Issue 155- AUGUST 2025

KENYA MEDICAL RESEARCH INSTITUTE
KEMRI
In Search of Better Health

KEMRI BULLETIN

INSIDE

KEMRI Shines at Devolution Conference, Moots Alliance Against Sickle Cell

KEMRI's participation underscored its leadership in health research and its commitment to shaping policies that address Kenya's most pressing health challenges.

President William Ruto making an entrance into the conference venue welcomed Homabay Governor, Hon. Gladys Wanga and Chairman of the Council of Governors. Dr. Abdullahi Ali among other leaders

BY DAVID KAMAU

The lakeside town of Homa Bay came alive as thousands of delegates gathered for the 9th Devolution Conference, officially opened by President William Ruto under the theme *"For the People, For Prosperity: Devolution as a Catalyst for Equity, Inclusion, and Social Justice."*

Amid the vibrant exhibitions, cultural showcases, and high-level policy dialogues, the Institute stood out as a beacon of science, health innovation, and community engagement. At the KEMRI Exhibition booths, energy was palpable as hundreds of visitors streamed in, eager to learn about the Institute's groundbreaking research and innovations in health.

Led by the Chairman of the KEMRI Board of Directors, Dr. Abdullahi Ali, Acting Director General Prof. Elijah Songok, alongside Board Directors Mr. Luka Chemwolo and Mr. Victor Momanyi. Ag. Directors, Ms. Margaret Rigoro (Legal) and Mr. Edwin Bett (Strategy and Compliance).

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An euthanistic team at the Booth warmly welcomed guests among them, county leaders, health stakeholders, and members of the public, appreciating the Institute's pivotal role in strengthening Kenya's healthcare system through research, diagnostics, and innovation.

President William Ruto who was the chief guests at the opening ceremony gave the conference theme the much-needed political weight at the highest level when he called on legislators and leaders at both level of government to exercise prudence and remain true to the values of devolution.

The second day of the conference shifted focus to social justice and human rights in governance. In one of the plenary sessions, KEMRI's Director General Prof. Elijah Songok, represented by Research scientists, Prof. Richard Omore and Dr. Steve Wandiga, delivered a sobering message titled, ***"Every day, 15 Kenyan women and 3,000 newborns die from preventable causes."***

This stark statistic highlighted the urgent need for collective action. Prof. Songok's presentation delivered powerfully by Prof. Omore strongly emphasized that reducing maternal and newborn deaths requires strengthening primary healthcare, investing in frontline health workers, and leveraging technology to make life-saving interventions accessible at the community level. KEMRI's participation underscored its leadership in health research and its commitment to shaping policies that address Kenya's most pressing health challenges.

Also present at the conference were the Scientific, Ethics and Review Unit (SERU) Head, Mr. Enock Kebenei, Mr. James Ngumo (Knowledge Management), Ms. Jean Chepngetich (SPPGM), Ms. Jenifer Ngetich (Legal), Mr. Wodera James (Corporate Communications), Mr. Brian Orwa (Graduate School), Mr. Brian Musila (Commercial Enterprise) and Mr. David Kamau.

Beyond plenary halls and exhibitions, the Devolution Conference transformed Homa Bay into a hive of activity. It is reported that more than 10,000 delegates flocked to the county, filling hotels, lodgings, and even spilling into neighboring towns. Local businesses boomed, while cultural events and storytelling forums enriched the atmosphere with a distinctly lakeside flavor.

The conference not only spotlighted governance and service delivery but also turned Homa Bay into a stage where science, culture, and community intersected.

KEMRI's presence at the 9th Devolution Conference was more than an exhibition—it was a call to action. By highlighting the human cost of preventable maternal and newborn deaths, KEMRI reminded leaders, counties, and partners that research must translate into solutions, and solutions must save lives. KEMRI remains at the heart of Kenya's fight for better health, equity, and justice.

