ganesh, P., ... & Phiri, S. 2019. The shift in tuberculosis timing among people living with HIV in the course of antiretroviral therapy scale?up in Malawi. *Journal of the International AIDS Society*, 22(4), e25240.
 10. **Feldacker** , C., Murenje, V., Barnhart, S., Xaba, S., Makunike-Chikwinya, B., Holeman, I., & Tshimanga, M. 2019. Reducing provider workload while preserving patient safety via a two-way texting intervention in Zimbabwe's voluntary medical male circumcision program: study protocol for an unblinded, prospective, non-inferiority, randomized controlled trial. *Trials*, 20(1), 451.
 11. *Marongwe, P., Gonouya, P., Madoda, T., Murenje, V., Tshimanga, M., Balachandra, S., ... & **Feldacker** C. 2019. Trust but verify: Is there a role for active surveillance in monitoring adverse events in Zimbabwe's large-scale male circumcision program?. *PLOS ONE*, 14(6), e0218137.
 12. *Hove, J., Masimba, L., Murenje, V., Nyadundu, S., Musayerenge, B., Xaba, S., Nachipo, B., Chitimire, V., Makunike, B., Holec, M. and Chinyoka, T....& **Feldacker** C. 2019. Incorporating Voluntary Medical Male Circumcision Into Traditional Circumcision Contexts: Experiences of a Local Consortium in Zimbabwe Collaborating With an Ethnic Group. *Global Health: Science and Practice*, 7(1), pp.138-146.
 13. **Feldacker** , C., Bochner, A.F., Murenje, V., Makunike-Chikwinya, B., Holec, M., Xaba, S., Balachandra, S., Mandisarisa, J., Sidile-Chitimire, V., Barnhart, S. and Tshimanga, M., 2018. Timing of adverse events among voluntary medical male circumcision clients: Implications from routine

- service delivery in Zimbabwe. PLOS ONE, 13(9), p.e0203292.
14. **Feldacker** C, Makunike B, Holec M, Bochner A, Stepaniak A, Nyanga R, Xaba S, Kilmarx PH, Herman-Roloff A, Tafuma T, Tshimanga M, Chitimbire V, Barnhart S. 2018. Implementing voluntary medical male circumcision using an integrated, health systems approach: Experience from 21 districts in Zimbabwe. *Global Health Action*: 11 January.
 15. Tweya H, **Feldacker** C, Gugsu S, Phiri S. 2018. Contraceptive use and pregnancy rates among women receiving antiretroviral therapy in Malawi: a retrospective observational cohort study. *Reproductive Health*. 15(1), 25.
 16. **Feldacker** C, Jacob S, Chung, Michael H, Nartker A, Kim H Nina. 2017. Experiences and Perceptions of Online Continuing Professional Development among Clinicians in Sub-Saharan Africa. *Human Resources for Health*. 15(1), 89.
 17. Tshimanga M, Makunike-Chikwinya B, Mangwiro T, Tapiwa Gundidza P, ... & **Feldacker** C. 2017. Safety and Efficacy of the PrePex Device in HIV-infected men: a single-arm study in Zimbabwe. PLOS ONE 12.12 (2017): e0189146.
 18. **Feldacker** C, Pintye J, Jacob S, Chung M, Middleton L, Iliffe J, Kim HN. 2017. Continuing Professional Development for Medical, Nursing, and Midwifery Cadres in Malawi, Tanzania and South Africa: A Qualitative Evaluation. PLOS ONE 12.10 (2017): e0186074.
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 20. Haddad, L. B., Hoagland, A. B., Andes, K. L., Samala, B., **Feldacker** , C., Chikaphupha, K., ... & Phiri, S. 2017. Influences in fertility decisions among HIV-infected individuals in Lilongwe, Malawi: a qualitative study. *Journal of Family Planning and Reproductive Health Care*, 43(3), 210-215.
 21. Tweya H, **Feldacker** C, Heller T, Gugsu S, Ng'ambi W, Nthala O, Kalulu M, Chiwoko J, Banda R, Makwinja A, Phiri S. 2017. Characteristics and outcomes of older HIV-infected patients receiving antiretroviral therapy in Malawi: A retrospective observation cohort study. PLOS ONE 12.7 (2017): e0180232.
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 32. Haddad, L. B., **Feldacker** , C., Jamieson, D. J., Tweya, H., Cwiak, C., Bryant, A. G., ... & Phiri, S. 2014. Medical eligibility, contraceptive choice, and intrauterine device acceptance among HIV-infected women receiving antiretroviral therapy in Lilongwe, Malawi. *International Journal of Gynecology & Obstetrics*. 126.3 (2014): 213-216.
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- adherence among HIV- infected women in Malawi: a randomized controlled trial of the copper intrauterine device and depot medroxyprogesterone acetate. *Contraception*, 26 August. 10.1016/j.contraception.2013.08.006.
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 36. Tweya, H., **Feldacker** , C., Breeze, E., Jahn, A., Haddad, L. B., Ben-Smith, A., & Phiri, S. 2013. Incidence of pregnancy among women accessing antiretroviral therapy in Urban Malawi: a retrospective cohort study. *AIDS and Behavior*, 17(2), 471-478.
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- International Health. 17(6): 751-759.
45. Tweya H, Kanyerere H, Ben-Smith A, Kwanjana J, Jahn` A, **Feldacker** C et al. 2011. Re-treatment tuberculosis cases categorised as "other": Are they properly managed? PLoS one. 6(12): e28034.
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 47. **Feldacker** , C; Torrone, E; Triplette, M; Smith, J; Leone, P. 2011. Reaching and retaining high risk HIV/AIDS clients through the internet. Health Promotion Practice. 12 (4): 522-528.
 48. **Feldacker** , C; Ennett, S, Speizer, I. 2011. It's not just who you are but where you live: an exploration of community influences on individual HIV status in rural Malawi. Social Science and Medicine. 72: 717-725.
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 51. Bremner, J; Bilsborrow R; **Feldacker** C; and Holt F. 2009. Fertility beyond the frontier: indigenous women, fertility, and reproductive practices in the Ecuadorian Amazon. Population & Environment, January, 30(3): 93-113.
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 53. Emch, M; **Feldacker** , C; Islam, MS; and Mohammed Ali. 2008. Seasonality of cholera from 1974 to 2005: a review of global patterns. International Journal of Health Geographics, June 20: 7(31).

