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EAST AFRICAN COMMUNITY  
EAST AFRICAN LEGISLATIVE ASSEMBLY

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**REPORT OF THE COMMITTEE ON ACCOUNTS  
ON THE OVERSIGHT ACTIVITY TO THE EAST AFRICAN HEALTH  
RESEARCH COMMISSION**

(14<sup>TH</sup> - 17<sup>TH</sup> MARCH 2023: BUJUMBURA, BURUNDI)

**Clerk's Chambers  
3<sup>rd</sup> Floor, EALA Wing  
EAC Headquarters' Building  
Arusha, TANZANIA**

**April 2023**

## **LIST OF ACRONYMS AND ABBREVIATIONS:**

<b>DPs</b>	-	Development Partners
<b>D.REACH</b>	-	Digital Regional East African Community Health
<b>EAHRC</b>	-	East African Health Research Commission
<b>EAHSC</b>	-	East African Health Scientific Conference
<b>EACS</b>	-	The East African Community Secretariat
<b>EACJ</b>	-	The East African Court of Justice
<b>EALA</b>	-	The East African Legislative Assembly
<b>EASTCO</b>	-	East African Science and Technology Commission
<b>EAHC</b>	-	East African Health Cloud
<b>EA-CBHS</b>	-	East Africa Cross Border Health Services EA-CBHS
<b>KEMRI</b>	-	Kenya Medical Research Institute
<b>IUCEA</b>	-	Inter University Council of East Africa
<b>NEAT</b>	-	Network for East Africa Tertiary Health Care Services
<b>NIMR</b>	-	The National Institute for Medical Research
<b>MUHAS</b>	-	Muhimbili University of Health and Allied Sciences
<b>REACH PMI</b>	-	Regional East African Community Health Policy making and Implementation
<b>RFA</b>	-	Research Financing and accessing
<b>READSCoR</b>	-	Regional East Africa Disease Surveillance, Control and Response

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## **1.0 INTRODUCTION**

In accordance with Article 134 (3) of the Treaty for the Establishment of the East African Community and Rule 74 (1) and Rule 81 (C) Annex 5(A) of the Rules of Procedure of the East African Legislative Assembly, the Committee on Accounts undertook an oversight activity in Bujumbura – Burundi from 14<sup>th</sup> – 17<sup>th</sup> March, 2023.

The objective of this activity was to evaluate the governance and management systems at EAHRC and assess the performance of the Commission's programmes and projects. The importance of the oversight of the EAHRC cannot be over emphasised given the dire lessons the world learnt from the devastation of COVID 19. This pandemic taught the world that the health research and innovation is panacea for human race.

The report thus showcases the findings, observations and recommendations of the Committee on Accounts. It also highlights the institutional, legal, financial and policy challenges that have bedevilled EAHRC operations

The Committee is fully convinced that the numerous challenges notwithstanding, the EAHRC has the potential to become the leading health research institution in EAC.

## **2.0 ESTABLISHMENT OF THE EAST HEALTH RESEARCH COMMISSION**

The East African Health Commission (EAHRC) is an Institution of the East African Community (EAC). It was established by the EAC Heads of State in June,2007. The EAHRC is an organ of the Community that is charged with the duty of advising Council upon all matters of health and health- related research. It is the pillar for health knowledge generation, health technological development, health policy formulation and practice. It is the principal advisory institution to the EAC on Health Research and development.

The overall objective of the commission is to promote, facilitate and coordinate the conduct and application of health research for the improvement of health and for the wellbeing of the people of East Africa. The specific objectives for the Commission to be established are to;

- i) Establish research programmes, networks, partnerships and centres of excellences in the health research;
- ii) Establish capacity development and capacity utilisation programmes;
- iii) Create an environment that is conducive for research, including harmonised regional regulatory affairs and ethics reviews frameworks in the Partner states
- iv) Establish mechanisms for Health research knowledge management: and
- v) Mobilise resources to support health research for development.

### **3.0 METHODOLOGY**

While undertaking the oversight activity, the Committee used the following methodology;

#### **3.1 Documents review: -**

The Committee reviewed the following documents to understand the roles and other contextual matters pertaining to the existence and operations of the EAHRC.