KEMRI Board Chairman, Dr. Abdullahi Ali , KEMRI Ag. DG Prof. Elijah Songok and Biovax DG, Dr. Cecelia Wanjala among other delegates present during the devolution conference


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KEMRI and JOOTRH Alliance to Tackle Sickle Cell Burden in Kenya

BY WODERA JAMES

The Institute and the Kisumu County-based Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) this week agreed to work on a joint alliance to confront the country's growing sickle cell disease burden.

The two institutions, in an announcement made on Tuesday, 12th, August 2025, pledged to establish a joint team of scientists and clinicians dedicated to advancing research, clinical trials, and improved patient care. Kenya records an estimated 14,000 births of children with SCD annually, with up to 90 percent of them at risk of dying before the age of five without early diagnosis and treatment.

Speaking during the courtesy visit at JOOTRH, Acting Director General, Prof. Elijah Songok, and JOOTRH's Chief Executive Officer, Dr. Richard Lesyamba, decried the devastating toll of the disease. They jointly committed to mobilising expertise and resources to accelerate solutions.

"Our agreement involves jointly prioritising research, clinical trials, and improved patient care against sickle cell disease," said Prof. Songok.

Dr. Lesyamba added: **"It is very unfair to keep losing lives and witnessing patients in crisis without much help, when we have the brains and capacity to do better."**

KEMRI Board Chairman, Dr. Abdullahi Ibrahim Ali, who accompanied the delegation, challenged the leadership to fast-track the process and present proposals to the Ministry of Health and the National Treasury. **"Together, our two institutions are in a better place to turn the tide against this silent crisis. I expect to see a blueprint within the next month or two, ready for government consideration,"** he emphasized.

To spearhead the initiative, Dr. Allan Otieno of KEMRI and Dr. Lola Molla of JOOTRH were appointed as joint leads. Senior management from both institutions also attended the event.

LtoR: Acting Director General, Prof. Elijah Songok, and JOOTRH's Chief Executive Officer, Dr. Richard Lesyamba and Chairman, KEMRI Board of Directors

This collaboration comes at a critical time, with Kenya rolling out new national guidelines and enhanced screening strategies to standardize care, expand early infant testing, and improve treatment under the Social Health Insurance Fund (SHIF).

Globally, breakthrough therapies such as CRISPR-based gene-editing treatment (Casgevy) and lentiviral gene therapy (Lyfgenia) are offering one-time, potentially curative solutions for sickle cell patients. By pooling their expertise and resources, KEMRI and JOOTRH aim to position Kenya at the forefront of adopting such innovations while addressing the local disease burden.

This new partnership represents more than an institutional agreement—it is a beacon of hope for thousands of Kenyan children and families battling the painful and often fatal realities of sickle cell disease.

KEMRI and JOOTRH already collaborate in a several research studies with global clinical policy implications. The two jointly run the Obama Children's Hospital Research Platform in Kisumu County.

KEMRI and JOOTRH Meeting during the Board Tour

KEMRI and JOOTRH Meeting during the Board Tour

KEMRI DG Calls for Urgent Action to End Preventable Maternal and Newborn Deaths

BY THE BULLETIN REPORTER

Acting Director General, Prof. Elijah Songok issued a powerful call for coordinated national action to address the country's high rates of preventable maternal and newborn deaths in the country.

Speaking during a keynote address at the 9th, Devolution Conference in Homa Bay County, themed "Sparking Change, Saving Lives for Mothers and Babies", Prof. Songok, represented by Research Scientist, Prof. Richard Omore and Dr. Steve Wandiga, underscored that at least 15 Kenyan women die from pregnancy-related complications daily, while more than 3,000 newborns perish annually—most from preventable causes.

"These numbers are unacceptable. Behind each statistic is a family forever changed. KEMRI's research shows we have the tools and knowledge to save these lives—what we need now is decisive, collective action," he pointed out during the Thursday 14th, August 2025 afternoon presentation.

Presenting data from multiple studies, the DG highlighted alarming trends including:

The Child Health and Mortality Prevention Surveillance (CHAMPS) Study findings show that 64 percent of the stillbirths in Western Kenya are preventable, with intrauterine hypoxia as the leading cause. The study identifies key maternal risks being untreated infections such as syphilis and malaria, hypertension, and anemia—all manageable with timely care.

