

KENYA MEDICAL RESEARCH INSTITUTE

Annual Report and Financial Statements
For The Year Ended 30th June 2005

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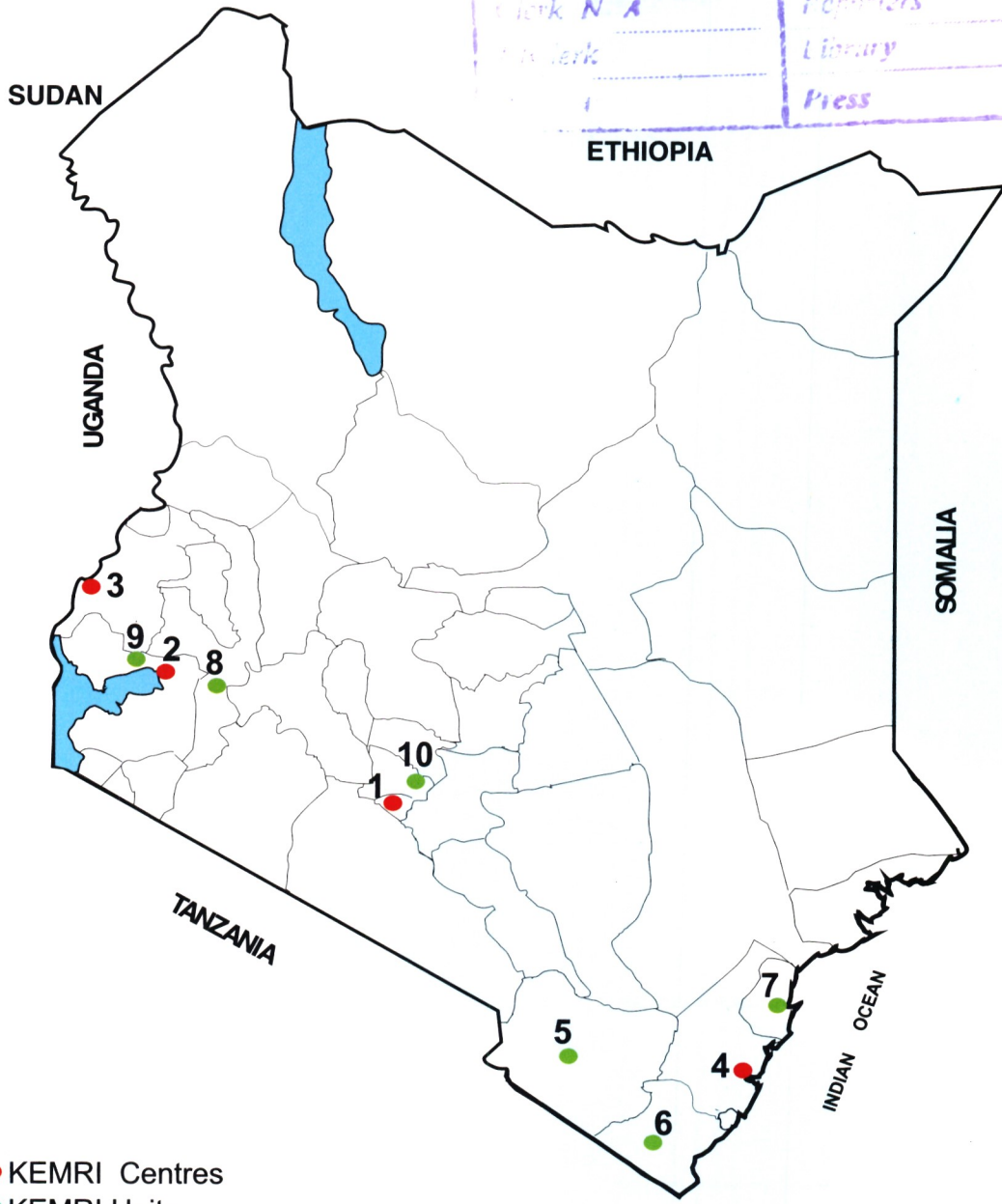
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KEMRI



In Search of Better Health

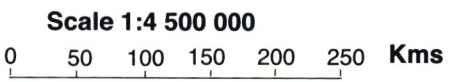
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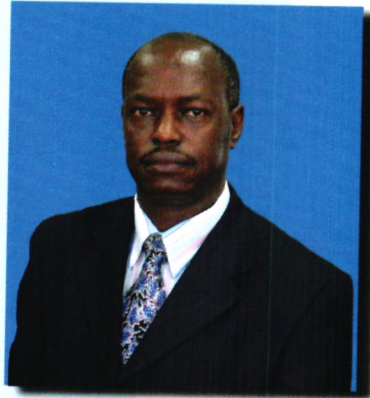
KEMRI BOARD OF MANAGEMENT



Dr. Joel D. Achiba
Chairman



Dr. Malachi D. Owili
Vice Chairman



Dr. Davy K. Koech
Chief Executive Officer and
Secretary to the Board



Mr. Richard B. Bwogo



Mrs. Jacobed Asike



Dr. Patrick M. Ndavi



Prof. Battan M. Khaemba



Prof. Jacob T. Kaimenyi



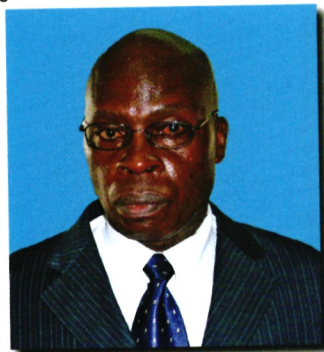
KEMRI BOARD OF MANAGEMENT



Mr. S. Indimuli
Rep. Inspector-General
Corporations



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Rep. PS. Ministry of Trade and industry



Mr. F.K. Karimba
Rep PS, Ministry Of Health



Mr. G. K. Somba Kivalya
Rep. PS, Ministry of Home Affairs
and National Heritage



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Rep. PS, Treasury



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Rep. Director of Medical Services



Mrs. Rose Nyamori
Rep. PS, Ministry of Water Development



Dr. Simon Kimani
Rep. Director of Veterinary Services



Dr. Rispah N. Oduwo
Rep. Secretary, National Council of Science and
Technology



STATEMENT OF BOARD MEMBERS RESPONSIBILITIES

The Board Members are required as per Section 18(4) of the Science and Technology Act Cap 250 to prepare financial statements which give a true and fair view of the state of affairs of the Institute as at the end of each financial year and of its surplus or deficit for that year. The Board Members are required to ensure that the Institute maintains proper accounting records which disclose, with reasonable accuracy, the financial position of the Institute. They are also responsible for safeguarding the assets of the Institute.

The Board Members accept responsibility for the financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgements and estimates, consistent with previous years, and in conformity with International Financial Reporting Standards. The Board Members are of the opinion that financial statements give a true and fair view of the state of the financial affairs of the Institute as at 30 June 2005 and of its surplus for the year ended. The Board Members further confirm the accuracy and completeness of the accounting records maintained by the Institute, which have been relied upon in the preparation of the financial statements, as well as on the adequacy of the internal financial controls.

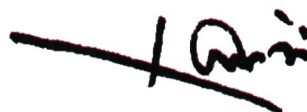
Nothing has come to the attention of the Board Members to indicate that the Institute will not remain a going concern for at least twelve months from the date of this statement.

This statement is approved by the Board Members and is signed on their behalf by:



DR. DAVY K. KOECH
SECRETARY,
BOARD OF MANAGEMENT

24th March.2006
Date.....



DR. JOEL D. ACHIBA
CHAIRMAN
BOARD OF MANAGEMENT

24th March.2006
Date.....



Chairman's Foreword



The Hon. Minister for Health
Ministry of Health
P.O. Box 30016 - 00100
NAIROBI

Dear Madam,

I am happy to submit to you on behalf of the Board of Management of the Kenya Medical Research Institute, the Annual Report and Financial Statements for the year ended 30th June 2005 in accordance with the provisions of Section 20 of the Science and Technology (Amendment) Act of 1979 (Cap 250 of the Laws of Kenya).

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The rapidly changing global economic, political and social trends have necessitated the need for most organizations to re-examine their mandates and reasons for their existence. The Institute, therefore, launched a Strategic Master Plan 2005-2015 to address the health challenges of the 21st century.

In keeping with the Results Based Approach of management, my Board, has entered into a Performance Contract with the Ministry of Health. The Board firmly believes that this shift in focus will result in improved service delivery to the people of Kenya.

As a Board, we remain grateful to the Government of Kenya for its continued assistance and support. The Board is also grateful to various foreign governments and organizations that continue to support us in various ways.

I am also grateful to Dr. Davy Koech, Director, KEMRI, and all the staff of the Institute for their dedication and immense trust and support in the service of the Institute.

I, therefore, trust and hope that these remarkable achievements registered by KEMRI in the recent past will further serve to propel it into a bright future towards the realization of its mission and vision.

Thank you.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'J. Achiba', written over a horizontal line.

DR. JOEL D. ACHIBA, BVM
CHAIRMAN, BOARD OF MANAGEMENT



Director's Statement

The just ended year was, no doubt, a very successful and eventful one for us. The Institute remained committed to its mission of improving the quality of health and human life through research guided by a vision of being a leading Centre of Excellence in the promotion of quality health. The Institute continues to disseminate research findings to the Government through the Ministry of Health and these have continued to shape health policy formulation in Kenya and the region.

To address the health challenges of the 21st Century, the Institute launched its Strategic Master Plan 2005-2015. KEMRI as part of the world community is committed to the advancement of Millennium Development Goals (MDGs) towards improvement of life globally. Our Strategic Plan, therefore, addresses the Kenya Health Agenda in the contest of the MDGs.

There were several key developments during the year under review. These include the successful organization of the 26th African Health Sciences Congress in Suez Canal Egypt where a record of 62 KEMRI Scientists presented a total of 106 Papers. In addition, the Institute scientists published 149 papers in peer reviewed journals including the African Journal of Health Sciences. KEMRI has also continued to play a leading role in the establishment of the East Africa Community Health Secretariat.

