



# Specific Training Activities (practice & policies) to consolidate best practices

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## *US Army Medical Research Unit – Kenya*



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***Kombewa HDSS***

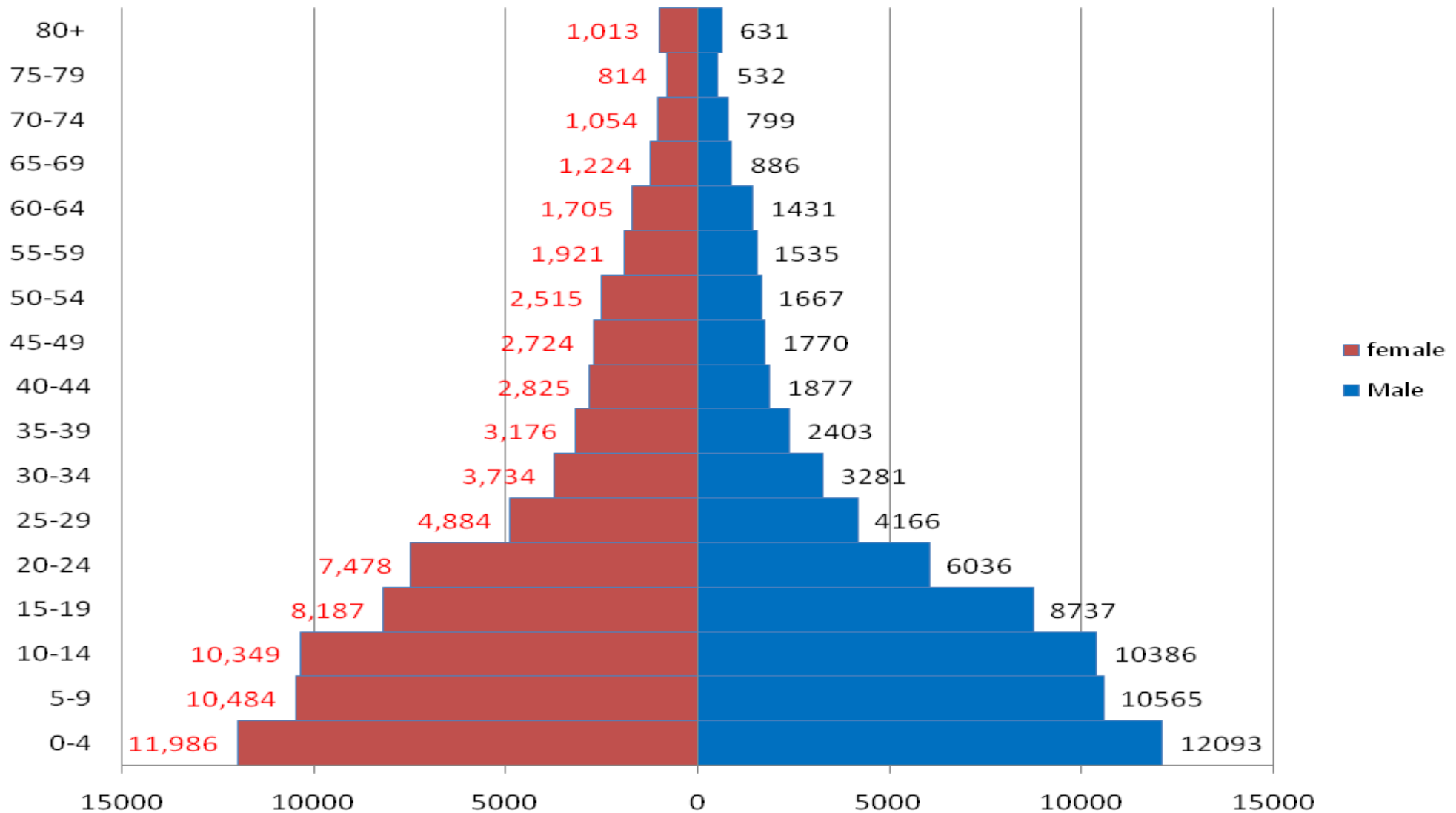


# ***Kombewa Clinical Research Center***



# KENYA - KOMBEWA

**K. W District Population Pyramid**



# Population

- Population of about **144 907** habitants
- Birth cohort of about **7400** newborns.
- The population of children < 3 years old is estimated at **17 437**.

## DSS

- The area is entirely **covered by DSS**.
- The DSS is **updated 2 times** a year.
- Newborns are **registered into DSS at birth or first contact**.
- Its surface is spread out over 360 km<sup>2</sup>.
- The linkage between DSS data and Health care facilities is **NOT** implemented.
- National ID is linked to health care documentation

# Kisumu West District



- About 150,000 inhabitants
- Homogeneous ethnic origin
- Low economic status / high unemployment
- Poor health
  - High prevalence/incidence of many infectious diseases
    - Holoendemic malaria
    - General HIV prevalence ~15%
    - High TB prevalence

## ***Clinical Trials Personnel***

Principal Investigators/Medical Officers	9
Clinical Research Coordinators (certified)	6
Internal Quality Control Nurses	4
Clinical Officers	10
Nurses	15
Senior Pharmacist	1
Pharmacy Technologists	3
Laboratory Technologists	11
HIV Counselors	3
Data Clerks	6
Health Records Officers/Records Clerks	9
Transport	10
Field Staff	39

# Main Research Areas

- Clinical trials
- Basic sciences
  - Immunology, Molecular Biology, Hematology
- Epidemiology
  - HDSS
  - GEIS-Global Emerging Infectious Disease Surveillance
- Entomology

# Challenges with training

- Most funders not willing to sponsor long term training leading to high staff attrition
- Army funding for further studies has dwindled and is hardly there
- A number of collaborators sometimes willing to give only part of the funding

# Previous funders for long term and short term training

- KEMRI
- US Army
- INDEPTH
- MCTA
- Forgarty
- GSK
- Novartis
- Several others

# How do you implement training activities at the centres?

- SOPs available
- Interested individuals apply
- Committee chaired by Solomon and others seat and decide for funds from the organization
- Scholarship given fully/partially/flexi time for self sponsored candidates
- For those paid for, they are bonded and if they wish to leave they pay organization refund of the cost of their education
- For other opportunities

# Funding

- Surplus of study money....now very tight!
- Specific request from funders for example during RTS,S study GSK sponsored 1 PhD students, 3 Bsc and several short courses
- MCTA: 2 MSc students, fully sponsored! Norvartis 1 MSc students
- WHO benefits...those interested but this is quite competitive
- Policies: outlined above

# Role of INDEPTH

- We as a site do really appreciate the role of INDEPTH, we get several short training opportunities....extremely useful and motivating to staff!
- We however think INDEPTH because of its muscle and the several collaborators could do more.
- Suggestion: could we have more collaboration between INDEPTH and UHAS, Stanford etc same as the type of collaboration with Witwatersrand, is it possible to have the programmes fully funded!
- Resources can be from the various collaborators which are several!

# Role of INDEPTH

- How do we score INDEPTH's current capacity strengthening and training activities? .....So far as a site and new entrants: we are very happy and excited by the many opportunities!
- Where do we made adjustments and which of such adjustments would create more impact?.....We would appreciate very much LONG TERM trainings, exchange programmes etc.