



Sharing my research findings with the Community Advisory Board

*Joseph KB Matovu,
THRiVE PhD Fellow*

On June 23, 2016, I had the opportunity of sharing my doctoral research findings with the Rakai Health Sciences Program's Community Advisory Board (CAB) at Kalisizo field station in Rakai district. The CAB is a community body comprising representatives of the youth, religious leaders, study participants, people living with HIV/AIDS, and district local government, among others. Its mandate is to act as a link between the researchers and the study participants; voicing out community issues affecting research participation and also taking back information and updates from the researchers to the study participants. At the meeting, I made a succinct presentation of my study findings based on my doctoral research topic entitled,

"Demand-creation for couples' HIV counseling and testing uptake among married or cohabiting individuals in Rakai, Uganda".

I started off with a background to couples' HIV testing; explaining why it is important for couples to test together for HIV and then presented evidence to the effect that despite the numerous benefits associated with couples' testing (e.g. timely linkage of one or both partners to HIV care in the event that one or

both partners are HIV-positive), few married individuals have ever tested together with their partners.

In response to the low uptake of couples' HCT in Rakai (which stood at about 28% at the time of designing

the intervention), I designed a cluster-randomized, demand-creation intervention to improve couples' HCT uptake through small group, interactive sessions attended by couples (both men and women) as



Joseph (standing) presenting to the CAB members at Kalisizo, Rakai district

DELTA Inception and Annual Meetings: Lessons learnt from a Research Administrator's point of view

By Harriet Namboze

Held back to back from 4th to 6th July 2016 at the Laico Regency Hotel in the bustling city of Nairobi, the DELTA Inception and Annual Grantees meetings were yet another opportunity for grantees to learn about the basics of managing the DELTA

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Dear Readers,

Major gains have been realized by THRiVE's

researchers and institutions in the last six years. We shall continue to celebrate the successful completion of PhD and Postdoctoral fellowships by our fellows and continue on their match to becoming independent researchers. They will request for continued mentorship and support from established researchers and please reciprocate with a generous spirit. Whereas the grant ends this year we should harness all our energies to document the positive and negative experiences to create a learning platform to support our next steps.

We have established a strong network of research excellence and we have an obligation not only to maintain it but grow it to become an internationally renowned research enterprise. The Wellcome Trust in partnership with DFID, UK and the Alliance for Accelerating Excellence in Science in Africa (AESAs) have provided THRiVE another 5 year grant effective 1st March 2016. More and even better research is expected of us. We should be creative and recognize our star performers in research excellence who are progressing towards becoming research leaders.

It is very exciting to see that nearly all our fellows have embraced knowledge translation efforts aimed at communicating their research results to through the media to the general public. The need to improve science-based communication and local journalism as we strengthen public engagement is enormous. THRiVE will strive to partner with some exciting initiatives. For example the World Federation of Science Journalists (WFSJ) and its partners including the African Associations of Science Journalists launched in September 2015 a communication and training programme that aims at enhancing networking, development of a regional community of practice and increase local access to health knowledge. Public engagement is a major THRiVE goal in the next five years.

Sharing my research findings with

well as men separately. The sessions were intended to provide information about the benefits of couples' testing; address apparent fears that deterred individuals from testing together as a couple; as well as motivate individuals to test together with their partners through listening to testimonies from already couple-tested individuals or couples. Those that attended the sessions were given invitation coupons which they presented at participating health facilities to test for HIV. In my presentation, I told the CAB members that our intervention was associated with 28% uptake of couples' HCT compared to 21% in the comparison clusters; suggesting that the intervention had a modest effect on the desired outcome. During the Q&A session that ensued, the issue of finding alternative approaches to improve couples' testing took a center stage with some members suggesting the need to enforce mandatory couples' HIV testing as well as address gender-based violence in the home. Participants did not welcome the idea of mandatory couples' testing; however, the need to address gender-based violence in the home in order to improve couples' testing was strongly upheld.

Several other suggestions that the members raised included the need to: a) promote couples' HIV testing through religious institutions, with an option for rapid, onsite HIV testing for interested couples, e.g. after church or mosque service; b) integrate gender-based violence prevention messages into couples' HCT promotional messages; c) use HIV self-testing services to encourage couples to test together at their convenience, e.g. at home; d) target women

attending antenatal care (ANC) services by asking them to come with their partners to the health facilities; and e) promote couples' HCT through the mass media, e.g. radio, TV. As the meeting came to an end, I emphasized that our research efforts to promote couples' HCT are continuing, and that we will approach them in the near future to explore how best to implement

DELTA Incept Lessons le Administ

grants, network with other consortia and also physically interact with the funders from the Wellcome Trust and Alliance for Accelerating Excellence in Science in Africa (AESAs). As a research administrator I was keen to learn firsthand of what is expected of grantees in as far as grants administration and management is concerned. This was against the backdrop that the Trust is transitioning the overall management of the DELTAS awards to AESAs. Below is a summary of the salient issues that stood out for me:

- It is essential to pay attention to Wellcome Trust policies:
 - Research involving animals must be reviewed by a local ethics committee and also consideration should be placed on the 3Rs of animals in the experiment (refinement reduction, and replacement)
 - Before research involving humans commences, it should have the relevant regulatory and ethical approvals as well as appropriate governance mechanisms in place

the Community Advisory Board

some of their suggestions in improving couples' HIV testing in Rakai. The members appreciated the presentation indicating that it was well presented, clear and easy to understand. I encouraged the members to share the findings in their respective communities. The meeting was attended by staff from the Rakai

Health Sciences Program as well as Prof Nelson Sewankambo in his capacity as one of the Principal Investigators at the Rakai Health Sciences Program, and was chaired by Mr Fred Musisi Ssessanga, the District Information Officer, who also doubles as the CAB Chairperson.

