

Welcome to the December issue of our newsletter. We wish you and your families a very safe and peaceful Christmas

## RESEARCH STUDIES

### Management of Chronic Conditions in Africa (MOCCA)

We have disseminated the findings to our colleagues at the Ministries of Health and to patient leaders. We are also distributing short briefing documents for health care providers, policy makers and the study participants about the study findings.

Participants in the MOCCA study will soon be followed up again to determine their health-seeking behaviour since MOCCA ended. We will also test systematically to determine the level of undiagnosed disease.



*Dr Edna Majaliwa, part of the META trial team in Hindu Mandal Hospital, Tanzania.*

### NIHR-funded META Trial Phase 2

Some participants have now completed their 12 month follow-up visit. The study clinical staff have done a fantastic job supporting patients and we have learnt many lessons for the Phase 3, which is still scheduled to begin early 2021.





*Prof Mfinanga (left) and Sokoine (right) discussing INTE-AFRICA with the Regional Medical Officer and Regional HR Manager from Coastal region, Tanzania*



*Dr Gerald Mutungi, Head of National Non-Communicable Disease Control Programme (seated 2nd from left) during a site visit to Ruhoko Health Centre, Uganda*

## INTE-AFRICA

All of the 32 randomised health facilities are now recruiting. We have enrolled over 5,000 participants (the target is 7,000). Congratulations to the teams in both countries. Support and engagement from in-country national policy makers remains strong. They have been particularly impressed that health facility managers have ownership of the project.

An international steering committee meeting is being planned for 20 January, followed by meetings in Tanzania (which Shabbar plans to attend) and Uganda. Policy has shifted in both countries towards integrated management and UNAIDS now also recommend this. However, practice remains unchanged. We will discuss what the research programme can do to support health services and how INTE-AFRICA can be a catalyst for change.



*Dr Janneth Mghamba (Assistant Director - Epidemiology, Ministry of Health and Social Welfare Tanzania) during a site visit to Mbaga hospital in Tanzania*



*The Uganda team (Ivan, Josephine and Moffat) with the INTE-AFRICA South Western region coordinator, Faith Tumuhairwe and TASO manager, Wilbur Tusimire*



## CAPACITY BUILDING

In this issue of the newsletter we're highlighting two people who have benefited from training, funded through the partnership.

Fredrick Amani (NIMR, Tanzania) was selected to undertake a data governance training course through NIHR for the past 2 months. You can read the full story about Fredrick on our website (<https://www.lstmed.ac.uk/news-events/blogs/the-role-of-a-data-governance-champion>) but below is a brief extract.



*I have always been fascinated by technology from a young age, I enjoyed watching people in the movies writing a bunch of words that give them the ability to control machines/electronic devices; this curiosity led me to study computer science whilst I was in college. During my years in college, I was more interested in modules that taught programming languages and I was very passionate to learn them so I could be able to build systems that simplify/solve real-life problems.*

*On a daily basis, I provide technical support for clinical staff working on both META and INTE-Africa trials both in Tanzania and Uganda. I help assist them when they get stuck while using Electronic Data Capture (EDC), solving some of the technical issues related to EDC usage, teaching staff about new features and updates introduced into the EDC and collect queries, concerns, and suggestion from clinical staff, put them in technical terms and pass them to Erik, the lead system developer/programmer. Also in Tanzania, where I am currently based, I manage all electronic equipment used in the study and make sure they are set up correctly on sites and perform regular updates, upgrade, and maintenance to ensure all study activities are running as smoothly as possible.*

*NIHR data governance training helped me to look at data management from a different perspective. Before it was only about getting the system up and running, in data governance training I learned to closely examine every activity involved in a study/trial and break them down into small parts to assess them closely and think about all possible risks that might be associated and how to prevent or minimize the chances of their occurrence. I have gained quite a lot of knowledge and am looking forward to starting implementing and developing a guideline that will be used in all our future and ongoing studies within my unit and institution so as to strengthen data management.*



## MSc Fellowship

We are offering a new 2-year Master's fellowship opportunity. This is a great opportunity for somebody to study Epidemiology or Medical Statistics at the London School of Hygiene & Tropical Medicine and then gain further on-the-job training and experience in either NIMR or MRC/UVRI & LSHTM Uganda. The application deadline is 22 Jan 2021.

