

East African Community, African Regional Bodies

Protocol on the Establishment of the East African Health and Research Commission (EAHRC)

Legislation as at 13 September 2008

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East African Community

Protocol on the Establishment of the East African Health and Research Commission (EAHRC)

Not commenced

[This is the version of this document at 13 September 2008.]

Preamble

WHEREAS the Republic of Uganda, the Republic of Kenya and The United Republic of Tanzania, (hereinafter referred to as the Partner States) enjoy close historical, commercial, industrial, cultural and other ties and have signed a Treaty for the Establishment of the East African Community on 30th November 1999;

AWARE that between the years 1947 and 1977 co-operation in the cultural and other fields was facilitated by the East Africa (High Commission) Orders in Council (1947-1967), the East African Common Services Organisation Agreements (1961-1966) and the Treaty for East African Co-operation (1967);

AND WHEREAS during the existence of the former East African Community (1967-1977) the said countries benefited from certain services that were administered by the Community one of which was the East African Medical Research Council (EAMRC);

RECOGNISING that following the collapse of the former East African, Community in 1977, the Regional Health Research Organization set-up, including the East African Medical Research Council (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;

AND WHEREAS the member states of the East African Community (EAC), having regard to the interests of and their desire for African unity resolved to co-operate with one another in the area of health, social and cultural fields and, in particular, in the field of health research, health policy and practice as per provisions of Article 118 of the Treaty for the Establishment of the East African Community;

RECOGNISING FURTHER that the Treaty obliges the Partner States to cooperate in relation to health, the Council of Ministers established a Sectoral Council on Health and agreed to establish a body to coordinate and map out a regional agenda on collaboration in health research and exchange of research findings and information within the Partner States;

NOW THEREFORE the Partner States desirous of addressing issues related to health research, their findings for technological and sustainable health care delivery, as well as for translating health research findings to policy formulation and practice;

AGREE AS FOLLOWS:

Article 1 – Definitions

1. Unless the context otherwise requires, the terms used in this Protocol shall have the same meaning as ascribed to them in the Treaty for the Establishment of the East African Community.

2. Without prejudice to paragraph (1) of this Article—

"**Commission**" means the East African Health Research Commission established under Article 4 of this Protocol;

"**Community**" means the East African Community established by Article 2 of the Treaty;

"**Coordination Committee**" means the Coordination Committee established by Article 9 of the Treaty;

"**Council**" means the Council of Ministers of the Community established by Article 9 of the Treaty;

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"**Executive Secretary**" means the chief executive officer of the East African Health Research Commission;

"**Gazette**" means the Official *Gazette* of the Community;

"**head**" means the chief executive officer of a member institution by whatever name called;

"**health**" means a state of complete physical, mental and social well being and not merely the absence of disease or infirmity;

"**member institution**" means an institution represented on the East African Health Research Commission;

"**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;

"**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 activities within the Partner States;

"**Partner States**" means the United Republic of Tanzania, the Republic of Kenya and the Republic of Uganda and any other country granted membership to the Community under Article 3 of the Treaty;

"**Partnership Agreement**" means an agreement signed between the Community and a collaborating development partner interested in promoting health research and the translation of results of health research into policy and practice;

"**Secretary General**" means the Secretary General of the Community provided for under Article 67 of the Treaty;

"**Sectoral Committee**" means the Sectoral Committee established by Article 20 of the Treaty;

"**Sectoral Council**" means the Sectoral Council provided for under Article 14 of the Treaty;

"**stakeholder**" means a person, legal or natural, governmental or non-governmental conducting business with the East African Health Research Commission;

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

Article 2 – Purpose of the Protocol

This Protocol shall govern the co-operation of the Partner States in the establishment of the East African Health Research Commission.

Article 3 – Objective of the Protocol

The objective of this Protocol is to establish the East African Health Research Commission as a mechanism for making available to the Community, advice upon all matters of health and health-related researches and findings necessary for knowledge generation, technological development, policy formulation and practice; and for related matters.

Article 4 – Establishment of the East African Health Research Commission

The Council hereby establishes the East African Health Research Commission which shall be responsible for the coordination of health research as well as the translation of results of health research into policy and practice within the Partner States.