During the period, over 80 new research protocols were developed in areas of HIV/AIDS, malaria, opportunistic infections, viral hepatitis, schistosomiasis, public health, drug development, reproductive health, paediatric illness, family health, nutrition and cancers among others. The results from these protocols have continued to be communicated to the Ministry of Health for application and use in improvement of our national health care capacity.

In order to better meet the health challenges, the Institute continued to expand its research



infrastructure. In the year under review, new research facilities at Lumumba and Kondele both in Kisumu City, which were put up through collaborative efforts of Bill & Melinda Gates Foundation and Walter Reed Project respectively were commissioned. During this period we also witnessed the commencement of the construction of new research facilities at our Kilifi centre with support from Wellcome Trust, UK. At the same time construction of the Production and Training facility at KEMRI Headquarters commenced with support of the Japanese Government.

The Institute continued to expand its range of diagnostic products other than the hepatitis screening kits which have already been commercialized. Final arrangements are in place to produce both HIV and Tuberculosis kits.

The development of these diagnostic kits, is fully complemented by regional training on blood safety. Indeed the 5th and 6th KEMRI/JICA Third Country Training Programme sessions held in the



year attracted a total number of 61 participants from Kenya and the region.

The Graduate School of Health Sciences developed in collaboration with Jomo Kenyatta University of Agriculture and Technology and other International institutions continued to grow to meet the demand for trained health sector personnel at postgraduate level both within Kenya and the region.

I wish to most sincerely thank the Government of Kenya through the Ministry of Health for all the guidance, encouragement and support. We are also privileged to have a highly devoted Board of Management whose Chairman, Dr. Joel Achiba, I remain personally grateful, to for his able stewardship in steering the affairs of the Institute.

I also wish to register my gratitude to our partners without whom we would not have registered the gains we have recorded in the year. I sincerely acknowledge the effort of all the members of staff and thank each one of them for their immense contributions and commitment towards the realization of our goals.



DAVY K. KOECH, PhD, DSc, SS, OGW, MBS
DIRECTOR, KEMRI



BACKGROUND OF KEMRI

ESTABLISHMENT OF THE INSTITUTE

The Kenya Medical Research Institute (KEMRI) is a state corporation established through the Science and Technology (Amendment) Act of 1979, as the national body responsible for carrying out health research in Kenya. KEMRI has grown from its humble beginning 25 years ago to become a regional leader in human health research. The Institute currently ranks as one of the leading centres of excellence in health research both in Africa as well as globally.

MISSION

“To improve on the quality of health and human life through research.”

VISION

“To be a leading centre of excellence in the promotion of quality health.”

MOTTO

“In Search of Better Health” towards the realization of the above stated mission.

REGISTERED OFFICE

Kenya Medical Research Institute (KEMRI)
Off Mbagathi Road
P.O. Box 54840 – 00200
NAIROBI
KENYA

BANKERS

Kenya Commercial Bank, Kipande House Branch,
Nairobi

AUDITORS

Controller and Auditor General-Kenya National
Audit Office (KENAO)

FUNCTIONS OF THE INSTITUTE

A. To conduct research in human health.

B. To co-operate with other organizations and institutions of higher learning in training programmes and on matters of relevant research.

C. To liaise with other relevant bodies within and outside Kenya carrying out research and related activities.

D. To disseminate and translate research findings for evidence-based policy formulation and implementation.

E. To co-operate with the Ministry of health, the Ministry for the time being responsible for medical research, the National Council for Science and Technology and the Medical Science Advisory Research Committee on matters pertaining to research policies and priorities.

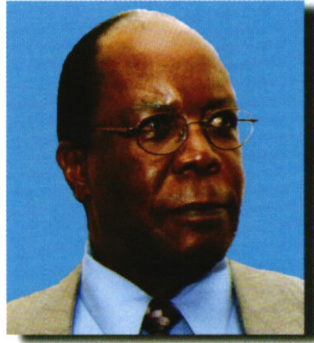
F. To do all things as appear to be necessary, desirable or expedient to carry out its functions.



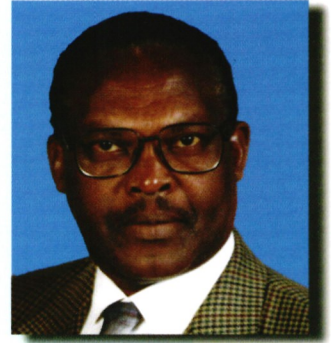
KEMRI CHIEF OFFICERS



Mr. Dunstan M. Ngumo
Deputy Director,
Administration & Finance



Dr. Peter M. Tukei
Assistant Director,
Collaboration & Consultancy



Dr. Peter G. Waiyaki
Assistant Director,
Research and Training



Dr. Winfred M. Kofi-Tsekpo
Assistant Director,
Communications



Dr. Monique K. Wasunna
Head, Centre for Clinical Research



Mr. Renison A. Kirui
Assistant Director,
Finance



Dr. Solomon Mpoke
Chief Research Officer
Training



Mrs. Esther W. Ngari
Chief Administrative Officer
Personnel



Mr. John N. Kariuki
Chief Administrative Officer
Research Administration



Dr. Njeri C. Wamae
Head, Centre for
Microbiology Research



Dr. Geoffrey M. Rukunga
Head, Centre for
Traditional Medicine & Drug Research



Dr. John M. Vulule
Head, Centre for
Vector Biology & Control Research



KEMRI CHIEF OFFICERS



Dr. David L. Mwaniki
Head, Centre for
Public Health Research



Dr. Nick I. Adungo
Head, Centre for
Infectious & Parasitic Diseases Control Research



Dr. Norbert Peshu
Head, Centre for Geographic
Medicine Research, Coast



Dr. Fredrick Okoth
Head, Centre for Virus Research



Dr. Gerald M. Mkoji
Head, Centre for Biotechnology
Research & Development



Dr. Evans Amukoye
Head, Centre for Respiratory
Diseases Research



Dr. Phoebe Josiah
Chief Research Officer,
Corporate Affairs & Partnerships



Dr. Charles Mwandawiro
Director, ESACIPAC



Ms. Nancy Kamau
Chief Librarian



Mr. Geoffrey Ngatu
Chief Administrative Officer,
Supplies & General Services



Mr. Evans Murayi
Chief Finance Officer,
Research Grants & External Funds



Mr. James Lelei
Chief Institute Engineer



Pictorial Highlights



Dr. Joel Achiba, Chairman, KEMRI Board of Management is conducted on a tour of the CCR clinic accompanied by other Board Members



Board of Management, Senior Staff and members of the Institute Secretariat during a retreat to draft the KEMRI Strategic Master Plan at a Naivasha Hotel



Pictorial Highlights



Major General Martinez Lopez, Medical Corps Commanding, US Army Research Unit (USAMRU) signs the visitors book during the inauguration of KEMRI/Walter Reed Project Facility in Kericho.



The KEMRI Board Members are conducted on a tour during construction of training and production facilities by Dr. Davy Koech.



Nagasaki University President Prof. Hiroshi Saito exchanges documents with Director KEMRI, Dr. Davy Koech after signing a Memorandum of Understanding between the two institutions.



I. Infectious Diseases



Infectious Diseases

“We are pleased to be working with KEMRI to augment HIV/AIDS prevention services and research capabilities in Kilifi. KEMRI has played a valuable role for many years to prepare the community for large-scale vaccine trials,”

– Seth Berkley, MD, IAVI President and CEO.

A. HIV/AIDS

i) KEMRI Partners with the International AIDS Vaccine Initiative (IAVI)

The Kenya Medical Research Institute (KEMRI) and the International AIDS Vaccine Initiative (IAVI) are in a joint venture to facilitate HIV/AIDS vaccine research.

The ongoing research aims to prepare for an eventual HIV vaccine trial, which would be conducted in collaboration with partners and communities in selected parts of Kenya.

ii) HIV Prevention and Research Activities in Kilifi

KEMRI has constructed a Comprehensive Care and Research Clinic (CCRC) within the Kilifi District Hospital to ensure access to enhanced HIV care. A Community HIV Centre has also been established to promote couple voluntary counselling and testing (CVCT), as well as to offer the much needed additional information for the community.

Since the beginning of the project in December 2003, more than 5500 individuals have been counselled and tested, and more than 1200 HIV infected adults (73% of whom are women), and 300 HIV infected children have been registered for treatment. It has been observed in the Kilifi study that most new HIV infections occur within couples, as partners are often not aware of each other's status.

In another programme 300 persons have joined in a study of HIV negative persons at a satellite clinic in Mtwapa, which is jointly run with researchers from the University of Washington. In this study, screening and care is also provided to patients with sexually transmitted infections. Attached to the clinic is a drop-in centre providing information about the research and other matters on HIV/AIDS. This has led to strong partnerships being developed, with the Ministry of Health, several health providers and community-based organisations in the area.

iii) Advocacy for promotion of safer sex practices

Promotion of safer sex practices to prevent HIV transmission within couples and among persons with high risk behaviour, form key elements of both programmes in Kilifi and Mtwapa. All volunteers in the study learn about their HIV status regularly and receive individualized counselling about safer

Overview of HIV/AIDS in Africa

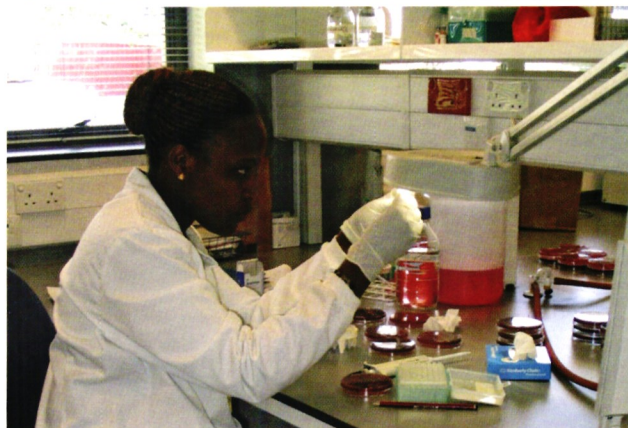
While Africa is rife with war and ethnic conflict, AIDS is proving to be the continent's deadliest enemy. AIDS has killed at least ten times more Africans than all of the armed conflicts in Africa combined, and the epidemic is now the leading cause of death among Africans of all ages. In several African countries, between one-fifth and one-third of all children have already lost one or both parents to AIDS, and by 2010, 40 million children in Africa could be orphaned by the disease. Thus the need for PREVENTION

sexual practices and issues related to STI and HIV infection.

iv) The KEMRI/JICA project is adopting the broad principles of the Okinawa Initiative of combating Infectious Diseases Globally

The following strategies were adopted:

- Reduction of post transfusion transmission of HIV/AIDS in Kenya and in neighbouring countries through the development of simple cost effective and sustainable diagnostic kits for HIV/AIDS .
- Establishment of a Level 3 Biosafety Laboratory.
- Development of research capacities in opportunistic infections and traditional medicine.
- Molecular epidemiological research on HIV.
- Establishment of a gene diagnosis laboratory for various known types of HIV and hepatitis virus.
- Establishment of a cohort of HIV seropositive women in Western Kenya.
- Studies of Mother to Child Transmission (MTCT) of HIV.

