



In Search of Better Health

14th KASH CONFERENCE

Theme:

*Harnessing Biomedical Research Innovations and Big Data
for Health System Resilience, Local Manufacturing and
Commercialization*

PROGRAM

KEMRI Annual
Scientific & Health
(KASH) Conference

13th - 16th
February, 2024

Safari Park
Hotel, Nairobi,
Kenya



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In Search of Better Health

The 14th KEMRI Annual Scientific & Health (KASH) Conference

13th - 16th February 2024
SAFARI PARK HOTEL,
NAIROBI, KENYA

Theme:

*Harnessing Biomedical Research Innovations and Big Data
for Health System Resilience, Local Manufacturing and
Commercialization*

Organized by:

Kenya Medical Research Institute (KEMRI)

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P. O. Box 54840-00200

Nairobi, Kenya.

www.kemri.go.ke

ACKNOWLEDGEMENTS

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Table of Contents

MESSAGE FROM DIRECTOR GENERAL KEMRI	1
CONFERENCE OVERVIEW BY KASH CHAIR	2
PROGRAM AT A GLANCE	3
KEYNOTE SPEAKER	8
PLENARY SPEAKERS	9
ADVERTS	20
FULL PROGRAM	29



MESSAGE FROM DIRECTOR GENERAL KEMRI

PROF. Elijah Songok

A warm welcome to the 14th KEMRI Annual Scientific and Health Conference, aptly named KASH 14. This year's event is marked by a unique pre-conference session that takes an innovative dive into medical manufacturing, setting the stage for the main discourse during this conference. This groundbreaking approach emphasizes the integral connection between research outputs and the commercialization of health products and technologies, reflecting our commitment to a comprehensive exploration of healthcare advancements.

KEMRI, as a premier biomedical research institution, has consistently played a pivotal role in advancing disease diagnosis, treatment, and management. Through our relentless dedication to product development, innovative technologies, clinical trials, and service provision, we have contributed immensely to the improvement of healthcare outcomes.

This year, KEMRI is taking a bold step towards fostering a collaborative environment for the development, nurturing, and evaluation of public value. Together with our parent Ministry of Health, we have joined hands with the local manufacturers, various health research institutions, and the private sector to create an ecosystem that promotes Health Products and Technologies (HPT) economic growth. Our shared vision is to drive innovation, inclusivity, and sustainability in the healthcare sector in Kenya.

I am excited to announce a key highlight of this year's KASH conference—an exhibition and dialogue on the local manufacture of HPT. This initiative is our humble contribution towards instilling confidence in locally manufactured HPT while leveraging on KEMRI's expertise to generate solutions geared to revamp the local manufacturing landscape. By actively shaping and co-creating markets, is a clear demonstration of the government's political will in the advancement of the Universal Health Coverage (UHC) agenda through locally manufactured HPT.

In conclusion, let me express our collective excitement for the opportunities that lie ahead during KASH 14. May this conference be a melting pot of ideas, a catalyst for collaboration and groundbreaking advancements in biomedical research.

On behalf of the KEMRI Board of Directors and the Management, I would like to take a moment to express our heartfelt gratitude to our dedicated staff for the immense hard work they have put in. Their unwavering commitment has been instrumental in achieving the milestones we have been able to, to date. Each member of our team has played a crucial role in advancing the Institute's mission and contributing to the noteworthy successes we celebrate today.

To all the participants who submitted their abstracts, thank you for contributing to the academic richness of this conference. Your research, findings, and experiences that shall be shared during the next four days will undoubtedly contribute to advancing the collective understanding of crucial issues in health and biomedical research. Your active participation is the cornerstone of the success of KASH 14.

I thank you all for your participation and support.

Prof. Elijah Songok
Ag. Director General
KENYA MEDICAL RESEARCH INSTITUTE



CONFERENCE OVERVIEW BY KASH CHAIR

DR. CECILIA MBAE

A warm welcome to each and every one of you to the prestigious 14th KEMRI Annual Scientific and Health Conference (KASH14) being held from February 13th, to 16th, 2024. This year's theme, "Harnessing Biomedical Research Innovations and Big Data for Health System Resilience, Local Manufacturing, and Commercialization," underscores our commitment to advancing healthcare through cutting-edge research and the utilization of transformative technologies.

The KASH conference stands as a cornerstone in KEMRI's annual calendar of events, aiming to convene researchers, collaborators (both local and international), policymakers, and various stakeholders in the field of medical research. This year, the conference takes a different shape in that it is preceded by a pre-conference event with the theme "Market Shaping For Local Innovations and Manufacturing of Health Products and Technologies Towards Attainment of UHC In Kenya: The Role of Research & Development". A dialogue seeking to promote confidence in locally manufactured Health Products and Technology (HPT) and showcase government commitment to advancing the Universal Health Coverage (UHC) through locally made products.

The upcoming conference promises an extensive array of scientific content, featuring 10 plenary talks and nine symposia dedicated to exploring topical issues in health research. Notably, we are delighted to announce the reception of a total of 364 abstract submissions, an increase from 253 abstracts submitted last year. We will have 243 abstracts presented in 27 parallel oral sessions and 77 poster presentations. It is worth mentioning that the abstracts hail from various countries, including the United States, Netherlands, Germany, Ghana, Tanzania, and more, solidifying KASH's status as an international conference.

In recognition of the significance of nurturing young talent, we have dedicated a session to young investigators, receiving 40 submissions. The winners of this session will be duly acknowledged. Additionally, attendees will have ample opportunities to network, establish new connections, and foster long-term partnerships, both through in-person interactions and the dynamic virtual platform.

The conference boasts distinguished keynote and plenary speakers—world-class scientists possessing profound insights and a wealth of knowledge not only on disease burdens but also on practical health interventions. The Opening Keynote Address will be delivered by Mr. Rajni Vora, delving into the topic of "Translating Research Outputs into Health Security through Commercialization of Health Products and Technologies – Learning for Targeted Investment." The plenary sessions will feature nine speakers addressing a spectrum of topics, including partnerships in digital health, universal health coverage, research innovation, forensic science, issues of triple threat, and various other biomedical research themes.

Ladies and gentlemen, I would like to express our heartfelt appreciation to our sponsors for their indispensable support in bringing the 14th KEMRI Annual Scientific and Health Conference to fruition. Special appreciation to KCB Bank and F&S Scientific in the Platinum category, Carramore International Limited, Anatech Africa, and TNO Innovation and Development Program in the Gold category, the Center for Health Solutions Kenya, PS Kenya Limited, Inqaba Biotec Limited, Gemina Insurance Company Limited, in the Silver category, and over 20 exhibitors who took up the booths. Your partnership has been truly uplifting, and we are grateful for your pivotal role in making this event a success. Thank you for your commitment to advancing scientific and health initiatives. Your support has created a collaborative platform that significantly contributes to our shared goals.

As the local organizing committee, we are delighted in devoting ourselves to provide leadership, information, and capacity leading to the enhancement of human health, and quality of life through dissemination of research findings, innovations and service delivery. I encourage all participants to actively engage in the interesting explorations over the next three days and wish you a successful, fruitful, and a memorable conference.

Cecilia Mbae, PhD
Chair, KASH Organizing Committee

PROGRAM AT A GLANCE

DAY ONE, TUESDAY 13 TH FEBRUARY 2024	
TIME	MARKET SHAPING FOR LOCAL INNOVATIONS AND MANUFACTURING OF HEALTH PRODUCTS AND TECHNOLOGIES TOWARDS ATTAINMENT OF UHC IN KENYA: THE ROLE OF RESEARCH & DEVELOPMENT
0800-0830hrs	Arrival & Registration
0830-1000hrs	KASH Official Opening Ceremony
0830 - 0920hrs	<p>Remarks</p> <ul style="list-style-type: none"> • Remarks • Chair KASH • DRD, KEMRI • Director General, KEMRI • Chair BoD, KEMRI • Director HPT, MoH • Director General, MoH <p>Official Address and Opening by the Chief Guest: – Cabinet Secretary, Ministry of Health, Nakhumicha S. Wafula.</p>
0920 - 0950hrs	<p>Keynote Address</p> <p>Empowering Kenya through Local Manufacturing of Innovative Health Products and Technologies for Universal Health Coverage (UHC).</p> <p>Mr. Rajni Vora, MD, Revital Healthcare (EPZ) Limited</p> <p>Session Chair: Dr Steve Wandiga Co-Chair: Lilian Mayieka</p>
0950-1030hrs	<p>Diagnostics</p> <p>KEMRI Case Study: Translating Research Outputs into Health Security through Commercialization of Health Products and Technologies – Learning for Targeted Investment.</p> <p>Dr. James Kimotho, Prof. Samson Muuo, NAPREDA/CTMDR</p>
1030-1100hrs	TEA BREAK & EXHIBITIONS
11-00-1130hrs	<p>Launch of KEMRI Documentary KEMRI Corporate Communications</p>
11-30-1250hrs	<p>Biopharmaceuticals</p> <p>Building a Regional Biopharmaceutical Innovation & Production Ecosystem</p> <p>[10 min presentation by each panelist followed by 30 min panel discussion]</p> <ul style="list-style-type: none"> • MoH, Health Products and Technology – Dr. Tom Menge (Pharma innovation/manufacturing policy) • KEMRI – Dr. Bernards Ogutu (Drug discovery) • Villgro Africa – Dr. Robert Karanja (Biologicals discovery) • DNDi - Prof. Sam Kariuki (Clinical validation) • BIOVAX – Dr. Michel Lusiola – Pharma industry (Vaccine manufacturing) • AMREF – Innovations Landscape <p>Session Chair: Dr. Lucas Nyabero Co-Chair: Dr. James Kimotho</p>
12-50-1310hrs	KHF/USAID
1310-1410hrs	LUNCH BREAK & EXHIBITIONS

1410-1530hrs	Medical Devices & Equipment Building a Regional Medtech Innovation & Production Ecosystem [10 min presentation by each panellist followed by 30 min panel discussion] <ul style="list-style-type: none"> • Kenyatta University – Dr. June Madete • HewaTele – Dr. Bernard Olayo/Dr. Wali Zulfqar • Villgro Africa – Eng. Wambui Gachiengo-Nyabero • Drop Access – Eng. Norah Magero • DeKUT – Prof. Eng. Ndirangu Kioni/Rice University Session Chair: Dr. Robert Karanja Co-Chair: Dr. Veronica Manduku				
1530-1540hrs	Recap and recommendations, Dr. Damaris Matoke-Muhia				
1540-1600hrs	Launch of Research Management Administration, KEMRI Director Cooperate Services, KEMRI				
1600-1700hrs	Launch of KEMRI Human Genetics and Forensics Society. Chair: Ms. Eva Aluvaala				
1700-1705hrs	Vote of Thanks – Chair KASH, Dr. Cecilia Mbae				
1705-1730hrs	TEA BREAK & DEPARTURE				
DAY TWO, 14TH FEBRUARY 2024					
0730-0830hrs	Arrival & Registration				
0830-0900hrs	Plenary Session 1: Dr. Sam Akech “Sustainable Partnership to Strengthen Data Availability and Surveillance Capacity to Effectively Prevent, Detect, and Respond to Known and Emerging Threats”				
0900-0925hrs	Plenary Session 2: Dr. Joyce Wamiewe “Digital Health and Universal Health Coverage- Unpacking the Vision for Implementation.”				
0925hrs-0950hrs	Plenary Session 3: Prof Ben Ngoye “Capacity Building for the Achievement of UHC in Kenya: Current Problems and Future Challenges.”				
0950- 1015hrs	Plenary Session 4: Dr. Robert Karanja “Research innovation and Commercialization: Bridging the Know-Do Gap to Transform Research Outputs to Impact”				
Session Chair:	Dr Steve Wandiga				
Rapporteur:	Lilian Mayieka				
1015HRS-1045HRS: TEA BREAK					
SCIENTIFIC SESSION 1 – 6 PARALLEL SESSIONS					
1045hrs-1245hrs	1045hrs-1245hrs	1045hrs-1245hrs	1045hrs-1245hrs	1045hrs-1245hrs	1045hrs-1245hrs
Scientific Session 1: Rising Star Award-1	Scientific Session 2: Natural Products	Scientific Session 3: MCH -1	Scientific Session 4: Malaria-1	Scientific Session 5: Health Systems -1	Scientific Session 6: Mental Health
VENUE: AMBOSELI	VENUE: TSAVO	VENUE: SAMBURU	VENUE: BOGORIA	VENUE: MT. KENYA C	VENUE: MT. KENYA D
Session Chair : Dr Joseph Mwangangi/ Dr. Doris Njomo	Session Chair: Dr. Beatrice Irungu	Session Chair : Dr. Benson Singa	Session Chair: Dr. Jeremiah Gathirwa	Session Chair: Bridget Kimani	Session Chair: Dr. Mary Bitta
Rapporteur : Dr Limbaso Konongoi//Francis Kimani/Jane Ikapesi/Maureen Ekisa	Rapporteur: Dr. Sospeter Njeru	Rapporteur : Schiller Mbuka	Rapporteur: Brian Seda	Rapporteur: Mariam Macharia	Rapporteur: Dr. Lucy Chite
1245hrs-1345hrs LUNCH BREAK					

1345-1430HRS POSTER SESSION					
Poster Session: Screen 1- Public Health	Poster Session 2: Screen 2: Health Systems	Poster Session 3: Screen 3- Virology	Poster Session 4: Screen 4- Malaria	Poster Session: Screen 5: Vector Biology	Poster Session: Screen 6- TB
VENUE:	VENUE:	VENUE:	VENUE:	VENUE:	VENUE:
Judges: Dr. Sophie Uyoga Bridget Kimani	Judges: Kariuki Ngumo Susan Kawai	Judges: Dr. Konongoi Limbaso Dr. Samoel Khamadi	Judges: Dr. Sospeter Njeru Francis Kimani	Judges: Dr. Damaris Matoke-Muhia Seline Omondi	Judges: Dr. Jane Ong'ang'o Asiko Ong'ayo
SYMPOSIUM 1-6					
1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs
Symposium 1: Genomics without tears	Symposium 2: Advancing Evidence for the Global Implementation of Spatial Repellents (AEGIS)	Symposium 3: Knowledge Management	Symposium 4: KEMRI Programs and Clusters Flagship Projects	Symposium 5: Broad One Health Endotoxide-base Malaria Intervention in Africa (BOHEMIA)	Symposium 6: Harnessing Big Data for Population Health, Clinical Decision Making and Health System Resilience
VENUE: AMBOSELI	VENUE: TSAVO	VENUE: SAMBURU	VENUE: BOGORIA	VENUE: MT. KENYA C	VENUE: MT. KENYA D
Session Chair: Dr. John Waitumbi	Session Chair: Dr. Steve Harvey	Session Chair: Lillian Mayieka	Session Chair: Dr. Steve Wandiga	Session Chair: Dr. Joseph Mwangangi	Session Chair: Prof. Wallace Bulimo
Rapporteur : Dr. Beth Mutai & Ruth Cheruto	Rapporteur: Dr. Bernard Abongo & Sheila Mbaabu	Rapporteur: Wambui Njonge & Mercy Tuluso	Rapporteur: Jennifer Ngetich & Bridget Kimani	Rapporteur: Ruth Shambi & Tabitha Wambui	Rapporteur: Belinda Azzam & Asiko Ong'ayo
TEA BREAK AND DEPARTURE					
END OF DAY 2					
DAY THREE, THURSDAY 15 TH FEBRUARY 2024					
0730-0830hrs	Arrival & Registration				
	PLENARY SESSION				
0830- 0855hrs	Plenary Session 4: Prof. Rosemary Rochford "Uncovering the Etiology of Burkitt Lymphoma: Results from a 20-Year Odyssey in Kenya."				
0855 - 0920hrs	Plenary Session 5: Dr. John Kimani "Forensic Biology Trend In Kenya (Past, Present and Future)"				
0920hrs-0950hrs	Plenary Session 6: Dr. Oduor Johanssen "Shakahola Cases; Human Remains Identification Process; Case Presentation."				
Session Chair	Dr. Eric Ochomo				
Rapporteur	Ibrahim Mwangi				

