EACCR2 Heights

EDCTP
The power of sharing science

EACCR2 is part of the EDCTP2 Programme supported by the European Union under grant agreement Reg.Net 2015-1104-EACCR2

Pictured: Delegates who attended the EACCR-2/EDCTP annual scientific project implementation and sterring committee meeting at Imperial Golf Hotel in Entebbe

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FOREWORD

Prof. Pontiano Kaleebu

The Eastern Africa Consortium for Clinical Research (EACCR2) continuously engages in the capacity building activities for clinical trials using synergy, technology and innovation in partnership with research institutions and universities in Eastern Africa. EACCR2 acts as a nodal
agency for coordinating and conducting Research capacity building activities working through the 4 Disease Nodes and 1 training Node namely HIV, TB, Malaria, Training and the
Neglected Infectious emerging and re-emerging diseases.

The success and visibility of EACCR2 as a capacity building Network funded by EDCTP in Eastern Africa depended much on the investments started by EDCTP 1 and impact created right from EACCR1 in 2009 to the achievements we are riding on in EACCR2. We appreciate EDCTP for such a well thought investment.
I would like to congratulate the node coordinators and the EACCR2 partners in the 23 Institutions and the 17 sister sites for the 2 years of project implementation well spent.

The EACCR2 started implementation of activities on the 1st of September 2017 to 30th of August 2019 the end of the second year of Project implementation. I would like to acknowledge and appreciate the support and efforts of the node coordinators and work package leaders. The EACCR2 has been implemented through the 5 work packages, set deliverables and milestones for each year of project implementation. The EACCR2 has so far funded 3 post Docs, 7 PhDs and 33 MScs in the past two years through the support for their research activities on the long term training program. The network continues to collaborate with Centre Hospitalier Universitaire Vaudois (CHUV), University of Laussane on the International Masters in Vaccinology. 2 students have started training in MSc Vaccinology and other 2 will start training in January 2020.
Over 200 scientists have benefited from the short term training and mentorship programs in year 1 and 2 in trainings like research management and grants writing, good clinical laboratory practice including the good clinical practice for Training of Trainers, epidemiology and data management, genomics etc

THE OVERALL PROJECT COORDINATOR EACCR2

EACCR2 is proud of a pool of 25 reciprocal monitors trained through the reciprocal monitoring scheme. The scheme is mentoring and auditing on-going clinical trials for in the Eastern Africa region. The scheme has so far monitored 4 clinical trials and 13 more studies are lined up for monitoring by end of the 2nd period. The monitors are expected to monitor trials in and outside Africa as the scheme grows.

The EACCR 2 through collaboration with Karonliska Institute (KI) is co-funding a study that explores the effect of an interactive weekly mobile phone messaging on retention in prevention of mother to child transmission (PMTCT) of HIV program: a randomized controlled trial (WELTEL PMTCT). The study is conducted at Moi University. The study contributed to a change in national PMTCT guidelines in Kenya, integration of PMTCT services within maternal and child health clinics and introduced new data collection tools in Eastern province of Kenya. We thank our partners at Karonliska Institute and Moi University for this contribution.
The network has grown and gained experience in collaborating and working together on Clinical trials through the North –South collaborations and partnerships. A number of partner institutions within EACCR2 are involved in several EDCTP funded consortia and networks: The National Institute of Medical Research; Uganda Virus Research Institute and the Institute of Endemic and Neglected Diseases are part of the PANDORA network. UVRI is a coordinating Eastern Africa partner for ALERRT networks and KCRI, NIMR and AIGHD are partners in the PAVIA consortium.

EACCR2 was successful in receiving funding from EDCTP for a clinical trial, led by the network partners in the South to implement the EXIT TB project. This has supported leadership to the team and career development.
The EACCR with funding and technical support from EDCTP has accredited a total of 6 (4 in EACCR1 and 2 EACCR2) laboratories in the region. Two laboratories at KCRI and 2 at UVRI/ MRC received accreditation in EACCR1. Two laboratories at KEMRI in Kenya and Central Tuberculosis Reference Laboratory in Tanzania have received accreditation. The EACCR2 has equipped less developed sites in Masaka Regional Referral Hospital, St Francis Nsambya Hospital in Uganda and Siaya district hospitals in Kenya. These were furnished with computers and printers. Trained 11 staff in Hospital Institutional Review Boards in St Francis Nsambya Hospital and Masaka Regional Hospitals. These have been equipped to enable sites participate in clinical trials and other research. A commendable effort has been made by EACCR2 working with EDCTP to work with other NoEs like TESA, CANTAMN and WANETAM to apply and implement other EDCTP collaborative projects like EXIT-TB, PANDORA and ALERRT. The network experienced a challenge of coordination communication and fund transfer to Sudan. We are in talks with our partners in Sudan to streamline implementation of activities and we are hopeful we will yield greater success.

I would like to end by thanking EDCTP for choosing to invest in Africa through long and short-term training programs and infrastructure upgrades to prepare them to conduct clinical trials.

Prof. Pontiano Kaleebu
Overall Project Coordinator

REMARKS

The Chairman EACCR2 Steering Committee

I would like to congratulate you all for having successfully completed the two years of EACCR2 project implementation.
I commend the work package leaders, the Node coordinators and budget holders for directing activities at different levels in six countries. EACCR2 is a virtual Network implemented in 23 institutions in Uganda, Kenya, Tanzania, Sudan, Ethiopia and Rwanda and six Northern partners in Belgium, Netherlands, Norway, Sweden and Switzerland. EACCR2 has its secretariat at the UVRI. The virtual nature and structure of EACCR2 makes implementation of project activities complex and I thank all partners for their participation.

