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

US Army Medical Research Unit – Kenya

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Kombewa Clinical Research Center
Population

- Population of about 144,907 inhabitants
- Birth cohort of about 7,400 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 km².
- 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

<table>
<thead>
<tr>
<th>Position</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigators/Medical Officers</td>
<td>9</td>
</tr>
<tr>
<td>Clinical Research Coordinators (certified)</td>
<td>6</td>
</tr>
<tr>
<td>Internal Quality Control Nurses</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Officers</td>
<td>10</td>
</tr>
<tr>
<td>Nurses</td>
<td>15</td>
</tr>
<tr>
<td>Senior Pharmacist</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacy Technologists</td>
<td>3</td>
</tr>
<tr>
<td>Laboratory Technologists</td>
<td>11</td>
</tr>
<tr>
<td>HIV Counselors</td>
<td>3</td>
</tr>
<tr>
<td>Data Clerks</td>
<td>6</td>
</tr>
<tr>
<td>Health Records Officers/Records Clerks</td>
<td>9</td>
</tr>
<tr>
<td>Transport</td>
<td>10</td>
</tr>
<tr>
<td>Field Staff</td>
<td>39</td>
</tr>
</tbody>
</table>
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
- Norvartis
- Several others

Kombewa HDSS
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

Kombewa HDSS
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.