HIV AND AIDS RESEARCH STRATEGY
Coordination, Resource Mobilization and Dissemination

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Foreword

Although HIV and AIDS prevalence in Kenya has shown a steady decline, it is still a major challenge to our socio-economic development. Further insight is needed to strengthen the national response. This can be achieved through a well-coordinated national research agenda.

It is against this background that the National AIDS Control Council (NACC) and its partners established the Kenya HIV and AIDS Research Coordinating Mechanism (KARSCOM) to coordinate research on HIV and AIDS, in accordance with the Kenya National HIV and AIDS Strategic Plan (KNASP). It is an effective mechanism that coordinates many multidisciplinary researchers in sustainable, participatory research. It is flexible for promoting HIV and AIDS research in Kenya. It provides leadership and strengthens national and international networking and collaboration in HIV and AIDS research. KARSCOM has researchers from different institutions and disciplines, including government ministries and departments, research institutions, universities, people living with HIV and AIDS (PLWHAs), professional associations, NGOs and other relevant organizations. It has clear terms of reference and mode of operation.

This research strategy document has been developed through consensus. It provides a guide on HIV and AIDS research activities and identifies research themes. The strategy focuses attention on the need for national priority research under NACC to be derived from KNASP. It outlines the management of research protocols and provides mechanisms for disseminating findings. It is my hope that this will enable rational allocation of resources to priority HIV and AIDS research and strengthen policy formulation for interventions based on evidence.

In conclusion, I appeal to all stakeholders to embrace and support this research strategy.

[Signed]

National AIDS Control Council (NACC)
Acknowledgements

National AIDS Control Council would like to acknowledge the following institutions for supporting the process of forming KARSCOM:

- Aga Khan University Hospital
- Baraton University
- Central Bureau of Statistics (CBS)
- Centers for Disease Control and Prevention (CDC)
- Egerton University
- International Centre for Health Interventions and Research in Africa (ICHIRA)
- Jomo Kenyatta University
- Kenya AIDS NGOs Consortium (KANCO)
- Kenya AIDS Watch Institute (KAWI)
- Kenya Medical Research Institute (KEMRI)
- Kenya Methodist University
- Kenyatta University
- Kenya Medical Association (KMA)
- Maseno University
- Ministry of Health (MOH)
- Moi University
- National AIDS and STD Control Programme (NASCOP)
- National Coordinating Agency for Population and Development (NCAPD)
- National Council for Science and Technology (NCST)
- Pathfinder International
- University of Manitoba
- University of Nairobi
- World Health Organization
- Women Fighting AIDS in Kenya (WOFAK)

These institutions supported the development of KARSCOM by providing technical expertise. The National AIDS Control Council also acknowledges the World Bank for providing funds for implementing a multisectoral approach in Kenya that has gone a long way in recognizing the important role research plays in HIV and AIDS.
Abbreviations and Acronyms

AIDS  acquired immune deficiency syndrome
ART  antiretroviral therapy
CBO  community-based organization
CDC  Centers for Disease Control and Prevention
DOD  Department of Defence
GOK  Government of Kenya
HIV  human immunodeficiency virus
ICHIRA  International Centre for Health Interventions and Research in Africa
IGAD  Inter Governmental Authority for Development
JICA  Japan International Cooperation
KARI  Kenya Agriculture Research Institute
KARSCOM  Kenya HIV and AIDS Research Coordination Mechanism
KEMRI  Kenya Medical Research Institute
KNASP  Kenya National HIV and AIDS Strategic Plan
KNBS  Kenya National Bureau of Statistics
NACC  National AIDS Control Council
NCAPD  National Coordinating Agency for Population and Development
NCST  National Council for Science and Technology
NGO  non-governmental organization
NASCOP  National AIDS and STD Control Programme
PEPFAR  Presidential Emergency Plan for AIDS Relief
RFA  request for application
Sida  Swedish International Development Cooperation Agency
STI  sexually transmitted infection
TICH  Tropical Institute of Community Health
UNAIDS  Joint United Nations Programme on HIV and AIDS
CHAPTER 1: Introduction