Other refereed scholarly publications

1. Feldacker, C and Escamilla, V. 2008. Protecting Populations: Using Environmental Variables to Predict Cholera in Bangladesh and Vietnam. Poster presented at Population Association of America. *Poster Session Award Winner, New Orleans, LA.
2. Mulinde HF, Tweya H, Chiwoko J, **Feldacker** C, Phiri S, Nyirenda M, Weigel R, Mlundira L Mulinde, H. Cancer chemotherapy: early experience with combined chemotherapy for HIV-infected Kaposi's sarcoma patients at Lighthouse clinic, Lilongwe, Malawi. Poster presented at the Tenth International Congress on Drug Therapy in HIV Infection. 8 November 2010.
3. Gokhale R, Phiri S, Hosseinipour M, **Feldacker** C, Tweya H, Mwafilaso J. TB/HIV co-infection in the setting of ART failure: the experience of an integrated TB/HIV clinic in Lilongwe, Malawi. 2011. Poster presentation at the 6th IAS

- Conference on HIV Pathogenesis, Treatment and Prevention, Rome Italy. July, 2011.
4. Luebbert J, Makwiza I, **Feldacker C**, Tweya H, Phiri S, Neuhann F. Why do patients interrupt antiretroviral treatment? Experiences from Lighthouse clinic, Lilongwe, Malawi. Poster presentation at the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, Rome Italy. July, 2011.
 5. Chikwinya B, **Feldacker C**, Bochner A, Holec M, Murenje V, Xaba S, et al., editors. 2016. Implementing the PEPFAR pivot: experiences from Zimbabwe's voluntary medical male circumcision program AIDS 2016; Durban, South Africa.
 6. Chikwinya B, Bochner A, **Feldacker C**, Holec M, Murenje V, Xaba S, et al. 2016. Adverse event profile of a mature voluntary medical male circumcision program. Poster presented at: AIDS 2016; Durban, South Africa.
 7. Balachandra S, Murenje V, Makunike-Chikwinya B, **Feldacker C**, et al. 2017. Adaptation in the face of adversity: Voluntary medical male circumcision in Zimbabwe following revised global guidance regarding tetanus immunization. Poster presented at: 19th International Conference on AIDS and STIs in Africa: ICASA, Côte d'Ivoire.
 8. *Marongwe P, **Feldacker C**, Gonouya P, et al. 2018. Trust but Verify: Is there a role for active surveillance in monitoring AEs in large-scale VMMC programs? Poster presented at: 22nd International AIDS Conference; 23-27 July 2018; Amsterdam, Netherlands.
 9. *Murenje, V, Holeman I, Tshimanga M, Korir M, Wambua B, Barnhart S, Xaba S, Makunike-Chikwinya B and C. **Feldacker**. 2019. Feasibility and acceptability of a two-way texting intervention for post-operative follow up for voluntary medical male circumcision. 20th ICASA International Conference on AIDS and STI's in Africa. Kigali, Rwanda.
 10. *Murenje, V., **Feldacker**, C., Makunike-Chikwinya, B., Hove, J., Munyaradzi, T., Marongwe, P., ... & Sidile-Chitimbire, V. Barnhart, S. 2020. Balancing Priorities: Quantity versus Quality within a Voluntary Medical Male Circumcision Program Operating at Scale in Zimbabwe. Poster presented at 23rd International AIDS Conference, AIDS 2020: Virtual.