I would like to appreciate the Secretariat for the overall project coordination. I thank Prof Pontiano Kaleebu who is based at the Uganda Virus Research Institute and the Deputy coordinator Prof Blandina Mmbaga based at the Kilimanjaro Clinical Research Institute (KCRI) in Moshi-Tanzania for their leadership.

A commendable effort has been made by EDCTP to fund the Networks of Excellence (NOEs) in Africa and creating avenues for the NOEs to work together in research and problems affecting our communities in Africa. I particularly I would like to acknowledge with gratitude the tireless efforts, support and guidance from the EDCTP Africa office in Cape Town -South Africa and The Hague-Netherlands during the implementation of project activities. EDCTP has shown the necessity of working together with regional agencies like the East African Community as well as the national disease control programs and government agencies.
I am hopeful that the foundation and partnerships created while working together as research institutions and universities in Eastern Africa will create massive solutions to the fight against the poverty related diseases and contribute to social transformation. Let me also thank all members of the steering committee for accepting to be part of this important activity.

Dr Sam Okware
Chairman EACCR 2 Secretariat

Remarks from the Deputy Director EACCR2

Prof. Blandina Mmbaga

The Eastern African consortium for Clinical Research under EDCTP2 successfully completed its first year of implementation of the project activities. The end of year was marked by an annual meeting conducted on the 7 and 8th March 7, 2019 in Entebbe, Uganda. In the first year of
project implementation, EACCR2 members were able to attain most of the deliverables as planned.

Long term training: Supporting capacity for MSc students and PhD students to carry the research work which would not be possible without funding support from EACCR2 and EDCTP. Through the collaboration from our Northern partners at the Centre Hospitalier Universitaire Vaudois (CHUV), Laussane –Switzerland, we received co- funding to support 2 MSc students out of 7, train in MSC Vaccinology at CHUV-Lausanne. The 5 additional MSc students are expected to start similar training early 2020.
The postdoc attachments on the various research projects ongoing on EACCR2 have been developing their capacity in research, mentorship for the MSc and PhD as well as overseeing activities within the nodes and developing a research leadership and Grant writing skills.

Short courses: Through the short courses supported under EACCR2, over 200 members have received short term training in project and financial management, GCP Training of Trainers which make us now have GCP trainers for the region for the ongoing activities without spending much for such training and many other courses. The 25 reciprocal monitors trained through reciprocal monitoring scheme, have now all been attached to the ongoing clinical trials for mentorship. They will be supported in monitoring clinical trials in and outside EACCR.

Clinical trial: The network has grown and gained experience through the North –South collaborations and partnership. We have been able to be successful in receiving EDCTP funds for our first clinical trial lead by the network partners in the South. EXIT TB have been developed and run within the country network partners. This has supported leadership to the team and career development. We could see application of the training we have been doing under support of EACCR2 in practical and leadership within the network.

Site upgrade: The EACCR2 with support from EDCTP2 has supported capacity building for the Eastern African network partners not only for the academic but also site upgrades in 17 sites. Our sister sites have benefited from these upgrades to the standard that will enable them support clinical trials and other research within the research institutions. KCRI is working on laboratory accreditation of their sites.

Networking: The EDCTP forum that took place in Portugal in 2018 had a session for the Networks of Excellence in Africa to show case their research and give the network visibility. This was an interactive
session and gave the NOEs visibility. The stall for NOEs was visited by over 500 people who attended the forum. Networking during training and meeting session have been so helpful in planning for the network activities and relationship within our institutions.

We do appreciate the continuous encouragement, mentorship and support we receive from EDCTP and our Northern partners. The network experienced a challenge of communication and fund transfer to Sudan. Plans to have our partners in Sudan move the same pace are underway and hope to be successful. We have established a new link and hope we will now move together.

I encourage all the network partners to go for the current EDCTP2 call and support each other for more career development fellowship application, while as network, we should work together towards multisite grant application for the current open and coming calls.

I would like to end by thanking EDCTP for choosing to invest in Africa through capacity building for long and short-term training programs and infrastructure upgrades of sites to equip and prepare them to conduct clinical trials.

Building capacity to acquire research grants, Research collaboration and partnerships in Africa and Europe.
The EACCR2 story

Prof. Frank Cobelens

Prof. Frank Cobelens is a professor of Global Health currently working with the Inter- Disciplinary Institute of Medical Researchers at the Amsterdam Institute AIGHD in Netherlands.
AIGHD supports a number of countries in Africa to build capacity for the Clinical Research
Associates.

Prof Cobelens studied at the University of London in Amsterdam, Leads MSc Institute for global health and development which is an institute of biomedical researchers, social scientists and economists working on the challenges on global health and development through research capacity building and training.

The AIGHD is part of the EACCR2 capacity building network and their role is to support capacity building initiatives in monitoring clinical trials. The aim here is to look for partners to conduct collaborative capacity building for clinical trials as partners and research funders.

The networks of Excellence are important and their success largely is measured by the research outputs basically the numbers of research grants and collaborations acquired, the number of Training supported and the number of clinical Trial Associates and monitoring studies conducted.

The Networks of excellence have created South to South and North to South collaborations in research to make use of the available scientists in Africa and Europe, the research infrastructure and available data sets and cohorts improve the well-being of communities and provide evidence for policy development, knowledge and practice.

Funding for research grants is competitive, EACCR2 needs to strengthen and improve the competitiveness of researchers in Africa. The governments in Sub Saharan Africa should start investing in health and clinical research and Industry.

Such investments should be given priority because the material benefit is not immediate. Improving health through technologies and industry is a major step out of the poverty trap and can in the long run lead to development.