1.1 HIV and AIDS in Kenya

HIV and AIDS epidemic in Kenya is categorized by UNAIDS as generalized, meaning that HIV is widespread not only among high-risk groups but is also significant in the general population. During 1990s, HIV spread, reaching a prevalence of 20–30% in some areas of the country and over 80% among sex workers. The latest statistics indicate that the current national prevalence is about 6%, down from about 10% in the mid-1990s. Many surveys have documented changes in sexual behaviour, including increased condom use, reduced number of sexual partners and older age at start of sex. Despite reduction in prevalence in the country, the effect of HIV and AIDS is very strong. The epidemic has ethnic and gender differences. It is anticipated that HIV and AIDS research will provide insight into what will help reverse the epidemic.

1.2 National AIDS Control Council

In 1999, the Government of Kenya (GOK) declared HIV and AIDS a national disaster and established the National AIDS Control Council (NACC). It facilitated the development of the Kenya National HIV and AIDS Strategic Plan (KNASP) 2000–2005, which sets out a multisectoral response to the epidemic, agreed by stakeholders within government, civil society, private sector and development partners as the ‘three ones’ principle. NACC has developed a new strategic plan, KNASP 2005/2006–2009/2010, for the same purpose, in which research is given key attention.


The Kenya national response to the HIV and AIDS disaster is operating through many multidisciplinary stakeholders in the UNAIDS ‘three ones’ strategy. This means there is only one national authority to coordinate activities, one national plan—KNASP—and one monitoring and evaluation framework. KNASP, therefore, provides the national action framework for HIV and AIDS for interventions in Kenya. KNASP is not intended to replace or duplicate sectoral HIV and AIDS strategies nor does it include detailed plans or budgets for interventions. Rather, it provides the framework within which the strategies, plans and budgets should be formulated, monitored and coordinated.

The goal of KNASP is to reduce the spread of HIV, improve the quality of life of those infected and affected, and mitigate the socio-economic impact of the epidemic in Kenya. KNASP operates within core principles of a multisector approach, targeted interventions, recognition of special needs of women and youth, maximum engagement of people living with HIV, empowerment of all stakeholders, and interventions based on evidence.
1.4 Kenya national HIV and AIDS monitoring and evaluation framework

NACC consulted with its stakeholders in HIV and AIDS response and developed a monitoring and evaluation framework through inclusive consultations to achieve consensus. This framework describes various kinds of information required to monitor the new KNASP, sources of the information, agencies responsible for reporting, and reporting frequency. In the framework implementers of HIV and AIDS response and research institutions will conduct special surveys for operational research. This will direct response to priority areas in the strategic plan because KNASP stresses interventions based on evidence.

Despite the new KNASP 2005/2006–2009/2010 emphasizing the need for research as the source of evidence for strategic decisions and interventions, there is no coordinated process in which HIV and AIDS research is to be undertaken and disseminated. This made NACC and its partners realize they needed to develop an effective and sustainable mechanism for coordinating, prioritizing, mobilizing and disseminating HIV and AIDS research in Kenya that uses a wide range of the capacity currently available. The result is the development of the Kenya HIV and AIDS research coordinating mechanism (KARSCOM).
CHAPTER 2: Kenya HIV and AIDS Research Coordinating Mechanism

2.1 Introduction
During development of the Kenya National HIV and AIDS Strategic Plan (KNASP), stakeholders identified the need for an efficient coordination mechanism for research. Following consultation with various stakeholders in 2005, a coordination mechanism called the Kenya HIV and AIDS Coordination Mechanism (KARSCOM) was created and its steering committee launched.

2.2 Role of KARSCOM
KARSCOM is charged with coordinating and promoting HIV and AIDS research for KNASP. The strategic plan identifies research as a key support service. It will coordinate prioritizing, mobilizing and disseminating research findings. KARSCOM will ensure that the research is demand driven.