A subsection of the CHAMPS study christened ***"Prospective Cohort Study"*** in Kisumu and Siaya counties, shows that one in three newborn deaths is linked to complicated deliveries, while preterm infants often succumb to hospital- acquired infections due to inadequate neonatal protocols.

Synthesis of 80 studies done by the Institute indicate that only 54 percent of women complete the recommended four antenatal visits, largely due to distance and cost.

Challenges, related with stockouts, workforce shortages, and cultural barriers—such as stigma against male involvement in antenatal care—further compound the crisis.

Prof. Richard Omore during a media briefing

Panel Discussions from the panelists

Drawing from the evidence base, the Institute proposes a four - point call to action to stakeholders and policy makers including:

1. **Strengthening Primary Healthcare** – Decentralize maternal services, train Community Health Promoters, and partner with grassroots groups to identify early symptoms as well as speed up emergency referrals.

2. **Leverage Technology's Data** – Expand use of existing facility data, digital maternal health booklets / dashboards and predictive analytics to identify high-risk pregnancies early.

3. **Invest in Health Workers** – Replicate successful mentorship programmes, such as Migori County's, which reduced burnout by 40 percent, while addressing staffing gaps in underserved areas.

4. **Foster Multisectoral Partnerships** – Scale collaborative models like the Linda Mama programme to finance care, civil societies, and mobilize community advocacy.

"These are not mere proposals—they are proven solutions born out of years of field research by our researchers," the DG emphasized.

The DG pledged that KEMRI will among other things, translate recent findings on PMTCT, Malaria in Pregnancy, and Preterm Care into updated national guideline; expanding innovations such as HITSystem 2.0, which has boosted PMTCT completion rates by 42 percent, and malaria uRDTs for faster diagnosis; and Institutionalizing *"near-miss"* reviews in collaboration with county health teams to track progress and identify gaps.

The DG concluded with a rallying call to all levels of government, development partners, and communities: "**This is not KEMRI's fight alone. We must ensure every pregnancy is safe, guarantee skilled birth attendance, and give every newborn the best start in life. A mother's health is the foundation of a healthy nation—let's build that foundation together."**

Chamas and Urban food systems: Lessons from KEMRI GDAR Spaces Research

BY BRIAN OTIENO, KISUMU

"When you send away the CHAMA member from your house, you may be in trouble because even the bed you sleep on might have been bought by the CHAMA money!" This humorous remark set the tone at a workshop held recently in Kisumu examining how CHAMAs, Kenya's women-led self-help groups, are shaping urban food systems.

The event, part of the Global Diet and Activity Research (GDAR) Spaces Programme, was hosted by KEMRI and the University of Cambridge, United Kingdom.

The Friday, 25th, July 2025 brainstorming provided an important platform to spotlight the role of social economic impact of CHAMAs in Kenya.

CHAMAs have been long known for pooling resources and rotating credit and have evolved into vital platforms for food access, nutrition education, and small enterprise.

Participants heard how groups such as *"Siri ya Jikoni"* (Kitchen Secret) in Kisumu collectively buy food and cooking items to ease household burdens.

Research Scientist, Prof. Charles Obonyo noted that CHAMAs thrive on trust and shared values, providing not only financial but also social safety nets for members.

Research presented by Dr. Vincent Were painted a sobering picture of urban food insecurity with a survey of 200 households near Lake Basin Mall revealing that 69 percent being severely food insecure. Unexpectedly, male-headed households and even wealthier families reported higher-than-expected levels of scarcity.

CHAMA participation offered only limited protection, lowering food insecurity by a modest three percent after accounting for wealth and household size. **"It's a small but promising potential,"** said, Dr. Were, adding that better-structured CHAMAs could make even a greater impact.

