

EAST AFRICAN HEALTH RESEARCH COMMISSION
AN INSTITUTION OF THE EAST AFRICAN COMMUNITY

INSTITUTIONAL PROFILE
2021 – 2025



EAHRC HEADQUARTERS
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Preface

East African countries have a long history of cooperation in cultural and socioeconomic areas. Between 1947 and 1967 the cooperation was facilitated by the East Africa (High Commission) Orders in Council. The establishment of the East African Common Services in 1961, resulted in an important milestone for cooperation in health; the establishment of the East African Medical Research Council (EAMRC) in 1962. The EAMRC

was established through the enactment of Act No 14 of 1962, which was signed on behalf of the East African Common Services, with the advice and consent of the East African Central Legislative Assembly, by H.E. Julius Nyerere, the President of Tanganyika; Hon. W.F. Coutts, the Governor-General of Uganda; and Hon. Malcolm MacDonald, the Governor of Kenya. The Council, with its headquarters in Arusha, Tanzania was established to be responsible for coordination of medical research and related subjects in East Africa; and in particular to be responsible for determination of the desirable priorities to be applied to the activities of the East African Common Services, and towards avoidance of duplication of efforts. Under the EAMRC, five specialised research institutions were established, namely: the East African Institute for Medical Research; the East African Institute of Malaria and Vector-borne Diseases; the East African Virus Research Institute; the East African Trypanosomiasis Research Organisation; and the East African Leprosy Research Centre. The institutions operated across the entire East African region, and were hosted by each of the three member states.

The Treaty for establishment of the East African Cooperation (EAC) in 1967 strengthened further the cooperation of the member states, and incorporated the EAMRC and its institutions. Subsequent to the collapse of the EAC in 1977, the functions of the EAMRC and its institutions were relinquished to the member states. This resulted in the formation of the national research institutions, namely; National Institute for Medical Research (NIMR), Tanzania; Kenya Medical Research Institute (KEMRI), Kenya; and Uganda Virus Research Institute (UVRI), Uganda. Formation of the national institutions is a success story, to-date they have grown into well-coordinated networks of national research centers in their respective countries. They have broadened their mandate to include conduct and coordination of medical research, capacity development, and guiding national health policies and practices. They contribute to resource mobilisation, and have established international links and collaborations.

The re-establishment of the EAC in 1999, as part of the Treaty, revived the regional coordination of medical research by establishing the East African Health Research Commission (EAHRC) in 2008. The EAC broadened the EAHRC mandate from the defunct EAMRC. The EAHRC became the mechanism for making available to the EAC, advice upon all matters of health and health - related research that are necessary for; knowledge generation, technological development, policy formulation, and practice.

The National Research Institutions became the national focal points for coordination of the EAHRC activities and link with stakeholders at national level. When the Republics of Burundi and Rwanda joined the EAC in 2007, naturally their national research institutions; Institut National de Sante Publique, and Rwanda Biomedical Centre became the EAHRC national focal points, respectively.

The EAHRC was officially operationalised in July 2015, when the first three staff were appointed. This is the general overview of the EAHRC and some of its regional strategic programmes since 2015.

Background

The East African Community (EAC) is a regional intergovernmental organisation of six partner states; the Republic of Burundi, Republic of Kenya, Republic of Rwanda, Republic of South Sudan, United Republic of Tanzania, and Republic of Uganda, with its headquarters in Arusha, Tanzania.

The countries that form the EAC have a long history of close socioeconomic cooperation; the signing of the Treaty for establishment of the East African Co-operation in 1967, and the re-establishment of the EAC in 1999, are among the milestones that the citizens of the EAC have achieved in the course of strengthening the cooperation.

Cooperation in Health

The EAC with its ideal 'health is wealth', cooperates in health-related matters. The EAC established the East African Health Research Commission (EAHRC) in 2008 to revive and broaden the regional mandate of the former East African Medical Research Council (EAMRC). The EAMRC was established in 1967, however in 1977 it relinquished its mandate to national research institutions of the respective countries that formed the EAC.

Establishment of the EAHRC

The EAHRC was established by the Heads of State of the EAC Partner States, as stipulated by the Provisions of Article 118 of the Treaty of establishment of the East African Community.

The EAHRC is a mechanism for making available to the EAC, advice upon all matters of health and health - related research and findings that are necessary for; knowledge generation, technological development, policy formulation, and practice.