2.3 Structure of KARSCOM
Figure 1 is the KARSOM organization chart. KARSCOM is chaired by the NACC director. A steering committee of eight people drawn from NACC and KARSCOM will follow up on KARSCOM decisions. The committee will be supported through a research desk within the monitoring, evaluation and research division of NACC. To participate in coordinated monitoring of KNASP, KARSCOM will report to the monitoring and coordination group through its steering committee. KARSCOM members are drawn from a wide range of stakeholders, which include universities, research institutions, NGOs, people living with HIV, GOK ministries, donors and others. This multisectoral and multidisciplinary team provides a mix of skills in biomedical, clinical, field, behavioural, economic, sociocultural and legal fields.
Figure 1. KARSCOM organizational structure. ICC – Interagencies Coordinating Committee; MCG – Monitoring and Coordinating Group(s).
2.4 Mandate and role

2.4.1 Primary role

KARSCOM is to provide an innovative, sustainable, participatory and flexible mechanism for promoting and coordinating multisectoral and multidisciplinary HIV and AIDS research in line with the Kenya National HIV and AIDS Strategic Plan.

2.4.2 Specific mandate and roles

The mandates of KARSCOM will be to

- Provide leadership in HIV and AIDS research
- Promote research relevant to KNASP
- Identify new HIV and AIDS research areas and scope and advise NACC
- Stimulate and require demand-driven HIV and AIDS research
- Promote dissemination and use of HIV and AIDS research findings
- Strengthen HIV and AIDS research capacity
- Coordinate resources for HIV and AIDS research
- Review and approve research proposals for funding
- Promote and strengthen national and international collaboration and networking in HIV and AIDS research
- Ensure adherence to ethical and legal requirements in HIV and AIDS research
- Promote a national directory and database for HIV and AIDS research
- Monitor NACC funded HIV and AIDS research projects
- Monitor the quality and safety of HIV and AIDS research
- Report on the progress of HIV and AIDS research in general

The KARSCOM terms of reference are in appendix 1 and the list of KARSCOM members is in appendix 2.

2.5 Committees of KARSCOM

KARSCOM has three committees:

- Steering Committee
2.6 Terms of reference and composition of KARSCOM committees

2.6.1 Steering Committee

This committee will

- Set the agenda for KARSCOM
- Put into operation KARSCOM decisions
- Continuously advise NACC on the progress made by KARSCOM
- Advocate for increased resources for HIV and AIDS research

The list of members for this Steering Committee is in appendix 3.

2.6.2 Scientific Committee

The scientific committee shall have eight people, including the chairperson and the secretary. The two officials shall become members of the KARSCOM Steering Committee. The KARSCOM Steering Committee shall, from time to time, review membership of this committee. The role for the Scientific Committee is in appendix 4.

2.6.3 Resource Mobilization Committee

The Resource Mobilization Committee shall have eight people, including the chairperson and the secretary. The two officials shall become members of the KARSCOM Steering Committee. The KARSCOM Steering Committee shall, from time to time, review membership of this committee. The role for the Resource Mobilization Committee is in appendix 4.
CHAPTER 3: Priority Research Themes

3.1 Introduction

Specific annual priorities for research will emanate from the joint HIV and AIDS project review. To achieve the results in the Kenya National HIV and AIDS Strategic Plan it is critical to have effective research, monitoring and evaluation strategies in place. In line with KNASP (2005/2006–2009/2010) themes within the priority areas and support services have been identified by KARSCOM.