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- Grantees should have a data management and sharing plan that should ensure maximum availability of research data with a few restrictions as possible.
 - Intellectual property protection and patenting should put into consideration the maximization of health benefits and advancement of biomedical research.
 - Grantees should give special attention to trainees faced with family commitments and health related matters.
 - Research funded by the Trust must be made freely accessible from Europe PubMed Central repository as soon as possible and preferably no later than six months from the date of publication.
 - All published papers must acknowledge the funders (Wellcome Trust, UKaid, AAS/ AESA and NEPAD).
 - DELTAS researchers should be encouraged to sign up for ORCID as a way of ensuring that their research productivity is cited and tracked.
 - Grantees should pay attention to public engagement to ensure that the research that is carried out benefits policy and practice.
 - Monitoring and evaluation plans should be developed based on the DELTAS common indicators. This will enable consortia to measure the program's progress and achievements.
- Armed with all this information and the financial management requirements as outlined elsewhere in this newsletter I am confident that we will seamlessly implement the program while paying attention to the DELTAS major aim of developing world class researchers and research leaders in Africa.

Intellectual Property Rights in Research and Innovations

By Dr. Daniel Semakula, Innovations and Knowledge Translation Officer-MakCHS

approached late, and who sometimes do not have the necessary understanding of the research innovation.

A lot has been said about the need for innovations in healthcare; to develop technologies that support delivery of efficient and effective healthcare in the areas of diagnosis, treatment of diseases, provision of health services and many more. Globally, a number of researchers are focused on developing new technologies to solve the prevailing problems of the day as well as the anticipated future problems of the world and of their nations. Examples are the recent efforts to develop an Ebola Virus Disease point-of-care rapid test, Ebola Virus Disease vaccines and treatments, point of care rapid tests for malaria, HIV and malaria vaccines and mobile phone apps for monitoring and detection of all sorts of life states and disease conditions, respectively.

In spite of this global thirst for innovations, within much of Africa little emphasis has been placed on ensuring that what comes out of these innovations can be commercialized but also, that in so-doing, the originators of such innovations are protected from exploitation and encroachment. One of the reasons for this is that there is limited knowledge among researchers on intellectual property rights and the procedures for upholding and protecting the rights of innovators. Much of this has been left to the lawyers to figure out, who are often

In this and next edition of THRIVE News, I would like to highlight a number of issues related to intellectual property which researchers should know as a beginning point in understanding intellectual property and its application to science, research, innovations, commerce and commercial law.

The World Intellectual Property Organization (WIPO), the United Nations body in charge of administering global Intellectual property (IP) refers to Intellectual Property (IP) as all those creations of the mind, such as inventions; literary and artistic works; designs; and symbols, names and images used in commerce (<http://www.wipo.int/about-ip/en/>). Very few researchers and innovators are aware that IP rights are like any other property rights e.g. land ownership rights. IP rights allow creators, innovators or owners of patents, trademarks or copyrighted works to profit from the fruits of their creations. These rights are stipulated in Article 27 of the Universal Declaration of Human Rights, which emphasizes an inventor's right to profit from the protection of all forms of interests resulting from inventions, creations, and authorship of scientific, literary, artistic or other productions.

The importance of intellectual property was first outlined at the Paris Convention for the Protection of Industrial

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Property (1883) and the Berne Convention for the Protection of Literary and Artistic Works (1886). Other important international IP treaties include: 1. The Patent Cooperation Treaty, which established an international patent filing system that makes it possible for innovators to seek IP protection for an invention simultaneously in each of a large number of countries as desired by the innovator (<http://www.wipo.int/pct/en/>). 2. The Strasbourg Agreement Concerning the International Patent Classification, which provided for a regularly updated international system for classifying inventions in patent applications, allowing more efficient search and retrieval of patent information for previously documented inventions and innovations. 3. The Patent Law Treaty, which established a wide array of rules, procedures and requirements to be met in administering national and regional IP.

The concept of IP can be broadly sub-divided into two main types viz. Industrial Property and Copyright. "Industrial Property" includes protections for inventions, trademarks, industrial designs and geographical indications while "Copyright" covers protection for literary works (such as scholarly and fictitious work, novels, poems and plays), films, music, artistic works (such as drawings, paintings, photographs and sculptures) and architectural design.

So why exactly do researchers and innovators need IP protection? There are a number of reasons why researchers and inventors need IP protection but overall the legal protection of new creations

offers confidence for existing innovations, spurs new creations and encourages the commitment of additional human and capital resources necessary for further innovation and scaling up production capacity. The IP protections are precursors to economic growth, lead to the creation of new jobs, creation or expansion of production units for the innovations, and enhancement of the quality of life of citizens. Our progress and well-being as humans relies greatly on our ability to invent, innovate and find solutions for problems in various aspects of our lives.

