



In Search of Better Health

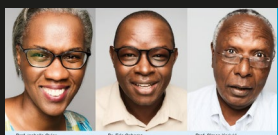
KEMRI BULLETIN

KEMRI and University of Southern Denmark Forge Five- Year Partnership to Strengthen Climate-Resilient Health Systems



STORY ON
PG. 5

KEMRI Joins National Drive to
Restore Kenya's Forests as Kaptagat
Conservation Programme Marks a
Decade of Impact



STORY ON
PG. 9

KEMRI Scientists Recognised in Global Faces
of Innovation Campaign for Advancing the
Fight Against Malaria



STORY ON
PG. 11

SCIJOURN-K 2.0 KICKS OFF



Professor of General Practice at the University of Southern Denmark, Prof. Jens Søndergaard, during courtesy call on KEMRI Vice Chancellor & CEO, Prof. Elijah Songok



Editorial Advisor:

Prof. Elijah Songok, PhD, MBS

Editor in Chief:

Davis Mkoji

Editor:

Wodera James

Revise Editors:

Dr. Sammy Baya
Stella Njunge

Editorial Team:

Lisper Mokaya
Stella Njung'e
Gladys Mathenge
Veronica Keter
Obad Obara
Purity Waithera
Michelle Ndanu
Vallerie Musyoki
Euncynthia Ngari
Cynthia Ruto

Photography:

Stella Njung'e
Gladys Mathenge
Lisper Mokaya
Veronica Keter
Obad Obara
Kennedy Muia
Haron Monda

Design & Layout:

Isaboke Duke
David Kamau

Circulation:

Beatrice Sitonik

BY GLADYS MATHENGE

KEMRI has taken another significant step in strengthening international research collaboration following a courtesy visit by a delegation from the University of Southern Denmark (SDU), marking the beginning of a five-year partnership aimed at addressing the growing burden of non-communicable diseases (NCDs) in climate-affected fishing communities in Western Kenya.

The delegation led by the Professor of General Practice at the University of Southern Denmark, Prof. Jens Søndergaard, paid a courtesy call on KEMRI Vice Chancellor & CEO, Prof. Elijah Songok, on 8th July 2026, at the KEMRI Headquarters.



The visit follows the successful award of a DANIDA grant titled **"Strengthening Gender-Responsive Health Systems for Addressing Non-Communicable Diseases in Climate-Affected Fishing Communities in Western Kenya."** The grant agreement is currently at the contract-signing stage between KEMRI and the University of Southern Denmark, paving the way for a five-year collaboration focused on research, capacity building, and community impact.

During the meeting, Ag. Director, Research and Development, Dr. Erick Muok, who serves as the Principal Investigator (PI) for the project at KEMRI, presented an overview of the program, outlining its objectives, expected outcomes, and implementation framework.

Dr. Muok noted that the project seeks to strengthen health systems by generating evidence-based solutions that respond to the increasing burden of non-communicable diseases while taking into account the effects of climate change on vulnerable fishing communities.

"This project brings together expertise from both institutions to generate evidence that will strengthen gender-responsive health systems and improve the prevention and management of non-communicable diseases in climate-affected communities. Beyond research, it provides an excellent opportunity to

build local scientific capacity while ensuring that research findings translate into meaningful health interventions," said Dr. Muok.

A key component of the programme will be human capacity development through postgraduate training. The project will support the recruitment of two PhD and six Master's students, who will undertake their studies through the KEMRI Graduate School while contributing to the implementation of the research programme.

Highlighting the academic benefits of the collaboration, Ag. Deputy Director CVR, Dr. Samuel Khamadi, emphasized the importance of knowledge exchange between the two institutions.

"This partnership goes beyond conducting research. It creates opportunities for staff and student exchange programs that will strengthen research capacity, facilitate knowledge transfer, and expose our students and researchers to international best practices. Such collaborations are critical in nurturing the next generation of scientists," said Dr. Khamadi.

Speaking on behalf of the University of Southern Denmark delegation, Prof. Jens Søndergaard expressed appreciation for the warm reception accorded to the team and lauded KEMRI's longstanding reputation in health research.



The KEMRI and the University of Southern Denmark (SDU) teams pose for a photo after the meeting

"We are grateful for the opportunity to partner with KEMRI on this important initiative. KEMRI has established itself as a leading research institution with strong scientific expertise and a remarkable track record in delivering impactful research. We look forward to learning from one another and working together to improve the health of vulnerable communities," stated Prof. Jens.

In his remarks, KEMRI Vice Chancellor and CEO, Prof. Elijah Songok, welcomed the collaboration, describing it as a strategic partnership that aligns with KEMRI's mandate of generating scientific evidence to improve health outcomes.

"KEMRI remains a regional and global hotspot for conducting high-quality research, particularly in infectious diseases. However, the growing burden of non-communicable diseases requires collaborative approaches that bring together multidisciplinary expertise. This partnership therefore comes at the right time," said Prof. Songok.

He added that the collaboration has the potential to deliver practical innovations that directly benefit communities.

"We expect this collaboration to generate solutions that extend beyond publications to tangible innovations, including improved diagnostics, better disease prevention strategies, and evidence that informs health policy and strengthens

healthcare delivery. We therefore look forward to expanding opportunities for training, mentorship, staff development, and collaborative learning that will enhance the capabilities of our researchers and support sustainable scientific excellence," he noted.

He also emphasized the need for meaningful community engagement throughout the life of the project.

"Research achieves its greatest impact when communities are actively involved. We must continue engaging communities as partners, ensuring that they understand, participate in, and ultimately benefit from the research we undertake," he added.

The new partnership underscores KEMRI's continued commitment to fostering international collaborations that advance scientific excellence, strengthen research capacity, and develop innovative, evidence-based solutions to address emerging public health challenges in Kenya and beyond.