PARALLEL SCIENTIFIC SESSION 7 – 12

PARALLEL SCIENTIFIC SESSION 7 – 12					
1005-1105hrs	1005-1105hrs	1005-1105hrs	1005-1105hrs	1005-1105hrs	1005-1105hrs
Scientific Session 7: TB	Scientific Session 8: Health Systems-2	Scientific Session 9: Malaria-2	Scientific Session 10: Public Health-1	Scientific Session 11: Vector Biology-1	Scientific Session 12: MCH -2
VENUE: AMBOSELI	VENUE: TSAVO	VENUE: SAMBURU	VENUE: BOGORIA	VENUE: MT. KENYA C	VENUE: MT. KENYA D
Session Chair: Dr Jane Ong'ang'o	Session Chair: Enock Kebenei	Session Chair : Dr. Sophie Uyoga	Session Chair: Dr. Richard Omore	Session Chair: Ernest Wandera	Session Chair: Dr Elizabeth Echoka
Rapporteur: Barbra Miheso	Rapporteur: Timothy Kipkosgei	Rapporteur : Mercy Tuluso	Rapporteur: Steven Onteri	Rapporteur: Dr. Edith Chepkorir	Rapporteur: Schiller Mbuka

1105-1130hrs: TEA BREAK

PARALLEL SCIENTIFIC SESSION 13-18

PARALLEL SCIENTIFIC SESSION 13-18					
1130-1300hrs	1130-1300hrs	1130-1300hrs	1130-1300hrs	1130-1300hrs	1130-1300hrs
Scientific Session 13: Health Systems -3	Scientific Session 14: Rising Star Award-2	Scientific Session 15: Public Health-2	Scientific Session 16: Vector Biology - 2	Scientific Session 17: MCH -3	Scientific Session 18: NCDs
VENUE: AMBOSELI	VENUE: TSAVO	VENUE: SAMBURU	VENUE: BOGORIA	VENUE: MT. KENYA C	VENUE: MT. KENYA D
Session Chair : Dr. Richard Mutisya	Session Chair Dr Joseph Mwangangi/ Dr. Doris Njomo	Session Chair : Dr. Rose Bosire	Session Chair: Dr. Damaris Matoke-Muhia	Session Chair: Dr. Phelgona Otieno	Session Chair: Dr. Vera Manduku
Rapporteur : Ishmael Ahamed	Rapporteur: Dr Limbaso Konongoi//Francis Kimani/Jane Ikapesi/Maureen Ekisa	Rapporteur: Dr. Beatrice Ongadi	Rapporteur: Seline Omondi	Rapporteur: Olga Mashedi	Rapporteur: Ibrahim Mwangi

1400-1430hrs: LUNCH BREAK

1400-1430hrs: POSTER SESSION

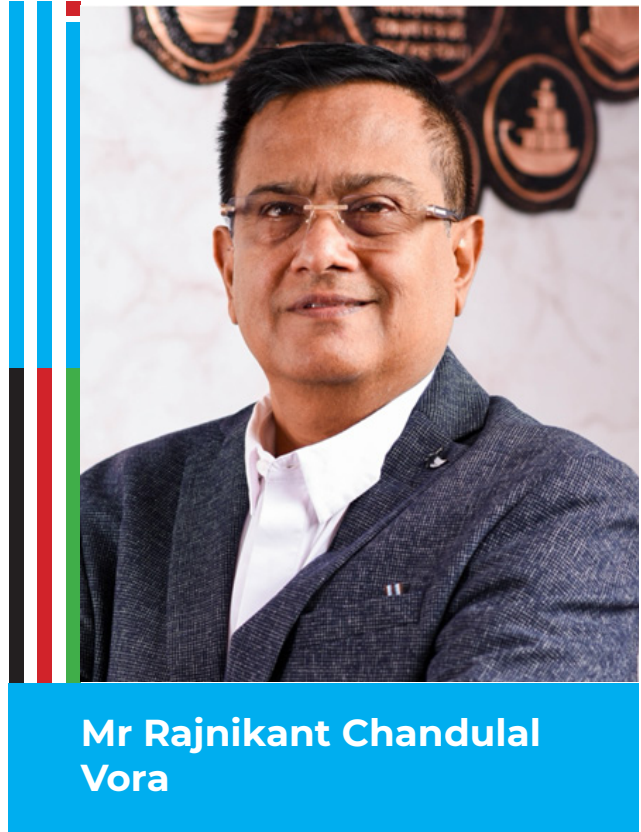
Poster Session: Screen 1- NCDs	Poster Session 2: Screen 2- NTDS	Poster Session 3: Screen 3- MCH	Poster Session 4: Screen 4- HIV	Poster Session: Screen 5- AMR	
VENUE:	VENUE:	VENUE:	VENUE:	VENUE:	
Judges: Dr. Vera Manduku Dr. Linet Ongeru	Judges: Dr. Erastus Mulinge Henry Kanyi	Judges: Dr. Benson Singa Dr. Lucy Chite	Judges: Dr. Samuel Khamadi Dr. Edith Chepkorir	Judges: Dr. John Mwaniki Susan Kavai	

SYMPOSIUM 7-10 & PARALLEL SCIENTIFIC SESSION 19, 20, 21

SYMPOSIUM 7-10 & PARALLEL SCIENTIFIC SESSION 19, 20, 21					
1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs	1430 – 1700hrs
Symposium 7: Human Genomics and Forensics	Symposium 8: Management and control of invasive Anopheles stephensi in Kenya	Symposium 9: KEMRI Programs and Clusters Flagship Projects	Scientific Session 19: Public Health- 3	Scientific Session 20: Health Systems -4	Scientific Session 21: HIV
VENUE: AMBOSELI	VENUE: TSAVO	VENUE: SAMBURU	VENUE: BOGORIA	VENUE: MT. KENYA C	VENUE: MT. KENYA D

Session Chair Eva Aluvaala	Session Chair Dr. Elijah Juma	Session Chair Dr. Linnet Ongeru	Session Chair : Dr. Joan Olale	Session Chair : Susan Kawai	Session Chair: Dr. Samoel Khamadi
Rapporteur: Belinda Azzam & Tiffany Wandera	Rapporteur: Benyl Ondeto & Tabitha Wambui	Rapporteur: Julie Mkawuda & Lydia Matoke	Rapporteur : Viola Chuchu	Rapporteur : Kelvin Kering	Rapporteur: Asiko Ong'ayo
TEA BREAK AND DEPARTURE					
END OF DAY 3					
DAY FOUR, FRIDAY 16TH FEBRUARY 2024					
0700-0830hrs	ARRIVAL & REGISTRATION				
PLENARY SESSION					
0830- 0855hrs	Plenary Session 7: Dr. Ruth Masha "Whole Government Approach Towards Ending Adolescent Triple Threat (New HIV Infections, Adolescent Pregnancies and Sexual and Gender-based Violence in Kenya)"				
0855 - 0920hrs	Plenary Session 8: Dr. Pauline Mwinzi "The Remarkable Progress in Eliminating Neglected Tropical Diseases in Africa"				
0920hrs-0950hrs	Plenary Session 9: Prof Digby Warner "Re-imag(in)ing Tuberculosis through a Different Lens"				
Session Chair:	Dr. Doris Njomo				
Rapporteur:	Susan Kawai				
PANEL DISCUSSION					
0950-1030hrs	Complementary Feeding: The Role of different Sectors Organized by Academia and Research -Academic Research Networks- Scaling up Nutrition Movement (SUN)				
Session Moderator:	Dr. Zipporah Bukania				
Rapporteur:	Kariuki Ngumo				
1030 - 11000hrs TEA BREAK					
1100-1300hrs	1100-1300hrs	1100-1300hrs	1100-1300hrs	1100-1300hrs	1100-1300hrs
Scientific Session 22: Public Health-4	Scientific Session 23: Virology	Scientific Session 24: AMR	Scientific Session 25: NTDs and One Health	Scientific Session 26: Vector Biology-3	Scientific Session 27: Health Systems -5
VENUE: AMBOSELI	VENUE: TSAVO	VENUE: SAMBURU	VENUE: BOGORIA	VENUE: MT. KENYA C	VENUE: MT. KENYA D
Session Chair: Dr. Elizabeth Echoka	Session Chair : Dr Fred Eyase	Session Chair : Dr. John Mwaniki	Session Chair: Dr. Erastus Mulinge	Session Chair: Dr. Damaris Matoke-Muhia	Session Chair: Bridgit Kimani
Rapporteur: Schiller Mbuka	Rapporteur : Kelvin Kering	Rapporteur : Susan Kiiru	Rapporteur: Olga Mashedi	Rapporteur: Tiffany Wandera	Rapporteur: Ruth Cheruto
1300-1400HRS: LUNCH BREAK					
CLOSING CEREMONY					
1400-1630hrs	Master Of Ceremony: Dr. Sophie Uyoga				
	Conference Outcomes & Resolutions Chief Rapporteur: Dr. Steve Wandiga				
	Awarding Ceremony: Dr. Vera Manduku				
	Sponsors and Exhibitors: Dr Linus Ndegwa				
	Official Closing remarks: KASH Chair: Dr. Cecilia Mbae Ag. Director Research and Development: Prof. Nelly Mugo Ag. Director General & CEO, KEMRI: Prof. Elijah Songok Chair KEMRI Board of Directors: Dr. Abdullahi Ali Ibrahim, CBS				
	Vote of thanks: Dr. Damaris Matoke-Muhia				

KEYNOTE SPEAKER



Bio

Chairman to Revital Healthcare, Mr Rajni holds extensive experience after holding a business position for over 40 years. Mr Rajni began his entrepreneurial journey at the age of 16 by trading various small commodities in Mombasa.

This led to the eventual development of the family business, D.C.K Chandulal Vora and Companies LTD. The company held distribution rights for multinational organisations such as Reckitt Benckiser, Unilever, Beta Healthcare, Colgate Palmolive, Nestle foods, and Kapa Oil to assist these companies' expansion across the East African territory. Over his journey, the Chairman has held experience with the Agriculture, Accounting, Import/Export Trading, and Confectionary sectors while establishing industries of Toothpaste in Uganda and confectionary manufacturing in Tanzania.

His vision led to the establishment of Revital Healthcare [EPZ] Ltd. In 2008.

Under his stewardship and supervision at Revital, the following milestones have been achieved:

- Over the past 15 years in operation, Revital has grown to become the largest manufacturer of medical devices in Africa, manufacturing over 50+ essential health commodities, and a network across 28 countries globally.
- Achieved 8 WHO-PQ Certifications for Re-Use Prevention Syringes (only manufacturer in Africa to achieve this status).
- Stand out as a global manufacturer with international accreditations such as ISO 13485, CE mark for Europe, and USFDA.
- Guided the company to achieve a patent for Africa's first ever early activation syringe, and 1 out of 4 companies globally.
- Collaborated with the team to work alongside the Gates Foundation to develop the above patent.
- Advised the team on the partnership with various organizations including UNICEF, PFSCM, AMSP and others for the procurement of medical devices for global supply.

Title Talk

Empowering Kenya through Local Manufacturing of Innovative Health Products and Technologies for Universal Health Coverage (UHC)

PLENARY SPEAKERS



**Dr. Pauline NM Mwinzi,
PhD**

Technical Officer
Expanded Special Project
for Elimination of NTDs
(ESPEN)
WHO Regional Office for
Africa

Bio

Dr Pauline Mwinzi is the WHO regional advisor for Schistosomiasis (SCH), also known as Bilharzia, and soil-transmitted helminthiasis (STH), including neglected zoonotic diseases in the Africa region. Her current role includes technical support to Member States to implement the WHO NTD Roadmap 2030 and tracking progress towards elimination for SCH/STH in the Africa region. Before joining the WHO, She was the Chief Research Scientist and Head of NTD Unit, as well as the PI, KEMRI-CDC at the Center for Global Health Research (CGHR), Kenya Medical Research Institute (KEMRI), Kisumu, Kenya. Her specialization is in Parasitology and Immunology (PhD, 2005). She trained at the Universiteit Utrecht Medical School, The Netherlands on a post graduate research fellowship, CDC Atlanta on an ISID scholarship and at Kenyatta University on a WHO/TDR PhD scholarship. She was a Wellcome Trust Fellow between 2008-2010. While at KEMRI, she served as Principal Investigator for multi-country collaborative projects with SCORE (www.uga.edu/score) and EFINTD (EFINTD.org) among others. She was among a cohort of 6 fellows whom WHO/TDR recruited for Research Leadership in 2010 in Geneva. Between 2004-2005, She trained in Bioethics at the University of Cape Town, and on Research Leadership at the University of Amsterdam in 2012. She was the Founding Chair for the ARNTD.org from 2012-2016. She also founded and convened the KEMRI Annual NTD Conference, which had held over 12 annual conferences by 2019, before merging with INCO-NTD an initiative of the ARNTD. From 2014-2016, She served as Chair of the KEMRI Annual Scientific Health Conference (KASH). During this time, she introduced the “American society for Tropical Medicine & Hygiene (ASTMH) in Kenya” convened alongside KASH. Between 2004 and 2017, she taught graduate school Bioethics and Immunology/Parasitology in Kenyan Universities. She has experience in leading large research teams, programme management, capacity building, fundraising and public health policy & advocacy. She has published over 90 peer reviewed scientific papers and serves in several international scientific advisory committees for research networks on tropical diseases. During her free time, Dr Mwinzi mobilizes professionals for community development in her home country, Kenya.

Talk Title:

Unleashing Hope: The Remarkable Progress in Eliminating Neglected Tropical Diseases in Africa

Abstract

The World Health Organization (WHO) oversees a portfolio of 20 Neglected Tropical Diseases and c(NTDs), which contribute to approximately 14.5 million disability-adjusted life years (DALYs). NTDs historically affect marginalized populations, perpetuating poverty cycles. Over the past decade, global progress against NTDs has been remarkable, with a 25% reduction in demand for interventions, representing an 80 million-person decrease between 2020 and 2021. The calculated burden of disease in disability-adjusted life years has consistently declined. By January 2024, at least 50 countries globally have eliminated at least one NTD, marking significant progress toward the 100-country target for 2030. Despite these achievements, challenges persist, particularly in the African Region, where 584 million individuals, 35.3% of global demand, require annual treatments.

This presentation will delve into the transformative impact of NTD elimination, emphasizing restored hope, dignity, and improved quality of life in affected communities. It will highlight the collective efforts of governments, NGOs, and global health initiatives, covering topics such as mass drug administration, research advancements, community-based interventions, and multi-stakeholder partnerships. The talk aims to inspire sustained commitment, encourage knowledge-sharing, and explore further advancements in the global initiative to eliminate NTDs in Africa.



