Greetings, Fogarty Scholars!

At this time of the year, we have to say our good-byes. Three Scholars have earned their MPH degrees and are leaving us: Emmanuel Arinaitwe (Uganda), Samuel Gavi (Zimbabwe), and Daniel Kwaro (Kenya—see feature article on page 2). Three more earned PhDs: Rajnish Joshi (India), Anne Gasasira and Jayne Tusiime (both Uganda). This year we will welcome a DrPH student, Arpitha Jacob (India) and three more MPH students: Vannda Kab (Cambodia), Vincent Otieno Ojwang (Kenya), and Fred Semitala (Uganda).

Meanwhile, there is news, so enjoy!

Till next time, as always . . .

My best to all of you,
Roberta Myers, Editor
Student Profile: Daniel Kwaro

Nothing had fully prepared me for my first experience as a medical intern. My first rotation was in the paediatric ward. I admitted Onyango, a three-year-old, emaciated child weighing a paltry 6 kilos with a history of chronic diarrhoea. Unlike other children his age, he had never uttered a word nor walked a single step. His intelligent stare on a wrinkled face reminded me of a dying old man. His mother looked helpless. I was astounded when she explained that the child was suffering from a curse because her husband had broken a taboo and had refused to undergo the necessary cleansing rituals. She had come to this conclusion because she had taken Onyango to multiple dispensaries and health centres, without results or forthcoming explanations. It turned out that the child was suffering from advanced HIV disease affecting his major organ systems, hampering his physical and mental development. It was too late to save him, despite the medical resources we had at the referral hospital. I witnessed his painful death and was resolved to change things.

Onyango’s is a classic tragedy that plays out repeatedly in the lives of millions of Kenyans who live in abject poverty. Three questions have haunted me ever since. Did he die because of the poor clinical skills of the health care workers he first encountered, leading to a delayed diagnosis and referral? Or was it a case of trained and competent clinical officers and nurses working in a disorganized health system not able to ensure availability of appropriate diagnostic tests and drugs? Lastly, was it simply a case of the dangerous tango of poverty, ignorance and die-hard cultural beliefs and practices making Onyango vulnerable to what could have been a preventable disease?

Having come from a poor rural community in Kenya myself, I am a strong advocate for the development of socioeconomic and health policies to ensure social justice, especially amongst the poor in developing countries. Specifically, I would like to gain the skills that will enable me to play a leading role in improving the health status of communities so that their members can engage in meaningful cultural and socioeconomic pursuits, leading to better and satisfying lives. One clear way of achieving this is by conducting relevant public health research and translating the results into policy and practice. I believe that by studying the best practices and innovative approaches to health issues, we can find a way in which to make meaningful, effective change.

As a medical doctor in Kenya, I have trained and worked in government facilities and faced the daily challenge of treating patients too ill to be saved, due to lack of resources and their late presentation to care due to fear and stigma and socioeconomic hardship. It was my early experiences as an intern in a public hospital where I witnessed patients and children dying daily that I began to consider that a public health approach would be essential to addressing the causes for the illness and death I was seeing – like Onyango’s.

Before coming to Berkeley to earn an Epidemiology MPH, I was the Program Systems Coordinator for the Family AIDS Care and Education Services (FACES) Program in Kenya, where I have held various program management positions.

FACES is funded through the US President’s Emergency Plan for AIDS Relief (PEPFAR). The focus areas are HIV prevention, care and treatment. FACES was started in March 2005 with less than 100 patients in a single site in the Nyanza Province of Western Kenya. Today there are over 46 sites providing care for over 35,000 HIV-infected individuals and their families.
I joined FACES as an assistant coordinator for Suba District, a remote area in Nyanza with the highest prevalence of HIV in Kenya: 30 per cent. I was part of the team that decentralized HIV care and treatment in one year, from an initial two facilities to eight facilities. I have risen in the FACES hierarchy to take leadership as the coordinator for Migori, another Nyanza region, to be Program Systems Coordinator, charged with the key role of developing, implementing, and evaluating various program systems throughout the province, including the district level mentorship and supervision programs, laboratory networking and sample transport systems, task shifting, defaulter identification and follow-up systems, and enhancing referral networks. These systems are developed in collaboration with the Kenyan Ministry of Health to strengthen each district’s HIV care and the government’s eventual ability to continue providing integrated care.

I have also played a role in defining the national HIV care agenda by participating in various stakeholder meetings for HIV program implementers at the district, provincial, and national levels. I attended the 2007 PEPFAR HIV/AIDS Implementers’ Meeting in Rwanda. I sat on the Ministry of Health’s National STI/AIDS Control Program (NASCOP) subcommittee charged with developing guidelines for HIV clinical mentorship and decentralization.