Further investment in health research also means investment in the future industries where health is the biggest industry, thus it is important for Africa in the end to generate its own health industry and train a very strong human resource
capacity.

Brain drain in medical research should be looked at from two sides. The short term and long term benefits of brain drain. Good researchers all over the world spend a lot of time outside their countries building capacity in research career.
Good researchers all over the world spend a lot of time outside their countries building capacity in research career.

One should be concerned with too short a time brain drain because it does not give chances to one to build a career in research. For instance, for trainings where PhDs and post doc researchers spend time on mentorship attachments, attaches' can be able to get in touch with the broader scientific environment and scientific coaches in order to become a mutual scientist and in the end the trainees return to their home country to practice.

A supporting and inviting environment for researchers to work requires two things, a business affection for research with funding to develop carrier paths.
Attracting the human resource in the rich academic environment sometimes is valued more than the money.

Also a rich research environment in which research is valued is very important. In the end a combination of the two yields very meaningful outcomes.

We would like to acknowledge EDCTP for providing the funding to support the PhDs and post Docs to train and build capacity in conducting research.

EACCR2 Annual Scientific Meeting March 2019

On 7th and 8th March 2019, the Eastern Africa Consortium for Clinical Research (EACCR2) held its annual scientific, project implementation and steering committee meeting at the Imperial Golf Course Hotel in Entebbe, Uganda.

The meeting was attended by representatives from Ministries of Health, Uganda, and other partner countries, a representative from the European Developing Countries Clinical Trials Partnership (EDCTP) and node coordinators from EACCR2 consortium countries in Uganda, Tanzania, Ethiopia, Sudan and Kenya.

The objective of the meeting was to evaluate EACCR2 performance in year 1, share challenges and chart away forward for the planned EDCTP2 mid-term review. In addition, the meeting was called to share and assess student progress with scientific and research work, to develop year 2 and year 3 work plans and sustainability plans including potential ideas for joint grant applications.

Speaking at the opening of the meeting the Director of Uganda Virus Research Institute who is also the overall project coordinator EACCR2 Prof Pontiano Kaleebu commended the node coordinators for the tireless effort in ensuring that node activities were successfully executed as Prof Kaleebu also informed the meeting that he site assessments and infrastructural upgrades as well as various capacity building skills programs for students pursuing short courses, MSc, PhDs and Post doc in epidemiology, biostatistics, molecular diagnostics, malaria microscopy and clinical studies were implemented.

He also commended the EACCR Network for increasing collaborations with the other networks of excellence such as the ALERRT and PANDORA-ID-NET, which he said will support more research and capacity building especially personnel and infrastructural initiatives. “I am also proud to report that the network is part of other consortia in the region such as the ALERRT and PANDORA Networks.

During the launch of the EACCR2, one of the key issues that was highlighted was the need to collaborate with the other networks of excellence, I am glad to report that through the support of the EDCTP office in South Africa, this has happened. I believe many more collaborations will be built as we progress”, he said.

The meeting featured presentations from representatives of EDCTP, the overall project coordinator, node coordinators, the budget holders, MSc, PhD students and received comments on research work. The participants were also updated on the progress report of project year 1, issues that emerged during reporting period, milestones and the deliverables not achieved as well as updates from the different nodes.

Building capacity to conduct clinical research –What Research Sites and Universities in the Eastern Africa Region Should Do

Dr. Ndekya Maria Oriyo

Meet Dr. Ndekya Maria Oriyo a member of the EACCR2 steering committee representing the National Institute of Medical Research (NIMR) in Tanzania. Dr Oriyo works with the National Institute for Medical research (NIMR) in Tanzania as the director responsible for research information technology and communication.

Her directorate is responsible for knowledge management, disease surveillance, policy advocacy and analysis including research supporting geographical information systems and statistics. She is also a principal research scientist mainly in the area of clinical and laboratory research.

NIMR is the research arm of the Ministry for health in Tanzania and has existed for the past 38 years. It has the dual mandate of carrying out and regulating health research.
NIMR has eight stations and six centers strategically positioned around Tanzania and they work with health research work on communicable and noncommunicable diseases. NIMR also conducts research in traditional and alternative complementary medicines, health systems, operational and implementation research to improve the health of Tanzanians.

NIMR also builds capacity to create a critical mass of competent scientists in clinical research in the region in health. EACCR2 for instance, established a platform for capacity building and training for PhDs, Masters and post-docs.
EACCR had the vision to foresee the need for a critical mass of postdocs.
Post-doc programmes in the East African Region was previously inadequate, but through support from EDCTP postdoc fellows have increased in numbers and in Tanzania they have contributed to the development of postdoctoral guidelines.

The future prospect of building capacity in conducting clinical trials in Sub Saharan Africa lies in countries working together in existing programs such as EACCR2. In order to maximize output, it is useful to allow scientists from different institutes and countries to share resources as it is being practiced in EACCR2. There is need to sensitize governments in Eastern Africa to increase investment in locally sponsored health research that fits in national health agendas.

Public health threats are increasing daily, it is becoming necessary to strengthen the research community in African countries to provide evidence and inform on disease outbreak and prevention not only within our boundaries but also beyond their own boundaries because diseases affecting people in our communities do not have boundaries as is seen in outbreaks such as the Ebola in Congo.

Therefore, collective efforts and combined resources with robust research evidence is needed to prevent disease outbreaks in the region. There were 34 institutions that formed EACCR1 and now 23 in EACCR2, the next generation of research leaders that we started grooming through EACCR1 have now started to confidently take lead in their research nodes, this shows the impact that EACCR through funding from EDCTP has.