- i) The Treaty for the Establishment of the East African Community;
- ii) The 5<sup>th</sup> EAC Development Strategy;
- iii) The Strategic Plan of the East African Community Health Research Commission
- iv) The Rules of Procedure of the East African Legislative Assembly;
- v) The EAC Financial Rules and Regulations;
- vi) The Council decisions relating to EAHRC;
- vii) The EAC Staff Rules and Regulations;
- viii) The Audit Commission Reports on the Accounts of the EAC Organs, Institutions and Programmes for the year ended 30<sup>th</sup> June 2022.
- ix) Strategic Plan of the EAHRC and other operational matters.

**3.2** The Committee also interacted with management of the East African Community Health Research Commission.

**3.3** Undertook a field study visit to the land which was donated by the Government of Burundi located at **Kizingwe-Bihara**,

### **4.0 KEY FINDINGS**

The key findings are divided in two parts

- a) On the Programs and performance of EAHRC
- b) On assessing the financial performance of EAHRC

#### **4.1 Programs and performance of EAHRC**

Performance of the EAHRC in the last 3 years

#### **4.1.1 Strategic intervention of Ethics and Research Development**

In 2019, EAHRC undertook a baseline assessment study of clinical trials capacity in the East African Partner States.

The findings showed significant gaps in clinical trials capacity between the EAC Partner States. The report of the findings was shared with the Partner States and the implementation framework was developed.

#### **4.1.2 Research innovation and developed**

In this framework, the activity involved the implementation of the digital regional East Africa Community Health Initiative (Digital REACH). In addition, the Regional East Africa Health Cloud baseline and needs assessment of the three common good of the EAHRC was conducted in the Partner States. This assessment was carried in 2020.

***The findings showed gaps in the EAC Partner States. Worth noting is the fact that additional assessment studies are ongoing to determine the existing digital assets and capability of using the digital asset in EAC region.***

#### **4.1.3 Resource mobilisation**

Under this framework, baseline assessments and mappings were undertaken to determine the sources of domestic financing in Health research in EAC Partner States. The bulk of the budget of the health research is generated from development Partners accounting for 90% of the health funding in the EAC Partner States. The finding were disseminated to the Partner States and a draft concept note proposing new mechanisms to increase domestic financing were developed.

#### **COMMITTEE OBSERVATION:**

The Committee observed that EAC Partner States rely heavily on donor funding which tantamount to putting all your eggs in one basket. It exposes EAC and makes it vulnerable to donor funding. This has a negative impact in case the donor pulled out.

#### **COMMITTEE RECOMMENDATION:**

***The Committee recommends the Assembly to urge the Council of Ministers to set aside funding for Health Research rather than relying entirely on donor funding***

#### **4.1.4 Infectious diseases Programme**

Under this programme two studies were undertaken namely; (The Cholera and the Covid 19 outbreak)

**A Study of the cholera.** (Whole genome sequence in EAC partner states). This was undertaken in 2019. Based characterization of vibrio cholera from historical outbreaks in East Africa Partner States. The findings were disseminated to the Partner states

**A covid 19** study aimed at verifying if COVID 19 infections had already occurred in the EAC region prior to 2019 before the first cases of the COVID were reported. The findings showed that there were no COVID 19 infections before the first case were discovered in the region. The study was undertaken in 2021. However, during the dissemination of the Covid 19 the report to the Partner States and the development Partners Centre for Disease Control (CDC) undertook to fund the study on immunogenicity of various COVID 19 vaccines in EAC Partner States. However, the protocol could not be funded by CDC Africa because the COVID 19 in the region was not no longer a health threat.

The Committee recognises and applauds the Health Research Commission and CDC Africa for having been proactive in formulating a regional protocol to combat COVID 19. However as noted above, COVID 19 incidences declined before this protocol could be finalized. Going forward, although this protocol was not finalized various variants of COVID 19 and other virus strains continue to emerge with the region for example the Marburg and Ebola outbreaks which have been reported in United Republic of Tanzania and Republic of Uganda respectively.

