

Technical Review Panel Member

Curriculum Vitae

Name: Corine Kakizi Karema

Nationality: Rwanda

Additional languages: French, English, Kinyarwanda Swahili, Lingala

Expertise: Malaria and NTDs control, Epidemiology, Public health, Global health delivery, Infectious diseases control and prevention, Diseases control program management, Operational Research and Monitoring and Evaluation

Qualifications

Qualification	Institution	Department	Year
Medical Doctor in General Medicine, Surgery and Maternal Delivery	National University of Rwanda – RWANDA	Faculty of Medicine	2000
Certificate of International course on planning and management of tropical diseases control programs	Prince Leopold Institute of Tropical Medicine in Antwerp-BELGIUM	Diseases control and prevention	2002
Postgraduate Diploma in Malariology (Malaria Control)	University of Aix-Marseilles II-FRANCE	Le PHARO-Faculty of Medicine	2004
Masters of Science in Epidemiology	National University of Rwanda – RWANDA	School of Public Health:	2012
Certificate of training in global health equity	Harvard Medical School-USA	University of Global Health equity	July 2015
PhD candidate in Epidemiology	University of Basel-SWITZERLAND	Swiss Tropical and Public Health Institute	Current

Employment History

Employer	Position	Place	Year
Quality and Equity Healthcare	Senior technical advisor in Infectious diseases prevention and control	Kigali-Rwanda	06/2016 - Present
University of Global Health Equity (UGHE)	Lecturer, Faculty of Global Health Delivery	Kigali-Rwanda & USA	2015- Present
RBC/Ministry of Health	Head of Malaria and other parasitic	Kigali-Rwanda	2011- May 2016

	diseases Division (level of Director General)		
TRACPLus (merging of HIV, TB, Malaria and NTDs programs) /Ministry of Health	Acting Director General of TRACPlus (level of Director General)	Kigali-Rwanda	2009- 2011
National Malaria control Program (NMCP)/Rwanda	Director of the NMCP	Kigali-Rwanda	2006- June 2011
In charge of Operational Research and Epidemiological Surveillance	National Malaria control Program (NMCP)/Rwanda	Kigali-Rwanda	2002- June 2011
Research Medical Doctor in malaria drug efficacy studies	National Malaria control Program (NMCP)/Rwanda	Kigali-Rwanda	2000- 2002

Relevant Publications

1. Reduced paediatric hospitalizations for malaria and febrile illness patterns following implementation of community-based malaria control programme in rural Rwanda. *Malaria journal* 2008;7:167.
2. Initial evidence of reduction of malaria cases and deaths in Rwanda and Ethiopia due to rapid scale-up of malaria prevention and treatment. *Malaria journal* 2009;8:14.
3. Safety and efficacy of dihydroartemisinin-piperazine in falciparum malaria: a prospective multi-centre individual patient data analysis. *PLoS one* 2009;4(7):e6358.
4. Molecular correlates of high-level antifolate resistance in Rwandan children with Plasmodium falciparum malaria. *Antimicrobial agents & chemotherapy* 2010;54(1):477-83.
5. Artesunate versus quinine in the treatment of severe falciparum malaria in African children (AQUAMAT): an open-label, randomised trial. *The Lancet, Volume 376, Issue 9753, Pages 1647 - 1657, 13 November 2010*
6. Four Artemisinin-Based Combinations (4ABC) Study Group. A head-to-head comparison of four artemisinin-based combinations for treating uncomplicated malaria in African children: a randomized trial. *PLoS Med.* 2011 Nov;8(11):e1001119. Epub 2011 Nov
7. Trends in malaria cases, hospital admissions and deaths following scale-up of anti-malarial interventions, 2000-2010, Rwanda. *Malar J.* 2012 Jul 23;11: 236. doi: 10.1186/1475-2875-11-236
8. Clinical tolerability of artesunate-amodiaquine versus comparator treatments for uncomplicated falciparum malaria: an individual-patient analysis of eight randomized controlled trials in sub-Saharan Africa. *Malar J.* 2012 Aug 2;11: 260. doi: 10.1186/1475-2875-11-260