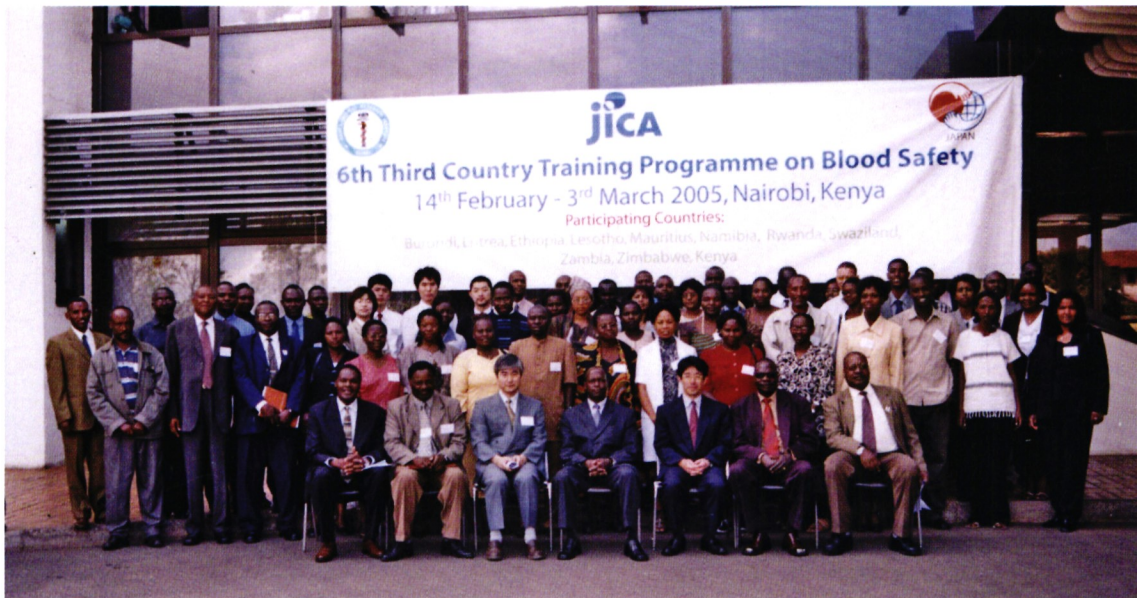


KEMRI Scientist conducting research in a Laboratory

v) KEMRI blood safety screening products becoming the kits of choice in the region

The promotional visits and client support services offered by the Institute have ensured continued use of the KEMRI Hepatitis diagnostic kit at the public hospitals and the regional blood transfusion centres country-wide. The kit is currently under evaluation in the neighbouring countries of Uganda and Tanzania.

The KEMRI KEMCOM kit, for detection of antibodies to both HIV-1 and HIV-2, have been introduced, awaiting approval for use.



Facilitators and Participants pose for a group photo after the opening of the Third Country Training Programme held at KEMRI Headquarters, Nairobi.

vi) 5th and 6th Third Country Training Programmes (TCTP) held at KEMRI

The 5th and 6th KEMRI/JICA Third country Training Programmes on Blood Safety (TCTP) were held at KEMRI from August 23rd – September 9th, 2004, and February 14th – March 3rd, 2005 respectively.

At the 5th TCTP a total of 30 participants drawn from 10 African countries attended the course while in the 6th TCTP a total of 31 participants drawn from 11 African countries attended.

The programme covers topical issues in blood safety, such as quality control and assurance, blood screening, molecular epidemiology of HIV/AIDS and viral hepatitis, emerging and re-emerging infectious diseases, and laboratory safety, management and ethics.

The course also included educational visits to regional blood transfusion and VCT centres in Nairobi, Nakuru, Naivasha, Embu, and Nyeri.

B. TUBERCULOSIS

i) Development of a Low-cost Diagnostic Kit for TB

Kenya is classified among the 22 TB high burdened countries, that account for 80% of the total TB cases worldwide. Research by KEMRI scientists has produced an innovative low cost methodology suitable for use in the diagnosis of Tuberculosis (TB). This methodology, which increases both the diagnostic yield of smear microscopy and ensures safety, is currently undergoing further validation and evaluation both locally and internationally, the kit will thereafter, be available for commercial application.

ii) KEMRI Scientists Report Multi - drug Resistant TB (MDR-TB)

One of the worrying issues in the epidemiology of Tuberculosis, is the emergence of MDR-TB caused by resistance to the two anti-TB key drugs, namely isoniazid and rifampicin.

The recently conducted National anti-TB drug resistance surveillance, by KEMRI researchers, has confirmed the presence of MDR-TB. These findings are under review by the Ministry Of Health with a view to developing guidelines for management of MDR-TB

“The increase in MDR-TB combined with a population of people living with HIV/AIDS who are highly susceptible to TB has created a global crisis”. By AIHA, Annual Partnership Conference, 2002

C. INFLUENZA

i) KEMRI Joins Influenza Surveillance Network

Surveillance conducted in Kenya between November 2001 and February 2005, has demonstrated that the disease is prevalent in Kenya all year round with peak seasons spreading from March to July and October to November.

The predominant influenza virus circulating in Kenya is type B, with children below the age of ten being particularly vulnerable.

The Influenza Surveillance in Kenya is a collaboration between researchers from the Kenya Medical Research Institute (KEMRI) and the World Health Organization (WHO) that aims at providing rapid, sensitive and accurate estimates of where, when and what type of flu viruses are circulating in the country.

The network is among the 110 worldwide which have been set up for isolation and identification of the flu viruses circulating around the world.

Monitoring of influenza and identifying the circulating virus strains every season is critical for the development of appropriate control strategies.

Steps Government is taking to prevent Avian Influenza

- A multi-sectoral Task Force has been set up to prepare and coordinate bird flu preparedness and response plan. The members include government ministries, UN bodies, research institutions, poultry industry, consumer organizations, Centers for Disease Control, NGOs, bilateral and multilateral donors.
- The government has banned the importation of poultry and poultry products and tightened controls of their importation at all ports of entry.
- There is ongoing disease surveillance targeting wild birds and poultry.
- The government has strengthened laboratory diagnostic capacity at Kabete Veterinary Laboratories and Kenya Medical Research Institute (KEMRI).
- Plans for isolation of patients, treatment and referral guidelines have been finalized.
- Medical and veterinary personnel are undergoing training to prepare them to detect, contain and manage any outbreak.
- The government is working with various partners to create awareness about the disease.

ii) KEMRI /CDC Establishes Biosafety Level Three Laboratory for Surveillance of Avian Influenza (Bird flu).

Outbreaks of highly pathogenic Avian Influenza have been recorded since 2003. There is evidence that Avian Influenza subtype H5N1 could be transported along the migratory bird flyways to previously unaffected regions. Kenya together with partner states in the East African Community fall within the migratory route of birds between Eurasia region and southern part of Africa.

KEMRI/CDC scientists have been incorporated into the rapid response and preparedness teams who are addressing active surveillance of Avian Influenza in the African region, with particular emphasis on Kenya and the East African Community partner states.

With US government assistance KEMRI/CDC has established a biosafety level three laboratory, a prerequisite for working with the Avian Influenza H5N1. The facility is based at CDC Kenya headquarters in Nairobi, located at the KEMRI Headquarters and will serve the East and Central African Region as a nerve centre for investigations on H5N1 as well as emerging and re-emerging infectious organisms.



KEMRI Researchers receiving bird sample from the field as part of surveillance on Avian Flu.

2. Parasitic Diseases



A. MALARIA

i) Insecticide Treated Bednets (ITNs)

An important finding has been the effectiveness of insecticide-treated bednets at preventing the transmission of malaria. A large-scale trial in Kilifi showed that the lives of many children can be saved each year if the nets, treated with biodegraded pyrethroid insecticide, were widely and properly used. Research findings further show that the nets beside saving lives, use of nets lead to a 40 per cent fall in hospital admissions for severe malaria.

Studies in Western Kenya on the effect of permethrin treated bed nets on malaria vectors showed that the overall transmission of *Plasmodium falciparum* in intervention areas were 90% lower than in control areas. As measured by the density of the *Anopheles gambiae* mosquitoes, the efficacy of bednets decreased if one or more residents in a household, did not sleep under a net and also if bednets were not retreated

within six months. These findings have led to the adaptation regionally and globally of ITNs for prevention of malaria in areas of year round high transmission.

ii) Characterizing severe malaria in children

In a series of studies, researchers in Kilifi carried out a systematic study of the symptoms of severe malaria. Early studies identified the importance of raised intracranial pressure in cerebral malaria.

Along with other groups, the Kilifi team identified metabolic acidosis (an excess of positively charged hydrogen ions) as a key clinical feature of the disease. More recently, the group has discovered that covert epileptic seizures play an important role in the pathogenesis of severe malaria. This groundbreaking work has had a significant impact on the treatment of malaria in the young, and has been incorporated into the WHO Guidelines on the Treatment of the Disease.