***The Committee recommends to the Assembly to urge the Council of Ministers to as matter of priority fund the finalization of the Covid 19 protocol. In the same the Committee recommends that this protocol be expanded to cater for other emerging variants in the EAC region.***

#### **4.2 How EAHRC has developed Research Agenda in the EAC Region**

The Research agenda developed by EAHRC was designed to cover both thematic and emerging health threats within the EAC. It covered the following areas:

- i) Regional East African Community Health Policy making and Implementation on (REACH PMI)
- ii) Infectious Diseases Surveillance: case of Cholera programme
- iii) Regional East African Community Health Research Financing and Accessing (Digital RFA)
- iv) Digital Regional East African Community Health (Digital REACH)
- v) Telemedicine Network for East Africa Tertiary Health Care Services (NEAT)
- vi) East African Health Cloud (EAHC)
- vii) East Africa Cross Border Health Services (EA-CBHS)
- viii) Regional East Africa Disease Surveillance, Control and Response (READSCoR)
- ix) Capacity development

## COMMITTEE OBSERVATIONS:

The Committee made the following observations;

- i. Some of the Partner States have no clear well defined research priority areas.
- ii. Lack of funding to develop research proposals for instance, the study on the Covid-19 could not be carried out because of lack of funding despite the fact that the ethical approvals were provided.
- iii. There was lack of harmonized guidelines in the ethics framework for multi country research studies.

***The Committee recommends to the Assembly to urge the Council of Ministers to ensure that;***

- i. EAHRC is financially supported to conduct the research priority areas in the EAC Partner States***
- ii. Proposals to harmonize the ethics review frameworks should as a matter of priority be expedited since they provide a cornerstone for guidelines in conducting ethnical and legitimate research.***
- iii. EAHRC should develop health research agenda in line with the EAC development strategy and EAC regional research agenda.***
- iv. Partner States should define the research priority areas on the emerging health threats.***

### **4.2.1 Academic institutions that have been brought on board as the EAHRC prepares to host the 9<sup>th</sup> health scientific conference.**

EAHRC has brought on board the following academic institutions from the EAC Partner States as it prepares to convene the 9<sup>th</sup> East African Health and Scientific Conference (EAHSC). These institutions were enlisted to collaborate with the EAHRC in organising the symposia.

- i) **Kenya**, The Kenya Medical Research Institute (KEMRI) and Aga Khan University Kenyatta National Hospital.
- ii) **Burundi**. National Institute of Public Health and the Kamenge University Hospital Centre
- iii) **Rwanda**, Rwanda Biomedical Centre and the Rwanda Food and Drugs Authority
- iv) **South Sudan**, the University of Juba



- v) **In the United Republic of Tanzania**, the National Institute for Medical Research (NIMR) and the Muhimbili University of Health and Allied Sciences (MUHAS)
- vi) **In Uganda**, Mbale Clinical Studies Research Institute

However, the Committee was informed that the progress to host this conference has encountered the following challenges;

- i) Delay by the hosting country (Rwanda) to nominate the National Steering Committee for the conference which is a prerequisite to hosting the conference.
- ii) Funding challenges have made the preparation of the conference difficult despite the set time lines.
- iii) The delays in nominating the National Scientific Councils which has a negative impact in the regional steering Committee and in submission of the manuscripts

***The Committee recommends to the Assembly to urge the Council of Ministers to;***

***Requests the Partner States to provide funding to the above academic health Institutions in the preparations of the symposia.***

#### **4.2.2 Un-transferred contributions from Partner States**

EAHRC had budgeted to collect revenue amounting to USD 1,872,690 from Partner States, but only received USD 1,203,275; leaving a balance of USD 669,415 uncollected. Consequently, there was uncollected shortfall of USD 669,415 or 36%. This negatively impacted EAHRC from achieving its intended objectives. The shortfall is analysed as below: -

<b>Name</b>	<b>Contribution 2019/2020 USD</b>	<b>Contribution received USD</b>	<b>Variance USD</b>
Republic of Burundi	312,115	0	312,115
Republic of Kenya	312,115	301,081	11,034
Republic of Rwanda	312,115	300,976	11,139
Republic of Tanzania	312,115	301,026	11,089
Republic of Uganda	312,115	300,192	11,923
Republic South Sudan	312,115	0	312,115
<b>Total</b>	<b>1,872,690</b>	<b>1,203,275</b>	<b>669,415</b>

**COMMITTEE OBSERVATION:**

The shortfall in revenue collection negatively affected the implementation of EAHRC planned activities.

