



East African Health Research Commission
Research for Health and Prosperity

Strategic Plan 2016-2021

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ACRONYMS

AU	African Union
CAB	Community Advisory Board
CoE	Centre of Excellence
EAC	East African Community
EAHRC	East African Health Research Commission
EAMRC	East African Medical Research Council
EDCTP	European and Developing Countries Clinical Trials Technical Programme
EDPRS	Economic Development and Poverty Reduction Strategy
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HSSIP	Health Sector Strategic Investment Plan
HSSP	Health Sector Strategic Plan
ICT	Information and Communication Technology
IMF	International Monetary Fund
INSP	Institut National de Santé Publique
IRB	Institutional Review Board
KEMRI	Kenya Medical Research Institute
MDGs	Millennium Development Goals
MoU	Memorandum of Understanding
NEPAD	New Partnership for Africa's Development
NFP	National Focal Point
NGO	Non-Governmental Organisation
NIMR	National Institute for Medical Research
PPP	Public Private Partnership
RBC/MRC	Rwanda Biomedical Center/ Medical Research Center
REACH	Regional East African Community Health (REACH) – Policy Initiative
SDGs	Sustainable Development Goals
STI	Science, Technology and Innovation
SWOT	Strengths, Weaknesses, Opportunities, Threats
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
UNCST	Uganda National Council for Science and Technology
WHO	World Health Organisation

KEY DEFINITIONS

Commission means East Africa Health Research Commission.

Community means the East African Community.

Council means the Council of Ministers of the Community established by Article 9 of the Treaty.

Executive Secretary means the Chief Executive Officer of the East African Health Research Commission.

Health means a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Institution means the Institutions of the East African Community as established by Article 9 of this Treaty.

National Focal Point means a body appointed by the national institutions of health research to coordinate the activities of the East African Health Research Commission within the Partner States.

National health research institution means a body established under the relevant laws of a Partner State mandated to conduct and coordinate health research for and on behalf of the respective Partner State.

Partner States means the Partner States of the East African Community, i.e. the Republic of Burundi, the Republic of Kenya, the Republic of Rwanda, the Republic of South Sudan, the United Republic of Tanzania, and the Republic of Uganda.

Protocol means the Protocol on the establishment of the East African Health Research Commission.

Health Research means the systematic investigations into and the study of materials and sources in order to establish facts and reach new conclusions. It can also be defined as careful or diligent search, studious inquiry or examination. It involves investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws based on accepted theories or laws in light of new facts, or practical application of such new or revised theories of law.

Sectoral Committee means the Sectoral Committee established by Article 20 of the Treaty.

Sectoral Council means the Sectoral Council established by Article 14 of the Treaty.

Treaty means the Treaty establishing the East African Community and any annexes and protocols thereto.

FOREWORD

It is a great honour to present the East African Health Research Commission (EAHRC) Strategic Plan 2016 to 2021. After the EAHRC Secretariat was established in 2015, developing the first strategic framework for the full operationalisation of the Commission to execute its mandate was a key priority.

The Plan was developed through a participatory process with a view to set priorities and establish agreements on the intended outcomes such that the energy, resources of the Commission and the stakeholders are focused on achieving its objectives. The participatory process enabled ownership of the Strategic Plan by key stakeholders. The EAHRC Secretariat developed the strategic objectives and targets of the Plan and presented them to the stakeholders for review and inputs. The process included presenting to the Legal and Health Experts of the Partner States and the EAC Secretariat, the National Focal Points, national stakeholders from all the Partner States, the EAHRC Commissioners, the Sectoral Council, and the EAC Council. The strategic objectives and targets were refined accordingly and approved by the EAC Council. After the approval, the process for procurement of a firm which would work together with the EAHRC Secretariat to develop the full Strategic Plan commenced.

The Strategic Plan is aligned to the EAC Vision 2050 of becoming a globally competitive upper middle-income region with a high quality of life for its population based on the principles of inclusiveness and accountability, and particularly to support the aspiration to have well-educated and healthy human resources and provide access to health services to every citizen of the Community by 2050.

The Plan sets out a vision for the EAHRC. Apart from addressing the needs of institutional capacity development and resource mobilisation, the Plan is focused on the key areas of Research Collaboration and Capacity Development, Research Environment, Knowledge Management and One-Health Approach consistent with the mandate of the Commission. The activity matrix provides a clear path for implementation of the Plan. A clear monitoring and evaluation framework is also established.

The successful implementation of the Plan requires the support of the stakeholders including the EAC and its Organs, Institutions, the Partner States, the Commissioners, the National Focal Points, the development institutions, health, academic and research institutions, NGOs and the citizenry of the Community. I call upon the stakeholders for their involvement and full support in the implementation of the Plan to enable the Commission to fulfill its mandate.

Prof. Gibson Kibiki (MD, MMED, PhD)

Executive Secretary

East African Health Research Commission

ACKNOWLEDGEMENTS

The EAHRC Strategic Plan has been developed through a highly participatory process. We sincerely thank the staff of the EAHRC Secretariat, the EAHRC Commissioners, and other stakeholders for their valuable contributions to the development of the Strategic Plan.

We thank the active participation of the stakeholders during the consultative meetings with Regional Health and Legal Experts of the Partner States and EAC Secretariat that met on the 21st-24th September 2015 in Kigali, Rwanda, the meeting of the Sectoral Committee for Health on the 12th-16th October 2015 in Kigali, a series of meetings with National Focal Points and national stakeholders in all the Partner States in 2015 and 2016, the meeting of the EAHRC Commissioners on the 21st-22nd March 2016 in Nairobi, Kenya. We equally appreciate the meeting of the National Focal Points held on the 9th July 2016 in Mwanza, Tanzania, Regional Meeting of the Health and Legal Experts held on the 23rd September 2016 in Entebbe, Uganda, the meeting of the EAHRC Commissioners on the 14th October 2016 in Zanzibar, Tanzania.

The views, inputs, and insights shared by the stakeholders have greatly enriched the Plan. Extensive research was carried out in the process of developing this Plan, and the sources of data and information are acknowledged with gratitude.

We thank the stakeholders for the commitment, participation and support extended in the process of development of this Strategic Plan.

EXECUTIVE SUMMARY

The East African Health Research Commission (EAHRC) is an ‘institution’ of the East African Community (EAC). EAHRC was established in 2007 as a mechanism for availing advice upon all matters of health and health-related research and findings necessary for knowledge generation, technological development, policy formulations, practices and the related matters to the Community. After the Protocol on the Establishment of the Commission was ratified by all the Partner States, the Commission Secretariat was operationalised in 2015. The Commission recognized that, in order to build a strong foundation and the capacity to fulfill its mandate, it is imperative that a clear framework of the strategies and actions is established. Accordingly, this Strategic Plan 2016-2021 was developed.

Strategic Planning Process

This Plan was developed through a participative process and is aligned to the EAC Vision 2050 and the EAC Regional Health Sector Strategic Plan 2015-2020. While developing this plan, the vision documents and the strategic plans of the EAC Organs, Institutions, and the Partner States were considered. In addition, the Sustainable Development Goals, the Millennium Development Goals, and the African priorities have also been considered. After a critical analysis of the operating environment, the priorities and strategic focal areas were identified, and the strategic objectives defined.

Strategic Objectives

The overall goal of the Strategic Plan 2016-2021 is to provide a framework for operationalising EAHRC as a strong and well-resourced institution capable of addressing research priorities for the development of the Community.

The strategic objectives are as follows:

- To establish institutional governance, management, and operational framework.
- To mobilise resources to support health research for development.
- To establish research and capacity strengthening programmes, networks, partnerships and Centers of Excellence, and harness advancement of science, technology, innovation, and ICT.
- To create a conducive environment for research development and harmonised regional regulatory and ethics review frameworks.

- To establish mechanisms for generating, capturing, synthesising, assessing, sharing, disseminating and utilising knowledge for solving the health challenges and support the development aspirations of the Community.
- To promote One-Health Approach and integrated research involving animal health, human health, and the environment.

Strategic Implementation

The logical framework (Activity Matrix) with the details of the activities under each strategic intervention, accountability centers, and milestones has been developed. The implementation of the Plan will be spearheaded by the EAHRC Secretariat with the active involvement of the National Focal Points and the Commissioners. The Sectoral Council will monitor the implementation. The successful implementation of the Plan requires the support of the stakeholders including EAC and its Organs and Institutions, the Partner States, the development institutions, health, academic and research institutions, NGOs and the citizenry of the Community.

The total cost of implementation of the Plan is estimated at USD 49,711,000. To garner the required resources, a resource mobilisation plan has been developed. Annual reviews and a midterm evaluation of the Plan will be conducted to ensure that the implementation of planned activities is on track and the objectives are achieved as envisaged.

1.0 INTRODUCTION

The East African Health Research Commission (hereinafter referred to as 'EAHRC' or 'the Commission') is an 'Institution' of the East African Community (EAC) established by the 5th Extra-Ordinary Summit of the EAC Heads of State in June 2007. The Protocol for establishing the Commission defines it as a mechanism for making available to the Community, advice upon all matters of health and health-related research and findings necessary for knowledge generation, technological development, policy formulations, practices and the related matters.

Articles 5 and 6 of the Protocol define the vision and mission of EAHRC as follows:

Vision: The vision of the Commission is “*a healthy and prosperous Community built on evidence-driven policy and practice, which emanate from high-quality research*”.

Mission: The mission of the Commission is “*to improve health and well-being of the citizens of the Community by generating, accessing, capturing, assessing, synthesising, sharing, disseminating, and utilising health research and findings, as well as technological development that are suitable and relevant to the Community and its people.*”

The motto and values of the Commission are given below.

Motto: *'Research for Health and Prosperity.'*

Values: *Professionalism, Accountability, Transparency, Teamwork, Unity in Diversity and Allegiance to EAC ideals.*

1.1 Origin and Background

During the existence of the former East African Community (1967-1977), the Republic of Kenya, the United Republic of Tanzania and the Republic of Uganda benefited from certain services that were administered by the Community, one of which was the East African Medical Research Council (EAMRC). Following the collapse of the former East African Community in 1977, the Regional Health Research Organisation i.e. EAMRC also came to an end, resulting in alternative national health research administrative set-ups being instituted in the Partner States to cater for each country's research needs. In other words, each member country continued with health research independently. The National Institute for Medical Research of Tanzania (NIMR), Kenya Medical Research Institute (KEMRI) and, Uganda National Council for Science and Technology (UNCST) coordinated health research in their respective countries.

However, the Partner States continued to enjoy close historical, commercial, industrial, cultural and other ties. The Partner States then signed a Treaty for the Establishment of the EAC on 30th November 1999. Also, the Partner States of the EAC resolved to co-operate with one

another in the area of health, social and cultural fields in particular, in the field of health research, health policy and practice as per provisions of Article 118 of the Treaty.

The Treaty obliges the Partner States to co-operate in health, and in order to fulfill the commitment, the EAC Council of Ministers established a Sectoral Council on Health and agreed to establish a body to coordinate and map out a regional agenda on health and health research.

The 5th Extra-Ordinary Summit of EAC Heads of State on the 18th of June 2007 established the EAHRC. The Protocol establishing EAHRC was signed on the 13th of September 2008.

EAC currently has six countries as its members namely: Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda. The map showing the Partner States of the EAC is given in Appendix I. However, procedures related to the operationalisation of the accession of South Sudan are in progress. Upon signing the ratification instrument, South Sudan will also become a member of the EAHRC as per the provisions of EAC Treaty.

The full list of EAC Organs and Institutions is given in Appendix II.

1.2 Objectives of EAHRC

The objectives of EAHRC as outlined in the Protocol are summarised in Figure 1 below;

Figure 1: Objectives of EAHRC

Collaboration and Coordination of Research Programmes and Networks

1. Development of collaborative research programmes in the region.
2. Development of network of health research institutions.
3. Development of Centres of Excellence in health research.
4. Mechanisms for collaboration in health research in the Partner States.
5. Establishment of expert Technical Working Groups (TWG) for priority health research and policy areas.
6. Establishment of National Focal Points.
7. Establishment of national research stakeholders.
8. Audit research projects/programmes within the region.

Research Capacity Building

1. Develop human resource capacity and skills in health research.
2. Facilitate the development of collaborative research capacity building programmes.
3. Assist the Governments of the Partner States and health research institutions in identifying the best ways of developing and retaining qualified health research personnel.
4. Assist in strategic planning in health research institutions and other organisations performing health research.
5. Assist member institutions in identifying and implementing good practices in management of health research projects and ensure appropriate use of resources.
6. Assist Governments and other bodies in the development of strategies for adequate investment in health research.
7. Play a critical role in search for research grants and resource.

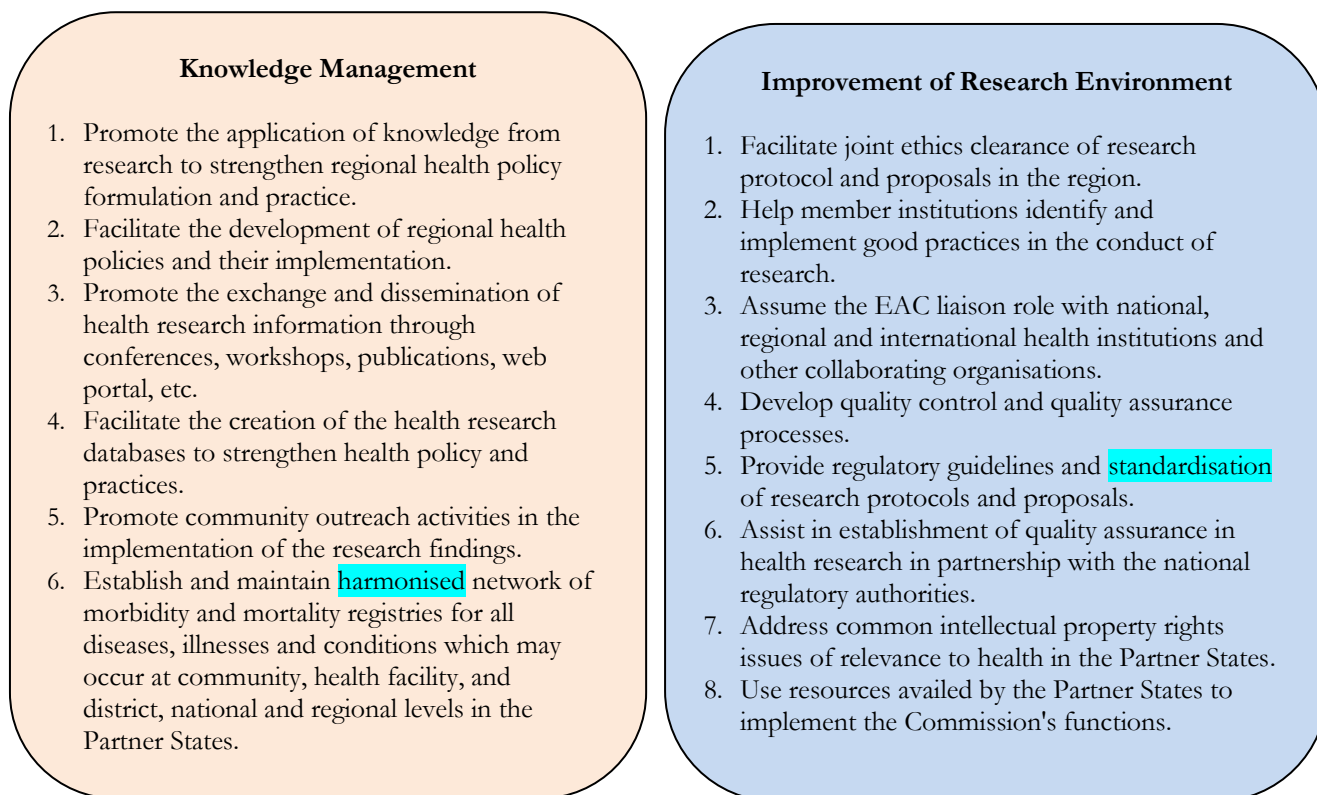


Figure 1: Objectives of EAHRC

1.3 Governance Structure

According to Article 11 of the Protocol, the organisational structure of the Commission will have a Summit, Council of Ministers, Sectoral Council, a Commission and the Secretariat with the functions summarised below.

