



TDR Newsletter: Issue 6 October 2012

Dear Fellow,

Welcome to the 6th issue of the TDR website newsletter.

This newsletter features:

- Intro and update
- Fellow's articles from:
 - Alex Kwame Owusu-Ofori
 - Tafireyi Marukutira
- Conferences and Meetings
- Call for Applications

I hope this newsletter finds you well.

This newsletter has come slightly later than was stated previously as we have decided to issue the newsletter quarterly rather than every two months. This will allow plenty of time to gather articles and posts for each newsletter and will also ensure that the content is comprehensive. I hope these newsletters continue to be a useful source of information and a chance to update everyone on each other's developments. I recently had the pleasure of meeting many of the TDR staff members at their headquarters in Geneva. They were all pleased with the functionality and progress of the TDRf website and The Global Health Network on the whole. The TDR staff are all very keen to be involved with the website especially with the new round of fellows due in the not too distant future. We feel that giving TDR staff access to the TDRf website would be beneficial to all fellows, particularly the new round and also the fellows returning to their home institutions. This would give you all a means to access the knowledge and skills of the TDR staff but also for the TDR staff to keep up to date with the fellowship and increase interaction with you all. This will increase the field of people involved in discussion groups and blogs so if there is a burning topic or question you have then this would be a great time to get involved. As always the TDRf website will remain closed access with an invite only policy.

With the new round of fellows fast approaching I would like to remind everyone to please continue submitting all six month, twelve month and conference reports as they continue to be a great insight into the fellowship for everyone. It would be fantastic to see some re-entry reports on the website as this would really round off the fellowship experience for everyone. Whether you returned to your home institution recently or a few years ago it would be great to see a report on this so others can gain from your experiences.

As always this newsletter is designed for you so if there is something you would like to see included then please let me know: <u>liam@globalhealthtrials.org</u>

Best wishes,

Liam

Training & Professional Development Coordinator The Global Health Network Article by: Alex Kwame Owusu-Ofori Home institution: Komfo Anokye Teaching Hospital, Department of Child health, Kumasi, Ghana Host institution: GSK, Bio-Belgium

TDR Career Development Fellowship – my experience thereafter

My fellowship was from March 2004 to March 2005. I arrived in Belgium in March2004 and settled in quickly. Being the 3rd fellow, I suppose the team in GSK Biologicals had already become accustomed to hosting TDR fellows because they helped me get straight to business. I integrated into various roles besides being given orientations. By the end of the first month I was centrally coordinating a project based in Mali and by my 2nd month I had already made 3 monitoring trips to Mozambique where the malaria vaccine RTS,S was being tried for the first time in children.

One of the major skills I acquired was teamwork especially between Academia, Industry and Governmental and Non-governmental organisations. For example, at different times, protocols were written with input from Malaria Vaccine Initiative, USAID, Walter Reed, GSK Biologicals and universities. This built my networking and coordination skills. I also became involved with the team that identified and assessed sites that were to participate in the phase III of the leading malaria vaccine candidate (RTS,S). During my final month of the programme, I was based in Geneva with TDR, where proposal writing skills were developed.

The immediate post-fellowship period saw me maintain close links and an excellent working relationship with both TDR and GSK Biologicals. I worked in various capacities;

For TDR: I served as a temporary advisor in site set-up for studies in Uganda and Ghana. I also performed evaluation of field sites in Ghana and Nigeria for anti-malarial drug trials. In addition, I worked with the TDR as a facilitator for TDR proposal writing.

For GSK Biologicals: I was involved with strengthening site set up activities for phase three studies in Ghana for the current malaria vaccine (RTS,S). I was engaged in monitoring activities for other malaria vaccine candidates being evaluated across Africa including Burkina Fasso, Kenya, Mali and Mozambique.

My hospital (Komfo Anokye Teaching Hospital) in Kumasi, Ghana has also benefitted from my acquired expertise through my research carried out and my involvement in GCP training and training in some research methodologies for staff. On a personal level too, the experience I gained during my fellowship turned to be very beneficial when I embarked on my PhD. Protocol writing was called into play as I developed my study proposal and protocol. The GCP training and knowledge I had acquired helped me to develop my informed consent forms, various data collection forms and to obtain ethical approval. During the data collection for my PhD, I had to coordinate activities between Liverpool and Ghana, since different activities were to take place in the two countries. This called into play, my central study coordination skills.

In summary this fellowship has given me the opportunity to develop myself as well as be of use to my and the sponsoring institutions.

Article by: Tafireyi Marukutira
Home institution: Botswana-Baylor Children's Clinical
Centre of Excellence
Host institution: Astellas, USA



Please check out this award winning abstract in the just ended AIDS 2012 Conference in Washington, USA.

Awarded the International AIDS Society (IAS)/CCABA (Coalition for Children Affected by AIDS) Prize for Excellence in Research Related to the Needs of Children Affected by AIDS at the AIDS 2012 Conference. This prize is awarded to an investigator whose abstract demonstrates excellence in research that is likely to lead to improved services for children affected by HIV and IADS.

