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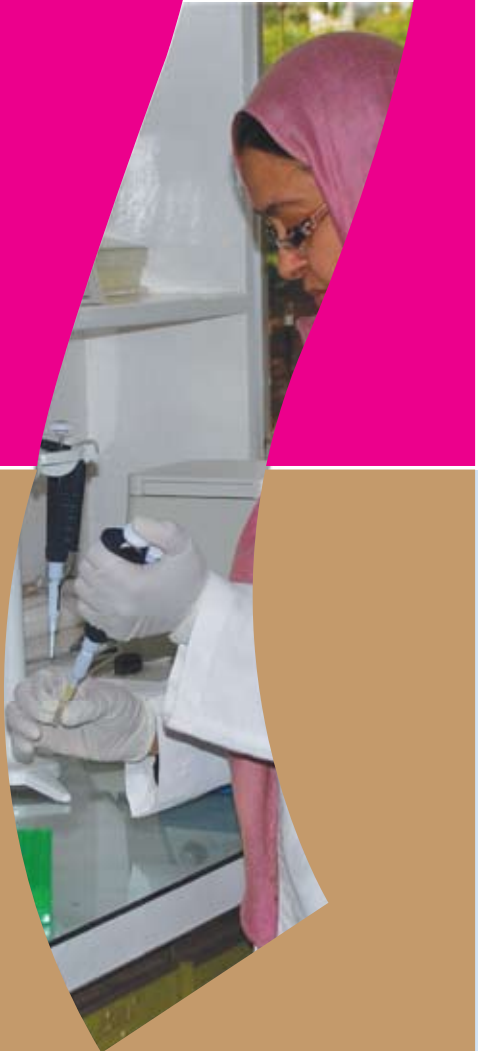
ISSUE 1 | JUNE - NOVEMBER 2010

Researcher

A PUBLICATION OF THE KENYA MEDICAL RESEARCH INSTITUTE

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From the Director's Desk

Dr. Solomon Mpoke, PhD
Director, and CEO,
KEMRI

I have the pleasure of welcoming you all to the first issue of *The Researcher*, a bi-annual Institutional newsletter. *The Researcher* opens a new chapter in Institutional publishing, particularly because it has been almost eight years since the last copy of KEMRI News, the fore-runner of *The Researcher*, was published.

It is therefore with great joy and excitement that I do welcome this new baby to take over from where KEMRI News left.

The good news is that *The Researcher* is being born at a period when KEMRI is reflecting on its 30 years of existence: successes and challenges. The next series of publication of *The Researcher* will focus on achievements and challenges over the past several years as a benchmark for defining evidence-based strategies in human health research that make the institute a relevant and key player in the achievement of Vision 2030, and beyond.

Members of the staff are therefore encouraged to support the production process of this newsletter in whatever

way they can including sharing their personal and professional experience, contributing articles and photographs and sharing opinion on any constructive issues. The editor tells me that there will always be plenty of space set aside for feedback from readers and for contributions.

As management, we wish to assure you of our support to this initiative and will ensure that *The Researcher* is published regularly.

Members of staff will be gratified to note that *The Researcher* is one among the many publications and documents that will be rolling out of the Institute from this financial year. The others include the *Finance Manual*, *Human Resource Policy*, *the Information and Communication Policy*, *the Aids Review Magazine*, among others.

I wish you all an informed and enjoyable reading.
Thank you.

New, Bold & Informative

I am excited to introduce to you this inaugural issue of *The Researcher*, a publication devoted to the improvement of internal communication within the Institute.

The Researcher will be produced and will aspire to provide coverage to events and functions taking place in the Institute.

The newsletter also seeks to create a stronger interaction between the management and members of the staff on the myriad issues affecting the Institute and provide a forum for nurturing and harnessing creative and innovative solutions.

We shall strive to remain relevant and keep abreast with the activities of the Institute guided by the Institute's Mission and Vision and the many challenges within and outside the research and health sectors.

In this inaugural issue, we focus on the on-going Institutional management reforms with a one-on-one interview with the Director KEMRI, Dr. Solomon

Mpoke, being the main highlight.

However, this issue also runs interesting features and articles on selected themes and topics besides celebrating some of the success stories and case studies.

There is also the column, "Your Researcher" which profiles a selected Scientist with exceptional contribution not only professionally, but also nurtures and inspires colleagues. Transition, like the name suggests, is a wrap-up of life events of staff and their family members including births, promotions and deaths.

Although, a visual wrap-up of the events and activities of the Institute is provided through the Pictorial Page at the center spread, the newsletter awards acres of space to pictures in a bid to make it reader-friendly.

We do call upon you to contribute articles, letters and even offer suggestions on how best to scale up efforts to make this publication better. Finally, we look forward to your views,

Editor's Word

observations and suggestions. It is my hope that you find this issue informative, enjoyable and generally rewarding.

Thank you,

Wodera James
Editor



SIGNS OF GOOD TIDINGS AHEAD

“the future is bright” says Dr. Mpoke

Newly appointed Director KEMRI, Dr. Solomon Mpoke, took the reins of office on a freezing Tuesday morning of 10th, August 2010 optimistic that KEMRI “is back on its way to recovery”. Dr. Mpoke, who was appointed the fourth Director KEMRI, by the Minister for Public Health and Sanitation, Hon. Beth Mugo, was not only up-beat but also hopeful. “I am delighted and humbled at this opportunity to render my services to the people of Kenya and humanity in general”, Dr. Mpoke told *The Researcher* during an interview. His appointment followed a very competitive recruitment and vetting exercise by the KEMRI Board of Management that saw them interviewing seven candidates after two withdrew and one failed to meet the minimum requirements for the advertised position. He emerged top among the seven.

Prior to his appointment, Dr. Mpoke has been serving as the Institute’s Director in an acting capacity since May 7th, 2009. He took over from Dr. Monique Wasunna who had acted in the same capacity for a period of 18 months.

“There is great optimism now...things are looking up and we are addressing most of the challenges the Institute has faced for the last three or so years”, said the Director.

Reflecting back, Dr. Mpoke said he took the leadership mantle as Acting Director at a period when staff morale was at its lowest ebb and the Institute was facing a crisis of image and eroded confidence among partners and collaborators particularly arising from the loss of funds from one of our collaborators.

“Having been part and parcel of the Institute, I fully understood the genesis of the problems the institute was facing and so we quickly began to look for solutions to reverse the situation. It has not been easy, but we are definitely on track and we will soon get there”, the soft-spoken scientist added.

“Thanks to all members of staff for their support and I urge them to be patient as we carry out the necessary reforms aimed at making each member of staff feel confident and proud to be part of the KEMRI family”, Dr. Mpoke said.



I am delighted to inform members of staff that they will certainly have something small

As he takes up his appointment as a substantive Director KEMRI, Dr. Mpoke is alive to the fact that the on-going Institutional reforms must have the support of all members of the staff for them to succeed hence urges them to be agents of change in order to help the Institute reclaim its rightful position, not just as a leading research Institute, but also as an internationally respected organization.

He informed that he not only has the support of the KEMRI Board of Management, but also, the various government departments and organs which we interact with. “I wish to thank the Minister for Public Health and Sanitation, Hon. Beth Mugo and Board of Management for their faith and trust in appointing me to steer the leadership of this great Institute. I am also pleased that the Board of Management has also already begun the process of ensuring substantive occupation of all the remaining positions of leadership at the Institute’s top management level. This will bring about the desired stability in the Institute’s leadership”, informed Dr. Mpoke.

Dr. Charles Mwandawiro, Acting Deputy Director (Administration and Finance) and Dr. Dr. Gerald Mkoji, Acting Deputy Director (Research and Training) have been acting in those capacities for over one year. Others on Dr. Mpoke’s administrative team include, Mr. John Kariuki, Assistant Director (Administration), Dr. Kizito Lubano, Acting Assistant Director (Monitoring and Evaluation), Head of Human Resource, Ms. Alice Okallo, Head, Grantsmanship, Dr. Phoebe Josiah, and Corporate Relations Head, Ms. Agatha Osidiana among

others (See full list of KEMRI Heads of Departments).

Some of the milestones under Dr. Mpoke's stewardship so far, include the initiation of the review of the Institute's Strategic Master Plan (2008-2012). "Though belated, this process is almost complete. It is hoped that this plan will provide a blue-print for targeted research on priority health problems affecting our people, enhancing the Institute's capabilities in identifying and embracing new technologies and continued capacity development of the staff through relevant training", he said.

Other notable achievements include development and approval of various policy documents on training, ICT, Intellectual Property, Finance and revision of the Human Resource Service Regulations among others. It is anticipated that revision of the Human Resource Manual will be completed soon.