Other delegates present from University of Southern Denmark were Dr. Thilsing Trine, Per Kallestrup and Mr. Gyawali Bishal.

The meeting concluded with a guided tour of KEMRI's research facilities, where the delegation gained firsthand insight into the Institute's state-of-the-art laboratories and ongoing research programs.



Stefanie Harsch-Oria



Mr. Bishal Gyawali



Dr. Per Kallestrup



Dr. Trine Thilsing



The University of Southern Denmark (SDU) Delegation visit to KEMRI

KEMRI Joins National Drive to Restore Kenya's Forests as Kaptagat Conservation Programme Marks a Decade of Impact

BY LISPER MOKAYA

The Kenya Medical Research Institute (KEMRI) joined national and county leaders, conservation partners and local communities in celebrating a decade of environmental restoration during the 10th Kaptagat Forest Tree Growing Event held at Kaptarkok Primary School in Elgeyo Marakwet County.

The milestone event, held under the Kaptagat Integrated Conservation Programme (KICP), brought together stakeholders committed to safeguarding one of Kenya's most important water towers while advancing the country's ambitious goal of growing 15 billion trees by 2032. The occasion also marked the launch of the programme's next ten-year phase following remarkable achievements recorded over the past decade, including contributing to the planting of more than 1.7 billion trees nationwide.

KEMRI's delegation was led by Board Chair Dr. Abdullahi Ali, accompanied by Board Directors Mr. Luka Chemwolo and Ms. Vivian Chebii, Vice Chancellor and CEO Prof.

Elijah Songok, Ag. Deputy Director, Sports Science Research Centre Dr. Steve Wandiga, together with Allan Kimaiyo and Barnabas Kimatui from the Office of the Director. The team joined hundreds of participants in supporting Kenya's national tree-growing agenda and efforts to restore one of the country's most important water towers.

What began in 2017 with the restoration of just 50 hectares has grown into one of Kenya's most successful landscape restoration initiatives. To date, the programme has restored 3,523.7 hectares of degraded forest, significantly strengthening the Kaptagat ecosystem while improving the livelihoods of communities living around the forest.

Beyond restoring trees, the programme has demonstrated that conservation succeeds when local communities become active partners. As part of this year's celebrations, beneficiaries received livelihood support including beehives, dairy heifers, tree seedlings and LPG gas



From Right: KEMRI Board Chairman, Dr. Abdullahi Ali, Ag. VC and CEO KEMRI, Prof. Elijah Songok and Board Director, Mr. Luka Chemwolo join other participants during the Celebrations

cylinders. These interventions are enabling households to diversify their sources of income, embrace clean energy, reduce pressure on forest resources and actively participate in protecting the ecosystem.

Presiding over the celebrations, Deputy President Prof. Kithure Kindiki said, "**The Government remains committed to protecting Kenya's forests as a foundation for environmental sustainability, water security and economic growth,**" while commending the ministry of Environment Climate Change and Forestry, development partners and local communities for their continued efforts in restoring the Kaptagat ecosystem.

For KEMRI, participation in the tree-growing initiative reflects a broader understanding that environmental health and human health are inseparable.

Healthy forests perform functions that directly influence public health. They protect water catchments that supply safe water for domestic use and agriculture, regulate temperatures, improve air quality, reduce soil erosion, conserve biodiversity and help lessen the impacts of climate change. These environmental services contribute significantly to reducing disease risks and improving community well-being.

Climate change continues to alter disease patterns globally, with rising temperatures, changing rainfall patterns and environmental degradation influencing the transmission of infectious diseases such as malaria, dengue, cholera and other vector-borne and water-borne illnesses. Conserving forests and restoring degraded ecosystems therefore represents an important investment in preventive public health.



Deputy President Prof. Kithure Kindiki presided over the celebrations and led a commemorative tree-planting exercise, reaffirming the Government's commitment to environmental conservation, climate action, and sustainable development.

As Kenya's premier health research institution, KEMRI recognizes that scientific research and environmental stewardship are complementary pillars in building healthier and more resilient communities. KEMRI's participation also aligns with the Government's national landscape restoration agenda, which seeks to increase Kenya's tree cover while restoring degraded ecosystems across the country.

The Institute has consistently participated in national tree-growing exercises, recognising that environmental conservation forms an integral component of sustainable development. Such initiatives complement KEMRI's broader mandate of improving the quality of human life through research, innovation, capacity building and service delivery.

As the Kaptagat Integrated Conservation Programme embarks on its next decade, KEMRI remains committed to working alongside Government, development partners, conservation agencies and communities in advancing initiatives that protect both people and the planet.

The anniversary celebration served as a reminder that safeguarding Kenya's natural resources is a shared responsibility. By bringing together science, conservation and community action, institutions like KEMRI continue to demonstrate that protecting the environment is not only an ecological obligation but also a vital investment in the nation's health, prosperity and future generations.



Board Directors Ms. Vivian Chebii and Mr. Luka Chemwolo



10th Kaptagat Forest Tree Growing Event
held at
Kaptarkok
Primary School in
Elgeyo Marakwet
County.





10th Kaptagat Forest Tree Growing Event

KEMRI Scientists Recognised in Global Faces of Innovation Campaign for Advancing the Fight Against Malaria

BY KEMRI BULLETIN REPORTER

Three scientists from the Kenya Medical Research Institute (KEMRI) have received international recognition after being featured in the Faces of Innovation campaign by Malaria No More UK, a global initiative highlighting researchers whose work is driving progress towards a malaria-free world.

Prof. Simon Kariuki, Dr. Eric Ochomo and Prof. Isabella Oyier are among the scientists recognized in the campaign, which highlights individuals making significant contributions to malaria research, prevention and control. Their inclusion reflects the Institute's continued leadership in generating scientific evidence and innovative solutions to address one of the world's most persistent public health challenges.

