Effective Partnership and Research for Development: The Academic Model Providing Access to Healthcare (AMPATH) Story

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Objectives

1. Provide an overview of the AMPATH model for academic partnership in global health

2. Identify lessons from the AMPATH experience about successful partnership in global health research

AMPATH Centre, MTRH Campus, Eldoret, Kenya
Brief history of AMPATH in Kenya

1990 – IU and Moi establish partnership to support MUSOM

2001 – IU and Moi establish partnership to support MUSOM

2001 – AMPATH established as Consortium with Moi and MTRH

2001 – Open 1st HIV clinic and electronic medical records system

2004 – AMPATH receives PEPFAR grant for rapid scale up of HIV care programs

2008 – AMPATH establishes NCD and cancer programs

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2012 – AMPATHPlus launched, a USAID-funded, 10-year, US$160m grant awarded to MTRH (prime)

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2022 –

- 110,000 PLWH in care
- 300+ MOH sites
- 2,200 trainees

- Care programs in HIV/AIDS, cancer, MCH, NCDs, surgery, pharmacy, economic empowerment, legal advocacy, and population health
AMPATH Model

- Partnership for the delivery of health care, education and research
  - **Care**: Improve access to quality and affordable health care and reduce health inequities
  - **Education**: Strengthen and develop human capacity through training and education
  - **Research**: Advance research and research infrastructure and capacity to improve health of underserved populations
- Focus today on aspects of **partnership** that have led to successful **collaborative research program** in Kenya
AMPATH Kenya

Delivering practical, research-driven solutions to global development challenges

MOI TEACHING AND REFERRAL HOSPITAL

MOI UNIVERSITY

AMPATH CONSORTIUM INSTITUTIONS

INDIANA UNIVERSITY

GOK/MOH (national + county)

Donors and sponsors (PEPFAR, NIH)

NGOs

Local population and community
Key principles of AMPATH

- Shared belief that health is a fundamental right and that a holistic approach is the best way to support the interconnected aspects of physical, mental and social health and well-being
- Programming designed that is responsive to the needs of populations and host partners
- Long-term engagement and recognition of mutual and reciprocal benefits of partnership
- Leverages inherent power and responsibility of institutions of higher learning
- Multiple institutions working in a complementary way with shared governance and leadership but with host partners leading the way
- Humility and the ability to make mistakes and self-correct

Representatives of the main AMPATH academic partners from Indiana, Moi and MTRH.
Challenges to equitable collaboration in global health research

1. Global health (GH) research funding predominately centered in HIC and awarded to HIC PIs and institutions
2. Inequities in research infrastructure and capacity at LMIC academic institutions to lead GH research activities
3. Authorship of GH publications remains highly skewed to HIC
4. Lack of acknowledgement of mutual benefit and reciprocal innovation in GH

Image from a student conference organized at Harvard School of Public Health in February 2019 to encourage critical engagement and reflection of inequities and colonial legacies in global health theory and practice

Source: https://www.hsph.harvard.edu/decolonizing-global-health-so
AMPATH Research Program in Kenya

Where we started...

• In 1998, IU and Moi received first collaborative, extramurally funded research grant

• Research program established with two co-directors in 2002

• Initial research efforts focused on clinical HIV/AIDS research (aligned with HIV care programs)

• Identified needs:
  - Build research infrastructure at Moi and research capacity of Kenyan faculty
  - Shared governance structures and standard operating procedures to ensure equitable research collaboration

Current Co-Director of Research, Dr. Kara Wools-Kaloustian (IU) with Kenyan colleagues at Moi/MTRH in the early 1990s
AMPATH Research Program in Kenya (cont.)

Where we are today...

• Over US$210m in extramural research awards and 1,200+ peer-reviewed publications

• Research programs in HIV/AIDS, oncology, non-communicable diseases, maternal child health, mental health, health systems research, community-based research

• Robust research infrastructure with grants management office (>50 staff), research offices at Moi and IU, Moi/MTRH IRB w/FWA, research laboratory and clinical trials unit, 11 research working groups, 6 research cores

• Shared governance and SOPs for equitable global health research collaboration with 20+ institutions

Additional information on ongoing research at AMPATH can be found in our Semi-Annual Research Report, available on our website (www.ampathkenya.org)
Building research infrastructure and capacity at AMPATH Kenya

