

## TWENTY YEARS OF THE NATIONAL INSTITUTE FOR MEDICAL RESEARCH: CONTRIBUTIONS OF THE AMANI RESEARCH CENTRE

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### Research

Research at Amani Research Centre of the National Institute for Medical Research has for the past twenty years centred on traditional infectious diseases including malaria, bancroftian filariasis, onchocerciasis, schistosomiasis and plague. Investigations in these areas have included studies on both parasites, and vectors of the respective disease, further studies on morbidity, pathophysiology and immunological aspects have been undertaken. Malaria is still the most studied disease at the Centre, probably due to the magnitude of the disease as a public health problem in Sub-Saharan Africa and Tanzania in particular. Another reason could be maintaining the tradition of the Centre as it was once officially (and is still locally) known as the Malaria Institute.

Over the years since 1980, there has been a steady increase in research activities as evidenced by the escalating number of scientific publications over the period (Figure 1). There was an increase in number of publications in most fields over the past 20 years. The last publication on schistosomiasis was in 1983 and for plague in 1989. This followed the abandoning of research in those areas by the Centre. Malaria continued to dominate the volume of research activities of the Centre.

Some of the notable achievements of the Centre in the past twenty years have included vast contributions to knowledge on the epidemiology of malaria in holoendemic areas. Substantial information on optimum therapeutic regimens for treatment of malaria in areas with varying levels of resistance to chloroquine and sulfadoxine-pyrimethamine has emerged from the Centre. This has eventually led to the establishment of the East African Network for Monitoring Antimalarial Testing (EANMAT), a network that monitors antimalarial drug resistance in East Africa. Studies carried out by Amani Scientists have provided the bulk of information

on the ecology and spatial distribution of the major malaria vector, *Anopheles gambiae* sibling species on over half of the country. The Centre has tested a number of trials on the control of malaria by various methods. Scientists of Amani Centre were among the African pioneers in testing the efficacy of insecticide treated bednets. The Centre has worked in collaboration with the World Health Organization Pesticide Evaluation Scheme (WHOPES) in the development of insecticides for Public Health use, particularly those intended for malaria control.

Work on the role of chemical stimuli in host-finding oviposition-site selection of *Anopheles gambiae* and *Culex quinquefasciatus* formed the largest proportion of mosquito ecological studies during the past 5 years. It was confirmed for the first time in the field that *An. gambiae*, *An. arabiensis* and *An. funestus* attracted to human bait do so in response to the host's odours other than carbon dioxide. Body odours and carbon dioxide are thus the main olfactory cues that lead man-biting mosquitoes to a human host. It was further found that odours from soakage pit water or grass infusion and oviposition pheromone cause a synergistic effect in *Cx quinquefasciatus*.

During the period, a number of studies were carried out to complement previous ones in elaborating the epidemiology of plague in the active focus of Western Usambara Mountains. Of recent, the Centre has adopted relatively new areas of research. These include highland and epidemic malaria, health systems research, health economics and some aspects of immunology and molecular epidemiology of malaria and bancroftian filariasis. The Centre expects to broaden further on studies within these new areas of research. Records show that publications, involving Amani Centre scientists, during the 20-year period, are over 180.

### 1.0: Malaria

Area of Research	Subject	Reference
Epidemiology	Immunology	Elghazali et al. 1997
		Jakobsen et al. 1998
		Jakobsen et al. 1998
		Metzger et al. 1998
		Perlmann et al. 1997