Governing Arm	Key Functions
The Summit	<ul style="list-style-type: none"> • The Summit, as provided for by Article 9 of the Treaty, shall give general directions and impetus as to the development and achievement of the objectives of the Community. • The Summit shall consider the annual progress reports and such other reports submitted to it by the Council of Ministers.
Council of Ministers	<ul style="list-style-type: none"> • The Council, as provided for by Article 14 of the Treaty, shall be the policy organ of the Community. • The Council shall promote, monitor and keep under constant review the implementation of the programmes of the Community and ensure the proper functioning and development of the Community in accordance with the Treaty.
The Sectoral Council	<ul style="list-style-type: none"> • The Sectoral Council shall promote, monitor and keep under constant review the implementation of the programmes of the Community and ensure the proper functioning and development of the Community in accordance with the Treaty. • Provide the overall policy direction and guidance to the Commission in the formulation and implementation of the various health research projects and programmes within the Partner States.

	<ul style="list-style-type: none"> Facilitate translation of the results of the health research into policy and practices The Sectoral Council will be supported by two committees in discharging its functions as follows: The Coordination Committee: Implement the decisions of the Sectoral Council and submit reports and recommendations on the implementation of the Protocol. The Sectoral Committee: Provide inputs in setting out priorities of the Commission, and in the preparation for their implementation.
The Commission	<ul style="list-style-type: none"> To be the principal advisory institution to the Community on all matters related to health and development.
The Secretariat of the Commission	<ul style="list-style-type: none"> Be responsible for implementing the decisions of the Sectoral Council and perform the functions conferred on it by the Protocol.

1.4 Key Activities to-date

Though the Commission was established in 2007, the Secretariat of the Commission commenced operations only in June 2015. As of November 2016, the positions of Executive Secretary, Deputy Executive Secretary Research, Principal Research Innovation and Development Officer, Accountant, Personal Secretary to the Executive Secretary and Driver have been filled.

The EAC has resolved to establish the permanent Headquarters for EAHRC in Bujumbura, Burundi. The Headquarters Agreement between EAC and the Government of the Republic of Burundi was signed on the 27th June 2015. Currently, the Commission is operating from a temporary office at the EAC Headquarters in Arusha, Tanzania.

The Commission has established a National Focal Point in each of the Partner States and formalised the appointment of the Commissioners. The list of Commissioners is given in Appendix III. The Commission organised the first meeting of the Commissioners from the 21st-22nd March 2016 in Nairobi, Kenya.

1.5 Strategic Planning Process

This Strategic Plan 2016-2021 was developed through a participatory process guided by the strategic decisions and recommendations drawn from a number of high-level fora as highlighted below.

During its 32nd meeting, the EAC Council of Ministers recommended that the Commission develops a five-year strategic plan. The 4th Regional Meeting of the Health and Legal Experts held between the 21st and the 24th September 2015 in Kigali, Rwanda advised that the Strategic Plan be anchored on the 4th EAC Development Strategy, EAC Vision 2050, and the EAC Regional Health Strategic Plan 2015-2020 (The list of participants is given in Appendix IV). The

first meeting of the Commissioners of EAHRC identified priorities for the Commission and strategic objectives of the Strategic Plan 2016-2021. The session of Permanent/Principal Secretaries recommended to the 12th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health to approve the Terms of Reference for the development of the Strategic Plan. The Terms of Reference and strategic objectives were also approved by the Council of Ministers.

The guidance, directions, and inputs provided by the Sectoral Council, the Sectoral Committee, and other stakeholders were carefully considered during the process of developing the Plan. A series of meetings were held between the consultants facilitating the development of the strategic plan and the Secretariat, and the relevant documents were reviewed. The document review included a careful analysis of EAC Treaty, the Protocol on Establishment of the Commission and the minutes of the EAHRC meetings. The stakeholders were engaged on the phone, email and face to face meetings to receive their views, expectations, and inputs. The list of respondents to the strategic planning questionnaire is given in Appendix V.

The Strategic Plan 2016-2021 sets priorities, establishes agreements on the intended outcomes, focuses energy and resources, and provides a framework to guide the staff and stakeholders of the Commission in working towards achieving its objectives.

The Draft of the Strategic Plan was reviewed by various stakeholders as follows:

- i. The National Focal Points (NFPs) at the Consultative Meeting held at Mwanza, Tanzania on the 9th July 2016,
- ii. The Health and Legal Experts at the Regional Meeting held on the 23rd September 2016 at Entebbe, Uganda, and
- iii. The Commissioners at the Validation Meeting held on the 14th October 2016 at Zanzibar, Tanzania.

The inputs and feedback provided by the stakeholders were incorporated into the final version of the Strategic Plan. The lists of participants in the above meetings are given in Appendices VI, VII, and VIII respectively.

2.0 OPERATING ENVIRONMENT

The EAC is home to approximately 158 million citizens and has a combined Gross Domestic Product of approximately USD 169.5 billion (Source: EAC Statistics for 2015). According to United Nations Development Programme (UNDP) Human Development Index 2015, the Partner States rank between 145 and 184 out of a total of 188 countries, reflecting the development challenges faced by the Community. Poverty and unemployment remain key concerns. The burden of disease in the Community is high; the life expectancy ranges from 50 to 65 years among the Partner States.

2.1 EAC Aspirations

The EAC Vision 2050 is to be a globally competitive upper middle-income region with a 'high quality of life for its population based on the principles of inclusiveness and accountability.' One of the aspirations of the EAC is to have a 'well-educated and healthy human resource.' Furthermore, EAC aims at providing access to health services to every citizen of the Community by 2050. The EAC Vision 2050 focuses on the following:

- Strengthen collaboration among health sectors and health-related institutions in the region.
- Strengthen and harmonise health and health-related policies, strategies, and plans.
- Harmonize health and health related legislations and regulations.
- Ensure common and uniform standards of services, products, and technologies.

During the Vision 2050 period, the number of Centres of Excellence of human health is expected to increase from two to eight and six new Centres of Excellence will be established for veterinary medicine.

The EAC Regional Health Sector Strategic Plan 2015-2020 (EAC Regional HSSP) articulates EAC's current strategic programme direction in response to the health challenges facing the Community. The strategic objectives of EAC Regional HSSP include the following:

- To institute capacities for evidence-based research, innovation, and development of locally manufactured medical products and health technologies.
- To ensure a sustainable and appropriate health information system, strong monitoring and evaluation mechanisms for timely evidence-based decision making.
- To build sufficient capacity for research and innovation for supporting the evidence-based formulation of health policies and interventions aimed at improving demand, access, and quality of health services.

2.2 State of Health Research in the Community

The key stakeholders in the health research in the Community include the Governments of the Partner States through the respective Ministries of Health, NGOs, healthcare facilities, academic institutions and the community (i.e. the population) at large. The research conducted includes medical research, health policy and health systems research, social and behavioral research, and operational research.

According to the World Health Organisation, Africa's percentage share of global health research was 1.3% in 2014. The share of East Africa in the global output is very minimal, even though the disease burden of the Community is high. The reasons for the low output include the inadequacy of the research capacity, constrained funding and the lack of prioritisation of health research for the improvement of healthcare delivery.

A joint report by the World Bank and Elsevier (2014) shows that 39% of all East African researchers are non-local, and the nature of the research is transitory; that is, they spend less than two years with the research institutions. Furthermore, research is not perceived to be a viable career path in the Community. Also, the research skills offered by the educational institutions are considered inadequate. Therefore, there is need to raise the profile of health research with the policy makers and create career pathways and support senior scientists to act as research leaders and role models.

The health research in the Community is driven by external organisations that contribute 70% of the funding. Capacity strengthening of health research is supported by, among others, through collaboration with, academic institutions in Europe, United States of America and Canada, the World Health Organisation, Tropical Disease Research Institute, the Swedish International Development Agency, Department for Research Cooperation, the European Union, the European and Developing Countries Clinical Trials Partnership, Danish International Development Agency, United States Agency for International Development, Bill & Melinda Gates Foundation, the International Clinical Epidemiology Network, the Fogarty International Centre, the National Institutes of Health, and the Wellcome Trust.

However, the inter-regional collaborations by the East African countries with the other countries in Sub-Saharan Africa comprise of just 2% of its total research output (*Source: World Bank and Elsevier Study, 2014*). Regional cooperation offers opportunities to establish common policies and interventions in health and facilitates pooling of resources for greater impact.

The legal environment for research in the Community is weak. Laws governing intellectual property rights, patents, and trademark are not harmonised.

2.3 Economic Environment

The Partner States are among the poorest in the world (*Source: World Bank: GDP Per Capita, 2015*). True to the adage, “health is wealth”, research has shown that the economic performance and health performance are interlinked. Poverty puts people at the greater risk of poor health, and poor health makes it more difficult for the people to uplift themselves out of poverty. It is a basic truth that poverty adversely affects life expectancy and causes persistent inequities in access to health and conditions among different groups.

The GDP and per capita income also influence the level of health expenditures and the health research expenditure.

The Community’s economic growth performance of 6% during the past decade has been impressive [*International Monetary Fund (IMF) Working Paper 2014*]. According to the United Nations Economic Commission for Africa (2016), East Africa is expected to grow at 6.8% in 2016 and 6.6% in 2017.

At the same time, according to IMF, the Sub-Saharan Africa experiences the highest levels of income inequality. Several studies have shown that large income differences lead to damaging health and causing social problems.

The World Economic Forum paper (2014) suggested that leapfrogging technology is the sustainable approach for addressing the health challenges of the emerging economies. Leapfrogging, however, requires research. Poor health contributes substantially to poverty. Therefore, research and innovations for health are critical to eradicating poverty. Advancement in health and health research cannot wait till the current health priorities are addressed and financial resources are less constrained. Research is essential today because the findings are needed to address the health challenges of the Community.

2.4 Urbanisation

Urbanisation is rapidly increasing in developing countries. According to the United Nations, by 2030, 53% of the African population will be living in urban areas. Currently, 72% of the urban population in Africa lives in slums. The rapid urbanisation leads to enormous water and sanitation challenges giving rise to health problems.

2.5 Technological Factors

Africa is increasingly adapting to the use of information and communication technologies (ICT) both in the private and public sectors. Mobile phones and internet penetration in the Sub-Saharan Africa stood at 38% in 2014 (*Source: GSMA Mobile Economy 2014*). ICT is used in financial services, agriculture, climate change adaptation and health.

Developments in ICT have made it easier to collect, collate, and analyse data in health research. Technological advancement in the last two decades has made it easier to crunch massive data. ICT is helping doctors to link up with patients, researchers with research subjects and communicate with one another easily. Wearable and portable devices are able to collect and transmit useful health data.

Mobile and wireless technologies offer tremendous potential for achieving universal health coverage by providing support of enumeration, registration, unique identification, and maintenance of health records. Electronic forms and registry systems will enable routine monitoring of the coverage of essential interventions for individuals within relevant target populations. Mobile technology can be used to communicate to broad population segments; telemedicine can improve the quality of care for remote communities and technology can strengthen the supply chain.

However, Africa, to a large extent has not been able to harness the benefits of technological advancement. At the same time, such developments also bring in certain challenges. The threat of patient data breaches and privacy issues do arise in the use of ICT for research purposes.

2.6 Climate Change

Climate change affects not only humans but also every other living thing. According to the estimates from the International Panel on Climate Change, the African continent has warmed about half a degree over the last century, and the average temperature is likely to rise between 1.5°C and 4°C by 2099. The climate change will cause Sub-Saharan Africa to experience extreme weather, dry areas will become drier and wet areas wetter, agriculture yields will suffer from crop failures, and diseases will spread to new altitudes. Overall, even a 2°C warming above pre-industrial temperatures could result in permanent reductions in annual per capita consumption by four to five percent in Africa.

Numerous climate change vulnerability assessments anticipate that the rising global temperatures will increase the incidence of communicable diseases including vector, water-borne and enteric diseases. Malaria and dengue fever are among the most predominant vector-borne diseases in the Community. By 2030 it is expected that an additional 90 million people in Africa will be exposed to malaria, already the biggest killer in Sub-Saharan Africa (*Source: Intergovernmental Panel on Climate Change*). The population is also vulnerable to water-borne and enteric diseases such as cholera, dysentery, and typhoid.

Therefore, there is need to plan, organise, carry out and monitor activities for the modification and/or manipulation of environmental factors or their interaction with humans with a view to prevent such diseases.

2.7 Trade and Globalisation

While international trade and globalisation have numerous benefits, they also give rise to certain health risks. The benefits include the increased sharing of the global knowledge, norms, and resources. However, international trade and globalisation can also lead to diseases spreading rapidly across countries, harmful products being marketed and sold using different avenues such as online advertising and, hazardous production processes being introduced into countries whose laws and systems are not adequately developed to prevent and manage those risks. The exponential growth of internet leads to easy access to information. This often results into misuse of information. There is a need to address these emerging challenges.

2.8 Animal Health and Environment

The health fraternity has, for a long time, recognized the fact that the health of humans, animals, and the environment are interconnected. Scientists estimate that six out of every 10 infectious diseases in humans are spread from animals. Zoonotic diseases can be caused by viruses, bacteria, parasites, and fungi. Rabies, salmonella infection, West Nile virus fever, Marburg virus disease and Ebola are some of the examples of zoonotic diseases affecting the health of the people within the Community. The increasing interface of the humans, livestock, and wildlife due to deforestation or tourism gives rise to such health vulnerabilities. Therefore, successful public health interventions require the cooperation of the practitioners of human health, veterinary health, and environmental health.

The One-Health Approach concept is a global strategy for expanding interdisciplinary collaborations and communications in all aspects of healthcare for humans, animals, and the environment. One-Health Approach and global security are of great interest to human and animal healthcare scientists and environmental scientists, especially now that the world is witnessing an increase in emerging and re-emerging disease outbreaks that affect both human and animals.