As a medical doctor working to improve health care systems related to HIV care in Kenya, I have been inspired by the positive impact that the public health approach can have at population level through the multiplication effect of individual or “small-group” actions. The fact that even a poor patient from an extremely remote area of Nyanza can access quality medical services for HIV care in just the three years that FACES has been operating is a testament that my goal is pragmatic and attainable.

Research to improve HIV care and prevention is an essential part of FACES’ work. Since April 2007, I have played a technical and advisory role in the implementation of two randomized controlled trials being conducted to assess various models of HIV care, in particular integration of services. I have been part of a team evaluating the task-shifting model adopted by FACES to mitigate the impact of low staffing at various Ministry of Health facilities and have published abstracts that describe these successful approaches. I have also supervised the research projects of visiting public health and medical students to ensure that projects are feasible and useful to the program and that the results are discussed and necessary system changes implemented.

I decided that a Masters in Public Health was the next step to provide me with the formal training and skills that would allow me to achieve my career and personal goals. A chance to complete this degree at UC Berkeley would afford me the opportunity to experience the public health training in a developed country, whilst providing me with exposure to the international arena of health care and the global concerns while interacting with the multi-national faculty and students there. I hoped to bring into the class the perspective of practicing within the complex framework of a developing country where one strives to balance between the need to implement current best practices in public health and the need to work within the realities of resource limitation.

My future research interests include developing tools in informatics to improve health research and program implementation by providing real-time information to health programs in order to design timely interventions, as well as developing predictive models for high-risk outcomes, e.g. loss to follow-up for patients on antiretroviral drugs or pregnant women, as a powerful tool in designing targeted and pre-emptive interventions in resource-limited settings. As a lifetime goal, I hope to contribute to health policy development and health systems management in Kenya and the rest of the developing world.
This has been one of the most memorable years in my schooling life. I came to Berkeley in the summer of 2009 prepared to absorb all the experiences that came my way. Despite the cognitive overload, I would not trade this journey for any other.

One of my hobbies has been tinkering with the coolest software and gadgets I can lay my hands on. As a caveat to concerned patients, relax, this does not include hospital diagnostic equipment since this hobby starts after 5 pm. when I am not in the clinic! Berkeley gave me a field day in this respect. I have matured to a level above a novice film maker and project manager thanks to my Video and Public Health class. My project involved demonstrating how one can lead from where they are in the context of the health care reform, a raging topic in the US at the time. I developed skills in script writing, interviewing, story boarding, filming and post production processes. Through team work, I experienced for the first time how a horizontal structure of organization, with everybody taking on leadership roles as appropriate, can improve the productivity of small teams. I am currently thinking of how I will integrate the use of multimedia in public health advocacy as an integral part of my work flow.

Before Berkeley, I was sitting right at the intersection of health and information technology, being a member of a team rolling out an electronic medical record system and integrated monitoring and evaluation systems to combat the HIV epidemic in Kenya. The Health IT class enabled me to gain a “bird’s eye view” on matters related to policy, security, efficiency, utility, ethics and all those system level concepts I had so much desired to learn.

My curiosity on the role of place in disease was met by an interesting course in geographical information systems (GIS). I plan to conduct further research related to spatial epidemiology. The class was just a semester long, so I am currently filling in the gaps to achieving adequate competency in spatial epidemiology.

To say the truth, my knowledge of statistics was elementary when I came to Berkeley. I can’t believe the amount of programming I can now perform in Stata®. Though I remain somewhat skeptical as regards the power of statistical approaches in analyzing complex systems such as epidemics and other social phenomena relating to health and disease, I appreciate having such a powerful tool for my future endeavors. I plan to use my statistical knowledge in improving the adoption of strategic information systems in health programs.

Lastly, I will not shy away from confessing that I spent nearly half of my time socializing. I am returning home in one week and my heart is heavy with feelings close to what my Psychiatry professor described as “separation anxiety.” Through my new friends I have been able to see the world in a different way. The plight of the homeless people with no health insurance.... the obesity epidemic gone wild..... and sky rocketing education costs were sad and humbling experiences for someone who had a rosy view of the economic powerhouses such as the US. The sparkling white wine at Napa Valley ... the great monuments like Monterey Aquarium .... the many potlucks .... the amazing helpfulness by total strangers.. the hikes in Point Reyes ... the culinary variety with a bias to Thai restaurants.....the hyper stimulating activities at Disneyworld and of course skiing at Lake Tahoe (for someone who had neither seen nor touched snow in his life)....were some of the highlights of my social life as I made the best efforts at balancing books and life. I would recommend the School of Public Health in Berkeley for anyone eager to set strong foundations in Public Health whilst remaining all rounded.