Title of abstract: The Psychosocial Impact of HIV on Siblings of HIV infected Children in Botswana

MOAD0305 - Oral Abstract

The psychosocial impact of HIV on the siblings of infected children Presented by Gabriel M. Anabwani (Botswana).

T. Marukutira1,2, G. Letamo3, V. Mabikwa1,2, G. Karugaba1,2, J. Makhanda1,2, M. Marape1,2,4, R. Seleke1,2, G.M. Anabwani1,2,4

1Botswana-Baylor Children's Clinical Center of Excellence, Gaborone, Botswana, 2Baylor International Pediatric AIDS Initiative, Baylor College of Medicine, Pediatric Retrovirology, Houston, United States, 3University of Botswana, Gaborone, Botswana, 4Texas Children's Hospital, Pediatrics, Houston, United States

Background: There is paucity of published data on ways in which HIV in children receiving highly active antiretroviral therapy (HAART) impacts other children living within the same households. We investigated the psychosocial impact of HIV on the siblings of HIV infected children.

Methods: Data were collected using pre-tested interviewer administered questionnaires and focus group discussions. Twelve 12 HIV treatment sites which account for over 90% of children receiving HAART in Botswana participated. HIV affected children were defined as those aged 6-18 years who were living in the same household as documented HIV-infected children. Ethical approval was obtained from the Botswana Ministry of Health and Baylor College of Medicine.

Results: Of the 258 HIV affected children, 251 (97.3%) were attending school; 206 (79.8%) and 52 (20.2%) had been fully or partially disclosed to respectively. 153 (59.3%) were siblings of the HIV-infected children, 79 (30.6%) were cousins and 26 (10%) were related in other ways. 223 (86.4%) had lived together with the HIV-infected children for longer than 5 years. 11 (4.3%) said that living with an HIV-infected child made them feel different because of stigma, having to play caregiver roles, fear of contracting HIV, and feeling sad. 65 (25.4%) faced various problems, including: worrying about the HIV infected child; receiving less attention from caregivers; and experiencing stress due to adherence-related issues, stigma, and family disharmony. They coped by crying, talking to an adult relative, talking to the HIV-infected child or isolating themselves from others. 230 (89%) felt sad or scared/anxious whenever the HIV-infected child was sick. 254 (98.4%) reported playing caregiver roles, such as reminding or giving medications to the infected children.

Conclusions: Although HIV affected children are not the prime targets of paediatric HIV interventions, they face many psychosocial challenges. Programs and policies aimed at ameliorating the impact of HIV should take these findings into account.

Conferences & Meetings

The Second Global Symposium on Health Systems Research "Inclusion and Innovation towards Universal Health Coverage" 31st October - 3rd November 2012 Beijing China

Contact: http://www.hsr-symposium.org/index.php

ASTMH 61st Annual Meeting

November 11th-15th, 2012 Atlanta Marriott Marquis, Atlanta, Georgia USA Contact: <u>www.astmh.org</u>

Global Health Trials Skills Sharing Workshop

November 28th, 2012 Yaoundé, Cameroon Contact: <u>mailto:info@globalhealthtrials.org</u>

African Society for Laboratory Medicine Accurate Laboratory Diagnostics – A Pillar of Quality Healthcare December 1st-7th, 2012 Cape Town International Convention Centre, Cape Town, South Africa Contact: <u>http://www.aslm2012.org/</u>

> Royal Society of Tropical Medicine & Hygene Research in Progress

December 14th, 2012 Institute of Education, University of London, London, United Kingdom Contact: <u>http://www.rstmh.org/events</u>

> Global Health Trials Skills Sharing Workshop January, 2013 (TBC) University of Cape Town, South Africa Contact: mailto:info@globalhealthtrials.org

The 2013 Gordon Conference on Tropical Infectious Diseases: from bench to field February 10th-15th, 2013 (TBC) Galveston, Texas, USA Contact: http://www.grc.org/programs.aspx?year=2013&program=tropical For more information please contact info@globalhealthtrials.org

Please continue to write and submit a report on each conference you attend (and a photo if possible). This allows colleagues to learn from your experience and perhaps help them decide whether any future conferences by that organisation/on that topic would be of use to them.

I would also like to request that all current fellows send me their conference reports which will be put up on the TDR website. The template for the conference report can be downloaded, in word format, from the 'Conference Report' section of the site: <u>http://tdrfellows.tghn.org/conference-reports/</u>.

Call for Applications

Swiss Government Commission for Foreign Students Awards Postgrad Scholarships

The Swiss Government, through the Federal Commission for Scholarships for Foreign Students (FCS), awards various postgraduate scholarships to foreign scholars and researchers:

University scholarships (Swiss universities, Federal Institutes of Technology as well as Universities of Applied Sciences)

Arts scholarships (schools of music and fine arts, only for a limited number of countries). These scholarships provide graduates from all fields with the opportunity to pursue doctoral or postdoctoral research in Switzerland at one of the public funded university or recognized institution.