2.9 Political Environment

The establishment of the EAHRC is a clear testimony of the political commitment and the recognition of the need for prioritisation of health research. The Protocol provides the legal basis for the establishment of operations of EAHRC as an institution of the EAC. According to

Article 8 of the Treaty, the Community organs, institutions, and laws shall take precedence over similar national ones.

There is a clear political focus on health among the Partner States. The vision statements and the health strategic plans of the Partner States demonstrate that they are focussed on health as a cornerstone for development as shown below.

Burundi. Burundi Vision 2025 states that: *‘In 2025, Burundi will be a nation that is united, that demonstrates solidarity and is in a state of peace, a country predicated on the rule of law with rich cultural heritage, and will also be a prosperous economy at the service of the well-being of one and all’.* The Vision aims at shared development for the next generation, in order to formulate policies and strategies for sustainable development. The National Health Development Plan II 2011 – 2015 had the overall goal of improving the health condition of the population - which is not only a human right but also to allow the recovery of the economy and a decrease in poverty while maintaining the human population in good health.

Kenya: The Vision 2030 of Kenya aims at improving the overall livelihoods of Kenyans. The country aims at providing an efficient and high-quality healthcare system with the best standards. Kenya focuses on reducing health inequalities and improving key areas where it is lagging, especially in infant and maternal mortality.

Rwanda: Rwanda Vision 2020 is *‘to transform the country into a knowledge-based middle-income country, thereby reducing poverty, health problems and making the nation united and democratic.’* The goals, objectives, and priorities of the country’s health sector are defined in the Health Sector Strategic Investment Plan (HSSIP III) 2012-2018. The overall goal of HSSIP III is to operationalise the Economic Development and Poverty Reduction Strategy 2013 – 2018 (EDPRS) in the health sector to attain national priorities and international targets, including the MDGs. The overall objective is to *‘ensure universal accessibility (in geographical and financial terms) to quality health services for all Rwandans’.*

Tanzania: The 2030 Vision of Tanzania is *“to awaken, co-ordinate and direct the people’s efforts, minds and our national resources towards those core sectors that will enable us attain our development goals and withstand the expected intensive economic competition ahead of us”.* The overall objective of the Health Sector Strategic Plan (HSSP) 2015-2020 is to reach all households with essential health and social welfare services, meeting, as much as possible, the expectations of the population, adhering to objective quality standards and applying evidence-based interventions through efficient channels of service delivery.

Uganda: Vision 2040 of Uganda defines its aspirations for a transformed Ugandan society from a peasant to a modern and prosperous country. The objectives of the Uganda Health Sector Development Plan 2015/16 - 2019/20 are to contribute to the production of healthy human capital for wealth creation through the provision of equitable, safe and sustainable health services, address the key determinants of health, increase financial risk protection of households against impoverishment due to health expenditures and enhance the health sector competitiveness in the region and globally.

As reflected in the visions and strategic plans of the Partner States alluded to above, the health sector remains an important area of focus across the Community, and health research can improve the effectiveness of the efforts for better health, reduce costs and introduce new approaches and technologies to address the health challenges.

2.10 Global Efforts on Promoting Good Health

The United Nations is actively involved in promoting and protecting good health worldwide. The UN's efforts are spearheaded by the World Health Organisation together with the other members of the UN family. Many health-related matters are addressed by the General Assembly and the Economic and Social Council, the United Nations Programme on HIV/AIDS; the United Nations Population Fund, and United Nations Children's Fund.

In addition, International Labour Organisation, the Food and Agriculture Organisation, the International Atomic Energy Agency, the United Nations Environment Programme, the United Nations Office on Drugs and Crime, and the World Bank, among others, play a key role in promoting global health.

2.10.1 Millennium Development Goals

The global aspirations for development were summarised in the Millennium Development Goals (MDGs). MDGs defined quantified targets to be achieved by 2015 which included three goals in the area of health namely: (a) MDG 4: to reduce child mortality by two-thirds, (b) MDG 5: improve maternal health and (c) MDG 6: to combat HIV/AIDS, malaria, and tuberculosis. The Partner States partly achieved the targets as explained below;

MDG4: The global-under-five mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015. Overall, by 2012, East Africa surpassed the global target of MDG 4, though the level of performance of each of the Partner States varied.

MDG5: Meeting MDG 5 target of reducing the maternal mortality ratio by three-quarters between 1990 and 2015 remained a challenge for East Africa. Among the East African countries, only Rwanda achieved the target for MDG 5.

MDG6: Efforts to combat HIV/AIDs, malaria, and tuberculosis in Africa have yielded impressive results since 1990 and are placing the continent on the solid path to reversing the spread of all these diseases. Overall, there was a decline in HIV prevalence in the Community, and three countries (Rwanda, Kenya, and Tanzania) recorded significant declines in AIDS-related deaths.

2.10.2 Sustainable Development Goals

The Sustainable Development Goals (officially called: *Transforming Our World: the 2030 Agenda for Sustainable Development*) - the successor of MDGs - has set 17 goals with 169 targets covering a broad range of sustainable development issues. These include ending poverty and hunger, improving health and education, making cities more sustainable, combating climate change, and protecting the oceans and forests. The Sustainable Development Goals and the targets under the health-related SDGs are summarised in Tables 2 and 3.

Table 2 : Sustainable Development Goals

S/No	Goals
1	End poverty in all its forms everywhere.
2	End hunger, achieve food security and improved nutrition and promote sustainable agriculture.
3	Ensure healthy lives and promote well-being for all at all ages.
4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
5	Achieve gender equality and empower all women and girls.
6	Ensure availability and sustainable management of water and sanitation for all.
7	Ensure access to affordable, reliable, sustainable and modern energy for all.
8	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
9	Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation.
10	Reduce inequality within and among countries.

11	Make cities and human settlements inclusive, safe, resilient and sustainable.
12	Ensure sustainable consumption and production patterns.
13	Take urgent action to combat climate change and its impacts.
14	Conserve and sustainably use the oceans, seas and marine resources for sustainable development.
15	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.
16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
17	Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development.

Table 3: Targets of Health Related Sustainable Goals

S/No	Goals
1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
2	By 2030, end preventable deaths of new borns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under five mortality to at least as low as 25 per 1,000 live births.
3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
4	By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
6	By 2020, halve the number of global deaths and injuries from road traffic accidents.
7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
8	Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
9	By 2030, substantially reduce the number of deaths and illnesses from hazardous

	chemicals and air, water and soil pollution and contamination.
10	Strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control in all countries, as appropriate.
11	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
12	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing states.
13	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

2.11 African Perspective

The AU Vision 2063 represents the strategic framework of the African Union for the socio-economic transformation of Africa over the next 50 years. Health is a key component of AU's aspirations.

One of the key priorities of the African Union Strategic Plan 2014-2017 is the human capacity development focusing on health, education, science, research, technology and innovation.

The Abuja Declaration represents the pledge made by the Heads of African Union countries in April 2001 to set a target of allocating at least 15% of their annual budget to improve the health sector. As of 2015, only Rwanda among the East African countries met the target.

The New Partnership for African Development's (NEPAD) Africa Health Strategy 2007-2015 highlighted the need for the countries to build research capacity and called for the allocation of at least 2% of national health expenditure and 5% of project and programme aid, for research. The strategy further expects the countries to prepare legislation governing research and, establish and strengthen national health research systems.

In a High-Level Ministerial Meeting in Accra, Ghana in June 2006, the Ministers of Health and Heads of Delegations committed to increase investment in building national health research systems, provide support for good quality research and knowledge generation and invest at least 2% of the national health budget on research and research capacity strengthening. However, to date, the target has not been achieved by the majority of the countries.

2.12 Internal Factors

EAHRC, as an institution, is in its infancy. Therefore, to become established and fully operational, the institution requires the physical, human and financial resources. The organisational structure, systems, and policies need to be developed and implemented.

The EAC Treaty and the Protocol are based on partnership and collaborative principles which will continue to be the hallmark of the Commission. All these factors will contribute to strengthening the ability to collaborate and network with the stakeholders in research, knowledge management and capacity building.

2.12.1 Physical Facilities

The Commission is currently operating from a temporary office at the EAC Headquarters in Arusha, Tanzania. Relocation to permanent premises is an urgent requirement. The EAC has resolved that the EAHRC Headquarters will be based in Bujumbura, Burundi and signed an agreement to this effect with the Government of Burundi. The process of identifying a suitable property to house the Commission is in progress.

2.12.2 Organisational Structure and Human Resources

The Protocol specifies the macro-structure of EAHRC and the Commissioners have approved an organogram providing for the key functions of the EAHRC. So far, recruitment of the Executive Secretary, Deputy Executive Secretary Research, Principal Research Innovation and Development Officer, an Accountant, Personal Secretary to the Executive Secretary and a Driver has been completed.

The Commissioners and the National Focal Points, as provided for by Articles 9 and 10 of the Protocol have already been appointed. The composition of the Commissioners is as follows;

- i. Technical Head of Health Services/ Director General for Health Services/ Chief Medical Officer of the Ministry responsible for health.
- ii. Head of National Health Research Institution/Organisation.
- iii. One representative of Heads of Universities of Medicine, Health and Allied Sciences.
- iv. Executive Secretary of the EAHRC.
- v. Any other co-opted member (s).

The National Focal Points are as follows; i. Republic of Burundi: Institut National de Santé Publique (INSP). ii. Republic of Kenya: Kenya Medical Research Institute (KEMRI).

- iii. Republic of Rwanda: Rwanda Biomedical Center/ Medical Research Center (RBC/MRC).
- iv. United Republic of Tanzania: National Institute for Medical Research (NIMR).
- v. Republic of Uganda: Uganda National Health Research Organisation (UNHRO).

2.12.3 Organisational Policies

Although the protocol provides the broad guidelines for the operation of EAHRC, there is need to develop the organisational policies encompassing all key functions of the Secretariat.

2.12.4 Resource Mobilisation

According to Article 20 of the Protocol, the sources of funding for the Commission shall be provided for in the budget of the Community and shall include contributions from stakeholders, development partners and other sources as established by the Sectoral Council. However, the paucity of resources is a major challenge facing the Commission. Moreover, just like any other developing region in the world, the Community is also affected by the 10/90 gap. The 10/90 is the term adopted by the Global Forum for Health Research to highlight the finding by the Commission on Health Research for Development in 1990, that less than 10 percent of worldwide resources devoted to health research were put towards health in developing countries, where over 90% of all preventable deaths occur.

In order to meet the growing demands for funds, the Commission will need to explore both the conventional and unconventional approaches to fundraising. This will include developing proposals for grants and conducting joint research, income generating activities and public-private partnerships.

3.0 SWOT ANALYSIS

This chapter summarises the most dominant internal factors (strengths and weaknesses) as well as the external factors (opportunities and threats) that impact the operations of EAHRC and focuses on how these can be leveraged to bring strong advantage to the institution.

Table 2: SWOT Analysis

Strengths		
S/No.	Strengths	Strategies to Leverage Strengths
i.	Political will and commitment of EAC and the Partner States to health research.	<ul style="list-style-type: none"> • Direct the political will and commitment of the EAC and the Partner States to strengthen health research.
ii.	Clear mandate and the legal standing of EAHRC as an ‘institution’ as defined in Article 8 of EAC Treaty.	<ul style="list-style-type: none"> • Establish a legal framework for health research, using the authority conferred by the Treaty.
iii.	Existing infrastructure such as EAC data warehouse and DHIS.	<ul style="list-style-type: none"> • Share information and coordinate knowledge management to tackle health challenges across the Community.
iv.	The composition of the Commission provides for the representation of all key stakeholders on the Commission.	<ul style="list-style-type: none"> • Use the composition of the Commission to enhance the effectiveness of implementation of the EAHRC Protocol. • Representation of the Ministries of Health, the national research institutions, and the training institutions within the Commission is an optimum environment to scale up the visibility of EAHRC and to strengthen its role and mandate in the Partner States.
v.	Existing research capacity in the Partner States (infrastructure, technology, human resources).	<ul style="list-style-type: none"> • Strengthen the position of EAHRC to carry out its activities and programmes in the region.
vi.	The structure of the Commission provides for the direct involvement of senior officials of the Ministries, academia and research institutions of the Partner States.	<ul style="list-style-type: none"> • Harness the support of policy makers, and leaders in health services, research, and academia.
vii.	The linkage of the Commission with the research stakeholders.	<ul style="list-style-type: none"> • Strengthen inclusiveness of research stakeholders in the Partner States.

Weaknesses		
S/No.	Weaknesses	Strategies to Mitigate Weaknesses
i.	Permanent headquarters not yet ready.	<ul style="list-style-type: none"> • Establish permanent headquarters.
ii.	Detailed organisational structure and staff contingent not established.	<ul style="list-style-type: none"> • Prioritise development of a detailed organisational structure and recruitment of competent staff.
iii.	Insufficient budget allocation to the Commission.	<ul style="list-style-type: none"> • Request EAC Secretariat to allocate sufficient budget to the EAHRC, as a way to implement political commitment of the EAC to health research.
iv.	Being a recently established institution, the awareness about EAHRC, its role, and functions is not adequate; among the stakeholders, including the private sector and the general public.	<ul style="list-style-type: none"> • Prioritise communication and publicity with the aim of promoting the brand and corporate image of EAHRC.
v.	The Protocol contains certain inconsistencies in the description of the objectives and the membership.	<ul style="list-style-type: none"> • Recommend the necessary amendments to the Protocol to the Council of Ministers for approval.
vi.	Health research policy framework not harmonised among the Partner States.	<ul style="list-style-type: none"> • Promote harmonisation of policy and identification of joint research agenda to guide health research in the Community.
vii.	Guidelines on research prioritisation are not well developed and harmonised.	<ul style="list-style-type: none"> • Develop harmonised research prioritisation guidelines.
viii.	Insufficient research capacity, limited research skills among the Partner States and inadequate research-focused training in health training institutions.	<ul style="list-style-type: none"> • Strengthen collaboration and support for capacity building. • Promote training in health research among training institutions. • Establish Centers of Excellence.
ix.	Weak research environment emanating from inadequate systems of ethics, review and processes.	<ul style="list-style-type: none"> • Establish a harmonised framework for health research, ethics, and review.
x.	Weak framework on intellectual property rights, copyrights, and patents.	<ul style="list-style-type: none"> • Collaborate with the Partner States and peer organisations to develop a strong legal framework.