Robert M. Karanja, PhD

Co-Founder and Chief
Innovation Officer, Villgro
Africa

Bio

Robert is a biomedical scientist and development entrepreneur with over 20 years of experience in STEM and development sectors. He holds a PhD in Parasitology and Entomology from the Jomo Kenyatta University of Agriculture & Technology (JKUAT).

Starting his career as a scientist at the Kenya Medical Research Institute (KEMRI), Robert was actively involved in the establishment of the intellectual property (IP) and technology transfer office (TTO). This nurtured his passion for transforming Africa's development challenges into market opportunities through innovation in the life sciences. He contributed to intrapreneurial ventures at KEMRI such as developing diagnostics, nutraceuticals & phytomedicines products. Building on this experience, he launched a bio-entrepreneurship bootcamp at Strathmore University Business School for research commercialization in health and agriculture sectors. This paved the way for his entrepreneurial career as the Founding CEO at Villgro Africa, a position he held until 2020, to focus on building the health and life sciences innovation ecosystem in the role of Chief Innovation Officer. In addition, Robert provides strategic leadership in developing Africa's knowledge economy in various capacities including as Chairman - ISAAA Africenter; Director & Chairman, Technical Committee – KeNIA; Chairman - Association of Startup & SME Enablers of Kenya (ASSEK), and Chairman, Steering Committee – Coaliton for Health Research & Development (CHReaD).

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Talk Title:

Research innovation and Commercialization: Bridging the Know-Do Gap to Transform Research Outputs to Impact.

Abstract

Problem statement: Africa contributes 7.6% of publications to the world of science and one-third of all international publications in tropical medicine. This denotes a robust and mature health R&D ecosystem with significant infrastructure, critical mass of human resource and strategic linkages with global collaborators. However, this investment has failed to translate into Africa's health security with the recent COVID19 pandemic revealing the soft underbelly of the continent's dependence on imported health technologies.

Bridging the know-do gap: The last 10 years have seen a significant change in the health R&D landscape with the emergence of a nascent health and life sciences bioeconomy in Kenya and the region. Villgro Africa has been at the vanguard of this transformation as the first sector-specific early-stage investor and business incubator that is investing in the development of research outputs into health products and their commercialization in Africa and abroad. This has catalyzed the growth of a health innovation ecosystem that provides new services and resources that were previously not available to entrepreneurial scientists that have a desire to translate their scientific output into tangible health solutions that impact patients' lives. Here, we highlight these new opportunities to inform academia on how to take advantage of the ecosystem's offerings to explore an impactful and fulfilling career as an entrepreneurial scientist.



Prof. Rosemary Rochford

Bio

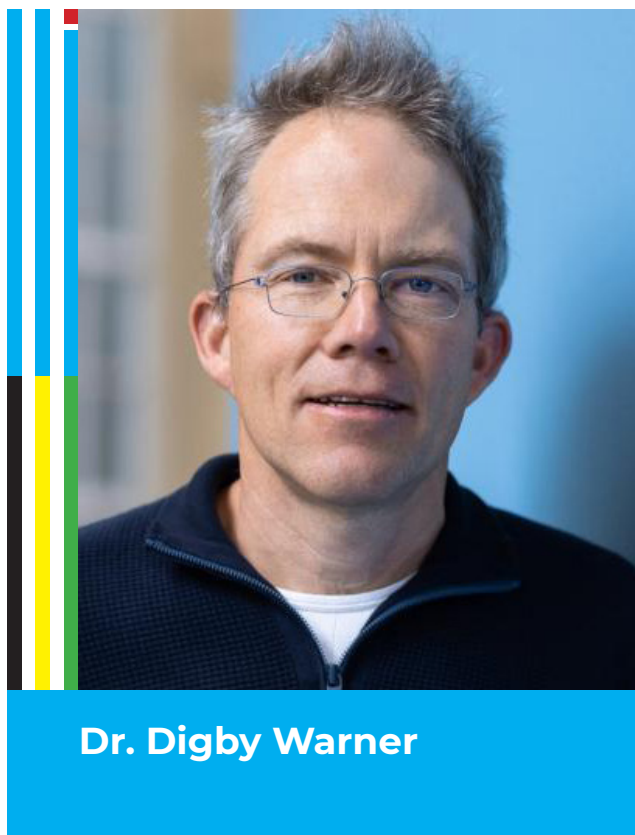
Dr. Rosemary Rochford is a Professor Emeritus at the University of Colorado. Dr. Rosemary Rochford earned her PhD in 1989 from the University of California, Irvine. She went on to a post-doctoral fellowship in Immunology at The Scripps Research Institute in La Jolla California. Dr. Rochford has held faculty positions at the University of Michigan, SUNY Upstate Medical University and University of Colorado. Dr. Rochford served in several academic leadership roles including Chair of Microbiology and Immunology, SUNY Upstate Medical University and co-Director of the Climate and Health Program at the University of Colorado. Throughout her career, her research interests have been on persistent viruses and how they emerge to cause disease. Her research on the etiology of Burkitt lymphoma has been funded through the US National Institutes of Health since 2004.

Talk Title:

Uncovering the etiology of Burkitt lymphoma: results from a 20 year odyssey in Kenya

Abstract

Burkitt lymphoma is a cancer that is common in children in sub-Saharan Africa. Clues to the etiology of this cancer came within the first decade after the description of the cancer by Denis Burkitt in 1958. The tumor was found to be infected with Epstein-Barr virus (EBV) and the cancer occurred where there were repeated infections with *P. falciparum* malaria. But the question remained, how did these two pathogens interact to drive development of a malignant B cell? For 20 years, the research team at the Center for Global Health Research in Kisumu Kenya has been working to answer that question. The results of those studies have revealed a complex multi-step interaction that starts early in life, disrupts stable persistence of EBV and drives oncogenic transformation



Bio

Digby Warner is the Professorial Director of the Institute of Infectious Disease and Molecular Medicine at the University of Cape Town, South Africa. His research focuses on fundamental aspects of *Mycobacterium tuberculosis* metabolism, and the intersection of host, environmental, and mycobacterial factors driving tuberculosis (TB) transmission. In recent years, he has developed a strong interest in the utilization of advanced microscopy in infectious disease research, and in making imaging technologies accessible in low-resource settings. Examples include his involvement in the *Africa Microscopy Initiative*, a pioneering project which aims to increase the awareness and utilization of bioimaging across the continent, and *openScopes Africa*. He also serves as co-founding Director of Eh!woza, a community engagement platform with a focus on TB and its social impacts in high-burden communities.

Talk Title:

Re-imag(in)ing tuberculosis through a different lens

Abstract

Understanding *Mycobacterium tuberculosis* physiology and evolution is critical to the development of novel interventions (including new antibiotics) for tuberculosis (TB), a leading cause of mortality owing to a single infectious agent and a major contributor to antimicrobial resistant deaths. This presentation will highlight some of our recent work combining molecular tools and microscopy to investigate cellular and genetic function in mycobacteria. I will also touch on the development of technologies to investigate *M. tuberculosis* aerobiology given the importance of airborne transmission as a still very poorly understood stage in the TB disease cycle. Through these examples, I hope to highlight the utility of image-based analyses in elucidating cellular and genetic function in mycobacteria, and to amplify the call for continued development of novel tools to understand the biology – and potential vulnerabilities – of a pathogen exquisitely adapted to its obligate human host.



Dr. Ben Ngoye

Bio

Dr Ben Ngoye MBChB, MPH, PhD is a Senior Lecturer in Strategy, Change and Performance Management primarily in the Health and Public Sectors at Strathmore University/Strathmore Business School. He is also a Visiting Lecturer in Strategy at the Lagos Business School, a reviewer for several international journals (IPMR, PMR, CRJ and Queios), and has been a PhD-level external examiner for University of Witwatersrand, South Africa. He has also served as a member of the National Healthcare Human Resource Technical Working Group (GOK, MOH) and the Review Team for the National Guidelines for the Development and Review of Curriculum for Professional Medical Education, 2013-2014. Dr Ngoye is currently the Principal Investigator for a Bill and Melinda Gates Foundation Funded Project that is aimed at enhancing Leadership, Management and Governance Competencies for NMCP, MOH and their Partners, toward the control and elimination of Malaria in 10 African Countries. He is also a co-PI for another Foundation-Funded Project aimed at supporting the advancement of women in leadership roles in healthcare institutions

Talk Title:

Capacity Building for the Achievement of UHC in Kenya: Current Problems and Future Challenges.

Abstract

UHC as a concept refers to the possibility of all people and communities receiving the quality health services they need, and are protected from health threats, without suffering financial hardship. Though adopted as a term by the World Health Assembly in 2005, it is not a new concept as evidenced by article 25.1 of the 1948 Universal Declaration of Human Rights, the 1966 International Convention on Economic, Social and Cultural Rights that recognized the right of every individual to the enjoyment of the highest attainable standard of health, the Alma Ata Declaration of 1978 and the vision of Health for All; and even earlier by the German 1883 Health Insurance Bill that made nationwide health insurance mandatory, and the UK enactments of the National Insurance Act (1911) and National Health Service (1948). Connected to SDG3 and Target 3.8, it has however remained aspirational and elusive for most countries, Kenya included. Whereas a lot of literature and discussion has homed in on how health financing reforms can accelerate progress towards UHC - so much so that UHC is equivalenced in many jurisdictions with raising and pooling financial resources and purchasing health services to ensure optimal use of such resource – there is much more to it given the complexities of health systems, ergo the focus in this plenary discussion, on capacity building. Our guiding questions for this discussion are therefore (1) what are the current and anticipated problems and challenges with the plans toward the achievement of UHC in Kenya? and (2) how can we build capacity to better address the triple aims of extension of the population covered, expansion of the range of services, and establishment of financial risk protection mechanisms? Or put differently, how can we build capacity to overcome existing and potential challenges in delivering high-quality, people-centered, and integrated interventions as the Kenya UHC Policy 2020-2030 aspires to? Our rapid assessment revealed that the challenges identified during the drafting of the said policy, that cut across the pillars of health leadership and governance, health financing, the organization of service delivery, HRH, access to priority health products and technologies, HIS, health infrastructure, and weak links between policy, research, and implementation, persist. To this list we add changing social expectations and beliefs about health and healthcare, new ways of perceiving health and illness, and an ever-increasing number of new technologies. Addressing these challenges and future-proofing the journey toward UHC with capacity building as the linchpin will require going beyond individual and institutional capacity building to addressing the system parts and the whole. Consequently, to give structure to the discussion we make use of a novel composite health system framework and draw on lessons from other jurisdictions to present proposals regarding how capacity building can help advance the UHC agenda. It is anticipated that academics and practitioners will benefit from the exposition of this novel organizing framework, while policy makers and practitioners will further benefit from a wider appreciation of the factors that may contribute to lackluster UHC goal achievement and get to know which and how capacity building levers could be adjusted to unlock value to better assure progress in UHC.

Key words: Universal Health Coverage, Capacity Building



Dr. John Kimani Mungai

Bio

John Kimani Mungai holds a Bachelor of Science degree in Biochemistry and Chemistry from the University of Nairobi, Kenya, and a Master of Science degree in Forensic Science from London South Bank University, Britain. He has thirty-four years of experience working at various forensic science laboratories of the Government Chemists Department, Kenya. He was the head of the Forensic Science Division of the Departments headquartered in Nairobi, with branches in Kisumu and Mombasa, and is now retired. He provided evidence in numerous cases in various courts of law in Forensics in Kenya.

He attended and presented at local and international conferences, seminars, and workshops. He is a pioneer of the Forensic DNA laboratories in Kenya and within the East African region. He conducted training sessions for healthcare providers, scene of crime officers, investigators, and prosecutors both locally and internationally in forensic evidence management to protect and maintain quality evidence and the chain of custody in the crime scene to court pathway.

He handled evidential material on human identification during disaster human identifications (DVI) and in succession cases. He was a member of the Task force that foresaw the implementation of the Sexual Offences Act (SOA, 2006) and also a member of a task force that foresaw the implementation of non-custody sentencing for petty offenders to decongest Kenyan prisons.

He was tasked with initiating a Forensic DNA laboratory for the Kenya Defense Forces (KDF) for storing DNA profiles for soldiers before deployment to war zones or peacekeeping missions. The laboratory is fully operational now. He is a member of the African Society of Forensic Medicine and was awarded the best presenter during the 7th annual conference in South Africa. In March 2023, he equally received the best presenter award during the 10th African Society of Forensic Medicine and Science conference held in Kigali, Rwanda. In 2022, he won the award for "My Voice for Justice" in recognition of his outstanding contribution to promoting justice and human rights in Africa.

Currently, he is engaged in private consultancy. He consulted for The International Institute for Justice and the Rule of Law (IIJ) based in Malta, on developing a curriculum for Forensic evidence management in counter-terrorism cases. Additionally, he is a consultant with the International Criminal Investigative Training Assistant Program (ICITAP) in aiding the Government Chemists Department and the Forensic laboratory at the Directorate of Criminal Investigation (DCI) to achieve ISO 17025.

Talk Title:

Forensic biology trend in kenya (Past, Present and Future)

Abstract

Forensic science is providing crime investigators with a powerful tool in fighting modern crimes.

Forensic DNA profiling is one of the most valuable tools available for forensic work for the criminal justice system including the development of terrorism and counterterrorism measures globally.

In Kenya several incidences of mass fatalities resulting from terrorism have been witnessed over several decades. The resulting problem of human identification resulting from mutilation of human parts from the action of explosives and environmental action has caused a major challenge in human identification process. In this regard, over a period of time, the Forensic biology in Kenya has undergone various trends in Human identification process.

Developing countries would be best advised to invest in the DNA technology which is relatively affordable even for low-income countries



Dr. Joyce Wamicwe

Bio

Medical doctor with post-graduate training in field epidemiology, a FELTP alumnus. Currently based at the MoH, Directorate of Digital Health, Informatics, Policy & Research where she is the team lead at the Policy and Research Division and deputy to the Director. Eighteen years' experience working at clinical, programme and policy levels within the healthcare system. Data driven, pro-technology and innovation to improve experiences of various stakeholders (patients, clients, healthcare workers, researchers, innovators, policy makers) within the healthcare system. Believes that many if not all of the solutions to the various challenges within the healthcare system lie within data driven conversations and community led interventions.

Talk Title:

Abstract

Many Kenyans in the recent past can acknowledge having been involved in some sort of fundraising to offset medical related bills either for themselves or for a family member or a friend. Further there is evidence of sub-optimal health services including actual availability of health products and technologies in many of our health facilities especially in the public sector. On the other hand, the Constitution of Kenya provides that every Kenyan has the right to quality health care. This contrast is what forms the basis for the many conversations related to delivery of Universal Health Coverage (UHC), a key aspiration for Government for the last decade or so. The Ministry of Health is set on delivering it right this time round and ensuring that all Kenyans access quality health care services without incurring catastrophic health expenditure. The time to deliver UHC is now!

The Ministry of Health is implementing universal health coverage on a foundation of primary health care based on primary care networks. These networks have as their base the community level that are then connected to the hub, a sub-county level hospital through dispensaries and health centres. This foundation is then supported by four key pillars namely human resources for health, health products and technology, health information system through optimal use of technology and health care financing. Implementation will take on a paradigm shift from a predominantly curative – based health system to one that is more promotive and preventive.