Ag. Deputy Director, Infectious and Parasitic Diseases Programme at KEMRI, Dr. Stephen Wandiga gifts Kisumu's First Lady, Dr. Dorothy Nyong'o during the event

Ms. Gladys Odhiambo shared stories from focus groups showing how CHAMAs adapt creatively turning alleys into container gardens, pooling funds for bulk buying, and sharing nutrition knowledge. Yet, many groups remain vulnerable, hampered by weak governance, reluctance to register formally, and climate shocks like floods and fires.

Kisumu's First Lady, Dr. Dorothy Nyong'o, who delivered the keynote address, expressed concern about the paradox of wealthier and male-headed households being more food insecure. **"It is disturbing because we expect men to be providers and wealthier families to be better nourished. What are we missing?"** she asked, calling for more behavioural and sociological research.

Dr. Nyong'o urged a revival of indigenous food knowledge, citing her childhood memories of fruit trees, kitchen gardens, and fermented foods. **"Our grandmothers knew more about nutrition than some of us with degrees. Let's teach communities to eat better, not just eat more,"** she challenged.

Representing the County's Trade and Industry docket, Ms. Miriam Awedi announced plans to expand SACCOs to every ward and roll out an enterprise fund to support CHAMAs and traders. **"Health begins with empowerment, and empowerment begins with economic activity,"** she said.

Officiating during the closing ceremony, Ag. Deputy Director, Infectious and Parasitic Diseases Programme at KEMRI, Dr. Stephen Wandiga, urged participants to think strategically **"how CHAMAs' role in food security can be strengthened; what training is needed most? And how can they be formalized without losing their grassroots strength?"**

The consultation highlighted that while challenges remain, CHAMAs are more than savings clubs—they are community laboratories of innovation. With targeted support in policy, research, and financing, they could become powerful engines for food security and health equity.

The GDAR Spaces findings also challenge traditional assumptions that wealth or male headship guarantee food security. Instead, they show that cultural practices, priorities, and behaviours play a key role.

In Kisumu's fast-urbanizing context, the message was clear: to tackle food insecurity and NCDs, Kenya must strengthen community-driven solutions, empower women, and revalue indigenous knowledge.

Facilitators of the event in a group photo


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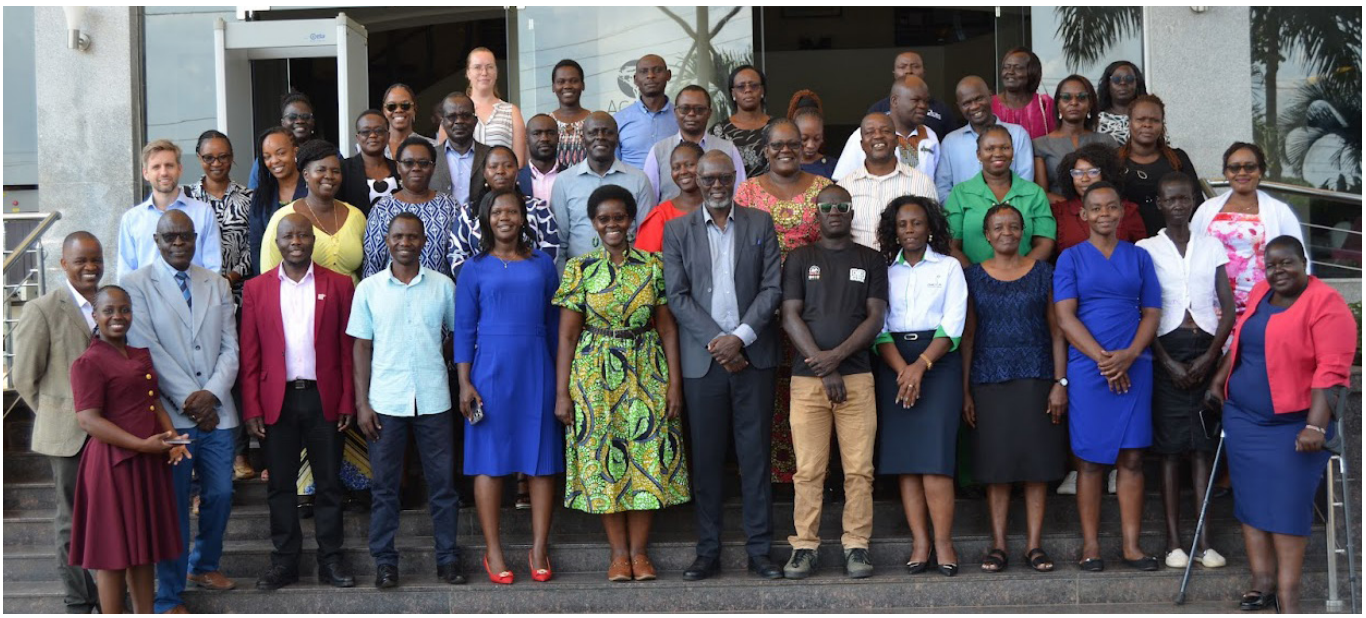