**COMMITTEE RECOMMENDATIONS:**

*The Committee recommends to the Assembly to urge the Council of Ministers to ensure that EAHRC receives its remittance on time such that they are in position to implement its planned activities.*

**4.2.3 Understaffing**

When the Committee reviewed the organisational structure of EAHRC, it revealed that the approved staff establishment of EAHRC has 34 established positions. However, when the Committee scrutinized the staff list it revealed that there were only 6 filled positions with staff on contractual basis while the other 27 positions are vacant as analysed below:

Department	Established positions	Filled positions	Unfilled positions	Details of unfilled positions
Office of the Executive Secretary	11	2	9	Senior Legal Affairs Officer
				Senior Resource Mobilisation Officer
				Senior Public Relations Officer
				Senior Protocol & Conferences
				Senior Planning Officer
				Internal Audit Officer
				Procurement Officer
				M&E Officer
				Senior Personal Secretary
Driver				
Office of Deputy Executive Secretary – Research	3	1	2	Personal Secretary - DES Research
				Driver
Department of Research, Innovation & Development	3	0	3	Principal Health Officer - Research, Innovation & Development
				Research Programmes & Innovation Officer
				Collaborations & Coordination Officer
Department of Research	3	1	2	Training & Entrepreneurship Officer
				Infrastructure & Technology Officer

Department	Established positions	Filled positions	Unfilled positions	Details of unfilled positions
Capacity Development				
Department of Ethics, Regulatory Affairs & Research Environment	4	0	4	Principal Health Officer - Ethics, Regulatory Affairs & Research Environment
				Ethics Issues Officer
				Regulatory Affairs Officer
				Quality Control/Quality Assurance
Department of Knowledge Management	3	1	2	Senior ICT Officer
				Data Base & Registry
Office of Deputy Executive Secretary - Finance & Administration	7	1	6	Deputy Executive Secretary Finance & Administration
				Personal Secretary - DES F& A
				Driver
				Principal Human Resource Officer
				Senior Administrative Officer
				Assistant Accountant
<b>Total</b>	<b>34</b>	<b>6</b>	<b>27</b>	

The Committee further observed that the positions of the Executive Secretary and Deputy Executive Secretary fell vacant in July, 2020 and August, 2020 respectively. However, up to the time of Committee visit, these positions had not been filled.

The Committee observes that in view of the above findings, this has resulted into;

- Lack of continuity of Service in case the existing staff reach their tour of duty
- Lack of proper segregation of duties;
- Poor service delivery and under performance;
- Delay in making key management decisions in the implementations of EAHRC objectives.

**COMMITTEE RECOMMENDATION:**

***The Committee recommends to the Assembly to urge the Council of Ministers to ensure that the Management of EAHRC strive to attain optimal staffing levels sufficient to enable it deliver on its mandate. Priority should be given to the recruitment of the Executive Director.***

#### 4.2.4 Budget Execution

When the Committee analysed the strategic plan and the annual operational plans for EAHRC financial years 2021/22. It observed a number of critical operational and strategic areas that are either unimplemented or partially implemented. The failure to implement the planned activities were attributed to funding challenges which left most of the activities underfunded as analysed in the table below.

No	Partner States Funding Activities	Budgeted Amount USD	Actual Amount	%age Execution
1	Staff & Personnel Emoluments	845,640	349,550	41%
2	To conduct Staff Recruitment for Priority Staff to fill the organogram of EAHRC	84,940	7,488	9%
3	EAHRC Staff to attend work related specialised trainings	13,100	2,700	21%
4	To pay Rent and Office Operational Expenses & Supplies	204,760	122,130	60%
5	To convene and conduct 02 EAHRC Commissioners Meetings, 02 General NFP Meetings, attend all EAC Statutory Meetings	201,560	66,536	33%
6	To attend the Pre-budget conference and all the budget meetings including EAC Management Meetings at the HQ and facilitate Annual External Audit	36,930	31,302	85%
7	To strengthen Young East African Research Scientist (YEARS) in research ecosystem skills: Part III & IV, Monitoring & Evaluation of Research, and Strengthening health systems by generated-evidence	78,840	0	0%
8	To develop the 2 <sup>nd</sup> EAHRC Strategic Plan 2021 - 2026 (To Inception Report)	43,100	2,730	6%
9	To implement telemedicine linking E.A Centres of Excellence (CoE) with other health and academic facilities across the region for advanced and specialized	70,480	7,681	11%
10	To organise a biannual workshop to refine the health data to be collated on the EA Web Portal for Health Information: put in place strategies for collation, update,	36,750	0	0%
11	To print at least 03 issues of the EAHRJ annually	25,450	23,223	91%