Opportunities		
S/No.	Opportunities	Strategies to Exploit Opportunities
i.	Common cross-border health situations, which can best be addressed regionally. e.g. top ten causes of the burden of diseases across the Community are the same.	<ul style="list-style-type: none"> • Establish a harmonised framework for prioritisation of research, knowledge sharing and translation.
ii.	Demand for health information on the health capacity available in the region – e.g. information such as hospitals, universities, research institutions, and medical and pharmaceutical industries and their products.	<ul style="list-style-type: none"> • Establish a suitable platform for comprehensive health information accessible to different stakeholders. • Through strengthened partnerships, expand sharing and dissemination of research findings.
iii.	Established national research institutions that are now part of the Commission.	<ul style="list-style-type: none"> • Collaborate with national health research institutions to strengthen research within the Community.
iv.	Recognition of the role of health research in development by the Partner States.	<ul style="list-style-type: none"> • Leverage the support of the Partner States for generating the financial and non-financial resources required for the effective functioning of the Commission.
v.	Steady GDP growth of the Partner States.	<ul style="list-style-type: none"> • Mobilise the resources required for the effective functioning of the Commission. • Ensure the GDP growth translates into steady increase in funding for health research.
vi.	Advancement in science, technology, innovations, and ICT.	<ul style="list-style-type: none"> • Exploit the potential of science, technology, innovation, and ICT to support health research and improvement in health service delivery.

Threats		
S/No.	Threats	Strategies to Mitigate Threats
i.	10/90 gap resulting from minimal allocation (10%) of enormous health challenges (90%) in developing countries.	<ul style="list-style-type: none"> • Develop a plan for resource mobilisation and establish mechanisms for monitoring the progress in addressing the 10/90 gap.
ii.	Research funding is driven by external organisations.	<ul style="list-style-type: none"> • Increased focus on resource mobilisation, conduct regular stakeholder mapping for better funding and coordination.
iii.	Inadequate demand and social appreciation for research. Public awareness of and the utility of research is low. The demand for research is low among the policy makers.	<ul style="list-style-type: none"> • Strengthen mobilisation, communication, and dissemination of health research findings, and guidelines to promote utilisation of health research. • Strengthen the linkages between research and the end-users of research findings.
iv.	Community involvement in health research is low.	<ul style="list-style-type: none"> • Increase community engagements and establish Advisory Boards.
v.	Approach to human health, animal health, and environmental issues within the Community are not adequately integrated.	<ul style="list-style-type: none"> • Pursue One - Health Approach.
vi.	Competition from other research institutions within Africa on accessing research funds.	<ul style="list-style-type: none"> • Build the brand image and articulate the unique strengths and capabilities of EAHRC.

4.0 STRATEGIC FOCAL AREAS

Keeping in mind the mandate, vision, mission and objectives, and based on the findings of the SWOT analysis, the Commission's priorities are summarised below.

4.1 Institutional Capacity Development

- The Commission is currently operating from a temporary office at the EAC Headquarters in Arusha, Tanzania. It would be necessary to establish permanent headquarters to operationalise the Commission fully.
- In order to implement the Strategic Plan and achieve its objectives, the Commission will need to strengthen the organisational structure and recruit competent staff. The policies and procedures for the key activities also need to be developed.
- The Protocol, while largely being clear on the terms of establishment and operation of the EAHRC, also contains certain inconsistencies. The objectives of the EAHRC need to be articulated more succinctly avoiding duplication. Also, the membership of the Commission is too large. It is important that the recommendations for the amendments to the Protocol be presented to the Council of Ministers for ratification.

4.2 Resource Mobilisation

- Availability of adequate financial resources is a prerequisite for the effectiveness of the Commission. In addition to the budget allocation from EAC and the Partner States, the Commission will need to generate resources using innovative approaches. These may include income generating activities, research grants, funding from development partners and Public Private Partnerships.
- As a newly established institution, EAHRC has to develop its corporate image such that all the key stakeholders are clear about the objectives and roles of EAHRC. The activities for developing the corporate image will include networking with national, regional and international institutions, publicising EAHRC to donors and development partners, developing publicity materials such as the profile and brochures, featuring in public media including TV and radio and launching corporate social responsibility initiatives.

4.3 Research Collaboration and Capacity Development

- Developing research capacity, including human resources, technology, and infrastructure for health research is critical to the success of health research in the Community.
- Creating collaborative research programmes among research organisations is essential.

- The advancements in the science, technology and innovation, and ICT, etc., need to be exploited fully for the improvement of health service delivery in the Community.
- Establishing a regional health surveillance system and Centers of Excellence in specific research areas are among the priorities of the Commission.

4.4 Research Environment

- The Commission recognises the importance of the norms that promote the aims of research and minimise errors. Ethical standards foster collaborative work. Ethical principles protect the dignity, rights, and welfare of research participants and the interests of the stakeholders.
- It is a priority of the Commission to harmonise ethics review frameworks and develop mechanisms for harmonised quality assurance and quality control.
- Strengthening the regional framework on intellectual property rights, patents, copyrights etc. and increasing the community involvement are essential to improve the sustainability of health research.
- Strengthening and harmonising the regulatory framework for research in the region which will improve the quality assurance and quality control.

4.5 Knowledge Management

- It is imperative that relevant knowledge is generated, captured, synthesised, assessed, shared, disseminated and utilised to solve the health challenges and support the development aspirations of the Community.
- The Community needs to focus on creating knowledge platforms which provide an optimum environment for the maximum utilisation of knowledge acquired through research for improvement of health in the region and refining the existing knowledge through systematic investigations and use the findings to address the health and health-related issues affecting the Community.
- Translation of the knowledge into policy, practice, products and services is essential.

4.6 One-Health Approach

- The Commission recognises the fact that the health of humans, animals, and the environment are interrelated.

Given the fact that the increasing interface of the humans, livestock and wildlife gives rise to the health vulnerabilities; the One-Health Approach needs to be pursued within the

Community to ensure that the interdisciplinary collaborations and communications in all aspects of healthcare for humans, animals, and the environment are catered for.

5.0 STRATEGIC OBJECTIVES

Overall Goal: To provide a framework for operationalising EAHRC as a strong and well-resourced institution capable of addressing health research priorities for the development of the Community.

Table 5: Strategic Objectives

S/No.	Strategic Focal Areas	Strategic Objectives
1	Institutional Capacity Development.	To establish institutional governance, management, and operational framework.
2	Resource Mobilisation.	To mobilise resources to support health research for development.
3	Research Collaboration and Capacity Development.	To establish research and capacity strengthening programmes, networks, partnerships and Centres of Excellence, and harness advancement in science, technology and innovation (STI), and information and communication technology (ICT).
4	Research Environment.	To create an environment conducive for research and harmonised regional regulatory and ethics review frameworks.
5	Knowledge Management.	To establish mechanisms for generating, capturing, synthesising, assessing, sharing, disseminating and utilising knowledge for solving the health challenges and support the development aspirations of the Community.
6	One - Health Approach.	To promote One-Health Approach and integrated research involving animal health, human health and the environment.

5.1 Strategic Interventions and Targets

The strategic interventions and targets of the Strategic Plan 2016-2021 are given below:

5.1.1 Institutional Capacity Development

Strategic Objective: To establish institutional governance, management, and operational framework.

Table 6: Institutional Capacity Development

S/No.	Strategic Interventions	Targets
i.	Establish the permanent headquarters and physical infrastructure for the Commission.	<ul style="list-style-type: none"> Relocate EAHRC Headquarters to Bujumbura by December 2016.
ii.	Construct permanent headquarters for the Commission.	<ul style="list-style-type: none"> Headquarters building for EAHRC constructed and occupied by June 2021.
iii.	Establish an appropriate organisational structure for the Commission.	<ul style="list-style-type: none"> Approved organisational structure in place by December 2016 and recruitment process completed by June 2018.
iv.	Review and amend the Protocol consistent with the needs of the Community.	<ul style="list-style-type: none"> EAHRC Protocol amended and ratified by March 2018.

v.	Establish a strategy for publicity and promotion of the corporate image of the Commission.	<ul style="list-style-type: none"> • Communication and brand strategy established and publicity material in place by June 2017.
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5.1.2 Resource Mobilisation

Strategic Objective: To mobilise resources to support health research for development.

Table 7: Resource Mobilisation		
S/No.	Strategic Interventions	Targets
i.	Establish, at the institutional level, mechanisms for resource mobilisation, sharing, and utilisation.	<ul style="list-style-type: none"> • A resource mobilisation strategy developed and its implementation initiated by June 2017.
ii.	Establish fora with stakeholders for mobilising resources for health research.	<ul style="list-style-type: none"> • Fora of stakeholders for mobilisation of resources established by March 2017. • Resources mobilised as per the annual budgets.
iii.	Establish fora in which progress towards reducing the 10/90 gap is monitored.	<ul style="list-style-type: none"> • 10/90 gap monitoring fora established by June 2017. • Strategies for addressing the 10/90 gap developed by the stakeholders by December 2017.
iv.	Develop fundable research proposals focused on the health priorities of the Community.	<ul style="list-style-type: none"> • A system for preparation and submission of proposals established by December 2016. • Consensus on priority research topics for proposal writing developed by the Secretariat and the stakeholders by December 2017.

5.1.3 Research Collaboration and Capacity Development

Strategic Objective: To establish research and capacity strengthening programmes, networks, partnerships and Centres of Excellence, and harness advancement of Science, Technology and Innovation, and ICT.

Table 8: Research Collaboration and Capacity Development		
S/No.	Strategic Interventions	Targets
i.	Strengthen research capacity, including setting priority in research capacity for the Partner States.	<ul style="list-style-type: none"> • Baseline assessment of research capacity completed by June 2017. • Training Programme to address the gaps rolled out by June 2018.
ii.	Establish research programmes based on the identified research priorities.	<ul style="list-style-type: none"> • Research priorities determined by June 2017 and revised every three years. • Research programmes established and operationalised by September 2017
iii.	Establish integrated regional health surveillance system and database by leapfrogging the use of advancement in STI and ICT.	<ul style="list-style-type: none"> • Regional health surveillance system, including the use of STI and ICT established by June 2018.

iv.	Establish research networks within the Partner States and the other related regional and international institutions, including private sectors.	<ul style="list-style-type: none"> • Research networks strengthened and/or established by December 2017.
v.	Establish Centres of Excellence (CoE) in specific and specialised research areas.	<ul style="list-style-type: none"> • Existing Centres of Excellence strengthened and new Centres of Excellence established in the Partner States by June 2019.

5.1.4 Research Environment

Strategic Objective: To create an environment conducive for research development and harmonised regional regulatory and ethics review frameworks.

Table 9: Research Environment		
S/No.	Strategic Interventions	Targets
i.	Conduct a baseline survey on the ethics review framework among the Partner States.	<ul style="list-style-type: none"> • Baseline survey completed by March 2017.
ii.	Strengthen the ethics review frameworks.	<ul style="list-style-type: none"> • Ethics review frameworks strengthened by June 2017
iii.	Harmonise ethics review frameworks.	<ul style="list-style-type: none"> • Ethics review frameworks harmonised by December 2017.
iv.	Conduct a baseline survey on the research regulatory capacity of the Partner States.	<ul style="list-style-type: none"> • Baseline survey completed by June 2017.
v.	Strengthen the regulatory capacity.	<ul style="list-style-type: none"> • Strategies to strengthen the capacity of national regulatory mechanisms for health research developed by December 2018.
vi.	Harmonise the regulatory frameworks of the Partner States	<ul style="list-style-type: none"> • Regulatory framework harmonised by March 2019.
vii.	Strengthen regional framework on intellectual property rights, patents, and copyrights.	<ul style="list-style-type: none"> • The legal framework on intellectual property rights, patents, copyrights etc., strengthened and harmonised by December 2018.
viii.	Assess the extent of informed community involvement in health research.	<ul style="list-style-type: none"> • Assessment of the extent of informed community involvement in health research conducted by June 2017. • Strategies to strengthen Community Advisory Boards in the Partner States developed by December 2018.

5.1.5 Knowledge Management

Strategic Objective: To establish mechanisms for generating, capturing, synthesizing, assessing, sharing, disseminating and utilizing knowledge for solving the health challenges and support the development aspirations of the Community.

Table 8: Knowledge Management		
S/No.	Strategic Interventions	Targets
i.	Establish mechanisms for generating, capturing, synthesising, organising, disseminating and distributing knowledge.	<ul style="list-style-type: none"> Platform for carrying out discussions and formulating policies and their implementation established by December 2017. A web portal www.eahealth.org established by June 2017. East African Health Research Journal launched by September 2017. A biennial East African Health and Scientific Conference held.
ii.	Translation of research findings into policy and practice.	<ul style="list-style-type: none"> Framework for the translation of research findings into policy and practices established by September 2017. Workshops organised to identify policy and programmatic implications of research findings. Policy briefs and working papers prepared based on policy and programmatic implications of research findings.
iii.	Strengthen knowledge sharing programmes such as REACH Policy Initiatives, etc.	<ul style="list-style-type: none"> Knowledge sharing programmes established and implemented by December 2019.

5.1.6 One-Health Approach

Strategic Objective: To promote One-Health Approach and integrated research involving animal and human health and the environment.

Table 9: One-Health Approach		
S/No.	Strategic Interventions	Targets
i.	Strengthen research collaboration among human, animal and environmental health sectors.	<ul style="list-style-type: none"> Research fora that brings together human, animal and environmental health experts established by June 2018.
ii.	Promote and facilitate joint research involving human, animal, and environmental health.	<ul style="list-style-type: none"> Intersectoral research programmes established by June 2018.
iii.	Promote policy development that is necessary for human and animal health using One - Health Approach.	<ul style="list-style-type: none"> Policy framework for One-Health Approach developed in the Partner States by December 2018.

6.0 STRATEGIC IMPLEMENTATION

The implementation of the Plan will be spearheaded by the EAHRC Secretariat. The successful implementation of the Plan requires the support of the stakeholders including EAC and its Organs, Institutions, Partner States, the Commissioners, the National Focal Points, the development institutions, development partners, health, academic and research institutions, NGOs and the citizenry of the Community.

An Implementation Plan with the details of the activities planned under each strategic intervention, accountability, and milestones has been developed and is given in Table 12 . While the Executive Secretary will provide the leadership, the entire team at the Secretariat and the stakeholders do have roles to play in effective and efficient implementation of the Plan. The details of the specific positions responsible for accomplishing the planned activities are included in the Implementation Plan. The organogram of the Commission is given in Figure 2.

