

Message from the KAVI-ICR Director

I take great pride in launching the first issue of KAVI-ICR newsletter. This issue is dedicated to KAVI-Kangemi site established in 2003. The motivation to establish KAVI-Kangemi site was to dialogue and engage with communities in preparation for HIV/AIDS vaccine trials that KAVI had pioneered in Kenya in 2000.

The success of any new medical product; be it a drug or vaccine during research and development, depends heavily on researchers, continued funding and good will from communities. Realising the need for the community participation in the development of an HIV/AIDS vaccine; over the years, KAVI has established a well-coordinated community awareness programme involving, community mobilisers, Community Advisory Boards (CABs) and peer leaders.

The coordination has immensely enhanced community understanding of health research in general and in particular, research geared towards the discovery of an HIV/AIDS. This enhanced understanding has been coupled with heightened willingness of community members to volunteer as participants in a number of protocols that have been conducted at our two sites (KAVI-KNH and KAVI-Kangemi).

The support from Kangemi community and indeed the support from communities from the greater Nairobi

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for HIV/AIDS vaccine research in Kenya has been impressive.

The volunteers from these communities are the unsung

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heroes in the fight against HIV/AIDS pandemic. KAVI would not have made the advances in HIV/AIDS research without the participants from the community. KAVI will always be indebted to these communities

It is my unassuming acceptance that knowledge translation is the intersection of three important processes: research, policy, and implementation. It brings the three processes together through a communicative relationship that relies on partnerships, collaboration, and personal contact between researchers and people who use research results.

The purpose of this Newsletter is, therefore, to keep researchers, healthcare workers, communities and policy makers well informed on the latest development in HIV/AIDS

research in general and HIV/AIDS vaccine research and development in particular.

Evidence-based health policy making, requires that researchers and potential users of the research, work together to set research priorities and use research data to formulate policy and implement programmes.

It is my confidence that through regular publication of this newsletter researchers at KAVI will accomplish one of the mandate required of researchers, and that is knowledge translation and dissemination.

Once again let me welcome you to our first issue of KAVI newsletter.

Prof. Omu Anzala

Director KAVI-Institute Clinical Research (KAVI-ICR)

Message from the KAVI- Kangemi Site Manager

It is my pleasure and honor to launch this first issue of KAVI-KANGEMI NEWSLETTER. The KAVI-Kangemi site was established in 2003 with funds from the International AIDS Vaccine Initiative (IAVI) for the purpose of conducting medical research leading up to the development of an HIV/AIDS vaccine. To date we have conducted more than 10 studies including 2 vaccine



studies. KAVI-Kangemi is part of an international network of research organisations supported by IAVI and other donors working in concert to control the HIV epidemic globally. Support of the Kangemi community support has been critical in the success of the research that has been conducted so far. We have enjoyed continued community support through the volunteer and advocacy work of the KAVI-Kangemi community advisory board and the peer educator network that has helped in the mobilisation of study volunteers. Their dedication and commitment to this cause has been exemplary. We have also been supported by the Local government authorities who

allowed us to set up this site at the Kangemi Health centre and over the years we have established a close working relationship with the staff at the health centre. Above all, the work at this site would not have been possible without a team of dedicated and highly competent staff. I particularly want to commend the editorial team of this newsletter which has worked tirelessly to actualise

our dream of creating a forum to communicate our work to the community at large. I trust that through this medium, we will be able to inform you the reader of the progress in the field of HIV vaccine development. I also hope that you will use this medium to communicate with us any questions, concerns or ideas on how advance the search for a preventative HIV/AIDS vaccine. We also welcome your suggestions on how to improve this newsletter. So, on behalf of the entire KAVI-Kangemi team, I wish you a happy reading!

Dr. Gaudensia Mutua

Community Advisory Board (CAB)

When the KAVI-Kangemi research site was established in 2003, it was mapped and zoned into 14 zones and 180 peer leaders were selected. Since then the site has reduced the number of peer leaders between 10 and 15 since the ongoing studies are smaller.

As a research organisation, it is recommended to establish a community advisory board (CAB) which acts as a bridge between the researcher and the community. This is to help the researchers get information about the community's perception about research. The KAVI-Kangemi CAB was constituted in 2004 after invitations were sent to different community based organisations and churches located within the Kangemi catchment area. It's membership includes church leaders, women and youth representatives, paralegal officers, administration police, health personnel and a representative of people living with HIV and AIDS. All the CAB members serve on voluntary basis. They conduct monthly HIV vaccine advocacy meetings to sensitise the community about the ongoing research at the KAVI-Kangemi site. The CAB has been instrumental especially during the initial stages of setting up the site and during the course of ongoing studies.

Jane Ng'ang'a
Community liaison officer

KAVI-Kangemi applauds the members of the CAB for their advocacy work. In this edition we feature the testimony of Ms. Felicitus Ng'ang'a who is the current CAB chairperson



I have been the chairperson of Kangemi community advisory Board (CAB) since the year 2008.