12	To print at least 02 issues of the EASci annually	19,500	10,489	54%
13	To convene a regional workshop of East African Journals Editors in Chief to discuss the indexation of the Scientific materials to the EA web portal	39,700	0	0%
14	To convene at least 02 Regional Steering Committee meetings in preparation for the 8 <sup>th</sup> EAHSC March 2021	33,650	1,256	4%
15	To convene at least 04 National Steering Committee Meetings in preparation for the 8 <sup>th</sup> EAHSC March 2021	28,800	2,120	7%
16	To convene and hold the 8th East African Health and Scientific Conference March 2021	87,100	17,342	20%
17	To convene and hold consultative meetings with Donors & Development Partners to develop and implement strategies for monitoring & mitigating the 10/90 gap	29,300	0	0%
	<b>Sub Total EAC Partner States</b>	<b>1,879,600</b>	<b>644,547</b>	<b>34%</b>
	<b>Donor Funding (GIZ)</b>			
	To conduct Phase 1 of the COVID19 Study	45,633	21,917	48%
	To conduct Phase 2 of the COVID19 Study	67,283	0	0%
	<b>Sub Total Donor Funding</b>	<b>112,916</b>	<b>21,917</b>	<b>19%</b>
	<b>Grand Total EAHRC Budget</b>	<b>1,992,516</b>	<b>666,464</b>	<b>33%</b>

#### **COMMITTEE OBSERVATIONS:**

- i) The budget implementation and execution was at 50%. The implication is that EACHRC did not implement most of the planned programs and activities.
- ii) Some of the critical areas which are core and have a direct impact on the mandate of the institution were not funded such as organising biannual workshops to refine the health data to be collated on the EA Web Portal for Health Information.

#### **COMMITTEE RECOMMENDATION:**

***The Committee recommends to the Assembly to urge the Council of Ministers to put in place strategies for funding EAHRC since it is one of the critical Institutions of EAC.***

#### 4.2.5 Budget Performance underspending

When the Committee analysed the budget performance of the EAHRC, it observed that the total expenditure budget amounted to USD 1, 992, 516 while total actual expenditure for the year amounted to USD 665, 467 resulting into underspending of 1, 327,049 OR 67% as indicated below;

Description	Final Budget USD	Actual amounts USD	Variance USD	Underperformance %
EXPENSES	A	B	C=(A-B)	D = (C/A) *100
Salaries, wages, and employees benefits	853,640	357,038	496,602	58%
Administrative and consultancy	523, 330	214, 823	308, 507	59%
Development Expenses	603, 703	86, 198	517,505	86%
Finance	11, 843	7,408	4, 435	37
<b>Total</b>	<b>1, 992, 516</b>	<b>665, 998</b>	<b>1, 326, 518</b>	<b>67</b>

The Committee observed that with the above performance noted, EAHRC will not be able to attain its mandate. When the Committee interacted with the management of EAHRC, it reported that this scenario attributed to low remittance from the Partner States.

#### 4.2.6 Strategic Plan 2021-2026

A strategic plan is a roadmap for any organisation to achieving its goals or objectives. Without such management tool, there is no way an organisation can evaluate whether its on track to achieving its goals. Formulation of strategic plans for EAC Organs and Institutions is anchored on Article 8 of the Treaty Establishing the East African Community which obligate institutions to plan and direct their policies and resources with a view of achieving the objectives of the Organ and Institution.

The inception strategic plan of EAHRC covered the period 2016-2021 lapsed in June 2021.

Drafting of the new one for the period 2021-2026 is underway but the processes for approving it was postponed to incorporate inputs from Democratic Republic of Congo (DRC). A Consultant was procured and is in DRC collecting data to incorporate in the strategic plan.

In the meanwhile, while awaiting the finalization of the Strategic Plan, EAHRC is using the Annual Operational Plan to implement programs which were developed in the first strategic plan. The Committee was informed that other aspects of the programs that were not incorporated in the first strategic plan and were not implemented for different reasons have also been prioritized in the new strategic plan.

**COMMITTEE OBSERVATION:**

The Committee observed the following: -

- i) For EAHRC to operate without a strategic plan, is like a ship operating without a rudder. EAHRC's long term Strategic objectives are likely to be missed.
- ii) The programs imbedded within the annual operational plans are derived from the strategic plans. For EAHRC to derive their programs from the operational plans is to deny the organisation strategic interventions which in the long run will affect the performance of the EAHRC.