Prof. Simon Kariuki's work focuses on ensuring malaria vaccines reach the children who need them most. His research supports the implementation of malaria vaccination programmes, helping translate scientific discoveries into interventions that save lives and reduce the burden of disease among vulnerable populations.

Dr. Eric Ochomo is leading research on invasive mosquito species that threaten to expand malaria transmission into new areas, including urban settings. Through surveillance and research conducted in collaboration with international partners, his work is generating evidence to understand the spread of these vectors better and to inform strategies to prevent future outbreaks.

Prof. Isabella Oyier is advancing genomic research by decoding the genetic blueprint of the malaria parasite. Her work provides insights into parasite biology and evolution, supporting the development of improved diagnostics, medicines and other tools needed to strengthen malaria control and accelerate elimination efforts.

Together, their work demonstrates how locally generated research contributes to international efforts to combat malaria through innovation, collaboration and evidence-based interventions.

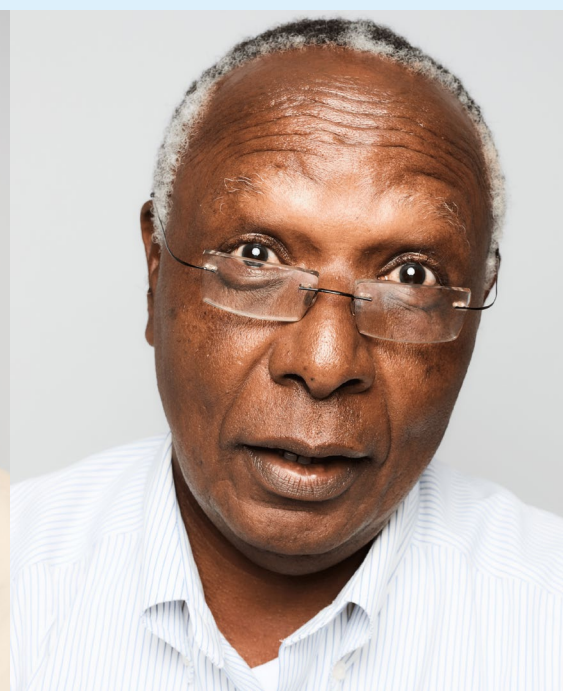
Congratulations on this well-deserved recognition.



Prof. Isabella Oyier



Dr. Eric Ochomo



Prof. Simon Kariuki

KEMRI Staff Strengthen Capacity in Public Sector Asset Management

BY KEMRI BULLETIN REPORTER

KEMRI has strengthened its capacity in public sector asset management following a five-day capacity-building and sensitization programme on Best Practices in Asset and Liability Management held in Naivasha from 6th to 10th July 2026.

The training, spearheaded by Deputy Director, Supply Chain Management, Dr. Kalu Kitaba, in collaboration with the National Treasury's State Department for Public Investments and Assets Management, brought together officers responsible for asset management and reporting functions from across the Institute. The programme aimed to enhance compliance with public sector asset management requirements while strengthening institutional systems for effective management of public assets.

Participants were taken through key areas including asset and liability management, legal and institutional frameworks, performance contracting requirements, automation of asset management processes, and the review of KEMRI's Asset Register. Through presentations, practical case studies, and interactive sessions,

participants gained skills in compiling accurate asset data, improving reporting processes, and aligning institutional practices with National Treasury guidelines and circulars.

The initiative supports the Government's drive to establish a comprehensive National Asset and Liability Register to enhance transparency, accountability, and informed decision-making in the management of public resources. It is expected to strengthen KEMRI's asset management systems by improving accountability, enhancing audit preparedness, and promoting the prudent and efficient utilization of public assets.

The programme also laid the foundation for the establishment of a team of Asset Management Champions who will spearhead the implementation of best practices across the Institute and support KEMRI's seamless integration into the National Asset and Liability Register, further reinforcing the Institute's commitment to good governance and effective stewardship of public resources.



Participants of the Capacity Building and Sensitization on best practices in Assets and Liabilities Management in the Public Sector for KEMRI at Lake Naivasha Burch's Resort from 6th to 10th July 2026

SCIJOURN-K 2.0 KICKS OFF

BY STELLA NJUNG'E

As Africa continues to generate scientific research, science communication remains an emerging field across much of the continent. Strengthening science communication by bridging the gap between researchers and journalists is important to combat misinformation, improve public understanding of science, and ensure research informs policy and practice.

It is against this backdrop that researchers, journalists, and science communicators convened for the SCIJOURN-K 2.0 programme, a capacity-building initiative designed to strengthen evidence-based storytelling and foster closer collaboration between scientists and the media. The programme aims to equip participants with the knowledge, skills, and networks needed to communicate scientific research accurately, responsibly, and in ways that encourage action and improve lives.

The workshop, a collaboration between KEMRI and Eurek Alert, brought together 70 participants from research institutions, media houses, and communication offices to build their capacity in science reporting and research storytelling.

While officially opening the workshop on behalf of KEMRI Vice Chancellor and CEO, Prof. Elijah Songok, Deputy Director, Corporate Communications, Mr. Davis Mkoji emphasized that while Africa continues to make remarkable scientific advances, the impact of research depends on how effectively it is communicated. He noted that science communication and the strategic use of digital platforms are essential for translating scientific evidence into stories that inform policy, engage communities, and drive meaningful change.

"Africa is producing groundbreaking research, but research alone is not enough. Its true impact is realized when it is communicated clearly, accurately, and in ways that people can understand and use. Science communication through storytelling is essential in bridging the gap between scientists, policymakers, and the communities we serve," said Mr. Mkoji.