Quite often when people talk about IP protection it usually sounds like only the researchers and innovators stand to benefit, and that the consumers of the products of the innovations end up either being unfairly disenfranchised or paying unnecessarily a higher price for a good or service as a consequence of the IP protections on products of research and innovations.

So how exactly does the average person benefit from IP protection of an innovation happening elsewhere? There are several ways in which consumers of innovations stand to benefit from IP protections. Generally speaking because of some of the benefits of IP protections for the innovators such as creation of jobs that spur economic growth, IP protection subsequently fuels the progress of humankind. Without the

protections provided by the international IP systems, researchers and inventors would have little incentive to continue manufacturing better and more efficient products for consumers. Without IP protection, consumers would have little or no means to confidently identify and buy products or services. Without reliable systems for identification of products and enforcement mechanisms to discourage counterfeiting and piracy, consumers can end up buying a product that may look like what they intended to buy, but which is far less relevant and less effective than what they intend to buy. Counterfeits and piracy encourage production of substandard goods, which lead to losses to the consumer every time they purchase an item that doesn't perform the roles it is meant to. Within healthcare provision industry, substandard health products affect the lives of patients if they are injured by or if they don't recover from an intervention that was thought to be helpful. Trademarks and patents provide a physical surface check for people to have confidence in a product, be it a medicine, instrument or diagnostic test.

In the next issue of THRiVE news, we shall continue with this discussion to define and distinguish between patents, trademarks, copyrights, industrial design and geographical indication as they relate to research and innovations.

My Ph.D training

By Allen Kabagenyi, PhD
Fellow THRiVE

The beginning seemed impossible, as it required lots of reflective reading and research of contemporary health issues, examining country specific and global targets, and commitments. As I read, a number of questions regarding maternal and child health were unresolved. Given the various interventions, why were women still dying due to pregnancy-related and child birth-maternal mortality? Why the high fertility levels even when it seems a risk to the mother and child? And why the mismatch of nearly universal contraception knowledge and very low use in Uganda? Gradually I developed my concept, identified key mentors and sought advice from senior colleagues. My journey began formally upon the acquisition of the Training of Health Researchers into Vocational Excellence (THRiVE) doctoral grant in 2011 with my Ph.D. study focusing on Explanations for high fertility rates and low use of contraception. This came through competitive and rigorous preparations with intensified adrenalin-driven preparations for the interview yet a humbling experience. Like any other amateur student, my expectation was a scheduled program from my committee or directorate of graduate studies. Little did I know the time bound, the student-driven journey had begun and I was running out of time. As I sought for advice, unfortunately, one of the senior Ph.D. colleagues

: an intriguing, strenuous and a remarkable journey

told me it was “a very long and lonely journey...you lose family and touch with the world”. On hearing such, I was demoralized, luckily I had a great team of my mentors and supervisors who advised on the best approach to progress. As a plan of action, I took one day at a time, joined Ph.D. fellows’ forum at Makerere University including; School of Public Health and Ph.D. Fellows-PF at Makerere University for peer support. As THRIVE fellows we could also meet to provide peer review of our work. It is from these meetings with fellows that I learned how to cope with Ph.D. blues. Every time I attended a Ph.D. defense I was inspired to work towards achieving my goal. I celebrated my rosy moments –memorable was when I had my first article published in an internationally recognized and peer-reviewed journal. I was so excited that I wanted the whole world to know my achievement, and that motivated me to write further and by the time I completed my studies I had authored/co-authored 12 articles! I had an opportunity to share my findings to local and International scientific audiences.

The worst moment was in the second year when my baby was diagnosed with a life-threatening condition that required surgery. I was disconsolate; unable to read, concentrate or do anything other than praying and trusting God for healing- indeed all was successful. When that moment passed, I knew there was nothing impossible for God and I had to focus and double my efforts to completion.

I was lucky to have had an attachment and study time at University of Cambridge with great support, mentorship, and a serene environment. I utilized the times at the university to conceptualize, read and write, given the unlimited access to library and all electronic journal articles. The journey that seemed so long, came to an end so fast and before I knew it, my thesis was submitted for examination. Many lessons were learnt for a person who pursued the doctoral training as a wife, mother, a sister, friend and a lecturer. Balancing between academics and social life was essential in order to attend to my family, friends, colleagues and students. Eventually, I had a successful Ph.D. defense and consequently awarded a Degree of Doctoral of Philosophy in Population Studies in 2016. I attribute my success to God, supervisors and mentors, family, friends and Ph.D. fellows. I am inevitably grateful for the support from Wellcome Trust through THRIVE for the fellowship that made my dream come true.