Delivery of quality health care is dependent on availability of real-time quality data within the health ecosystem at the right time and to the right person for decision making at all levels. There is evidence that correct and ethical use of technology can enable this, and therefore we must take full advantage to harness the benefits. Digital health is therefore a critical enabler for the attainment of UHC. The Government through the Bottom-up Economic Transformative Agenda (BETA) is fully cognizant of this and hence the reason why key commitments include delivering a fully robust dynamic digital economy that will serve all sectors, health being one of them.

Digital health in Kenya has been in some form or another for the last three decades. It is the aspiration of the Ministry of Health to ensure that deployment of digital health implementations is done in a holistic manner within the health ecosystem. From a legal perspective, The Digital Health Act, 2023 was recently enacted and this is a win for Kenyans in that we now have a legal framework that provides a solid foundation to the digitization of the health ecosystem. We must never lose sight of why the Government and its partners is heavily investing in all this – the data therein is what must be our goal – its security, its quality, its capability, and its potential! Going forward, meaningful, thought-provoking partnerships and collaborations will be key in delivery of this.

Digitization of the health ecosystem will bring about increased efficiencies, cost savings and empowered communities.



Dr. Ruth Laibon Masha

Bio

Dr. Ruth Laibon-Masha, PhD, is an expert in Public Health with more than 22 years of work experience serving in Government, United Nations, and Civil Society Organisations. She is currently the Chief Executive Officer at National Syndemic Diseases Control Council (NSDCC) formerly recognized as the National AIDS Control Council in Kenya since September 2020. In this position, she bears the significant responsibility of overseeing the comprehensive initiatives to address the multifaceted challenges posed by HIV and other related epidemics in Kenya. She plays a vital role in leading multiple stakeholders' efforts towards policy development, resource mobilization, partnership cultivation, the provision of technical guidance and monitoring and evaluation.

At the global level, Dr. Masha extends her leadership influence where she serves as a member of the UNAIDS Global Council on Inequality, AIDS, and Pandemics, and a representative of Kenya on the UNAIDS Programme Coordinating Board. She is the Chairperson of the HIV Multisectoral Leadership forum of Director Generals of National AIDS Coordinating Agencies from 35 Countries, facilitating international collaboration and knowledge sharing in the field of HIV prevention under the umbrella of Global HIV Prevention Coalition. As part of this effort, she hosts multiple countries under the global south to south learning initiative on HIV prevention and engages in live lectures, including with the University of Washington's "Principles of STI and HIV Research and Public Health Practice Course."

Dr. Masha's career trajectory spans a diverse spectrum, encompassing impactful contributions at both international and regional levels, as well as within the national and grassroots

spheres. Prior to her current role, she served as the Advisor for Global HIV Prevention Coalition and Adolescent Health in Geneva, Switzerland, as well as in the capacities of Partnership Adviser and Community Mobilisation and Networking Adviser in Kenya, all under the auspices of the United Nations Programme for HIV and AIDS.

Her professional journey also includes pivotal roles at esteemed organizations such as ActionAid International, Engender Health, and Family Health Options Kenya. Dr. Masha earned a doctoral degree in Public Health from Jomo Kenyatta University of Agriculture and Technology in Kenya, complemented by a Master's degree in the same field.

Talk Title:

Whole Government Approach Towards Ending Adolescent Triple Threat (New HIV Infections, Adolescent Pregnancies and Sexual and Gender-based Violence in Kenya)

Abstract

Kenya is committed to ending AIDS as a public health threat by the year 2030. Tremendous progress has been made in the HIV response in Kenya since the first case was officially documented in 1984. The country has registered remarkable progress in the HIV response evidenced by the significant reduction in new HIV infections from a high of 101,448 in 2013 to 22,154 in 2022, translating to a 78.2% reduction over the last decade.

However, a closer look at existing data shows that the curve of new HIV infections is not flattening fast enough to end the HIV epidemic as a public health threat in Kenya by the year 2030.

New HIV Infections: Adolescents and young people aged 15-24 years are disproportionately affected by HIV with 41% of the adult new HIV infections attributed to this age group (Kenya HIV Estimates 2023).

Adolescent Pregnancies: 55% of the 1,499,514 pregnancies that occurred in Kenya in 2023, were among Adolescents and Young Women aged 10-24 years, whereas 17% (254,753) were among adolescent girls aged 10-19 years, translating to 696 adolescent pregnancies in a day.

Sexual and Gender Based Violence: In addition to acquiring HIV and getting pregnant, adolescents also experienced gender-based violence (GBV), an infringement on basic human rights. A total of 53,765 cases of Sexual and Gender Based Violence (SGBV) were reported at health facilities/rescue centres in 2023 out of which 37% (20,053) were among adolescent girls aged 10-17 years. Only 42% of all SGBV cases and 40% of SGBV cases among adolescents were reported within 72 hours, minimising chances of success of post-exposure prophylaxis further increasing chances of HIV transmission.

These overlapping challenge of new HIV infections, unintended pregnancies, and sexual and gender-based violence among adolescent girls and young people known herein as "Triple Threat" present a malignant triad of sexual risk and vulnerabilities which must be addressed if progress is to be maintained in addressing HIV as a public health challenge.

This presentation will highlight on the whole of Kenya Government approach towards ending the Triple Threat by Leveraging on the national community, health, and social systems to combat the triple threat of new HIV infections, pregnancies, and sexual and gender-based violence among adolescents aged 10-19, as spearheaded by the National Syndemic Diseases and Control Council (NSDCC).



Dr. Johanssen Oduor

Personal details

Name: Dr. Johanssen Oduor Nyayal Married with 3 children

Education:

- MBCHB University of Nairobi, 2000
- Mmed Pathology, University of Nairobi 2007 LLB. University of Nairobi 2021
- Diploma in Forensic Medicine, College of Medicine, South Africa, 2008 Diploma in Law (advocate training program) ongoing
- Other trainings
- Diploma in leadership, Strathmore Business School, Nairobi, Kenya, 2014, Trainings in human rights investigations, management of the dead during catastrophes, scene processing management and Disaster victim identification, among others in various institutions

Work

1. Ministry of Health Nairobi Kenya, as the Chief Government Pathologist
2. Acting Coroner General, Department of Justice, State Law Office, Kenya
3. Honorary lecture, University of Nairobi Kenya; Jomo Kenyatta University of Technology Kenya
4. Independent Medico Legal Services, a human right organisation: consulting for them

5. Homicide division, Directorate of criminal Investigations, National Police services- consulting for them
6. Involved in routine post mortem services
7. Expert witness in court of law
8. Analysis of medicolegal reports and giving independent opinions

Membership of professional bodies

1. Kenya Association of Clinical Pathologists
2. African Society of Forensic Medicine (ASFM) (president emeritus)
3. Association of Pathologists East Central and Southern Africa (APECESA)
4. Member, Kenya Medical Association (KMA).
5. Registered with the Kenya Medical and Dentists Practitioners Board
6. Alumni of Strathmore Business School and University of Nairobi

Notable works involved in

1. Founder member of African Society of forensic medicine after which I was president for 2 terms
2. Investigations of various high-profile cases of death in Kenya
3. Part of DVI African team
4. Lead in management of fatality disasters including the following;
 - » Nakumatt Supermarket fire: fire broke out in a supermarket known as Nakumatt within downtown, Nairobi City on 28th January 2009. 29 people died
 - » Westgate mall terrorist attack, Nairobi in 21st September 2013. 68killed.
 - » Mpeketoni, a region in Lamu, Kenya, terrorist attack, 16th June 2014, 48killed
 - » Garissa: terrorist attack to university in 2nd April 2015. 148 students were killed. Done was DVI and autopsy.
 - » Dusit D2, A business complex in Nairobi, Kenya. Terrorist attack on 16th January 2019. 22killed plus all the 5 terrorists
 - » Shakahola: ongoing, a case of religious extremist in which followers were urged to starve to death after which they were buried in an expansive land in a place called Shakahola within Kilifi County in Kenya. So far we have exhumed and performed autopsy on a total of 429 bodies.

Talk Title:**Shakahola cases; human remains identification process Case Presentation****Abstract**

On 22nd March 2023, we (The Office of the Chief Government Pathologist) received a letter from the Directorate from the Directorate of Criminal Investigations (DCI) requesting for help in form of exhumation of bodies of two children who had died and thereafter buried in a shallow grave within Chakama Ranch in Kilifi County. It was believed that they died due to religious extreme practices, involving starving of the congregants.

Upon reaching the burial site, we discovered that we were dealing with mass graves. A larger team had to be constituted before commencing the exhumation process. The process of exhumation involved identification of graves by use of informants, securing the grave by sealing off the grave site, marking the grave, mapping the area, photography and subsequent exhumation. The bodies were then given unique identifiers, bagged and transported to Malindi subcounty hospital mortuary where they were received and were given an admission number. They were then stored in refrigerators, ready for autopsy. So far, the number of bodies we have dealt with are 429, with the exercise still ongoing.

Our objective is to ensure that the relatives are reunited with their loved ones and help in building up the prosecution case.

The autopsies were performed in phases. Three autopsy tables were set, each made of teams comprising of pathologists, crime scene officers, investigating officers, analysis from the government chemist, morticians and observers from human right organisations.

Each body first underwent craniofacial X-ray. The body were then placed on an autopsy table while still in body bag and photographs were taken. The body bag was then opened, photographs were again taken and evidence collected. Clothes were then noted, recorded and the body was then undress. External features were then recorded after which dissection was performed, using the standard Y incision and anatomical findings were then recorded.

Under guidance of analysts from the government chemist, samples were collected for DNA analysis. These included fingernails, molar and premolar teeth, shaft of long bones, one whole clavicle, cartilages (costochondral) and buccal smears (for fresh bodies)

The samples were then placed in collection containers provided by the Government Chemist, sealed, and labelled. Chain of custody documents were then filled and signed.

By the time of writing this abstract, a total of 429 autopsies were performed. We are still waiting for the results of DNA analysis from the government analyst. We were faced with a number of challenges; including; Level of decomposition, overwhelming number of cases, inadequate resources the government chemist depletion of reagents and Small size of the mortuary.



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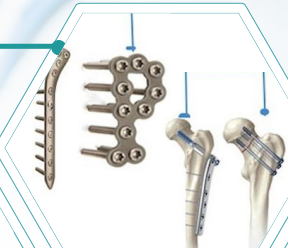
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POSTGRADUATE COURSES: MAY 2024 INTAKE

The KEMRI Graduate School invites applications for admission into the following programmes for self-sponsored students under the collaborative JKUAT/KEMRI Post-Graduate Training:

1. **Master of Science (M.Sc.)** **2-3 Year Programme**
2. **Doctor of Philosophy (Ph.D.)** **3-4 Year Programme**

COURSES	*MINIMUM ENTRY REQUIREMENT
MASTER OF SCIENCE (M.Sc.) A. PUBLIC HEALTH PROGRAMME <ol style="list-style-type: none"> 1. MSc. Public Health 2. MSc. Epidemiology and Biostatistics 3. MSc. Global Health B. BIOMEDICAL SCIENCES PROGRAMME <ol style="list-style-type: none"> 4. MSc. Medical Microbiology 5. MSc. Medical Virology 6. MSc. Medical Mycology 7. MSc. Medical Parasitology and Entomology 8. MSc. Molecular Medicine C. PHARMACY PROGRAMME <ol style="list-style-type: none"> 9. MSc. Medicinal Chemistry 10. MSc. Medicinal Phytochemistry 	<p>The common regulations for all Masters degrees in the University shall apply.</p> <p>The following shall be eligible for admission in KEMRI Graduate School:</p> <ul style="list-style-type: none"> ◦ Bachelor's Degree, Second Class (Upper Division) in a relevant field of study or its equivalent from JKUAT or any other Institution recognized by JKUAT Senate. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ◦ Bachelor's Degree, Second Class Honors (Lower Division) in a relevant field of study or its equivalent from JKUAT or any other Institution recognized by JKUAT Senate, with at least two years post-qualification work/research experience. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ◦ Bachelor's Degree with a Pass and a Postgraduate Diploma in a relevant field of study.
DOCTOR OF PHILOSOPHY (Ph.D.) (In the MSc areas above)	The minimum entry requirements of all PhDs in JKUAT shall apply.

More information about the programmes are available on our website: www.kemri.go.ke/graduate-school/

*NB: These are the minimum requirements; other conditions may apply for individual programmes.

APPLICATION PROCEDURE AND DEADLINE

Candidates seeking admission are required to download and fill application form obtained from the KEMRI Graduate School Website indicated above in triplicate. The candidate should attach copies of the academic certificates (together with transcripts) on each form together with copies of National ID/Passport and KCSE Certificate.

Payment of **Kshs. 1,500** application fee is done at **JKUAT Cash Office** situated at the Main Campus, Juja or JKUAT Towers, CBD. After making payment, the applicant should attach the original slip to one application form and copies of the slip to the other two forms. The applicant should submit all the documents to the Administration Office located at KEMRI Graduate School Building, KEMRI HQs NOT later than **April, 15 2024**.

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SCIENTIFIC PROGRAM

DAY TWO, WEDNESDAY, 14th FEBRUARY 2024

TIME		
0700-0900hrs	Arrival and Registration of Delegates	
0825-0830hrs	Opening Remarks: Dr. Cecilia Mbae- Chairperson, KASH	
0830-0900hrs	Plenary Session 1: Dr. Sam Akech "Sustainable Partnership to Strengthen Data Availability and Surveillance Capacity to Effectively Prevent, Detect, and Respond to Known and Emerging Threats"	
0900-0925hrs	Plenary Session 2: Dr. Joyce Wamicwe "Digital Health and Universal Health Coverage- Unpacking the Vision for Implementation."	
0925-0950hrs	Plenary Session 3: Prof Ben Ngoye "Capacity Building for the Achievement of UHC in Kenya: Current Problems and Future Challenges."	
0950- 1015hrs	Plenary Session 4: Dr. Robert Karanja "Research innovation and Commercialization: Bridging the Know-Do Gap to Transform Research Outputs to Impact"	
Session Chair	Dr Steve Wandiga	
Rapporteur	Lilian Mayieka	
1050 – 1115hrs TEA BREAK		
1115-1245hrs SCIENTIFIC SESSION 1-6		
Time (EAT) 1115-1245hrs	Abstract No	Scientific Session 1: Rising Star Award-1 VENUE: AMBOSELI Session Chair : Dr Joseph Mwangangi/Dr. Doris Njomo Rapporteur : Dr Limbaso Konongoi//Francis Kimani/Jane Ikapesi/Maureen Ekis
	1.	Performance and Comparative Evaluation of a Novel Diagnostic Assay, Novaplex™ Malaria Assay Kit, against Routine Diagnostic Techniques in the detection of different <i>Plasmodium spp.</i> in Kenya; Lewis Mbabu
	2.	Improving TB case finding and adherence to TB treatment at a go- Kabete Sub County, Kiambu County, Kenya; Annfreshia Wangari
	3.	Challenges and Lessons Learnt in implementing cervical cancer screening in HIV positive females in rural and urban settings in Kenya; Sophia Kongoti
	4.	Sputum cytokines association with tuberculosis culturable cough aerosols; Wilfried Bundi
	5.	Diabetes health care specific services readiness and availability in Kenya: Implications for Universal Health Coverage; Stephen Onteri
	6.	Exclusive breastfeeding interruption in a comprehensive support setting in Western Kenya: secondary analysis of Prosynk study data; Micah June
	7.	Malaria vector surveillance and phenotypic insecticide resistance in <i>Anopheles Mosquitoes</i> in Isiolo County, northeastern, Kenya; Stanley Kitur
	8.	Individual-level factors that contribute to delayed diagnosis of cervical cancer, among patients at the Kenyatta National Hospital, Kenya; Martha Kerubo
	9.	Multidrug resistant bacterial infections in COVID-19 patients admitted in Kenyatta National Hospital, Kenya; Jennifer Mutua
	10.	Hypothermia amongst neonatal admissions in Kenya: A Retrospective Cohort Study Assessing Prevalence, Trends, Associated Factors, and its Relationship with All-Cause Neonatal Mortality; John Mwangi
	11.	Anti-proliferation effects of <i>Rhamnus prinoides</i> and <i>Grewia villosa</i> extracts based on in vitro, network pharmacology and molecular docking approaches against cervical cancer; Sally Kamau
	12.	Pathways of Exposure to <i>Vibrio Cholerae</i> in an Urban Informal Settlement in Nairobi, Kenya; Kevin Kering
	13.	Identification of insecticide resistance markers in <i>Anopheles arabiensis</i> and <i>Anopheles gambiae</i> from Kenya and Benin using Weighted Gene Correlation Network Analysis; Cynthia Odhiambo