<i>Area of Research</i>	<i>Subject</i>	<i>Reference</i>	
Immunoassay	Malaria in pregnancy and infancy	Matola et al. 1989 Mutabingwa 1992, 1994, Mutabingwa et al. 1992, 1993a, 1993b, 1994.	
	Malaria morbidity	Sivananthan, 1995	
	Childhood morbidity	Ellman et al. 1998	
	Childhood mortality	Salum et al. 1994	
	Malaria case definition	Kamugisha, 1999; Massaga et al. 2000.	
	Malariometry	Lemnge, 1995; Wakibara et al. 1997; Matola et al., 1987; Matola & Magayuka, 1981; Warsame et al. 1997.	
	Malaria parasite dynamics	Magesa, 1999; Magesa et al. 2000.	
	Molecular epidemiology	Magesa et al., 2000a,b.	
	Highland malaria	Matola et al. 1987; Lindsay et al. 2000.	
	Cerebral malaria	Rutta, 1998.	
	Knowledge, attitude, practice	Alilio et al. 1998.	
	Vectors	Taxonomy of <i>An. gambiae</i>	Marchand & Mnzava, 1986; Mnzava & Di Deco, 1986; Mnzava et al. 1989; Hoc & Wilkes, 1995.
		Malaria transmission	Lines et al. 1991; Hogg & Hurd, 1997; Ijumba, 1988; Lindsay et al. 1995; Malima, 1999; Maxwell et al. 1998; Salum, 1991; Wilkes et al. 1996.
Viral infections		Rwegoshora et al. 2000 a, b, c.	
Larval bionomics		Njunwa, 1993.	
Behaviour		Mnzava & Curtis, 1989; Marchand, 1984; Knols et al. 1995; Lines et al. 1986; Mboera et al. 1997.	
Sampling techniques		Lines et al. 1991; Braks et al. 2000; Mboera et al. 2000.	
Chemotherapy	Drug discovery	Bray et al. 1989; Weenen et al. 1990; Malebo, 1999.	
	Chloroquine resistance	Draper et al. 1985, 1988; Mutabingwa, 1985, 1993; Mutabingwa et al. 1985, 1986; Fowler et al. 1993; Kilimali, 1990; Kilimali & Mkufya, 1985a, b,c; Msangeni, 1995; Msangeni et al., 1998; Irare et al. 1991; Warsame et al. 1999.	
	Chloroquine compliance	Lyimo, 1987; Matola, 1989; Matola & Malle, 1985.	
	Sulfadoxine-pyrimethamine	Curtis et al. 1996; Jelinek et al. 1998a,b; Kilimali & Mkufya, 1985a; Msangeni, 1995; Trigg et al. 1997; Ronn et al. 1996; Warsame et al. 1999.	
	Mefloquine	Kilimali et al. 1989.	
	Proguanil	Mutabingwa, 1993.	
	Amodiaquine	Msangeni, 1995; Msangeni et al. 1998.	
	Chloroguanide	Skjelbo et al. 1996.	
	Atovaquone	Wernsdorfer et al. 1995.	
	Cotrimoxazole	Mutabingwa et al. 1999.	
	Benflumetol	Wernsdorfer et al. 1998.	
Drug use pattern	Alilio et al. 1997.		
Vector control	Insecticide resistance	Curtis et al. 1990; Magesa, 1988; Rwegoshora, 2000.	
	Repellents	Curtis et al. 1987; Trigg, 1996.	
	Indoor spraying	Mnzava, 1991; Mnzava et al. 1990, 1993; Curtis et al. 1998; Kisinza, 1999.	
	Insecticide-treated material	Lines et al. 1987; Curtis et al. 1989; Msuya & Curtis, 1991; Magesa, 1996; Magesa et al. 1991; Lyimo et al. 1991; Curtis et al. 1989; 1998; Njunwa et al. 1991; Finch et al. 1996; Maxwell et al. 1999.	
	Biological control	Ijumba & Kilama, 1986; Ragoonanansigh et al. 1993. Decision making Mboera, 1998.	

