

ケニア共和国伝染病研究対策
実施協議チーム報告書

昭和54年8月

国際協力事業団
医療協力部

Japan International Cooperation Agency

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正 誤 表

頁	行	誤	正
(6)	上1行	SUNPAY	SUNDAY
(9)	上から5行目	the Tentative	the Tentative
6	下から12行目	Mungola	Mngola
7	右上端	空白	添付資料1
31	上1行目	Congress	Congress
63	図の2段左	DEPARTMBMTS	DEPARTMENTS
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95	下から11行目	Mungola	Mngola
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105	上2・3行 (タイトル)	<u>Agenda~draft</u>	<u>専門家が持参した討議 議事録(案)</u>
129	上1行中	(<u>NPI-ILS</u>)	(<u>NPHLS</u>)
129	図中右	2. <u>国立公衆衛生研究 所(NPI-ILS)</u>	(<u>NPHLS</u>)と訂正の上 タイトル重複のため本文 をカットする。

国際協力事業団	
受入 月日 '84. 5. 14	407
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は じ め に

わが国の、ケニアに対する保健医療協力は昭和41年4月以来、リフトバレー州立病院（ナクール病院）およびセントラル州エンブ病院に対する診療協力、さらに国立ケニヤッタ病院の集中看護装置（ICU）に対する協力が昭和50年11月まで実施された。

しかし最近の保健医療協力は診療協用に代表される労力提供型から相手国の国情に於じた住民福祉に直結する保健医療活動に対する協用に重点がおかれるようになった。

こうした背景のなかでケニア政府は、51年8月18日付で、わが国に対し伝染病予防に関する協力を要請してきた。本要請を受けて事業団は52年7月、医療協力事前調査チームを派遣し、さらに53年7月、協力計画の骨子を策定するための専門家を派遣した。

これらの調査結果をふまえ、54年2月ケニアにおける伝染病に関する基礎研究および予防の研究をナイロビの国立公衆衛生研究所（NPHLS）を中心に行ない、それらの研究成果を農村部に設定したモデルエリアに効果的に応用することを協力内容とする討議議事録（R/D）を作成するため、本実施協議チームを派遣した。