On her part, SCIJOURN-K Project Principal Investigator Dr. Patience Kiyuka, while welcoming the participants, elucidated that the programme was inspired by the need to improve the quality of science reporting by



Researchers, Journalists, and Science Communicators during the SCIJOURN-K 2.0 programme.

creating stronger connections between researchers and journalists. While scientists generate valuable evidence, journalists play a critical role in translating complex research into stories that resonate with the public. Bringing the two groups together, she noted, is essential to ensuring scientific discoveries lead to informed public dialogue and evidence-informed decision-making.

"SCIJOURN-K was born from a simple but important question: How do we make it easier for scientists and journalists to work together to tell better science stories? Through this programme, we are building a community that equips both professions with the skills, networks, and opportunities to communicate research that matters to society," said Dr. Kiyuka.

A key feature of SCIJOURN-K 2.0 is its emphasis on collaboration. Journalists will have access to scientists as expert sources, while researchers will gain a better understanding of how to communicate their work to non-scientific audiences. The programme will also support selected journalists to develop in-depth science stories, strengthening the quality and visibility of science reporting.

By investing in partnerships, capacity strengthening, and innovation in science communication, SCIJOURN-K 2.0 is contributing to building a stronger science communication ecosystem in Africa.



PIC 1: KEMRI's Deputy Director Corporate Communications, Mr. Davis Mkoji, makes the opening remarks at the SCIJOURN 2.0 workshop.

PIC 2: SCIJOURN-K Project Principal Investigator Dr. Patience Kiyuka welcomes participants to the workshop.

PIC 3: Facilitators, Gillian Jones and Schalk Mouton from Story Studio Communications, take participants through a session.



Editor, Nation Media Group, Mr James Mugendi makes his presentation



Head of Training and Capacity Building at the KEMRI-Wellcome Research Programme and Director of the Initiative to Develop African Research Leaders (IDeAL), Prof. Sam Kinyanjui leads a session on tackling misinformation and communicating science effectively.

The workshop also featured presentations by the Editor, Nation Media Group, Mr James Mugendi, Founder of Story Studio Communications, South Africa, Gillian Jones; Communications Specialist at Story Studio Communications, South Africa, Schalk Mouton; Head of Training and Capacity Building at the KEMRI-Wellcome Research Programme and Director of the Initiative to Develop African Research Leaders (IDeAL), Prof. Sam Kinyanjui; Editor, Writer and Biographer, Wellington Kwendo Opanga; and Founder of SciLink Global, Juliette Mutheu, who shared insights on science storytelling, research communication, ethical journalism, and digital communication.

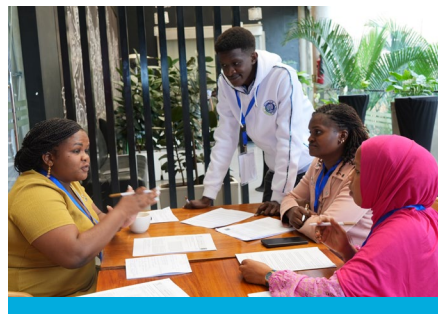
SCIJOURN 2.0 workshop



Juliette Mutheu, Founder of SciLink Global, presents on the evolving landscape of science communication and opportunities for African communicators.



Wellington Kwendo Opanga, Editor, Writer and Biographer, presents on ethical journalism and impactful storytelling.



Breathing before Birth: How Scientists in Siaya Are Rewriting the Story of Respiratory Syncytial Virus (RSV) Protection

BY BRIAN OTIENO OGEMBO

The first sound a newborn makes is often a cry, a small but powerful declaration that the lungs have opened, the heart is beating steadily, and life has begun. In delivery rooms around the world, that first breath brings relief to anxious parents and smiles to exhausted healthcare workers. Yet for millions of families, those fragile lungs soon face an invisible threat that arrives quietly, often disguised as an ordinary cold, before rapidly becoming a fight for survival.

Respiratory Syncytial Virus (RSV) has earned an unsettling reputation among paediatricians. It rarely commands the public attention of diseases like malaria, tuberculosis or HIV, yet it is one of the world's leading causes of severe respiratory illness in infants. Every year, the virus infects almost every child before the age of two. Many recover after a few uncomfortable days of coughing and fever. Others, particularly babies in their first months of life, develop severe bronchiolitis or pneumonia, their tiny airways filling with mucus as each breath becomes increasingly laboured. Hospital wards across Africa know this story all too well.

For decades, healthcare workers have largely been left to respond after the virus has already taken hold providing oxygen, fluids and supportive care while hoping young immune systems can withstand the assault. But what if protection could begin long before a baby ever encountered the virus? What if immunity could start before birth itself?

That possibility is no longer a distant scientific dream. It is becoming the focus of groundbreaking clinical research underway in western Kenya, where scientists at the Kenya Medical Research Institute Centre for Global Health Research (KEMRI-CGHR) are helping shape the future of maternal and infant vaccination against one of the world's leading childhood respiratory killers.

These advances took centre stage during the Fourth Principal Investigators' (PI) Caucus, held on 25 June 2026 at Ciala Resort in Kisumu, where investigators gathered to showcase progress in clinical trials that are influencing public health far beyond Kenya's borders.



Patricia Odera-Ojwang making a presentation

Among the presentations attracting considerable attention was one delivered by Patricia Odera-Ojwang, speaking on behalf of Dr. Nancy Otieno and Dr. Simon Kariuki. Her presentation, **"RSV Vaccine Studies in Siaya: Advancing Evidence for Maternal and Infant Protection in High-Burden Settings,"** was not simply an update on two vaccine trials. It was the story of how science, community partnerships and decades of clinical research infrastructure are converging to tackle one of childhood's most persistent respiratory threats.

As Patricia guided fellow researchers through the studies, she revealed a vision extending far beyond laboratory results. Every enrolment represented a family placing its trust in science. Every clinic visit added another piece to a global puzzle. Every carefully analysed blood sample brought researchers closer to understanding how children might be protected before RSV has the opportunity to steal their breath.