Figure 2: Organisational Structure of EAHRC

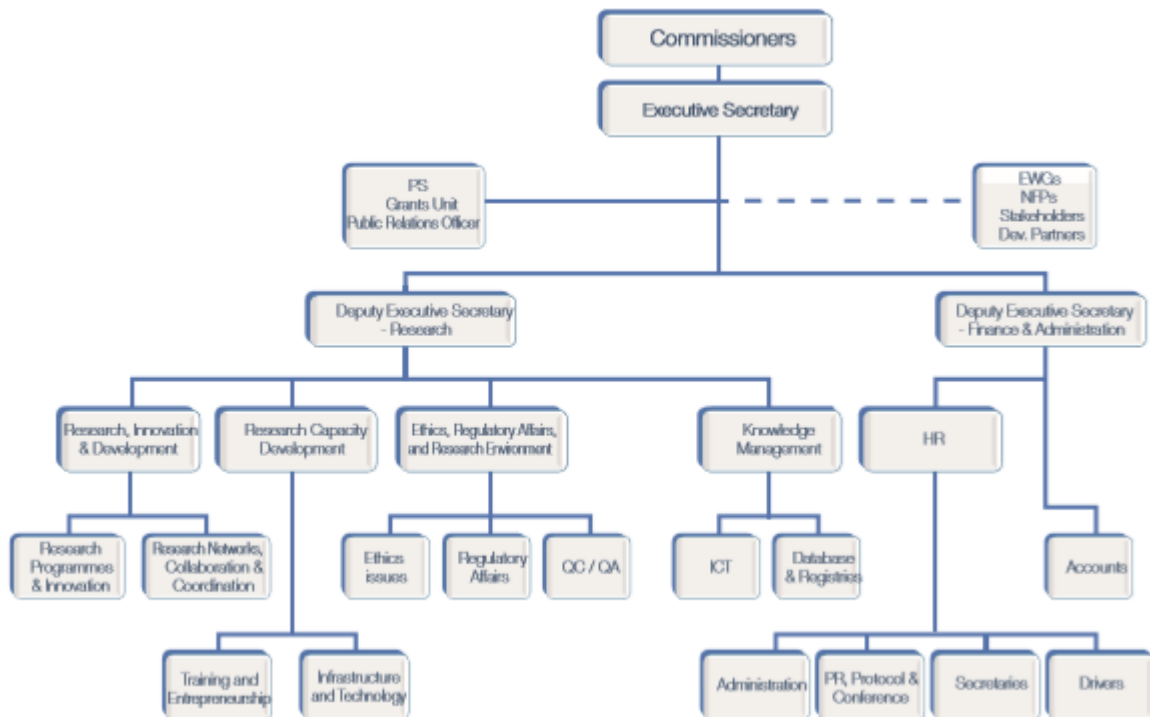


Table 12: Implementation Plan (Activity Matrix)

Strategic Focal Area: Institutional Capacity Development

Strategic Objective 1: To establish institutional governance, management, and operational framework.

Strategic Interventions	Activities	Accountability	Milestones
1. Establish headquarters and physical infrastructure for the Commission.	i. Develop plans for relocating EAHRC HQ to Bujumbura, Burundi.	Executive Secretary.	EAHRC Headquarters relocated to Bujumbura by December 2016.
	ii. Refurbishment of premises.		
	iii. Put in place office equipment, furniture and facilities.		
2. Construct permanent headquarters for the Commission.	Procurement of building plan, construction and follow-up on progress.	Deputy Executive Secretary, Finance, and Administration.	Headquarters building ready and occupied by June 2021.
3. Establish an appropriate organisational structure for the Commission.	i. Develop an appropriate organisational structure.	Deputy Executive Secretary, Finance, and Administration.	Approved organisational structure in place by December 2016 and recruitment process completed by June 2018.
	ii. Recruit competent staff.		
4. Review and amend the Protocol consistent with the needs of the Community.	i. Present amendments of the EAHRC Protocol to the Council for ratification.	Executive Secretary.	EAHRC Protocol amended and ratified by March 2018.
	ii. Coordinate the process of ratification of the Protocol.		
5. Establish strategy for publicity and promotion of the corporate image of the Commission.	i. Develop a communication and brand strategy for the Commission.	Executive Secretary.	Communication and Brand Strategy established by June 2017 and publicity materials in place by June 2017.
	ii. Develop EAHRC publicity materials e.g. Profile, brochures.		
	iii. Network with national, regional and international institutions and build research collaborations.		At least four new collaborations established every year.
	iv. Feature in public media; TV, radio, social media and launch corporate social responsibility initiatives.		Adequate media coverage received.

Strategic Focal Area: Resource Mobilisation

Strategic Objective 2: To mobilise resources to support health research for development.

Strategic Interventions	Activities	Accountability	Milestones
1. Establish at the institutional level, mechanisms for resource mobilisation, sharing, and utilisation.	Develop a broad-based resource mobilisation strategy.	Executive Secretary /Deputy Executive Secretary – Finance & Administration.	A resource mobilisation strategy developed and its implementation initiated by June 2017.
2. Establish fora with stakeholders for mobilising resources for health research.	i. Develop the terms of reference for the fora of the stakeholders to mobilise resources for health research	Executive Secretary.	Fora of stakeholders for mobilisation of resources established by March 2017.
	ii. Develop concept papers, proposals and hold workshops to mobilise resources.		Resources mobilised as per the annual budgets.
3. Establish fora in which progress towards reducing the 10/90 gap is monitored.	i. Develop the terms of reference of the fora to monitor the progress of reducing 10/90 gap.	Deputy Executive Secretary Research	10/90 gap monitoring fora established by June 2017.
	ii. Coordinate the consultative meetings for developing and implementing strategies for monitoring the progress of reducing 10/90 gap.		Strategies for addressing the 10/90 gap developed by stakeholders by December 2017.
4. Develop fundable research proposals focused on the health priorities of the Community.	i. Design and establish a system for preparation and submission of proposals	Deputy Executive Secretary, Research. Executive Secretary/Deputy Executive Secretary, Research	A system for preparation and submission of proposals established by December 2016.
	ii. Develop consensus on the research topics for fundable proposals and prepare proposals accordingly		Consensus on priority research topics for proposal writing developed by December 2017.

Strategic Focal Area: Research Collaboration and Capacity Development

Strategic Objective 3: To establish research and capacity strengthening programmes, networks, partnerships and Centres of Excellence, and harness advancement of science, technology and innovation, and ICT.

Strategic Interventions	Activities	Accountability	Milestones
1. Strengthen research capacity including capacity in research priority setting of the Partner States.	i. Carry out baseline assessment of research capacity of the Partner States.	Deputy Executive Secretary Research.	Baseline assessment of research capacity completed by June 2017.
	ii. Support and coordinate the establishment of research-oriented training programmes.	Deputy Executive Secretary Research.	Training Programme to address the gaps rolled out by June 2018.
	iii. Establish a criterion for prioritising health research.	Deputy Executive Secretary Research.	Research priority setting criteria established by September 2017.
	iv. Link up with global efforts to address specific conditions.	Deputy Executive Secretary Research.	Adequate global response to specific conditions in the Community.
2. Establish research programmes based on the identified research priorities.	i. Determine health research priorities in the Community	Deputy Executive Secretary Research.	Research priorities determined by June 2017 and revised every three years.
	ii. Establish and implement health research programmes on a priority basis	Deputy Executive Secretary Research.	Research programmes established and operationalised by September 2017.

	iii. Support regular ethics and peer review of research programmes	Deputy Executive Secretary Research.	100% research programmes subjected to ethics and peer review.
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Strategic Focal Area: Research Collaboration and Capacity Development			
Strategic Interventions	Activities	Accountability	Milestones
3. Establish integrated regional health surveillance system and database by leapfrogging the use of advancement in STI and ICT.	i. Create infrastructure and facilities required for the health surveillance system in the Community.	Deputy Executive Secretary Research.	Regional health surveillance system, including the use of STI and ICT, established by June 2018.
	ii. Integrate data sources from the Partner States for a comprehensive system of health surveillance and share the information with the stakeholders.	Deputy Executive Secretary Research.	A comprehensive system of health surveillance functional by December 2018.
4. Establish research networks within the Partner States and the other related regional and international institutions, including private sectors.	i. Establish MoUs and partnerships with research institutions and universities.	Deputy Executive Secretary Research.	Research networks strengthened and/or established by December 2017.
5. Establish Centres of Excellence (CoE) in specific research areas.	i. Identify organisations with expertise in health research with a view to establishing CoE.	Deputy Executive Secretary Research.	Existing Centres of Excellence strengthened and at least one Centre of Excellence established each Partner States by June 2019.
	ii. Support establishment of the Centre of Excellence.		

Strategic Focal Area: Research Environment

Strategic Objective 4: To create an environment conducive for research development and harmonised regional regulatory and ethics review frameworks.

Strategic Interventions	Activities	Accountability	Milestones
i. Conduct a baseline survey on the ethics review capacity among the Partner States.	i. Collect data on existing ethics review capacity of the Partner States.	Deputy Executive Secretary – Research.	Baseline survey completed by March 2017.
ii. Strengthen the ethics review framework.	i. Support the Partner States in developing the policy framework, structure and systems for ethics review.	Deputy Executive Secretary – Research.	Ethics review frameworks strengthened by June 2017.
ii. Harmonise ethics review framework.	Provide platforms and coordinate the efforts to harmonise ethics review framework of the Partner States.	Deputy Executive Secretary – Research.	Ethics review framework harmonised by December 2017.
i. Conduct a baseline survey on the research regulatory capacity of the Partner States.	Collect and analyse data on the regulatory capacity of the Partner States.	Deputy Executive Secretary – Research	Baseline survey completed by June 2017
ii. Strengthen research regulatory capacity.	i. Strengthen institutional and national capacity for monitoring and evaluation of clinical trials.	Executive Secretary.	Strategies to strengthen the capacity of national regulatory mechanisms for health research developed by

			December 2018.
	ii. Strengthen the existing training programmes in research ethics and establish new ones.	Executive Secretary.	Training programmes established by December 2018.

Strategic Focal Area: Research Environment (continued)			
Strategic Interventions	Activities	Accountability	Milestones
6. Harmonise regulatory frameworks of the Partner States.	i. Develop thresholds for quality standards.	Executive Secretary.	Regulatory framework harmonised by March 2019.
	ii. Develop and implement an EAHRC regulatory framework.		
7. Strengthen regional framework on intellectual property rights, patents and copyrights.	i. Review and harmonise the legal framework on intellectual property rights among the Partner States.	Executive Secretary.	Legal framework on intellectual property rights, copyrights, patents, etc. harmonised by December 2018.
	ii. Sensitise stakeholders on the legal framework.	Executive Secretary.	The legal framework on intellectual property rights, copyrights, patents, etc. strengthened and harmonised by December 2018.
8. Assess the extent of informed-community involvement in health research.	i. Set up mechanisms for establishing Community Advisory Boards (CAB) for projects that will involve communities.	Executive Secretary	Assessment of the extent of informed-community involvement in health research conducted by

			June 2017.
	iii. Develop strategies to strengthen Community Advisory Boards in the Partner States.	Executive Secretary.	Strategies to strengthen Community Advisory Boards in the Partner States developed by December 2018.

Strategic Focal Area: Knowledge Management

Strategic Objective 5: To establish mechanisms for generating, capturing, synthesising, assessing, sharing, disseminating and utilising knowledge for solving the health challenges and supporting the development aspirations of the Community.

Strategic Interventions	Activities	Accountability	Milestones
1. Establish a mechanism for capturing, organising and distributing knowledge.	i. Develop a platform for carrying out discussions and formulating policies and their implementation.	Deputy Executive Secretary- Research.	Platform for carrying out discussions and formulating policies and their implementation established by December 2017.
	ii. Develop and operationalise a web portal www.eahealth.org.	Deputy Executive Secretary- Research.	A web portal www.eahealth.org established by June 2017.
	iii. Launch East African Health Research Journal.	Deputy Executive Secretary- Research.	East African Health Research Journal launched by September 2017.
	iv. Hold East African Health and Scientific Conference every two years.	Deputy Executive Secretary- Research.	A biennial East African Health and Scientific Conference held.
2. Translation of research findings into policy and practice.	i. Support the Partner States and other stakeholders to translate findings into policy and practice.	Deputy Executive Secretary- Research.	Framework for the translation of research findings into policy and practices established by September 2017.
	ii. Organise and coordinate workshops to identify policy and programmatic implications of research findings.	Deputy Executive Secretary- Research.	Workshops organised every year.

Strategic Interventions	Activities	Accountability	Milestones
	iii. iii. Prepare policy briefs and working papers based on policy and programmatic implications of research findings.	Deputy Executive Secretary- Research.	Policy briefs and working papers prepared regularly.
3. Strengthen knowledge sharing Programs such as REACH Policy Initiatives	Mobilise stakeholders to promote knowledge sharing Programmes such as REACH Policy Initiative.	Deputy Executive Secretary- Research.	Knowledge sharing programmes established and implemented by December 2019.

Strategic Focal Area: One- Health Approach

Strategic Objective 6: To promote One-Health Approach and integrated research involving animal health, human health, and the environment.

Strategic Interventions	Activities	Accountability	Milestones
1. Strengthen research collaboration between human, animal and environmental health sectors.	Establish research fora that bring together human, animal and environmental health experts.	Deputy Executive Secretary- Research.	Research fora that bring together human, animal and environmental health experts established.
2. Promote, facilitate joint research involving human, animal and the environment.	Establish intersectoral research programmes.	Deputy Executive Secretary- Research.	Intersectoral research programmes established by June 2018.
3. Promote policy development that is necessary for preserving human and animal health using One-Health Approach.	Develop a policy framework for One-Health Approach among the Partner States.	Deputy Executive Secretary- Research.	Policy framework for One- Health Approach developed in the Partner States by December 2018.

7.0. FINANCIAL PROJECTIONS AND RESOURCE MOBILISATION PLAN

This section covers the financial projections and resource mobilisation plan for implementing the Strategic Plan 2016-2021.

7.1 Projected Revenue and Expenditure

The cost of implementing the Plan is estimated to be USD 49,711,000 for the period of 2016-2021. The cost of implementation for each Strategic Focal Area is given in Table 13 below: Detailed costing is given in Appendix IX.

Table 13: Costing By Focal Areas: Strategic Plan 2016/17 - 2020/21 (USD '000)							
S/No.	Focal Areas	2016/17	2017/18	2018/19	2019/20	2020/21	Total
1	Institutional Development	502	524	1,353	1,385	1,418	5,182
2	Resource Mobilisation	110	120	133	146	155	664
3	Research Collaboration and Capacity Development	1,553	2,884	3,239	3,811	4,485	15,972
4	Research Environment	935	1,480	1,671	1,958	2,145	8,189
5	Knowledge Management	1,107	798	1,644	1,035	1,827	6,411
6	One -Health Approach	321	410	470	530	590	2,321
Sub Total		4,528	6,216	8,510	8,865	10620	38,739
7	Overheads	1,955	2,142	2,301	2,226	2,348	10972
TOTAL		6,483	8,358	10,811	11,091	12,968	49,711

7.2 Resource Mobilisation

Article 20 of the Protocol states that the sources of funds for the Commission shall be from the budget of the Community and shall include stakeholders' contributions, contributions from development partners and other sources as shall be established by the Council. Accordingly, the resources for implementing the Plan shall be mobilised from the sources described below:

7.2.1 Budgetary Allocations

The resources required for the effective functioning of the Commission shall primarily be received through budgetary allocations. The Commission shall follow the EAC financial procedures which will include; preparing annual plans aligned to the Strategic Plan and articulating the need and priority of the activities planned.

7.2.2 Support from Development Partners

The Commission shall focus on partnering with the multi-lateral, international and Pan-African development organisations for implementing research programmes in the Community, consistent with the objectives of the Commission. The multilateral organisations, research institutions, universities and large corporate organisations offering research will be targeted for partnerships.