The link is: http://www.sbf.admin.ch/htm/themen/bildung/stipendien/eskas_en.html

A French/Italian/German version is available at the same address

RSTMH to invest £100,000 in 2013-14 grants programme

The Royal Society of Tropical Medicine and Hygiene (RSTMH) has announced two-year programme of travel and training scholarships (£1,000 maximum) and small grants (£5,000 maximum) for research and fieldwork. Using a number of established funds including the Sir Leonard Rogers Fund, the Robert Cochrane Fund for Leprosy, the Denis Burkitt Fellowship Fund and the Garnham Fund, the focus areas for this programme are:

- Africa-based research
- Leprosy
- Parasitology/entomology fieldwork
- General travel or training grants, including conference attendance for young researchers or clinicians selected for poster or oral presentations

Regulations and application forms are <u>here</u> the deadline for submitting applications is **Friday** 11th **January 2013** and disbursements will be made from March onwards. Please direct any queries and requests for application forms in Word format to <u>mailto:info@rstmh.org</u>

Call for applications for Round 2 Medium PIP Grants

THET is pleased to announce a call for applications for Round 2 of the Medium Paired Institutional Partnership (PIP) Grants.

The grants form part of the Health Partnership Scheme (HPS) which is a four-year programme that funds health partnerships to carry out training and capacity-building projects in low-income countries. The Scheme is funded by the UK Department for International Development.

Round Two Funding for Medium PIP Grants

The Paired Institutional Partnerships (PIPs) funding stream will fund effective health partnership projects, encouraging reach into under-served and rural areas. Round Two of funding is for Medium grants of up to £15,000 per year for projects of 12 to 24 months.

Eligibility for Medium PIP Grants

Full details of eligibility criteria are provided in the <u>PIP Grant Overview</u>. Broadly, the following eligibility criteria for PIP grants are as follows:

- Grant recipients are eligible institutions
- Applications must be made by established Partnerships
- Grants are for single, time-bound projects that are deliverable within the budget and timeframe proposed and agreed with THET
- Grants will be awarded for projects operating within countries listed in the Eligible Countries section of the PIP Grant Overview. Exceptionally, applications may be considered for projects operating in other low-income countries.

How to apply

Download the <u>PIP Grant Overview</u>, <u>Application Form</u>, <u>Budget Template</u>. Deadline for the submission of applications is Tuesday 30th October 2012.

New Funding Opportunity - Innovation Awards for Global Health

With support from the Bacca Foundation and the Omidyar Network, the Center for Global Health is pleased to announce our second Innovation Award for up to \$100,000 to accelerate innovative technologies to improve health in resource-limited settings in low- and middle-income countries.

Submission Deadline: November 21, 2012

For additional information, please see the full Request for Proposals:<u>http://www.massgeneralcenterforglobalhealth.org/assets/opportunities/CAMTech_RFP_Fall_2012_FINAL.pdf</u>

We are looking for innovative technologies focused on low and middle income countries with:

- Strong public health impact
- Commercial viability and sustainability
- End-user input throughout the technology development process

Innovation awards are intended to provide one year of research, development and/or commercialization support for an early stage medical technology at a research institution, NGO, or for-profit company.

Innovation Awards are designed to be a part of a growing portfolio of health technologies supported by the Consortium for Affordable Medical Technologies (CAMTech) at the Center for Global Health.

Submission Deadline: November 21, 2012

For additional information, please see the full Request for Proposals:<u>http://www.massgeneralcenterforglobalhealth.org/assets/opportunities/CAMTech_RF</u> <u>P_Fall_2012_FINAL.pdf</u>

Visit the Center for Global Health website: http://www.massgeneral.org/globalhealth

The Bill & Melinda Gates Foundation is currently inviting innovators to apply for two new Grand Challenges in Global Health grant opportunities:

1) Grand Challenges Explorations, an initiative to encourage innovative and unconventional global health and development solutions, is now accepting grant proposals for its latest application round. Applicants can be at any experience level; in any discipline; and from any organization, including colleges and universities, government laboratories, research institutions, non-profit organizations and for profit companies.

Proposals are being accepted online until November 7, 2012 on the following topics:

- New Approaches in Model Systems, Diagnostics, and Drugs for Specific Neglected Tropical Diseases
- Labor Saving Innovations for Women Smallholder Farmers
- New Approaches for the Interrogation of Anti-malarial Compounds
- Aid is Working. Tell the World (Part 2)

Initial grants will be US \$100,000 each, and projects showing promise will have the opportunity to receive additional funding of up to US \$1 million. Full descriptions of the new topics and application instructions are available at:

http://www.grandchallenges.org/Explorations/Pages/ApplicationInstructions.aspx

2) TB Vaccine Accelerator: The Bill & Melinda Gates Foundation is now accepting letters of inquiry for a new grant program: TB Vaccine Accelerator, part of the Grand Challenges in Global Health initiative. Full information about this opportunity is found here.

The deadline is November 26, 2012. Details on how to apply for a grant can be found at:

http://www.grandchallenges.org/GrantOpportunities/Pages/TBVaccineAccelerator.aspx

We are looking forward to receiving innovative ideas from around the world and from all disciplines. If you have a great idea, please apply. If you know someone else who may have a great idea, please forward this message.