RSV has long remained an underestimated public health threat. Although virtually every child encounters the virus within the first two years of life, its impact is anything but ordinary. The virus belongs to the Pneumoviridae family and exists primarily as two circulating strains, RSV-A and RSV-B. Infection begins almost invisibly, attaching itself to the delicate epithelial cells lining the respiratory tract before penetrating the lungs through its fusion protein.

"The virus fuses with the host epithelial cells in the lung, enabling infection," Patricia explained, illustrating the microscopic battle that unfolds inside an infant's airways.

What follows can be devastating. As inflammation spreads through the tiny bronchioles, mucus accumulates, breathing becomes increasingly difficult, and oxygen struggles to reach the bloodstream. For the smallest patients, whose lungs are still developing, the consequences can escalate rapidly into severe bronchiolitis or pneumonia requiring hospitalization.

Globally, the scale of the problem is staggering. RSV is responsible for an estimated 33 million lower respiratory tract infections among children under five every year, leading to approximately 3.6 million hospital admissions. Yet behind these enormous numbers lies an even more troubling reality. Nearly all severe outcomes occur in the world's poorest regions.

"Approximately 97 per cent of RSV-related deaths occur in low- and middle-income countries," Patricia observed. Even more alarming, she noted that nearly 45 per cent of all RSV deaths occur among infants younger than six months, an age when babies are too young for many routine vaccinations and are biologically least equipped to defend themselves.



These sobering statistics have prompted researchers to rethink how protection should begin. Rather than waiting for illness to occur, scientists are now asking whether immunity can be established before the virus ever gains a foothold.

That question lies at the heart of two major clinical trials currently being conducted at KEMRI-CGHR in Siaya. Although each study approaches the problem differently, together they represent a comprehensive strategy to protect children during the period when they are most vulnerable.

The first, known as the PEARL Study Protective Efficacy Against RSV Lower Respiratory Tract Disease, is evaluating whether vaccinating infants can prevent severe RSV disease. Sponsored by Sanofi Pasteur, the Phase III randomized, observer-blind, placebo-controlled trial is enrolling approximately 6,300 healthy infants and toddlers across several countries, including Kenya.

Unlike conventional injectable vaccines, the investigational vaccine is administered through the nose. Two doses, given 56 days apart, are delivered directly into the nostrils, where RSV naturally begins its attack. By stimulating immunity at the very gateway through which the virus enters the body, researchers hope to build a stronger first line of defence.

As Patricia explained, the study seeks "to demonstrate the clinical efficacy of the RSV vaccine for the prevention of RT-PCR confirmed RSV lower respiratory tract disease after two doses over RSV Season One." Beyond preventing severe disease, investigators are also assessing whether the vaccine reduces upper respiratory infections, RSV-related hospital admissions and protection across successive RSV seasons.

Although PEARL spans multiple countries, its success depends on the dedication of individual communities. In Siaya, the study site was activated in September 2024, and the first participant was enrolled two months later. Since then, 53 families have consented to participate, with 41 infants receiving either the investigational vaccine or placebo.

Perhaps even more impressive than recruitment has been retention. Nearly 92 per cent of enrolled children remain actively engaged in follow-up after one year an achievement made possible through close partnerships with community health workers, Ministry of Health facilities and families who continue returning for scheduled visits despite the demands of daily life.

Behind every follow-up appointment is a story of commitment. A mother travelling kilometres with her child. A community health volunteer reminding families about clinic visits. A nurse carefully recording every cough, fever or change in breathing. Scientific progress, Patricia reminded her audience, depends just as much on community trust as it does on laboratory precision.

Like every well-conducted clinical trial, PEARL places participant safety above every other consideration. Patricia openly reported that the Siaya site had documented eight serious adverse events, including two deaths. Each event, she explained, undergoes rigorous evaluation through independent oversight mechanisms, and no confirmed causal relationship has been established between these events and the investigational vaccine. Such transparency reflects the ethical foundations upon which modern clinical research is built.

While PEARL seeks to strengthen immunity after birth,



the second study begins even earlier during pregnancy itself. Known as RSV-IMPACT, the trial investigates whether vaccinating expectant mothers can provide babies with protection before they are born. Using Pfizer's ABRYSVO (RSVA/B-preF) vaccine, researchers are exploring whether maternal antibodies generated during late pregnancy can cross the placenta and shield infants throughout their earliest months of life.

The concept is elegantly simple but scientifically profound. Instead of waiting until newborns are old enough to develop their own immune responses, mothers become the first line of defence.

"The study aims to determine the public health value of vaccination of pregnant women in protecting their infants against severe lower respiratory tract infection," Patricia explained.

Equally important is ensuring that maternal vaccination remains safe. Investigators are carefully monitoring pregnancy outcomes, including whether vaccination is associated with an increased risk of preterm birth.

RSV-IMPACT is among the largest maternal RSV vaccine studies currently underway in Africa. Approximately 13,000 pregnant women are being enrolled across Kenya, South Africa, Ghana and The Gambia. Women receive the study

vaccine between 24 and 36 weeks of pregnancy before both mother and child are followed through delivery and the infant's first six months of life. The vaccine itself has been formulated to provide balanced protection against both circulating viral strains.

"The investigational product contains 60 micrograms from RSV-A and 60 micrograms from RSV-B," Patricia noted. Within Kenya, recruitment across the Siaya and Bondo study sites has been encouraging. Of the 697 women screened, 419 have already been enrolled. Importantly, approximately 15.3 percent are women living with HIV, allowing researchers to understand how maternal vaccination performs in populations where immune responses may differ and where evidence has historically been limited.

Running complex multinational clinical trials is never without obstacles. Patricia spoke candidly about the operational realities behind the science. Delays in international vaccine shipments, healthcare worker strikes, changes in national health financing systems, and difficulties retrieving clinical information from Ministry of Health databases have all tested the resilience of the research teams.