Kisumu Hosts PDMC Trainer of Trainers Workshop to Strengthen Child Health

BY. BRIAN OTIENO OGEMBO.

A major stride in pediatric healthcare delivery was made in Kisumu County when health professionals from four counties recently converged at a Kisumu Hotel for a transformative Trainer of Trainers (ToT) session on Post-Discharge Malaria Chemoprevention (PDMC).

The two-day workshop, led by Principal Clinical Scientist, Dr. Juliet Otieno Awori, brought together nurses in charge of pediatric wards, pharmacists, and medical officers from Bungoma, Bondo, Kisumu, and Homa Bay counties. **"The aim was to empower participants with the skills and tools needed to implement PDMC effectively in real-world hospital and community settings,"** said Dr. Awori, the Principal Investigator of the PDMC-SL Implementation trial.

PDMC, recommended by the World Health Organization (WHO), is an evidence-based intervention designed to reduce mortality and hospital readmissions among children recovering from severe anemia in malaria-endemic regions.

"PDMC stands for Post-Discharge Malaria Chemoprevention," Dr. Awori explained adding, "it is rooted in years of research and seeks to address a neglected but critical period in child healthcare—the vulnerable time after hospital discharge."

Severe anemia remains a leading cause of pediatric admissions and deaths in malaria-prone regions. Yet research from Malawi, Kenya, Uganda, and The Gambia shows that the period after discharge is even riskier, with mortality rates sometimes surpassing in-hospital deaths.

A 2022 meta-analysis revealed that 15 percent of children discharged with severe anemia died within six months, while 33 percent were readmitted. In contrast, children who received PDMC drugs after discharge experienced up to 77 percent fewer deaths and 55 percent fewer readmissions, compelling WHO to adopt the intervention in its global malaria control guidelines.

While the science is compelling, real-world implementation poses challenges. **"We are moving from controlled research environments to community health settings,"** noted Dr. Awori. **"The question now is: how do we ensure medicines reach children on time and are administered correctly by caregivers?"**

The Kisumu ToT workshop addressed this by reviewing different drug delivery methods, including: Giving mothers the full drug course at discharge, Community health workers delivering medicines to homes and Caregivers returning to health facilities for each dose.

After extensive co-design sessions involving national and county health teams, pediatricians, and caregivers, two promising strategies were selected for pilot testing. These trials will not only assess logistics but also explore how to strengthen caregiver adherence and community engagement.

For participants, the training was more than just learning protocols, but a platform for advocating child survival. **"Our vision is for the Ministry of Health to eventually integrate PDMC into national treatment guidelines,"** Dr. Awori emphasized. "That will require champions in every county and facility who understand the value of this intervention."

Lively discussions during the sessions highlighted practical experiences, ethical considerations, and the realities of implementing PDMC in diverse community settings. Each participant left with the responsibility of cascading this knowledge to colleagues in their home counties, creating a ripple effect of strengthened pediatric care.

The PDMC-SL implementation trial—funded by the European Union and supported by KEMRI, the U.S. Centers for Disease Control and Prevention (CDC), the Liverpool School of Tropical Medicine (LSTM), and other partners—marks a decisive step toward reducing preventable child deaths.