7.2.3 Grant/Research Proposal Development

The Commission shall access funds for research from the Pan-African, international and multi-lateral organisations. The Commission will undertake donor mapping, donor intelligence, and effective networking, develop and present fundable proposals to ensure effective implementation of the projects.

7.2.4 Endowments and Donations

The Commission shall mobilise resources through donations and endowments from individuals and institutions.

7.2.5 Income Generating Activities

The Commission will undertake income generating activities consistent with its objectives so as to supplement the revenue sources. The income generating activities will be in the form of subscription to the services and resources generated and managed by the Commission and cost sharing of activities undertaken by it. The Commission will promote advertisements by the stakeholders in the print and electronic publications and other platforms. In addition, the Commission will charge a reasonable fee for accessing certain sections of the East African Medical Research Journal.

7.2.6 Public-Private Partnership

The Commission shall explore the opportunities for establishing partnerships with private sector players pursuing common goals. The PPPs will be subject to the guidelines of EAC and based on the health priorities determined by the Commission.

7.2.7 Sponsorship of Events

The Commission shall enter into partnerships with NGOs and Private Sector Partners for sponsoring events organised by the Commission, leading to reduced costs.

7.2.8 Cost-sharing

The Commission will design activities on a cost-sharing basis with the partners.

7.3 Income Projections

The projections of income during the Plan period are given in Table 12 below:

Table 14 : EAHRC - Income Projection 2016/17 - 2020/21 (USD'000)							
S/No.	Focal Areas	FINANCIAL YEAR					
		2016/17	2017/18	2018/19	2019/20	2020/21	Total
1	Budget allocations EAC/Partner States	3,179	3,955	5,063	5,484	5,975	23,655
2	Development Partners' support	1,500	3,065	3,612	3,625	4,037	15,838
3	Research Grants	1,305	538	1,218	1,232	1,706	6,000
4	Income Generating Activities	250	450	518	550	700	2,468
5	Cost Sharing	250	350	400	200	550	1,750
Total		6,483	8,358	10,811	11,091	12,968	49,711

8.0 RISK MANAGEMENT

In order to ensure that the Strategic Plan is implemented successfully, the potential risks are identified. Further, the measures for mitigating the risks have also been developed as shown in Table 15 below:

Table 13 : Risk Management Framework				
S/No	Risk Description	Probability	Impact	Mitigation
1.	Inability to raise the resources required for implementation of the Plan.	Low	High	<ul style="list-style-type: none"> • Resource mobilisation function is positioned at the highest level of the organization (Executive Secretary) and will be supported by the Resource Mobilisation Committee. • The Committee will review the progress of resource mobilisation efforts at least once every quarter and take appropriate action to address the funding challenges.
2	Reputational risks arising from the botched research efforts by institutions within the Community.	Low	Medium	<ul style="list-style-type: none"> • The Commission will establish harmonised policies, procedures and systems in research. • Regular liaison and reporting by the National Focal Points will keep the Commission updated of the changing risk profiles enabling the Commission to take appropriate preventive and corrective actions.
3	Legal challenges in relation to Commission's policies and procedures.	High	Medium	<ul style="list-style-type: none"> • The Commission will work with the Partner States to initiate the legal changes required. • The Commission is in a position to invoke Article 8 of the EAC Treaty according to which the Community organs, institutions, and laws shall take precedence over similar national ones in enforcing the decisions.
4	Competition from other research institutions, particularly from within Africa on accessing research funding.	Medium	Medium	<ul style="list-style-type: none"> • The Commission shall keep abreast of research interest globally and develop plans consistent with the priorities of the Community in a feasible and viable manner.
5	Political situation in the Partner States may impact the performance of research for development.	Low	Very high	<ul style="list-style-type: none"> • The EAC structure provides for an appropriate response for addressing such political situations.

9.0 MONITORING AND EVALUATION

The successful implementation of the plan will result in creating lasting capabilities that support the fulfillment of the mandate of the Commission. Internally, the accomplishments will include establishing a permanent headquarters, developing the institutional capacity and mobilisation of financial resources. In terms of the mandate and functions, significant progress will have been made in collaborating research networks, capacity building, improving the research environment and knowledge management.

The Implementation Plan is designed to provide specific steps of the functions within the Secretariat. A Monitoring and Evaluation Framework with the activities, outputs, outcomes, indicators, means of verification, frequency, and responsibility has been developed. (Appendix X).

The implementation of the Plan will be closely monitored through a reporting system as shown below:

9.1 Quarterly Reports

a) The Secretariat shall:

- prepare Annual Plans consistent with objectives of the Strategic Plan. The Directorate of Research, Finance and Administration will prepare plans for each Directorate which will be collated into an Annual Plan of the Commission.
- prepare and submit a Quarterly Report on the progress of implementation to the Sectoral Council. The Report shall include explanation for any variance between the targets and actual performance.

b) The Sectoral Council will:

- ensure that the resources essential for the implementation of the Plan are available to the Commission.
- review the Quarterly Reports vis-à-vis the Annual Plans and the Strategic Plan and seek explanation from the Secretariat in case of non-achievement of the targets.
- submit the summarised progress reports to the Council of Ministers once every six months.

C) The Council of Ministers will review the Quarterly Report to ensure that the Plan is implemented as envisaged. The non-achievement of the planned targets will be critically looked into, and the Commission will be advised on the corrective actions.

9.2 Annual Reviews

- a) An annual review of the progress of implementation of the Plan will be carried out by the Secretariat. The results of the review will be presented to the stakeholders' meeting of NFPs and the Commissioners.
- b) The Annual Review Report and the minutes of the meetings of the stakeholders will be presented to the Sectoral Council for review and advice.
- c) The Sectoral Council will review the minutes of the meeting and make recommendations to the Council of Ministers.
- d) The Council of Ministers will review recommendations and provide the necessary guidance.

9.3 Mid-Term Review

- a) A comprehensive Mid-Term Review shall be carried out during the third year of implementation (2018/19). The review will be carried out by an external consultant to assess the performance in relation to the significant changes in the external and internal environment that may have influenced the implementation and propose changes in strategy or targets as necessary.
- b) The Secretariat will present the Mid-Term Evaluation Report to the Commissioners.
- c) The Report with the comments and recommendations of the Commissioners will then be presented to the Sectoral Council and the council of Ministers.
- d) The Council of Ministers will present the Mid Term Report with the recommendations to the Summit for approval and guidance.

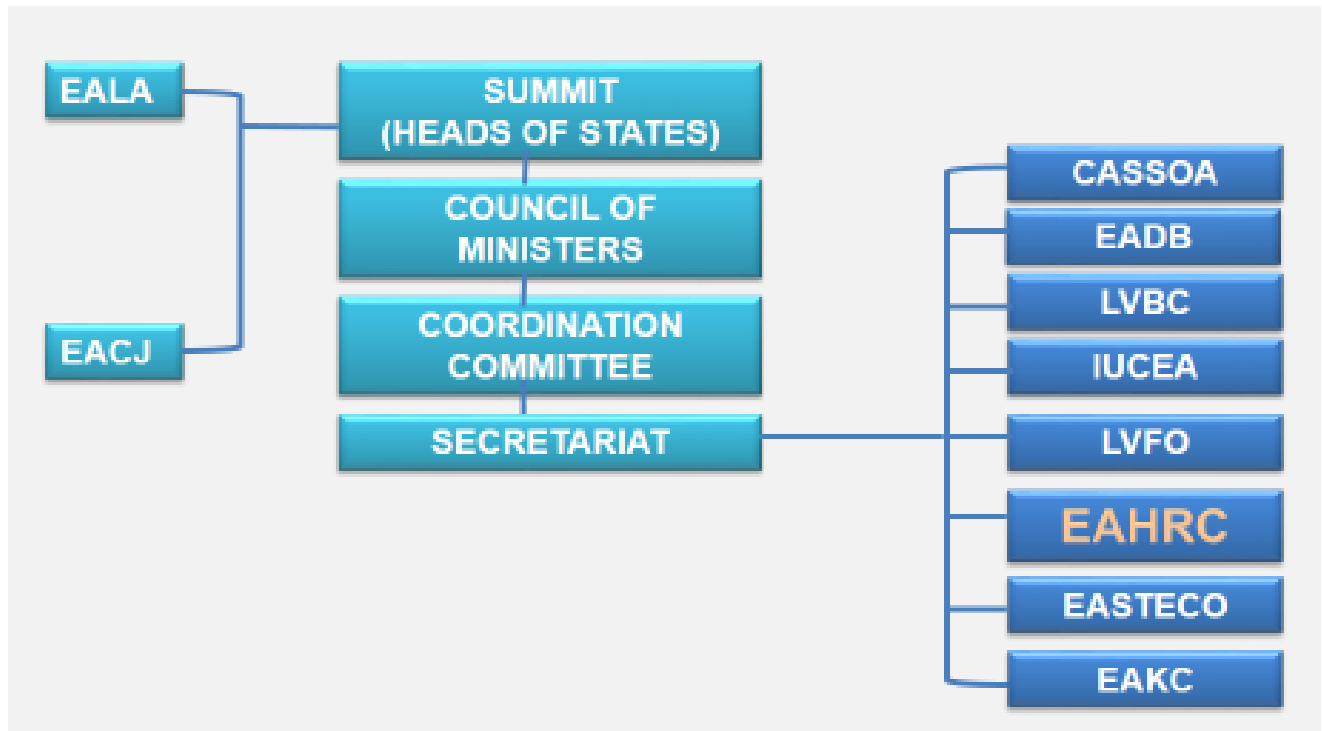
APPENDICES

APPENDIX I

PARTNER STATES OF THE EAST AFRICAN COMMUNITY



APPENDIX II
EAC ORGANS AND INSTITUTIONS



Legend	Full Title
CASSOA	Community Civil Aviation Safety and Security Oversight Agency
EACJ	East African Court of Justice
EADB	East African Development Bank
EAHRC	East African Health Research Commission
EAKC	East African Kiswahili Commission
EALA	East African Legislative Assembly
EASTECO	East African Science and Technology Commission
IUCEA	Inter-University Council for East Africa
LVBC	Lake Victoria Basin Commission
LVFO	Lake Victoria Fisheries Organisation

APPENDIX III

EAST AFRICAN HEALTH RESEARCH COMMISSION

LIST OF RESPONDENTS TO THE STRATEGIC PLANNING QUESTIONNAIRE

S/No.	Name of Respondent	Position	Name of Organisation	Country
1	Dr. Isaac Minani	Director General	Ministry of Health	Burundi
2	Dr. Pierre Claver Kazihise	Director General-National Institute for Public Health	Ministry of Public Health & the Fight against AIDS	Burundi
3	Dr. Joseph Nyandwi	Lecturer & Researcher	University of Burundi	Burundi
4	Dr. Gerald Mkoji	Acting Director	Kenya Medical Research Institute	Kenya
5	Mr. Jackson Kioko	Acting Director of Medical Services	Ministry of Health	Kenya
6	Prof. Fabian Esamai	Professor of Child Health and Pediatrics	College of Health Sciences- Moi University	Kenya
7	Dr. Vincent Rusanganwa	Medical Personnel Planning and Capacity Development Specialists.	Ministry of Health	Rwanda
8	Dr. Jean Baptist Mazarati	Head of Department of Biomedical Services	Rwanda Biomedical Center	Rwanda
9	Dr. Leon Mutesa	Director of Center for Human Genetics	University of Rwanda	Rwanda
10	Dr. Samuel Okware	Director General	Uganda National Health Research Organisation	Uganda
11	Prof. Pauline Byakika Kibwika	Physician	Makerere University College of Health Sciences	Uganda
12	Prof Anthony Mbonye	Acting Director- General Health Services	Ministry of Health	Uganda
13	Dr. Mwelecele N. Malecela	Head of National Medical Research	National Institute for Medical Research	Tanzania
14	Prof. Muhammad K. Bakari	Chief Medical Officer	Ministry of Health, Community Development, Gender, Elderly & Children	Tanzania
15	Prof. Eligius Francis Lyamuya	Deputy Vice Chancellor	Muhimbili University of Health & Allied Sciences	Tanzania
16	Dr. Jamala Taib	Director General	Zanzibar Medical Research Council	Tanzania
17	Dr. Mohammed J.U Dahoma	Director of Hospitals	Zanzibar Medical Research Council	Tanzania

APPENDIX IV

REGIONAL MEETING OF THE HEALTH AND LEGAL EXPERTS HELD FROM THE 21ST -24TH SEPTEMBER 2015 AT KIGALI, RWANDA				
LIST OF PARTICIPANTS				
S/No.	Name of Participant	Position	Name of Organisation	Country
1	Mr. Jean Pierre Musabyimana	Senior Officer Clinical Research	RBC/ Medical Research Officer	Rwanda
2	Mr. Raymond Ruke Gatera	Legal Expert	Rwanda Law Reform Commission	Rwanda
3	Mr. Jean Claude Nzigiymana	Legal Advisor	Ministry of Health	Rwanda
4	Dr. Theophile Dushime	Director General of Clinical & Public Health Services	Ministry of Health	Rwanda
5	Dr. Liboire Ngrigi	Director General of Health Services	Ministry of Public Health & HIV/AIDS Control	Burundi
6	Ms. Dora Simbare	Director of Social Affairs	Ministry to the Office of the President Responsible for EAC Affairs	Burundi
7	Mr. Nestor Kayobera	Director	Ministry of Justice	Burundi
8	Dr. Novat Twungubumwe	Head of Health Research	National Institute of Public Health	Burundi
9	Dr. Isaac Kadowa	Acting Commissioner Health Services	Ministry of Health	Uganda
10	Dr. Samuel Okware	Director General	National Health Research Organisation	Uganda
11	Ms. Allen Uwamariya Bucyana	Senior State Attorney	Ministry of Justice & Constitutional Affairs	Uganda
12	Ms. Alice Yalla	Director Social Affairs	Ministry of East African Affairs, Commerce & Tourism	Kenya
13	Dr. Gerald Mkoji	Chief Research Officer & Asst. Director	Kenya Medical Research Institute	Kenya
14	Mr. Samson Maundu	Parliamentary Counsel	Office of the Attorney General	Kenya
15	Dr. Charles Nzioka	Deputy Director of Medical Services	Ministry of Health	Kenya
16	Dr. Margaret Evelyn Mhando	Acting Chief Medical Officer	Ministry of Health & Social Welfare	Tanzania
17	Ms. Juliana Munisi	Principal Parliamentary Draftsman	Attorney General's Office	Tanzania
18	Mr. Julius J Massaga	Director of Research Coordination & Promotion	National Institute for Medical Research	Tanzania