<https://www.lstmed.ac.uk/news-events/blogs/new-fellowship-opportunity-for-postgraduate-study-in-medical-statistics-or>

Faith Aikaeli, from Tanzania, studied an MSc in Epidemiology at the London School last year and completed her summer project with Anu. You can read Faith's full story on our website (<https://www.lstmed.ac.uk/news-events/blogs/reflections-from-our-nihr-funded-msc-student>) but below is a brief extract:



*Through the MSc, I learned to think critically about what I read and analytical about what I see in the world around me. A course in epidemiology has helped me to gain conceptual and design skills to be able to design epidemiological studies to answer important public health and clinical questions. As well as how to critically appraise literature and key statistical skills for analysis of data. On a personal level, I learnt to be more patient with myself and be more resilient to keep working hard to achieve my goals. Studying away from home can be stressful and strenuous at times but it is all worth it at the end!*

*My summer project was a systematic review and meta-analysis on the prevalence of microvascular and macrovascular complications of diabetes in newly diagnosed type two diabetic patients in low- and middle-income countries.*

*I definitely encourage others to do a Master's degree if they want to pursue a career in research, academia or public health programs. I remember two years ago working as a study doctor in a clinical trial and feeling inadequate and under-utilised. I was GCP trained and well trained for the trial and performed my tasks well, but I felt like I was missing a lot and there was just this gap of knowledge. I wanted to be in a position to design a study such as I was working on and be able to analyse the data I was collecting in my job.*



## RESPOND-AFRICA

### PAPERS

**Birungi, Kiuyom Garrib et al.** Integrating health services for HIV-infection, diabetes and hypertension in sub Saharan Africa: a cohort study. *Submitted to BMJ Global Health*

**Shiri, Birungi, Garrib et al.** Integrated HIV, diabetes, and hypertension health services – an empirical socio- economic cohort study of multi-morbidity care in Tanzania and Uganda. *Submitted to Lancet Global Health.*

**Adeyemi, Lyons, Njim... Garrib.** Integration of Non-Communicable Disease and HIV/AIDS management: a review of healthcare policies and plans in East Africa. *BMJ Global Health (provisionally accepted - revisions submitted)*

**Mfinanga, Nyirenda, Mutungi et al.** Integrating HIV, diabetes and hypertension services in Africa: study protocol for a cluster-randomised trial in Tanzania and Uganda. *Submitted to BMJ Open.*

**Van Hout, Bachmann, Lazarus et al.** Strengthening integration of chronic care in Africa: protocol for the qualitative process evaluation of integrated HIV, diabetes and hypertension care in a cluster randomised controlled trial in Tanzania and Uganda. *Just published in BMJ Open.*

### HR UPDATE

In Liverpool, our newest Senior Researcher Associate in Epidemiology (James Prior) started on 1 December. Welcome James!



*James Prior, Senior Research Associate at LSTM*



## RESPOND-AFRICA

We are interviewing for a database programmer, based in Liverpool and are advertising for a new statistician – see link below

<https://www.lstmed.ac.uk/senior-research-assoicate-in-medical-statistics-and-epidemiology-0>

Our health economist in Liverpool, Tinevimbo, is leaving the team at the start of February 2021. We wish him and his family the very best for the future. We are hiring a new health economist and a link to the advert will be shared soon.

Finally, Anu has been promoted within LSTM to the post of Principal Research Associate in Global Health. Congratulations Anu!



*Anu Garrib, Principal Research Associate at LSTM*

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**EDCTP**



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