REMARKS BY VICE-CHANCELLOR, PROF. PETER M.F. MBITHI, DURING THE ANNUAL REVIEW MEETING 2015 UNIVERSITY OF NAIROBI (UON) STD/AID COLLABORATIVE GROUP ON JANUARY 26, 2015 AT 9.00 HELD AT MAYFAIR COURT SOUTHERN SUN NAIROBI
Representatives from:
University of Manitoba
University of Washington
University of Ghent
University of Toronto
University of California in San Francisco
University of Illinois at Chicago and New York University
University of Nairobi
Distinguished guests
Ladies and Gentlemen
I welcome you all to this meeting of the UoN STD/AIDS collaborative group. This grouping emphasises a multidisciplinary team of investigators from all aspects of medical, scientific and social disciplines, to focus on creating knowledge on STD/HIV/AIDS. Indeed I am aware that this yearly gathering which started with a small number of researchers in 1986 has grown into what is now an international renowned collaborative group. Equally, I am delighted that the UoN remains the preferred convener, with participants drawn from several universities and research institutions in Kenya and other parts of the world.

Ladies and gentlemen, allow me to share with you some of the views that I hold about research in general and specifically, research as a tool kit to impact on health care in Kenya. By the beginning of the fourth decade since the world became aware of the HIV/AIDS pandemic, it is evident that all is not well. Glaring gaps in HIV management persist in Kenya, underscoring the need
for more locally relevant research. These would provide more holistic approaches to prevention, treatment and eventual significant reduction on the burden that this disease has imposed on the health of our population.

In the same vein, research initiatives undertaken, should keep pace with fresh health challenges, new infectious, effects on environment, and behavioural risks, at a time when rapid demographic and epidemiological transitions, threaten the gains already attained. Health systems worldwide are struggling to provide medical care even when the disease has becomes more complex and costly, placing additional demands on the society.

It is disheartening that research out puts have not kept pace with these challenges, and finding answers to the complexities of HIV/AIDS should ideally be the end of all research. Whether it is the answer to a hypothesis or even a simple question, research is
successful when we find answers, and sometimes even when the answer is no, it is still an answer.

Ladies and gentlemen, I believe that relevant research in this context should: Link outputs to improved health care delivery; Provide integrated competencies for the training that achieve specific goals in the overall management of STD/AIDS; Strengthen health research skills in a manner that enables institutions and national government to sustain war on STD/AIDS; Enhance the knowledge for implementation of prevention, early diagnosis, and treatment of HIV and associated diseases and ultimately reduce brain drain to other research settings outside Africa while contributing to the retention of human resource.

While the current revolution in health research is creating unprecedented opportunities to delineate the mechanisms of disease these new insights should in turn, open up novel
strategies for; prevention, diagnosis, and treatment of disease. However, every research should attempt to delve into areas of research that inform policy, change practice, and above all pursue national development agenda that will ensure that scientific findings are translated into clinical practice. It is time for all researchers to respond to how Kenyans can position themselves optimally to contribute and benefit from this revolution in science and medicine.

Ladies and gentlemen, I have been pondering on whether there is need for more clinical research scientists. It is true that research attracts the very best of young minds and individuals capable of integrative thinking in this era of multidiscipline and multisector efforts. However, at a time when clinical research and clinician scientists have never been more central to health research, young people are increasingly choosing not to pursue a career as clinician scientist, instead they perceive a career in research as;
demanding, competitive, requiring unacceptably long periods of training, and unappreciated by both their basic and clinical colleagues. The rapid pace of change today also makes it difficult even for fulltime clinicians or scientists to be updated in their fields. For these reasons, health research in Kenya should attempt to create new strategies aimed at developing a new generation of clinical researchers, able to sustain a career in research. One of the very first priorities is to revitalize and transform the training of the next generation of health researchers, creating a cadre of young people comfortable with a problem-based, multidisciplinary and multisector approach to research.

Even as we move into training more clinicians, we need to address particularly, working sometimes in less than optimum environment and interacting with some vulnerable groups of people. Such interaction, if not well managed defeats the purpose
of conducting research. Research scientists must be prepared to meet ethical, interpersonal, and managerial challenges and to cogently communicate ideas in an oral and written form that captivates fellow scientists, clinicians, and the lay public. All actions involving choices on how one should, or should not, act have moral implications. While moral integrity is certainly not unique to scientist, the special value placed on health, and the special trust placed on health professionals make researchers particularly accountable.

Ladies and gentlemen, the goal of this yearly meeting, is to show case research in progress and the direction that will develop the knowledge, skills and attitudes to meet the challenges in finding primary prevention and cure for HIV/AIDS. As we present papers, ask questions and deliberate on the research outcomes let us keep in mind how new knowledge will influence the management of HIV/AIDS. It is my sincere hope is that this meeting will provide
light in the many dark areas about AIDS. Kenya still has one of the highest HIV/AIDS infection rates. Although the overall 6.32% is evidence of reducing rates, parts of this country still have very high unacceptable levels of HIV infection. Complications including infections of tuberculosis and malignancies are fairly common. This group should show the way forward in reducing the current level of HIV in Kenya. In addition produce results that will shape the management of complications.

As I conclude, I want to wish you a fruitful five days, I now declare the 2015 STD/AIDs Collaborative group meeting officially opened

Thank you.