A significant achievement of Mpoke's administration is presiding over the completion and occupation of 29 units of KEMRI Staff Housing Estate situated along Mbagathi Road, which had stalled for several years. The first 29 housing units consist of 21 Masionettes and one block of 8 three-bedroom flats. Rehabilitation of the remaining 40 three-bedroom and 56 two - bedroom flats has commenced and will be completed during this financial year.

And in a major policy shift aimed at encouraging research and innovation especially among the young budding scientists, Dr. Mpoke said that the management has decided to set aside an allocation this financial year of Ksh. 18 million to finance direct research under the "Young Research Scientists Initiative". This allocation is expected to grow in subsequent years and will be accessed by young researchers through

various centers in order to help them get off their feet and acquire the necessary experience to compete and attract even larger grants from various local and International agencies. He pointed out that the institute intends to lobby the government, collaborators and other donors to help grow this kitty in order to be accessed by many young researchers in pursuit of their dreams as upcoming professional scientists.

The Director also intimated that the management has made good progress in negotiating for funds from the government to bailout the KEMRI Pension Fund so that those retiring from the Institute can immediately access their retirement benefits. "This will be of cause, good news especially for retirees because they will go home with their retirement money", an elated Dr. Mpoke said.

During the candid interview with *The Researcher*, the Director also spoke about several infrastructural development initiatives underway such as the on-going expansion of research facilities in Kericho under the KEMRI/WRP collaboration; the proposed expansion of KEMRI/WRP offices at the Center for Public Health Research and KEMRI/CDC offices at the KEMRI Headquarters and the application for the Charter for KEMRI Graduate School among others. The Director also spoke about the steps he would take to ensure the strengthening of relationships with collaborators and partners.

Q & A Session with Director

TR: *Congratulations on your appointment as Director KEMRI.*

DK: Thank you, I am delighted and humbled at this opportunity to render my services to the Institute, the People of Kenya and humanity in general. I am indeed grateful to the Board of Management and the Honorable Minister of Public Health and Sanitation, Hon. Beth Mugo for the faith and trust bestowed upon me to serve as Director and Chief Executive Officer, KEMRI.

TR: *What would you say have been the major challenges you encountered as an Acting Director KEMRI and how have you been dealing with them if any?*

DK: The first challenge was the initial reaction from members of staff and collaborators alike: - the expectation from many was that the appointment of a substantive CEO was overdue because there was already an acting director in place, and also because there was an urgent need to fill this position substantively in order to ensure stability in leadership of the Institute. So

getting around that perception 'why another acting CEO?', was a challenge. . So as I take up this position, I am indeed very happy that this position has now been filled substantively and we can all begin to work together once again towards the well being of the Institute.

The other challenge was that once you get into a high office like that of Director KEMRI, and under such circumstances, you will always have people trying to pull in different directions: those with full support and a few with lukewarm support or none at all for the administration of the day. Bringing such groups of people together so that we are all pulling in the same direction can be a great challenge.

TR: *So how did you manage this challenge?*

DK: Well over time, we have all realized that the Institute is bigger than any one individual, and time alone is a natural remedy in situations where divergent opinions, just for the sake of it, prevail. We are now moving towards being a unified team, with a unity of purpose and mission.



Q & A Session with Director

TR: Did it help that you were an insider?

DK: Oh yes. Absolutely! The thing is, right from the day I moved in the office, I fully understood the genesis of the problems facing the Institute then, which I will briefly mention shortly. We quickly began to look for ways and means of looking for solutions to the problems so as to reverse the situation. It has not been easy, but we are definitely on track.

TR: How did you navigate through these issues?

DK: When I took over as Acting Director, there was the issue of loss of funds from one of our major collaborators. Although the matter is now before the court, we needed to ensure that such losses do not recur any time again in the future. This called for urgent reforms within our Financial systems which needed to be strengthened and made more transparent. We immediately embarked on this process by recruiting a director in charge of finance.

We also completed the recruitment process of the Chief Finance Officer (External Grants) and Senior Principal Internal Auditor to replace the one who left. These appointments were necessary in order to have a team able to implement the requisite reforms in the finance/account departments. I then appointed a team to come up with a Finance Manual, which is now complete. All these reforms are being undertaken with the direct involvement, participation and support of our collaborators, and this is helping to restore confidence in our financial system.

In addition, I have had various separate meetings and will continue to engage the leadership from CDC, Walter Reed and Welcome Trust, on issues of mutual benefit to the collaborations, emphasizing the Institute's commitment to ensuring implementation of financial reforms that enhance transparency and accountability at all times. We shall also improve our communication channels for the benefit of the collaborations.

TR: Now that you are the substantive Director KEMRI what are the priority areas you wish to embark on?

DK: I am happy that we can now continue with the changes that we had initiated. As already mentioned, we have already put up systems especially in the

Accounts and Finance departments for this institute to move forward. We are also addressing concerns in the Human Resource Department on promotions and salary reviews for our employees. We are all aware that these have huge financial implications in the Institute budget. For the last several months, therefore, we have been negotiating with the government for increased funding to cover these requirements. Indeed, we did succeed at the sector level, where KEMRI makes a request for funding each financial year. However, as happened to several other organizations, the sector funds were substantially reduced at treasury level, limiting our original proposals on staff promotions and salary reviews significantly. While we continue to pursue vigorously our resolve for more funding from treasury in order to offer better working terms, I urge all members of staff to be patient. I'm aware that improved terms of service will mitigate the reductions in take home salary packages that affected quite a number of staff in October, 2007 and will undoubtedly translate to better results for the institute.

TR: When talking about resource mobilization, the Production Department comes to mind. How does this facility fit into the Institute's future plans?

DK: You are right, the Production Department is very fundamental to our future plans. The process is underway to make this facility WHO certified. We have already discussed with the government and other partners such as WHO itself to assist in funding this process.

The good news is that once certified by WHO, then products from this facility can effectively compete with others in the market, and WHO itself can procure the same goods for supply to countries it is supporting. This will increase tremendously the revenue and hence output from this facility.

Besides the WHO certification, the government has indicated its willingness to use the other products currently produced in this facility like the TBcide that can be used by hospitals across the country. There are also deliberate efforts to diversify the range of products being developed from this facility. If we do this, it is only a matter of time before the facility's full potential as a major source of revenue for the Institute is realized.

Q & A Session with Director

TR: One of the sectors that has been yearning for support in KEMRI is the Information Communication and Technology (ICT). Any considerations?

DK: Indeed, this is an important sector, and particularly so at this moment in time when the government is adopting the e-government approach to service delivery. We are fortunate to have obtained some funding this financial year to undertake certain improvements and reforms within our ICT infrastructure.

As part of the ICT reforms, we intend to purchase the various softwares and other systems (such as Enterprise Resource Planning) that will integrate various departments such as Human Resource, Salaries, Finance and Transport, among others. We also intend, in the long run, to up-grade our telephone network and link it to our field Centers and stations so that talking to a colleague in Alupe or Kwale will be as simple as calling someone in the next office on an extension.

There are also certain other changes we have already undertaken as far as ICT is concerned. For a long time, we have been relying on our collaborator – the Walter Reed – to host our internet services. We thank them for having hosted our internet services for all these years. However, a few months ago, we took an administrative decision to host our own internet services. We believe members of staff have noted, in the last couple of weeks, a faster internet service. We shall continue to host this service and address any challenges that might arise in the course of doing so.

As part of ensuring that we all draw benefits from ICT as an Institute, we have already made arrangements to have fibre optic internet connection services in our stations at Alupe and Kisumu, besides the expansion going on at the headquarters in Nairobi. I'm sure our staff in Busia (Alupe) will particularly be thrilled with this opportunity of communicating with their colleagues in other KEMRI stations, something that has eluded them for a long time. Ultimately, the entire institute will be ICT-compliant and many services will be e-based.

TR: As a research institution training is an integral component of our mandates. What plans does the management have to strengthen this?

DK: Indeed, it is. Research and Training go hand in hand. You may be aware that we have made allocations and released training funds to various centers and departments for the purpose of training staff. Each center should now have a training committee which prioritizes their needs, applies for this allocation from the Training Office. This allocation is going to increase as our financial situation improves.

For the Graduate School which is now in its seventh year since inception in 2003, we have had a wonderful relationship with Jomo Kenyatta University of Technology but as is typical with any institution that is growing, we have now put in place mechanisms that will eventually pave way for us to apply for a Charter so that the Graduate School can offer degrees at post-graduate, MSc and PhD levels.

TR: Will this not go against KEMRI's core mandate of research in human health?

DK: Of course not, KEMRI will remain as a research institute, but there is nothing that can prevent it from owning and operating a graduate school that will issue degrees as a subsidiary entity. The technical group has already developed a position paper that is now being reviewed by the board after which it will be submitted to the Commission of Higher Education (CHE) for consideration. We believe that CHE will consider this request and award us with a letter of interim authority to begin administering degrees. Indeed, we have a strong case because we have a fully developed infrastructure and personnel, not only in Nairobi, but also in all our other centers in Kisumu, Busia, Kilifi and in field stations in Kericho and Malindi. We have a central and satellite libraries too.