Funding History

A. Funded projects, current

1. *National Institute of Health, Feldacker (PI) –
1/1/2022 – 12/31/2023
“The Community-based ART REtention and Suppression (CARES) App: an innovation to improve patient monitoring and evaluation data in community-based antiretroviral therapy programs in Lilongwe, Malawi.”
This quasi-experimental, interrupted time series designed study uses implementation science methods to test an mHealth app developed to provide a high-quality, point-of-care, electronic medical records system in a routine, public, DSD setting in Malawi, enabling improved patient- and program-level M&E at reduced workload.

*in pre-award JIT process

2. 1 U1NOA45176-01-00 Health Resources and Services Administration, Feldacker (PI)
09/30/2021 - 09/29/2022
Quality Improvement Solutions for Sustained Epidemic Control (QISSEC) –
The goal of this project is to improve the effectiveness, efficiency, patient-centeredness, safety, accessibility, and equity of the HIV services in low to middle-income countries (LMIC) as identified by the PEPFAR program.
3. 1R21TW011658-01 (National Institute of Health), Feldacker (PI)
09/11/2020 – 06/30/2022 (R21 phase)
Administrative Supplement awarded for 2021-2022.
7/1/2022-6/30/2025 (R33 phase, planned)
“Two-way Texting (2wT) to Improve Patient Retention While Reducing the Healthcare Workload in High-Burden Public HIV Clinics in Malawi.”
This quasi-experimental, pre-post designed test of an mHealth innovation and subsequent scale-up in two, high-volume, public ART clinics to demonstrate that interactive, two-way texting (2WT) can increase ART retention while providing distinct advantages in terms of data quality, costs, and reduced workload.
4. 1R01NR019229-01 (National Institute of Health), Feldacker (PI)
5/1/2020 – 4/31/2025
“Expanding and Scaling Two-way Texting to Reduce Unnecessary Follow-Up and Improve Adverse Event Identification Among Voluntary Medical Male Circumcision Clients in the Republic of South Africa”
This prospective, randomized control to step-wedge trial in high-volume facilities providing VMMC in RSA in collaboration with Aurum Institute aims to test an interactive, two-way texting (2wT) intervention from Zimbabwe in the RSA rural and urban VMMC context.
5. 6NU2GGH002157 (US Centers for Disease Control and Prevention), Wiktor (PI)
9/30/2018 to 9/29//2023. *“Supporting the Provision of Comprehensive HIV Testing, Treatment, Care, and Support Services in the Republic of Zimbabwe under PEPFAR.”*
6. 1 U2G GH002116-01 (US Centers for Disease Control and Prevention), Barnhart (PI), Feldacker (co-PI)
5/15/2018 to 5/14/2023
“Scaling Up Voluntary Medical Male Circumcision (VMMC) to Prevent HIV Transmission in Zimbabwe”
The goal of this project is to expand and improve the sustainability of effective VMMC scale up in Zimbabwe.

Projects Completed

1. 1R21TW010583-01 (National Institute of Health), Feldacker (PI)
8/1/2017 – 7/31/2019
“Reducing Provider Workload While Preserving Patient Safety: A 2-Way Texting Intervention in Zimbabwe’s Voluntary Medical Male Circumcision Program”

- This prospective, randomized control trial in high-volume facilities providing VMMC aims to test an interactive, two-way texting (2wT) intervention to identify men healing without complication, allowing them to decline routine in-person follow up visits and improving VMMC efficiency.
2. US Centers for Disease Control and Prevention (CDC) Republic of South Africa , Feldacker (PI)
2/1/2019-1/30/2020 [Discontinued due to COVID19]
“Reducing provider workload while preserving patient safety: a 2-way texting follow-up methodology to improve South Africa’s voluntary medical male circumcision program”
This intervention in a high-volume facility providing VMMC aims to replicate and test the interactive, two-way texting (2wT) intervention from to identify men healing without complication, allowing them to decline routine in-person follow up visits and improving VMMC efficiency.
 3. U2GGH000972-01 (US Centers for Disease Control and Prevention), Barnhart (PI), Feldacker (co-PI)
5/15/2013 to 5/14/2018
Scaling Up Voluntary Medical Male Circumcision (VMMC) to Prevent HIV Transmission in Zimbabwe
The goal of this project is to strengthen health systems and increase capacity for sustainable provision of effective VMMC scale up in Zimbabwe.
 4. U91HA0680 (Health Resources and Services Administration), Holmes (PI)
4/01/03-3/31/16
International AIDS Education and Training Center (IAETC)
The goal of this project is to strengthen health systems and develop human capacity for sustainable provision of effective HIV prevention, care and treatment programs in resource-limited settings.
Role: Research and Evaluation Advisor
 5. U91HA06801/MZ.10.1148 (Health Resources and Services Administration) , O’Malley (PI), Feldacker (co-PI)
12/1/2011 – 3/1/2015
The impact of a modular, multi-disciplinary, body-systems based curriculum on clinical competencies and knowledge levels of mid-level health care providers
The goal of this I-TECH project was to compare clinical decision-making, clinical knowledge, and ability to perform a physical exam among clinical officers trained under an initial and revised curriculum.