



Background

The Kintampo Health Research Centre (KHRC) is one of the three field research centres of the Health Research Unit of the Ghana Health Service established. It was established in 1994. It has established one of the largest health and demographic surveillance systems in Africa and a reputation for delivering large-scale health research studies. KHRC has also established and maintained close working relationships with stakeholders in the public, private and non-government sectors.

Mission

To conduct public health research and develop health research capacity which will contribute to a reduction in ill-health and the achievement of the Millennium Development Goals (MDGs) in Africa's most disadvantaged communities.

Vision

To provide practical needs-based research of the highest quality which has a pro-poor and gender equity focus that is used to shape health policy and practice and build health research capacity of health and health related professionals so that they can effectively address Africa's health challenges

ACRONYMS & DESCRIPTION

LSHTM-London School of Hygiene and Tropical Medicine.
NMIMR-Noguchi Memorial Institute for Medical Research.
GSK- GlaxoSmithKline
NIH-National Institutes of Health.
DFID-Department for International Development
WHO-World Health Organization
SNL-Save the Children saving Newborn Lives
KHRC-Kintampo Health Research Centre
NHRC: Navrongo Health Research Centre
KN-Kintampo North District
KS-Kintampo South district

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RECOGNISING THE VALUE OF OUR STAFF

WHAT HAS CHANGED

- § **Kintampo Demographic surveillance System (KDSS) has now changed its name to include the Health Component. Thus it is now known as KHDSS – Kintampo Health & Demographic System.**

OUR RESOURCES

- a well equipped clinical laboratory,
- an advanced computer and information systems,
- well tested research approaches,
- a range of highly qualified multi-skilled professionals
- Extensive network of strategic partners.



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KHRC
2008.

KHRC has established a reputation for practical, large-scale research studies in pursuance of its vision. The table below summarizes completed research projects carried out by the centre.

Research Area		Objectives	Collaborating Institutions	Timelines	Sponsors	Contribution to Research and Public Health
Malaria	Compliance	To determine compliance to Artesunate-Amodiaquine	HRU/GHS	2005-2006	GHS	Contributed to the review of the choice of antimalarial drug for treating uncomplicated malaria in Ghana.
	KAP	To determine the knowledge perception and reaction of persons who had ever used Artesunate-Amodiaquine	Dodowa Health Research Centre	2006-2007	GHS	
	G6PD	To determine the prevalence of G6PD deficiency among Ghanaian pregnant women and implications on malaria prevention using Sulphurdoxine-pyrimethamine (SP)	Navrongo and Dodowa Health Research Centres	2006 - 2008	GHS	Has provided evidence and assurance that SP is safe for malaria prevention in pregnancy.
	Baseline study	To develop the Kintampo District for malaria intervention studies To develop the Kintampo District for malaria intervention studies	LSHTM	2003 -2004	Gates Malaria Programme	Provided important data for conducting malaria clinical trials in Kintampo
	MAL 047	To assess the safety of RTSS, candidate malaria vaccine in children; 5 to 17 months old.	LSHTM, GSK GHS, KNUST	2006 - 2008	MVI	Provided safety data on the most advanced malaria vaccine on the decision to proceed to la larger Phase 3 study.
	Zinc malaria (ZAP)	To determine the effect of zinc supplementation on malaria treatment outcome.	Harvard University Boston University	1998 - 2000	USAID	Zinc supplementation is not beneficial as part of uncomplicated malaria treatment. Its therefore not considered for policy
Meningitis (CSM)	Meiviss	To compare the immunogenicity of the ACW135 polysaccharide vaccine versus ACYW135 polysaccharide vaccine in 15-34 year old adults.	NHRC LSHTM	2003 - 3006	WHO	Contributed to the WHO's decision to use the trivalent ACW135 vaccine to control of wild types of meningitis outbreak in Ghana
Maternal and Child Health	Seroconversion	To examine the effect of Vitamin A supplementation during the early months of life on infants' immune response to Hepatitis B and Haemophilus Influenzae type b.	NMIMR	2005 - 2007	WHO	Provided evidence on the possibility of supplementing infants with Vitamin A without interference on the immune response of Hepatitis and H. Influenzae vaccines.
	EPI+ to EPI++	To determine the levels of Vitamin A in infants after both mother and infants are supplemented with Vitamin A immediately after delivery.	LSHTM	Sept 2002 - Aug 2004.	WHO	This study has demonstrated that there is no benefit in maternal supplementation with Vitamin A immediately after delivery. Policy implications are being discussed.
	Sprinkles	To develop Sprinkles as complementary food supplement for use in reducing the burden of anaemia among young children in developing countries	Hospital for Sick Kids. Canada	2003 - 2005	Hospital for Sick Kids. Canada	Demonstrated the benefits of powered iron as food supplements (Sprinkles) to reduce anaemia. Sprinkles is currently used in developing countries in Africa and Asia.
	MRDR	To Determine the length of time mothers are protected against depletion after receiving either 400,000 IU of vitamin A in two doses of 200,000 IU 24 hours apart or one dose of 200,000 IU.	University of Wisconsin,) Madison, U.S.A	2005	IAEA	Vitamin A supplementation improves body stores of Vit. A and its maintained for at least 5 months.
	Breast feeding Study	Evaluate whether the type and timing of the initiation of breastfeeding are associated with neonatal mortality.	LSHTM	2003 - 2004	DFID	The results of this study emphasises on the need to initiate early breastfeed to prevent death in the first month of life.
Mental Health	Elderly Study	To determine mental disorders among the elderly and document their unmet mental health needs.	HRU/GHS	2006 -2007	GHS	The document is being used as a tool to advocate for public health interventions.