3.2 Prevention of new infections

The themes under this priority are

- Cultural and family dynamics in relation to HIV and AIDS
- Continuous teaching of life skills in schools and families
- Counselling and testing services for attitude and behaviour change
- Age group and gender behaviour
- Impact of alcohol and drug abuse
- Female genital mutilation and other cultural practices
- Male circumcision
- Condom use and management
- Universal precautions, such as blood and injection safety, post-exposure prophylaxis
- Clinical trials and vaccine development
- Management and follow up of sexually transmitted infections (STI) in general and special populations, such as youth, sex workers and uniformed services
- Preventive programmes for vulnerable populations, such as orphans and vulnerable children, street families, widows and people living with disabilities
- Impact, extent, accessibility and quality of services for prevention of mother-to-child transmission
- Woman-specific HIV and AIDS control methods, such as female condoms, microbicides and other empowerment strategies
• Stigma and discrimination
• Migrant workers and slum dwellers
• Pastoralist communities

3.3 Improving the quality of life

The themes under this priority are
• Antiretroviral (ART) uptake, monitoring drug resistance and rational drug use
• Community interventions
• Innovations in home-based care, such as training, nutritional support, knowledge of opportunistic infections and treatment
• Palliative care
• Human rights, ethical and legal issues
• Health systems and the quality of care
• Delay of disease progression
• Food and nutrition, including traditional foods
• Traditional medicinal plants
• Traditional healers and birth attendants
• Management of opportunistic infections

3.4 Mitigation of socio-economic impact

The themes under this priority are
• Economic and social impact for the household, community and nation
• Advocacy
• Impact of HIV and AIDS on human resources across sectors
• Impact of HIV and AIDS on livelihood and food security
• Psychosocial needs of special groups, such as refugees, prisoners, orphans and vulnerable children, men who have sex with men, people living with HIV, intravenous drug users, people living with disabilities
• Traditional healing and support systems and alternative medicines
• Community empowerment through strengthening mitigation strategies
• Mainstreaming mitigation initiatives into local structures

3.5 Provision of support services

The themes under this priority are

• Accountability and transparency on HIV and AIDS programme implementation, financing and procurement
• Human resource capacity building for HIV and AIDS research and services
• Institutional management mechanisms and practices, including time management and efficiency
• Resource tracking
• Programme implementation and resource absorptive capacity
• Capacity building at the grassroots, such as proposal writing, report writing, accounting and recordkeeping
• Mobilizing community resources
• Improving policies to strengthen services
• Communication, coordination and networking
CHAPTER 4: Management of Research Protocols

4.1 Introduction

In the past, NACC received research proposals for funding from various organizations and individuals. These proposals were developed without specific guidance on priorities and themes. They were reviewed ad hoc and a few received funding. In the last review, 1200 research proposals sent to NACC received no funding because most were irrelevant to the national response activities NACC coordinated. To address these challenges, NACC has established a new coordination mechanism to handle research proposals.

4.2 Call for research proposals

NACC will call for research proposals through a request for applications (RFA). The RFA will specify research themes and sub-themes relevant to the KNASP, including parameters to be decided by KARSCOM. Funding, in three tiers—constituency, district, and national—will be determined from time to time and specified by NACC in the RFA. Deadlines and submission protocols will be specified. Ethical issues, where necessary, will need to be addressed. The policy will restrict one principal investigator to one award for one project under this mechanism.

4.3 Receiving proposals

To receive research proposals a coordinating office will be specified, where proposals will be documented, logged in and acknowledged.

4.4 Proposal review

A KARSCOM scientific subcommittee will review proposals according to established criteria. Ethical clearance, where applicable, will be required before the final award is granted. The outcome of the review will be noted:

- Award
- Reject
- Revise

4.5 Terms of award

The following terms of award shall apply:

- The principal investigator will be required to acknowledge and accept the award with the conditions specified.
• The process of disbursing the funds will be specified and the principal investigator or institution to manage the funds spelled out.

• Annual progress reports to the coordinating office will be the norm unless otherwise specified.

• Permission to ship research samples outside the country must be applied for and NACC must approve the application according to national guidelines.

• The period for implementing the protocols is limited to a maximum of two years, unless otherwise specified.

• Penalties for defaulting on the specified conditions will be spelled out.

• Other conditions may be determined from time to time.