Article 5 – Vision of the Commission

The vision of the Commission is to have high quality health research for improvement of the health and well-being of the peoples of the Community.

Article 6 – Mission of the Commission

The mission of the Commission shall be to coordinate and promote the conduct of health research, source, gather and disseminate the findings for the purpose of policy formulations, which can be applied towards the enhancement of the health of the people in the region and in order to fulfil the mandates as spelt out in Article 118 of the Treaty for the Establishment of the Community.

Article 7 – Objectives of the Commission

- 1 The overall objective of the Commission shall be to improve the health of the citizens in Partner States through capacity building and poverty reduction by promoting, coordinating and formulating policies for effective utilization of results from health research.
- 2 The specific objectives for which the Commission is established shall be to—
 - (a) strengthen collaboration and coordination in health research and provide regulatory guidelines and recognition for the conduct of health research through standardization of research protocols and proposals, and clearance of joint research protocols and proposals in the region;
 - (b) promote the application of knowledge from research to strengthen regional health policy formulation and practice;
 - (c) promote and facilitate the development of human resource capacities/skills in health research, and databases in all disciplines of health research;
 - (d) promote the exchange and dissemination of health research information through conferences, workshops, publications and other fora;
 - (e) audit research projects under the auspices of the Commission;
 - (f) strengthen and enhance mechanisms for collaboration in health research in the Partner States and give general directions to the development, and achievement of the objectives of the Commission;
 - (g) facilitate the creation of health research databases to strengthen health policy and practice;
 - (h) play critical advocacy roles and search for research grants and resources;
 - (i) promote Community outreach activities in implementation of research findings;
 - (j) play key liaison role with the national, regional and international health institutions and other collaborating organizations;
 - (k) address common intellectual, property rights issues of relevance to health in the Partner States;
 - (l) facilitate strategic planning in health research institutions and others performing health research;
 - (m) use resources availed to it by the Partner States to implement its core functions;
 - (n) develop quality assurance processes in order to achieve and maintain international standards in health research in the region;
 - (o) help member institutions identify and implement good practices in the conduct and management of health research projects and the use of resources;
 - (p) assist governments and other appropriate bodies and authorities with the development of strategies for adequate investment in health research in the region;

- (q) strive for excellence in all its undertakings;
- (r) 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 within Partner States;
- (s) do all such other things as the Council may deem necessary for the discharge of its functions and the realization of its objectives.

Article 8 – Functions of the Commission

- 1 The Commission shall be the principal advisory institution to the Community on all matters related to health research and development.
- 2 The functions of the Commission shall include the following among others—
 - (a) to ensure the development of a comprehensive network linking member institutions;
 - (b) to promote collaborative health research and development programmes including the following—
 - (i) facilitation of the development of centres of excellence in health research;
 - (ii) creation and development of collaborative relationships with partners including private institutions and other organisations with similar health and related research objectives;
 - (iii) helping to establish national and regional databases on the health research capacity and current activities in the region;
 - (c) to assist in the establishment of quality assurance through—
 - (i) the facilitation, in partnership with regulatory authorities within the Partner States with respect to conduct of ethical health research;
 - (ii) the development, in partnership with the national regulatory authorities of criteria for assessing standards and assuring the quality of health research in the region through advising on quality assurance mechanisms, ways of self evaluation and the comparability of the standards of health research;
 - (iii) assisting the governments of the Partner States and health research institutions to identify the best ways of developing and retaining qualified health research personnel;
 - (d) to facilitate the development of regional health policies and their implementation;
 - (e) to promote the synthesis, interpretation, dissemination and utilisation of health research findings;
 - (f) establish expert technical working groups for priority health research and policy areas;
 - (g) to do all other things as the Council may deem necessary for the discharge of its functions and realisation of its objectives.