***Committee recommendation:***

***The Committee recommends to the Assembly to urge the Council of Ministers to ensure that the process of finalization of the strategic plan of EAHRC is expedited.***

**4.2.7 The Protocol of establishment of the EAHRC**

The Protocol of Establishment of the EAHRC was concluded in 2007. It was established 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 formulation and practice;

Compelled by the reforms the EAC has been undertaking, it become inevitable that certain aspects in the protocol were overtaken by time and events while others became impossible to implement. The case in point relates to admission of new Partner States which has resulted into big governing boards that EAHRC cannot afford to facilitate (Each Partner States provides for 9 members to the EAHRC board). This compelled Council to deem it necessary to amend the Protocol to reduce the members of the governing board.

However, the Committee was informed that the Sectoral Council directed the EAC Secretariat and the EAHRC to convene a meeting of health experts from EAC Partner States to analyze the mandate of the Health Department at EAC Secretariat and the EAHRC. When complete, the Sectoral Council of Ministers will consider proposals for the amendment of the Protocol.

**COMMITTEE RECOMMENDATION:**

***The Committee observed that certain aspects within the Protocol were incorporated in 2007 and were overtaken by events for instance the big governing boards. The Committee recommends to the Assembly to urge the Council of Ministers to urgently expedite the process of amending the Protocol to suit the prevailing circumstances.***

**5.0 THE BILL ESTABLISHING THE EAHRC:**

Initiated in 2015, the EAHRC Bill was developed to coordinate health research and subsequently translate the results of such research finding into policy and practice within the Partner States.

Since its initiation, Council directed the EAHRC to pursue the amendments of the Protocol before embarking on the Bill to avoid contradictions between the two instruments and create harmony.

Ever since the Council gave the guidance, the process of amending the protocol has been slow and tidies characterized by numerous setbacks

**COMMITTEE OBSERVATION:**

- i) The Bill has been pending for a long time 8 (eight) years has denied the Commission the opportunity of achieving an appropriate institutional framework to execute its mandate.
- ii) The examination and consideration of the EAHRC Bill had not been given priority. The Committee further observed that like in most EAC institutions most deliverables are placed on technical and non-technical issues of which in most instances, have no substantial tangible/core outcomes on the mandate of the Institutions.
- iii) Lake Victoria Basin Commission (LVBC) and Civil Aviation Safety Security Oversight Agency finalized their Bills, and were subsequently assented to by the Heads of State. EAHRC should enumerate these Institutions and ensure speedy conclusion of this Bill.

**COMMITTEE OBSERVATION:**

***The Council of Ministers resolved that the amendment of the Bill should be considered once the amended protocol is approved.***



### **COMMITTEE RECOMMENDATION:**

***The Committee recommends to the Assembly to urge the Council of Ministers to expediate the amendments of the Protocol such that the proposed amendments to the Bill can be concluded.***

#### **5.1 EAHRC LAND DONATED BY THE BURUNDI GOVERNMENT**

In 2016, as per Article 2(1) of the Headquarters agreement between the Government of Burundi and the EAC, the Government of Burundi donated land to EAHRC to build the permanent EAHRC HQ. The land is located at Kizingwe-Bihara, Bujumbura with a total acreage of 6(six) hectares (2 ha 4a 95Ca 97%). This came against the back drop of the fact that EAHRC HQ is currently in renting office premises at Quartier Kigobe, Avenue des Etats Unis, No:71 where it is paying an exorbitantly monthly expense of 4500 USD per month.

The area was allocated to organisations by the Government of Burundi to various international and Government organisations to construct offices. So far, no organisations have constructed or started construction works.

As part of the preparatory works and in compliance with Council directive, EAHRC requested Partner States to nominate the Regional Experts Steering Committee and technical experts to oversee the Construction of the Permanent EAHRC HQ. The Composition of the RESC include professional architects, engineers – Civil & Structural and Procurement experts. The mandate of these groups is to develop the Terms of Refence and also formulate the Bills of Quantities (BOQ).

The Committee was informed that the 1<sup>st</sup> RESC of permanent EAHRC HQ was convened in EAHRC HQ Bujumbura from 12<sup>th</sup> – 22<sup>nd</sup> July 2022 and the 2<sup>nd</sup> RESC of permanent EAHRC HQ was convened at the EAHRC HQ in Bujumbura from 6<sup>th</sup> – 7<sup>th</sup> March 2023. As a result of these meetings, 8 (eight) firms submitted to the construction of the EAHRC headquarters.

When the Committee visited the proposed site, it noted that the areas is still undeveloped with no infrastructure facilities such as water, electricity, internet services etc.