TR: That will be all sir. Once again, thank you very much for taking time to talk to us and congratulations.

DK: It has been my pleasure.

[Management News]

KEMRI BOARD OF MANAGEMENT



Dr. Edwin Muinga Chokwe
Chairman
KEMRI Board of Management

Prof. Norah Olembo
Member & Chairperson of
Scientific Sub-Committee



Prof. Ruth Nduati
Member



Prof. Samuel Sinei
Member & Chairman of Staff and
Finance Sub-Committee



Prof. Kihumbu Thairu
Member



Dr. Peter N. Omboga
Member & Chairman of
Infrastructural Development Sub-
Committee



Mr. Henzlon Waithaka
Member & Chairman of Audit Sub-
Committee



KEMRI now has a golden opportunity to reclaim its lost glory, the Chairman KEMRI Board of Management Dr. Edwin Muinga has said.

Dr. Muinga said that with the appointment of a substantive director KEMRI and a capable board, the Institute should now reposition its self to its mission and vision while transforming the Institute into a global center of excellence in health research.

Other members of his board include, Prof. Samuel Sinei, Prof. Norah Olembo, Prof. Kihumbu Thairu, Prof. Ruth Nduati, Dr. Peter N. Omboga. and Mr. Henzlon Waithaka. Dr. Simon Langat, Dr. Lillian Kochola, Dr. Francis Kimani, Julius Biginga, David Komen, and Kellen Mwangi are also members of the board representing various ministries.

Public Health Minister, Hon. Beth Mugo appointed the board on March 23rd, 2009 during a ceremony marked with excitement and great expectation.

In an Interview, Dr. Muinga said: "KEMRI now has a golden opportunity to reclaim its lost glory. The management and staff must now come forward and take their roles and leadership in health research that the Institute has provided for over the past years.

The Chairman regretted that while research generates millions of shillings in developed countries, only a few developing countries

have managed to fully utilize the benefits and potentials of research. "This is the time to think how as an Institute, we can redouble our efforts to generate research results that should be used to inform policy formulation in critical areas of human health", he advised.

The chairman intimated that the board is in the process of dealing with "management hi-cups in order to create an environment for sustained quality research and better relationships".

Report by : Wodera James

KEMRI Mtwapa Clinic

A special facility for High Risk HIV populations

Since 2005, HIV research on high risk individuals has been going on at the KEMRI-clinic in Mtwapa. Generally, all research conducted by KEMRI is governed by research protocols that have been reviewed by the Scientific steering and the KEMRI/National Ethics Review Committees.

From the inception of the project, KEMRI's research has been supporting National Health authorities in engaging individuals who are at higher risk for getting HIV. These have included men and women who report multiple sex partners and who sometimes do transactional sex, or anal sex. One critical role of KEMRI's research is to provide HIV risk reduction counselling, regular screening for sexually transmitted infections, and access to comprehensive HIV care, including anti-retroviral therapy, in close collaboration with the Ministry of Health.

KEMRI's research is in line with NACC and NASCOP's recognition of female sex workers and men who have sex with men (MSM) as most at risk populations in the Kenyan HIV epidemic.

The Research at mtwapa has been conducted in collaboration with the University of Washington, and is supported by the International AIDS Vaccine Initiative. The focus of the research is finding interventions

to prevent people from getting and spreading HIV through improved education and behavioural change. In addition, a small clinical trial is conducted in which volunteers take anti-HIV medication and are monitored for their drug taking behaviour.

Since 2004, including the general HIV care provided in collaboration with Kilifi District Hospital, over 10,000 adults have received HIV counselling and testing, and over 1700 adults have started ART in Kilifi. Among the high risk volunteers in Mtwapa, on an average month, about 400 men and women access services, including volunteers who are recently infected with HIV, and volunteers who need urgent care.

KEMRI's research has shown that most African countries have no information about their MSM populations; that most research into HIV risk amongst men has not considered same sex behaviour; and that very few services and resources are aimed at HIV prevention and care for MSM. KEMRI's research found that MSM are reported everywhere in Africa and tend to have higher rates of HIV than heterosexual men.

KEMRI's work in collaboration with the Population Council documented that 72 locations from south-to-north coast were known to MSM sex workers as places where clients would come to ask for services; that over 90% of the clients of MSM sex workers are Kenyan residents, and that HIV strains from MSM are similar to HIV strains circulating among the general Kenyan population. Most recent research presented at a conference for infectious diseases shows that some Kenyan women pay for sex services from male sex workers in Coastal Kenya. (CROI, 2010)

Providing MSM, clients of MSM sex workers and other high risk groups improved HIV prevention information and safer sex practices is a public health priority and will benefit the community at large.

Report by : Wodera James

....over 90% of the clients of MSM sex workers are Kenyan residents, and that HIV strains from MSM are similar to HIV strains circulating among the general Kenyan population.



1. Dr. Solomon Mpoke
Director KEMRI, CEO

2. Dr. Gerald Mkoji
Deputy Director, R & T

3. Dr. Charles Mwandawiro
Deputy Director, Admin & Fin.

4. Dr. Kizito Lubano
Ag. Asst. Dir, M&E

5. J. N. Kariuki
Asst. Dir, Research Administration

6. Ms. Alice Okallo
Head, Human Resource

7. Dr. Pheobe Josiah
Head, GrantSmanship

8. Dr. Evan Amukoye
Head, CRDR

9. Dr. Peter Borus
Head, Graduate School

10. Dr. Sam Kariuki
Head, CMR

11. Dr. James H. Kimotho
Head, Production Unit

12. Dr. Yeri Kombe
Head, CPHR

13. Dr. Fred Okoth
Head, CVR

14. Dr. Kimani Gichuhi
Head, CBRD

15. Eng. James Lelei
Head, Engineering

16. Dr. Matilu Mwau
Head, CIPDCR

17. Dr. Nobert Peshu
Head, CGMR-C

18. Dr. Geoffrey Rukunga
Head, CTMDR

19. Dr. John Vulule
Head, CGHR

20. Dr. Rashid Juma
Head, CCR

21. Dr. Wesley Rono
Head, Marketing & IP

22. Dr. Sam Njenga
Head, ESACIPAC

23. Mr. John Musau
Head, General Services

24. Ms. Sarah Mangoli
Head, Library Services

25. Mr Mohammed Abdi
Head, ICT

26. Ms. Agatha Osidiana
Head, Corporate Affairs

27. Mr. Daniel Ochung,
Head, Internal Audit

28. Mrs Elizabeth Ouma,
Head, Legal Services

29. Mr. Chris Isabwa,
Head, Supplies and Procurement

NEW ENVOYS VISIT KEMRI



A delegation of newly appointed Kenyan Ambassadors to various Missions abroad visited KEMRI recently to familiarize themselves with activities of the Institute.

The eight envoys, some who were visiting the Institute for the first time, undertook to enhance collaborative networks between KEMRI and similar institutions in their respective new stations abroad.

The delegation was received in KEMRI by Chairman of the Board of Management Dr. Edwin Muinga, Board Members Mr. Henzlon Waitthaka, Acting Director KEMRI, Dr. Solomon Mpoke and Dr. Charles Mwandawiro, the Acting Deputy Director (A&F). Others to receive the delegation included, Dr. Geoffrey Rukunga (Director, CTMDR), Dr. Phoebe Josiah (Head Grantsmanship), Ms. Alice Okallo (Head, HR&A), Dr. James Kimotho (Production Manager) and Mr. Davis Mkoji (Corporate Relations).

The new ambassador designates included; H. E. Amb. Josephine Gaita (Italy), H.E. Amb. Samurei Okwiya (Malaysia), H.E. Amb. Josephine Ojiambo (New York) H. E. Amb. Mohammed Ali Saleh (Saudi Arabia), H. E. Amb. Salma Ahmed (France), H. E. Amb. Bromwel Kisuya (Spain), H. E. Amb. Cleland Leshore (Southern Sudan) and H. E. Amb. Ken Osinde (Germany).

Dr. Mpoke requested the Envoys especially those to be stationed in Geneva, Switzerland to use diplomatic means to push for the World Health Organization's accreditation of KEMRI's Production facilities and pre-qualification of some of its Products.

The visit is in line with the government's policy through the Ministry of Foreign Affairs to adopt economic, technological and social diplomacy that

Chairman of the KEMRI Board Dr. Edwin Muinga briefs the ambassadors during the visit as DK. Dr. Solomon Mpoke (second right) and Ag. DD(A&F), Dr. Charles Mwandawiro look on.

H.E. Amb. Josephine Ojiambo signs the visitors book as Chairman, KEMRI Board and Director look on.

Pictures by:
Moses Yegon

also seeks to involve all sectors of government.