APPENDIX V

EAST AFRICAN HEALTH RESEARCH COMMISSION				
S/No.	Name of Participant	Position	Name of Organisation	Country
1	Dr. Fatma M Kabole	Head Neglected Tropical Diseases	Ministry of Health Zanzibar	Tanzania
2	Prof. Fabian Esamai	Professor of Child Health & Pediatrics	Moi University	Kenya
3	Dr. Evans Amukoye	Ag Deputy Director Research and Development	National Institute of Public Health	Kenya
4	Mr. Ntakarutimana Leonard	Director of Research ad interim	National Institute of Public Health	Burundi
5	Mr. Kabusoni Esperance	Chief of Department of Paraclinic Sciences	Kenya Medical Research Institute	Burundi
6	Dr. Gerald M Mkoji	Chief Research Officer & Ag. Director	Kenya medical Research Institute	Kenya
7	Mr. James Kairuki Ngumo	Senior Research Officer	National Institute for Medical Research	Kenya
8	Mr. Kijajazi Obed Mshoto	Principal Research Scientist	National Institute of Public Health	Tanzania
9	Mr.. Novat Twungubumwe	Head of Research Department	Makerere University	Burundi
10	Ms. Harriet Nabudere	Health Systems Researcher	Uganda National Health Research Organisation	Uganda
11	Dr. Sam Okware	Director General	Regional Centre for Quality of Healthcare	Uganda
12	Prof. Fred Wabwire-Mangen	Executive Director	Makerere University School of Public Health	Uganda
13	Mr. Charles Okia	Researcher	Natural Chemotherapeutics Research Institute UNHRO/Ministry of Health	Uganda

APPENDIX VI

CONSULTATIVE MEETING OF NATIONAL FOCAL POINTS HELD ON THE 9TH JULY 2016 AT MWANZA, TANZANIA				
LIST OF PARTICIPANTS				
S/No.	Name of Participant	Position	Name of Organisation	Country
1	Dr. Harriet Nabudere	Health Systems Researcher, NFP Coordinator	Makerere University	Uganda
2	Ms. Beth Mutumba	Science Officer- Research Analysis	UNCST	Uganda
3	Mr. Charles Okia	Researcher	UNHRO/MOH	Uganda
4	Dr. Julius J Massaga	Director of Research Coordination and Promotion	NIMR	Tanzania
5	Dr. Kijakazi Obed Mashoto	Principal Research Specialist	NIMR	Tanzania
6	Dr. George PrayGod	Principal Research Scientist	NIMR	Tanzania
7	Dr. Evans Amukoye	Ag. Deputy Director, Research, and Development	KEMRI	Kenya
8	Prof. Sammy Njenga	Chief Research Officer	KEMRI	Kenya
9	Mr. James Kariuk Ngumo	Senior Research Officer	KEMRI	Kenya
10	Mr. Leonard Ntakarutimana	Researcher, Chief of Biomedical Service	National Institute of Public Health	Burundi
11	Ms. Esperance Kabusoni	Chief of the Department of Paraclinic Science	National Institute of Public Health	Burundi
12	Mr. Jean Pierre Musabyamana	Senior Officer Clinical Research, NFP Coordinator	RBC/ Medical Research Centre	Rwanda
13	Mr. Safari Kinunghi	Senior Research Scientist	NIMR	Tanzania
14	Dr. Gabriel Upunda	Retired Chief Medical Officer Ministry of Health	URT	Tanzania
15	Mr. Peter Arimi	Senior Regional Health Specialist	USAID	Kenya
16	Mr. Wairimu Gakuo	Deputy Office Chief (Regional)	Health Population and Nutrition Office USAID	Kenya
17	Mr. Prince Bahati	Senior Director	IAVI	Kenya
18	Mr. Anatoli Kamali	Regional Director – Africa	IAVI	Kenya
19	Dr. Jean De Dieu Ngirabega	Deputy Executive Secretary (Research)	EAHRC	EAC
20	Prof. Gibson Kibiki	Executive Secretary	EAHRC	EAC
21	Ms. Roselyn Ogweno	Accountant	EAHRC	EAC

APPENDIX VII

REGIONAL MEETING OF THE HEALTH AND LEGAL EXPERTS HELD FROM THE 21ST-23RD SEPTEMBER 2016 AT ENTEBBE, UGANDA				
LIST OF PARTICIPANTS				
S/No	Name of Participant	Position	Name of Organisation	Country
1	Dr. Isaac Kadowa	Acting Commissioner Health Services	Ministry of Health	Uganda
2	Dr. Harriet Nabudere	Health Systems Researcher	Makerere University	Uganda
3	Ms. Sarah Mitanda	Commissioner	Ministry of Justice & Constitutional Affairs	Uganda
4	Dr. Novat Twungubmwe	Head of Health Research	National Institute of Public Health	Burundi
5	Dr. Isaac Minani	Director General of Health Services	Ministry of Health	Burundi
6	Mr. Anatole Nizigiyimana	Legal Expert National Legislation Service	Ministry of Justice	Burundi
7	Dr. David Tumusiime	Acting Dean of School of Health	University of Rwanda	Rwanda
8	Mr. Happy Mukama	Advocate and Consultant	Rwanda Bar Association	Rwanda
9	Dr. Jean de Dieu Musabyimana	Senior Officer Clinical Research	RBC/ Medical Research Officer	Rwanda
10	Dr. Charles Nzioka	Deputy Director of Medical Services	Ministry of Health	Kenya
11	Dr. Evans InyangalaAmukoye	Research & Development /NFP Coordinator	EAHRC	Kenya
12	Ms. Winnie J. Cheserem	Senior State Counsel	State Department of EAC Integration	Kenya
13	Mr. Faki Haji Faki	Head Research Unit	Ministry of Health Zanzibar	Tanzania
14	Ms. Hamida Abdallah Ngororo	Senior State Attorney, Contract & Treaties	Attorney General's Chambers	Tanzania
15	Dr. Stanley Sonoiya	Principal Legal Officer	EAC Secretariat – Health Department	EAC
16	Mr. Stephen Agaba	Principal Legal Officer	EAC Secretariat	EAC
17	Mr. Micheal Ndayikengurukiye	Principal Legal Officer	EAC Secretariat	EAC
18	Ms. Brenda Ntihinyurwa	Legal Expert	EAC Secretariat	EAC
19	Prof. Gibson Kibiki	Executive Secretary	EAHRC	EAC
20	Dr. Jean de Dieu Ngirabega	Deputy Executive Secretary (Research)	EAHRC	EAC

APPENDIX VIII

VALIDATION MEETING OF THE COMMISSIOERS HELD ON THE 14TH OCTOBER 2016 AT ZANZIBAR				
LIST OF PARTICIPANTS				
S/No	Name Of Participant	Position	Name of Organisation	Country
1	Dr. Isaac Minani	Director General	Health Services, Ministry of Public Health and Fight Against Aids	Burundi
2	Dr. Joseph Nyandwi	Vice Dean	Faculty of Medicine, University of Burundi	Burundi
3	Dr. Gerald Mkoji	Director	Kenya Medical Research Institute	Kenya
4	Dr. Pacifica K Onyancha	Director- Health Standards & Quality	Ministry of Health	Kenya
5	Prof. Fabian Esamai	Ag. Principal, Alupe University College	School of Public Health, Moi University	Kenya
6	Dr. Sam Okware	Director General	Uganda National Health Research Organisation	Uganda
7	Prof. Muhamad Bakari Kambi	Chief Medical Officer	Ministry of Health	Tanzania
8	Prof. Eligius Lyamuya	Deputy Vice Chancellor for Academics, Research and Consultancy	Muhimbili University of Health and Allied Sciences	Tanzania
9	Prof. Gibson Kibiki	Executive Secretary	EAHRC	EAC

DETAILED IMPLEMENTATION BUDGET (USD)					
STRATEGIC FOCAL AREA: ISNSTITUTIONAL CAPACITY DEVELOPMENT					
Activities	2016/17	2017/18	2018/19	2019/20	2020/21
i. Develop plans for relocating EAHRC HQs to Bujumbura.					
ii. Refurbishment of premises.	80,000				
iii. Put in place office equipment, furniture and facilities.	135,000	180,000	12,000	12,000	12,000
iv. Procurement of the building plan, construction and follow up on progress.		50,000	1,000,000	1,000,000	1,000,000
v. Develop an appropriate organised structure.	3,000				
vi. Recruit competent staff.	28,650	7,500	7,500	7,500	7,500
vii. Present amendments required in EAHRC Protocol to the council for ratification.	5,000				
viii. Coordinate the process of ratification of the protocol.					
ix. Develop a communication and brand strategy for the commission.	80,000	60,000	66,000	72,000	78,860
x. Develop EAHRC publicity materials e.g. profiles, brochures, etc.	10,000	11,000	12,400	13,310	14,641
xi. Network with national, regional and international institutions and build research collaborations.	110,000	130,000	150,000	170,000	190,000
xii. Feature in public media; TV, radio, launch corporate social responsibility initiatives.	50,000	85,000	105,000	110,000	115,000
Sub Total	501,650	523,500	1,352,900	1,385,410	1,418,001

STRATEGIC FOCAL AREA: RESOURCE MOBILISATION					
i. Develop a broad-based resource mobilisation strategy.	15,000	16,000	17,000	18,000	19,000
ii. Develop the terms of reference for the stakeholders to mobilise resources for health research.	10,000	10,000	5,000	5,000	5,000
iii. Develop concept papers, proposals, and hold workshops to mobilise resources	15,000	15,000	25,000	30,000	35,000
iv. Develop the terms of reference for monitoring the progress of reducing 10/90 gap.	15,000	19,000	25,900	27,860	30,846

v. Coordinate the consultative meetings for development and implementation of strategies for monitoring the progress of reducing 10/90 gap.	15,000	20,000	25,000	30,000	30,000
vii. Design and establish a system for preparation and submission of proposals.	10,000	10,000	5,000	5,000	5,000
viii. Develop consensus on the research topics for fundable proposals and prepare accordingly.	30,000	30,000	30,000	30,000	3,000
Sub Total	110,000	120,000	132,900	145,860	154,846

STRATEGIC FOCAL AREA: RESEARCH COLLABORATION AND CAPACITY DEVELOPMENT					
Activities	2016/17	2017/18	2018/19	2019/20	2020/21
i. Carry out baseline assessment of research capacity of the partner states.	197,599	311,668	69,632	74,553	80,501
ii. Support and coordinate the establishment of research-oriented training programmes.	246,790	349,334	441,612	556,738	706,007
iii. Establish criterion for prioritising health research.	52,000	24,900			
iv. Link up with global efforts to address specific conditions.		250,000	350,000	450,000	550,000
v. Determine health research priorities in the Community.	178,080	250,000	350,000	450,000	550,000
vi. Establish and implement health research programmes on priority basis.	265,000	380,000	495,000	520,000	635,000
vii. Support regular ethics and peer review research programmes.	150,000	150,000	150,000	150,000	150,000
viii. Create infrastructure and facilities required for the health surveillance system in the Community.	298,080	350,000	450,000	550,000	650,000
ix. Integrate data sources from the Partner States for a comprehensive system of health surveillance and communicate to the stakeholders.	58,560	65,000	75,000	85,000	90,000
x. Establish MoUs and Partnerships with research institutions and universities.	52,000	27,427	33,708	36,084	39,962
xi. Identify organisations with expertise in health research with a view to establishing CoEs.	55,000	65,000	70,000	75,000	80,000
xii. Support establishment of the Centres of Excellence.		661,000	754,000	854,000	954,000
Sub Total	1,553,108	2,884,329	3,238,952	3,811,376	4,485,470

STRATEGIC FOCAL AREA : RESEARCH ENVIRONMENT					
Activities	2016/17	2017/18	2018/19	2019/20	2020/21
i. Collect data on existing ethics review frameworks among the Partner States.	80,000	100,000	120,000	140,000	150,000

ii. Support the partner states in developing the policy framework, structure and systems for ethics review.	200,000	250,000	300,000	350,000	400,000
iii. Provide a platform and coordinate the efforts to harmonise ethics review frameworks of the Partner States.	150,000	150,000	170,000	190,000	210,000
iv. Collect and analyse data on the regulatory capacity of the Partner States	80,000	70,000	50,000	50,000	50,000
v. Strengthen institutional and national capacity for monitoring and evaluation of clinical trials.		275,000	350,000	450,000	500,000
vi. Strengthen and establishment of training programmes in research ethics.	150,000	250,000	300,000	350,000	400,000
vii. Develop thresholds for quality standards.	30,000	60,000	36,000	32,600	39,000
viii. Develop and implement an EAHRC regulatory framework.	100,000	80,000	50,000	50,000	50,000
ix. Review and harmonise the legal framework on intellectual property rights among the Partner States.	30,000				
x. Sensitise stakeholders on the legal framework.		45,000	45,000	45,000	45,000
xi. Set up mechanisms for establishing Community Advisory Boards (CAB) for projects that will involve communities.	115,000	150,000	200,000	250,000	250,000
xii. Develop strategies to strengthen Community Advisory Boards in the Partner States		50,000	50,000	50,000	50,000
Sub Total	935,000	1,480,000	1,671,000	1,957,600	2,144,860
STRATEGIC FOCAL AREA: KNOWLEDGE MANAGEMENT					
Activities	2016/17	2017/18	2018/19	2019/20	2020/21
i. Develop a platform for carrying out discussions and formulating policies and their implementation.	100,000	160,000	170,000	180,000	190,000
ii. Develop and operationalise a web portal, www.eahealth.org.	98,324	62,796	65,584	67,173	69,433
iii. Launch the East African Health Research Journal.	100,000	125,002	135,806	157,990	160,255
iv. Hold the East African Health & Scientific Conferences every two years.	669,000		710,000		720,000
v. Support Partner States and other Stakeholders to translate findings into policy and practice.		250,000	350,000	400,000	450,000
vi. Organise and coordinate workshops to identify policy and programmatic implications of research findings.	50,000	50,000	50,000	50,000	50,000
vii. Prepare briefs and working papers based on policy and programmatic implications of the research findings.	10,000	10,000	10,000	10,000	10,000
viii. Mobilise stakeholders for promoting knowledge sharing programmes such as REACH Policy Initiative.	80,000	140,210	152,466	169,781	177,568
Sub Total	1,107,324	798,008	1,643,836	1,034,944	1,827,255

STRATEGIC FOCAL AREA: ONE HEALTH APPROACH					
Activities					
i. Establish research fora that bring together human, animal and environmental health experts.	57,000	60,000	60,000	60,000	60,000
ii. Establish intersectoral research programmes.	214,000	250,000	300,000	350,000	400,000
iii. Develop a policy framework for One-Health Approach among Partner States.	50,000	100,000	110,000	120,000	130,000
Sub Total	321,000	410,000	470,000	530,000	590,000
GRAND TOTAL(USD)	4,528,082	6,215,837	6,215,837	8,865,190	10,620,432

APPENDIX X

EAST AFRICAN HEALTH RESEARCH COMMISSION STRATEGIC PLAN 2016-2021						
MONITORING AND EVALUATION FRAMEWORK						
STRATEGIC FOCAL AREA : INSTITUTIONAL CAPACITY DEVELOPMENT						
Strategic Objective 1: To establish Institutional governance, management, and operational framework.						
Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
i. Develop plans for relocating EAHRC HQs to Bujumbura.	Headquarters relocated to Bujumbura.	Headquarters relocated to a permanent location.	Headquarters established.	Lease/rent agreements.	One time activity.	Executive Secretary.
ii. Refurbishment of the premises.						
iii. Putting in place office equipment, furniture and facilities.	Required facilities, equipment and furniture in place.	Functional and efficient office.	Existence of facilities and equipment.	Up-to-date Assets Register.	Annually.	Executive Secretary.
iv. Construction of permanent premises of the Commission.	Permanent premises ready.	Commission's own premises.	Permanent Headquarters established.	Permanent Headquarters established, Building plans, budgets and contracts.	Quarterly till premises are completed.	Deputy Executive Secretary, Finance and Administration.
v. Develop an appropriate organisational structure.	Approved organisational structure in place.	Clear structure leading to efficient operations.	Approved organisational structure.	Minutes of approval for new organisational structure.	One time activity.	Deputy Executive Secretary, Finance and Administration.