Community dynamics have presented their own challenges. In some households, decisions about research participation extend beyond expectant mothers themselves, with male partners playing influential roles during consent discussions.

Yet these challenges have also inspired innovation. Strong partnerships with maternal and child health clinics, experienced community health volunteers, digital gestational age assessment tools based on GAIA standards, and close collaboration between clinicians and researchers have enabled the studies to maintain impressive recruitment and participant retention despite the obstacles.

Listening to Patricia's presentation, it became increasingly clear that these trials are about far more than vaccines alone. Every participant enrolled represents an act of trust. Every follow-up visit reflects a family's commitment to science. Every blood sample analysed and every data point entered into a database contributes to evidence that may eventually shape immunization policies for millions of children around the world.

In laboratories and health facilities across Siaya, science is unfolding not as an abstract pursuit, but as a deeply human endeavor grounded in compassion, partnership and hope.

As the Fourth PI Caucus drew attention to the breadth of clinical research taking place at KEMRI-CGHR, the RSV studies stood out as powerful reminders that some of the world's most important scientific advances are emerging from the very communities that bear the greatest burden of disease.

Should PEARL demonstrate durable protection in infants, and should RSV-IMPACT confirm the effectiveness and safety of maternal immunization, the findings could fundamentally reshape how countries protect newborns against RSV. More importantly, they could help ensure that a child's first encounter with the world is defined not by the struggle to breathe, but by the simple, precious rhythm of healthy lungs filling with air. In Siaya, that future is no longer being imagined. It is being carefully documented, one mother, one child and one clinical trial at a time.



Beyond Recovery: New Scientific Insights into Ebola Virus Persistence and Kenya's Preparedness

BY BRIAN OTIENO OGEMBO AND AGNES ATIENO GUYA

The Fourth Principal Investigators (PI) Caucus of the Kenya Medical Research Institute Centre for Global Health Research (KEMRI-CGHR), held on 25th June 2026, brought together scientists, clinicians, administrators and the communications team to discuss emerging public health threats and ongoing research priorities. Among the presentations that attracted considerable attention was one by Dr. Clayton Onyango, who provided a timely scientific update on Ebola Virus Disease (EVD) following renewed regional concerns over recent outbreaks.

Dr. Onyango described Ebola as a severe and often fatal viral haemorrhagic disease caused by the Bundibugyo virus, one of the species within the Ebola virus family. He explained that the virus spreads through direct contact with the blood or body fluids of an infected person or animal, including saliva, vomit, urine, sweat, breast milk, semen and faeces. Transmission can also occur through handling infected wildlife commonly referred to as bush meat, contact with the bodies of deceased Ebola victims, and sexual intercourse with infected survivors who continue to harbour the virus.

With reports of recent Ebola flare-ups heightening public anxiety across the region, Dr. Onyango's presentation sought to separate scientific facts from public fear. He guided participants through the progression of the disease, explaining that Ebola infection occurs in distinct stages, each carrying different implications for transmission and patient outcomes.

The first is the incubation period, which lasts between two and twenty-one days, although most cases develop symptoms between four and seventeen days after exposure. During this phase, infected individuals appear healthy and do not exhibit any symptoms. Importantly, they are not yet capable of transmitting the virus to others.

This is followed by what he termed the dry phase, when symptoms begin to emerge. These early signs are often non-specific and closely resemble those of several common infectious diseases, making early diagnosis particularly challenging. Patients may experience fever, although it is not always present, alongside fatigue,



Dr. Clayton Onyango making a presentation

severe headaches, joint pains, muscle aches, back pain and sore throat. Because these symptoms overlap with illnesses such as influenza, typhoid fever and COVID-19, Ebola can initially be mistaken for other infections.

As the disease progresses, patients enter the wet phase, during which the viral load increases significantly and the individual becomes highly infectious. Common manifestations include severe diarrhoea, persistent vomiting, nausea, red eyes, hiccups and, in some patients, bleeding. Dr. Onyango emphasized that bleeding is not present in every Ebola case despite its widespread association with the disease. In fatal infections, death typically occurs between seven and ten days after symptoms first appear, with the highest concentration of the virus occurring around the time of death. However, he stressed that prompt diagnosis and supportive treatment substantially improve a patient's chances of survival.

Beyond the acute illness, Dr. Onyango highlighted an emerging scientific concern that has reshaped understanding of Ebola epidemiology viral persistence in survivors. Although most patients who recover clear the virus from their bloodstream, research has shown that Ebola virus can remain hidden in immune-privileged sites such as the brain, eyes and reproductive organs long after apparent recovery.

He cited two well-documented cases that illustrate this phenomenon. In Scotland in 2015, a survivor developed meningoencephalitis approximately nine months after recovering from Ebola. In another case reported in the Democratic Republic of Congo (DRC) in 2015, a survivor experienced relapse 149 days after the initial infection, presenting with fever and anorexia. Scientists are still investigating why such relapses occur, but current evidence suggests that the virus may persist in certain body tissues despite disappearing from the bloodstream.

According to Dr. Onyango, viral persistence and sexual transmission are increasingly recognised as important drivers of new Ebola outbreaks. He noted that investigations conducted in outbreaks reported in the DRC (2020, 2021 and 2022) and Guinea (2021) revealed that some epidemics did not originate from fresh transmission between animals and humans. Instead, genomic sequencing demonstrated that several outbreaks were linked to persistent infections in survivors from previous epidemics.

He explained that even after complete clinical recovery, live Ebola virus may remain in the semen of male survivors for up to twelve months or even longer. During this period, unprotected sexual contact can transmit the



virus to an uninfected partner, potentially igniting new chains of transmission. Genetic analysis of viruses isolated during recent outbreaks has repeatedly shown close similarities to viruses from earlier epidemics, providing compelling evidence that survivor-associated transmission contributed to these localized resurgences.