The envoys challenged the KEMRI management to come up with a priority list of specific interests for research collaboration with any of the countries represented by the visiting envoys and which should be submitted to the Ministry of Foreign Affairs for onward transmission to the relevant Missions abroad.

The visiting Ambassadors promised to in turn scout for opportunities for research collaboration in their respective countries of posting where KEMRI can benefit and possibly sign MOUs with those prospective Institutions in order to cement the existing collaborative arrangements for research, training and product development.

Report by: Davis Mkoji



TANZANIAN VICE PRESIDENT VISITS KEMRI



Tanzanian Vice-President, His Excellency, Dr. Ali Mohammed Shein visited KEMRI Headquarters during his maiden visit to Kenya on January, 27th, 2010.

The Vice-President who was accompanied by his spouse, Her Excellency, Mwanamwema Shein and Kenya's Information Minister, Samuel Pogisho were taken for a brief Institutional tour moments after a presentation by Acting Director KEMRI, Dr. Solomon Mpoke.

Others in the VP's entourage included Hon. Mohamed Seif Khatib, the Minister of State in the VP's Office in charge of Union Affairs, Hon. Amb. Seif Ali Idd, Deputy Minister for Foreign Affairs and International Cooperation and two legislators – Kaika Ole Telele and Riziki Omar Juma among other senior Tanzanian and Kenyan officials.

The purpose of this visit was to familiarize themselves with the activities of the Institute. Speaking after the brief conducted tour, the Vice-President who is a medic by profession, praised KEMRI for its regional leadership in medical research especially in the areas of HIV and other infectious diseases.

Tanzanian VP and his delegation being briefed by Head CTMDR DR. G. Rukunga

Tanzanian VP and His wife are presented gifts by the KEMRI Chariman, looking on is Information & Comm Minister Hn Samuel Pogisho, and Public Health Asst. Minister, PS, KEMRI Director.

Pictures by:
Moses Yegon

He noted that regional governments must support research institutions for them to realize tangible results to the people. "Research is key for all ministries. I think we need to work together if our people are to benefit from research", said Dr. Mohammed.

Report by : Wodera James



KEMRI/CDC COLLABORATION MARKS 30 YEARS ANNIVERSARY



The US Ambassador to Kenya H.E. Ranneberger declared that the KEMRI/CDC collaboration is a reference point of partnerships between the American and Kenyan Governments. He also said that it is probably one of the most effective collaborations that the American and Kenyan governments have. "The US government recognizes the importance of conducting public health research to develop evidence-based health care services and policies. Through the research programs that take place at KEMRI with both CDC and Walter Reed initiatives, we have collectively succeeded in carrying forward activities that have greatly impacted public health in this country over the past three decades," he said.

Last year marked 30 years of the KEMRI/CDC Research and Public Health Collaboration. As a result, the collaboration held a three day celebration from the 6th to the 8th of November 2009 to mark this achievement. That the celebration immediately came after the MIM Pan African Malaria conference (held 2-6 November) was in itself significant because the first research activities by this collaboration focused on malaria, especially on finding some of the best prevention, control and treatment of this disease that kills one million people under fives in Sub Saharan Africa.

In Nairobi, the celebrations were marked with pomp and pageantry that were crowned with numerous field activities in Kibera, the largest slum in Sub-Saharan Africa. The celebrations were graced by the US Ambassador to Kenya, His Excellency Michael Ranneberger, Assistant Minister for Public Health and Sanitation Hon Dr. James Ondicho Gesami, The KEMRI Chairman of the Board of Management, Dr. Edwin Muinga Chokwe, Acting Director KEMRI, Dr. Solomon Mpoke, Director CDC-Kenya Dr. Kevin De Cock, among other dignitaries from the US and Kenya government.

In his key note, Dr. Gesami lauded the KEMRI/CDC collaboration's contribution to policy change saying that many of the interventions by the Ministries of Health are as a result of the research carried out by the collaboration.

US Ambassador H.E. Micheal Ranneberger in a hearty discussion with Director KEMRI Dr. Mpoke and Deputy Director, Dr. C. Mwandawiro at luncheon Hosted to Celebrate KEMRI/CDC collaboration.

Picture by:
Moses Yegon

Director, KEMRI Dr. Mpoke and KEMRI-CDC Director Dr. Kevin De Cock admire presents awarded to them at the 30 year celebrations in Kisumu

The guests were conducted on a tour of research sites including Kibera, Coptic Hospital and Langata Health Center which are under the International Emerging Infections Program (IEIP) and the Global Aids Program (GAP) activities.

In Kisumu, the 30 year celebration event was graced by Hon. Prof. Anyang' Nyong'o, the Minister for Medical Services who lauded the KEMRI/CDC collaborative work. "Research is paramount to the good health of the nation," Prof. Nyong'o said. He urged the government to invest heavily in human health research in order to ensure there is proper diagnostics and medication. Among other dignitaries present was Hon. Olago Oluoch, Hon. Jakoyo Midiwo, The KEMRI Chairman of the Board of Management, Dr. Edwin Muinga Chokwe, Dr. Mpoke, Dr. John Vulule Director Centre for Global Health Research, Kisumu among others. - Report by : Davis Mkoji



[News Briefs]



Personal Time Management Guide

Have you been trying to improve your time management skills or overall personal effectiveness? Do you feel like you are still missing some key details? If so, we've got something for you.

This personal time management guide and the accompanying newsletter are dedicated to building a stronger foundation for your success. One skill at a time.

Each article or section below is an important building block you can put into your foundation right now. Take one of the pages and read it: you will gain the key insights and practical tips for one of the core areas of higher personal effectiveness. Take another page and do the same. Each article will move you one step forward in something that could be limiting your success level today.

That something could be your skills and abilities to:

- Set priorities and **manage your time** to meet deadlines,
- Set and achieve **goals**,
- Get over your **internal barriers** when putting your goals and plans in action,
- Effectively organize your **daily actions**
- Make **smarter decisions** faster,
- Uncover **better options**,
- Work in a **team** or build one,
- Prevent **burnout**,

KEMRI STAFF TO SIGN IN-OUT OF WORK STATION

As a measure aimed at introducing punctuality and prudent use of time, the management recently decided that all members of staff be required to sign in and out of their work stations when they respectively report for duty and leave for the day.

This initiative, Acting Deputy Director (Administration & Finance) Dr. Charles Mwandawiro, says will instil some sense of personal responsibility, time management and accountability.

He noted that while the Institute strives to pay salaries promptly every month, certain members of staff are absent from duty without prior permission, while others are perennial truants.



"We will scrutinize the records and patterns regularly, if we notice that a few of us need help, then we will see how to help these individuals", said Dr. Mwandawiro during a staff meeting at the KEMRI Upper Canteen at the Headquarters.

He however, dispelled fears that the exercise was aimed at victimising certain members of staff noting that a log-in, log-out requirement was a standard requirement of not only the private sector, but also public sectors.

"This will also help us to keep proper records of our staff, enhance service delivery and prudent planning so we can then know precisely the number of people we have within the institute at any given time", he added .

He pointed out that sometimes information from log-in records become very important especially during emergencies and disasters where the management is required to account for present members of the staff during an incident.

"God forbid, but should there be a disaster in KEMRI, it may be very difficult to account for members of the staff if things remain the way they are", he said.

Dr. Mwandawiro was accompanied at the staff meeting by the Head of Human Resource, Ms. Alice Okallo. Other senior officers at the meeting included, the Head of ICT, Mr. Mohammed Abdi, Head of Engineering Division, Mr. James Lelei and Head of Care-taking and Security Services, Mr. Festus Rono.

Dr. Mwandawiro further intimated that the management had decided to comply with a government decision that stipulates that there is need to adopt the open office system in public offices as a bid to minimize corruption.

Report by : Wodera James

Dr. Omar Sabah

My name is Omar Sabah Ahmed (Dr), with a PhD in Malaria Chemotherapy. I am a Principal Research Scientist and Section Head of Malaria Unit at the Centre for Biotechnology Research and Development (CBRD).

My research interests are mostly in malaria treatment particularly in assessment of therapeutic efficacy to antimalarial drugs including the antifolates or sulphur-based drugs, the artemisinin and non-artemisinin based combinations and some traditional medicines.

Other areas of research are in the field of:

Characterization of drug-resistant malaria parasites in malaria endemic and epidemic regions of the country. To monitor spread of drug resistant parasites and advice on appropriate treatment regimens.

Human population studies investigating protection to malaria disease and prevalence of some human immune genes and other phenotypic markers. useful towards vaccine development studies. A patent has already been developed in this field and the study is still ongoing.

Diagnosis of malaria parasite: using FISH technique will soon be available for field evaluation. The assay is quite user friendly and robust (in any field condition) and can differentiate different species of malaria on one microscope slide.