The best thing about the EACCR2 consortium, it is made of national health research coordinators and regulators like NIMR in Tanzania, UNHRO in Uganda and KEMRI in Kenya. Therefore, there is a direct impact nationally from activities carried out through EACCR2. There many countries who benefited from this consortium where it has attracted the useful studies because of the strength it has. One great innovation of EACCR2 is the **reciprocal monitoring scheme.**

Clinical researchers are well aware that quality of research is important for uptake of results as well as to be internationally competitive in clinical trials.
The EACCR1 trained 22 clinical research monitors and the plan is to have more than 25 in EACCR2 and to have over 30 clinical trial monitors at our disposal.

I would like to end by thanking EDCTP for providing the funding and making the investment in African clinical research.

The effect of an interactive weekly mobile phone messaging on retention in prevention of mother to child transmission (PMTCT) of the HIV program:

A randomized controlled trial in Kenya (WELTEL).

By Mwangi W, Ekström A and Were E

Ms. Winnie Mwangi

Many mothers living with HIV are on many occasions lost to follow up. A collaborative study between the Eastern Africa Consortium for clinical Research (EACCR2) funded by the European and Developing Countries Clinical Trials Partnership (EDCTP), Moi University in Kenya and the Karolinska Institutet in Sweden, set out to assess the impact of weekly text messages on retention in PMTCT care by 18 months postpartum with a follow up until 24 months. The research project has 2 Kenyan and 2 Swedish PhD Students. The protocol was amended twice with IRB approval in Kenya and Sweden.

The study is a two-armed open randomized control trial carried out in six AMPATH supported PMTCT clinics in Kenya.
Randomization was in a ratio of 1:1. A cohort of pregnant women living with HIV enrolled at first ANC and were followed up for 24 months after delivery (end of PMTCT). The intervention armreceived weekly interactive text messages. The message enquired if they were doing well or if they had a problem. If they responded with a problem, they were linked to a study nurse who triaged them appropriately. Those who did not respond at all were called back in 48 hours. Data was collected by Students up to June 2019 and a database was developed and currently in use. Data entry into database and quality checks is on-going. This will be followed by data analysis in August 2019.

The Research findings have contributed to a change in national PMTCT guidelines in Kenya and Karolinska Institute and the integration of PMTCT services within maternal and child health clinics. The Research evidence has also contributed to the introduction of new data collection tools.

Dr Erick Muok (BSc, MSc, PhD)

An Interview with
Dr. Erick M O Muok
(KEMRI-CGHR)

Dr Erick Muok works with the Kenya Medical Research Institute-Center for Global Health Research (KEMRI-CGHR) in Kisumu, Kenya.

KEMRI-CGHR is situated in the Western parts of Kenya. Dr Erick is currently the coordinator of the Neglected Infectious Diseases (NIDs) Node in EACCR2. Dr Muok has worked as Senior Researcher with KEMRI-CGHR for the last 17 years working mainly on Neglected Tropical Diseases (NTDs) like Schistosomiasis, Soil transmitted Helmiths among others. Currently, Dr Muok is working on the morbidity of NTDs,
and the co morbidities of NTDs and the three major killers, HIV, Malaria, and TB.

The EACCR2 with support from the European Developing Countries Clinical Trials Partnership (EDCTP) has provided a platform to build capacity for conducting bigger multicenter trials on NIDs that could be of greater policy value and direction, practice and knowledge to Sub-Saharan Africa.
We asked Dr Muok about EACCR's work with Neglected Infectious Disease Communities in Western Kenya.

What causes NIDs?
Most of the NIDs are poverty related diseases.

Health systems breakdown and lack of access to health care facilities, lack of sanitation facilities and limited affordability of health needs in Sub Saharan Africa exposes societies to NIDs.
Within the NID node for instance EACCR2 partners are conducting epidemiological research on different diseases including Schistosomiasis, Guinea worm, and Echinococcosis among others. Each country was tasked to collect historical data and map out the NID disease to see which part of Sub Saharan Africa are most affected (prevalence and Morbidity). Such data will provide evidence and knowledge for proper planning and allocation of resources, to have skills and funds to be spread out to benefit where they can have a greater impact.

Do NIDs constitute a public health burden in Eastern Africa?
Much as these diseases are "Neglected'- they are actually serious, up to 900 million people are at risk of infection by Schistosmiasis in sub-Saharan Africa alone with up to 180 million people infected (WHO, 2018). The global burden for Onchocerciasis is estimated at 20.9 million prevalent O. volvulus infections worldwide: 14.6 million of the infected people had skin disease and 1.15 million had vision loss while More than 1 million people are affected with echinococcosis at any one time. There is therefore more need for attention as stated by WHO & EDCTP and other funding agencies towards NIDs.
They are tropical diseases, which if not attended to could drive communities into poverty. There is overwhelming evidence that NIDs have an impact on the three major killers (Malaria, TB and HIV), In fact NIDs worsen the severity of the three killer diseases that is Malaria (Increased morbidity and mortality), TB (NIDs affect BCG efficacy) and HIV (NIDs like
urinary Schistosomiasis are associated with increased chances of HIV transmission). Some of the NIDs are a prerequisite for non-communicable diseases, which are now the major killers in sub-Saharan Africa. Therefore, as long as the NIDs are neglected in the pharmaceutical world, they will still be a problem in Africa as a whole and even other developed countries.

PROFILE

Prof. Sayoki Mfinanga

Prof. Sayoki Mfinanga is the Coordinator EACCR2 TB and also works on Non -communicable diseases. NIMR has 8 centers of medical research coordinated at Muhimbili in Dares salaam, Tanzania. Prof. Mfinanga's research work has mainly been on TB and HIV; and recently on models for integrating HIV and the NCDs as a chronic care service.