Turning to Kenya's preparedness, Dr. Onyango reassured participants that as of 25 June 2026, Kenya had not recorded any confirmed Ebola case. Health authorities had investigated 115 suspected alerts, all of which tested negative for the virus. Most alerts originated from Nairobi, accounting for nearly three-quarters of all investigations, while additional reports came from Kiambu, Kisumu, Busia, Nyamira, Bungoma, Uasin Gishu and West Pokot counties.

Despite the absence of confirmed cases, Kenya continues to strengthen its preparedness systems. Dr. Onyango noted that the National Public Health Emergency Operations Centre (PHEOC) remains on high alert, coordinating regular preparedness meetings with counties and development partners. The country has also deployed

the All Disease Outbreak Module (ADaM), an electronic outbreak data management platform designed to improve surveillance, reporting and response.

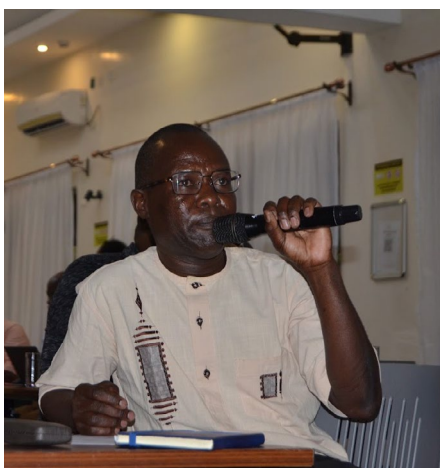
He further outlined ongoing capacity-building initiatives, including virtual and in-person training sessions for health workers, the National Rapid Response Team (RRT) Training of Trainers (ToT) programme, and the mobilisation of rapid response teams ready for immediate deployment should an outbreak occur. Infection Prevention and Control (IPC) and case management training, together with health facility assessments, were scheduled to begin the following week to strengthen frontline preparedness.

Equally important, Dr. Onyango emphasized the role of Risk Communication and Community Engagement (RCCE) in preventing panic and misinformation. Approved public education materials have already been disseminated nationwide, while continuous public awareness campaigns are being conducted through Kenya's public health information platform, ensuring communities receive accurate, timely and evidence-based information.



Although there is currently no universally effective cure for Ebola Virus Disease, Dr. Onyango expressed cautious optimism about advances in vaccine research. Several vaccine candidates including DNA vaccines, adenovirus-based vaccines, Vesicular Stomatitis Indiana Virus (VSIV) vaccines and virus-like particle (VLP)-based vaccines have demonstrated encouraging results in protecting non-human primates and continue to undergo clinical evaluation for human use.

His presentation underscored a critical lesson emerging from recent Ebola research: the fight against the virus no longer ends when a patient leaves hospital. Scientific evidence now shows that survivor follow-up, genomic surveillance, rapid diagnosis, community engagement and sustained preparedness are all essential components of preventing future outbreaks. As regional health systems remain vigilant, Kenya's proactive surveillance and preparedness efforts provide an important line of defense against one of the world's most formidable infectious diseases.



The Fourth Principal Investigators (PI) Caucus of the Kenya Medical Research Institute Centre for Global Health Research (KEMRI-CGHR), held on 25th June 2026,

Bridging the Gap Between Science and Society (Part 42):

Listening as a Research Method: Why the Best Scientists Are Also the Best Listeners

BY DR. SAMMY YAAH BAYA

"The one who listens, learns." -African Proverb

"Most people do not listen with the intent to understand; they listen with the intent to reply." -Stephen R. Covey

"The ears that listen patiently often hear solutions the mouth could never create."

- Wise Saying

There is an African proverb that says, *"Wisdom is like a baobab tree; no one person can embrace it alone."* Every person we meet carries a piece of wisdom. Every community knows something that science has not yet discovered. The greatest mistake we can make is to believe that knowledge only lives in laboratories, lecture halls, or research journals.

Knowledge also lives in homes, marketplaces, fishing boats, churches, schools, and under the shade of village trees.

That is why listening is not simply good manners. Listening is good science.

Many people believe communication begins when we speak. In reality, communication begins when we choose to listen. Speaking shares information. Listening discovers understanding. Speaking informs people. Listening transforms people.

At KEMRI, we spend years conducting research to improve health and save lives. Yet the success of that research often depends on one simple question:

Did we truly listen to the people we serve?

A mother in Tana River once said, *"My child refuses to take the medicine because it tastes bitter."*

Those words are not merely a **complaint**. They are valuable **research evidence**. They reveal behaviour, experience, and the everyday challenges families face.

A fisherman in Homa Bay explained,

"You ask us to attend the clinic at ten in the morning, but that is the time the lake feeds our families."



He was not refusing healthcare. He was teaching researchers about people's daily realities. A grandmother in Kitui quietly remarked, *"We trust what we can see before we trust what we hear."*

That sentence speaks volumes about trust, perception, and how scientific information should be communicated. The laboratory can measure blood pressure.

It can analyse DNA. It can identify viruses. But only listening can measure fear, hope, culture, trust, and lived experience.

I once heard a story about a health education team that travelled to a rural village carrying projectors, posters, brochures, and carefully prepared presentations. Everything was professionally organised. The chairs were neatly arranged.

Yet very few people came.

Feeling disappointed, the team packed up and walked through the village. Under a large mango tree they found elders chatting, laughing, and sharing stories. The researchers sat down beside them. There were no microphones. No PowerPoint slides. No speeches.

Only conversation. People began asking questions. The researchers listened more than they talked. By sunset one elder smiled and said, *"Tomorrow, come back to this same tree. We shall bring everyone."*

The community had never rejected science. They had simply preferred conversation over lectures.