Article 9 – Composition of the Commission

- 1 The Commission shall comprise the following or their representatives—
 - (a) heads of National Health Research Institutions of the Partner States;
 - (b) technical heads of Health Services in the Ministries responsible for health of the Partner States;
 - (c) the heads of the National Councils of Science and Technology of the Partner States;
 - (d) a representative of the heads of Faculties of Medicine of Medical Schools of recognized National Universities of the Partner States to be chosen on a 3 year rotational basis;

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- (e) a representative of the heads of a Public Health Schools of recognized National Universities of the Partner States to be chosen on a 3 year rotational basis;
 - (f) a representative of the heads of National Teaching or Referral Hospitals of the Partner States to be selected on a three year rotational basis;
 - (g) a representative of the heads of the Faculties of Medicine of the Private Medical Schools of the Partner States;
 - (h) the Executive Secretary.
2. The Commission may co-opt any person to attend the meetings of the Commission.

Article 10 – National Focal Points

The Partner States shall establish National Focal Points as linkages between the Commission and national stakeholders.

Article 11 – Organizational Structure

- 1 The Commission shall be an institution of the Community as provided for under Article 9 of the Treaty and shall operate within the existing structure of the Sectoral Council responsible for health.
- 2 The organizational structure referred to in paragraph (1) is as follows—
- (a) the Sectoral Council;
 - (b) the Coordination Committee;
 - (c) the Sectoral Committee;
 - (d) the Commission;
 - (e) the Secretariat of the Commission.

Article 12 – The Sectoral Council

The Sectoral Council shall in relation to this Protocol perform the following functions—

- (a) provide overall policy directions and guidance to the Commission in the formulation and implementation of various health research projects and programmes within the Partner States;
- (b) facilitate the Commission in order to fulfil its mandate of translating the results of health research into policy and practice within the Partner States;
- (c) make regulations, issue directives, make decisions and recommendations and give opinions in accordance with the provisions of this Protocol;
- (d) consider and approve the budget and work programmes of the Commission;
- (e) consider and approve measures to be undertaken by the Partner States in order to promote the attainment of the objectives of this Protocol;
- (f) adopt annual progress reports of the Commission from the Coordination Committee; and
- (g) perform such other functions as may be directed by the Council.

Article 13 – Co-ordination Committee

The Co-ordination Committee shall in relation to this Protocol perform the following functions—

- (a) submit reports and recommendations to the Sectoral Council on the implementation of this Protocol;
- (b) implement the decisions of the Sectoral Council as it may be directed from time to time;
- (c) receive and consider reports of the Sectoral Committee;
- (d) assign any Sectoral Committee to deal with any matter relevant to the Commission; and
- (e) perform such other functions as may be conferred upon it by the Sectoral Council.

Article 14 – Functions of the Sectoral Committee

The Sectoral Committee shall in relation to this Protocol perform the following functions—

- (a) be responsible for the preparation of comprehensive implementation of programmes and the setting out of priorities for the Commission;
- (b) monitor and keep under constant review the implementation of the programmes undertaken by the Commission;
- (c) submit from time to time, reports and recommendations of various technical working groups and focal points of the Commission; and
- (d) perform such other functions as may be conferred on it by Co-ordinating Committee.

Article 15 – The Secretariat of the Commission

- 1 There shall be established a Secretariat of the Commission consisting of the Executive Secretary and such other officers and staff as the Council may appoint on such terms and conditions of service as the Council may determine.
- 2 The headquarters of the Commission shall be determined by the Council.

Article 16 – Functions of the Secretariat

1. The functions of the Secretariat shall be to—
 - (a) coordinate and harmonise policies and strategies related to the operations of the Commission;
 - (b) initiate regional activities and programmes on health research and policy;
 - (c) establish a regional health research database and promote the sharing of information and development of information systems and data exchange;
 - (d) convene meetings of Sectoral Committee of the Commission and its technical working groups;
 - (e) facilitate the conduct of health research studies and the translation of the results of health research into policy and practice;
 - (f) submit reports to the Sectoral Council through the Co-ordination Committee;
 - (g) generally undertake the administration and financial management of the Commission;
 - (h) disseminate information on the Commission to the various stakeholders and the international community;

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- (i) mobilise resources for the implementation of the projects and programmes of the Commission;
 - (j) develop a sustainable funding mechanism for facilitating sustainable operations of the Commission;
 - (k) implement the decisions of the Sectoral Council; and
 - (l) perform such other functions as may be conferred on it by or under this Protocol.
2. In coordinating the preparation, negotiation and implementation of the national arid regional programmes, the Commission shall involve, as appropriate, other parties and relevant intergovernmental and non-governmental organisations in the implementation of this protocol.