	14.	Epidemiology of soil -transmitted helminthiasis infection among school aged children in pastoralist communities of Narok County, Kenya: A cross-sectional study; Richelle Kihoro
	15.	Assessment of the Collibri™ ES DNA Library Prep Kit performance in Human mitochondrial genome sequencing for development of a forensic quality reference database; Belinda Azzam
	16.	Impact of Time To Transportation on Detection and Isolation of <i>Mycobacterium tuberculosis</i> from Sputum Sample; Joseph Ouma
	17.	Factors Associated with Pregnancies Among Adolescents Girls Aged (15-19) years in Korogwe District, Tanga Region. A mixed Method study; Neema Magoti
	18.	Screening of SARS-CoV-2 from Selected Sewerage Systems in Kenya; Christine Jobita
	19.	Anti-infective and cytotoxicity potential of the root bark of <i>Dalbergia melanoxylon</i> Guill. & Perr; Duncan Mutiso
	20.	Genetic diversity of quinolone efflux pump (qepA) among <i>E. coli</i> isolated from children under five years being discharged from hospitals in Kenya; Kevin Kariuki
Time (EAT) 1115-1245hrs	Abstract No	Scientific Session 2: Natural Products Venue: TSAVO Session Chair: Dr. Beatrice Irungu Rapporteur: Dr. Sospeter Njeru
	21.	A study on attitudes and perceptions on the nutritional value and health benefits of raw bitter gourd and bitter gourd related products in the market on general public in Colombo District, Sri Lanka; Chathura Nilipul
	22.	Pathogenicity Test, Antifungal Mechanisms, and Secondary Metabolites of Bacillus spp from L. Bogoria as Biocontrol of <i>Rhizoctonia solani</i> in <i>Phaseolus vulgaris</i> L; Tofick Barasa
	23.	From Natures pharmacy to Modern Pharmacy: A Journey through the Landscape of Cancer Drug Discoveries; Sabina Wachira
	24.	Network pharmacology, molecular docking, and in vitro study on <i>Aspilia pluriseta</i> against prostate cancer; Innocent Okpako
	25.	Phytocompounds of Cajanus cajan as Potential Anticancer Agents against Breast Cancer; An Analysis through Network Pharmacology and Molecular Docking; Douglas Njuguna
	26.	Challenges mapping of medicinal resources with potential to mitigate COVID-19 and other SARS-like ailments in the K1-7 flora regions of Kenya: Field Experience; Bakhita Barbara
	27.	Climate change and its Environmental Impact on Health; Paul Faluma
Time (EAT) 1115hrs- 1245hrs	Abstract No	Scientific Session 3: MCH -1 VENUE: SAMBURU Session Chair: Dr. Benson Singa Rapporteur: Schiller Mbuka
	28.	Facilitators of low skilled delivery at Miritini CDF Health Center, Mombasa; Nasibo Sarbo
	29.	Adverse Birth Outcomes and Associated Factors among Adolescent Mothers in Nabdam District: A Facility-based Cross-sectional Study; Farukh Saah
	30.	Stakeholder engagement in the development of a post discharge breastfeeding support intervention for sick ill malnourished infant under 6months (IBAMI-2); Fridah Munene
	31.	Improved adherence to early infant diagnosis algorithm for HIV-exposed infants during implementation of a point-of-care early infant diagnosis project in Homabay County, Kenya; Everlyne Akinyi
	32.	Developing a toolkit to optimize nutrition care for children with severe acute malnutrition: human-centered design process with healthcare workers at Migori County Referral Hospital; Olieng'o Okoth
	33.	Malaria, Schistosomiasis, and Soil-Transmitted Helminthiasis Co-infections and Their Association with Anaemia in Pregnant Women in Busia County, Western Kenya; George Imbusi
	34.	The effects of pro/synbiotics and engagement in a clinical trial on growth during infancy in western Kenya; Alloys K'Oloo

Time (EAT) 1115-1245hrs	Abstract No	Scientific Session 4: Malaria-1 VENUE: BOGORIA Session Chair: Dr. Jeremiah Gathirwa Rapporteur: Brian Seda
	35.	Prevalence and Predictors of Asymptomatic Malaria Infection in the Boricha District, Sidama Region, Ethiopia: Implications for Elimination Strategies; Desalegn Dabaro
	36.	Comparative analysis of peripheral whole blood transcriptome from asymptomatic carriers reveals upregulation of subsets of surface proteins implicated in <i>Plasmodium falciparum</i> phenotypic plasticity; Joseph Gisaina
	37.	Red blood cell tension protects against severe malaria in the Dantu blood group; Brian Kabugu
	38.	Advancing Active Malaria Case Detection via Contact Testing in Nyamira, Kenya: A Strategic Approach; Wayne Otieno
	39.	Evidence and Lessons learned from the Malaria Vaccine Implementation Programme (2019-2023); Jonathan Schultz
	40.	Pfkelch-13 Sequencing Strategy on Identifying Artemisinin Resistance in Busia County, Kenya; Mark Makau
	41.	Specificity and Sensitivity of Microscopy and Malaria Diagnostic Kit (mRDT First Response™) among Pregnant women presenting for Delivery in Busia County, Western Kenya; Dickson Kipchirchir
	42.	Evaluation of Malaria Surveillance System in Homa Bay County, Kenya, January—March 2023; Diana Rose
Time (EAT) 1115-1245hrs	Abstract No	Scientific Session 5: Health Systems -1 VENUE: MT. KENYA C Session Chair: Bridget Kimani Rapporteur: Mariam Macharia
	43.	Influence of Health System Management on occurrence of postpartum hemorrhage among women of reproductive age 15 - 49 years in Homabay County, Kenya; Ottoman Adel
	44.	Patterns of Facility and Patient Related Factors to The Orthopedic and Trauma Admissions at The Kenyatta National Hospital: A Qualitative Assessment; Maxwell Omondi
	45.	Laboratory samples online remote logging, a key tool for improving turnaround time and monitoring patients care: a case study in Seme sub county Kenya; Celline Okuta
	46.	Exploring the viability of community public-private partnerships for chronic illness diagnostic services in East Africa; James Kariuki
	47.	Relationship between Strategic Leadership style and the Adoption of Clinical Innovations by Public referral hospitals in Nairobi County, Kenya; George Kirigi
	48.	Impact Of Using Web Remote Logging System To Improve Tuberculosis Culture Samples Referral To Kisumu KEMRI CGHR Lab In Western Kenya; Ben Odhiambo
	49.	Sociodemographic Factors influencing Health worker utilization of electronic health information system: A case of District Health Information Software (DHIS2) in Burundi; Innocent Yandemye
Time (EAT) 1115-1245hrs	Abstract No	Scientific Session 6: Mental Health VENUE: MT. KENYA D Session Chair: Dr. Mary Bitta Rapporteur: Dr. Lucy Chite
	50.	A Randomized Trial of Non-Specialist, Psychotherapy or Psychopharmacological Treatment of Major Depression and Posttraumatic Stress Disorder in Kisumu, Kenya; Linnnet Ongeru
	51.	Mental Health disorders Among Sudanese Medical Students in the Midst of 2023 Conflict: Prevalence, Predictors, and Implications; Esra Alfadul
	52.	Characterizing Alcohol and other Substance Use Disorder Among In-Patients at the Portreitz Mental Hospital in Mombasa - Kenya 2021-2022; Abdalla Mpigabao
	53.	The Role of Social Support on Mental Health among Parenting Adolescent Girls and Young Women: A nested Cross-sectional Study in south-western Kenya; Nita Akech
	54.	Effect of Pregnancy Intendedness on Maternal Attitude, Adjustment and Bonding Post-Pregnancy among Adolescent Girls and Young Women in Southwestern Kenya; Dennis Kegode
	55.	Intimate Partner Violence Among Gay, Bisexual, and Other Men who have sex with Men in south-western Kenya: Prevalence and Risk Factors; Vincent Kipchumba

1245-1345hrs: LUNCH BREAK		
1345-1430hrs POSTER SESSION (001-022)		
Time (EAT) 1345-1430hrs	Abstract No	Poster Session: Screen 1- Public Health Judges: Dr. Sophie Uyoga & Bridget Kimani
	001.	Climate change awareness and its effects on human health among residents in Mavoko sub county in Athi-River; Sharon Khanguha
	002.	AFP Surveillance System Evaluation, Kenya, 2020-2021; Serah Nduta
	003.	Evaluation of <i>Meningococcal meningitis</i> Surveillance System in West Pokot County Kenya, 2017-2021; Pius Mutuku
	004.	Mycological and aflatoxin analysis of <i>Camellia sinensis</i> from selected counties in Kenya; Sally Loronyokie
	005.	Influenza-like-illness and severe acute respiratory illness cases in Kenya: Burden estimates and associated factors 2019 – April 2023; Mercy Cheptoo
	006.	Factors associated with Nontyphoidal <i>Salmonella</i> infection in children below 5 years in an Urban Informal settlement in Nairobi, Kenya; Georgina Odityo
	007.	Development of a specific immune lateral flow assay for cholera detection; Freek Hoen
	008.	Evaluation of Acute Flaccid Paralysis Surveillance System in Eight Priority Counties in Kenya, 2020 to 2022; Lydia Khalayi
	009.	Surpassing the targets of Oral Cholera Vaccination Campaign “A boon for future outbreaks”- in Kenya, August 2023; Oscar Adidi
	010.	Evaluation of Factors Contributing to Low Recency Uptake Based on Online Recency Dashboard Data in Kabondo Sub County Hospital; Nicholas Odiemo
	011.	Depression prevalence and associated factors among undergraduate students at Gulu university, Uganda; Nansubuga Federes
	012.	Case Report: AMELY Y, DYS576 and DYS570, DYS481 and DYS458 Drop out encountered during routine Paternity testing.; Ngure Kirosh
	013.	Exploring the expression profile of genes associated with Salt-Sensitive Hypertension among Kenyan Women diagnosed with Breast Cancer; John Gitau
	014.	Acute Febrile Illness Outbreak in Northern Kenya: Emerging <i>Plasmodium Vivax</i> spp. Malaria; Richard Kimenye
Time (EAT) 1345-1430hrs	Abstract No	Poster Session 2: Screen 2: Health Systems Judges: Kariuki Ngumo & Susan Kawai
	015.	Evaluating the Morphological Traits of Red Blood Cells and Their Relevance in Predicting Patient Prognosis within Hematological Disorders; Dan Ngugi
	017.	Use of a digital platform and behavioural insights to empower and motivate adolescents and young people, to access SRH services in selected counties in Kenya; Hilina Hailemariam
	018.	An Assessment of Commodity Management System Indicators in Case Management of Tuberculosis in Selected High Tuberculosis Burden Counties January 2020 – March 2023; Carey Abuya
	019.	Behavioral change still remains an impediment to ending HIV epidemic in Kenya, Analysis of reasons for Post Exposure Prophylaxis use at Kendu Sub-county hospital, Rachuonyo North Sub County, Homa Bay County, Kenya; Kevin Mimba
	020.	A Review of the Development and Utilization of Community-Based Health Information Systems (CBHIS) in Kenya; Beatrice Kuvuna
	021.	Uptake of Digital Health Systems in Public Hospitals in Kenya; Pauline Ombiri
	022.	Modelling count data for HIV-positive patients on Antiretroviral Treatment (ART) in Kenya; Muricho Anna
Time (EAT) 1345-1430hrs	Poster Session 3: Screen 3- Virology Judges: Dr. Limbaso Konongoi & Dr. Samoel Khamadi	
	023.	Isolation and Growth Kinetics of Bogoria Virus from Phlebotomine Sand Flies Sampled in Baringo Kenya; Jane Thiiru

	024.	Metagenomic analysis of <i>Aedes aegypti</i> virome diversity during a dengue outbreak in Kisumu, Kenya; Tabitha Nganga
	025.	Seroprevalence of Yellow fever and Dengue viruses among Human population in Nguruman and Kerio Valley in Kenya, 2021–2023; Mercy Kibathi
	026.	Entomologic Risk Assessment of Yellow Fever Outbreak in Kenya 2022; James Mutisya
	027.	Metagenomic analysis of the bat virome in Coastal and Western Kenya; George Kisoi
	028.	Rotavirus diarrhoea outbreak in Kiambu and Mombasa counties, Kenya, April-May 2023; Carlene Sang
	029.	Seroprevalence of Ngari Virus in the Human Population Residing in Selected Sites of Baringo and Kajiado Counties; Titus Kitonyo
	030.	Analysis of Phytochemical Composition of Antivir-H and IMB Herbal Supplements Used for Management of COVID -19; Athuman Chiguzo
	031.	Predicting factors of COVID-19 vaccine uptake among persons aged 18 years and above in Kiambu County, Kenya; Said Abdulla
	032.	SARS-CoV2 Beyond the Pandemic Era; Gathii Kimita
	033.	Evaluating COVID-19 vaccination uptake in healthcare workers: results from a survey in Kenya; Abigael Awuor
Time (EAT) 1345-1430hrs		Poster Session 4: Screen 4- Malaria Judges: Dr. Sospeter Njeru & Francis Kimani
	034.	Trends in Insecticide-Treated Net Indices and Effect on Community Malaria Prevalence - western Kenya, 2015-2020; Jonathan Schultz
	035.	<i>Plasmodium falciparum</i> histidine rich protein-2 levels in blood but not saliva as a predictor of parasite density and clinical malaria status in patients with acute uncomplicated malaria in Chulaimbo, Western Kenya; Ruth Awuor
	036.	Var Acidic Terminal Sequence (varATS) screening for sub-patent malaria in peripheral blood of women attending antenatal care in Lagos, Nigeria; Aminat Olamide
	037.	Malaria morbidity in children less than five years following vaccination with RTS,S vaccine at Likindu health centre in Vihiga county; Diana Omboko
	038.	Malaria test positivity rates in community surveillance as compared to health facility surveillance in malaria endemic area Rarieda sub-county, western Kenya; Jonathan Schultz
	039.	Implementing High Quality Community Case Management & Data Reporting: Lessons from The Field in Siaya, Western Kenya; Jonathan Schultz
	040.	Assessment of genetic diversity of <i>P. falciparum</i> chondroitin sulfate a ligand; a pregnancy-associated malaria vaccine antigen; Rotich Alex
	041.	Assessment of Repeated Malaria Infections in Siaya County, June 2021-May 2022; Cynthia Musemba
	042.	Identification of conserved cross-species B-cell linear epitopes in human malaria: A subtractive proteomics and immuno-informatics approach targeting merozoite stage proteins; Sebastian Musundi
	043.	Attractive Targeted Sugar Baits for malaria control in western Kenya (ATSB-Kenya): cohort study recruitment; Alice Kamau
	044.	Describing Birth Outcome in Women with Malaria in Pregnancy in Matungu Sub- County, January 2019 to December 2021; Lydia Khalayi
	045.	Assessment of Antimalarial drug susceptibility patterns in Kisumu and Marigat between 2018 and 2023 based on in vitro testing, genomic analyses and passive monitoring of treatment outcomes; Doris Njoroge
	046.	Association between bed net use and malaria prevalence by age group in Rarieda sub-county, Western Kenya (2015-2020); Jonathan Schultz
Time (EAT) 1345-1430hrs		Poster Session: Screen 5: Vector Biology Judges: Dr. Damaris Matoke-Muhia & Seline Omondi
	047.	Mosquito species diversity and human bite rates as a measure of risk of disease emergence, Mombasa, Kenya; Francis Musili