Our main activity is to advocate for the HIV vaccine within Kangemi.

Experience

It has been a very good experience working with the community and the researchers since we are the link between the two groups. Initially the community could not accept us because there were many rumours and misconceptions, e.g. some people thought that KAVI was a devil worshipping group, others believed that all people working for KAVI are HIV-positive. So as CAB members we were able to clarify all the above through education and advocacy. Today the communities have accepted us fully and even invite us in their groups to educate them on HIV vaccine.

KAVI-KANGEMI Team



Front row from left to right: Emmanuel Omukenya (Office assistant), Delvin Nyasani (Nurse counselor), Judith Lusega (Secretary), John Gachie (Lab Technologist), Jane Ng'ang'a (Community liaison officer), Dr. Gaudensia Mutua (Site Manager), Rose Teki (Data/IT officer), Catherine Kamau (Nurse Counselor), Rose Sajabi (Nurse counselor).

Back row From left to right: Maurice Otieno (Office Assistant), Peter Were (Office Assistant), Raymond Kithinji (Nurse Counselor), Geoffrey Ombati (Study Clinician), Amos Maina (Data/IT Officer) and Linda Otsianda (Community Liaison Officer).

THE FIRST HIV VACCINE TRIAL AT KAVI-KANGEMI

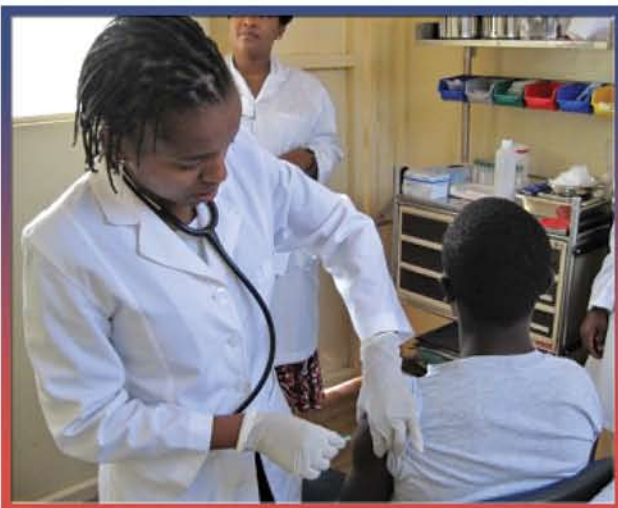
On 28th February 2011, the first volunteer in Kangemi to receive an experimental HIV vaccine was enrolled in a study named IAVI Protocol B003. This study was testing different combinations of two experimental vaccines given at 3 and 6 month intervals. The purpose of the study was to find out if the study vaccines were safe and how the body responded to them. As the study coordinator, this was a very exciting moment because we had volunteers who were ready to participate in the study.

We enrolled healthy male and female adults aged 18–50 years, who were HIV-negative and who demonstrated an understanding of the study requirements. Pregnant women, women who were planning to get pregnant or women who had breastfeeding infants were not enrolled. Volunteers were followed up for 15 months after the first vaccination. Across all the sites, a total of 218 volunteers participated of which 52 volunteers were from Boston, Massachusetts, USA, 45 from Kigali in Rwanda, 40 KAVI-Kangemi-Kenya, and 81 were from three sites in South Africa.

All the volunteers who were enrolled into the study at KAVI-Kangemi completed vaccination.

Delvin Nyasani

Study coordinator



KAVI-Kangemi pharmacy has two sections, one that stores clinical trial products and the other that stores drugs for treating volunteers participating in various studies at the site. The Pharmacist ensures that Pharmacy operations including investigational product receipt, storage, dispensing, accountability and disposal are in compliance with study instructions. Before any Clinical trial begins, the site, through the Principal Investigator, receives approvals from regulatory bodies that control clinical trials in Kenya. These include Pharmacy and Poisons Board (PPB) which approves importation of the study product.

Once the Import permit for the study product is received from PPB, the process of importation begins through the Sponsor. Upon arrival at the site, the product is received, inspected and stored appropriately.

After screening, eligible volunteers are enrolled and assigned a study product which can either be a vaccine (an active product) or placebo (doesn't contain active components). Non-pharmacy staff and volunteers are blinded, meaning they don't know which volunteer will receive the vaccine or placebo. However, at the end of the study, unblinding is conducted where by the volunteers and the study team is informed of the product the volunteer received.

Catherine Kamau

Pharmacy



DID YOU KNOW?



Why medical logos have snake inscription?

Have you ever wondered where the “snake on the pole” on medical logos or medicine symbol originated from? Probably you are a medic who just found the logos in use but didn’t bother to know why a snake was preferred of all other animals.