KEMRI Training Centre housing ESACIPAC, Graduate School of Health Sciences and Conference Facilities

B. ESACIPAC

Parasitic diseases such as lymphatic filariasis, malaria, schistosomiasis, and soil transmitted helminths, continue to significantly contribute to the global diseases burden particularly in developing countries of sub-Saharan Africa, despite tremendous efforts towards their control. In recognition of the serious health problems caused by parasitic diseases, the Eastern Southern Africa Centre of International Parasite Control (ESACIPAC) was established at KEMRI. The Centre was set up with the assistance of the Japanese government, through JICA, under the Global Parasite Control Initiative (Hashimoto Initiative). The eight ESACIPAC member countries are Uganda, Tanzania mainland, Zanzibar, Malawi, Zambia, Zimbabwe, Botswana and Kenya. Similar global centres are in Ghana, (Noguchi Memorial Institute of Medical Research) and Thailand (Mahidol University). ESACIPAC's mission is to undertake human resource development to

strengthen research and control programmes on parasitic diseases in the eastern and southern Africa region.

In line with its vision of becoming a regional centre of reference in parasite control, ESACIPAC has, since its official inauguration in 2002, conducted international courses aimed at building capacity in programme management. These annual courses have sequentially focused attention on strategic planning and implementation, the school based parasite control approach and school health and nutrition programme management. The Centre has currently placed emphasis on schistosomiasis and soil-transmitted helminths, which are entry point diseases to school-based programmes.



Primary School Pupils in Mwea receive de-worming drugs from Dr. Joyce Onsongo of WHO during the launch of the school Based Parasite Control

Main Goals of Hashimoto Initiative

1. Promotion of education and research on parasitic diseases and their control.
2. Networking for regional, national and international co-ordination.
3. Establishment of research and training centres in Asia and Africa (currently at Mahidol University, KEMRI and Noguchi Institute)
4. Improvement of hygienic infrastructures in developing countries.
5. Contribution to multilateral organizations
6. Use of Japanese experiences on parasitic disease control.
7. Contribution to better community health.

3. Epidemiology, Public Health & Health Systems Research



Health is a choice

Health is a multi-dimensional choice that is very important to your realization of your full potential as a human being. Here we offer sources to provide insights into health and nutrition that will help you towards the goal of clear insight and a profound understanding of WHO you are. The responsibility of making the best choice for you... rests with you.

A. MICRONUTRIENTS

1) Micronutrient Zinc Deficiency as a possible co-factor in the transmission and progression of HIV/AIDS in Kenya

A study was carried out on HIV/AIDS patients at various stages of disease progression who volunteered to manage their health using a nutritional supplement that contained several micronutrients that included a daily dose of elemental zinc. After 30 months of follow-up, the patients' serum zinc levels were determined as was their clinical status.

Some women patients who were found to be HIV negative at baseline and who had lost their husbands to HIV/AIDS, despite having had regular un-protected sex with them, had a relatively high levels of serum compared to other patients.

This result shows that micronutrient zinc sufficiency plays a key role in promoting cell-mediated immunity and it is probably

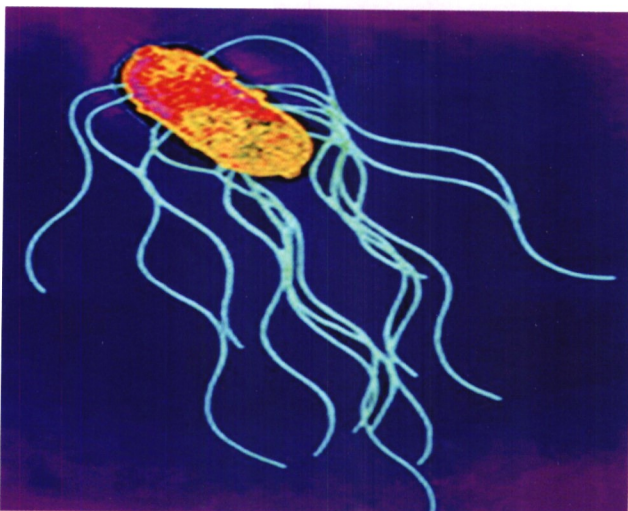
partly due to this reason that the high-risk women in this study, who also had comparably high serum zinc levels, remained negative for HIV antibodies despite repeated exposure to the virus. The data shows HIV/AIDS patients to be deficient in zinc in a manner consistent with their status of disease progression.

B. EMERGING INFECTIONS A CAUSE FOR PUBLIC HEALTH CONCERN

i) Is Typhoid over-reported in some parts of Kenya?

Salmonella enterica serovar Typhi (S. typhi) causes some 10 million cases of typhoid fever resulting in over 600,000 deaths each year worldwide particularly in the poor countries. The disease is acquired mainly through eating food or drinking water contaminated with faeces or urine from infected persons. Untreated typhoid is life threatening, with high mortality occurring in immunosuppressed individuals, young children and the elderly.

A comparison of efficacy of seven commonly available Widal test kits showed that they varied in sensitivity. Widal test was observed to be useful as a rapid diagnosis, so long as health workers adhered strictly to manufacturers instructions for use on sera from patients whose clinical examinations raised suspicion for typhoid. This is because symptoms of typhoid may mimic those of other diseases such as malaria, rheumatoid arthritis, chronic liver diseases, etc. The study recommends that differential diagnosis may be necessary in some cases in order to reduce false positive Widal test results.

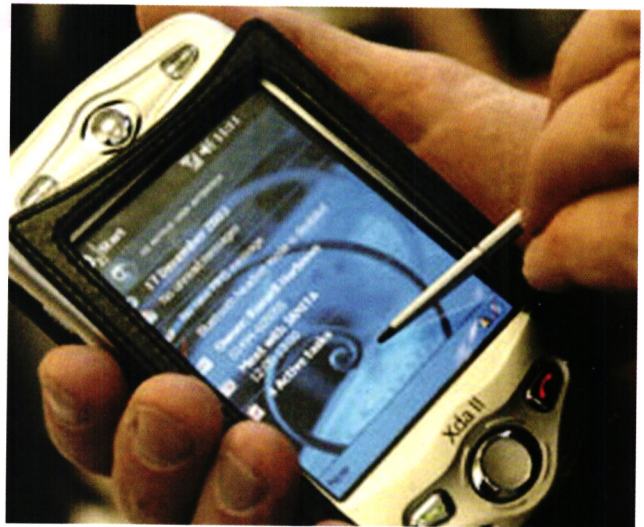


Salmonella enterica parasite

C. EPIDEMIOLOGICAL STUDIES

i) Using Personal Digital Assistants (PDAs) in Kilifi study

In the epidemiological / immunological studies for malaria first phase of data collection was rolled out by use of Personal Digital Assistants (PDAs). This stage involved Implementation of pendragon forms on the PDAs in which the database for the population under study was loaded. Field workers routinely updated the forms once in the field and synchronised with the computer database thus ensuring faster and more accurate data input. This approach has been implemented in Kilifi on the Immunology/epidemiology cohort's surveillance studies for children under 12 years suffering from non-severe malaria.

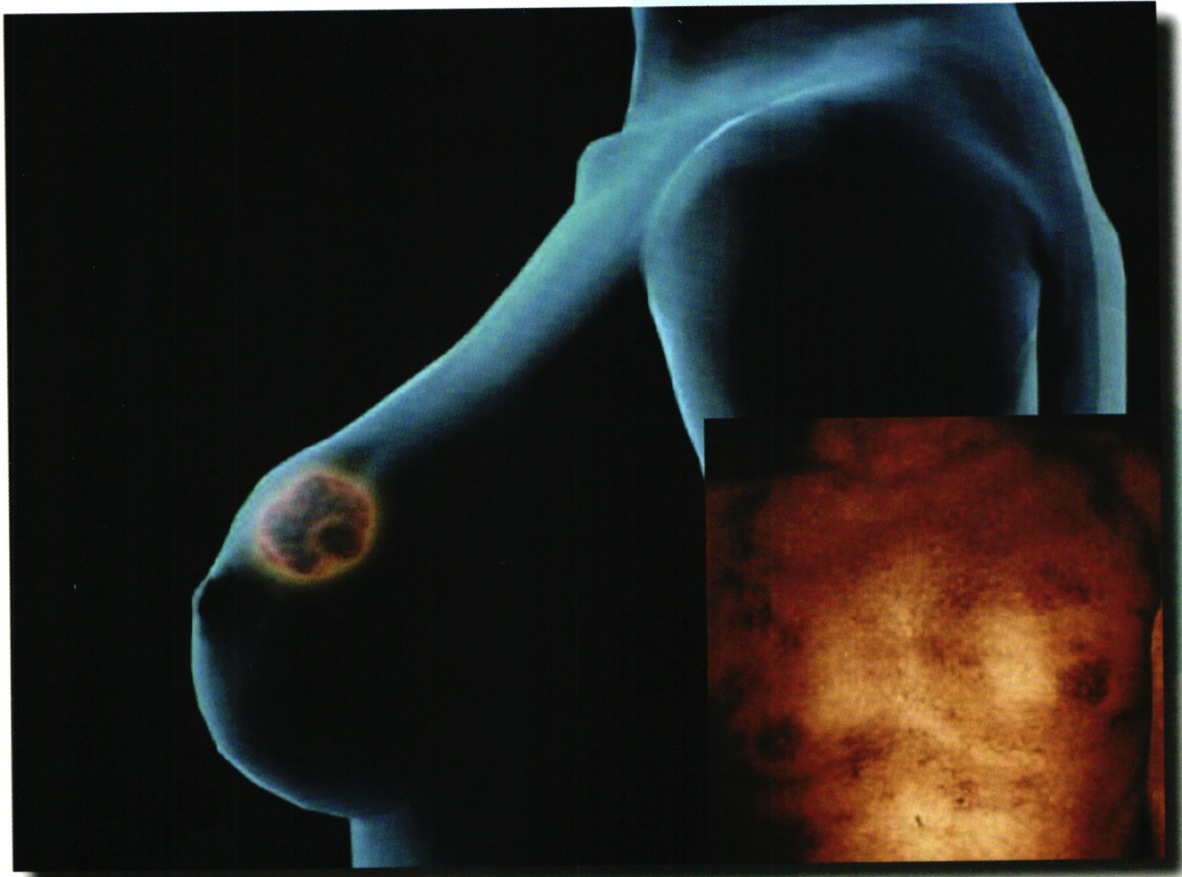


Personal Digital Assistant in Use

Data Quality Management

Standard operating procedures (SOP) for data management that govern the entire data cycle have been developed to ensure there is high quality database designs, data collection, input and data analysis.