In vitro screening of traditional medicines for antimalarial activity, towards bioprospecting for antimalarial agents. Several prospective antimalarial agents are under laboratory investigations.

Monitoring of antimalarial drug efficacy using quantitative assays, eg., nucleic acid sequence-based amplification (QT-NASBA).

Transmission dynamics studies, post-artemisinin-based intervention.

Parasite population studies determining origin and dispersal mechanisms of resistant parasites.



Research Experiences

I have co-ordinated over 8 KEMRI-IAEA funded Malaria, TB, Cervical cancer, Filariasis programmes (1999 to date). I was an advisor to the World Health Organization (WHO, Geneva) Steering Committee on Rapid Diagnostic Tests in Malaria (2007). I was also a consultant to the Multilateral Initiative on Malaria on Antimalarial Drug Resistance Network for Africa-funded by TDR (Tropical Disease Research)/WHO/UNDP/UNICEF (2002-2005).

I was the co-ordinator of the Antimalarial Drug Resistance Working Group on 'Intermittent Preventive Treatment in Infants (IPTi) Consortium in Africa' (for Kenya, Mozambique, Gabon, Tanzania, The London School of Hygiene and Tropical Medicine-UK, Hospital Clinic, University of Barcelona-Spain, University of Tubingen-Germany-funded by the Bill-Mellinda Gates Foundation)- (2005-2006). I was an IAEA consultant: Developed scientific brochure and policy brief for the RAF6025 project sponsored by the IAEA, a regional project involving over eight countries in Africa. I have co-ordinated over 31 research projects in over 29 study sites in Kenya.

I am in the process of patenting some of the research findings in collaboration with 3 other research institutions in the region. I have organized 2 national and 3 international training courses, workshops both as a facilitator and expert/consultant. Currently I have 9 PhD students with 3 having graduated successfully. I have ongoing 7 MSc students with 11 completed. [Pg 16>>](#)

[Know Your Researcher]



Dr. Omar Sabah

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Collaborations

Established collaborations include but not limited to, Department of Infectious & Tropical Diseases, London School of Hygiene & Tropical Medicine, London, UK; Department of Medical Microbiology, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; MRC Centre for Outbreak Analysis & Modelling, Department of Infectious Disease Epidemiology, Imperial College London, London, UK; Kilimanjaro Clinical Research Institute, Moshi, Tanzania; The Royal Tropical Institute, KIT in the Netherlands, Departments of Genetics and Biology, University of Pennsylvania- US, ICIPE, ICRA, ILRI, University of Nairobi, Jomo Kenyatta University of Agriculture, University of Egerton, Moi University and Kenyatta University.

I was the co-ordinator of the Antimalarial Drug Resistance Working Group on 'Intermittent Preventive Treatment in Infants (IPTi) Consortium in Africa' (for Kenya, Mozambique, Gabon, Tanzania, The London School of Hygiene and Tropical Medicine-UK, Hospital Clinic, University of Barcelona-Spain, University of Tubingen-Germany-funded by the Bill-Mellinda Gates Foundation)- (2005-2006).

FROM THE BENCH TO BEDSIDE:

KEMRI takes steps to Commercialize Research Outputs

A paradigm shift emphasizing on tangible products and services that meet the needs of the people as opposed to “the number of published research articles” is one of the major contributions of the ultra-modern Production Plant and Intellectual Properties Departments at KEMRI Headquarters in Nairobi.

The Production facility where some of the innovations emanating from research activities in the Institute are being developed into tangible products and services that address the problems of the common man as it also generates some income. This is a new modus operandi currently taking root in many research Institutions in Kenya and rest of the world.

Traditionally, mandates establishing some of the research institutions such as KEMRI, restricted them to only conducting research, advising the government and policy formulation. It was up to the government bureaucracy to decide on the implementation.

“In the past research meant publications, presentations before your peers and offering this to policy makers”, volunteers, Dr. Wesley Ronoh, the Marketing and Intellectual Properties Manager in KEMRI said and adds, “The approach is now turning research into products that not only influence policy, new treatments, new diagnostic tools, but is also self-sustaining and rewarding to the researcher”.

Going commercial hence is no longer a matter of if, but when. Consequently, sound scientific innovations with commercial potential will no longer be allowed ‘to gather dust’ on the shelves of some government ministry awaiting implementation, but will instead be immediately harnessed and developed by the Production Department.

The Production facility together with the Training Center, the Animal House Unit and the renovation of the Mechanical Unit were all built through a grant aid to Kenya from the People and Government of Japan, valued at over Ksh. 760 million. Work on the facilities covering a total floor area of 3,416.5 square metres commenced on December 6th, 2004 and was completed by November 2005.

The then, Health Minister Charity Ngilu and then, Ambassador of Japan to Kenya Satoru Miyamura commissioned the buildings on the morning of Thursday, February 24th, 2005 following the successful exchange of notes between the two governments in Tokyo Japan on August 4th, 2004.

Lead consultants, Nihon Sekkei Inc., Sumitomo Mitsui Corporation and Mitsubishi, then moved on the site on December 6th, 2004 to begin the construction that instantly gave KEMRI Headquarter Campus a new facelift.

The Production facility is designed for manufacturing of simple, sustainable and cost effective diagnostic kits and other products aimed at meeting the national and regional requirement.

The first product to be manufactured in this facility was the HEPCELL kit for detection of hepatitis B surface antigens in the blood. This kit was developed through KEMRI /JICA collaboration and is one of the major kits used in screening of blood in the Blood Transfusion Centers in the country.

Other products to roll from the facility include rapid test kits for HIV, Hepatitis B and C. These kits target Blood Transfusion Centers in the region given that they have been evaluated in Tanzania, Uganda and Rwanda.

Not only do they manufacture, but the Production Department house’s a fully fledged unit whose core duty is branding and marketing the products going into the supply chain

[Research Feature]



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It is hoped that once these kits are released into the market they will provide a cost effective alternative to the imported products currently being used by VCT facilities and hospitals throughout the country.

"The diagnostic kits being produced in our Production facility are helping immensely in up-scaling of our blood screening capacity and consequently contributing enormously to the enhancement of blood safety in Kenya, the Eastern, Central and Southern African regions", says Dr. James Kimotho, head of the Production Department.

But the Production Department has its eyes on many more innovations beyond diagnostic kits. The Department is already working with other KEMRI centers on products which promise to make a direct contribution towards solving some of the most challenging health maladies facing humanity today. They include products against opportunistic infections, tuberculosis and malaria among others.

Not only do they manufacture, but the Production Department house's a fully fledged unit whose core duty is branding and marketing the products going into the supply chain. The Unit, headed by Dr. Ronoh, is also in the forefront in securing Intellectual Property (IP) requirements for the Institute and educating researchers on the same through the IP and Technology Transfer Office.

The Training Center on its part boasts of lecture and modern conference facilities, a computer station, a virtual library and modern training laboratories. The building is also home to the regional office of the Eastern and Southern Africa Center of International Parasite Control (ESACIPAC). A magnificent landscaping which also acts as a ceremonial square with lush greenery and a secure ample parking compliments the Training Center.

These two are the new feathers added to the collar of KEMRI's Central Laboratories Complex at the headquarters.

In the past research meant publication, presentation before your peers and offering this to policymakers,..... the approach is now turning research into products that not only influence policy, new treatments, new diagnostic tools, but is also self-sustaining and rewarding to the researcher - Dr. Wesley Ronoh

INBOX

Kudos for The Researchers!

Let me be the first to thank you for the effort in the revival of this once great newsletter. I wish to thank the management for this new initiative which I have no doubt will enhance our internal communication and expand our literal skills. As you know, communication is very important to human beings, besides creating an understanding, this forum will also restore team-work which I must say has been badly dealt a body blow in the recent past.

I hope the editorial team will remain regular and dedicated to this product so that it does not die a natural death, shortly after being conceived. We also hope for objectivity, transparency and minimal censorship.

Peter via email.

Time is running out!

I hope you'll have the guts to publish this request to the management. Please, let this management know that the goodwill they have been enjoying is fast fading. This is because they have taken too long to address our welfare issues- salaries, promotions and the allowances that were robbed from us. We will judge your independence if we read this in your inaugural issue - Joseph

A good forum for adverts

I applaud you for the very successful launch of this newsletter. I believe that it is going to grow into an authoritative publication that will not only attract numerous articles, but also support in terms of paid-up adverts that can take it to the next level. Congs and Cheers! - Sophia

A credible replacement to rumours!

Congratulations! At last, something to replace the robust KEMRI rumour mill. Is it only me, or there is something wrong in KEMRI? Gossip, gossip and more gossip seems to be the order of the day in this Institute. Next time you think about gossiping or doing anonymous, just put it down on paper and email it to the Editor! Jane via email.