本報告書は、今回の実施協議の結果を取りまとめたものである。本報告書が大方の参考の一助となれば幸いである。

最後に、本実施協議チーム派遣にあたりご協力いただいた関係機関の方々に対して深甚なる謝意を表する次第である。

昭和54年7月

国際協力事業団
理事 長谷川 正 男



討議議事録（R/D）に署名する

ケニア保健省次官

Dr . E . N . Mngola

実施協議チーム団長

長崎大学熱帯医学研究所教授

林 薫 博士



本実施協議の関係者

前列左より

Dr. Gekonyo, Mr. Ndoto, Dr. Mngola

林団長, 熊谷在ケニア日本大使館一等書記官, 小坂団員

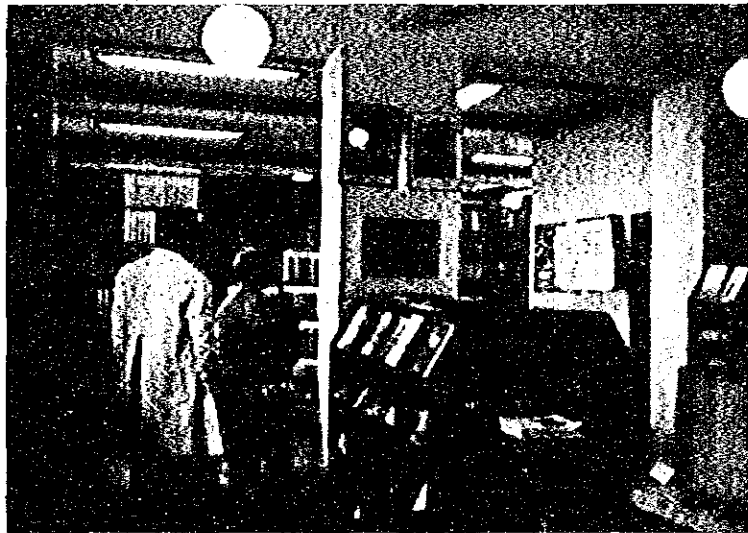
後列左より

Dr. Siongok, Dr. Kaviti, Dr. Mutuku

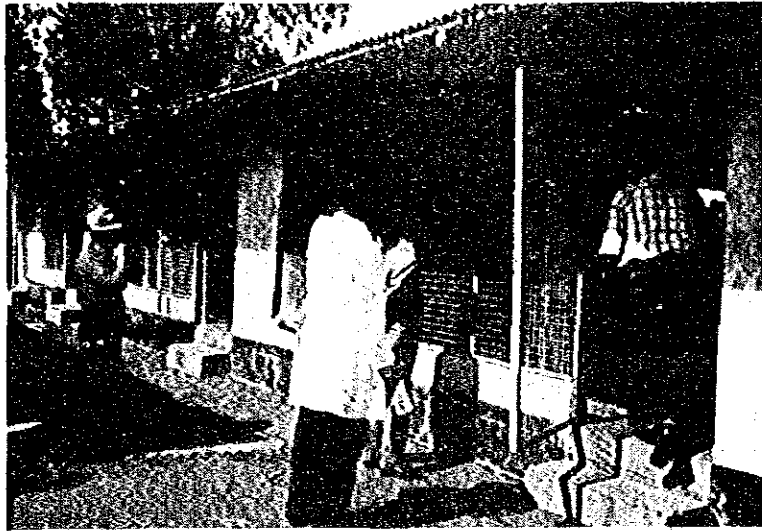
江崎国際協力事業団ナイロビ事務所長, 隅田所員(同左), 小野田団員



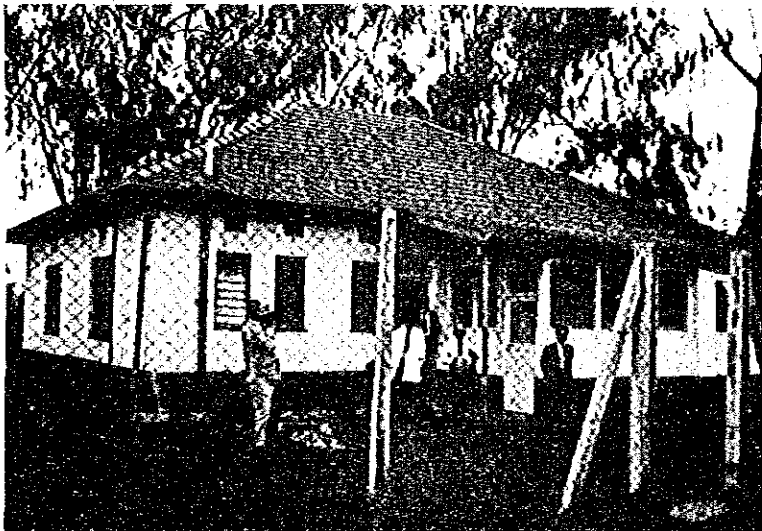
Tentative Scheduleに署名する
林団長, Dr. Gekonyo



図書室 (NPHLS)



実験動物舎 (NPHLS)



ウイルス研究棟 (NPHLS)

本件協力を紹介したケニア国の
新聞および週刊誌

COASTWEEK

March 23-29 1979

JAPANESE MEDICAL TEAM TO WORK IN KENYA

THE Japan International Cooperation Agency (JICA) is to send about ten medical experts to Kenya to work with the National Public Health Laboratory Services (NPHLS) of the Ministry of Health in the control of communicable diseases in the country, writes Mohamed Koor.

This has been announced following discussions in Nairobi between representatives of the Ministry of Health and those of the Implementation Survey Team of JICA on a new five-year technical cooperation programme between Kenya and Japan.

As part of the programme, JICA will give a gift of medical equipment and vehicles worth about 5 million Kenya shillings.

About seventeen Kenyan researchers will also be invited for further training in Japan to benefit from modern technology in the control of

communicable diseases.

The Japanese experts will work closely with the NPHLS. Efforts will also be made to improve and modernize local production of vaccine and effective control measures against communicable diseases such as cholera, tuberculosis and measles which claim many lives in Third World countries.

Commenting on technical cooperation programmes between his Ministry and JICA, Dr E. N. Mgola, the Permanent Secretary of the Ministry of Health, said that the success of such cooperation was a manifestation of cordial relations that exist between the two countries.

Record of discussions

The record of discussions was signed by Dr Mgola and Dr Kaoru Hayashi, Professor and Director of the Institute of Tropical Medicine, Nagasaki University, representing the Government of Japan.

SUNPAY NATION

(April, 29, 1979)

Japan's Medical Aid to Kenya

JAPAN'S medical cooperation programme is an extensive project-based scheme to help raise the medical standards and improve the health of people of developing countries within a comprehensive framework of socio-economic development.

Therefore, medical aid is offered in the form of a combination of three services — dispatch of medical experts, training of counterpart physicians and technicians, and supply of medical equipment and medicines.