	048.	Vector competence of <i>Aedes</i> (<i>Stegomyia</i>) species for transmission of yellow fever virus in Kerio Valley, Baringo County and Nguruman, Kajiado County, Kenya; Cynthia Chelangat
	049.	Detection and characterization of <i>Negevirus</i> isolated from mosquitoes in Kenya; Janet Majanja
Time (EAT) 1345-1430hrs		Poster Session: Screen 6- TB Judges: Dr. Jane Ong'ang'o & Asiko Ong'ayo
	050.	Childhood tuberculosis and factors associated with favourable treatment outcomes in Nyeri county, Kenya 2017-2022; Grace Kaluai
	051.	Health Care Worker Related Factors Associated with Tuberculosis Treatment Non-Adherence among Patients in Kisumu East Sub-County, Kisumu Kenya; Marlyn Ochieng
	052.	Test Result Concordance Rate between Two Diagnostic Tests TB LAM and Gene-expert Using TB Laboratory Information Management Systems in Kabondo Sub County; Nicholas Odiemo
SYMPOSIUM 1-6		
Time (EAT) 1430-1700hrs		Symposium 1: Genomics without tears VENUE: AMBOSELI Session Chair: Dr. John Waitumbi Rapporteur : Beth Mutai & Ruth Cheruto
Time (EAT) 1430-1700hrs		Symposium 2: Advancing Evidence for the Global Implementation of Spatial Repellents (AEGIS) VENUE: TSAVO Session Chair: Dr. Steve Harvey Rapporteur: Dr. Bernard Abongo & Sheila Mbaabu
Time (EAT) 1430-1700hrs		Symposium 3: Knowledge Management VENUE: SAMBURU Session Chair: Lillian Mayieka Rapporteur : Wambui Njonge & Mercy Tuluso
Time (EAT) 1430-1700hrs		Symposium 4: KEMRI Programs and Flagship Projects VENUE: BOGORIA Session Chair: Dr. Steve Wandiga Rapporteur: Jennifer Ngetich & Bridget Kimani
Time (EAT) 1430-1700hrs		Symposium 5: BOHEMIA VENUE: MT. KENYA C : Session Chair: Dr. Joseph Mwangangi Rapporteur: Rebecca Shambi & Tabitha Wambui
TEA BREAK AND DEPARTURE		
END OF DAY 2		
DAY THREE, THURSDAY 15TH FEBRUARY 2024		
0700-0830hrs	Arrival & Registration	
	PLENARY SESSION	
0830- 0855hrs	Plenary Session 4: Prof. Rosemary Rochford "Uncovering the Etiology of Burkitt Lymphoma: Results from a 20-Year Odyssey in Kenya"	
0855- 0920hrs	Plenary Session 5: Dr. John Kimani "Forensic Biology Trend In Kenya (Past, Present and Future)"	
0920 -0945hrs	Plenary Session 6: Dr. Oduor Johanssen "Shakahola Cases; Human Remains Identification Process; Case Presentation	
Session Chair:	Dr. Eric Ochomo	
Rapporteur:	Ibrahim Mwangi	
Time (EAT) 1005-1105hrs	Abstract No	Scientific Session 7: TB VENUE: AMBOSELI. Session Chair: Dr Jane Ong'ang'o Rapporteur: Barbra Miheso
	56.	High Number of TB Relapse Cases in an MDR surveillance in Western Kenya; Joseph Orure
	57.	Effects of Sputum volume and quality on MTB yield and Smear positivity from samples received at KEMRI TB lab Western Kenya; Ruth Sitati

	58.	Effectiveness of Anti-tuberculosis Treatment Among Patients Receiving Highly Active Anti-Retroviral Therapy; Moses Parmeiyan
	59.	Genetic distribution of <i>Mycobacterium tuberculosis</i> complex, drug resistance and transmission among presumptive tuberculosis patients in Western Kenya; Albert Okumu
	60.	Scaling uptake of TB preventive therapy amongst Healthcare Workers; Emelder Auma
	61.	Leveraging Support Networks: Assessing Support Group Impact on Sustained Treatment Adherence among Tuberculosis Patients in Makueni and Machakos Counties; Elizabeth Atieno
	62.	The burden of <i>Mycobacterium</i> Intracellular TB among presumptive TB patients in Western Kenya; KEMRI-TB Laboratory based Surveillance; Caroline Ochola
	63.	Integrating TB active case finding in index testing services to aid in early tb diagnosis in Arombe dispensary, Migori county; Loriet Otieno
	64.	Screening of miners using digital chest X-ray in Masara Suna west Sub county; Peter Omware
	65.	Leveraging on community TB activities to scale up TB case finding; Peter Omware
	66.	Enhancing Public Health: Comprehensive Strategies for Improved Surveillance in TB Contact Investigation; Gladys Njaka
Time (EAT) 1005-1105hrs	Abstract No	Scientific Session 8: Health Systems-2 VENUE: TSAVO Session Chair: Enock Kebenei Rapporteur: Timothy Kipkosgei
	67.	Comparison between the Smart Triage model and the Emergency Triage Assessment and Treatment (ETAT) guidelines in triaging children presenting to the emergency departments of two public hospitals in Kenya; Stephen Kamau
	68.	Spatial analysis of public health facilities utilization on Tuberculosis patient management in Nairobi County: preliminary analysis of characteristics of Tuberculosis diagnosed patients attending Rhodes chest clinic; Fred Orina
	69.	Connected diagnostics for semi-real time epidemiological surveillance of infectious diseases in Africa: Kisumu County malaria case study; Felix Bahati
	70.	Costs associated with antimicrobial resistance among pediatric in-patients at the Kenyatta National Hospital; Teresa Ita
	71.	Outcome of implementation of laboratory quality management systems in reducing errors: a case study of Rangwe Sub-county, Homabay county; Everlyne Akinyi
	72.	Evaluating Specimen Rejection as a Quality Assessment Tool for Intervention at KEMRI-TB Reference Laboratory; Elizabeth Awour
	73.	MiMba pregnancy exposure registry in Western Kenya: Cohort description, challenges, and opportunities for scalability; Benard Omondi
	74.	Provision of Adolescent and Youth-Friendly Services in Public Health Facilities in Migori County, Kenya; Lillian Nyaga
	75.	Factors identifying Ideal Scientific Communication Channels at Kenya Medical Research Institute: Viewpoint; Isaac Joseph
Time (EAT) 1005-1105hrs	Abstract No	Scientific Session 9: Malaria-2 VENUE: SAMBURU Session Chair : Dr. Sophie Uyoga Rapporteur : Mercy Tuluso
	76.	HSP90 as a potential biomarker: Exploring the complex relationship between antimalarial treatment and <i>Plasmodium falciparum</i> Heat shock protein 90 expression; Lewis Mbabu
	77.	Evidence of <i>P. vivax</i> in Northern Kenya, an emerging malaria control threat; An incidence report from the outcome of the mid-2023 epidemic response survey; Francis Kimani
	78.	Effectiveness of indoor residual spray on malaria control; a review of the malaria cases among children under five years in Rachuonyo North Sub County, Homa Bay County and Nyakach Sub County Kisumu County, Kenya; Gabriel Kotewas
	79.	Detection of twelve <i>Plasmodium falciparum</i> Kelch 13 gene mutations in clinical samples from four sites across Kenya reveals intense genomic events; Benjamin Opot

	80.	Utility of Ex vivo malaria SYBR Green I assay in susceptibility profiles of <i>Plasmodium falciparum</i> and non-falciparum co-infections in Western Kenya; Agnes Cheruiyot
	81.	Assessment of Antimalarial drug susceptibility patterns in Kisumu and Marigat between 2018 and 2023 based on in vitro testing, genomic analyses and passive monitoring of treatment outcomes; Doris Njoroge
	82.	Non-random distribution of Plasmodium species infections and associated clinical outcomes in children 3-15 years of age in the Lake Victoria region, Kenya, 2012-2020; Protus Omondi
Time (EAT) 1005-1105hrs	Abstract No	Scientific Session 10: Public Health-1 VENUE: BOGORIA Session Chair: Dr Richard Omore Rapporteur: Steven Onteri
	83.	Factors Associated with Low Measles-Rubella Vaccination Coverage: An Assessment of Post Outbreak Vaccination Campaign in ASAL Counties, Kenya, 2022; Serah Nduta
	84.	Knowledge, Attitudes and Practices and sources of information toward Anthrax among High-Risk occupational Groups in Murang'a and Meru Counties, Kenya; Juster Mungiria
	85.	Evaluation of the Influenza Sentinel Surveillance System in Kenya, 2021–2022; Valentine Kabita
	86.	Community preferred drug delivery approaches for roll-out of novel pediatric schistosomiasis treatment option in two endemic counties of Kenya; A mixed methods study; Janet Masaku
	87.	Community smearing day in prevention and control of Tungiasis, a case of Emanyinya CU in Emuhaya subcounty, Vihiga county; Fanuel Khaingaa
	88.	Influence of Radio Programs in Creating Awareness on Covid-19 Pandemic among Residents of Lunga Lunga Sub County, Kwale County, Kenya; Richard Korir
	89.	Surpassing the targets of Oral Cholera Vaccination Campaign “A boon for future outbreaks”- in Kenya, August 2023; Oscar Adidi
	90.	Acute Febrile Illness Outbreak in Northern Kenya: Emerging Plasmodium Vivax spp. Malaria; Richard Kimenye
Time (EAT) 1005-1105hrs	Abstract No	Scientific Session 11: Vector Biology-1 VENUE: MT. KENYA C Session Chair: Dr. Ernest Wandera Rapporteur: Dr Edith Chepkorir
	91.	First report of <i>Anopheles stephensi</i> in Southern Ethiopia; Dawit Hawaria
	92.	Evaluation of passive cooling options and vector proofing for indoor heat reduction and mosquito control in western Kenya; Bernard Abong'o
	93.	Influence of Blood Meal Origins on Reproductive Outcomes in <i>Anopheles gambiae</i> : Enhancing Fecundity in a Mass Rearing Environment; Celestine Wekesa
	94.	Identification of insecticide resistance markers in <i>Anopheles arabiensis</i> and <i>Anopheles gambiae</i> from Kenya and Benin using Weighted Gene Correlation Network Analysis; Cynthia Odhiambo
	95.	Application of MALDI-TOF MS in parity status prediction of field collected malaria vectors; Mercy Tuwei
	96.	Late morning biting behaviour of <i>Anopheles funestus</i> is a risk factor for transmission in schools in Siaya, western Kenya; Seline Omondi
	97.	Experimental hut and field evaluation of a metofluthrin based spatial repellent against pyrethroid resistant <i>Anopheles funestus</i> in Siaya County, western Kenya; Silas Agumba
	98.	Addressing Malaria challenge through durability monitoring of long lasting Insecticide Nets: Results for attrition and fabric integrity over 12 months of net use in Kenya; Paul Gichuki
Time (EAT) 1005-1105hrs	Abstract No	Scientific Session 12: MCH -2 VENUE: MT. KENYA D Session Chair: Dr Elizabeth Echoka Rapporteur: Schiller Mbuka
	99.	An interrelational study on hypertensive disorders in pregnancy and neonatal health outcomes at Thika level five hospital, Kenya; Jared Ronoh
	100.	Identification of children with wasting using a family MUAC supported by a two-way SMS platform; Benson Singa

	101.	Evaluating the proportion of mortality associated with under-nutrition among under-five year old children hospitalized with hypoxemia in Uganda; Bernard Ochieng
	102.	Perceived barriers and facilitators to quality contraceptive decision support for adolescent girls and young women (AGYW) among pharmacy staff: A qualitative study in Western Kenya; Dismus Congo
	103.	Malnutrition Associated Deaths Among Children aged 1-59 months in Rural and Urban Western Kenya, for the period May 2017- December 2022: Findings from the Child Health Mortality Prevention Surveillance (CHAMPS) Network; Sagam Kimutai
	104.	Incidence and Risk factors Associated with Caesarean Section Deliveries: Findings from a Prospective Cohort Study in Western Kenya, 2020-2022; Edwin Kiplagat
	105.	Management outcomes of burns in pediatric patients <13 years at Thika level v hospital, Kiambu county, Kenya; Alphonse Oyugi
1105 hrs - 1130 hrs TEA BREAK		
Time (EAT) 1130-1300hrs	Abstract No	Scientific Session 13: Health Systems -3 VENUE: AMBOSELI Session Chair : Dr. Richard Mutisya Rapporteur : Ishmael Ahamed
	106.	Quality Assurance in the Kenya Polio Laboratory: Cell Sensitivity Assay, 2022–2023; Shadrack Barmasai
	107.	Laboratory and Public Health colloration in prompt management of covid 19 cases through homebased care at Nyahera sub county Hospital, Kisumu county, Kenya; Duncan Odhiambo
	108.	What does it take to integrate HIV NCD Services in Primary Health Care? A case study of Nyalkinyi Hospital Homabay County; Jeff Omondi
	109.	Understanding the treatment burden of people with chronic conditions in Kenya: A cross-sectional analysis using the Patient Experience with Treatment and Self- Management (PETS) questionnaire; Hillary Kimutai
	110.	Barriers and solutions to accessing eye care in Meru County, Kenya: A multi-phased mixed methods study; Sarah Karanja
	111.	Feasibility of provider collected and participant self-collected swabs among adolescent girls and young women participating in HPV vaccine trial in southwestern Kenya; Imelda Wakhungu
	112.	Assessing Health System Capacities for Maternal and Child Nutrition: A Comprehensive Study of Meru, Tharaka Nithi, Nyeri, Nyandarua, and Kirinyaga Counties; Christine Nderitu
	113.	Missed opportunities for data use in health care decision-making in Kenya: Cross sectional digital health landscape assessment; Mercy Terer
	114.	Availability and uptake of cervical cancer screening and treatment services at 19 Kenyan Health Facilities; Catherine Wrexler
Time (EAT) 1130-1300hrs	Abstract No	Scientific Session 14: Rising Star Award-2 VENUE: TSAVO Session Chair: Dr Joseph Mwangangi/ Dr. Doris Njomo Rapporteur: Dr Limbaso Konongoi//Francis Kimani/Jane Ikapesi/Maureen Ekisa
	115.	Socio-behavioral factors influencing scabies infestation among children under 5 years of age in Kwale County, Kenya; Mariam Macharia
	116.	Characterization of <i>Proteus mirabilis</i> Isolates from Ticks Collected in Isiolo County, Kenya; Bryson Kimemia
	117.	Mixed Effects Models in the Analysis of Epstein-Barr virus Serological Responses in Children from Chulaimbo, Western Kenya; Onditi Ian
	118.	Genotypic and Phenotypic Profiles of Antimicrobial Resistance in Pathogenic Bacteria isolated from Septicemic Patients in Western Kenya; Joseph Khamisi
	119.	Microsporidia mb relationship with associated microbiota in the midgut and ovaries of <i>Anopheles gambiae</i> and <i>Anopheles funestus</i> ; Mark Kivumbi
	120.	Design and optimization of a Malaria Pf/Pan Antigen Detection Kit in KEMRI, Kenya; Advancing Healthcare through Local Manufacturing of Medical Devices; Abdiaziz Gosar
	121.	Isolation and characterization of environmental lytic bacteriophages against endemic Multidrug-resistant <i>Enterococcus faecalis</i> and <i>Enterococcus faecium</i> in Kenya; Oumarou Soro