[Pictorial]

Director, CGHR Kisumu
 Dr. John Vulule donate
 s impregnated treated
 nets (ITN) to the
 community during the
 recent World Malaria
 Day Celebration



The KEMRI Board
 Chairman,
 Dr. Edwin Muinga
 (left) has a word
 with guest and
 participant of a
 recent function.

Attentive:
 The WHO regional
 Director Dr. -Luis
 Sambo accompanied
 by Dr. David Okello
 listen to a briefing
 by Director KEMRI
 Dr. Solomon Mpoke
 during and other
 KEMRI Senior officers
 a recent visit to the
 Polio Lab



Ms. Benadette Mwololo presents the national darts championship trophy to Dr. Mpoke after a rewarding victory. Looking on are fellow club members, Mr. J. N. Kariuki and Mr. K. John Musau.



ESACIPAC Head, Dr. Sam Njenga makes a presentation during the official opening ceremony of the KEMRI-TDR on Child Health and Nutrition workshop in March.

Minister for Public Health and Sanitation, Hon. Beth Mugo, Director, KEMRI, Dr. Solomon Mpoke, Marcel Tanner of DNDi, and Dr. Monique Wasunna of DNDi Africa at the opening ceremony of Stakeholders Meeting at a Nairobi Hotel.



KEMRI brings the World to Nairobi to Discuss Malaria



A jab against Malaria. A child receives a test vaccine against the deadly disease at the ongoing Infant Malaria Vaccine Studies at Kombewa

A health worker takes the weight of a baby participating in the infant malaria vaccine research at Kombewa



The world literally came to Nairobi to discuss one of the most stubborn, yet fatal diseases of our times: Malaria. Over 2,000 delegates from all corners of the world including researchers and malaria control experts from endemic countries in Africa, Asia, Latin America and the Caribbean, as well as scientists from leading research Institutions and Universities, administrators and representatives from private foundations, government representatives, international agencies and non-governmental organizations assembled at the Kenyatta International Conference Center (KICC) in a brainstorming session for five days last November from 2nd to 6th.

The experts were meeting for the first time in Kenya under the auspices of the Multilateral Initiative on Malaria Pan-African Malaria conference (MIM-PAMC). This was the fifth time such a meeting is being held in Africa since the first such initiative in Dakar, Senegal in 1997. Since then, MIM-PAMC conference has been held in turns in different African countries.

From Dakar, Senegal, the largest malaria conference was held in Durban, South Africa in 1999, then Arusha, Tanzania in 2002 and in Yaoundé, Cameroon in 2005. Nairobi took charge where besides showcasing to the world the wholesome contributions in the effort to fight malaria, the visitors also sampled some of the unrivaled Kenyan hospitality, sumptuous cuisines and famous tourist attractions.

The Conference was hosted by the KEMRI and its theme was "Building Knowledge for Action", which was a timely and appropriate clarion call to allow sharing of current knowledge and experiences that is key in guiding the next crucial steps towards malaria elimination and eventual eradication.

Yaoundé, Cameroon was voted to be the next site of the MIM secretariat after Dar es Salaam, Tanzania. MIM is a network established in 1997 to build capacity among African scientists to conduct malaria research.

Report by : Wodera James

Pix courtesy of Benjamin Moldenhauer

ESACIPAC's New Drive to Feed Kenyan Children

The Eastern and Southern Africa Centre of International Parasite Control (ESACIPAC) hosted a three day regional technical conference on the Home Grown School Feeding Programme at the Training Centre from March 2-4, 2010.

The conference brought together at least 68 delegates who are experts in health, agriculture and education from Ghana, Mali, Nigeria and hosts, Kenya.

The high-level strategic brainstorming sought to explore ways on which governments can support this new initiative aimed at delivering cost effective and sustainable school feeding programmes.

This is an initiative of the Programme on Child Development (PCD) with the assistance of ESACIPAC and respective Ministries of Education from participating countries. "The idea is to support local farmers to grow food that is consumed by schools in the school-feeding programme. While local farmers grow food, schools in their locality provide ready markets for the crops hence children get a balanced

diet", explains ESACIPAC head, Dr. Sammy Njenga.

The project, supported in part by a \$12 million grant from the Bill & Melinda Gates Foundation, will engage with a wide range of stakeholders to promote agricultural development by using locally-produced food for school feeding - providing regular orders and a reliable income for smallholder farmers, whilst also improving the education, health, and nutrition of local children.

The initial five year programme will provide direct, evidence-based and context-specific support and expertise to governments to design and manage school feeding programmes sourced with local agricultural production.

The focus of the technical meeting was on how to strengthen the linkages between school feeding and agriculture and community development.

[Conferences & Seminars]



◀ A Group photograph of the participants of the Home Grown School based feeding programme conference in March 2010

[Research Feature]



Article by: Dr. Charles Mutai (Right),
Senior Research Officer at the Center for Traditional
Medicine & Drugs Research (CTMDR)

Traditional Medicines Now Take Over

It is like going back to our roots—literally. And it is about re-discovering a discipline and a knowledge base that is over 5,000 years old. What was once a grandfather and grandmother's medicine has today evolved into career options worth exploring. Welcome to the world of traditional practice that includes traditional medicine, spiritual medicine and others. These are now increasingly becoming part of the Kenyan traditional system of medicines which for years were relegated to the back-banner and obscurity. Thanks to the advent of the Chinese alternative medicine in the country.

Times are definitely changing. The demand for traditional medicine in Kenya and all over the world has gone up in the last 10 years. Today, more and more people are turning towards traditional medicine to counter the ills of life in the fast lane. Therefore, the time is ripe for Kenya Traditional System of Medicines to take a quantum leap and become a global player in production and manufacturing of traditional medicine.

Kenya Medical Research Institute (KEMRI) too has stepped in to do its bit in this field. The Centre for Traditional Medicine and Drug Research (CTMDR) regulates the education and practice of these traditional medicines by offering quality control of traditional medicines. Due to multidisciplinary set up in the centre, CTMDR has the capacity to evaluate the safety, efficacy and quality of herbal medicine used for various diseases. The stakeholders who include the traditional healers and the general public are always encouraged to collaborate with KEMRI in order to improve quality of traditional medicine. KEMRI is also working closely with WHO-AFRO towards the efforts of regulation of traditional medicines. This effort is expected to improve both the standards of traditional medicines practice from practitioner himself, the herbal medicine and those getting treated.

Other institutions of higher learning such as Kenyatta University are also playing an important role in making a strong case for the use of traditional medicine in Kenya. Kenyatta University has a department of Health Sciences whose main aim is to enhance capacity in this field of traditional medicines. Recently, the International Center for Insect Physiology and Ecology approved a plan to start extracting and packaging Traditional Medicines with the contribution of known Traditional doctors to the market.

With the rising popularity of traditional medicines, it is but natural that there is a growing demand for professionals in the field. And there are a few private colleges that offer courses in traditional medicine and other forms of alternative medicine. However, there is one problem that students are likely to face. Many of these colleges have no syllabus or any national policy guiding it.

So there is a need to develop a system that will stream line Traditional Medicine in Kenya as the demand increases. It is unfortunate that Kenya Traditional System of Medicines has so much to offer to people but unfortunately, this tradition has been suppressed for a long time to the extent that some knowledge has been lost. People who really knew about the ways in which Traditional Medicines can cure ailments are no longer there. Though Traditional Medicines is about to come out of the sea of oblivion, there are times when I feel that we have left it a bit too late to revive our heritage."

Given the growing demand of traditional medicine, it is advisable for people who are interested in exploring the traditional medicine as career options to go ahead and take the plunge. Things are bound to improve and I am sure the traditional system of medicine will break new grounds in the

Times are definitely changing. The demand for traditional medicine in Kenya and all over the world has gone up in the last 10 years.

KEMRI'S SCIENTISTS AWARDED FOR RESEARCH EXCELLENCE

KEMRI scientists, Dr. Jennifer Orwa and Dr. Alexis Nzila have been singled out for their individual outstanding and illustrious contributions in the fields of research, science and service to humanity. The senior scientists were recognized during separate but colourful award ceremonies attended by dignitaries and peers in the medical and scientific field.

Dr. Orwa, a long serving scientist at the Center for Traditional Medicine and Drugs Research (CTMDR) is among the very few scientist in KEMRI to be awarded the Order of the Golden Warrior of Kenya (OGW) for her outstanding contribution in the field of traditional medicine research here in Kenya and the rest of the world by President Mwai Kibaki during the last Jamuhuri Day Celebrations on December 12th, 2009 at State House.

The soft-spoken, articulate and astute researcher is probably the first female scientist to be decorated by such honours by the head of state (read separate profile story).

Seperateley, a new feather has been added on the hat of Dr. Nzila, a senior scientist and head of the Molecular Parasitology at the KEMRI -Wellcome Trust Research Programme in Kilifi. Dr. Nzila was awarded "the Outstanding Senior African Scientist for the year 2009" at the European and Developing Countries Clinical Trials Partnership (EDCTP) Annual Forum held in Arusha.