4. Biotechnology & Non-Communicable Diseases



A. CANCER

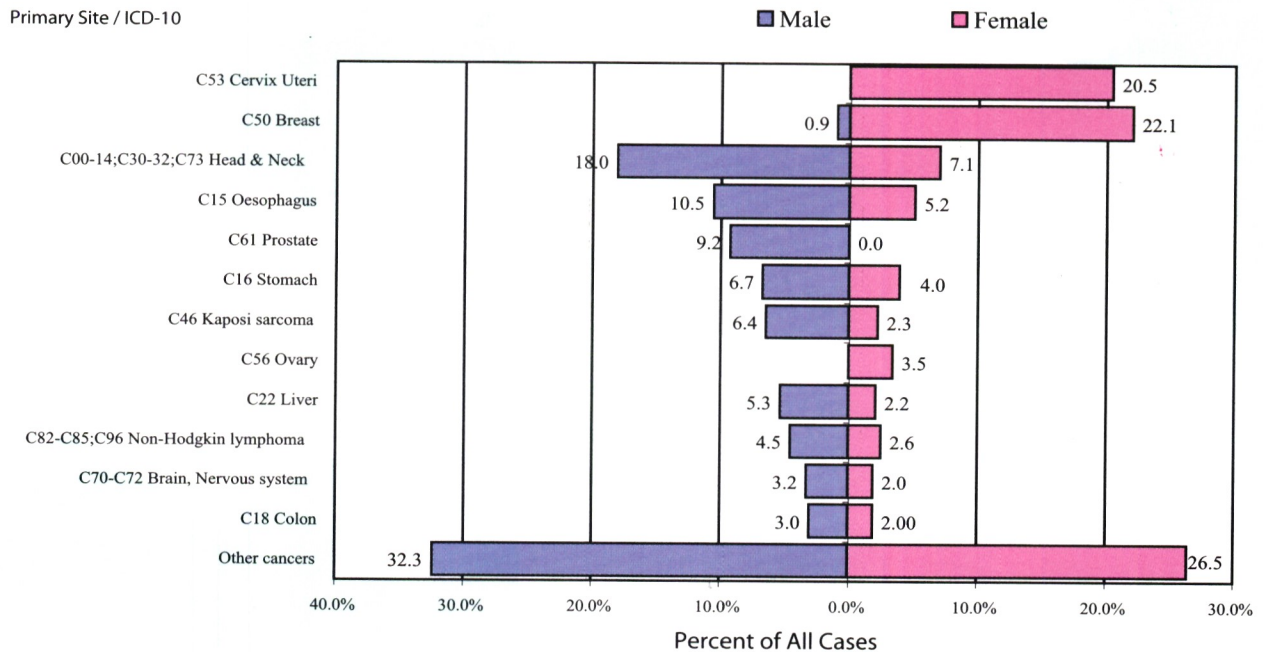
Cancer is a group of diseases characterized by uncontrolled growth and proliferation of cells. It can be caused by external risk factors including tobacco, alcohol, numerous chemical substances, radiation, and some infectious organisms. It can also be caused by such internal factors as, inherited genetic mutations, hormone imbalances, immune-disorder conditions and some metabolic disorders. These causative factors may act together and/or in sequence to promote the development of cancer after varying periods of time for different types of cancers.

Nairobi Cancer Registry is a population-based registry located at KEMRI with the primary objective of collecting and registering all reported cancer cases in various health institutions in Nairobi. This data is useful in policy development and support in cancer research, control, prevention, treatment and surveillance.

Data at the Nairobi Cancer Registry indicates that both breast and cervical cancer are predominant in females. These cancers can be controlled through early diagnosis and through regular screening.

On the other hand cancers of oesophagus, head & neck and prostate are predominant in men. Oesophageal cancer is associated with alcohol consumption, smoking and environmental factors such as exposure to chemicals while prostate cancer is mainly common in men above 50 years of age. PSA screening can diagnose prostate cancer for early management.

Most Common Cancers, 2000 - 2003



B. ANTIMALARIAL DRUGS

Monitoring the efficacy of antimalarial drugs

Research on antimalarial drugs has continued to focus on monitoring the declining efficacy of Sulfadoxine-Pyrimethamine (SP) (Fansidar) and detection of SP-resistant malaria parasites. The studies carried out in Mbita and Mwea show that the efficacy of SP, the first-line drug for treatment of uncomplicated malaria in Kenya, was considerably low and only slightly improved with the combination of Artesunate to the treatment. Appropriate recommendations have been made for the review of the treatment regimen to include other antimalarial drugs.

According to WHO, Sulfadoxine-pyrimethamine is expected to fail rapidly in areas of chloroquine resistance in East Africa and more gradually in West Africa. The combination of sulfadoxine-pyrimethamine with artesunate may reduce the rate of emergence of sulfadoxine-pyrimethamine resistance. In two trials in Africa - Gambia and Kenya a 3-day artesunate regimen seems to be necessary to optimize treatment efficacy. It is important to decide whether resistance has progressed too far before implementing the artemisinin-based combination therapy.

Other studies are being conducted on the evolutionary genetics of antimalarial drug resistance in Kenya, and on host genetics of malaria infection susceptibility.

C. SCHISTOSOMIASIS

i) Immuno - epidemiological studies

Schistosomiasis research is focusing on immuno-epidemiological studies on intestinal schistosomiasis (bilharzia) in Kibwezi, and investigation of factors that contribute to severe disease in the area.

In Machakos, extensive studies conducted over a period of several years have shown that immunity to *S. mansoni*, develops gradually with age.

Other research activities include:

- Evaluation of a PCR test for identification of cercariae of *S. haematobium*, the parasite that causes urinary bilharzia.
- Development of a PCR test for identifying cercariae of *S. mansoni*, the causal agent of human intestinal schistosomiasis.
- Application of molecular techniques to study phylogenetic relationships and population genetics of human schistosomes and their snail hosts.

Traditional Medicine and Drug Research



A national policy to ascertain the safety, efficacy, quality and economic value of traditional medicine will protect the general population who rely on traditional medicine for their health needs. WHO estimates that 80% of the rural population in developing countries depend on Traditional Medicine.

i). Potential therapeutic agents from Kenyan medicinal plants in the management of opportunistic infections in HIV

Research at the Institute's Centre for Traditional Medicine and Drug Research (CTMDR) has identified four plant extracts with high potential in the treatment of Herpes viruses viz: *Herpes simplex*, *Cytomegalovirus* and *Varicella zoster*. Some compounds isolated from these plants have exhibited significant anti-HSV activities and can be used as "marker" compounds in the standardization of the anti-HSV formulation.

ii) Rational use of drugs, with emphasis on safe use of medicinal plants based medicines

The rational and safe use of medicines, both traditional and conventional, requires that safe, efficacious and quality medicine is prescribed following proper diagnosis of a health problem. Rational use of drugs comprises appropriate medicine supplies management to ensure availability, prescription and dispensing. In traditional medicine, the traditional health practitioner (THP) manages all aspects of supplies, prescription and dispensing of traditional medicines. The traditional health practice, therefore, needs to be regularised for safe use of traditional medicines.

Research on traditional medicines and traditional medical practitioners has therefore, focused on :

- Evaluation of safety, efficacy and chemistry of medicinal plant preparations.
- Consultancy services to THPs and patients seeking alternative medicine
- Advice on appropriate practice and use of traditional medicines.

The use of traditional medicine as a component of public health delivery requires that such medicines be recognized and regulated.

Towards this end CTMDR has continued to contribute in a number of consultative and collaborative initiatives one of the most significant of which is the development of a **National Policy on Traditional Medicine and Medicinal Plants**. This is an Inter-ministerial process coordinated by National Coordinating Agency for Population Development (NCAPD), a department of Ministry of Planning and National

Development.

iii) Intellectual Property Rights (IPR) in traditional practices

There is an urgent need to put in place measures to raise awareness among traditional healers, communities and scientists on the IPR issues associated with indigenous knowledge and innovations arising from natural resources. KEMRI has, consequently, taken keen interest in IPR issues through participation in training workshop and advocacy seminars.



Participants at a KEMRI sponsored workshop to train Traditional Health Practitioners on Traditional Medicine Supplies Management



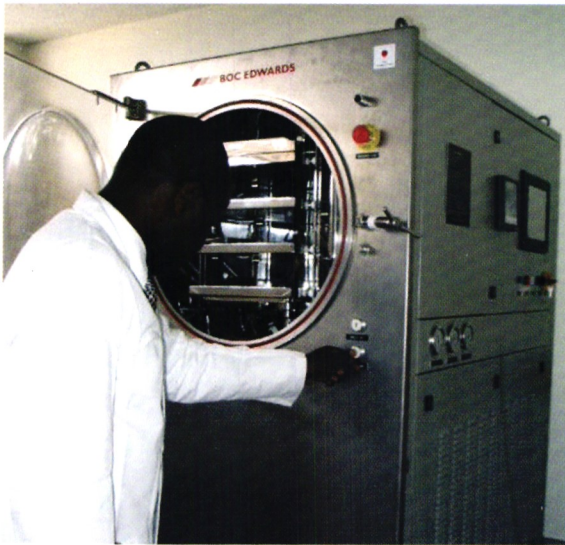
RESEARCH DEVELOPMENT

A. KEMRI PRODUCTION FACILITY

The KEMRI Production Unit put up with the assistance of Government and the People of Japan through JICA is designed for development of simple, sustainable and cost effective diagnostic kits to meet the requirements both in Kenya and the Region.