9. Mitigating the threat of artemisinin resistance in Africa: improvement of drug-resistance surveillance and response systems. *Lancet Infect Dis.* 2012 Nov;12(11):888-96. doi: 10.1016/S1473-3099(12)70241-4
10. Combatting substandard and falsified medicines: a view from Rwanda. *PLoS Med.* 2013 Jul;10(7):e1001476. doi: 10.1371/journal.pmed.1001476.
11. Rwanda 20 years on: investing in life. *Lancet.* 2014 Jul 26;384(9940):371-5. doi: 10.1016/S0140-6736(14)60574-2.
12. Nationwide implementation of integrated community case management of childhood illness in Rwanda
<http://www.ghspjournal.org/content/early/2014/08/04/GHSP-D-14-00080.full.pdf+html>
13. Susceptibility of Anopheles gambiae to insecticides used for malaria vector control in Rwanda. *Malar J.* 2016 Dec 1;15(1):582.
14. Successive introduction of four new vaccines in Rwanda: High coverage and rapid scale up of Rwanda's expanded immunization program from 2009 to 2013. *Vaccine.* 2016 Jun 17;34(29):3420-6. doi: 10.1016/j.vaccine.2015.11.076. Epub 2015 Dec 17. PubMed PMID: 26704259.
15. The relative roles of ANC and EPI in the continuous distribution of LLINs: a qualitative study in four countries. *Health Policy Plan.* 2017 May 1;32(4):467-475.
16. Operational challenges to continuous LLIN distribution: a qualitative rapid assessment in four countries. *Malar J.* 2016 Mar 1;15:131.
17. Combatting substandard and falsified medicines: a view from Rwanda. *PLoS Med.* 2013;10(7):e1001476.
18. Non-surgical adult male circumcision using the PrePex device: task-shifting from physicians to nurses. *Afr J Reprod Health.* 2014 Mar;18(1):61-70.
19. Monitoring long-lasting insecticidal net (LLIN) durability to validate net serviceable life assumptions, in Rwanda. *Malar J.* 2014 Sep 1;13:344.
20. Impact of implementing performance-based financing on childhood malnutrition in Rwanda. *BMC Public Health.* 2014 Nov 4;14:1132.
21. False-negative malaria rapid diagnostic tests in Rwanda: impact of Plasmodium falciparum isolates lacking hrp2 and declining malaria transmission. *Malar J.* 2017 Mar 20;16(1):123.
22. Factors associated with the non-use of insecticide-treated nets in Rwandan children. *Malar J.* 2016 Jul 12;15(1):355.
23. Asymptomatic only at first sight: malaria infection among schoolchildren in highland Rwanda. *Malar J.* 2016 Nov 14;15(1):553.

Additional Information

1. **Since 2008 up to 2014:** Co-Chair of the East African Roll Back Malaria Network Coordination Committee regrouping 12 NMCP in Eastern Africa (Rwanda, Burundi, Tanzania, Uganda, Kenya,

Ethiopia, Djibouti, Erythrea, Zanzibar, Somalia, Sudan and South Sudan) and all partners supporting malaria control in the region.

2. **2008-2014: Member of the Roll Back Malaria Harmonization working group**, work stream in charge of Malaria control resource mobilization; **malaria** programmer reviews , strategic planning and support for implementation at country/regional level
3. **November 2009 – 2011:** Member of the Global Malaria Control and Elimination technical working group
4. **November 2009 – 2011:** Member of the Scientific Advisory Committee (SAC) for malaria policy and access of the Research and Training in Tropical Diseases (TDR/WHO), UNICEF/UNDP/WB/ WHO Special Program
5. **2011-2012: Observer of the** Malaria Policy Advisory Committee (MPAC) which is a committee working with the WHO-Global Malaria Program providing independent advice to World Health Organization (WHO) to develop policy recommendations to control and eliminate malaria.
6. **Since 2012:** Member of the technical expert group on drug resistance and containment in the Malaria Policy Advisory Committee (MPAC).
7. Member of the Roll Back Malaria- Global Malaria Action Plan II Task Force
8. Member of the WHO Steering committee for the development of the **Global Technical Strategy for Malaria control and elimination 2016-2025.**