As this initiative gains ground, the hope is simple but profound: that through evidence, empathy, and effective implementation, no child will have to lose their life to malaria-related complications after leaving hospital care.

Dr. Juliet Otieno Awori


Partners
LSTM


PDMC

Kenya's Nurse Shortages Continue to Threaten Newborn Survival, HIGH-Q Study Warns

BY GLADYS MATHENGE

Kenya's fight to save newborn lives took centre stage in Nairobi last week as researchers, health experts, and members of the media gathered to reflect on the progress and gaps of a global health project. The meeting, hosted by the Kenya Medical Research Institute–Wellcome Trust Research Programme (KEMRI-WTRP), focused on the findings of the nearly completed Harnessing Innovation in Global Health for Quality Care (HIGH-Q) project which highlighted the significant strides in improving newborn survival while underscoring persistent challenges that continue to hinder progress.

For nearly five years, the HIGH-Q project has carried out research on how county hospitals in Kenya care for sick and premature babies, focusing especially on the role of nurses. The studies revealed that while investments in equipment and training have strengthened New Born Units (NBUs), the severe shortage of nurses continues to undermine care. Nurses remain the backbone of these wards, feeding, monitoring, administering drugs, and responding to emergencies around the clock, yet they are too few to meet the needs of the growing number of sick babies admitted every day.

The project also piloted practical solutions. In some hospitals, ward assistants were introduced to support nurses with non-critical tasks such as cleaning and feeding, freeing them to concentrate on urgent care. Training programmes also targeted nurses' communication skills, helping them build stronger, more trusting relationships with families. Importantly, the research extended beyond the hospital setting, examining how discharge processes are managed and how families experience care at home after leaving hospital.

Ag. Deputy Director, Public Health and Health Research Programme, Dr. Rose Bosire during the media and stakeholder meeting.

Giving an overview of the study, Dr. Michuki Maina, who was part of the KEMRI-WTRP research team, explained, **"The HIGH-Q project has been a journey of evidence and reflections. From the very beginning, our aim was to understand what really happens in newborn units, the work that nurses do, and how mothers experience care during and after hospitalization. We found that nurses carry an enormous burden, often being responsible for more babies than is humanly possible to safely manage. We also saw how introducing additional nurses or ward assistants could ease this pressure, and how simple, targeted training on communication could improve the experiences of mothers in ways that are just as important as medical interventions. Importantly, the research followed families beyond the hospital doors, capturing the reality of life at home after discharge, where gaps in follow-up remain a major challenge. These findings provide Kenya with an opportunity to rethink neonatal care not just as a hospital issue, but as a system-wide challenge that demands investment in both people and processes,"** he summarized.

The HIGH-Q project recommends the following structural changes to improve neonatal care and reduce missed care in resource-limited settings. Among the recommendations is the urgent need to increase nurse staffing levels in neonatal units to address widespread shortages that compromise quality care. The project also calls for hospital layouts to be redesigned in ways that promote efficiency and ensure respectful treatment for mothers and newborns. In addition, it proposes the formal introduction of ward assistant roles to ease the heavy workload borne by nurses. To complement these changes, the project emphasizes the importance of embedding communication and emotional competence training into routine practice, enabling healthcare providers to deliver both technically sound and compassionate care.

Speaking on behalf of Ag. Director General, Prof. Elijah Songok, Ag. Deputy Director, Public Health and Health Research Programme, Dr. Rose Bosire commended the project and acknowledged its findings as critical to strengthening health systems. **"This study demonstrates that while technology is important, nurses remain the key drivers of newborn care. Addressing workforce shortages is essential if Kenya is to reduce neonatal deaths. The lessons from HIGH-Q must guide efforts to strengthen our health system and secure better outcomes for our most vulnerable,"** she noted.

The meeting was highly interactive, featuring panel discussions where researchers and nurses shared insights into their day-to-day realities in newborn units, alongside question-and-answer forums that allowed stakeholders to interrogate the findings in depth. The presence of the media further amplified the conversation, ensuring that the voices of frontline healthcare workers and researchers reached a wider public audience.