Currently the facility manufactures diagnostic kits for Viral Hepatitis B and plans are underway to roll out other blood safety devices.

The process of quality management at the facility is under constant improvement to conform to the Current Good Manufacturing Practises (CGMP).



Dr. James Kimotho, Production Manager, operates one of the new Production Equipment.

B. GRADUATE SCHOOL OF HEALTH SCIENCES

The institute of Tropical Medicine and Infectious Diseases (ITROMID) is in its third year. This is a programme under the auspices of the Institutes Graduate School of Health Sciences and is run in collaboration between KEMRI and Jomo Kenyatta University of Agriculture and Technology. The Programme came into existence due to high demand for trained manpower in high level science.

By combining the academic, research, training and linkages capacity available at both JKUAT and KEMRI, the programme aims to produce professionals measuring up to the highest international levels of competence.

Masters and Doctoral levels at ITROMID

- *Clinical Tropical Medicine*
- *Medical Microbiology Medical Virology*
- *Medical Mycology*
- *Mycobacteriology*
- *Medical Parasitology and Entomology*
- *Molecular Medicine in the following specialised areas:-*
 - *Applied Immunology*
 - *Clinical Immunology*
 - *Molecular Biology*
- *Medical Phytochemistry*
- *Medicinal Chemistry*
- *Epidemiology*
- *International Health*
- *Public Health*



An ITROMID class in session

C. STRENGTHENING PARTNERSHIPS AND COLLABORATION

A case of Drug for Neglected Diseases Initiative (DNDi).

DNDi

Drugs for Neglected Diseases initiative

The Drugs for Neglected Diseases Initiative (DNDi) is a not-for-profit organization with headquarters in Geneva, Switzerland. Founded by six research institutions and an international humanitarian organisation, DNDi addresses the need for new field-adapted, effective, and affordable drugs for patients suffering from neglected diseases. DNDi harnesses knowledge and cutting-edge science and technology to research and develop critically needed drugs for neglected diseases such as Leishmaniasis, Hydatid, Trypanosomiasis, and Chagas disease, among others and ensuring the suitability and accessibility to the poorer patients of the world. To achieve this, DNDi works predominantly with developing country organizations and governments.

In addition to its scientific activities, DNDi is strongly advocating the need for more Research & Development (R&D) for neglected diseases. Together with its founding partners and other organizations, an appeal has been launched to governments to take the lead in boosting innovation in R&D for neglected diseases by providing political leadership and commitment, significant and sustained financial support and new rules to stimulate R&D for diseases of the poor.

DNDi founding partners include:

- Medecins Sans Frontiers (MSF)
- The Pasteur Institute, France
- The Oswaldo Cruz Foundation, Brazil
- The Indian Council for Medical Research
- The Kenya Medical Research Institute
- Ministry of Health Malaysia
- Special Programme for Research and Training in Tropical Diseases (TDR), World Health Organization.



A Patient manifests the late stages of hydatidosis, one of the Neglected Diseases

D. KEMRI'S CONTRIBUTION TO REGIONAL AND GLOBAL HEALTH

I) 26th African Health Sciences Congress Held in Egypt

The 26th African Health Sciences Congress (AHSC) was successfully hosted by the Suez Canal University, Ismailia, Egypt in collaboration with KEMRI and the African Forum for Health Sciences, (AFHES).

The theme of the 26th Congress was "Health Challenges in Africa". In total 371 Papers were received and presented, 106 of which were from KEMRI scientists.

AHSC is a premier scientific meeting held and hosted on a rotational basis by a national health research institutions or universities in Africa in collaboration with other health related institutions.

II) East African Health Research Council (EAHRC)

KEMRI has played a major role in the drafting of the protocol for the establishment of the East African Health Research Council (EAHRC). The EAHRC is a machinery for making available to the East African Community states advice upon all matters relating to health and related research activities and their findings necessary for knowledge generation, technological development, health policy formulation and practice. The Council shall be incorporated and shall be situated within the East African Community Partner States.

Awards of Excellence, Accolades and Recognition

A. Recognition

A number of KEMRI scientific staff were recognised and awarded with outstanding international and local accolades, for their leadership roles and outstanding achievements.

Of special mention is the honour bestowed on Dr. Davy K. Koech, Director, KEMRI who was admitted to the ranks, titles and privileges of Honorary Fellow (Hon. FAAICL) and appointed **Honorary Distinguished Professor of the Australian Asian Institute of Civil Leadership.**

Company of the Year Awards (COYA 2005): KEMRI The Best Overall State Parastatal

KEMRI emerged the Best Overall Parastatal of the Year during the Company Of the Year Awards(COYA) 2005. The institute also won the Creativity and Innovation Management in the service sector and Environmental Management Award.

The institute retains the Creativity and Innovation Management Award trophy having won it for three consecutive years.

“It was through team spirit, always manifest in the Institute, that we won these awards... KEMRI believes that there is no speed limit in the pursuit of excellence”

-Dr. Davy Koech, Director, KEMRI while acknowledging the awards



Dr. Davy Koech, Director KEMRI poses with the two awards for **Best overall Parastatal** and **Creativity and innovation management (Service Sector)**

Corporate Social Responsibility



A nurse examines a patient at a medical camp

The Institute is committed to Corporate Social Responsibility that addresses the public health and socio-economic needs affecting the livelihoods of communities.

The major activities were :-

- KEMRI in Partnership with Diabetes Management and Information Centre (DMI Centre) conducted free medical camps and public health awareness campaigns in several parts of Kenya.
- Participation in the 2005 Kenya Freedom from Hunger Council Annual Walk in Nairobi, Kisumu, Kilifi and Busia.
- Taking part in activities to mark World AIDS Day and International Women AIDS Run.

- Joining in activities to mark both World Blood Donor Day and Kenyatta Day Blood Donation exercise.
- KEMRI participated in the 10km Dettol Heart Run and the Presidential Award 2005.

CSR Pictorial



1. KEMRI staff donating food to a childrens' home in Kibera.
2. KEMRI Participants for the Dettol Heart Run
3. Caleb Ng'etich of KEMRI Athletics Team, presents a Trophy to Dr. Davy Koech, Director, KEMRI after winning a marathon in Austria.
4. KEMRI team to the Safaricom Marathon.
5. Participants at the World AIDS Day and International Women AIDS Run.

REPORT OF THE CONTROLLER AND AUDITOR GENERAL ON THE FINANCIAL STATEMENTS OF KENYA MEDICAL RESEARCH INSTITUTE FOR THE YEAR ENDED 30 JUNE 2005

I have audited the financial statements of Kenya Medical Research Institute for the year ended 30 June 2005 in accordance with the provisions of section 14 of the Public Audit Act, 2003. I have obtained all the information and explanations which to the best of my knowledge and belief were necessary for the purpose of the audit. The financial statements are in agreement with the books of account.

Respective Responsibilities of the Board of Management and the Controller and Auditor General

As set out in the statement of Board of Management responsibilities, the Board is responsible for the preparation of financial statements which give a true and fair view of the Institute's state of affairs and its operating results. My responsibility is to express an independent opinion on the financial statements based on my audit.

Basis of Opinion

The audit was conducted in accordance with the International Standards on Auditing. Those standards require that the audit be planned and performed with a view to obtaining reasonable assurance that the financial statements are free from material misstatement. An audit includes an examination, on a test basis, of evidence supporting the amounts and disclosures in the financial statements. It also includes an assessment of the accounting policies used and significant estimates made by the Board, as well as an evaluation of the overall presentation of the financial statements. I believe my audit provides reasonable basis for my opinion.

Comments

1. Residential Staff Housing Project

The non-current assets balance sheet figure of Kshs. 1,300,448,959 as at 30 June 2005 excludes Kshs. 120,022,200 being cost incurred for a residential building project which stalled and was due for completion by February 1991 at a cost of Kshs. 165 million. The project cost of Kshs. 120,022,200 was during the year under review written off without the approval of the Board of Management.

As reported in the previous years audit reports, the developer of the property secured a loan from the National Bank on the title of the property where KEMRI has an interest. The Government spent Kshs.280 million in 1993 and Kshs. 142 million in 2000 towards settling the developer's account at the National Bank of Kenya with expectation that the title would be discharged but the title has yet to be discharged. No tangible progress has been made to complete the housing project and title documents have not been obtained. Consequently, I am unable to confirm both ownership of the stalled housing project and when or how the project will be revived and completed by the Institute, especially now that the total project cost so far incurred of Kshs. 120,022,200 has been written off without Board approval.

2. Debtors Kshs. 122,430,444

Included in the balance sheet debtors of Kshs. 122,430,444 is Kshs. 120 million which according to note 5 to the financial statements is owed by the Institute's advocate being an amount deposited to settle outstanding accounts on the staff housing project on behalf of the Institute. The information available indicates that the advocate paid the



Institute Kshs.93,704,800 on 21 October 2004, leaving an unpaid balance of Kshs.26,295,200. It is not clear and management has not explained why Kshs.120 million is still reflected under debtors as at 30 June 2005. Further, it is not clear whether and how much interest had been earned from the funds held by the advocate during the period as these have not been incorporated in the financial statements. In the circumstances, the existence and validity of the debtors balance of Kshs.122,430,444 as at 30 June 2005 could not be confirmed.

3. Irregular House Allowances Kshs.15,020,800

The Institute during the year under review paid to staff a total of Kshs.15,020,800 in irregular house allowances. The allowances were paid uniformly to officers in the same grade regardless of the location in Kenya of the work station. Although the management has explained and attributed the irregular payments to frequent movement of staff to various stations within the country, these payments are in contravention of Office of the President Circular No.OP.18/IA/VIII/141 of 18 June 2001, which sets out different rates according to grades and localities. Under the circumstances, it was not possible to confirm the propriety of the total overpayments made of Kshs.15,020,800.