- Significant inequities in infrastructure and capacity contribute to “extractive” research in global health
- Early focus at AMPATH on strengthening and building institutional environment for research at Moi/MTRH in Kenya
  - Established a research and sponsored projects office at Moi/MTRH and AMPATH research offices at Moi/MTRH and IU
  - Strengthened the Moi/MTRH Institutional Research and Ethics Committee
  - Built core informatics, data management and analysis, laboratory, clinical trials infrastructure
  - Supported research training and capacity building at Moi/MTRH
  - Established an AMPATH Research Facility Fee to support research infrastructure
AMPATH Data Analysis Team

An example of collaborative research infrastructure and capacity building

- Need: Limited data management and analysis infrastructure and capacity at Moi led to most research data being managed and analyzed outside of Kenya

- AMPATH response:
  - Research training grants to build informatics and biostatistical capacity resulting in new faculty and training programs at Moi University
  - Creation of the AMPATH Data Analysis Team (ADAT)
    - Co-led by Drs. Joseph Hogan (Brown) and Ann Mwangi (Moi) and comprised of 4 MSc biostatisticians and 3 data managers
    - Provides fee-for-service data management and analysis support to research projects at AMPATH
    - Maintains research grade dataset from the clinical AMPATH Medical Records System (AMRS)
Equity in research collaboration and governance at AMPATH

- Shared governance (MOUs) and co-leadership across co-directors, research executive committee, working groups, and research cores *(Figure, right)*
  - Each committee and research project required to have a Kenyan (Moi/MTRH) and AMPATH Consortium PI/lead
- SOPs to ensure alignment of research projects to principles of equity in research collaboration
- Strategic planning retreats and work plans to ensure alignment with host partner needs
- AMPATH Publications Committee to ensure inclusive representation of authors from Moi/MTRH
Strategies for Effective Stakeholder Engagement in Strengthening Referral Networks for Management of Hypertension Across Health Systems in Kenya


- Led by investigators from Moi, MTRH, Indiana, NYU, Mount Sinai, Duke
- Aimed to identify and engage key stakeholders involved in referral of patients living with hypertension for intervention development
- Utilized the International Association of Public Participation framework to engage stakeholders
- Stakeholder defined as anyone involved in policy formulation, provision, or consumption of public health care service related to hypertension
- Identified and engaged 5 key stakeholders involved in referral of hypertension patients in western Kenya (figure, right)
- Early engagement of stakeholders allowed team to co-design research objectives and research protocol, and share/disseminate results for translation and impact

Key stakeholders in referral networks for hypertension care in western Kenya. Citation: Akwanalo et al. 2020.
Lessons from the AMPATH research program

1. Long-standing individual and institutional counterpart relationships lead to strong and resilient partnership

2. Commitment to a common set of principles and core mission (“leading with care”) and to equity in partnership and deliberate collaboration (e.g., shared governance structures, SOPs, etc.) for co-creation and co-production

3. Commitment to infrastructure development and capacity building at the institutional level for research to support long-term sustainability and host partners taking the lead

4. Recognizing “mutual” benefits of collaborative global health research – AMPATH is greater than the sum of its parts and all institutions and investigators benefit from research partnership

Visitors to AMPATH Kenya at the dining room of the IU House facilities in Eldoret.
Exemplar AMPATH publications on partnership and collaboration

- Tierney et al. *“These are good problems to have...”*: establishing a collaborative research partnership in East Africa. Journal of General Internal Medicine, 2013, 28:S625-38.
- Meslin et al. *“Because it was hard...” Some lessons developing a joint IRB between Moi University (Kenya) and Indiana University (USA)*. American Journal of Bioethics, 2014, 5, 17-19.
- Braitstein et al. *"Talkin' about a revolution": how electronic health records can facilitate the scale-up of HIV care and treatment and catalyze primary care in resource-constrained settings*. JAIDS, 2009, 52, S54-S57.
AMPATH Global

The next chapter of AMPATH

- In 2021, AMPATH Global established with new partners in Ghana, México, and Nepal
- Goal is to demonstrate feasibility and adaptability of AMPATH model for academic global health collaboration with new partners and host countries
- “Replicating” the AMPATH model and principles while recognizing different context, culture, needs, etc.
Thank you!

AMPATH research leadership and investigators meet at the 2019 AMPATH Research Strategic Planning Retreat in Eldoret, Kenya

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More information at: [www.ampathkenya.org](http://www.ampathkenya.org)