UNIVERSITY OF NAIROBI

Remarks by Prof. George A.O. Magoha, Vice-Chancellor during the opening ceremony of the Annual Review Meeting 2014 University of Nairobi (UON) STD/AID Collaborative Group at the Mayfair Hotel on January 29, 2014 at 9.00 a.m.
The Principal, CHS
The Deans/Directors
Invited Guests
Facilitators
Ladies and Gentlemen
I wish to welcome all of you to this meeting of the UoN STD/AIDS collaborative group. This yearly gathering first started with a small number of researchers in 1986, becoming a regular feature in the 1990's and now is an international collaborative group. I am delighted that the UoN remains the preferred convener of the group and further that the participants come from several universities and research institutions. I believe that this emphasis not only on the group of researchers but also on the multi-disciplinary groups of investigators who are
focused on creating knowledge on STD/HIV-AIDS, is an innovative approach to the discipline.

Ladies and gentlemen, allow me to share with you some of the views I personally have about research in general and research as a tool to impact on health care with specific reference to Kenya.

I believe that right from its conception, research should:

1. Link outputs to improved health care delivery.
2. Provide integrated competencies and training that achieves specific goals in the overall management of STD/AIDS.

3. Strengthen health research skills in a manner that enables institutions and national government to sustain the war on STD/AIDS.

4. Enhance the knowledge for implementation of prevention, early diagnosis, and treatment of HIV and associated diseases.

5. Reduce brain drain to other research settings outside Africa while contributing to the retention of human resource.
My dear colleagues, the current developments in health research are creating unprecedented opportunities for delineating the mechanisms of the disease. These new insights are in turn, opening up novel strategies for; prevention, diagnosis, and treatment of the disease. However, every researcher should attempt to delve in areas of research that inform policy, change practice, and above all pursue a national development agenda that will ensure scientific findings are translated into clinical practice. It is time for all local researchers to respond and position themselves optimally to
contribute and benefit from this revolution in science and medicine.

Ladies and gentlemen, there is an urgent need to attract the very best of young minds and individuals capable of integrative thinking in this era of multi-discipline and multi-sector efforts. The rapid pace of change today also makes it difficult even for fulltime clinicians or scientists to keep current in their fields. For these reasons, health research in Kenya is challenged to create new strategies for developing a new generation of clinical researchers. One of the
very first priorities then that needs recognizing is the revitalization and transformation of the training of the next generation of health researchers through creating a cadre of young people comfortable with a problem-based, multi-disciplinary and multi-sector approach to research.

Ladies and gentlemen, it behooves us to remember the cardinal requirements of conducting research and investigations in STDs HIV/AIDS. We have to be constantly alert, particularly working sometimes in less than optimum environment and interacting with
some vulnerable groups of people. Researchers and scientists must be prepared to meet the ethical, interpersonal, and managerial challenges and to cogently communicate ideas in a manner that captures the attention of fellow scientists, clinicians, and the general public.

All actions involving choices on how one should, or should not, act has moral implications. While moral integrity is certainly not unique to the scientist, the special value placed on health, and the special trust placed on health professionals makes researchers
particularly accountable. As health professionals, we are in a fiduciary relationship with our patients and must follow their wishes. If we do not, our own licensing and regulatory bodies may sanction us. Further, some types of research that we engage in is bound to generate unique concerns and drive away would be new recruits appalling and oblivious of societal norms.

Let us remember that to the doctor and researcher, AIDS is first; the description of health as physical, mental and social wellbeing and not merely the
absence of disease, therefore the concept of global health which is not the absence of disease worldwide but rather an engagement with diseases on a worldwide scale will require more than the aggregation of data, indicators, mortality or morbidity on a global.

Ladies and gentlemen, the goal of this yearly meeting, I believe is to show case research outputs that will develop knowledge, skills and attitudes to meet the challenges of primary prevention and cure for HIV/AIDS. It is important that we interrogate,
question and deliberate on the research outcomes bearing in mind that new knowledge will influence the management of HIV/AIDS. It is my sincere hope that this meeting will shed light on the many dark areas about HIV/AIDS. Kenya still has one of the highest HIV/AIDS infection rates and although the overall 6.32% is evidence of reducing rates, parts of this country still have very high unacceptable levels of HIV infection and complications including infections of tuberculosis and malignancies are fairly common. This group meeting therefore, has the challenge of developing a way forward for reducing
the current level of HIV in Kenya and in addition, from research produce results that will shape the management of complications.

Ladies and gentlemen, one of the sub topics you are tackling is the Kenya HIV prevention revolution. I believe that actualizing prevention is key to containing HIV infection and I am tempted to ask where we are with prevention. The common man wants the answer which portends a lot for those who are at risk and indeed for the silent majority. As the saying goes prevention is better than cure.
Ladies and Gentlemen, developing an overarching key population policy for HIV prevention in Kenya is long overdue. This policy would be an important document that could change practice and inform policy. The question is where is the Kenyan model working with Key populations?

On interventions I believe that the current level of resources that the Kenyan researchers through extensive collaborations have at their disposal should position locally derived interventions. This is important for everyone in this country. The UoN and
collaborators should be at the forefront in these interventions. It is important for us to know the effectiveness and efficiency of HIV prevention in Kenya. Where are we for instance with Vaccine studies? Have we realized the horizon of hope that we once had and which are a fading memory in a majority of Kenyans?

Another issue to tackle is the Key populations II men who have sex with men (MSM). What are the impacts of research that can inform the public and other stakeholders especially in the wake of some world
leaders and religious leaders who are yet to confront these as social/ethical religious issues?

Ladies and gentlemen, in regard to treatment and care, there is a concern that we move from research and into the operational impact of WHO antiretroviral treatment (ART) guidelines on HIV. This is of interest not only to Kenya but also to the entire world.

In terms of training and capacity building, one gets the idea that after over three decades there should be
a standard format for training. This would provide a form of national agenda, enable maximum utilization of resources and provide SOP on training and capacity building. Is it possible at this juncture to know how many of us have been trained and what level of capacity building have been attained? Again, what informs training and capacity building?

I wish to sincerely thank all the participants, especially those from KEMRI, JKUAT and the Universities of: Manitoba, Washington Toronto, California San Francisco, Illinois, and Oxford, who
will be making presentations and interacting with the working group. I wish you fruitful five days. It is now my pleasure to declare the 2014 STD/AIDs review meeting officially open.

Thank you.