It is the principal advisory institution to the EAC on health Research and Development (R&D).

Vision of the EAHRC

The vision of the EAHRC is; a healthy and prosperous community built on evidence-driven health policy and practice, which emanate from high quality research.

Mission of the EAHRC

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

Objectives of the EAHRC

The EAHRC is implementing a five-year 2016 – 2021 Strategic Plan that has been developed in line with its mandate, objectives and functions. An interim review of the five-year strategic plan is scheduled after two and a half years, while a new strategic plan is developed for on a cycle of five years.

1. The objective of the Commission is to promote, facilitate, and coordinate the conduct and application of health research for improvement of health and for the wellbeing of the people of East Africa.
2. The specific objectives for which the Commission is established are to:-
 - a. Establish research programmes, networks, partnerships and centres of excellence in health research;
 - b. Establish capacity development and capacity utilisation programmes;
 - c. Create an environment that is conducive for research, including harmonised regional regulatory affairs and ethics review frameworks in the Partner States;
 - d. Establish mechanisms for health research knowledge management;
 - e. Mobilise resources to support health research for development.

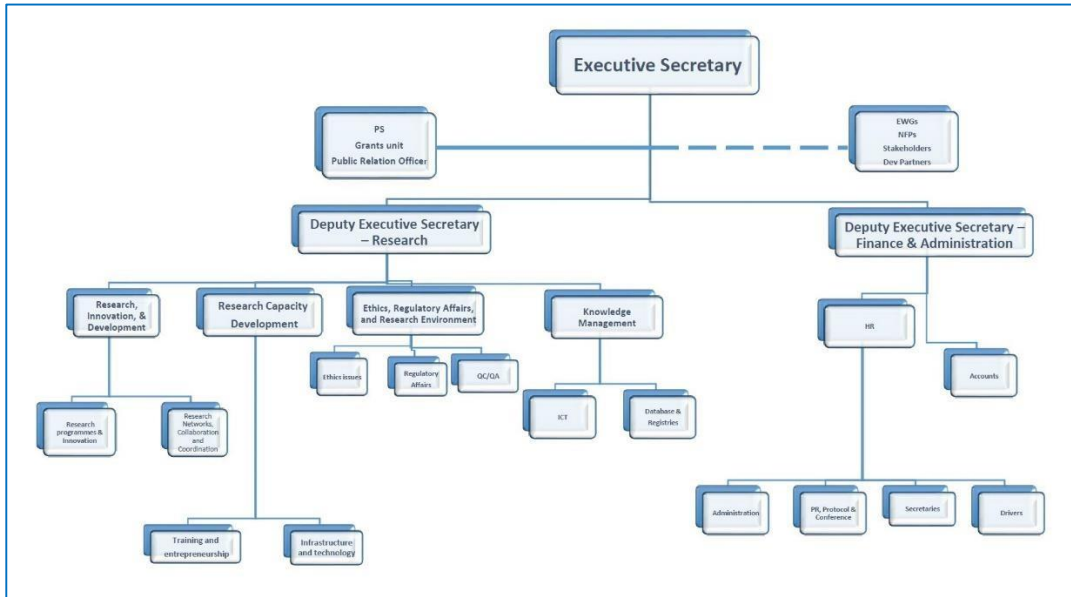
Functions of the Commission

1. The Commission is the principal advisory institution to the Community on all matters related to health and Research and Development (R&D).
2. The functions of the Commission include to: -
 - a. Ensure the development of comprehensive networks for research linking member institutions;
 - b. Promote collaborative health research programmes including to: -
 - i. strengthen and enhance mechanisms for collaboration in health research in the Partner States and give general direction to the development and achievement of the objectives of the Commission;
 - ii. create and develop collaborative relationships with partners including private sector and other organisations with similar health and research-related objectives;
 - iii. develop centres of excellence in health research in the region;
 - iv. play a key liaison role with the national, regional and international health institutions and other collaborating organisations;
 - v. establish and maintain a harmonised network of morbidity and mortality registries for all diseases, illnesses and conditions which may occur at community, health facility, district, national and regional levels in Partner States;
 - vi. audit research programmes and projects in the region;
 - c. Facilitate the establishment of safety, quality control, and quality assurance through:-
 - i. facilitation, in partnership with ethics bodies in the Partner States, ethical conduct of health research;
 - ii. facilitation, in partnership with regulatory authorities in the Partner States, with respect to health research regulatory affairs;
 - iii. development, in partnership with relevant national authorities, of criteria for assessing standards and assuring quality of health research in the region through