	122.	Comparison between Sanger sequencing and Oxford Nanopore sequencing of Polioviruses: The KEMRI Polio laboratory experience; Mercy Onyango
	123.	Comparative evaluation of the automated Vitek 2 and Microbroth dilution methods on colistin antibiotic susceptibility test results; Allan Barasa
	124.	Case Series of Hemoglobinuria Associated with Malaria in Children Aged 3-13 years at Siaya County Referral Hospital (SCRH); Getrude Kamuyu
	125.	Deep learning approaches for functional annotation of hypothetical coding sequences in phages; James Muturi
	126.	Immune responses to red blood cell antigens among transfused sickle cell anaemia patients in Kilifi, Kenya; Michael Musembi
	127.	Integrated Approaches to improve nutritional status of children under five: Case of Positive Deviance Hearth Model in Konoin Sub-County, Bomet County in Kenya: Preliminary Findings; Lorraine Ombogo
	128.	Assessing the risk of Rift Valley Fever and other arbovirus transmission in Nguruman, Kajiado County; Faith Cherop
	129.	Extra-occupational predictors of COVID-19 disease among Hospital Health Workers. Findings from a case control study in Kenya; John Macharia
	130.	Characterization of fetal versus maternal innate immune responses against placental malaria; Samuel Change
	131.	Characterization of EBV infection in tonsils of children residing in malaria holoendemic region of western Kenya; Emily Jepkemboi
	132.	Malaria morbidity due to Nutrition deficiency in Endemic Zones Western, Kenya; Redemtah Yeda
Time (EAT) 1130-1300hrs	Abstract No	Scientific Session 15: Public Health-2 VENUE: SAMBURU Session Chair : Dr. Rose Bosire Rapporteur : Dr. Beatrice Ongadi
	133.	Modelling COVID-19 waves in Kenya; Wandera Ogana
	134.	Malaria prevalence and determinants of optimal intermittent preventive malaria therapy and insecticide-treated nets among pregnant women in Busia County, Kenya; Everlyne Chimwani
	135.	Leveraging advocacy to reduce frequent uptake of ECPs among students of tertiary institutions; Lordlaro Lidoros
	136.	The Impact of Home - Based Care on Infectious Respiratory Disease: A Case of COVID-19; Henry Wanjala
	137.	The effect of COVID-19 pandemic on healthcare seeking in an urban informal settlement in Nairobi and a rural setting in western Kenya; George Agogo
	138.	Health providers' perceptions of the use of long-acting HIV prevention products during pregnancy and lactation in Kenya: A qualitative study; Cherotich Sharon
	139.	The Epidemiology of circulating vaccine derived poliovirus type 2 (cVDPV2) in Kenya in, 2023; Shadrack Barmasai
	140.	COVID 19 Testing: Positivity Rate in Context to Vaccination Status at Nyahera Sub County Hospital, Kisumu County, Kenya; Duncan Odhiambo
	141.	Exploring the Diversity of the Human Mitochondrial Genome Along the Kenyan Coast: Progress Towards Establishing a Forensic Reference Database for Kenya; Eva Aluvaala
	142.	Challenges faced during Mass Drug Administration for Trachoma Elimination in a Pastoral Conflict area: Experiences of Program Implementers in Baringo County, Kenya; Bridget kimani
Time (EAT) 1130-1300hrs	Abstract No	Scientific Session 16: Vector Biology-2 VENUE: TSAVO Session Chair : Dr Damaris Matoke-Muhia Rapporteur : Seline Omondi
	143.	Efficacy of the PermaNet® Dual compared to the Interceptor® G2 and the PermaNet® 3.0 in experimental huts in Siaya County, western Kenya; Nashon Ogutu
	144.	Cost comparison analysis of different workflows for entomological surveillance using a decision-tree approach; Jonathan Kazungu

	145.	Host-Symbiont Interaction in Microsporidia MB infected <i>Anopheles arabiensis</i> mosquitoes; Jacqueline Wahura
	146.	Microsporidia MB infection rates in <i>Anopheles gambiae s.s.</i> and <i>Anopheles arabiensis</i> from Busia, a malaria endemic zone of Western Kenya; Tiffany Wandera
	147.	Species diversity and abundance of ticks collected from livestock in selected pastoral regions in Kenya; Hellen Koka
	148.	Insecticide resistance, resting behavior and sporozoite infection rates in <i>Anopheles gambiae</i> and <i>Anopheles funestus</i> in Teso Sub-County, Western Kenya; Sarah Nyasende
	149.	Entomological Surveillance of Malaria Vectors in Baringo County, Kenya; Lucy Njeri
	150.	Climate change associated ecological impacts on vector-borne disease transmission - A contemporary global perspective on disparate climate vulnerability; James Mutunga
	151.	Validation using Attractive Sugar Baits (ASBs) containing a fluorescent dye in Siaya county, western Kenya: An evaluation of Anopheles feeding rates; Jackline Jeruto
Time (EAT) 1130-1300hrs	Abstract No	Scientific Session 17: MCH -3 VENUE: MT. KENYA C Session Chair: Dr. Phelgona Otieno Rapporteur: Olga Mashedi
	152.	Childhood hospital readmission following acute illness in Africa and South Asia: a secondary analysis of CHAIN cohort.; Moses Ngari
	153.	Burden, timing, causes and factors associated with stillbirth and neonatal mortalities in a Health and Demographic Surveillance System in rural western Kenya, 2018-2022; George Otieno
	154.	Impact of HIV Infection and Malaria Parasitemia on Immunogenicity of Inactivated Influenza Vaccine in Pregnant Women and on Mother-to-Child Vaccine-induced Antibody Transfer; Michael Otieno
	155.	Prenatal Exposure to SARS-CoV-2 Infection during Pregnancy and Neurodevelopmental Outcomes among Infants in Western Kenya at 6 months of age; Paul Otieno
	156.	Assessment of Social Support Levels and Associated Factors among Women Attending Postnatal Clinic at Gulu Regional Referral Hospital, Uganda; Nannungi Christine
	157.	Maternal HIV status and the risk of adverse pregnancy outcomes: a cohort of women participating in IMPROVE 1 and IMPROVE 2 studies; Everlyne Ondieki
	158.	Development of a Shigella multivalent bioconjugate vaccine: A phase I/II randomized, controlled and age descending study including dose finding in Kenyan infants; Jane Adetifa
	159.	Impact of malnutrition on clinical outcomes among children with severe acute respiratory illness in Kakuma, Kenya; Joel Machuki
Time (EAT) 1130-1300hrs	Abstract No	Scientific Session 18: NCDs VENUE: MT. KENYA D Session Chair: Dr. Vera Manduku Rapporteur: Ibrahim Mwangi
	160.	Patterns of orthopedic and trauma admissions to a tertiary teaching and referral health facility in Kenya: Chart review; Maxwell Omondi
	161.	Evaluation of bacterial pathogens from selected diabetic foot ulcer patients at Thika level 5 hospital, Kiambu county, Kenya; Ameyo Daglas
	162.	Understanding the After Violence Care for Adolescent Girls and Young Women Experiencing Gender Based Violence in Kisumu County; Omollo Mevis
	163.	Prevalence of hypertension among diabetes clients: a case study of diabetic clinic, Homabay county referral hospital; Evans Odoyo
	164.	Clinical outcomes of patients hospitalized with femoral fractures at Gulu regional referral hospital: a retrospective cohort study; Yakobo Nsubuga
	165.	Evaluation of chemicals of concern in selected hair relaxers used by women in Embu county; Beatrice Irungu
	166.	Prevalence of overweight and obesity amongst primary school children aged 8 - 11 in Thika West Sub-County, Kenya; Margaret Mburu
	167.	Severe Acute Respiratory Illness in Patients with Sickle Cell Disease Hospitalized in Two Western Kenya Referral Hospitals; Peter Kinuthia

	168.	Predictors of mortality among patients on maintenance hemodialysis attending Nakuru county referral and teaching hospital; Zachary Mwambi
	169.	A transcriptome analysis of breast tumors from Kenyan women; Francis Makokha
	170.	Prevalence of minor red blood group antigens among sickle cell anaemia patients in Kilifi, Kenya; Ephy Akoko
1300-1400hrs LUNCH BREAK		
1400-1430hrs POSTER SESSION		
1400-1430hrs		Poster Session: Screen 1- NCDs Judges: Dr. Vera Manduku & Dr. Linnet Onger
	055.	Prevalence and Determinants of hypertension among Type 2 Diabetes Mellitus Patients in Mombasa County, Kenya; Habiba Ramadhan
	056.	Towards the Development of a Microfluidic Device for Point-of-care Detection of Viable <i>Cryptococcus neoformans</i> ; Mary Wachira
	057.	Male Partner Experiences and Social Support during Cervical Cancer Screening, Treatment and Follow-Up; Natabhona Mabachi
	058.	Neoantigen profiling in Kenyan breast cancer patients using whole exome and RNA sequencing; Francis Makokha
	059.	Co-occurrence of Hypertension and Type 2 Diabetes: Prevalence and Determinants among Diabetic Patients in Mombasa County, Kenya; Habiba Ramadhan
	060.	Willingness to start insulin therapy among insulin-naïve persons with type 2 Diabetes mellitus at Gulu regional referral hospital, Uganda; Nakitto Brenda
1400-1430hrs		Poster Session 2: Screen 2- NTDs Judges: Dr. Erastus Mulinge & Henry Kanyi
	061.	First serological evidence of louse borne relapsing fever in northern Kenya: a retrospective study; John Njeru
	062.	Comparison of intestinal Schistosomiasis-related ultrasound detectable morbidities in low and high-risk areas in Western Kenya; Dollycate Njagi
	063.	Placental metrics and perinatal outcomes associated with malaria in pregnancy in Busia, western Kenya; Odhiambo Caleb
	064.	Prevalence and risk factors associated with geo-helminths and intestinal protozoa infections in school-going children in Nyeri county, Kenya; Anthony Muthee
	065.	Molecular characterization of the TPRM-PZQ Resistance gene in <i>Schistosoma mansoni</i> parasites isolated from infected participants from Siaya County, Kenya; Peter Olilah
1400-1430hrs		Poster Session 3: Screen 3- Maternal & Child Health (MCH) 1 Judges: Dr. Benson Singa & Dr. Lucy Chite
	066.	Men involvement in increased ANC attendance among pregnant mothers, a case of Ekwanda Health Unit, Vihiga county; Fanuel Khainga
	067.	Effects of Malaria Exposure During Pregnancy on the Levels of EBV anti-gp350 IgA and anti-gp350 IgG Among Infants in Western Kenya; Stellah Achumbe
	068.	Assessment of the performance of malaria diagnostic tools in diagnosing malaria in pregnancy and placental malaria; Melvin Mbalitsi
	069.	Empowering Male Engagement in PMTCT: Pioneering Zero Mother-to-Child HIV Transmission; Wayne Otieno
1400-1430hrs		Poster Session 4: Screen 4- HIV Judges: Dr. Samoel Khamadi & Dr. Edith Chepkorir
	070.	Factors associated with Viral non-suppression among Adolescents and Young adults on Anti-retroviral Therapy in Nyandarua County, July 2023; Lucy Njoki
	071.	Breaking barriers: Addressing Gender-Based Violence and Improving Treatment Adherence among Sero Positive Women in Discordant Relationships in Kuria East Sub County; Nancy Mwita
	072.	Roles of Health Care Providers toward HIV Self-Testing (HIVST) approach to achieve global target to end HIV by 2030; Andrea James

	073.	Exploring the role of religion in Addressing HIV viral suppression in three community sites, Homabay Kenya; Joan Ondigo
1400-1430hrs		Poster Session: Screen 5- AMR Judges: Dr. John Mwaniki & Susan Kawai
	074.	Antimicrobial Susceptibility and Genetic Basis of Resistance of <i>Klebsiella</i> spp Isolated from Diarrheic and Non-Diarrheic Children at Health Facilities in Mukuru Informal Settlement, Nairobi, Kenya; Celestine Wairimu
	075.	Environmental reservoirs of multidrug-resistant pseudomonads in a geographical location with predominantly community-acquired infections in Kenya; Polly Mubassu
	076.	Targeting <i>Mycobacterium tuberculosis</i> with mycobacteriophage; Joseph Gitari
	077.	Isolation and characterization of bacteriophages with lytic activity against drug-resistant non-typhoidal <i>Salmonella</i> from Nairobi City County, Kenya; Michael Mugo
1430-1700hrs	Abstract No	Symposium 7: Human Genomics and Forensics VENUE: AMBOSELI Session Chair : Eva Aluvaala Rapporteur: Belinda Azzam & Tiffany Wandera
1430-1700hrs	Abstract No	Symposium 8: Management and control of invasive Anopheles stephensi in Kenya VENUE: TSAVO Session Chair : Dr. Elijah Juma Rapporteur: Benyl Ondeto & Tabitha Wambui
1430-1700hrs	Abstract No	Symposium 9: KEMRI Programs and Flagship Projects VENUE: SAMBURU Session Chair : Dr. Linette Ongeru Rapporteur: Julie Mkawuda & Lydiah Matoke
1430-1700hrs	Abstract No	Scientific Session 19: Public Health- 3 VENUE: BOGORIA Session Chair : Dr. Joan Olale Rapporteur: Viola Chuchu
	171.	Qualitative Study Exploring Challenges and Influences on Azithromycin Mass Treatment Uptake in Turkana Pastoral Communities in Kenya, 2023; Stephen Olubulyera
	172.	A preliminary scoping review on the etiology and distribution of diarrheal diseases in Kenya; Latifah Benta
	173.	Assessment of Coverage of Vitamin A Supplementation, Deworming among Children Aged 6-59 months in Meru, Tharakanithi, Nyeri, Nyandarua, Kirinyaga and Kilifi Counties of Kenya; Caleb Ombati
	174.	Concurrent Sexual Relationships and Partner's HIV Status Awareness among Girls and Young Women aged 15-24 Years Old; George Otieno
	175.	The Impact of communication and advocacy through storytelling on the Road to Zero Neglected Tropical Diseases (NTDs); Mercy Mumu
	176.	Bridging Facilities, Empowering Lives: The Impact of Psychosocial Support Groups in PMTCT (Prevention of Mother-to-Child Transmission) in the Community in Kasipul sub county; Millicent Achieng
	177.	Sexual Relationship Power and Safe Sex Practices Among Kenyan Adolescent Girls and Young Women in south-western Kenya; Teresia Atieno
	178.	Clinical and serological characteristics of the post-COVID-19 status of healthy volunteers from Kenyatta University; Martin Theuri
	179.	Revolutionizing Global Health: Bridging Innovations, Emerging Technologies, and Vaccines for Sustainable Product Development; John Giteru
	180.	Modelling heat stress in conjunction with other stressors: identification of vulnerable populations; Bernice Scholten
1430-1700hrs	Abstract No	Scientific Session 20: Health Systems - 4 VENUE: MT. KENYA C Session Chair : Susan Kawai Rapporteur : Kelvin Kering