4. Donor Funding

The Institute's Income and Expenditure Account (Notes 3 (a) and 4 (b)) reflects matching receipts and expenditure of Kshs.1,722,143,034 and Kshs.54,406,514 under Special Accounts and Grants and JICA Operational Grants respectively. However, no independent audit reports on these donor funded projects were availed for my review. Under the circumstances, and given the fact that the audit of these special donor funding accounts is outside the mandate of the Controller and Auditor General, it has not been possible to confirm that all the receipts into and expenditures charged to these donor funds and reflected in these financial statements were properly accounted for or to ascertain that such expenditure was incurred in accordance with donor agreements.

Opinion

Except for the foregoing reservations, in my opinion, proper books of account have been kept and the financial statements give a true and fair view of the state of the financial affairs of the Institute as at 30 June 2005 and of its surplus and cash flows for the year then ended in accordance with International Financial Reporting Standards and comply with the Science and Technology Act (Cap 250).



E.N. MWAI

CONTROLLER AND AUDITOR GENERAL
23rd May 2006



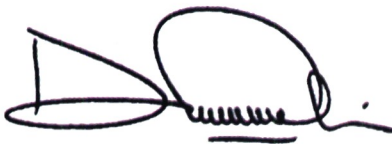
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 30TH JUNE 2005

	<u>Page</u>	<u>Note</u>	<u>2004/2005</u>	<u>2003/2004</u>
Income			<u>KES.</u>	<u>KES.</u>
Grants	40	3(a)	2,648,793,999	1,730,885,285
Others	40	3(b)	9,570,936	8,884,838
Total Income			2,658,364,935	1,739,770,123
Expenses				
Staff Costs	40	4(a)	687,572,295	717,095,091
Operating Costs	41	4(b)	1,913,993,920	987,508,135
Non-Financial Costs	42	4(c)	46,963,651	24,223,049
Total Expenses			2,648,529,866	1,728,826,275
Surplus			9,835,069	10,943,848

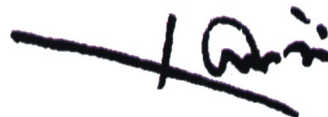


BALANCE SHEET AS AT 30TH JUNE 2005

	Page	Note	<u>2004/2005</u>	<u>2003/2004</u>
			<u>KES</u>	<u>KES</u>
<u>Non-Current Assets</u>				
Property, Plant and Equipment	39	2	<u>1,300,448,959</u>	<u>1,423,579,498</u>
<u>Current Assets</u>				
Receivables	42	5	122,430,444	122,887,098
Unexpended Balance on Special Accounts And Grants	43	7	148,333,427	72,791,896
Cash and Cash Equivalents	44	8	105,554,637	32,328,592
Total Current Assets			<u>376,318,508</u>	<u>228,007,586</u>
<u>Less:</u>				
<u>Current liabilities</u>				
Payables	42	6	29,916,557	1,545,190
Deposits, Special Accounts And Grants	43	7	148,333,427	72,791,896
Total Current Liabilities			<u>178,249,984</u>	<u>74,337,086</u>
<u>Net Current Assets</u>			<u>198,068,524</u>	<u>153,670,500</u>
<u>Total Assets</u>			<u>1,498,517,483</u>	<u>1,577,249,998</u>
<u>Represented by</u>				
Accumulated Fund	36		<u>1,498,517,483</u>	<u>1,577,249,998</u>



DAVY K. KOECH, Ph.D., DSc, FInst PM, SS, OGW, MBS
SECRETARY, BOARD OF MANAGEMENT



JOEL D. ACHIBA, BVM
CHAIRMAN, BOARD OF MANAGEMENT



**STATEMENT OF CHANGES IN ACCUMULATED FUND FOR THE
YEAR ENDED 30TH JUNE 2005**

	<u>2004/2005</u> <u>KES</u>	<u>2003/2004</u> <u>KES</u>
Opening Balance	1,577,249,998	1,507,592,643
Write Down of Residential Buildings	(120,022,200)	--
Excess of Income over Expenditure	9,835,069	10,943,848
Revaluation Reserve	--	2,875,388
Support from Donors	<u>31,454,616</u>	<u>55,838,119</u>
Closing Balance	<u><u>1,498,517,483</u></u>	<u><u>1,577,249,998</u></u>



CASH FLOW STATEMENT
FOR THE YEAR ENDED 30TH JUNE 2005

	<u>2004/2005</u>	<u>2003/2004</u>
	<u>KES</u>	<u>KES</u>
<u>Cash Flows from Operating Activities</u>		
Surplus for the year	9,835,069	10,943,848
Adjustments for:		
Depreciation	27,174,895	24,223,049
Gain on disposal of motor vehicles	--	(273,145)
Loss on disposal of office furniture and medical equipment.	418,046	--
NBV of computers written down	19,370,710	--
Surplus before working capital changes	56,798,720	34,893,752
<u>Working capital changes</u>		
Decrease / (Increase) in receivables	456,654	(1,822,540)
Increase in payables	28,371,367	442,903
Net cash flow from operating activities	85,626,741	33,514,115
<u>Cash Flows from Investing Activities</u>		
Purchase of fixed assets	(12,426,991)	(10,400,407)
Fixed assets disposal proceeds	26,295	371,145
Net Cash used in Investing Activities	(12,400,696)	(10,029,262)
Net increase in cash and cash equivalents	73,226,045	23,484,853
Cash and cash equivalents at the beginning of period	32,328,592	8,843,739
<u>Cash and Cash equivalents at the end of period</u>	105,554,637	32,328,592



NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 30TH JUNE, 2005

I. SIGNIFICANT ACCOUNTING POLICIES

a. Basis of Accounting

The financial statements are prepared in accordance with and comply with International Financial Reporting Standards (IFRS). The financial statements are prepared in Kenya Shillings under the historical cost convention and on a cash basis.

b. Depreciation

Depreciation on Fixed Assets is calculated to write down their cost over their estimated useful lives on a straight-line basis at the following rates.

Office and residential buildings	-	1.0%
Office and medical equipment	-	2.5%
Office Furniture	-	2.5%
Motor Vehicles	-	5%
Computers and related equipment	-	25%

c. Revenue Recognition

Revenue is recognized in the accounts when received.

d. Translation of Foreign Currencies

Transactions denominated in foreign currencies during the year are converted into Kenya shillings at rates ruling at the transaction dates.

e. Cash and Cash Equivalents

For the purpose of the cash flow statement, cash and cash equivalents comprise cash in hand and bank deposits. Cash equivalents are recognized to comprise short term and highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

g. Comparatives

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the current year.

h. Government Grants

Government revenue grants are credited to the income statements in the same period to which the related revenue expenditure is charged.

i. Employee Benefit Costs

The Institute operates a deferred annuity staff retirement benefit scheme for its employees. The scheme operated by a Board of Trustees, is funded by contributions from both the Institute and the employees. The Institute's contribution to the scheme is charged to the income and expenditure statement when payments are made.

The Institute also contributes to a statutory defined contribution scheme, the National Social Security Fund.

j. Impairment of Assets

The carrying amounts of the Institute's assets are reviewed at each balance sheet date to test for any impairment. On establishing such impairment, an impairment loss is recognised in the accounts.



2.

PROPERTY, PLANT AND EQUIPMENT**AS AT 30TH JUNE 2005**

Item	Land Kes	Office Buildings Kes	Residential Buildings Kes	Motor Vehicles Kes	Office And Medical Equipment Kes	Office Furniture Kes	Computers Kes	Total Kes
Cost b/fwd	225,925,500	453,162,967	312,860,025	77,958,528	541,633,052	12,962,658	29,236,662	1,653,739,392
Additions	385,000	9,347,684	--	14,010,219	10,790,621	1,700,600	7,647,483	43,881,607
Revaluation	--	--	--	--	--	--	--	--
Disposals	--	--	--	--	(662,082)	(32,547)	--	(694,629)
Write down	--	--	(120,022,200)	(11,930,000)	(29,236,662)	--	(24,099,992)	(185,288,854)
	226,310,500	462,510,651	192,837,825	80,038,747	522,524,929	14,630,711	12,784,153	1,511,637,516
Depreciation								
Balance b/fwd	--	38,475,105	13,333,070	33,001,521	110,909,842	5,203,694	6,431,338	207,354,570
Charge for the year	--	4,619,650	1,928,378	4,001,938	13,063,123	365,768	3,196,038	27,174,895
Disposals	--	--	--	--	(240,493)	(9,795)	--	(250,288)
Written Off	--	--	--	(11,930,000)	(6,431,338)	--	(24,099,992)	(42,461,330)
NBV Written Down	--	--	--	--	--	--	19,370,710	19,370,710
	--	43,094,755	15,261,448	25,073,459	117,301,134	5,559,667	4,898,094	211,188,557
Net Book Value								
30-06-2005	226,310,500	419,415,896	177,576,377	54,965,288	405,223,795	9,071,044	7,886,059	1,300,448,959
30-06-2004	225,925,500	414,687,862	299,526,955	44,957,007	430,723,210	7,758,964	--	1,423,579,498

a) Additions

Additions during the year amounted to KES 43,881,607 of which KES 31,454,616 was in form of donor support while the balance was exchequer funded.

b) Residential Buildings

Resulting from a review of the carrying amount of the residential buildings, a sum of KES 120,022,200 has been written down. This relates to the cost of Work In Progress in respect of the incomplete project at the headquarters.

c) Computers and Related Equipment

In previous years, computers and related equipment were categorised together with office and medical equipment. Following a review of policy the depreciation rate for computers and related equipments was revised from 2.5% to 25% and applied retrospectively. Consequently a new category has been created in the fixed asset register.