In the end, the gathering highlighted not just the challenges, but also the possibilities of translating research evidence into action, underscoring that Kenya's progress in newborn survival will depend on sustained collaboration, investment, and the courage to act on lessons learned.

KEMRI Wellcome Trust Researcher, Dr. Michuki Maina

The delegates panel discussions and walk through of the gallery set up that shows the process of the HIGH-Q study and its findings.

Bridging Science and Society (Part 2):: The Challenges of Communicating Health Research to the Public

BY DR. SAMMY BAYA

In Part 1 of this series, we explored why communicating health research in clear, accessible ways is essential. After all, what good is groundbreaking research if the very people it is meant to help cannot understand or apply it?

Whether it is new insights into infectious diseases, breakthroughs in vaccines, or studies on improving maternal health, the timely and accurate sharing of information can be a matter of life and death. Yet ensuring that scientific findings reach everyone—and in ways they can trust and act on—is no easy task. This article highlights some of the biggest challenges in turning science into public knowledge.

1. Science is Complicated, But People Want Simple Messages

Scientific research is filled with technical terms, data, and theories. While this is normal for researchers, it can overwhelm the public—especially those without a science background. Take Antimicrobial Resistance (AMR). Researchers talk about bacterial mutations and molecular pathways, but what most people really need to know is straightforward: "Why should I finish my antibiotics even when I feel better?"

The challenge for science communicators is to simplify without distorting the facts. The goal is not to "dumb down" science, but to translate it into messages that are relevant, digestible, and actionable.

2. Misinformation Travels Faster Than Facts

In the digital age, anyone with a smartphone can publish information. While this democratizes communication, it also fuels the rapid spread of misinformation. Wrong

health advice, conspiracy theories, and fake cures often go viral faster than verified facts—especially on social media.

The COVID-19 pandemic illustrated this starkly: while scientists worked tirelessly, some people dismissed the virus as a hoax or feared vaccines more than the disease itself.

Institutions like KEMRI must therefore go beyond research to actively defend truth. This involves engaging the media, influencers, community, and religious leaders—trusted voices that can counter misinformation with accurate, evidence-based messages.

3. Cultural and Language Barriers

Kenya's cultural and linguistic diversity presents another challenge. A message that resonates in Nairobi may fall flat in Turkana or Kilifi.

Health communication must therefore be tailored to different contexts, respecting customs, traditions, and languages. For instance, discussions around HIV prevention or family planning cannot ignore religious beliefs, gender roles, and cultural taboos. Without this sensitivity, messages risk being misunderstood or outright rejected.

4. Not All Scientists Are Good Communicators (and Vice Versa)

Researchers may spend years mastering their field but receive little training in public communication. Conversely, journalists and communicators may lack a deep understanding of scientific methods. This gap often results in oversimplification, misreporting, or the loss of key details.

At KEMRI, we are addressing this by training scientists to engage with the media and guiding journalists to improve their health literacy. The aim is to nurture a generation of "translator-communicators" who understand both science and society.

5. Limited Resources and Infrastructure

Communicating science effectively requires time, effort, and resources. Yet communication is often underfunded in research projects, with budgets skewed toward data collection and analysis rather than outreach.

In rural areas, poor internet connectivity, low literacy, and limited access to electricity further complicate outreach. Radio remains a powerful tool in such contexts, but it requires planning and financial investment.

If research is to make a real difference, communication must be treated as a core component of the research process—not an afterthought.

6. Public Distrust of Science and Institutions

For some communities, mistrust of health institutions runs deep, often rooted in negative past experiences. Such skepticism can hinder acceptance of new health messages, no matter how well-crafted.

Rebuilding trust requires more than facts. It calls for transparency, consistency, and early community involvement—not just presenting findings at the end of the research process. Trust grows slowly, but it is earned through respectful, ongoing dialogue.