Prof. Mfinanga is a Director and Chief Research Scientist for NIMR Muhimbili Centre, Honorary Professor of Global Heath, at Liverpool School of Tropical Medicine, Honorary Lecturer at Muhimbili University of Health and Allied Sciences. Prof. Mfinanga is leading several scientific research networks in Africa. He is Deputy Director -UK NIHR Global Health Research Group on prevention and management of noncommunicable diseases and HIVinfection in Africa, Deputy Director for Afrique one ASPIRE consortium, and Coordinator of
TB node of excellence in East Africa under East Africa Consortium for Clinical Research (EACCR2).

Prof. Mfinanga is a public health and clinical research expert working for National institute for Medical Research (NIMR) in Tanzania. He is a medical doctor and epidemiologist, as he holds a Degree of Medicine (MD) and a Doctorate of Philosophy (PhD) in Medical Epidemiology focusing in Tuberculosis, HIV and Non- Communicable Diseases.

Prof. Mfinanga supervises and mentors fellows at junior and mid-career level in various local and international academic and non-academic institutions, and he has published over 100 scientific articles in peer-reviewed journals, including the Lancet and New England Journal of Medicine. He has expertise in epidemiology, clinical trials, and public health surveillance for infectious diseases.

Prof. Mfinanga has led/is leading several multi countries clinical trials and contributed to national and global policies in management, prevention and control mainly in TB and HIV. In addition, he has research experience in other scientific topics including non-communicable diseases, zoonosis, maternal and child health (immunizations).

Prof. Mfinanga supervises Master and PhD students, as well as post-doctoral fellows, and he facilitates various courses in epidemiology, clinical trials, and tuberculosis at various institutions and networks in Africa and Europe.

Prof. Mfinanga won several research grants and scientific awards including the NIMR Best Journal Publishing Scientist Award and American Thoracic Society (ATS) certificate of Scientific Merit.

Strategies to CAB TB in Eastern Africa - the untold story

By prof Sayoki Mfinanga, NIMR Muhimbili. Tanzania

The EACCR2 is an Eastern African-led network currently with 23 regional partners from Tanzania, Uganda, Kenya, Sudan and Ethiopia and 6 northern partners from United Kingdom, Netherlands, Norway, Sweden and Germany that was established in May 2009. EACCR2 aims to strengthen capacity to conduct internationally acceptable health research with specific focus on clinical trials on poverty related diseases (such as HIV, TB Malaria and Neglected Infectious Diseases) through shared best practices. The EACCR2 TB-Node is focusing on strengthening network of excellence to conduct high quality clinical trials on TB. Currently the node is carrying out activities for capacity building to strengthen sites to be able to carry out clinical trials for tuberculosis at international standards in Eastern Africa.

The activities of EACCR2 focus mainly on i) strengthening, advocating and sharing best clinical trial practices among the sites, ii) epidemiological studies to generate necessary data and building up cohorts for TB clinical trials, iii) training human resource on short and long term training focusing in clinical trials, iv) mentorship and fellowship schemes for TB clinical trials v) Infrastructural Upgrades for clinical trials, including ICT systems and research laboratory equipment, vi) improving TB Networking.

One of the research demands that the node seeks to address, is to improve diagnosis and shorten the treatment period for TB in Eastern Africa. The diagnosis of TB is still challenging and treatment takes as long as 6- 8 months with the four-drug combination, and even more complex regimens for multidrug resistance TB. Treatment adherence poses another challenge, which needs research solutions. There is need for a diagnostic test that is fast at detecting the TB disease in the Sub Saharan Africa (SSA) and a regimen that takes shorter time.

Early detection of TB comes with a benefit of reduced transmission, and such benefits are only discovered through a clinical Trials.

The TB Node is coordinated at the NIMR Muhimbili Centre with research sites in Dare salaam- Tanzania. The leading site works closely with other sites in Kenya, Kisumu, Uganda, Sudan, and Ethiopia. Each site in each country as satellite sites.

Strategies to Cab TB

The Eastern Africa region needs to do more by providing the required training, equipment and funding to tackle this killer disease. We call for our governments in East Africa to come together and commit more resources and fund more research to end suffering from TB, and in this way the countries will contribute to goal number 3 of the Sustainable Development Goal for good health and wellbeing for all age groups by 2030. The Goals can be achieved not by one institution or country but only through partnerships and collaborations. Eastern Africa must tackle the TB and MDR –TB problem as a region.

Other strategies involve early case detection from the community and health facilities and getting them to complete TB treatment in time. We have had patients going to facilities several times before they are diagnosed with TB!

We are grateful for the EACCR2 platform funded by EDCTP to fund activities for clinical trials, and infrastructure upgrades at the major research sites and Universities in Eastern Africa.

EACCR-2 HIV Node to conduct Pharmaco-Vigilance study in Uganda and Tanzania

Research (EACCR2) HIV Node held a three-day meeting to discuss the forthcoming Pharmacovigilance study in Nsambya hospital in Uganda and in Kilimanjaro Clinical Research Institute in Tanzania.

The EACCR HIV Node whose coordination is at the Uganda Virus Research Institute is set to conduct a study on the feasibility of using mobile text messaging to improve reporting of drug related adverse experiences among HIV Infected patients.

The study aims to test the feasibility and acceptability of the mHealth system to report drug related unpleasant experiences of antiretroviral therapy among adults living with HIV in the two East African Countries.

The one-year study is to take place at Nsambya hospital and Kilimanjaro Clinical Research Institute in Tanzania.