3. INCOME**a) Grants**

Recurrent Exchequer Grants

Special Accounts and Grants

Jica Operational Grants

Total**2004/2005****KES**

872,244,451

1,722,143,034

54,406,514

2,648,793,999**2003/2004****KES**

862,244,450

819,816,470

48,824,365

1,730,885,285**b) Others**

Rent and other Misc. Income

Gain On Disposal (NBV)

Total**2004/2005****KES**

9,570,936

--

9,570,936**2003/2004****KES**

8,611,693

273,145

8,884,838**4. EXPENSES****a) Staff Costs**

Personal Emoluments

Gratuity & Pension Contribution

House Allowance

Other Allowance

Medical Allowance

Passages & Leave Expenses

Medical Expenses

Total**2004/2005****KES**

179,952,590

101,445,716

211,599,836

172,045,753

15,359,203

759,686

6,409,511

687,572,295**2003/2004****KES**

163,361,073

136,530,280

194,466,401

201,076,352

14,641,937

1,051,162

5,967,886

717,095,091

	2004/2005	2003/2004
	<u>KES</u>	<u>KES</u>
b) Operating Costs		
Transport Operating Expenses	10,751,609	12,689,967
Travelling & Accommodation Expenses	7,835,337	11,618,841
External Travelling & Accommodation Exp.	4,847,661	4,426,777
Postal & Telegrams Expenses	532,762	584,139
Telephones Expenses	9,402,412	11,782,131
Official Entertainment	4,352,334	1,574,686
Boards Committees & Conferences	6,346,281	3,329,625
Electricity Expenses	30,322,918	17,894,775
Water & Conservancy	2,919,253	3,201,200
Laboratory Reagents & Supplies	143,565	363,883
Purchase of Drugs & Dressings	2,195,471	1,577,677
Purchase of Research Animals	13,100	2,000
Research Materials	359,730	-
Food and Rations	383,399	306,607
Purchase of animal feeds	310,232	340,794
Purchase of Consumable Stores	1,708,390	1,621,157
Publishing & Printing Expenses	85,079	526,800
Purchase of Uniforms & Clothing	1,644,244	4,541
Library Expenses	404,312	429,786
Purchase of Stationery	5,026,384	4,484,170
Advertising, Publicity & Show Expenses	2,911,939	4,429,266
Rents and Rates	--	52,350
Computer Expenses	2,557,267	1,574,955
Miscellaneous Expenses	818,520	1,938,450
Training Expenses	8,307,005	1,434,992
Insurance Expenses	17,513,902	16,565,017
Maintenance - Plant , Machinery & Equip	3,589,423	5,533,780
Maintenance - Buildings & Stations	12,161,845	10,478,934
Special Accounts and Grants	1,722,143,034	819,816,470
JICA Operational Costs	54,406,514	48,824,365
Total	<u>1,913,993,920</u>	<u>987,508,135</u>



c) Non-financial Costs

	2004/2005 <u>KES</u>	2003/2004 <u>KES</u>
NBV of Computers Written Down	19,370,710	--
Loss on Disposal (NBV)		
-Office Furniture & Medical Equipment	18,046	--
	<u>27,174,895</u>	<u>24,223,049</u>
Totals	<u>46,963,651</u>	<u>24,223,049</u>

5. RECEIVABLES

	2004/2005 <u>KES</u>	2003/2004 <u>KES</u>
Centre Advances	1,727,019	838,071
Staff Advances	703,425	882,827
*Others	<u>120,000,000</u>	<u>121,166,200</u>
Totals	<u>122,430,444</u>	<u>122,887,098</u>

*Other debtor is represented by a deposit of Kshs 120,000,000 as commitment for settlement of outstanding accounts on the staff Housing project at the headquarters.

6. PAYABLES

	2004/2005 <u>KES</u>	2003/2004 <u>KES</u>
Payroll Liabilities	3,707,127	1,207,944
Statutory Deductions	1,536,033	120,847
Sundry Creditors	<u>24,673,398</u>	<u>216,349</u>
Totals	<u>29,916,557</u>	<u>1,545,190</u>



7.

SPECIAL ACCOUNTS AND GRANTS**UNEXPENDED BALANCES ON SPECIAL ACCOUNTS AND GRANTS
AS AT 30TH JUNE 2005**

	Balance as at 1. 7. 04 KES	Received During the Year KES	Expenditure Dur- ing the Year KES	Bal. as at 30.6.2005 KES
Source of Funds				
American Embassy	(20,634,590)	989,215,885	927,508,701	41,072,594
Case Western Reserve University	2,066,347	8,491,621	8,194,170	2,363,798
Drugs for Neglected Diseases Initiative - Nairobi	0	1,313,280	1,000,328	312,952
Elizabeth Glazer Foundation	364,843	8,413,931	7,681,543	1,097,231
Government Treasury - USA	24,507,286	541,206,905	548,788,713	16,925,478
Hosp & Health Admin. Services	(263,721)	8,966,461	7,262,997	1,439,743
ITROMID	5,481,521	15,859,100	7,495,756	13,844,865
National Inst of Health - USA	0	8,451,000	7,169,262	1,281,738
UNICEF	1,079,704	5,112,406	4,829,459	1,362,651
University of California	6,971,083	39,434,597	39,500,47	6,905,209
University of Georgia	(46,831)	6,892,479	5,800,882	1,044,766
University of New Mexico	886,601	7,894,074	8,349,034	431,641
University of Washington	479,090	13,467,705	16,761,756	(2,814,961)
Wellcome Trust Research Labs	491,074	2,484,797	2,005,223	970,648
World Health Organization	17,417,225	25,192,651	29,665,258	12,944,618
Internally Generated Revenue	19,347,181	67,131,305	58,103,545	28,374,941
Other Collaborative Agencies	14,645,084	48,156,367	42,025,936	20,775,515
TOTALS	72,791,897	1,797,684,564	1,722,143,034	148,333,427

The unexpended balances on Special Accounts and Grants represent donor funds held on their behalf at the balance sheet date.



8. CASH AND CASH EQUIVALENTS

	2004/2005	2003/2004
	<u>KES</u>	<u>KES</u>
Cash Balance	203,299	103,255
Bank Balance	105,351,388	32,225,337
Total	<u>105,554,637</u>	<u>32,328,592</u>

9. LEGAL FEES

During the year under review, the Institute did not incur any legal expenses.

10. TAXATION

The Institute is not exempt from the provisions of the Income Tax Act. In the year under review, a sum of kshs 994,579 in respect of withholding tax was outstanding.

11. CONTINGENCIES

The Institute did not have any contingent liabilities as at the end of the financial year.

12. CAPITAL EXPENDITURE COMMITMENTS

There were no capital expenditure commitments as at the balance sheet date.

13. CURRENCY

The currency applicable is Kenya Shillings.



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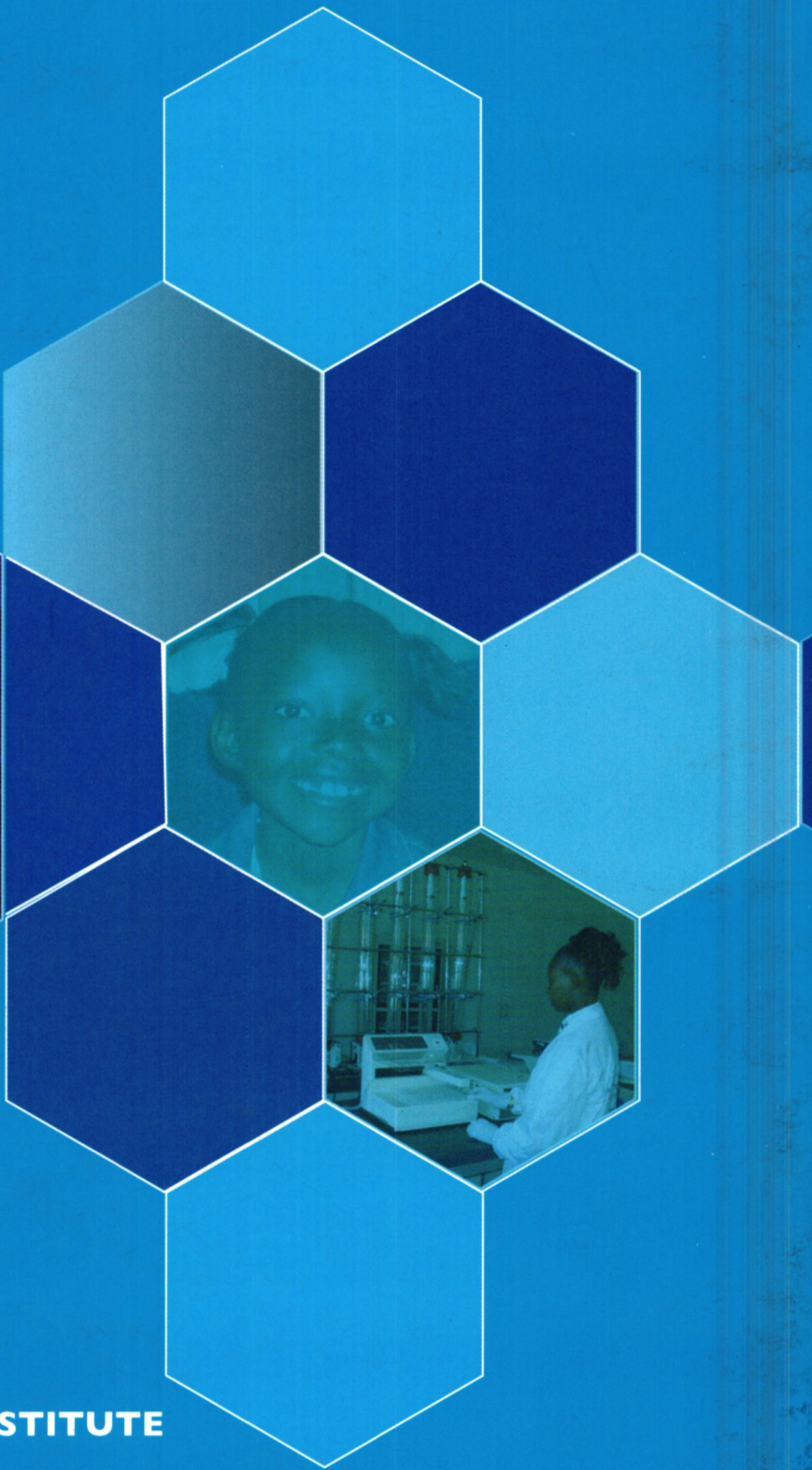
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