Dr. Nzila received a certificate of recognition and a cash prize of 20,000 Euros for his outstanding and illustrious contributions in the fields of research, science and service to humanity.

These awards foster research innovativeness, while encouraging scientists in Kenya, Africa and globally in the field of research.

The announcement of the award was greeted with lots of jubilation and pride at both KEMRI Headquarters in Nairobi and KEMRI-Wellcome Trust in Kilifi.

"These awards are a statement of confidence and appreciation towards the excellent work being done at our research facilities by our scientists and staff. Our focus is always the delivery of quality health to our people and awards such as Dr.Nzila's and Dr. Orwa are usually by products of our work, which delight all of us" said a delighted Dr. Solomon Mpoke, Acting Director, KEMRI.

While Dr. Orwa's award was motivated by her illustrious research career in the area of alternative medicine and drugs research, Dr. Nzila's development of an anti-malarial drugs from existing cancer drugs which is poised to result on an alternative effective anti-malaria drug may have influenced the judge's decision.

"Alexis works on understanding the mechanisms of drug action and drug resistance is more important in the continuing effort to ensure that we have effective

Continued in Page 30>>



Dr. Jennifer Orwa receives the order of the Golden Warrior of Kenya (OGW) from H. E. The President of Kenya Mwai Kibaki at Statehouse Nairobi.

courtesy of PPS

Dr. Alexis Nzila receives the certificate of recognition at the European and Developing countries clinical trials partnerships (EDCTP) forum in Arusha, Tanzania



[Nutrition]



Cabbage Miracles

Besides vitamin 'U' abundantly found in green cabbage leaves, there are other anti-ulcer drugs in cabbage. The fact that cabbage can help cure ulcers was shown in experiments by Garmett Cheney M.D, professor of medicine at Stanford University School of medicine, way back in the 1950s. He demonstrated that a quarter of fresh cabbage juice every day relived pain and healed both gastric and duodenal ulcers better and faster than standard treatments.

In a test of 55 patients who took cabbage juice, 95 percent felt better within two to five days. X- rays and gastroscopy examinations, revealed a rapid healing of gastric ulcers in only one-fourth the average time. The duodenal ulcers of patients who per-took cabbage juice were also healed in one-third the usual time.

Another study of 45 inmates at San Quentin Prison in California, 93 percent of the ulcers in prisoners taking cabbage juice every day were healed within three weeks.

So how does cabbage achieve these unbelievable feat?

It achieves this by strengthening the stomach lining's resistance to acid attacks. Cabbage contains Gefarnate, a compound used as an anti-ulcer drug, as well as a chemical that resembles carbenoxolone, another infrequently used anti-ulcer drug. Essentially, these drugs incite cells to spin out a thin mucus barrier as a shield against acid attacks.

In another study G.B. Singh, of India's Central Drug Research Institute in Lucknow, induced ulcers in guinea pigs and cured them with cabbage juice. During the healing he took extensive microscopic photos of the cell changes, documenting that cabbage juice generated increased mucus activity that rejuvenated ulcerated cells leading to healing.

Another possibility for the cabbage's unbelievable action is the fact that it has antibiotic properties. It can destroy a variety of bacteria in test tubes, perhaps including *Helicobacter pylori* bacteria, which is now implicated as a cause of abdominal ulcers.

The cabbage juice should be prepared from the outer fresh raw green cabbage leaves, the ones we mostly throw away to the cows which they eat and cure their ulcers, while we, the humans wallow in endless misery caused by our ignorance on the nutritional benefits of the very commonly grown vegetable plant. Juice from fresh cabbage leaves is the best; the quicker the trip from the garden to the stomach, the better. It is worth pointing out that heating or processing destroys the cabbage's active anti-ulcer agents.

*By Wilfred Kisingu,
Msc. Community Health & Development, PhD Student in Nutritional
Epidemiology, working at the Center for Public Health Research in
KEMRI.*

Cabbage is:

- Low in Saturated Fat, Cholesterol
- High in Dietary Fiber, Vitamin C, Vitamin K, Folate, Potassium, Manganese, Vitamin A, Thiamin, Vitamin B6, Calcium, Iron and Magnesium

The nutritional value and health benefits of cabbage makes it ideal for:

- Maintaining optimum health
- Weight loss

Don't include too much cabbage in your diet if you're interested in:

- Weight gain

Eat Breakfast To Avoid Heart Attacks!

Scientists are now keen to establish the relationship between heart attacks and breakfast. Reneta Cifkova, a cardiologist of the Memorial University of Newfoundland in St. Johns underscores the importance of breakfast through a study which draws parallels between cases of heart attacks and breakfast.

The research indicates that skipping breakfast nearly triples one's clot forming potential, leaving him more vulnerable to heart attacks and strokes.

Cifkova explains that, 'for unknown reason(s) blood platelet stickiness is lowest overnight, but climbs rapidly after waking up'. However, for other unknown reason(s), eating "unsticks" the platelets.

As a proof, she measured a marker of platelet activity called Beta-thromboglobulin (beta-TG) in the blood of twenty-nine normal men and women on days they ate or skipped breakfast. Beta-TG indicates blood platelet potential for clotting.

She found that the beta-TG averaged nearly three times higher on the days the group skipped breakfast. However, the beta-TG dropped markedly on the days when they ate breakfast. Thus, it appears that one way to keep your blood platelets from remaining dangerously sticky, and putting you in morning heart-attack territory, is to break your overnight fasting when you wake up – eat breakfast.

*By Wilfred Kisingu, Msc. Community Health & Development,
PhD Student in Nutritional Epidemiology,
working at the Center for Public Health Research in KEMRI.*



[Transition]

GREAT LOSS FOR KEMRI



Mr. Jonathan Kosgei
1951 - 2009



Ms. Peris Maina
1952 - 2009



Mr. Alvin Rono
1969 - 2009



Mrs. Flora W. Nyaga
1956 - 2009

The year 2009 was a sad and tragic year for the Institute following the untimely demise of its four long-serving members of the staff.

First was the news that one of the longest serving Copy Typist, Mrs. Flora Warue Nyaga had passed on while undergoing treatment at the Kenyatta National Hospital on Sunday, May, 17th, 2009.

Barely a fortnight later, the Institute was thrown into mourning again with the untimely death of its Senior Laboratory Technician Jonathan Koske while receiving treatment at the Nairobi West Hospital on the May 28th, this year.

But as if that was not enough Mr. Alvin Rono, a long serving driver at Headquarters passed on following a short illness and was buried at his home at Kapkatet, Bureti District.

The year ended on a mourning note for Staff at the headquarters, when Ms. Peris Wanjiku Maina passed away on December 19th, 2009 after a short illness.

Peris who until her passing was an Executive Secretary working at the Corporate Relations Department She was buried Monday, December 28th, 2009 at Langata Cemetery in Nairobi.

The death of Nyaga simply known as "Flora" to many in the Institute was a mid-month shocker not only to her family, but also to many of her colleagues at the Center for Biotechnology Research and Development (CRBD) where she had faithfully worked for over 30 years.

Flora is among members of staff who goes down in history as having been recognized for exemplary service. Retired President, Mzee Daniel Arap Moi feted Flora for her 10 years in service in 1993.

Earlier, the saying, "It never rains, but it pours" got meaning in the Institute when news of Koske who for years worked at the CBRD's Animal House at the KEMRI Headquarters before being transferred to Center for Public Health Research (CPHR), filtered through an already mourning Institute.

"It was with immense grief and deep sorrow that I received the sad news of the untimely death of these four officers. At this very difficult period for the respective families and indeed the Institute, on my own behalf and on the behalf of my family and all members of staff do mourn and convey my greatest sympathy. We pray God our greatest comforter to give us all the piece of mind, courage and strength to withstand this difficult and painful loss", eulogized, Acting Director KEMRI, Dr. Solomon Mpoke.

Flora's association with KEMRI began on the morning of Friday, 5th August 1983 the day she was employed as a Copy Typist III and steadily rose through the ranks to Senior Copy Typist. She was laid to rest on Saturday May 30th, 2009 in a solemn ceremony attended by family, friends and colleagues at her Kararari home in Karurumo in Embu District.

Koske on the other hand was laid to rest on Saturday the June 6th 2009 at his Keiunet home. He is survived by two wives and eight children, while Flora leaves behind her husband and four children.

The Researcher joins other members of staff in mourning the demise of Flora, Koske, Rono and Peris. May God rest their soul in Eternal Peace.

By the time of going to Press, the Institute was still morning the untimely demise of the following:

Ms. Brenda Acom, Peter Gitau, Mercy Githae, Joyce Muia, Richard Korgoren and Francis Ngugi.