25 participants attended the study meeting from 9th -11th April 2019 at Nsambya hospital. The Director St. Francis Hospital Nsambya – Dr. Edward Ddumba who is the Principal investigator in Uganda and Marion Sumari, Principal investigator from Tanzania participated in protocol training and support site preparation activities for the study.

Helping the population leaving aside health care workers to cope with Tuberculosis using Active TB case finding strategy

By Mary Juma Wambura, Siaya - Kenya

Ms. Mary Wambura is an MSc fellow whose research work is supported by funding from EACCR2. Ms. Wambura is a clinician from Western Kenya, the former greater Nyanza province, Siaya County.

Her daily work involves coordinating TB and leprosy activities in Siaya County, working with Siaya County Government department of health, whose research is supported by KEMRI- Kisumu-Kenya EACCR2 site. TB and leprosy are still among the diseases that manifest with a high disease burden in Kenya. Siaya County is one of the high prevalence of Drug susceptible TB and multi-drug resistance TB.

Her study is part of the MSc epidemiology course and disease control. The research involves investigating to find the prevalence of TB among health workers in Siaya County - Nyanza region of Kenya. The 2016-2017 TB prevalence survey in Kenya showed a high prevalence of TB and more so in the Western part of Kenya. The survey followed a survey that was carried out in a period of about 50 years since the last one was carried out in Kenya.

The study was done among the common population leaving aside health care workers who are always in contact with the TB patients. Before the survey, Kenya was having prevalence between 230 per100, 000 to 280 per 100,000. The survey revealed that we were under diagnosing TB in Kenya and prevalence was 558 per 100,000 populations, with men being more affected compared to women; different from the previous scenario which involved women being diagnosed with TB.

TB is an airborne disease transmitted from one person to another when one shares a room with someone infected with mycobacterium tuberculosis (TB). The bacilli usually spread faster in poorly ventilated rooms, poor aerations, overcrowding like in school step-ups, prisons, and hospital etc where people are crowded.

Patients who get in to contact with health care workers in facilities and are undiagnosed, go home with TB, probably since TB is an airborne disease it could be passed on through the interaction to health care workers as they come and go in big numbers.

The government of Kenya, through the National TB program is trying especially after the survey in 2016/17, to look for the missed TB cases. Before the survey the health workers thought they were on truck practicing Intensive case finding strategy which aimed at waiting for patients suffering from TB symptoms to come to the facility for medical checkup.

After the survey, Kenya as a country recommended active TB case finding strategy. This is where all patients visiting facilities are screened for TB by asking Active Case Finding questions. The Active Case Finding questions involving finding out symptoms (cough, night sweats, weight loss/failure to thrive & fever) are basically used to find the signs and symptoms, which are typical of TB like. Cough of any kind and duration must be investigated.

Presumptive patients identified are documented in the presumptive registers that are placed at all service delivery points within health facilities. Samples produced by all presumptive clients are taken to the laboratory and all found with TB are started on TB treatment as soon as possible. All patients diagnosed with TB are immediately started on TB treatment, regularly monitored and given support to complete the TB treatment. The strategy involves Treat immediately and children in contact with the microbacteria from adults are immediately put on Isoniazid Preventive Therapy (IPT). This method of active case findings helped Kenya to identify over 92,000 TB cases in 2018 alone, compared to 81,000 cases found during the survey in 2017.

The government of Kenya like other governments in the Eastern Africa region is determined to end TB by 2030 as it is stated in the Ministry of Health Strategic plan and I think we are on track. The EACCR2 consortium and the research studies have come up with informative research to inform policy and practice. The research studies have generated more questions and problem statements aimed at ending TB in Kenya. We would like to thank and acknowledge EDCTP for choosing to invest in the Eastern Africa region and for the capacity built in training and infrastructure upgrades done in EACCR1 and EACCR2.

9th EDCTP forum calls for more partnerships and collaborations to address diseases in Sub Saharan Africa

The EDCTP Executive Director Dr. Michael Makanga during his speech in Lisbon, Portugal

On September 17- 21st 2018, The 9th European and Developing Countries Clinical Trials Partnership (EDCTP) forum took place in Lisbon Portugal. The theme of the ninth EDCTP Forum, held in partnership with the Portuguese Foundation for Science and Technology, was "Clinical research and sustainable development in sub-Saharan Africa: the impact of North-South partnerships".

The forum started with a high-level meeting for the representatives of the EU Assembly from the Participating states representatives. The Minister of State for Health (Primary Health Care) Uganda Hon. Sarah Opendi and the UVRI Director Prof. Pontiano Kaleebu represented Uganda in the high-level meeting.

Over 500 delegates attended the 9th EDCTP forum that discussed the impact of Europe-Africa partnerships in enabling the clinical research environment in developing countries to meet the sustainable development goals.
The need for increased awareness and global cooperation for preparedness against disease outbreaks, public health emergencies, and strengthening health systems was also emphasized.
In his opening remarks, the Executive Director Dr. Micheal Makanga emphasized the need for partnerships and collaborations to reduce Poverty related diseases in sub Saharan Africa.

"The whole idea of EDCTP, is built around partnerships and collaborations to reduce Poverty related diseases in sub Saharan Africa. International cooperation and coordination are vital for achieving our mission goals and are at the Heart of the EDCTP approach" Dr. Makanga said.

Every Two years EDCTP organizes a forum for EDCTP funded grants and awardees. The aim is to assess progress with project activities, share best practices and challenges experienced in project implementation. The Forum is rotational in both European and African countries. The 8th EDCTP Forum took place in Zambia – Africa and the just concluded 9th EDCTP forum took place in Lisbon- Portugal

Leveraging previous EACCR1 performance, capacity and experiences in Investments in Infrastructure in Nsambya and Masaka Regional Referral Hospitals in Uganda.