Other issues hindering the commencement of the construction of the headquarters include;

- a) **Absence of the land title.** This is attributed to the policy of the Government of Burundi which issues land titles when construction works have commenced and have reached a 50% phase. However, the Government of Burundi has given the EAHRC Attribution Letter for the land.
- b) **Prototype/ Building plans.** This awaits the finalization of the reports from the Regional Experts Steering Committee and the Host Expert Steering Committee. In addition, the Committee observed that EAHRC had budgeted for 66,200 but the actual funding received was 29,962. towards design & completion of the Prototype of the EAHRC permanent HQ.

**COMMITTEE OBSERVATION:**

- i) The Committee applauds the Government of Burundi for allocating land for office accommodation of EAHRC.
  - ii) The area is still undeveloped without basic facilities such as water, electricity etc
  - iii) The amount of funds being incurred by the EAHRC towards rental expense is too exorbitant for 6 staff members. EAHRC is incurring a cost of 4500 USD per month which translates to 54,000 per year and ultimately 270,000 USD for a period of 5 years.
- c) Most office space at the EAHRC remain unoccupied and not in use.

**COMMITTEE RECOMMENDATIONS:**

***The Committee recommends to the Assembly to urge the Council of Ministers to;***

- i) Avail funding towards the completion of the prototype and construction of the EAHRC offices***
- ii) Council should direct the regional and the host steering Committees to finalise the prototype and building plans such that construction of EAHRC Commission can commence.***
- iii) The EAHRC should procure another office building which is affordable and can accommodate the current staff member to avoid wastage.***

## **6.0 MANDATE OF THE EAHRC VIS A VIS THAT OF THE EAC HEALTH DEPARTMENT (MERGING EAC HEALTH DEPARTMENT WITH EAHRC)**

The Committee studied and analysed the mandate of the EAC Health department vis a vis the mandate of the EAHRC. Although the mandate of the health department largely relates to prevention and control of communicable and non-communicable diseases, the EAHRC on the other hand is mandated to undertake research in medical and Information technology Communication (ICT) areas.

Upon further analysis on the functions and mandates of the two institutions, the Committee noted that they are duplicated and are in conflict. Article 118 (e)(f) of the Treaty for the Establishment of the East African Community and Article 8 of the Protocol on the Establishment of the East African Health Research Commission spells out the scope of the EAC Health department and that of the EAHRC. The areas under duplication and similarity relate to;

- i) **Research.** Both EAHRC and the Health department carry out research. Whereas the Health department carries out operational research, EAHRC too carries out research and coordinates overall research in the health sector.
- ii) **Policy development, guidance and harmonization.** Both EAHRC and the EAC Health Department provide guidance and policy briefs on projects and programmes which are eventually disseminated to Council.
- iii) **Collaborating entities.** The collaborating entity at Partner States level for the EAHRC are the National Health Research Organisations as the case in Uganda which is under the Ministry of Health. Whereas the collaborative entities for the EAC Health department are the respective Ministries of Health. Therefore, Health Research Commission as provided under article 118 of the Treaty, combining the two entities would go a long way to synergize and reduce duplicity as enumerated above.
- iv) **Resources mobilization.** Both the EAHRC and the EAC Health departments carry out resource mobilisation programs to support their respective entities.

However, the Committee considers that Council could explore avenues of merging EAC health department with EAHRC. Once established, it would strengthen and give the new Institution a wide latitude to undertake research in medical related fields as well as carry out preventative and control of communicable and non-communicable disease. In addition, it would create an East African Community Health and Research Commission headed by the Executive Director deputized by two Deputy Executive Directors. One in charge of research and development while the other would be in charge of Health. This is the case as it currently obtains in West Africa Economic block (Ecowas) where the Regional Economic Community created a Commission that is responsible for research and Health in the Economic Community of the West African States. This institution would be hosted in Bujumbura, Burundi

***The Committee recommends to the Assembly to urge the Council of Ministers to consider strengthening EAHRC and merge it with the EAC Health. The merger would attract funding for the critical programs in Health and research respectively.***

## **7.0 INSTITUTIONAL ACHIEVEMENT**

The organisation registered the following achievements

- i. Acquisition of the plot which was donated by the government of Burundi where EAHRC is going to construct its headquarters;
- ii. Concluded a basement assessment in the East African Community Partner States on sources of funding health research;
- iii. Concluded the development of the digital regional East Africa Community initiative;
- iv. Undertook capacity development programs to strengthen the young East African research scientists;
- v. Regularly publishes the East African Health Research journals;
- vi. Concluded the development of the East African Community web portal which is the one- stop centre for health information in EAC. All health- related information is posted and found in this web portal;
- vii. Organised the East African Health and scientific conference, so far EAHRC has organised three conferences; and
- viii. Development of policy briefs which have been shared to Partner States on Antimicrobial resistance and COVID 19 response.