KEMRI MOURNS THE PASSING OF FOUNDER DIRECTOR

The chairman, KEMRI Board of Management, Dr. Edwin Muinga and Acting Director KEMRI, Dr. Solomon Mpoke graced the burial ceremony of the Institute's founding Director, Dr. James Mbogo Gekonyo at Langata cemetery on March 11th, 2010.

The curtains came down on Dr. Gekonyo after a long and illustrious career in public health service. He was KEMRI Director from when KEMRI was established in November of 1978 to July 1982 before retiring into private practice, consultancy and lecturing at the University of Nairobi among other undertakings.

Dr. Gekonyo served as Chairman of the Department of Community Health University of Nairobi between September 1985 and September 1987. He is also remembered as among the very few Kenyans who were pioneers in Medicine, public health and scientific research. Those who knew him attest that, he served Kenyans and the world as a true professional with passion and humility for over 51 years.

While eulogizing the medic, Dr. Mpoke noted that the late Dr. Gekonyo had not only trained several health workers of all cadres in this region, but was also responsible for establishing a sound base for health research in the country.

He noted that as the founding Director, Dr. Gekonyo provided a visionary leadership that has seen the growth of what KEMRI is today.

Dr. Gekonyo was among the very few Kenyans who were pioneers in Medicine. He has served Kenyans and the world as a true professional with passion and humility for 51 years. He has trained Health workers of all cadres in this country. The best send off we can give him is to learn from him and do our best whenever we are both young and old. He has gone with a lot of wealth of experience but we should thank God for he was generous and shared all he had.

The Director said that Dr. Gekonyo was among the pioneers responsible for the massive intellectual and infrastructural growth of the Institute as we know it today.

"The best send off we can give him is to learn from him and do our best whenever we are both young and old. He has gone with immense wealth of experience but we should thank God for he was generous and shared all he had".

The two Ministries of Public Health and Sanitation and Medical Services also conveyed their condolences to the family, relatives and friends and paid a glowing tribute to his immense contributions to the public health sector in the country.

May God rest his soul in eternal peace.

[Transition]



Board Chairman and Director KEMRI, lay wreaths at Dr. James Gekonyo's Grave at the burial service

[Outstanding Researchers]

>>From Page 25

drugs which treat and prevent malaria. We are grateful that his work has received international recognition" said, Dr. Nobert Peshu, the Director of KEMRI Centre for Geographical Medicine Research, (CGMR) Coast.

From the initial research and knowledge gathered, Dr. Nzila is now working on understanding the mechanism of resistance to other anti-malarial drugs including lumefantrine, piperazine and artemisinin, using phenotype characterization and whole genome analysis, in collaboration with The Sanger Institute, Hinxton, UK.

Dr. Nzila is also the recipient of the prestigious United Kingdom's Royal Society Pfizer Award for "outstanding, innovative contribution to biological science, including basic medical science which contributes significantly to capacity building in Africa."

He firmly believes that there will not be a lasting solution to malaria without strong contribution from the African scientists. "Controlling malaria is not a matter of bednet distribution and medication", Dr. Nzila told *The Researcher* adding, "Proper planning and research is required so as to help the researchers to predict what the situation may be like in 5 or 10 years from now, scientific evidence is required so as to make effective policy decisions in tackling malaria at the national level for the government thus without firm research groups, government programmes for malaria cannot be effective".

EDCTP was created in 2003 as a response to the global health crisis mainly caused by the poverty related diseases of HIV/AIDS, malaria and tuberculosis.



Dr. Orwa's Award

outstanding contribution in the field of traditional medicine research here in Kenya and the rest of the world

Dr. Nzila's Award

"outstanding, innovative contribution to biological science, including basic medical science which contributes significantly to capacity building in Africa."



[Staff Matters]

OUTGOING



Mr. Leonard Sang

Mr. Lenard Sang, Asst. Director, Finance

Mr. Sang Joined us in 2009 as Assistant Director - Finance and after working for KEMRI for less than six months left to Join USAID as a Financial Advisor. We wish him all the best in his endeavors.

INCOMING



Mr. Chris Isabwa

Three senior officers have been recruited to beef-up staff productivity. The three, Mr. Chris Isabwa (Senior Principal Supplies & Procurement Officer), Mr. Peter Ngugi Kamau (Chief Finance Officer-Grants) and Mr. Daniel Ochung' (Senior Principal -Internal Auditor) are all skilled and highly qualified professionals in their respective fields.

Mr. Isabwa holds BSc (Business Administration) degree from United States International University (USIU) and brings to KEMRI over 20 years experience in the supplies and procurement field.



Mr. Peter N. Kamau

Mr. Kamau on the other hand is a graduate of the University of Nairobi where he graduated with a Bachelor of Commerce in Accounting) and a Masters in Business Administration (MBA) in the same field. Mr. Kamau is also a Certified Public Accountant (CPA-K) and brings with him an eight years experience in financial donor and Project management from both the public and Private sectors.



Mr. Daniel Ochung'

Finally, the new Senior Principal Internal Auditor has over a decade experience in audit and financial accounting. Mr. Ochung' holds an MBA (Finance) and a Bachelor of Commerce in Accounting degrees from the University of Nairobi. He is also a Certified Public Accountant (CPA-K).

MURPHY'S LAWS ON WORK

A pat on the back is only a few centimeters from a kick in the pants.

Don't be irreplaceable, if you can't be replaced, you can't be promoted.

The more crap you put up with, the more crap you are going to get.

You can go anywhere you want if you look serious and carry a clipboard.

Eat one live toad the first thing in the morning and nothing worse will happen to you the rest of the day.

Never ask two questions in a business letter. The reply will discuss the one you are least interested in, and say nothing about the other.

When the bosses talk about improving productivity, they are never talking about themselves.

If at first you don't succeed, try again. Then quit. No use being a damn fool about it.

There will always be beer cans rolling on the floor of your car when the boss asks for a ride home from the office.

Mother said there would be days like this, but she never said there would be so many.

Keep your boss's boss off your boss's back. This is what I'm doing wrong.

Everything can be filed under "miscellaneous."

Never delay the ending of a meeting or the beginning of a cocktail hour.

To err is human, to forgive is not company policy.

No one gets sick on Wednesdays

Important letters that contain no errors will develop errors in the mail.

The last person that quit or was fired will be the one held responsible for everything that goes wrong – until the next person quits or is fired.

There is never enough time to do it right the first time, but there is always enough time to do it over.

If you are good, you will be assigned all the work. If you are really good, you will get out of it.

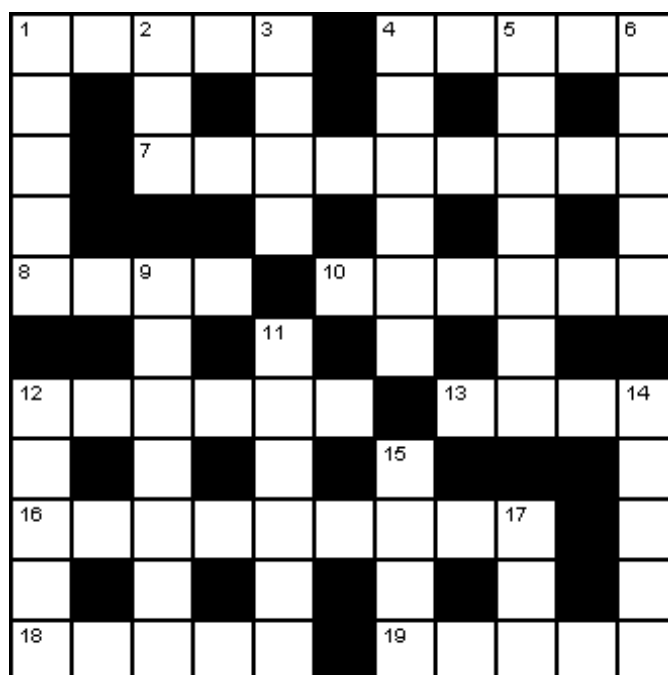
You are always doing something marginal when the boss drops by your desk.

People are always available for work in the past tense.

If it wasn't for the last minute, nothing would get done.

[Leisure]

CROSSWORD



Across

1. Twelve (5)
4. Hoard (5)
7. Unaware (9)
8. Gape (4)
10. Wore away (6)
12. Birds of prey (6)
13. Notion (4)
16. Large spider (9)
18. The lowest point of anything (5)
19. Implied (5)

Down

1. Journal (5)
2. Menagerie (3)
3. World's longest river (4)
4. Secret or hidden (6)
5. Bustling (7)
6. Abated (5)
9. Placed a bet (7)
11. Thinner (6)
12. Consumed (5)
14. Proficient (5)
15. Female relative (4)
17. Part of a circle (3)

Ans in the next issue.

IMAGE OF THE ISSUE

If you are not there to use your computer, Please give it away or else....



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