By Kirabira P, Ddumba E, Ssemakadde M, Wangoda R and Onyachi N

The Eastern Africa Consortium for Clinical Research 2 is consortium composed of a collaboration of 23 Research Institutions and Universities in Eastern Africa and 5 partner institution from the North.

The consortium proposed to further strengthen earlier EDCTP investments in order to implement the new and improved interventions to prevent and control the poverty related diseases. In addition, the Network set out to participate in clinical trials that evaluate new diagnostics, drugs and vaccines.

To achieve this, leading research Institutions paired with 17 less developed sites and these were to be supported to upgrade their Infrastructure in order to build capacity in conducting clinical trials.

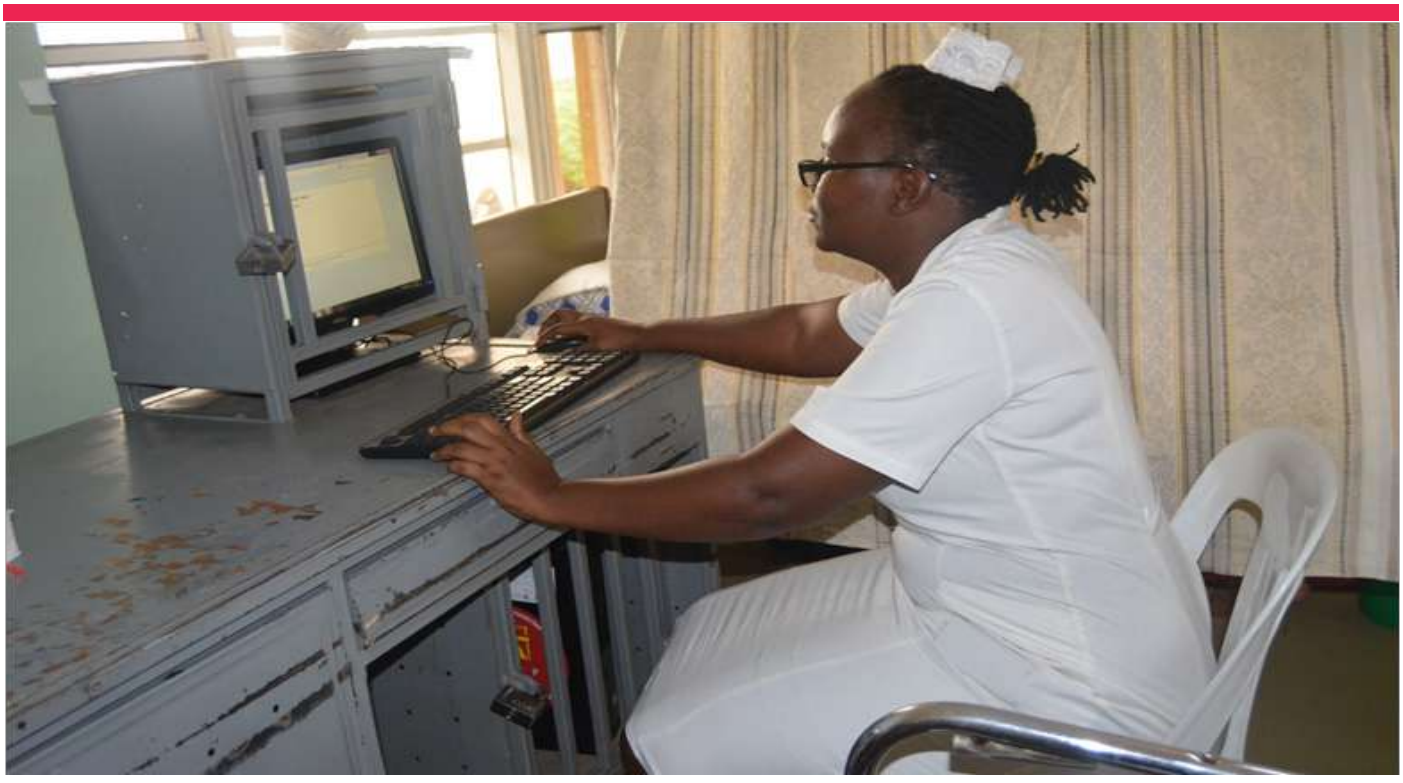
The HIV Node sites in St Francis Hospital in Nsambya and Masaka Regional referral hospital purchased Terabyte servers, computers and had their Local Area Network (LAN) and Internet connection installed in EACCR1.

The computers at St Francis Hospital Nsambya were installed and currently used on the male and female wards, accounts section and laboratories. The computers and LAN connectivity are currently used by laboratories to send results to Doctors and nurses on the wards during the ward rounds. The accounts section is using the computers and connectivity to send billing information to patients and doctors on the wards.

Masaka Regional Referral hospital is one of the 14 regional Referral Hospitals with a fast and high class terabyte server bought with funding from EDCTP. The server has the Human Resource time and attendance tracking system and CCTV camera connected to the server. This is able to track attendance and even monitor employees as they go about their workplace duties. A report on staff absenteeism is produced every month and quarter to truck individual staff attendance and appraisals at the end of the year.

Such an investment has helped to reduce health worker absenteeism at the regional referral hospital.

We thank EDCTP for such investments in less developed sites.



A Nurse at St Francis Hospital Nsambya using computer on the network to read results from the laboratories at the ward.

Capacity building - Fellowship with EDCTP

By Marion Sumaride Boer

EDCTP is one of the few funders that provide fellowships to non-Africans based in Africa. I am a Dutch national, but a permanent resident of Tanzania, it was a great opportunity for me to apply for a career development fellowship. As such, I was very happy that I won the fellowship in 2016 as it really supports my career, but also gives great support to Kilimanjaro Clinical Research Institute (KCRI). Nevertheless, I also saw the importance of raising young African researchers and have therefore included a PhD position in the fellowship, which was only open to African citizens.