- providing guidelines on mechanisms for quality assurance, self-evaluation, and comparability and interoperability of the health research criteria and standards in the region;
- iv. development of quality assurance processes in order to achieve and maintain international standards in health research in the region;
 - v. help member institutions identify and implement good practices in the conduct and management of health research and utilisation of resources;
- d. Promote the synthesis, interpretation, dissemination and utilisation of health research findings;
 - e. Promote the application of knowledge from research to strengthen regional health policy and practice;
 - f. Facilitate the development of regional health policies and their implementation;
 - g. Facilitate the creation and utilisation of health research databases;
 - h. Establish national and regional databases on health research capacity and research activities in the region;
 - i. Promote and facilitate the development of human resource capacity and skills in health and in all disciplines of health research;
 - j. Guide the governments of the Partner States and health research institutions to identify best ways of developing and retaining qualified health research personnel;
 - k. Promote the exchange and dissemination of health research information through conferences, workshops, publications, use of ICT, and other media;
 - l. Play a critical advocacy role and search for research grants and required resources;
 - m. Promote Community outreach activities in implementation of research findings;
 - n. Address common intellectual property rights, patency, copyright issues, etc. which are relevance to health in the Partner States;
 - o. Facilitate strategic planning in health research institutions and others with similar objectives;
 - p. Establish expert working groups for priority health research areas;
 - q. Assist governments and other appropriate bodies and authorities with the development of strategies for adequate and appropriate investment in health research in the region;
 - r. Strive for excellence in all of its undertakings;
 - s. Use resources available in the Partner States to implement its functions;
 - t. Implement the decisions of the policy organs of the Commission;
 - u. Do all such other things as the EAC Council may deem necessary for the discharge of its functions and the realisation of its objectives.

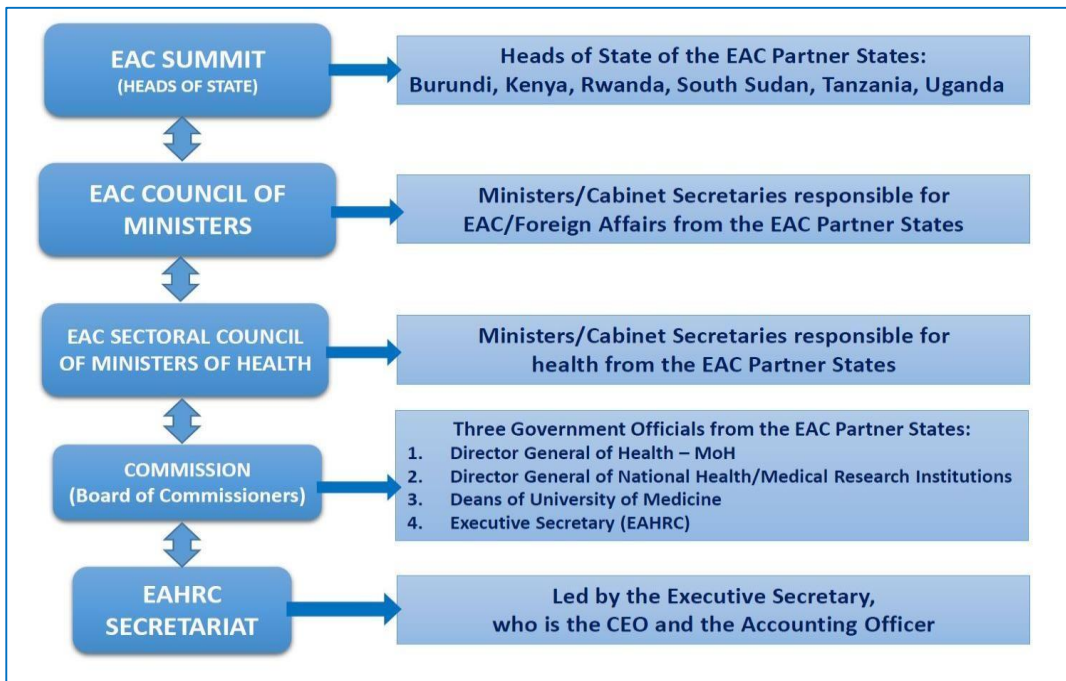
EAHRC Organisational Structure

The organisational structure of the EAHRC secretariat at the EAHRC Headquarters



EAHRC Reporting Structure

The EAC reporting and decision-making structure for EAHRC



EAHRC Commissioners

The Commission is the principal advisory institution to the EAC on health, research and development