4.6 Change of theme or sub-theme

The principal investigator must apply for and receive approval for change of research theme or sub-theme under the grant.

4.7 Ownership, copyright and publication of data

All publications arising from the grant must acknowledge NACC. Some issues surrounding data to be reported or published can prove to be sensitive and may require validation before publication. NACC requires grantees to let NACC and partners review the drafts of reports and publications and approve them.

4.8 Decentralized operations

KARSCOM will delegate its responsibilities to appropriate district NACC structures. KARSCOM requires these structures to monitor and take inventory of all HIV and AIDS research and forward it to NACC. In addition, appropriate institutions or individuals will support these structures. Constituency and district research proposals will be channelled through appropriate NACC structures.
Chapter 5: Disseminating HIV and AIDS Research Information and Findings

5.1 Introduction

Disseminating research findings to reach target populations requires an effective strategy. This will enable services to be improved, acknowledge the participation of the target populations and give feedback. An effective dissemination strategy will facilitate HIV and AIDS programmes to achieve the following:

- Implement interventions and form policies on evidence
- Use research evidence to change behaviour and practices
- Communicate with media to influence policymakers and decisionmaking
- Bring together all stakeholders to share the research, including development partners, universities, independent researchers, policy advocates, clients and families
- Minimize duplication and waste
- Empower communities and stakeholders
- Provide a foundation for other researchers

5.2 Dissemination methods

Research groups may use any of the following methods to effectively disseminate their findings:

- Barazas
- Meetings
- Publications
- Print and electronic media
- Internet
- Workshops and seminars
- Conferences
- Policy briefs and advocacy
- Tool kits
• Audiovisual materials
• Newsletters and pamphlets

5.3 Dissemination targets

The following are the targets for disseminating research findings:
• Research institutions
• Universities and colleges
• NGOs, community-based organizations, faith-based organizations
• Government ministries and departments
• Professional organizations
• Development partners
• Policymakers and opinion leaders

5.4 KARSCOM dissemination plan

The strategies to be used to disseminate research findings to target groups are spelled out in table 1.

Table 1. Dissemination of research findings

<table>
<thead>
<tr>
<th>Items to be disseminated</th>
<th>Target</th>
<th>Method</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research results</td>
<td>Researchers Students Communities Programmes</td>
<td>HIV and AIDS journals Reports Bi-annual conferences</td>
<td>Researchers KARSCOM NACC</td>
</tr>
<tr>
<td>Recommendations for policy development</td>
<td>Members of Parliament Cabinet Donors Programmes Relevant sectors</td>
<td>Advocacy through briefs, media Workshops and seminars Conferences Lobbying</td>
<td>KARSCOM NACC Development partners Lobby groups</td>
</tr>
<tr>
<td>New interventions</td>
<td>Relevant implementers</td>
<td>Workshops and seminars Conferences Advocacy through briefs, media</td>
<td>KARSCOM NACC Development partners</td>
</tr>
</tbody>
</table>
CHAPTER 6: Resource Mobilization

6.1 Introduction

One mandate in the legal notice that established NACC is to mobilize resources from local and international partners. The mandate includes establishing and operating a trust fund that can be used for activities and programmes prioritized by the council.

Research, an important component of KNASP, needs to be adequately funded. KARSCOM is charged with mobilizing funds for research. This will be achieved through the Resource Mobilization Committee, using various modes of financing, as outlined here.

6.2 Modes of financing

6.2.1 Funding through government budget

KARSCOM prepares an annual research budget in line with the annual NACC work plan and cycle, so that it is included in the GOK budget cycle and medium-term expenditure by September every year. KARSCOM will lobby and advocate for increased GOK funding for research on HIV and AIDS through means determined by the Resource Mobilization Committee.

6.2.2 Bilateral grants from governments to Kenya

Some governments grant funds to Kenya:

- Danish International Development Agency (DANIDA)
- Department for International Development (DFID)
- Japan International Cooperation (JICA)
- Swedish International Development Cooperation Agency (Sida)
- US Agency for International Development (USAID)

Funding in this category will be through NACC work plans and budgets, through the government planning and budget cycle, in consultation with the relevant development partners.