The support for the PhD program requires working closely with EDCTP funded projects such as EACCR2, PanACEA and PAVIA. In addition, the network of EDCPT alumni has created opportunities for networking, sharing ideas and writing proposals together for the fellows and institutions.

Before winning the fellowship, I was mainly involved in establishing the data management unit of KCRI, which was done through the Highrif-2-study, which was also funded by EDCTP through PanACEA. The study gave me the opportunity to learn all the details about data management of clinical trials with support of the Radboud University Medical Centre in Nijmegen, the Netherlands.

During that time, we wrote the proposal for the REMIND-study with Rob Aarnoutse, who is my mentor for the fellowship.
We combined my experience from my PhD on adherence to ARV treatment among African immigrants in Amsterdam and existing experience of KCRI on adherence studies that were partly funded through EDCTP. The result was a proposal on a clinical trial looking at 'Effectiveness of Reminder Cues and tailored Feedback on adherence to ARV treatment in Kilimanjaro, Tanzania' in which we use Health strategies.

During the preparation of the REMIND-study, I also got the great opportunity to be more closely involved in the East African Consortium of Clinical Research (EACCR) phase 2. Within EACCR, I am assigned as the lead data manager for the consortium. Together with a team of other data managers in EACCR, we are currently developing a model data management and sharing plan for partners in EACCR2. EACCR2 forms a great network for East African researchers to learn from each other and write proposals together.

The support I get from EDCTP through both the fellowship and the other projects really assists me in building my career, especially to create a team of committed and ambitious young researchers around me in the field of HIV and mHealth. As such, since I have the fellowship, we won three more grants that are for studies in the field of mHealth. Also, within EACCR, we will conduct a pilot study using mHealth to improve reporting of adverse drug reactions of antiretroviral treatment.

As the fellowship will come to an end next year, I have started thinking about writing for the senior fellowship this year. We are currently brainstorming with the team on the objectives of a newer bigger trial that is in line with the current REMIND-study, but broader spectrum of diseases and patients, better use of mHealth and with which other partners we can work together in countries that are new to EDCTP. I am really grateful to EDCTP for giving me the opportunity to build my career in research on mHealth and HIV in Tanzania. Also, I am thankful for the support being given to KCRI, which is a research institute with big potential.

Through all the supported projects, good capacity is being built on several aspects of research.

About EACCR2-RMS

In January 2019, the European and Developing Countries Clinical Trials Partnerships (EDCTP) funded the East African Consortium for Clinical Research (EACCR) to initiate a Reciprocal Monitoring Scheme (RMS) in Eastern Africa.
The scheme provides mentorship for monitoring the quality and ethics of health research including clinical trials. This is an innovative practical and affordable scheme for strategic quality management of health research in Africa.

WHY RMS

● The scheme provides simplified ways of ensuring that trials are conducted in accordance with protocols and established standard operating procedures (SOPs); produced reliable data and accurate results; complied with relevant regulations and safeguarded the rights, safety and wellbeing of participants.

● It is an accessible regional pool of trained and experienced health professionals who monitor trials using standardized tools in mutual cross-site visits for strategic quality management and exchange of best practices as a planned part-time activity for each monitor.

How RMS Operates

The scheme built on the experience of researchers from the Kenyan Medical Research Institute (KEMRI)/ Welcome Research Program in Kilifi and the Uganda Virus Research Institute –International AIDS Vaccine Initiative (UVRI- IAVI) who have developed an in-house system for monitoring trials.

The scheme is a partnership of 16 research and academic institutions in six African countries (Tanzania, Uganda, Kenya, Sudan, Rwanda and Ethiopia).

The partner institutions nominated members to constitute the 25-members RMS who are periodically trained in monitoring workshops or refresher training courses.
Experienced monitors are paired with new or less experienced monitors for 'hands-on' mentoring in order to increase and sustain capacity. A series of exchange monitoring activities are conducted by the monitors, who are paired to conduct trials at institutions where they are not employed. A number of trials (vaccine trials, drug safety studies, epidemiological studies and longitudinal intervention studies) across Africa have been monitored and those planned to be monitored by the scheme.

In addition, consultative requests for monitoring services from Principal investigators (PI) are conducted at a fee. Activities of the scheme are coordinated by an experienced monitor and researcher, Dr. Annet Nanvubya who is based the EACCR secretariat at the Uganda Virus Research Institute in Entebbe.

She liaises between monitors, research institutes and investigators to ensure that monitoring activities are conducted as planned. The RMS coordinator is responsible for developing monitoring tools, providing oversight and logistical support to Monitors.

Impact of Reciprocal Monitoring Scheme

1. The cross-site collaboration of partner has contributed to the strengthening Internal Quality Management process, which in turn has led to the improvement of the quality of Clinical Trials in Eastern Africa.

2. The scheme has contributed to the development of practical and cost efficient on-site monitoring among member institutions.

3. It has also contributed to the accelerated search of new or better drugs, vaccines and interventions to control the most targeted infectious diseases in East Africa such as TB, Malaria and HIV.

Sustainability plan

The scheme came up with the following sustainability
1. Sharing of monitoring costs with study sites/Principal Investigators
2. Conducting consultative services at a fee
3. Minimize recruitment of fresh monitors
4. Maximize the use of skills from 12 experienced Monitors trained by the scheme
5. Promote in country monitoring to save on travel costs.

EACCR2 in Pictures 2018 - 2019


Fire exit
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