Go Bears!!

- Daniel Kwaro
ALUMNA PROFILE: Maureen Adudans

Life since Berkeley …

There is surely no easy way to summarize my life since Berkeley, because for me my experience at UCB was a chapter that symbolized a great change in my life. I must say I was privileged and blessed because I went to Berkeley two years after graduating from medical school in 2005 and less than one year into the world of research. During my one year at UCB, the memorable experience is ineffaceable in my mind – the great food, the wonderful people, the fine weather and fantastic sites – just to mention but a few. Just when I thought I was getting the hang of things it was time to return, six months into my first pregnancy, which I attribute to my husband visiting and us getting lost in the Berkeley experience!

Unfortunately, the first few months after returning home were spent under bed rest to alleviate the pre-term labor that had set in. But this was much to our delight, because on 8 September 2008 we were made proud parents of a bouncing baby boy! We named him, Trevor Jabali (Kiswahili name meaning the ‘Rock’) Adudans (TJ). Needless to say the next months were spent fussing over him and watching him grow.

I returned to work at the Kenya Medical Research Institute (KEMRI) in Kisumu City (Kenya) three months later to start off a multi-center Phase I/II female microbicide clinical trial sponsored by International Partnership for Microbicides (IPM) as a Study Coordinator and Co-Investigator. Currently I am juggling two phase I clinical trials, preparing for a phase III trial and motherhood. But each time a trial participant returns for her visit with a broad smile and when I hug my son at the end of each day I am one happy, contented lady knowing it was all well worth it.

I am glad and more than grateful I had the opportunity through the Fogarty Scholarship Program to go through Berkeley because without a doubt it changed my life, and through me, it is changing the lives of others!

-Maureen Adudans

Below: Me, our son (TJ) and loving husband Steve
News from All Over

2010 Summer Scholars

We are excited to welcome our 2010 summer scholars, who will attend the six-week session and take introductory courses in epidemiology and biostatistics. Last summer, we had eight scholars from Ivory Coast (see Issue #6 article), sponsored by the Fogarty International Center.

This year we will host another eight Ivorians plus ten scholars from Viet Nam. Details will be published in Issue #8 this coming fall, but here are some highlights: Scholars will arrive during the last week of June and begin classes right after the Independence Day holiday. There will be a kick-off dinner party, special lectures on monitoring and evaluation by Alice Gandelman of the California State Department of Public Health, a one or two site-visit days, as well as a shopping opportunity (one of the most popular activities for last year’s scholars!).

Summer scholars will have the benefit of special liaisons Dr. Phuong Ngoc Pham and Dellma Postigo Martel. Phuong is Director of Research at the UCB Human Rights Center and Adjunct Associate Professor at Tulane University’s Payson Center for Human Development, where she has had considerable experience mentoring international students. Dellma is a current MPH student from the Dominican Republic, who speaks fluent French and is eager to meet our scholars and start tutoring.

Scholars Helping Scholars

We want to say a big thank you to Nitika Pai (MPH 03, PhD 07), at McGill University in Montreal.

Awaiting the impending arrival of our 2010 Summer Scholars, we appealed to Nikki to help us find some textbooks in French, knowing that she has plenty of French-speaking colleagues at nearby institutions in Montreal to draw from and feeling this would be a special help to Ivorian and Vietnamese summer scholars.

Nikki really came through! She found a French Hennekens, a French epidemiology dictionary, and (at left) a textbook on quantitative methods in epidemiology, among others.

Thank you, Nikki!
Readers’ Survey

It’s nice to have feedback from readers occasionally, so here’s a poll:

With this issue, we come to the end of our sponsored countries, so this is a good time to take stock of the direction we have been going, with each issue devoted to one country.

One idea that came naturally to mind for the next few issues was a Pan-Asian Issue, followed by a Pan-African Issue, finishing up with a South American issue. Or I could start over. Or do something completely different.

I decided to ask you for suggestions about future issues. Send them to me at robertamers@berkeley.edu - and thanks for your continuing support!

Hello from Art and the Epidemiology staff!
Left to right, top row: Juanita Cook, Art Reingold, Diane Hinkly; bottom row: Eugene Konagaya, Connie Perez, Roberta Myers