STRATEGIC FOCAL AREA : INSTITUTIONAL CAPACITY DEVELOPMENT (CONTINUED)

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
vi. Present amendments of the EAHRC Protocol to the Council for ratification and coordinate the process of ratification of the Protocol.	Amended Protocol in place.	Protocol supporting the efficient functioning of the Commission.	Protocol amended.	Protocol amended.	One time activity.	Executive Secretary.
vii. Develop communication and brand strategy for the Commission.	Communication and brand strategy developed.	Effective communication of the EAHRC affairs to the stakeholders.	Communication and brand strategy approved by the Sectoral Council.	Communication and brand strategy in place.	One time activity.	Executive Secretary.
viii. Develop EAHRC publicity material e.g. profile, brochures.	Profiles and brochures designed and approved.	Increased awareness and strong brand of EAHRC.	Availability of public materials.	Stocks and records of brochures and profiles.	Annually.	Executive Secretary.
ix. Network with national, regional and international institutions and build research collaborations.	Partnerships and collaboration established.	Strong networks for health research established.	Number of networks supporting health research programmes established.	Partnership agreements and research reports.	Annually.	Executive Secretary.
x. Feature in public media; TV, radio, and launch corporate social responsibility initiatives.	<ul style="list-style-type: none"> • EAHRC featured in the media positively. • Corporate social responsibility initiatives launched. 	Positive public perception of EAHRC.	Adequate media coverage.	Records of Media publications & documentaries & corporate social responsibility.	Annually.	Executive Secretary.

STRATEGIC FOCAL AREA: RESOURCE MOBILISATION

Strategic Objective 2: To mobilise resources to support health research for development.

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
i. Develop a broad-based resource mobilisation strategy.	Resource mobilisation strategy in place.	Resource mobilisation efforts strengthened.	Resource mobilisation strategy document.	Mobilisation strategy document.	One time activity.	Executive Secretary /Deputy Executive Secretary – Finance & Administration.
ii. Develop terms of reference for the fora of the stakeholders to mobilise resources for health research.	New funding approaches established.	Resources mobilised as per the budget.	<ul style="list-style-type: none"> • Required funds generated, • A number of innovative approaches realised. 	Financial reports.	Annually.	Executive Secretary.
iii. Develop concept papers, proposals and hold workshops to mobilise resources.						
iv. Develop the terms of reference of the fora for monitoring the progress of reducing 10/90 gap.	Terms of reference for the Fora established.	Efforts to reduce the 10/90 strengthened.	Minutes of the meeting.	Minutes of the meetings.	Annually.	Deputy Executive Secretary – Research.
v. Coordinate the consultative meetings to develop and implement strategies for monitoring the progress of reducing the 10/90 gap.	Consultative meetings conducted.	Strategies for reducing the 10/90 gap developed and implemented.	Progress reports on percentage reduction of the 10/90 gap.	Minutes of the meetings and monitoring reports.	Annually.	Deputy Executive Secretary – Research.
vi. Design and establish a system for preparation and submission of proposals.	System for preparation of proposals established.	Improved quality of proposals.	Percentage Number of successful proposals.	Number of proposals.	Annually.	Deputy Executive Secretary – Research.
vii. Develop consensus on the research topics for fundable proposals and prepare proposals accordingly.	Fundable Research proposals developed.	Necessary funding obtained.	Percentage of successful research funding proposals.	Number of funding proposals.	Bi-annually.	Executive Secretary.

STRATEGIC FOCAL AREA: RESEARCH COLLABORATION AND CAPACITY DEVELOPMENT

Strategic Objective 3: To establish research and capacity strengthening programmes, networks, partnerships and Centres of Excellence, and harness advancement in science, technology and innovation and ICT.

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
i. Carry out baseline assessment of research capacity of the Partner States.	Baseline surveys conducted.	Research capacity gaps among the Partner States identified.	Number of surveys carried out.	Baseline survey reports.	Annually.	Deputy Executive Secretary-Research.
ii. Support and coordinate establishment of research-oriented training programmes.	Training needs analysis conducted and training programmes established.	Adequate trained human resources available for research.	Number of training programmes developed.	Training needs analysis/training reports.	Annually.	Deputy Executive Secretary-Research.
iii. Establish criterion for prioritising health research.	Guidelines for prioritising health research established.	Health research conducted according to the Community's needs.	Number of research projects focused on the priority areas.	Research reports.	Annually.	Deputy Executive Secretary-Research.
iv. Link up with global efforts to address specific conditions.	Existing linkages strengthened and new linkages established every year.	Increased global participation.	Number of partners and projects.	MOUs and project documents.	Annually.	Deputy Executive Secretary-Research.

STRATEGIC FOCAL AREA: RESEARCH COLLABORATION AND CAPACITY DEVELOPMENT (CONTINUED)

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
v. Determine health research priorities in the Community.	Technical and policy support provided.	Percentage of research resources utilised on the highest priorities.	Number of research projects focused on the priority areas.	Research reports.	Annually.	Deputy Executive Secretary-Research.
vi. Establish and implement health research programmes on priority basis.	<ul style="list-style-type: none"> • Training needs analysis conducted. • Training programmes established. 	Adequate trained human resources available for research.	Number of training programmes developed.	Training Needs Analysis/Training Reports.	Annually.	Deputy Executive Secretary-Research.
vii. Support regular ethics and peer review of research programs.	Peer reviews conducted regularly.	Improved ethical standards.	Percentage of research programmes subjected to ethics reviews.	Periodic reports on ethical review.	Annually.	Deputy Executive Secretary-Research.

STRATEGIC FOCAL AREA: RESEARCH COLLABORATION AND CAPACITY DEVELOPMENT (CONTINUED)

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
viii. Create infrastructure and facilities required for the health surveillance system in the Community.	Health surveillance system established in the Community.	Improved health surveillance.	Number of health hazards detected.	Surveillance reports.	Annually.	Deputy Executive Secretary-Research.
ix. Integrate data sources from the Partner States for a comprehensive system of health surveillance and share the information with the stakeholders.	Comprehensive system of health surveillance established.	Enhanced health information and improved response to health issues.	Number of the Partner States with health surveillance systems.	Health surveillance system periodic reports.	Annually.	Deputy Executive Secretary-Research.
x. Establish MOUs and partnerships with research institutions and universities.	MOUs with reputed organisations established.	Increased research activity.	Number of MoUs/agreements.	MOUs with reputed organisations.	Annually.	Deputy Executive Secretary – Research.
xi. Identify organisations with expertise in health research with a view to establishing CoE.	Organisations with potential be Centres of Excellence identified.	Increased research activity.	Number of MoUs/agreements with reputed organisations.	MoUs/agreements.	Annually.	Deputy Executive Secretary-Research.
xii. Support establishment of the Centres of Excellence.	Centres of Excellence established.	Increased generation of knowledge and expertise.	Number of Centres of Excellence established.	Number of Centres of Excellence established.	Annually.	Deputy Executive Secretary-Research.

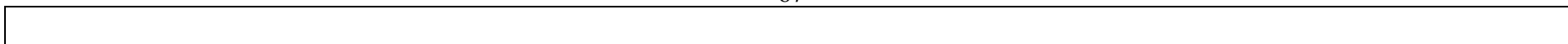
STRATEGIC FOCAL AREA : RESEARCH ENVIRONMENT

Strategic Objective 4: To create an environment conducive for research development, and harmonised regional regulatory and ethics review frameworks.

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
i. Collect data on existing ethics review capacity of the Partner States.	Ethics review capacity baseline survey report.	Actionable information on ethics review capacity.	Ethics review capacity baseline survey report.	Baseline survey report.	One time activity.	Deputy Executive Secretary-Research.
ii. Support the Partner States in developing the policy framework, structure and systems for ethics review.	Trainings and workshops etc. conducted.	Improved ethics review frameworks of the Partner States.	Number of countries with ethics review frameworks established.	Study reports of ethics review frameworks.	Annually.	Deputy Executive Secretary-Research.
iii. Provide a platform and coordinate the efforts to harmonise to ethics review framework of the Partner States.	Training and workshops conducted and policy support extended to the Partner States to harmonise the ethics review framework.	Harmonised ethic review framework among the Partner States.	Harmonised policies.	Policy documents and meeting minutes.	Annually.	Deputy Executive Secretary-Research.
iv. Collect and analyse data on the regulatory capacity of the Partner States.	Survey report on regulatory capacity.	Actionable information on regulatory capacity of the Partner States.	Survey Report.	Survey Report.	Annually.	Deputy Executive Secretary-Research.

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
v. Strengthen institutional and national capacity for monitoring and evaluation of clinical trials.	Policy support, workshop and other engagement with the Partner States.	Institutional and national capacity for monitoring clinical trials among the Partner States enhanced.	Standards of the monitoring the clinical trials.	Clinical trial reports and documentation.	Annually.	Deputy Executive Secretary.
vi. Strengthen and establish of training programmes in research ethics.	Training programmes developed and delivered.	Research regulatory capacity strengthened.	Number of training conducted and the number of participants.	Training reports.	Annually.	Deputy Executive Secretary-Research.
vii. Develop thresholds for quality standards.	Quality standards of regulatory framework established in the Partner States.	Harmonised standards of health research among the Partner States.	Number of the Partner States with harmonised ethics review frameworks.	Ethics review frameworks.	Annually.	Deputy Executive Secretary-Research.
viii. Develop and implement an EAHRC regulatory framework.	EARC regulatory framework established.	Improved governance transparency, and access to information by all stakeholders.	Existence of harmonised procedures.	Guidelines for governance and access to information.	Annually.	Deputy Executive Secretary-Research.
ix. Review and harmonize the legal framework on intellectual property rights among the Partner States.	Legal framework reviewed and harmonised among the Partner States.	Improved legal framework on intellectual property rights among the Partner States.	Number of the Partner States whose legal framework is reviewed and harmonised.	Harmonised legal framework on intellectual property rights.	One time activity.	Deputy Executive Secretary-Research.

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
x. Sensitise stakeholders on the legal framework.	Sensitisation workshops conducted.	Increased awareness of stakeholders.	Number of sensitisation workshops and number of participants	Workshops Reports.	Annually.	Deputy Executive Secretary-Research.
xi. Set up mechanisms for establishing Community Advisory Boards (CABs) for projects that will involve communities.	Assessment carried out and strategies to strengthen community involvement developed.	Increased community participation in research.	Number of CABs set up	Periodic Reports of National Focal Persons.	Annually.	Deputy Executive Secretary-Research.
xii. Develop strategies to strengthen Community Advisory Boards in Partner States.						



STRATEGIC FOCAL AREA: KNOWLEDGE MANAGEMENT

Strategic Objective 5: To establish mechanisms for generating, capturing, synthesising, assessing, sharing, disseminating and utilising knowledge for solving the health challenges and support the development aspirations of the Community.

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
i. Develop a platform for carrying out discussions and formulating policies and their implementation.	Workshops and conferences on policy formulation held.	Effective implementation of the knowledge management policies.	<ul style="list-style-type: none"> • Number of conferences and workshops held. • Number of policies formulated. 	Policy documents and workshop minutes.	Annual.	Deputy Executive Secretary – Research.
ii. Develop and operationalise a web-portal: ww.eahealth.org.	Operational web-portal in place.	Increase in the dissemination of research findings.	Web-portal operational and accessible.	Access to the web-portal.	One-time activity.	Deputy Executive Secretary – Research.
iii. Launch East African Health Research Journal.	East African Health Research Journal established.	Increase in the dissemination of research findings.	Journals published.	Journals published.	Annually.	Deputy Executive Secretary – Research.
iv. Hold East African Health & Scientific Conference every two years.	Conferences convened.	Well-coordinated health research.	Records of the conferences.	Conference agenda and reports.	Every two years.	Deputy Executive Secretary – Research.
v. Support the Partner States and other stakeholders to translate findings into policy and practice.	Technical and policy support provided.	Policy and practice framework strengthened.	Number of new policies and practices emanating from research findings.	Policy documents and evaluation reports.	Annually.	Deputy Executive Secretary – Research.

STRATEGIC FOCAL AREA: KNOWLEDGE MANAGEMENT (CONTINUED)

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
vi. Organise and coordinate workshops to identify policy and programmatic implications of research findings.	Workshops organised.	Policy and programmatic implications of research findings identified.	Workshop reports.	Workshop reports.	Annually.	Deputy Executive Secretary – Research.
vii. Prepare policy briefs and working papers based on policy and programmatic implications of research findings.	Policy briefs and working papers developed.	Translation of research findings facilitated through dissemination of policy and programmatic implications of research findings disseminated.	Number of policy briefs and working papers.	Policy briefs and working papers.	Annually.	Deputy Executive Secretary – Research.
viii. Mobilise stakeholders to promote knowledge sharing programmes such as REACH Policy Initiative.	Health research and health care advocacy and sensitisation programmes established.	Knowledge sharing strengthened among stakeholders.	Increased participation of stakeholders.	Project/evaluation reports.	Annually.	Deputy Executive Secretary – Research.

STRATEGIC FOCAL AREA: ONE-HEALTH APPROACH

Strategic Objective 6: To promote One-Health Approach and integrated research involving human, animal and environmental health.

Activities	Outputs	Outcomes	Indicators	Means of Verification	Frequency	Responsibility
i. Establish a research fora that brings together human, animal and environmental health experts established.	Fora for One-Health approach established.	Increased awareness and acceptance of One - Health Approach.	Number of stakeholder engagements and the level of participation.	Activity logs, minutes.	Annually.	Deputy Executive Secretary-Research.
ii. Establish intersectoral research programmes.	Technical support, policy guidelines and stakeholder involvement.	Increased joint research programmes on human health, animal health and the environment.	Number of joint research programmes.	MOUs and program reports.	Annually.	Deputy Executive Secretary.
iii. Develop a policy framework for One-Health Approach among the Partner States.	Policy framework for One –Health developed.	One - Health Approach increasingly implemented in the Partner States.	Number of the Partner States where policy is being implemented.	Policy framework document.	One time activity.	Deputy Executive Secretary.

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