In medical circles, there are two very similar symbols that represent healing. One is known as the Caduceus and the other is the staff of Asclepius. Caduceus has two snakes on a pole that’s topped with wings. In Greek mythology, Hermes was a messenger between the gods and humans (which explains why the wings) and a guide to the underworld (which explains the staff). One story tells that, Hermes used the sticks to separate two fighting snakes, which then coiled around his staff and remained there in a balanced harmony.

Asclepius, however, was a Greek physician, the son of Apollo. By the 5th century BC, he was widely regarded as the Greek god of healing and medicine because of the amazing healing powers he possessed. It’s the staff of Asclepius that’s most commonly used as the symbol of healing medicine. The origin of its design is traced back to Moses, the man chosen by God to lead the Jewish people out of Egyptian bondage, and into the Promised Land. However, the caduceus is often incorrectly used as a symbol for medicine or doctors, in place of the rod of Asclepius which is the usual symbol of the medical profession.

Numbers 21: 4–9

“They traveled from Mount Hor along the route to the Red Sea, to go around Edom. But the people grew impatient on the way; ⁵they spoke against God and against Moses, and said, “Why have you brought us up out of Egypt to die in the desert? There is no bread! There is no water! And we detest this miserable food!” ⁶Then the Lord sent venomous snakes among them; they bit the people and many Israelites died. ⁷The people came to Moses and said, “We sinned when we spoke against the Lord and against you. Pray that the Lord will take the snakes away from us.” So Moses prayed for the people. ⁸The Lord said to Moses, “Make a snake and put it up on a pole; anyone who is bitten can look at it and live.” ⁹So Moses made a bronze snake and put it up on a pole. Then when anyone was bitten by a snake and looked at the bronze snake, he lived.

Jesus later explained (John 3:14 and 15) that just as the Israelites were healed of their sickness by looking at the snake on the pole, all believers today can be saved from the sickness of sin by looking to Jesus’ death and resurrection. It wasn’t the snake on pole that healed the people, but their belief that God could heal them.

John Gachie
Laboratory Technologist

KAVI-KANGEMI WELFARE

Spiritual Perspective

KAVI-Kangemi welfare club was established to foster a team spirit among members of staff. All staff at the site are members of the club. The staffs support each other during weddings and in welcoming new born babies. When staff leave KAVI-Kangemi to pursue other interests we come together to bid them farewell and to celebrate their contribution to KAVI. But mostly it is during funeral that the welfare club rallies its members in support of the bereaved staff. We occasionally share lunches together in case a study has been successfully completed during which we host the peer leaders and CAB members. This is usually a very convenient forum where they share their successes, challenges and lessons learnt during the course of the period it has also helped create a very good bond between staff members and community.

Judith K. Lusega
Secretary, Kangemi

It has been one long journey as we continue the search for a HIV vaccine. It hasn't been easy to conduct a whole research cycle from recruitment, enrolment, to end of study. However, the team spirit has kept us going and surely we can say Psalms 133 is our word because it talks about unity. Verse 1 reads:

"How good and pleasant it is when brothers live together in unity... For there the Lord bestows His blessing"...

It says that God bestows a blessing on a people united and for us, the completion of any study is a blessing indeed. This is as a result of the harmony within the study team. We pray that we'll forever work in unity albeit the few challenges encountered as a result of individual differences within a group. What has also worked for us is the respect the study team holds for both their colleagues and study participants (volunteers). Each person knows their role and they give it their best shot. For example, when a client arrives at the site, the receptionist knows the first procedure and in every room the client goes to, the person attending him/her knows the next step up to the time the client exits the site. Nehemiah chapter 3 talks about how Jerusalem's wall was rebuilt. All the people knew which portion to repair, e.g. verses 1-3 state:

"Eliashib the high priest and his fellow priests went to work and rebuilt the sheep gate. They dedicated it and set its doors in place, building as far as the Tower of Hundred which they dedicated, and as far as the tower of Hananel. The men of Jericho built the adjoining section, and Zaccur son of Imri built next to them. The Fish Gate was rebuilt by the sons of Hassenaah."

This made it very easy to repair the wall within 52 days. This has made it possible to recruit within record time for most of the studies KAVI has conducted.



PHOTO GALLERY



During a GPP Training



Getting it done! B004 electroporation



Doing it right! John Gachie in the lab



HIV Vaccine advocacy meeting at Christ the King Church



*Formula
for success:
Rise early,
Work hard,
Strike oil.*

J. Paul Gelly

• • •

*Take up one idea
- Make that one
idea your life,
think of it, dream
of it, live on that
idea. Let the
brain, muscles,
nerves, every part
of your body, be
full of that idea,
and just leave
every other idea
alone. This is the
way to success.*



KAVI-KANGEMI Newsletter Team: from left to right – Jane, Judy, Amos, Geoffrey, Dr. Mutua and Teki

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