Allen speaking at an international meeting on family planning

My Experiences and Progress as a Thrive Post Doc Fellow

By Eva Prosper Muro

The THRIVE Post doc fellowship award which has turned my dreams into reality. With support of the THRIVE grant, I travelled to Radboud University Medical College, The Netherlands where I spent four weeks practicing the use of pharmacometric tools such as the Win-Nonlin software for PK and PK/PD data analysis and physiological concepts. The time was really too short to master this programme but I could actually grasp

the concepts and interpret the data. I was able to compute and estimate pharmacokinetic parameters from non-compartmental variables using Microsoft Excel. While in Nijmegen, I also had hands-on experiences on techniques in analytical chemistry used to separate or pre-treatment of samples, identifying, and quantifying each component in a mixture. Already, I have some important research findings on the efavirenz plasma exposure among HIV-1 pregnant

My Experiences and Progress as a Thrive Post Doc Fellow

women on option B+ in Kilimanjaro, Tanzania, which we are putting together for a publication. I was also able to co-supervise an MSc in Medical Microbiology Immunology with Molecular Biology, whose work was nested in my post-doc work. This is special to me as the topic was on human Glutathione -S-Transferase polymorphisms and efavirenz resistance among pregnant women on Option B+. The findings of this work will also be published. What next as the one year of the Post doc fellowship has ended? In June 2016, I applied for THRIVE-2 post doc fellowship to extend my work and look into the intensive pharmacokinetics of efavirenz plasma exposure among HIV-positive women during pregnancy and postpartum in the context of pharmacogenetic variability in defined subgroups though the appreciation was unsuccessful.

Support from the supervisors in, The Netherlands, Britain and KCMUCo has been excellent. Their prompt response has made me progress this far despite their busy schedules. For the northern institute, not only did Associate Prof. Rob Aarnouste support me as a supervisor but also received support from other members of the Clinical Pharmacy Department at Radboud University Medical College. I thank THRIVE consortium for the grant awards and support.

Feature article: Global Res

'World-leading universities can play an important role in strengthening African research', writes Cambridge University's Pro-Vice-Chancellor for Institutional and International Relations, Professor Eilis Ferran

I was recently invited to address a meeting of the International Alliance of Research Universities (IARU) at the University of Cape Town. The theme was 'Global transformation', and I spoke about global universities and their global responsibilities.

Stimulated by the lively discussion among the IARU members and energised by the powerful strategic transformation process underway at our host institution, I have continued to reflect on the theme.

What does it mean, today, to be a global university? For me, a university is global when it reflects global diversity, when it addresses global issues, when it establishes global partnerships, and when it assumes the mantle of global leadership.

Diversity is key. At Cambridge we understand diversity to mean that universities must not only offer variety in the coursework and subject matter they teach, but also in the types of education they provide.

I feel strongly that we cannot call ourselves global if we are beholden to views or practices that are too parochial, and so we must be open to a multiplicity of educational approaches, and we must be prepared to incorporate them into our own working practices.

This isn't always easy. Cambridge has struggled, for instance, to find a way to make Massive Open Online Courses (known as MOOCs) fit its own tried-and-tested small-group educational methods, though we are

currently reviewing the best ways to make use of new technologies to improve student experience.

Another case in point: we believe that our collegiate model of undergraduate teaching is not replicable outside the university, and so we are reluctant to establish overseas teaching campuses. But we have long understood the benefits of facilities established overseas for the purpose of research.

Underpinning Cambridge's claims to be global is also a willingness to consider, if not always embrace, a diversity of world views - even those that we may find challenging.

And surely we can only call ourselves global if we acknowledge and integrate the full range of talent available to us regardless of gender, sexual orientation, ethnicity or financial capability.

The scale of the challenge

Next: we are global because we address global issues.

Whether it is food security or energy sustainability, whether it is the perils of climate change or the realities of mass migration, the challenges we face are truly global.

And so, too, must be the solutions. Infectious diseases are not bothered by borders. Regardless of whether we are in China or Australia, we are all affected by the problems of ageing societies.

Which brings me to the next point about what it means to be a global university: global partnerships.

Collaboration between universities, within countries as well as across borders, is no longer optional. In an age of diminishing resources, and as the scale and complexity of the challenges increase, collaboration is an imperative whether we are in Cambridge, Copenhagen or California.

No matter how good it is, no matter how high in the rankings, an individual university cannot attain excellence on its own. Nor can a single country.

Global Universities and their Global Responsibilities

World-class research is a global project. And truly global universities are those able to harness the power of strategic partnerships—with other universities, with businesses, with civil society, or with governments.

The knowledge community

And the final qualification for what makes a university global: The assumption of a role of global leadership.

Universities like the members of IARU are perhaps the only modern institutions with the means and the legitimacy to bridge the gaps between disciplines, between different sectors of society, and between different cultures. This legitimacy gives universities a convening power unlike anyone else's.

No institutions are better placed than leading universities to bring together policymakers, non-governmental and international organisations, businesses and the knowledge community to thrash out solutions to the challenges ahead. This legitimacy allows us to lead in efforts to improve lives not just at our doorstep, but anywhere in the world that improvement is needed.

But global leadership requires courage, creativity and close cooperation.

It demands being able to successfully balance our commitments, from engaging with our immediate neighbourhoods to engaging on a world scale. We do this to satisfy our societies' aspirations for equality, development and growth.

It comes from an understanding that what we do at home can positively affect lives, and livelihoods, on the far side of the world.

It means knowing, for instance, that research in plant sciences carried out in Cambridge can help make crops in Ghana more

resilient, but also that the knowledge developed by clinicians in a Ugandan maternity ward can save lives in Cambridge.

It requires us all to take full responsibility for that knowledge—and to act on it.

When it comes to discharging its global responsibilities, the University of Cambridge has been leading by example. I could mention, for instance, the Cambridge-Africa Programme, which since 2008 has been engaging formally with partners across sub-Saharan Africa to boost their research capacity.

This successful and sustainable model for global engagement is about allowing excellent African research to flourish.