6.2.3 Funding from international organizations

There are international foundations, organizations and agencies that support operational and applied HIV and AIDS research outside government budget. Some are
• The Bill and Melinda Gates Foundation
• The Carnegie Foundation
• The Clinton Foundation
• East, Central and South Africa Health Community (ECSA)
• East Africa Community (EAC)
• The Elizabeth Glaser Foundation
• The Ford Foundation
• The Global Fund
• The Inter Governmental Authority for Development (IGAD)
• The Presidential Emergency Plan for AIDS Relief, Centers for Disease Control and Prevention, US Agency for International Development, and Department of Defense (PEPFAR/CDC/USAID/DOD)
• The Rockefeller Foundation
• Wellcome Trust

KARSCOM shall establish a mechanism for coordinating and collecting information on available international sources of funding for HIV and AIDS research and to support and facilitate applications for the funds.

The research desk within NACC will work with an officer in charge of development partners. The information to be collected will include identifying

• Possible sources of HIV and AIDS research funding
• The type of research funded by the sources
• Mechanisms, periodicity and procedures for applications

This information will inform KARSCOM on potential sources of resources.

6.2.4 Local resources

In the spirit of private and public partnership, KARSCOM will promote the private sector participating in financing research. The Resource Mobilization Committee will lobby private firms to support specific research themes. KARSCOM will establish a database for sources of funding for research to identify existing ones and coordinate forming networks within KNASP research themes.
Appendix 1: KARSCOM Terms of Reference

Mandate

The mandate of KARSCOM is to create a sustainable, participatory and flexible mechanism for promoting and coordinating multidisciplinary HIV and AIDS research in Kenya.

Functions

To fulfil its mandate, KARSCOM should

- Provide leadership and promote HIV and AIDS research
- Define the priority and scope of HIV and AIDS research within the Kenya National HIV and AIDS Strategic Plan
- Identify new priorities for HIV and AIDS research in the changing national picture
- Stimulate and entrench demand, dissemination, and use of HIV and AIDS research
- Strengthen HIV and AIDS research capacity, including improving stakeholder capacity to conduct research
- Coordinate resources and recommend disbursement of funds for HIV and AIDS research using agreed criteria
- Monitor and evaluate funded HIV and AIDS research projects and include safety and quality assurance
- Strengthen national and international networking and collaboration
- Report on progress using KNASP results framework to the monitoring and coordination group

Membership

The membership of KARSCOM ensures including a wide range of disciplines, including biomedical, clinical, economics, behavioural, social and cultural skills. Representatives of member organizations must have appropriate qualifications and skills in research. Membership of KARSCOM has representatives from the following organizations:

- African Medical and Research Foundation (AMREF)
- Aga Khan University
• Baraton University
• Department of Defence (DOD)
• Egerton University
• Family Health International (FHI)
• Institute of Primate Research
• International AIDS Vaccine Initiative/Kenya AIDS Vaccine Initiative (IAVI/KAVID)
• International Centre for Health Interventions and Research in Africa (ICHIRA)
• Joint United Nations Programme in HIV and AIDS (UNAIDS)
• Jomo Kenyatta University of Agriculture and Technology
• Kenya Medical Research Institute (KEMRI)
• Kenya National Bureau of Statistics (KNBS)
• Kenyatta University
• Maseno University
• Ministry of Agriculture
• Ministry of Education
• Ministry of Gender, Sports, Culture and Social Services
• Ministry of Health
• Ministry of Home Affairs Children’s Affairs Department
• Moi University
• National Agency for Population and Development (NAPD)
• National AIDS and STI Control Programme (NASCOP)
• National AIDS Control Council (NACC)
• National Council for Science and Technology (NCST)
• Network of People Living with HIV and AIDS (NEPHAK)
• University of Manitoba
• University of Nairobi