The EAHRC Commission is composed of:

- (a) The head of the national health research institutions/organisations of the Partner States;
- (b) The technical head of health services in the ministries responsible for health of the Partner States;
- (c) One representative of the deans/heads of faculty of medicine, health and allied sciences of recognized universities of the Partner States to be chosen on a 3-year rotational basis; and
- (d) The Executive Secretary who shall be the Secretary to the Commission.

The Commission may co-opt any person to attend the meetings of the Commission



The 1st EAHRC Board of Commissioners taking oath to serve the EAHRC

L – R: Prof Fabian Esamai, Prof Eligius Lyamuya, Dr Mohamed Dahoma, Prof Pauline Byakika, Dr Jackson Kioko, Prof Yunus Mgaya, Prof Mohamed Bakari, Dr Sam Okware, Dr Gerald Mkoji, Dr Pierre Claver Kazihise, Prof Joseph Nyandwi, Dr Isaac Minani

The swearing in ceremony was conducted by His Lordship Yufnalis Ndege Okubo, the Registrar of the East African Court of Justice, on 28th March 2017, during the 6th East African Health & Scientific Conference, in Bujumbura, Republic of Burundi. The ceremony was witnessed by the Guest of Honour, H.E. Pierre Nkurunziza, the President of the Republic of Burundi; and Hon. Umyy Mwalimu, the Chair of the EAC Sectoral Council of Health; Hon. Amb. Liberat Mfumukeko, the EAC Secretary General; Hon. Prof Gibson Kibiki, the EAHRC Executive Secretary; Hon. Josephine Nijimbere, Minister of Health, Republic of Burundi; Hon Anne Casper, the USA Ambassador to the Republic of Burundi, and Prof Bazira Ildegarde, Chairperson of the 6th EAHSC.

National Focal Points

The National Focal Point (NFP) is a National Health/Medical Research Institution, which conducts, coordinates, and promotes health research in an EAC Partner State. The NFP is established by the government of the respective EAC Partner State for making available to the partner state, advice upon all matters of health and health related research for improvement of the health and wellbeing of its people.

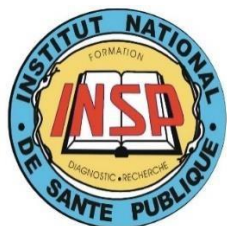
National Focal Points

Are the linkages between EAHRC and stakeholders at the EAC Partner States

The NFP is a linkage between EAHRC and the national stakeholders of the EAC Partner States. The NFP is responsible for coordinating national stakeholders and supporting activities of the Commission at the Partner State's level.

The following are the EAHRC NFPs

1. Republic of Burundi: Institut National De Sante Publique (INSP)



B.P: 6807 Bujumbura
E-mail insp@insp.bi
Tel: +257 22 228 167 – 22248077
www.insp.bi

2. Republic of Kenya: Kenya Medical Research Institute (KEMRI)



Mbagathi Road, Nairobi
Tel: +254 02-2722 541
www.kemri.org

3. Republic of Rwanda: Rwanda Biomedical Centre (RBC)



RBC Head Office, KG 17 AVE,
Remera, Rukiri II, Gasabo, Kigali
www.rbc.gov.rw/

4. Republic of South Sudan: Ministry of Health*

5. United Republic of Tanzania: National Institute for Medical Research (NIMR)



Barack Obama Drive; P.O. Box 9653, 11101 3
Dar Es Salaam
Tel: +255-22-2121 400
E-mail: hq@nimr.or.tz
www.nimr.or.tz

6. Republic of Uganda: Uganda National Health Research organisation (UNHRO)



Plot 2, Berkeley Lane, Entebbe
P.O. Box 465, Entebbe
Tel: +256 414321766
E-mail: unhrodesk4@gmail.com
<http://unhro.org.ug/>

* Currently operating under the MoH

EAHRC Strategic Regional Programmes

EAHRC has initiated strategic regional programmes that are broad, multi-sectorial, and with long-term sustainable socioeconomic impact. Some of them are:

1. Digital Health

Digital Regional East African Community Health (Digital REACH) Initiative. Digital REACH Initiative is a novel, and ground-breaking initiative to transform the health service delivery and health outcomes in the region for millions of people, through scaled uptake and utilisation of the Information and Communication Technology (ICT) across the entire health sector. The Digital REACH Initiative maximises the power of digital health in East Africa by ensuring an enabling environment for, and investment in digital health, and by implementing scaled, coordinated, transformational, and innovative approaches

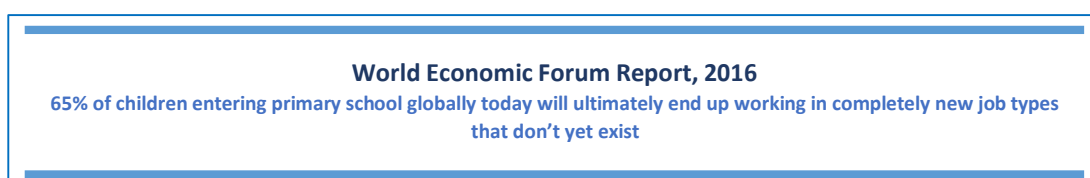


The outcome Goals are to:-



2. Next Generation of Health Research Scientists and Leaders

The Young East African Health Research Scientists' (YEARS') Forum is an initiative to empower the next generation research scientists and leaders in East Africa to be able



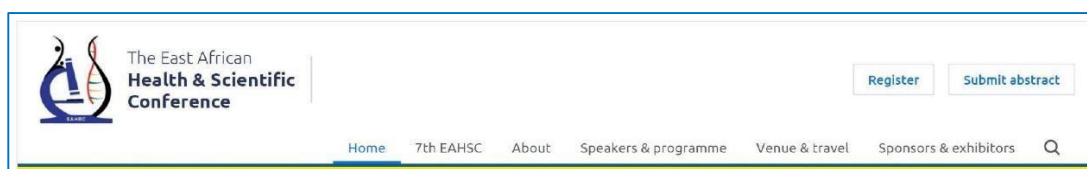
to shape the future of health, taking into account the new and unique features of this millennium that are going to influence significantly the socioeconomic development of our community.

3. Dialogue between Bureaucrats and Technocrats

East African Government Leaders, Legislators, and Legal Executives' (EAGLES') Forum. EAHRC coordinates the EAGLES' Forum. The forum brings together EAC government leaders, members of parliament, officials from the judiciary system, health experts and the EAHRC to discuss health issues. The forum that brings together the three pillars of governance in the EAC and its Partner States allows for attaining consensus and collective position on pertinent health issues. The forum is also attended by invited technocrats, development partners, members of the civil society and non-governmental organisations.

4. Conference in Health

East African Health and Scientific conference (EAHSC). The EAHSC is an EAC biennial event convened in East Africa by the EAHRC in collaboration with a host EAC Partner State. Hosting of the event is rotational to each of the Partner States, and at the Partner State's level is coordinated through the ministries responsible for EAC affairs, ministries responsible for health, and other relevant organisations, and it is done in close collaboration with regional and international health-related NGOs, civil society organisations, individuals, and stakeholders.



The EAHSC contributes towards strengthening regional cooperation in health, and enhances the EAC ideals of free movement of People, Services, and Goods.



Some of the parallel sessions during the 6th EAHSC, in Bujumbura, Burundi on 28th to 30th March 2017

5. One-Stop Center for Health Information in East Africa

The web portal www.eahealth.org is the official comprehensive compendium of health information in East Africa.

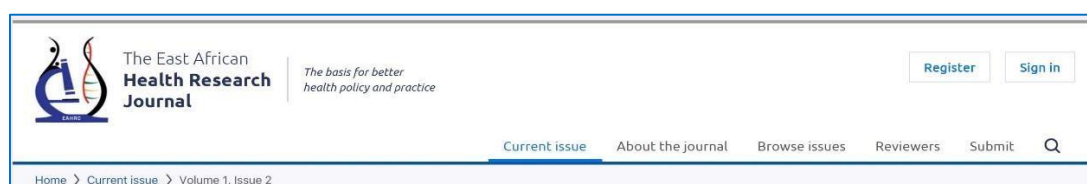


It provides information on the regional health sector and of each of the Partner States. The information ranges from health services, health/medical education, research, organisation and governance in health, reports, key health indicators, health A to Z conditions, events, and alerts related to health, etc.