It contributes, in a modest but decisive way, to the Sustainable Development Goals set out by the UN in 2015, in particular by helping to break the pernicious effect of poverty on health, nutrition, and education.

It makes a direct contribution to mitigating poverty, to ensuring food security, healthy lives, and equitable education for all, and to empowering women.

It helps to re-balance asymmetries between global partners, to expand

the global knowledge ecosystem, and to put in place a global network of future academic and civic leaders.

It allows us to engage with new partners, and to strengthen our collaboration with others we already know well.

We acknowledge that the success of our Cambridge-Africa Programme is not only dependent on the expertise and the personal commitment of our researchers, but also on the generous support of academic and funding partners.

And we acknowledge that the Cambridge-Africa Programme may be relatively small compared to some of the capacity-building initiatives and scholarship schemes currently in place.

But I leave you with one question: What if every one of the world's leading research universities could do something similar?

Imagine the transformational effect that the commitment and the concerted efforts of the world's top research-intensive institutions might have on Africa's capacity to produce knowledge.

That would be "global transformation" indeed.



Dr Saudah Namyalo of Makerere University, hosting Dr Jenneke van der Wal of the University of Cambridge in Uganda, during a fieldtrip for their collaborative research which focuses on studying urban languages in Uganda

A Journey like no Other: My PhD ex



By Doris Mwesigire

It's now over five years but the thought of the day I received an email that THRiVE had offered me a four year PhD fellowship still brings a smile on my face. It was a great feeling and that made the rest of the Christmas holiday in 2010 more exciting. The holidays quickly passed by and we were back to work in January 2011. Soon after that in February 2011, we went to for a three-week course in Mwanza; this for me marked the beginning of the PhD. My job had been majorly in programming so I had been out of active research and academia, making this course very appropriate. It was not so easy because at this point in time, I was still holding a full time Job and my son was only 22 months and I had never been away from him. I was able to get leave and went for the course, refreshed my research methodology, had time to think and plan more for my PhD topic and got to know my colleagues on the PhD program. I had time to reflect on the responsibilities that I had to juggle and I made up my mind to quit my Job and take on my studies fulltime. When I returned home it took my son about 3 minutes to recognize me... ..That was heart-breaking! For this reason I made sure I took all the courses available locally in Uganda and only went to the London School of Hygiene and Tropical Medicine in my final year

for the advanced statistics course. The first year of my course went by really fast as I worked on my proposal and full registration. Before long, Year 2 was upon me and had to start on the data collection. Following data collection, I started writing up the thesis and publications in the following years; it was busy but I enjoyed it all the way. This was largely because of the attitude I had....I had made up my mind that I will enjoy my PhD journey! I was studying a topic I was passionate about and I had made an informed decision to do the PhD. Reading about my topic was so excitingI would go on and on. One of my supervisors once remarked, "You have read enough! You had better start writing other chapters!" The literature review was taking far too long! I must mention that I had cold feet about publishing in peer reviewed journals and many people said it was tough and draining. My first paper was a qualitative paper; it was the first time I was carrying out qualitative research... but the support of my supervisor who has a strong qualitative background and lessons learnt from the Mwanza training made it bearable. I shared my fears with my supervisor who offered to take me and some of my colleagues through a qualitative course she had designed since there was no available course in qualitative research then. It was awesome! ...at the end of the course I was able to collect my qualitative data and concurrently analyze it and the paper was published hassle-free. The lesson learnt from this experience was that it was okay to ask for help, no need to be afraid as there are many people out there willing to share and give support. You do not have to do it all by yourself!

Taking all the available courses was extremely helpful; I got to learn so much, met other students and identified people who gave me more support along the way. From the courses, I was able to meet teachers with various strengths,

created rapport with them and I would always consult them during my data analysis and writing process. I also met a colleague whose background was statistics who was always available to answer all my queries over a cup of teathis made my life easier; by the end of my study, I was very confident with my analytical methods. Fellow graduate students were always available for me to bounce off ideas and my interaction with them helped me to avoid mistakes that others had already experienced. One other lesson I learnt from one of my supervisors was to keep a notebook of all the work, meetings and things I did related to my PhD work. It is very handy when it comes to the end as one prepares to defend their work. There is so much you will have experienced in the four year journey that could easily be forgotten if not tracked in your notebook. I also found out that, It helped to step back from my work / research to do other things that I enjoyed....this would re-energize me and when I got back, I would approach my research from a new angle!

Celebrating the different milestones made the journey more interesting..... I celebrated approval of full registration, getting a paper published, completion of a book chapter, and completion of data collection!; all this kept me going!

The one thing I appreciated from the start was that the PhD project was mine; my supervisors had a lot of experience and limited time therefore they offered direction and I had to follow through. So whenever I had opportunity to meet with them I made sure I had a brief and conscience description of the challenge and what I required from them so that they gave a clear direction. Finally, I learnt to manage myself, the ways I preferred to work and at the same time achieve desired results.

