

A **MATRIX** *Minute* with Kenneth Ngure



About Ngure

Prof. Kenneth Ngure is Associate Professor and Dean of the [School of Public Health](#) at [Jomo Kenyatta University of Agriculture and Technology](#) in Nairobi, Kenya. He is also an Affiliate Associate Professor in the [Department of Global Health](#) at the [University of Washington](#), Seattle, USA. He has been actively involved in HIV research since 2006. His experience includes serving as a site investigator for the landmark Partners PrEP study that demonstrated the safety and effectiveness of daily oral pre-exposure prophylaxis (PrEP) as HIV prevention in serodiscordant couples, and, more recently, as protocol co-chair of the REACH (MTN-034) study, finding that adolescent girls and young women can and will use the monthly dapivirine ring and daily oral PrEP consistently, especially when the choice is theirs to make. For MATRIX, his expertise in behavioral science is being brought to bear as the Co-Lead of End-User Product Preferences Research (Design to Delivery Hub, Pillar 1).

What initially interested you in the field of HIV prevention?

My interest in the field of prevention came about after seeing what HIV was doing to my country. During the days when antiretroviral therapy (ARV) was not widely available or acceptable, we would see a lot of suffering. This ignited my passion for HIV prevention.

What is your favorite part about working with MATRIX?

One of my favorite parts about working with MATRIX is getting to work with a very experienced team of researchers and collaborators, which is very informing for my own personal growth as a scientist. I especially enjoy having the opportunity to work with end users and health providers, because when we engage them, not only do we get their perspectives which we transmit to different people such as product developers, we also see a lot of excitement when they take part in these activities. It is exciting to see the faces of these stakeholders light up having the opportunity to contribute to future products that have the potential to improve lives.

What do you think it would take to end the HIV epidemic?

In the absence of an effective vaccine, our best bet is to deliver more HIV prevention and treatment options to provide choices to communities at higher risk of HIV and those living with HIV. Providing choice is going to be a potential game changer especially for HIV prevention because when people are able to choose a product that fits within their lifestyle, they are more likely to use it consistently in order to prevent HIV acquisition. Similarly when people living with HIV have options for treatment, it will most likely result in higher adherence which will lead to viral suppression and remind us of the popular slogan, undetectable equals untransmittable (U=U). Ultimately, if we increase available options in both prevention and treatment, we are going to have a scenario where we'll have a critical mass of people using products as they should, and that way in a few years we should be able to control the HIV epidemic

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What career path would you have taken if HIV didn't exist?

I would definitely still be in the prevention arena, most likely in the contraceptive field where I began my career. In sub-Saharan Africa where I live and do most of my work, adolescent girls and young women face the twin threats of HIV and unwanted pregnancy. With both threats still being matters of serious concern today, I know that there is a lot of work to be done in these fields. I find it exciting that some of the proposed products within MATRIX not only aim for HIV prevention but contraception as well

What is a memory that stands out from your time working with MATRIX?

While there are many memories that come to mind, among my favorites are the interactions and engagement with different people. As a part of D2D Pillar 1, we engage with many different kinds of people day to day, such as potential end users, key influencers along the lines of male partners and health providers, and we work with Pillar 3 to engage with the wider stakeholders from the regulatory and academic sectors. By meeting with all these different people, we get to both discuss their views and go over their questions that will help to keep improving MATRIX in the long run

Do you have any heroes?

I have many heroes in the HIV prevention space. To name a few, there's Drs. Nelly Mugo and Elizabeth Bukusi, both of whom play pivotal roles in HIV prevention research, not only in Kenya, but globally. Internationally, there's also Drs. Jared Baeten, Connie Celum, Jessica Haberer and, of course, our very own fearless leader in MATRIX, Sharon Hillier. Of course I cannot forget to mention the more recent stars of HIV prevention that I work with such as Drs. Kenneth Mugwanya, Renee Heffron and Katrina Ortblad. These individuals have spearheaded prevention research of different biomedical products, such as oral PrEP and the dapivirine ring, that are now being scaled up in various countries. My other heroes are the many thousands of women and men who volunteer their time and effort to participate in research studies that we conduct including those participating in the MATRIX Pillar 1 activities

What do you like to do in your free time?

One of the things I like to do for fun is play golf, though I am not especially good at it, but I enjoy the long walks on courses and the relaxation that comes with it. As a family we enjoy taking our three daughters to sample new restaurants

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MATRIX

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