6. EAHRC Journals

a. East African Health Research Journal

East African Health Research Journal (EAHRJ): *the Basis for Better Health Policy and Practice*.



EHRJ contains peer-reviewed articles, original articles, reviews, book reviews, short communications, surveys, commentaries, opinions on policy or practice, essays, reports, etc., from East Africa.



It covers the wide range of subjects and issues in the health sector; ranging from medicine, geo-medicine, dentistry, nursing, pharmacology, toxicology, pharmaceutical science, veterinary science, food science, health-related agriculture science, health professionals, etc., that provide evidence for improving health policy and practice.

b. East Africa Science

East Africa Science (EASci): *Search, Discover, Develop*. The journal publishes scientific research and innovation in health including clinical trials (on investigational medicinal products, devices, and diagnostics), application of health technologies and solutions, and other related matters.



It promotes research innovation, development of innovative ideas, application of Science, Technology and Innovation (STI), and Information and Communication Technology (ICT) in health, and the application of knowledge from health research innovations. EASci contains peer-reviewed articles, original articles, reviews, short communications, surveys, commentaries, opinions, book reviews, supplementary issues, essays, and reports related to advancement in health and medical sciences.

7. Health Policy

Regional East African Community Health Policy Making and Implementation (REACH PMI) Initiative. The REACH PMI initiative addresses the 'know-do gap' through a structured, and proactive approach to apply the available evidence, knowledge and best practices. It addresses the delays in conducting research of immediate relevance to policy and decision making. It fosters integrated and equity-centred health development.

8. Mechanism for funding Research and Development

Regional East African Community Health Research Funding and Accessing (REACH RFA) Initiative. The initiative aims at identifying research priorities for health, mobilising resource, managing the resource and conducting a regular and thorough monitoring and evaluation of the impact of the resource and outputs to the health and wellbeing of the citizens.

9. Real-Time Data Warehouse



The East Africa Open Science Cloud for Health (EAOSCH), a regional, real-time central data store for capturing, storing, retrieving, analysing, and managing national and regional health data. The warehouse will be a resource centre for evidence-driven health sector.

10. EAHRC Networks

EAHRC as per its mandate has established, or facilitated establishment of regional networks of research, academic, and other health - related organisations to address priority regional health agendas. The institutions have teamed up with international reputable academic institutions to allow for knowledge and technology transfer and sharing. The networks among others support the translation of health research to policy in East Africa. Some of the networks are:

a. East African TWENDE Clinical Trials Network (acronym: TWENDE-CTN)

The word *Twende* comes from the Eastern African *lingua franca*, *Swahili* that means “encouraging each other to move forward together”. TWENDE’s broad objective is to create a network of complementary Centers of Excellence (CoE) in the East African Community region, develop a critical mass of personnel, technology, and infrastructure to perform ICH-GCP standard clinical trials. It is comprised of research and research-academic institutions which are well-intertwined within the regional healthcare system.

b. Holistic Approach To Unravel Antibacterial resistance in East Africa (acronym: HATUA)

Hatua is a Swahili word synonymous to “take action”. The consortium is established with a broad objective of providing a co-ordinated regional response to curtail the imminent impact of antimicrobial resistance (AMR). Embedded within the EAC Partner States, HATUA takes the global antimicrobial resistance crisis in a regional holistic context, and uses a range of research approaches, from clinical, microbiological, and geographical to modelling and social sciences, to identify, understand and map the burden and drivers of antibiotic resistance across different communities and environments in East Africa.

EAHRC Staff Establishment and Positions

EAHRC when fully established will have a total of 34 permanent staff at the EAHRC Headquarters.

| Position | Level | Number of Staff |
|------------------------------|---------|-----------------|
| Executive Secretary | D1 | 1 |
| Deputy Executive Secretaries | P5 | 2 |
| Principal Officers | P3 | 5 |
| Senior Officers | P2 | 7 |
| Officers | P1 | 12 |
| General Staff | G2 – G5 | 7 |

The provisions of the Protocol of establishment of the EAHRC also grant the commission the right to utilise the resources available in the EAC Partner States to execute its mandate and functions. The resources include; infrastructure, technology, human and other resources.

For more information on EAHRC, please visit

www.eahealth.org