Experience

After a successful PhD defence on the 18th of April 2016, I was glad that I studied what was meaningful and would make a difference in the lives of others. THRiVE gave me yet another opportunity to attend the Royal Society of Tropical Medicine and Hygiene in Nairobi in July. This was another turning point for me.... I thought I had achieved my PhD and done so much! Hmm, it was an eye opener... there is still so much research needed on our continent. There are people out there trying to make a difference in the lives of others through research and yet there is still so much to do. There are plenty of opportunities to collaborate and continue on this career path and getting the PhD was just the beginning! This was a life time opportunity... I met renowned researchers and also appreciated that there is so much out there in the world of research in our continent and beyond with many prospects. We can only continue to contribute to making a difference in lives of others through research.

When I decided to do PhD I was looking for a challenging opportunity after I had been working in programming for six years with an intention of changing to a research/academic career. This PhD gave me that opportunity! I am ready to follow through with a research/academic career. As I come to the end of this journey and a start of the next exciting one...I will end with this quote from a poem by Minnie Louise Haskins entitled "God Knows"

I said to the man who stood at the gate of the year, "Give me light that I may tread safely into the unknown." And he replied, "Go out into the darkness and put your hand into the Hand of God. That shall be to you better than light and safer than any known way."

Epidemiological Transition- Royal Society of Hygiene and Tropical Medicine



By Stella Kepha

With the support of THRiVE consortium I was privileged to attend the first ever Royal Society of Tropical Medicine and Hygiene meeting to be conducted in Africa that was held in Nairobi between 7th and 8th July under the theme 'Epidemiological transition'. The meeting was organized in conjunction with the African academy of Science whose headquarters are in Nairobi and who receive funding from Wellcome Trust among other funding organizations. The meeting was well-attended and brought together scientists of all levels (from professors to masters students) working in African institutions. It was a very pleasant networking opportunity with representatives from the 7 consortia in Africa funded by the Wellcome Trust among other training capacity schemes in Africa and India.

The programme had thirty minutes presentation from seasoned accomplished scientists and upcoming scientists who have been working in Africa, who shared their work in a clear and simple way. I enjoyed the session on helminths infection where a challenge was put across on, a) are worms really bad, and, b) whether the current control programmes are sustainable. The speakers in this session challenged us to not only think of the climate change from an external environment perspective, but also from an internal perspective especially regarding control of helminths. Dr. Humphrey Mazigo a former THRiVE PhD student, presented his PhD work from a new perspective that tied in

very well with other speakers in this session. This was a very proud moment for me, to see him share a stage with top helminthologists in Africa. I had a poster presentation from my PhD work, people who passed by the poster had very good suggestions on what other questions can be answered regarding malaria and helminth interaction among school children. I also enjoyed the talk by Prof. Nyirenda from Malawi which provided a very insightful way of looking for non-communicable diseases from a genetic perspective among the African population as opposed to life style change that has been the risk factor in the western population. His talk was very captivating emphasizing the need to think outside the box when addressing scientific questions of public health importance.

The organizers of the meeting put a lot of emphasis on networking as it was relatively small meeting by providing opportunity for people to connect with one another; each night of the meeting there was a social event. In such moments, I had opportunity to talk to various representatives of funding organizations who were present in the meeting; they provided lots of insight from an administrative perspective of what funding organizations consider as a good proposal. It was a good opportunity to interact with accomplished researchers whose work I had only previously read. They showed enthusiasm to open communication channels. In the meeting there were representatives from the Wellcome Trust Alliance in India, who were keen to talk to researchers in Africa to form south-south collaboration as this is encouraged by the Wellcome Trust. I had a lengthy discussion with an early-career fellow in this scheme with whom we have similar ideas we are now in touch; hopefully someday it will give birth to a fundable idea.

DELTAS AFRICA INCEPTION MEETING SETS THE STAGE FOR THRIVE II

By Shem Wakaindha

On realizing that we were one of the successful recipients of the DELTAs award, the THRiVE 2 team set about preparing the ground for successful implementation of the grant. Among the preliminary activities was a site visit from Alliance for Accelerating Excellence in Science in Africa (AESA) who were entrusted with the 5-year management of our award on behalf of the Wellcome Trust. This visit took place in early March 2016.

During the visit, a lot of programme and finance management issues were discussed. Among the finance issues were travel policy changes on lodging, meals and other incidentals which had significantly changed to actual expenditure basis. The other finance communications were pretty much familiar except for the change in the reporting structures that would have us report to the Trust through AESA. Then there was the financial reporting

template that we were taken through by AESA staff. During this site visit the template was still a work in progress as it had some issues that needed rectifying. We were however notified that our concerns would be addressed before the program inception meeting in July 2016.

Subsequently at the 4th – 8th July 2016 inception meeting, a wide variety of topics were presented and discussed ranging from but not limited to program activities on leadership, M & E plans and a 30-minute discussion on the financial reporting template. Though we were not able to fully exhaust our issues on the template in the given time, the discussion which involved representatives from Wellcome Trust, AESA, and other DELTAS consortia helped clarify a lot of concerns such as; how and when to forecast, the need to utilize the dashboard tab in explaining variances from set out plans in our budgets as analysed by programme and finance teams, emphasis on insurance

of equipment purchased and indication of names of insurers by DELTAs grantees.

We were also informed by Chris Heyes from the Trust that UK partners will receive their funds directly from the Trust upon confirmation from the program Director of their satisfactory execution of their roles in the consortium as set out in the application proposal. The APIs will receive funds and account for them through the Non-UK lead partner. It was emphasized that for effective and efficient management there is need for regular discussion between finance and program personnel within the consortium and across DELTAs consortia. We were also encouraged to regularly engage AESA staff when faced with complex situations for a smooth award management.