Article 17 – Executive Secretary

1. There shall be an Executive Secretary who shall be appointed by the Council.
2. The Executive Secretary shall—
 - (a) be the chief executive officer of the Commission;
 - (b) implement the work of the Commission in accordance with the policy and decisions of the Sectoral Council;
 - (c) submit reports on the work of the Commission as well as the audited accounts to the Sectoral Council;
 - (d) be the accounting officer of the Commission;
 - (e) carry out such other functions as are conferred by this Protocol or as may be directed by the Sectoral Council from time to time;
 - (f) be the Secretary to the Commission;
 - (g) perform such other functions as the Commission may direct.
3. The Executive Secretary shall serve for a period of five years, which may be renewed only once.
4. The post of Executive Secretary shall be held on a rotational basis among Partner States.

Article 18 – Deputy Executive Secretaries

1. The Executive Secretary shall be assisted by two Deputy Executive Secretaries appointed by the Council and shall serve on a three year term which shall be renewed once.
2. The two Deputy Executive Secretaries shall be of nationalities different from that of the Executive Secretary, and the posts shall be held on a rotational basis.

Article 19 – Other Officers and Staff of the Commission

1. There shall be such other officers and staff in the service of the Commission as may be determined by the Sectoral Council.
2. All officers and staff of the Commission shall be appointed on contract and in accordance with staff rules, regulations, terms and conditions of service of the Community.
3. The terms and conditions of Service of the Commission shall be determined by the Sectoral Council.

Article 20 – Funding of the Commission

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 such other sources as shall be established by the Council.

Article 21 – Co-operation with development partners

The Partner States may establish partnership agreements with development partners to promote the activities of the Commission on the agreed objectives and guiding principles.

Article 22 – Dispute settlement

- 1) In the event of a dispute between Partner States concerning the interpretation or application of this Protocol, the Partner States concerned shall resolve the matter amicably.
- 2) If the Partner States do not resolve the dispute amicably, either Partner State or the Secretary General may refer such dispute to the East African Court of Justice in accordance with Articles 28 and 29 of the Treaty.
- 3) The decision of the East African Court of Justice on any dispute referred to it under this Protocol shall be final.

Article 23 – Relationship between this Protocol and the Treaty

This Protocol shall upon entry into force be an integral part of the Treaty and in case of an inconsistency between this Protocol and the Treaty, the Treaty shall prevail.

Article 24 – Relationship of the Protocol with other agreements on health research

- 1 The provisions of this Protocol shall take precedence over any existing agreements relating to health research and where any agreement is inconsistent with this Protocol, the agreement shall be null and void to the extent of its inconsistency.
- 2 Where the exercise of rights and obligations originating from an existing agreement relating to health research within Partner States, is likely to cause serious damage or threat to the health of its people, the Partner States shall as soon as practicable enter into negotiations or take other measures to remedy the situation.

Article 25 – Status, privileges and immunities

The Partner States shall grant the Commission the status, privileges and immunities pertaining to the Community in accordance with Article 151 of the Treaty.

Article 26 – Dissolution

On dissolution of the Commission all rights, assets, properties and liabilities of the Commission shall vest with the Secretary General.

Article 27- Accession

- 1 A state which becomes a party to the Treaty, shall become a party to this Protocol by depositing an instrument of accession to the Protocol with the Secretary General.

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- 2 On accession, the Protocol shall enter into force, thirty days after the date of the deposit of the instrument of accession.

Article 28 – Amendment of this Protocol

This Protocol may be amended any time by agreement of the Partner States in accordance with Article 150 of the Treaty.

Article 29 – Entry into force

This Protocol shall enter into force upon ratification and deposit of instruments of ratification with the Secretary General by all Partner States, and the publication of the same in the Community *Gazette*.

IN WITNESS WHEREOF the undersigned have appended their signatures hereto this 13th day of September in the year Two Thousand and Eight.