	181.	Barriers of participation and access to mass drug administration for trachoma elimination among pastoral communities of Baringo County, Kenya; Tabitha Kanyui
	182.	Reporting and Methodological Quality of Clinical Practice Guidelines for Management of Malnutrition in the East African Community. A Systematic Review; Sagam Caleb
	183.	Mentorship as a pathway to generating high quality cancer data for decision making in Sub-Saharan Africa; Evans Tanui
	184.	Transforming data systems to improve pandemic readiness and response 2020-2023; Peninah Munyua
	185.	Utilization of sub-national public health emergency operations centers to respond to public health events in Kenya, 2020-2023; Daniel Wako
	186.	Health and Demographic Surveillance System (HDSS) profile: A Population-based surveillance platform in an urban informal settlement in Kibera; Clifford Oduor
	187.	Quality Healthcare Redefined: National Hospital Insurance Fund (NHIF)'s Influence on Service Standards at Public Hospital in Kenya; Ndirangu Ngunjiri
1430-1700hrs	Abstract No	Scientific Session 21: HIV VENUE: MT. KENYA D Session Chair: Dr. Samoel Khamadi Rapporteur: Asiko Ong'ayo
	188.	Effect of Status Disclosure on Quality of Life among People Living with HIV/AIDS in Ghana: A Health Facility-based Cross-sectional Study; Farukh Saah
	189.	The Burden of overnutrition among Adult PLHIVs on Care at Homabay County and referral Hospital 2023; Nancy Atieno
	190.	An assessment of antiretroviral (ART) resistance amongst Patients on Salvage and third line regimens, Homabay County Kenya 2023; Corneleous Edward
	191.	ART Experience, VL Suppression and CD4 Status of HIV Patients admitted to Homabay County Hospital Inpatient Department in 2021; Corneleous Edward
	192.	Role of Orphans and Vulnerable Community Interventions in Addressing Viral Suppression amongst Children and Adolescents Living with HIV in Rachuonyo North Sub County, Homabay; Victor Owuor
	193.	An evaluation of early infant diagnosis of HIV among infants attending selected level 4 and level 5 Health Facilities in Kenya; Emily Barsito
	194.	Unraveling the Threads of HIV/AIDS: A Comprehensive Study of Patients at the KEMRI Clinic in Kisumu County, Kenya; Cindy Nyandiko
	195.	Empowering Adolescent Girls and Young Women (AGYW): Peer-Led Mobilization for Enhanced HIV Prevention Services in Siaya County, Kenya; Wayne Otieno
	196.	Progress towards eMTCT: a comparison of study outcomes from 2014-2015 vs 2020-2023; Catherine Wrexler
	197.	In silico genomic recombination analysis reveals HIV-1 and HIV-2 mosaic genomes in circulation; Edwin Magomere
	198.	Review of Generational HIV Status Change From HIV Positive Adolescents to HIV Negative Children in Rachuonyo East Sub County Homabay County, Kenya; Nicholas Odiemo
TEA BREAK AND DEPARTURE		
END OF DAY 3		
DAY FOUR, FRIDAY 16TH FEBRUARY 2024		
ARRIVAL & REGISTRATION		
PLENARY SESSION		
0830- 0855hrs	Plenary Session 7: Dr. Ruth Masha "Whole Government Approach Towards Ending Adolescent Triple Threat (New HIV Infections, Adolescent Pregnancies and Sexual and Gender-based Violence in Kenya) "	
0855 - 0920hrs	Plenary Session 8: Dr. Pauline Mwinzi "The Remarkable Progress in Eliminating Neglected Tropical Diseases in Africa."	
0920 - 0950hrs	Plenary Session 9: Prof Digby Warner "Re-imag(in)ing Tuberculosis through a Different Lens"	
Session Chair:	Dr. Doris Njomo	

Rapporteur:	Susan Kawai	
PANEL DISCUSSION		
0950-1030hrs	Complementary Feeding: The Role of different Sectors Organized by Academia and Research -Academic Research Networks- Scaling up Nutrition Movement (SUN)	
Session Moderator:	Dr. Zipporah Bukania	
Rapporteur:	Kariuki Ngumo	
1030-1100hrs TEA BREAK		
PARALLEL SCIENTIFIC SESSION 22 – 26		
1100-1300hrs	Abstract No	Scientific Session 22: Public Health-4 VENUE: AMBOSELI Session Chair: Dr. Elizabeth Echoka Rapporteur: Schiller Mbuka
	199.	Mathematical Model of COVID-19 with a Double-Dose Vaccine; Henry Wanjala
	200.	Enhancing Universal Health Coverage for Malaria through Weekly Household Sweeps by CHVs in Nyamira, Kenya; Dorah Wafula
	201.	Epidemiology of case-based lab confirmed measles virus cases in Kenya, 2021-2023; Diana Wanjiru
	202.	Community acceptability of Attractive Targeted Sugar Baits in a cluster randomized controlled trial in Western Kenya; Caroline Ogwang
	203.	Factors associated with poor treatment outcomes among Tuberculosis patients in Meru County, Kenya, 2022; Abdiaziz Mahamud
	204.	Facilitators and Barriers to Implementation of Long-acting HIV Prevention Products among Pregnant and Lactating Women in Kenya: A qualitative study; Maryeve Gikwa
	205.	Knowledge and Adherence to the National Malaria Treatment Guidelines for Malaria Diagnosis in Pregnancy among Health-Care Workers in Rangwe Sub County, Homabay County; Everlyne Akinyi
	206.	Air quality monitoring based on low-cost sensors and labelled air pollution modelling; Bas Henzing
1100-1300hrs	Abstract No	Scientific Session 23: Virology VENUE: TSAVO Session Chair : Dr. Fred Eyase Rapporteur : Kelvin Kering
	207.	Comparative analysis of cell-culture based method and direct detection method in Poliovirus surveillance; Collins Cheruiyot
	208.	Characterization of West Nile Virus Koutango Lineage isolated from Phlebotomine Sand flies in Kenya 2021; Jane Thiiru
	209.	Closed or Open Canal in Environmental Sampling? Evidence from Retrospective Analysis of SARS-CoV2 and Enteric Virus Isolation; Stephen Ochieng
	210.	Trends in acute flaccid paralysis cases from Kenya and Somalia; Samira Ali
	211.	Lineage diversity of Rift Valley Fever virus associated with human outbreaks in Kenya; Konongo Limbaso
	212.	Previous Exposure of Camels to MERS-CoV Virus as indicated by sero-positivity in Mandera East; Guyo Sora
	213.	Molecular characterization of virulent strains of Newcastle disease virus isolated from dead chickens collected in southern highlands and eastern zone of Tanzania; Charlie Amoia
	214.	Illness outcomes of in-and-out patients co-infected with SARS-CoV-2 and Malaria, 2020-2022; Jorim Ayugi
	215.	Whole Genome Characterization of G8P[14] Rotavirus Strain Detected in Kenya: Evidence For Antidactyl -To-Human Interspecies Transmission and Reassortment; Ernest Wandera
	216.	Longitudinal Study for SARS-CoV-2 and Neutralizing Antibodies between April 2021 and March 2022 in Kombewa, Western Kenya; Esther Omuseni
	217.	Presence of SARS-CoV-2 RNA in wastewater and correlation with reported covid-19 prevalence in the Thika sub-county; Samuel Nganga

	218.	Temporal Dynamics of Dengue Virus 1 Mutant Populations during a Dengue Fever Outbreak at the Kenyan Coast; Josphat Nyataya
1100-1300hrs	Abstract No	Scientific Session 24: AMR VENUE: SAMBURU Session Chair : Dr. John Mwaniki Rapporteur : Susan Kiiru
	219.	Monitoring the battleground: Exploring Antimicrobial Resistance, Antibiofilm Trends, and Virulence Factors in Wound Bacterial Isolates; Silas Awuor
	220.	Fungal spore air pollution in various environments in Nairobi Kenya; Vincent Kiprop
	221.	Phenotypic and molecular characterization of β -lactamase-producing <i>Klebsiella species</i> among children discharged from hospital in Western Kenya; Doreen Wanjira
	222.	Environmental Contamination and Seasonal Trends of Non-Typhoidal <i>Salmonella</i> in a Disease Endemic setting in Nairobi, Kenya; Collins Kebenei
	223.	Antimicrobial resistance in a changing climatic context: an emerging Public Health threat in Africa; Collins Otieno
	224.	Antimicrobial resistance and Intestinal shedding of Non-typhoidal <i>Salmonella</i> among Children under Five years and carriage in asymptomatic hosts in Kenya; Kelvin Kering
	225.	Role of Gallstones in <i>Salmonella Typhi</i> Carriage and Fecal Shedding, Antimicrobial Resistance and Biofilm Formation; Peter Muturi
	226.	Unveiling the Resilience Mechanisms of <i>Acinetobacter baumannii</i> in Nosocomial Settings: Insights from AMR and Virulence Gene Carriage; Vanessa Onyonyi
	227.	Genomic characterization of lytic bacteriophages isolated in Kenya identifies candidate phages for treatment of <i>Pseudomonas aeruginosa</i> infections; Collins Kigen
	228.	Host range determination of lytic <i>Pseudomonas aeruginosa</i> phages isolated from Kenyan wastewater identifies six phages with broad activity across endemic strain types; Martin Omondi
	229.	Antimicrobial resistance among Shigella Isolates from children aged 6-35months with medically attended diarrhea (MAD) in rural western, Kenya: Findings from the Enterics for Global Health Shigella Surveillance Study (EFGH) 2022-2023; Alex Awuor
1100-1300hrs	Abstract No	Scientific Session 25: NTDs and One Health VENUE: BOGORIA Session Chair: Dr. Erastus Mulinge Rapporteur: Olga Mashedi
	230.	Prevalence and Economic Impact of Cystic Echinococcosis in Narok County, Kenya; Tonny Nyandwaro
	231.	Prevalence and Spectrum of fungal pathogens isolated from inmates with Respiratory and Urinary tract infections in Nairobi, Kenya; Larry Afundi
	232.	Preventive chemotherapy with ivermectin, diethylcarbamazine and albendazole triple-drug therapy for the elimination of lymphatic filariasis in Kenya: Programmatic implementation and results of baseline survey and the first impact surveillance; Sammy Njenga
	233.	Climate adaptation approaches and proposed Modeling of Climatic Variables to predict VL transmission and Informing Outbreak Prevention and early response in Marigat Sub-County, Baringo County in Kenya; Bernard Ongondo
	234.	Investigation of an Acute Febrile Illness Outbreak in Laisamis Sub- County, Marsabit County, May 2023; Victor Ofula
	235.	Evaluation of lymphatic filariasis seroprevalence following triple therapy mass treatment with ivermectin, diethylcarbamazine and albendazole in coastal Kenya; Henry Kanyi
	236.	Impact of deworming on the prevalence of intestinal parasitic infections in Oloisukut conservancy community, Narok county, Kenya; Zipporah Njeri
	237.	Co-infections of <i>Leishmania donovani</i> and <i>Leishmania major</i> in blood of patients with visceral leishmaniasis from Northern Kenya; Vane Omwenga
	238.	Community perception on factors associated with <i>Schistosoma mansoni</i> prevalence and intensity in the endemic parts of siaya county; Austine Okinyo
	239.	Delay in Leprosy Diagnosis in Kilifi and Kwale Counties in Kenya; Bakhita Barbra

	240.	One Health in practice: Anthrax outbreak investigation in Murang'a County, Kenya, May 2023; Mark Matheka
	241.	Comparing infection susceptibility between exposed Laboratory inbred lines and third generation from the field on <i>Biomphalaria sudanica</i> and <i>Biomphalaria choanomphala</i> in Western Kenya: Preliminary results; George Ogara
1100-1300hrs	Abstract No	Scientific Session 26: Vector Biology-3 VENUE: MT. KENYA C Session Chair: Dr. Damaris Matoke-Muhia Rapporteur: Tiffany Wandera
	242.	Seasonal dynamics of <i>Aedes aegypti</i> and assessment of dengue virus infection prevalence; David Tchouassi
	243.	Harnessing mosquito symbionts for malaria transmission blocking; Jeremy Heren
	244.	Entomological surveillance of malaria vectors in Turkana County, an arid and Semi-arid region in Kenya; Lucy Wachira
	245.	Diversity of Anopheles mosquitoes in very low malaria transmission epidemiological zones in Kenya; Jacinta muli
	246.	Species Composition and Insecticide Resistance Profiles of Main Malaria Vectors in Kwale County, Kenya; Miguel Okoko
	247.	Prevalence, and seasonality of Microsporidia MB in Anopheles mosquitoes in Kwale, coastal Kenya; Kelly Ominde
1100-1300hrs	Abstract No	Scientific Session 27: Health Systems -5 VENUE: MT. KENYA D Session Chair: Bridgit Kimani Rapporteur: Ruth Cheruto
	248.	Supply-Side Factors Influencing Informal Payments for Healthcare at Public Health Facilities in Kenya; Evelyn Kagure
	249.	Profiling of human biological samples exported by KEMRI researchers between 2018 and 2020; Timothy Kipkosgei
	250.	Recommendation for Early Preparation Toward the Ageing Society – Suggestion from Health and Demographic Surveillance System (HDSS) data from Kwale County; Hideki Yamamoto
	251.	Continuous Quality Improvement, Triple R Approach to Scale Up Case Identification through Social Network Strategy at Arombe Dispensary, Migori County; Loriet Otieno
	252.	Quality improvement approach to scale up family planning uptake amongst women and adolescents of reproductive age the case of Suna Ragana Dispensary; Jairus Onyoni
	253.	Strengthening the diagnostic capacity and quality testing of rural Laboratories in line with universal health coverage: Lessons from Homa Bay County Inter-Laboratory Comparison program; Gabriel Kotewas
	254.	Beyond enemy lines: A strategy to providing HIV Prevention Care and Treatment Services in Migingo Island, Migori County; Eugene Ariya
1300-1400HRS: LUNCH BREAK		
1400-1600hrs	CLOSING CEREMONY	
	Master Of Ceremony: Dr. Sophie Uyoga	
	Conference Outcomes & Resolutions Chief Rapporteur: Dr. Steve Wandiga	
	Awarding Ceremony: Dr. Vera Manduku	
	Recognition of Sponsors and Exhibitors: Dr Linus Ndegwa	
	Official Closing remarks: KASH Chair: Dr. Cecilia Mbae Ag. Director Research and Development- Prof. Nelly Mugo Ag. Director General & CEO, KEMRI: Prof. Elijah Songok Chair KEMRI Board of Directors: Dr. Abdullahi Ali Ibrahim, CBS	
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