Sometimes the best meeting room has no walls. Sometimes the best classroom has no projector. Sometimes the greatest discoveries happen beneath the shade of a tree.

There is another story about a young customer care officer at a hospital reception. One morning an elderly man arrived looking upset. Before anyone could greet him, he raised his voice. *"I have been here three times. No one tells me what is happening."*

A new staff member quickly tried to explain hospital procedures. An experienced officer gently touched the young colleague's shoulder and whispered, *"Before explaining, listen."*

She invited the man to sit down. She offered him water. She allowed him to speak without interruption. Ten minutes later, the man's voice had softened. His biggest problem was not the delay. His biggest problem was feeling ignored.

By the end of the conversation he smiled and said, *"Thank you for listening. Now I understand."*

The waiting time had not changed. The communication had. Sometimes people do not need immediate answers. They first need assurance that someone cares.

Listening is often the first medicine we can give. Complaints are sometimes viewed as problems. In reality, complaints are gifts wrapped in uncomfortable words.

Every complaint tells a story. Every complaint points to an opportunity for improvement. Every complaint is feedback that can strengthen service delivery. A wise organisation does not fear complaints. It learns from them.

At KEMRI, complaints from research participants, patients, visitors, partners, and members of the public should never be seen as interruptions.

They are opportunities to improve customer care, strengthen relationships, and build public trust. When someone says, *"Nobody explained the research process to us,"* they are helping us improve communication.

When another says, *"The waiting time was too long,"* they are helping us improve service delivery. When a visitor says, *"I did not know where to go,"* they are helping us improve our systems. Behind every complaint is a person hoping someone will listen.

As another African proverb reminds us, *"The child who is not embraced by the village will burn it down to feel its warmth."*

People who feel unheard may lose trust. People who feel respected become partners. A village elder once told a visiting researcher, *"When you came here the first time, you carried notebooks. Today you came carrying ears."*

The researcher smiled. The elder continued, *"Today you collected better information."* That simple statement captures the heart of science communication.

The best data collector is often the best listener. Good customer care follows the same principle. People may forget the exact words we used. They rarely forget how we made them feel. A warm greeting can calm anxiety.

A respectful explanation can reduce fear. A sincere apology can rebuild confidence. A promise that is honoured builds lasting trust.

Customer care is not only about solving problems. It is about making people feel valued. Communication is not only about giving information. It is about creating understanding.

Complaint handling is not only about responding to dissatisfaction. It is about learning, improving, and preventing similar concerns in the future.

There is an old story of two potters making clay pots. One hurried because he wanted to finish many pots before sunset. The other spent time feeling the clay with his hands. People laughed at his slow pace.

Months later, the rushed pots had cracked. The carefully shaped pots remained strong. One young apprentice asked, *"Why did yours last longer?"*

The old potter replied, *"Because I listened to the clay before I shaped it."*

People are no different. When we fail to listen, we may build programmes that look beautiful but fail to meet people's needs. When we listen deeply, our work becomes stronger because it is shaped by real lives.

Listening also prevents conflict. Rumours lose their power when people are heard. Misunderstandings disappear when questions are welcomed. Trust grows when communities feel respected.

Partnerships become stronger when decisions are made together. Silence, however, can be dangerous. Sometimes silence means agreement. But often it hides confusion, disappointment, fear, or unanswered questions. The wise communicator does not fear silence. They gently invite conversation.

At KEMRI, every field visit is more than an opportunity to collect samples. Every stakeholder meeting is more

than an opportunity to make announcements. Every community dialogue is more than an opportunity to educate. Each interaction is an opportunity to learn.

To improve customer care. To understand complaints. To strengthen communication. To build trust. To shape better science.

Listening is therefore not a courtesy. Listening is a research method. Listening is quality customer care. Listening is effective complaint handling. Listening is strategic communication. Listening is leadership.

A final African proverb says, *"The one who asks questions does not lose the way."*

Perhaps we can add another thought: *"The one who listens carefully never walks alone."*

Science exists to improve lives. But we cannot improve lives we have never taken time to understand. The greatest scientists are not always those who publish the most papers. They are often those who ask the most sincere questions, welcome the toughest feedback, handle complaints with humility, communicate with compassion, and listen with open hearts.

Because every community is a library. Every conversation is a lesson. Every complaint is an opportunity. Every person is a teacher. And every listening ear brings science one step closer to society.





BRIDGING THE GAP BETWEEN SCIENCE AND SOCIETY

— PART 42 —



LISTENING AS A RESEARCH METHOD: Why the Best Scientists Are Also the Best Listeners

“
The one
who listens,
learns.
– African Proverb



“
Most people do
not listen with the
intent to understand;
they listen with
the intent to reply.
– Stephen R. Covey

“
“The ears that listen patiently often
hear solutions the mouth could never create.
– Wise Saying

WHY LISTENING MATTERS



IT UNCOVERS REALITY

People share
experiences science
cannot see.



IT BUILDS TRUST

Listening with
respect turns
communities into
partners.



IT IMPROVES SERVICES

Complaints are
gifts that help us
improve and do
better.



IT PREVENTS CONFLICT

Heard people are
understood people.
Understanding
builds peace.



IT STRENGTHENS SCIENCE

Better data.
Better programs.
Better lives.



**Listening is not a courtesy. It is science.
It is customer care. It is leadership.**



Every community is a library. Every conversation is a lesson.
Every complaint is an opportunity. Every person is a teacher.



Listen today.
Improve tomorrow.
Transform lives.

By Dr. Sammy Yaah Baya



www.kemri.go.ke

FOLLOW US ON:



Kenya Medical Research Institute



@KEMRI_Kenya



@kemri_kenya



@kemri_Kenya



@Kenya Medical Research Institute (KEMRI)

The KEMRI Bulletin is a KEMRI Publication Edited and Produced
by the Corporate Communications Department

© 2026