Broadly speaking, this meeting set the stage for the THRiVE 2 team to start focusing on implementation of the award.

Pump priming grant recipient presents at World Environmental Health Congress

Dr. David Musoke, an Assistant Lecturer in the Department of Disease Control and Environmental Health at the School of Public Health, Makerere University College of Health Sciences attended the 14th International Federation for Environmental Health (IFEH) World Congress on Environmental Health held in Lilongwe, Malawi from 2nd to 6th May 2016. At the Congress, David made an oral presentation titled *Promising perceptions, divergent practices and barriers to integrated malaria prevention in Wakiso district, Uganda: a mixed methods study* from his THRiVE pump priming grant. In addition to presenting his research, David also attended meetings of the IFEH Council, IFEH Faculty



Dr. David Musoke presenting at the conference in Malawi

Pump priming grant recipient presents at World Environmental Health Congress

Forum (which brings together environmental health academics from around the world), IFEH Africa group meeting (a group to which he is the Secretary), and the Africa Academy of Environmental Health (which is a body for training institutions of environmental health in Africa to which Makerere University is a member).

David successfully defended his PhD in public health at Cardiff Metropolitan University in October 2015 for his research titled *Integrated approach to malaria prevention in rural communities in Wakiso district, Uganda: experiences, perceptions and practices*. One of the studies of his PhD was supported by a THRiVE pump priming grant which is a testament that not only THRiVE academic grants (such as MSc and PhD

fellowships) support capacity building of grantees but also other funding schemes. David is exploring opportunities for further research on the integrated approach to malaria prevention as a strategy to complement existing malaria control efforts in Uganda and beyond. Some of his malaria publications can be accessed from the links below:

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0122699>

<https://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-12-327>

<http://www.ajol.info/index.php/ahs/article/view/117514>



Dr. David Musoke (right) together with Rawlance Ndejjo (another THRiVE pump priming grant recipient from Makerere University College of Health Sciences) during the conference in Malawi.

THRiVE Publications January 2016- July 2016

THRiVE is a very productive outfit; publications from PhD fellows, postdocs and their supervisors have significantly contributed to the ranking of the respective institutions where they are based.

In the last seven months alone, over 20 articles have been published out of THRiVE-supported work. The details of the articles are below;

- JKB. Matovu**, J Todd, RK Wanyenze, R Kairania, D Serwadda, and F Wabwire-Mangen. Evaluation of a demand-creation intervention for couples' HIV testing services among married or cohabiting individuals in Rakai, Uganda: a cluster-randomized intervention trial *BMC Infect Dis.* 2016; 16: 379. doi: [10.1186/s12879-016-1720-y](https://doi.org/10.1186/s12879-016-1720-y) PMID: PMC4977664
- AV Easton, RG Oliveira, EM O'Connell, **S Kepha**, CS Mwandawiro, SM Njenga, JH Kihara, C Mwatele, MR Odier, SJ Brooker, JP ebster, RMA Anderson, and TB Nutman. Multi-parallel qPCR provides increased sensitivity and diagnostic breadth for gastrointestinal parasites of humans: field-based inferences on the impact of mass deworming *Parasit Vectors.* 2016; 9: 38. doi: [10.1186/s13071-016-1314-y](https://doi.org/10.1186/s13071-016-1314-y) PMID: PMC4729172
- Stella Kepha**, Birgit Nikolay, Fred Nuwaha, Charles S. Mwandawiro, Joaniter Nankabirwa, Juliet Ndibazza, Jorge Cano, Damaris Matoke-Muhia, Rachel L. Pullan, Elizabeth Allen, Katherine E. Halliday, and Simon J. Brooker. Plasmodium falciparum parasitaemia and clinical malaria among school children living in a high transmission setting in western Kenya. *Malar J.* 2016; 15: 157. Published online 2016 Mar 11. doi: [10.1186/s12936-016-1176-y](https://doi.org/10.1186/s12936-016-1176-y) PMID: PMC4788950
- Wandera B**, Tumwesigye NM, Nankabirwa JI, Mafigiri DK, Parkes-Ratanshi RM, Kapiga S, Hahn J, Sethi AK. Efficacy of a Single, Brief Alcohol Reduction Intervention among Men and Women Living with HIV/AIDS and Using Alcohol in Kampala, Uganda: A Randomized Trial. *J Int Assoc Provid AIDS Care.* 2016 May 23. pii: 2325957416649669.
- Mwaka AD**, Garimoi CO, Were EM, Roland M, Wabinga H, Lyratzopoulos G. Social, demographic and healthcare factors associated with stage at diagnosis of cervical cancer: cross-sectional study in a tertiary hospital in Northern Uganda. *BMJ Open.* 2016 Jan 21;6 (1):e007690. doi: [10.1136/bmjopen-2015-007690](https://doi.org/10.1136/bmjopen-2015-007690). PMID: 26801459
- Ononge S**, Okello ES, Mirembe F. Excessive bleeding is a normal cleansing process: a qualitative study of postpartum haemorrhage among rural Uganda women. *BMC*