**1.2: Bancroftian Filariasis**

<b>Area of Research</b>	<b>Subject</b>	<b>Reference</b>
<i>Epidemiology</i>	Symptomatology	Abaru et al. 1980.
	Pathology	Makunde, 1995.
	Prevalence	Meyrowitsch, 1995; Meyrowitsch et al. 1995 a,b. Matola, 1985.
	Diagnosis	McMahon, 1982; Simonsen et al. 1995.
	Parasite behaviour	Simonsen et a. 1995, 1996.
	Tropical pulmonary eosinophilia	Magnussen et al. 1995.
	Immunology	Simonsen et al. 1996.
<i>Vector</i>	Transmission	Mosha, 1981; McGreev et al. 1982; Bushrod et al. 1981; Mboera et al. 1997.
	Behaviour	Lyimo & Irving-Bell 1988; Mboera, 1999; Mboera et al. 1998; Mboera & Takken, 1999; Mboera et al. 1999; Mboera et al. 2000a, b; Takken & Mboera, 2000.
	Sampling techniques	Mboera et al. 2000a, b, c.
<i>Control</i>	Ecology	Irving-Bell et al. 1987; Mboera et al. 1997.
	Diethylcarbamazine	McMahon, 1982, 1983; Kolstrup et al. 1981; Temu & McMahon, 1981; Mosha, 1981; Meyrowitsch et al. 1996 a,b, 1998; Simonsen et al. 1995.
	Levamisole Larvicide	McMahon, 1981; Temu & McMahon, 1981; Kolstrup et al. 1981. Kolstrup et al. 1981; Mwaiko, 1981, 1992, 1995; Mwaiko & Savael, 1994.

**1.3: Onchocerciasis**

<i>Epidemiology</i>	Prevalence	Mwaiko, 1992; Mwaiko et al. 1990.
	Disease burden	Makunde et al. 2000.
<i>Vector</i>	Ecology	Muro & Mziray 1990 a,b.
	Transmission	Mwaiko 1981; Muro & Raybould 1990.
	Taxonomy	Procnier et al. 1987; Procnier & Muro 1994.
	Bionomics	Hoc & Wilkes 1995.
<i>Control</i>	Insecticide	Muro & Alli 1991.

**1.4: Schistosomiasis**

<i>Epidemiology</i>	Diagnosis	Ansell et al. 1997.
<i>Chemotherapy</i>	Praziquantel, metrifonate, niridazole	McMahon 1981, 1983.

**1.5: Plague**

<i>Epidemiology</i>	Disease pattern	Njunwa et al. 1989.
	Immunology	Kilonzo 1980.
	Endemicity	Kilonzo & Mhina 1982, 1983.
<i>Vectors</i>	Transmission	Kilonzo 1980.
	Ecology	Kilonzo et al. 1981.

**1.6: Others**

<i>Dirofilaria immitis</i>	Parasite behaviour	Matola 1991.
Health economics	Willingness to pay	Mubyazi 1998.
Health systems	Health service	Alilio 1992, 1999; Alilio et al. 1997, 1999.
Urban farming	Mosquito ecology	Mboera et al. 1997; Shabani & Mboera 2000.
Experimental animals	Immunology	

## Training

The Centre has over the years involved itself heavily in various aspects of training. These have ranged from short- to long-term training. Short-term training have included attachment of staff from research institutions in Tanzania and overseas to learn particular techniques, or workshops and seminars.

Some of the important training activities include international courses on malaria and bancroftian filariasis. For a span of ten years from 1986 to 1996, Amani Centre in collaboration with WHO, the former Russian Soviet Republics, the United Republic of Tanzania and the Danish Bilharziasis Laboratory (DBL) have been conducting biennial courses on basic malariology and malaria control. The course drew participants from the African continent, most of them being malaria control managers from Ministries of Health.

From 1991 to 1995, Amani Centre in collaboration with the DBL conducted biennial international courses on lymphatic filariasis and its control. The courses attracted researchers and control managers from African countries. Amani scientific staff is currently involved in teaching and student supervision at the Vector Control Training Centre, Muheza.

As part of capacity building for the Centre scientific staff, training in form of MSc. and Ph.D. training have become part of the Centre's training activities. Financial support for training has come from WHO/TDR, Swiss Development Corporation, DANIDA, DBL, Dutch government and Belgium government. Most of the Ph.Ds were carried out as sandwich programmes where candidates were registered at local or overseas universities and carried out the fieldwork in Tanzania. During the past 20 years 14 candidates qualified for PhDs at Amani (Table 1).

**Table 1:** The number of candidates qualifying for Ph.D. at Amani Research Centre

Year	1981	1984	1989	1991	1992	1993	1994	1995	1999	Total
No.	1	1	1	1	1	3	1	2	3	14

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