Member appointments will be for three years and renewable. Should the need arise, additional, temporary members may be brought in for their expertise.
**Mode of working**

Either the director of NACC or the director’s representative will be the chair of KARSCOM. NACC will house the committee as custodian of the ‘three ones’. This takes into account the authority granted by the legal notice that created NACC and the States Corporation Act, under which it functions for coordinating the multisector response to HIV and AIDS. NACC will provide a budget to make KARSCOM function. The proposed quorum is nine member organizations, including NACC. KARSCOM members must leave the room when proposals from their institutions are being discussed and reviewed.

**Frequency of meetings**

Meetings are to be held four times a year at intervals decided by KARSCOM members. Meetings might be clustered around key times of year. Special ad hoc meetings may be convened.
APPENDIX 2: KARSCOM Members

<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th><strong>ORGANIZATION</strong></th>
</tr>
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<tbody>
<tr>
<td>Mr Godfrey Baltazar</td>
<td>NASCOP</td>
</tr>
<tr>
<td>Prof. K.M. Bhatt</td>
<td>University of Nairobi</td>
</tr>
<tr>
<td>Mr Robert Buluma</td>
<td>Kenya National Bureau of Statistics</td>
</tr>
<tr>
<td>Ms Rebecca Bunnell</td>
<td>CDC</td>
</tr>
<tr>
<td>Mr Boaz Cheluget</td>
<td>NACC</td>
</tr>
<tr>
<td>Dr Alan Ferguson</td>
<td>Constella Futures</td>
</tr>
<tr>
<td>Mr Eric E. Jaoko</td>
<td>NACC</td>
</tr>
<tr>
<td>Mr Boniface Kaburu</td>
<td>Kenya Society for the Blind</td>
</tr>
<tr>
<td>Mr John Kamigwi</td>
<td>NACC</td>
</tr>
<tr>
<td>Dr Stephen Karau</td>
<td>KEMRI/Walter Reed Project</td>
</tr>
<tr>
<td>Prof. Patrick Kenya</td>
<td>ICHIRA</td>
</tr>
<tr>
<td>Mr Sammy Langat</td>
<td>University of Eastern Africa, Baraton</td>
</tr>
<tr>
<td>Dr Vane Lumumba</td>
<td>NCPAD</td>
</tr>
<tr>
<td>Prof. J. Magambo</td>
<td>Jomo Kenyatta University</td>
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<tr>
<td>Mrs Doreen Maloba</td>
<td>Maseno University</td>
</tr>
<tr>
<td>Dr Florence Manguyu</td>
<td>KAVI/IAVI</td>
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<tr>
<td>Rex Mpazanje</td>
<td>WHO</td>
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<tr>
<td>Prof. Mutuma Mugambi</td>
<td>Methodist University (KEMU)</td>
</tr>
<tr>
<td>Dr Sobbie Mulindi</td>
<td>University of Nairobi</td>
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<tr>
<td>Mr Ben M undia</td>
<td>NACC</td>
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<tr>
<td>Dr Patrick Mureithi</td>
<td>NACC</td>
</tr>
<tr>
<td>Mr Willy Nyambati</td>
<td>JICA</td>
</tr>
<tr>
<td>Dr Maureen Nyang’wara</td>
<td>KARI</td>
</tr>
<tr>
<td>Dr Rose Odhiambo</td>
<td>Egerton University</td>
</tr>
<tr>
<td>Dr Rispah Oduor</td>
<td>NCST</td>
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<tr>
<td>Dr Esther Ogarra</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Prof. Peter Ojwang</td>
<td>Aga Khan University Hospital</td>
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<td>NACC</td>
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<td>Dr Moses Otsyula</td>
<td>Institute of Primate Research</td>
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<tr>
<td>Ms Catherine Oyugi</td>
<td>NEPHAK</td>
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<td>Dr Peter M. Tukeyi</td>
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<tr>
<td>Mr Sam Wambugu</td>
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</tbody>
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Membership in this committee shall be reviewed from time to time.
### Appedix 3: KARSCOM Steering Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Peter M. Tukei, Chair</td>
<td>KEMRI</td>
</tr>
<tr>
<td>Mr John Kamigwi, Co-chair</td>
<td>NACC</td>
</tr>
<tr>
<td>Mr Ben Mundia, Secretary</td>
<td>NACC</td>
</tr>
<tr>
<td>Ms Pauline Nyaga, Ex-officio</td>
<td>KEMRI</td>
</tr>
<tr>
<td>Mr Boaz Cheluget</td>
<td>NACC</td>
</tr>
<tr>
<td>Prof. Patrick Kenya</td>
<td>ICHIRA</td>
</tr>
<tr>
<td>Dr Florence Manguyu</td>
<td>IAVI</td>
</tr>
<tr>
<td>Prof. Mutuma Mugambi</td>
<td>KEMU</td>
</tr>
<tr>
<td>Dr Sobbie Mulindi</td>
<td>University of Nairobi</td>
</tr>
<tr>
<td>Dr David L. Mwaniki</td>
<td>KEMRI</td>
</tr>
<tr>
<td>Dr Rispah Oduor</td>
<td>NCST</td>
</tr>
<tr>
<td>Dr Esther Ogara</td>
<td>MOH</td>
</tr>
<tr>
<td>Prof. Peter Ojwang</td>
<td>Aga Khan University Hospital</td>
</tr>
</tbody>
</table>
APPENDIX 4: Terms of Reference for the Scientific and Resource Mobilization Committees