- Pregnancy Childbirth. 2016 Aug 8;16(1):211. doi: 10.1186/s12884-016-1014-9. PMID: 27503214
7. **Kiguba R, Ononge S**, Karamagi C, Bird SM. Herbal medicine use and linked suspected adverse drug reactions in a prospective cohort of Ugandan inpatients. *BMC Complement Altern Med*. 2016 May 26;16:145. doi: 10.1186/s12906-016-1125-x. PMID: 27229463
 8. **Ononge S**, Mirembe F, Wandabwa J, Campbell OM. Incidence and risk factors for postpartum hemorrhage in Uganda. *Reprod Health*. 2016 Apr 14; 13:38. doi: 10.1186/s12978-016-0154-8. PMID: 27080710
 9. **PrayGod G**, Mukerebe C, Magawa R, Jeremiah K, Török ME. Indoor Air Pollution and Delayed Measles Vaccination Increase the Risk of Severe Pneumonia in Children: Results from a Case-Control Study in Mwanza, Tanzania. *PLoS One*. 2016 Aug 10; 11(8):e0160804. doi: 10.1371/journal.pone.0160804. eCollection 2016.
 10. **P. Atim**, E Ochola, S Ssendagire, E. Rutebemberwa. Health Seeking Behaviours among Caretakers of Children with Nodding Syndrome in Pader District - Northern Uganda: A Mixed Methods Study. *Plos* 2016 <http://dx.doi.org/10.1371/journal.pone.0159549>
 11. **Ononge S**, Mirembe F, Wandabwa J, Campbell OM. Incidence and risk factors for postpartum hemorrhage in Uganda. *Reprod Health* 2016; 13(1): 38. [4832492](#)
 12. **JH Obol**, DA Arony, R Wanyama, KL Moi, B Bodo, P O Odong, M Odida. Reduced plasma concentrations of vitamin B6 and increased plasma concentrations of the neurotoxin 3-hydroxykynurenine are associated with nodding syndrome: a case control study in Gulu and Amuru districts, Northern Uganda. *Pan African Medical Journal*. 2016; 24:123 doi:10.11604/pamj.2016.24.123.8409
 13. **Michael D**, Kezakubi D, Juma A, Todd J, Reyburn H, Renju J: The feasibility and acceptability of screening for hypertension in private drug retail outlets: a pilot study in Mwanza region, Tanzania. *Int Health*. 2016 May 11. pii: ihw023. [Epub ahead of print]
 14. **M Galukande**, H Wabinga, F Mirembe, C Karamagi, A Asea. Breast Cancer Risk Factors among Ugandan Women at a Tertiary Hospital: A Case-Control Study. *Oncology*. 2016; 90(6):356-62. doi: 10.1159/000445379. Epub 2016 Apr 23.
 15. **C Abbo**, ES Okello, W Muhwezi, G Akello and E Ovuga. Alcohol, Substance Use and Psychosocial Competence of Adolescents in Selected Secondary Schools in Uganda: A Cross Sectional Survey *International Neuropsychiatric Disease Journal* 2016: 7(2): 1-14.
 16. **G Obai**, P Odongo, R Wanyama. Prevalence of anaemia and associated risk factors among pregnant women attending antenatal care in Gulu and Hoima Regional Hospitals in Uganda: A cross sectional study. *BMC Pregnancy and Childbirth BMC series* 2016 16:76 DOI: 10.1186/s12884-016-0865-4
 17. **R Kiguba**, C Karamagi and S M. Bird. Extensive antibiotic prescription rate among hospitalized patients in Uganda: but with frequent missed-dose days. *J Antimicrob Chemother* doi:10.1093/jac/dkw025 PMID: PMC4867101
 18. **R Ndejjo**, T Mukama, A Musabyimana, D Musoke. Uptake of Cervical Cancer Screening and Associated Factors among Women in Rural Uganda: A Cross Sectional Study *PLoS ONE* 11(2): e0149696. doi:10.1371/journal.pone.0149696 PMID: PMC4760951
 19. **Amone-P Olak K**, Lekhutlile T, Ovuga E. Abbott RA, Meiser-Stedman R, Stewart GD, Jones, PB. Sexual violence and general functioning among formerly abducted girls in Northern Uganda: The mediating roles of stigma and community relations - the WAYS Study. *BMC Public Health*, 2016; 16:64. Published online January 22, 2016. DOI 10.186/s12889-016-2735-4
 20. **D Amongin**, A Nakimuli, R Busingye, M Mubiru, P Musoke, T Mutyaba. Effect of subsequent pregnancies on HIV disease progression among women in the Mulago Hospital MTCT-Plus program in Uganda. *International Journal of Gynecology and Obstetrics* Volume 132, Issue 3, March 2016, Pages 347–352
 21. **Bwogi J**, Malamba S, Kigozi B, Namuwulya P, Tushabe P, Kiguli S, Byarugaba DK, Desselberger U. *Arch Virol*. The epidemiology of rotavirus disease in under-five-year-old children hospitalized with acute diarrhea in central Uganda, 2012-2013. *Arch Virol*. 2016 Jan 2. PMID: [PMC4819735](#)
 22. **Meya DB**, Manabe YC, Boulware DR, Janoff EN. The immunopathogenesis of cryptococcal immune reconstitution inflammatory syndrome: understanding a conundrum. *Curr Opin Infect Dis*. 2016 Feb; 29(1):10-22. doi: 10.1097/QCO.0000000000000224. PMID: PMC4689618