



Independent observer
of the Global Fund

HOPING FOR A BRIGHT FUTURE DESPITE COVID-19 AND REDUCED FUNDING OPPORTUNITIES

Samuel was born in Naivasha in Kenya and joined Aidspan in July 2018 to work as a Research Assistant. But he started his career as a scientist, with a BSc in Microbiology from Moi University based in Eldoret? the home of athletic champions, Samuel tells me, while hastily adding that this does not apply to him! Samuel then went on to take a Masters' degree in Public Health with more focus on epidemiology.

Samuel, tell me about the journey that led you to Aidspan.

In 2012, I joined the Kenyan Ministry of Health (MOH) as an intern in the disease surveillance and response department. This was more hands-on working on epidemiology and how to respond to disease outbreaks. At the disease surveillance and response department, I helped to develop weekly epidemiology bulletins providing a snapshot of selected health-related events affecting the Kenyan surveillance system and aimed at informing all health stakeholders including international partners such as the World Health Organization (WHO). Also, I participated in a controlled trial to test the effectiveness of a mobile short-message-service (SMS)–based disease outbreak alert system for reporting immediately notifiable diseases in Busia and Kajiado counties in Kenya. I helped to collect data from health facilities (HFs) on how they interacted with the system and see if it increased the rate of notifications of suspected disease outbreaks. The data revealed that the SMS intervention significantly increased timely notifications and as a result, other counties began to do the same.

Other interesting work that I was involved in included support to Kenya's intensive campaign to increase polio vaccination coverage. I was part of the team evaluating the coverage of supplementary polio vaccination within Nairobi. After under-fives were vaccinated, we would then follow up.

I was with the MOH until 2015 but doing other things along the way – I was a part-time lecturer in Health Sciences, specifically, disease surveillance and response, health education, and non-communicable disease, at the Technical University of Kenya.

My most interesting and worthwhile work, I would say, has been in the fight against harmful traditional practices, particularly female genital mutilation (FGM). In 2015 I left the MOH and joined the battle against female genital cutting. Much of my work was research for the [African Coordinating Centre for the Abandonment of FGM/C](#) (originally hosted within Nairobi University and staffed by its faculty). I worked as a Research Assistant and helped with a desk review to develop a compendium of promising FGM interventions from all over the world. While still at ACCAF, I collaborated with researchers to investigate sexual experiences among married women in Mauche Ward, Nakuru County. This was after obtaining information that married women were being forced to suffer FGM following the 2007/08 post-election violence in this region that resulted from the highly contested general election. In this region, married women who had not previously been 'cut' were now being pressurized to do so because of the political instability which compelled people to go 'backwards' to a time when the old traditions were observed and previously harmful practices re-emerged, due to traditional beliefs related to warfare. It was a sad time in our country's history. For this study, I helped with both qualitative and quantitative data collection and put the findings together to develop the study's first publication in the journal Reproductive Health ([The 'heat' goes away: sexual disorders of married women with female genital mutilation/cutting in Kenya](#)).

While still at ACCAF, I became involved in providing training for Nakuru County communities where the harmful traditional practices were being conducted – teaching them of the effects of FGM, why it needed to stop and how it could be countered in their communities. I even trained nurses and midwives, as well as community elders and youth leaders. We tested an innovative training approach targeting those groups which was so effective that it resulted in our second publication about FGM in high prevalence [settings](#).

In 2016 I started a new part-time role with the Population Council, leading the team of researchers completing the FGM compendium which was then [published online](#).

I took up another part-time engagement with [IntraHealth International](#) as a research assistant, supporting data collection for a qualitative study on gender inequality affecting learners and educators in mid-level medical training institutions in Kenya. I conducted many focus group discussions and in-depth interviews with students and tutors, packaging the data for the analysis. But I still continued my research work with the Population Council, supervising a study on the insidious medicalization of FGM which sought to establish why FGM practices were shifting to being practiced by formal healthcare providers such as nurses; not formally offered but informally provided, disguised as something else.

If there is one thing I have learned from this it is that I am lucky to be a man. The ugliness of FGM puts other things into perspective.

And in 2018 you joined Aidsplan as Research Assistant in the Policy Team...

Yes, I support the Policy Team in conducting reviews, collecting and analyzing data, writing reports and other ad hoc work like funding proposals, donor reports, articles for the GFO.

This has been a new and exciting field for me. It has exposed me to global health financing, through our focus on the Global Fund, and to wider health policy issues. In reviewing what is happening in the fight against HIV, tuberculosis, malaria, and now COVID-19, for example, I feel I am making a small contribution to the achievement of the Sustainable Development Goal (SDG) 3 targets. Another exciting Aidsplan initiative that I have been part of is the project to enhance the capacity of in-country institutions, such as the Supreme Audit Institutions (SAIs), to increase the transparency and accountability of donor-

funded programs. The project specifically focuses on enhancing the capacity of sub-Saharan African SAIs to audit Global Fund grants.

And what do you see for the future?

We have to think big and we have the track record to do so. Aidspace should be a leader in research in global health financing, not just for the Global Fund but for the wider health sector, through more analytical work. We need to enlarge our global footprint. I would also like to see more capacity building of other sectors to respond to health events that impact economies in general, with a bias on managing Global Fund grants and with more involvement of civil society.

It has been a tricky 18 months but we have to hope for a bright future with more funding to continue and even expand our research work, especially on COVID-19 since it is clearly here to stay.

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