Terms of reference for the Scientific Committee

This subcommittee will

1. Put into operation the scientific functions and decisions of KARSCOM
2. Manage and administer research protocols funded through KARSCOM according to the KARSCOM guidelines. These will include
   a) Request for research applications and proposals in line with national priorities defined in the Kenya National HIV and AIDS Strategic Plan and its results framework
   b) Review proposals to determine their priority rating according to NACC priorities defined in the Kenya National HIV and AIDS Strategic Plan
   c) Award of research grants in line with relevant guidelines, terms and conditions of award of various funding sources
   d) Facilitate in oversight and monitoring of progress of research under the grants
   e) Evaluate and disseminate research findings for applications based on evidence, in accordance with the KARSCOM guidelines
3. Supervise the decentralized scientific functions of KARSCOM
4. Perform any other functions and activities duly delegated by KARSCOM and its other committees

Terms of reference for the Resource Mobilization Committee

This subcommittee will

1. Mobilize resources from local and international sources in accordance with the KARSCOM guidelines
2. Monitor and maintain a database of international and local sources of relevant research funding
3. Facilitate the process of application and accountability for such funding
4. Facilitate establishing and strengthening a grants application desk within NACC to facilitate these activities
5. Actively pursue local and international private and public partnerships to enhance research capacity
6. Promote public confidence in the stewardship of research funds
7. Perform any other functions and activities duly delegated by KARSCOM and its other committees
APPENDIX 5: Membership of the Scientific and Resource Mobilization Committees

**Scientific Committee**

Prof. Peter Ojwang, Chair  
Aga Khan University Hospital

Mr Boaz Cheluget, Secretary  
NACC

Prof. K.M. Bhatt  
University of Nairobi

Dr Florence Manguyu  
IAVI

Dr Maureen Nyang’wara  
KARI

Dr Rispah Oduor  
NCST

Kenya National Bureau of Statistics representative  
KNBS

Ministry of Health representative  
MOH

**Resource Mobilization Committee**

Prof. Mutuma Mugambi, Chair  
KEMU

Mr John Kamigwi, Secretary  
NACC

Dr Allan Ferguson  
Constella Futures

Dr Stephen Karau  
KEMRI/Walter Reed Project

Prof. Alloys Orago  
NACC

CDC representative

JICA representative

UNAIDS representative