7. Language and Literacy Levels

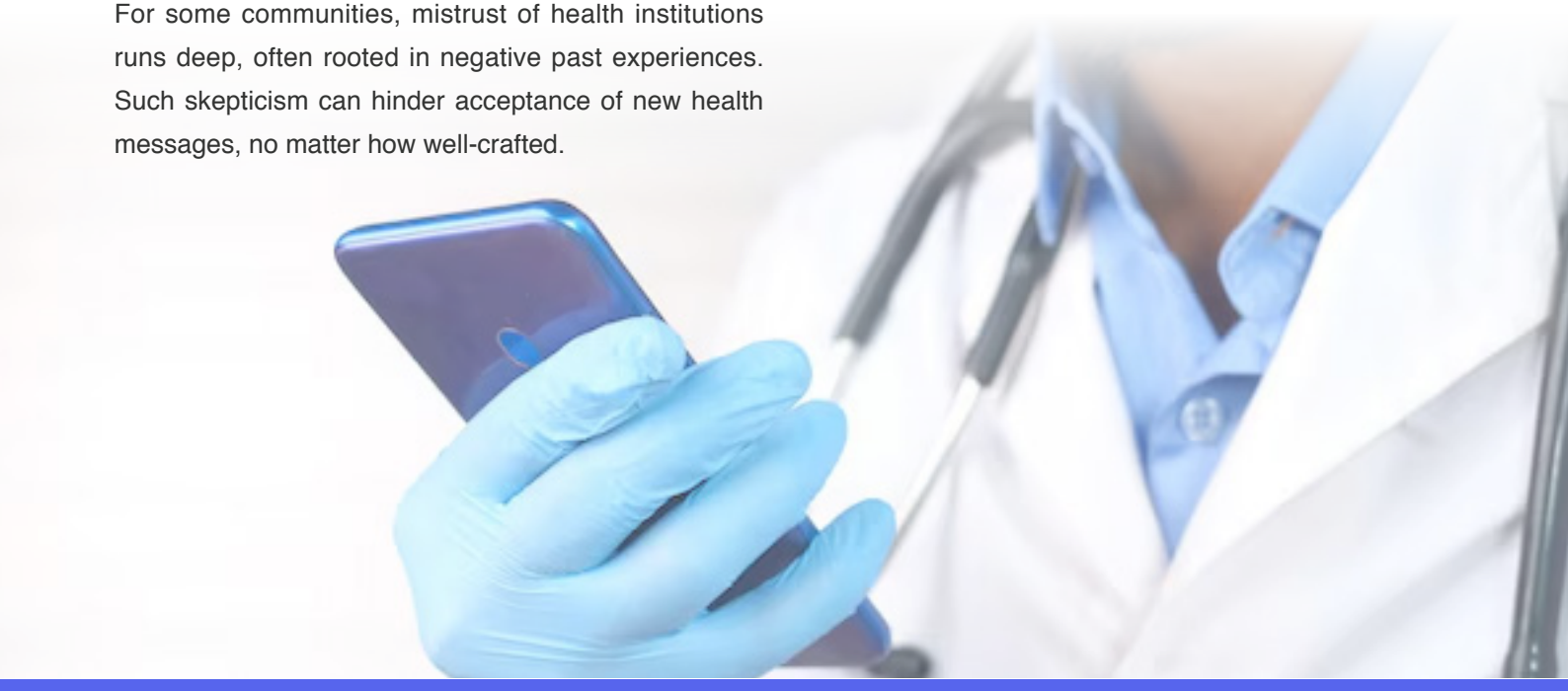
Much of Kenya's scientific communication is produced in English or technical Kiswahili. Yet many communities, particularly in rural areas, speak local languages and have varying literacy levels.

To bridge this gap, researchers must embrace multilingual approaches, using local dialects as well as visual and audio formats. Meeting people at their level of understanding is not optional—it is essential for impact.

Final Thoughts: Science Only Matters if People Understand It

Science has the power to transform lives, but only if people know about it, understand it, and trust it. Bridging the gap between science and society is therefore one of the most important responsibilities of research institutions like KEMRI.

The challenges are real, but so are the opportunities. With scientists, communicators, journalists, and communities working hand in hand, research can move beyond the lab to deliver tangible, life-saving impact.



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