## **8.0 CONCLUSION**

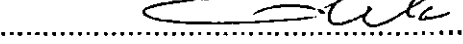
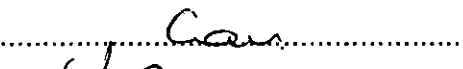
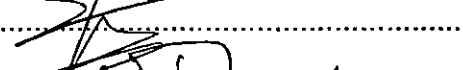

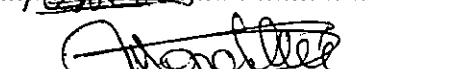
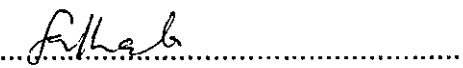
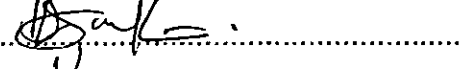
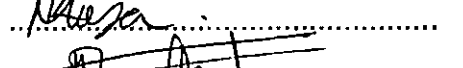
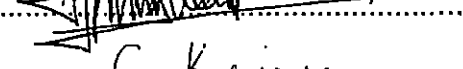

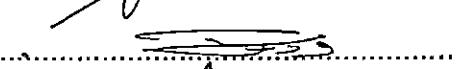
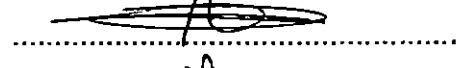

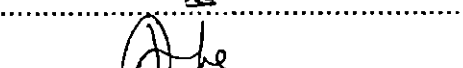
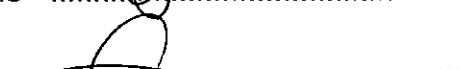
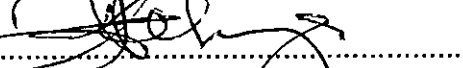
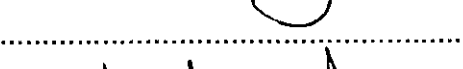
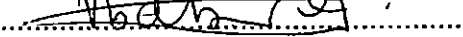


Funding is a prerequisite for the smooth running of all Organs and Institutions of the Community. It is a panacea and at the heart of the integration process. From the Committee findings it is clear that Council long abdicated its role towards the funding

of one of the most critical institutions in EAC. Most programs remain underfunded and without the critical staff personnel to execute its mandate including EAHRC. The Committee urges Council to fully support strategies and programs geared towards strengthening the mandate of the EAHRC. The Committee calls upon Council to avail funding towards constructing a permanent home for EAHRC.

#### **9.0 ACKNOWLEDGMENTS**

The Committee wishes to thank the Rt. Hon. Speaker, the Clerk and the Management of EAHRC for the excellent facilitation accorded to it while executing its mandate.

**REPORT OF THE OVERSIGHT ACTIVITY FOR THE ACCOUNTS COMMITTEE TO THE EAST AFRICAN HEALTH RESEARCH COMMISSION; 14<sup>TH</sup> -17<sup>TH</sup> MARCH 2023**

1. Hon. Mundela Mbombo Joseph 
2. Hon. Kezimana Cathy 
3. Hon. Ntisezerana Gabriel 
4. Hon. Dr. Boulu Ipenda Desire 
5. Hon. Nkurunziza Olivier 
6. Hon. Masirika Ngoniza Dorothee 
7. Hon. Iman Falhada Dekow 
8. Hon. Sankok David Ole 
9. Hon. Kalonzo Kennedy Musyoka 
10. Hon. Musangabatwere Clement 
11. Hon. Kayonga Caroline Rwivanga 
12. Hon. Rutazana Francine 
13. Hon. Dr. Woda Jeremiah Odok 
14. Hon. Dr. Arol Gabriel Garang Aher 
15. Hon. Sadia James Sebit 
16. Hon. Mohamed Nadra Juma 
17. Hon. Dr. Maghembe Ngwaru Jummane 
18. Hon. Kizigha Angela Charles 
19. Hon. Kakooza James 
20. Hon. Odongo George Stephen 
21. Hon. Babirye Veronica Kadogo 