Under this broad scheme, an agreement was recently reached between the government of Kenya and the Japan International Cooperation Agency (JICA) for a five-year plan to greatly improve measures of combating communicable diseases in Kenya. JICA will send ten Japanese medical experts to Kenya to work with the National Public Health Laboratory Services (NPHS)

of the ministry of health in the clinical, research and public health education aspects of controlling such communicable diseases as cholera, tuberculosis, measles, etc. In addition, about 17 Kenyan counterparts will be invited to Japan for further training in this area, and medical equipment and vehicles worth about 5 million Kenya shillings will be donated to the project by Japan.

The recent five-year agreement between the two countries is the latest development in the history of their medical cooperation which dates back to 1955. At that time Japan's first organised medical assistance to Africa began with the dispatch of two doctors and two nurses to Nakuru's Rift Valley Provincial Hospital for a period of two years. In the years since 1955 Japan's medical cooperation programme has been reorganised and improved

from what was originally a rather sporadic dispatch of personnel who assisted mostly in the clinical aspects of health services to the current comprehensive scheme. Kenya and the rest of Africa have benefitted from this expanded programme of medical cooperation.

In 1968, under the first five-year agreement between Kenya and Japan, aid to the Rift Valley Provincial Hospital was increased to include the services of a specialist surgeon, an X-ray doctor and technician and the supply of an X-ray apparatus. At the same time cooperation was expanded to include Erabu District Hospital with the donation of a mobile medical vehicle and an X-ray unit and the dispatch of Japanese technicians.

In 1970, Japan donated a 22-bed Intensive Care Unit to Kenyatta National Hospital and sent doctors and medical engineers to help man the unit

for a period of two years.

In all, 53 Japanese medical experts — doctors, nurses and technicians — have served in Kenya since 1955 and equipment worth 27 million Kenya shillings has been donated to Kenya by Japan.

The record of discussions of the recent five-year plan for combating communicable diseases was signed in Nairobi in March by Dr. S.N. Mng'ala, former permanent secretary and director of medical services in the ministry of health, and Dr. Kaoru Hayashi, professor and director of the Institute of Tropical Medicine, Nagasaki University, on behalf of JICA.

The success of this on-going programme of medical cooperation between Kenya and Japan stands as testimony to the cordial relations existing between the two countries and also to Japan's interest in sharing her knowledge and technology to promote health in the developing nations.

THE NAIROBI BUSINESS TIMES

(Sunday April.29.1979)

JAPAN is now one of the most highly industrialised countries in the world. Rising alongside with early resources she is heavily dependent on a rich and prosperous world, both developed and developing. It is from this point of view that Japan is determined to contribute positively to the harmonious development of the world economy.

One of the contributions made in this line is Japan's efforts to revitalise the world economy, which has been depressed since the oil crisis in 1973.

Japan has undertaken the role of "locomotive country" and achieved the highest rate of economic growth among the major developed countries in the past few years.

This higher rate of growth has been achieved mainly by encouraging internal demand through accelerated implementation of public work, which entailed massive fiscal deficit on her budgetary system, and by increased importation from abroad.

Japan has also taken a positive initiative in the multilateral trade negotiations of GATT, which aim at the expansion of international trade through the general reduction of tariff and non-tariff barriers.

On the occasion of former Prime Minister Fukuda's visit to Washington last May, and at the Bonn summit meeting last June, Japan expressed its intention to double her Official Development Assistance (ODA) over the next three years.

Accordingly, the Japanese government has earmarked a total of Yen 271.7 billion (US\$ 30 billion) for ODA in its fiscal 1979 budget starting April this year.

Outlays for economic co-operation have been expanded by 23.6 per cent to Yen 325.4 billion (US\$ 36 billion), with the overall rate of increase in the general account budget was brought down to 12.6 per cent over the previous fiscal year. As the result

worth about \$1.5 billion will be devoted to the project by Japan.

The recent five-year agreement between the two countries is the latest development in the history of their medical co-operation which dates back to 1966.

At that time Japan's first organized medical assistance to Africa began with the dispatch of two doctors and two nurses to Nakuru's Rift Valley

JICA will send ten Japanese medical experts to Kenya to work with the National Public Health Laboratory Services (NPHLS) of the Ministry of Health in the clinical, research and public health education aspects of controlling such communicable diseases as cholera, typhoid, malaria, etc.

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MEDICAL STANDARDS HIGH

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Japan helps out in medical field

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The success of this cooperation programme of medical cooperation between Kenya and Japan stands as testimony to the cordial relations existing between the two countries and also to Japan's interest in sharing her knowledge and technology to promote health in the developing nations.

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1. 実施協議チーム編成

団 長 林 薫 長崎大学
熱帯医学研究所教授

団 員 小坂光男 同 上

〃 小野田 勝 次 国際協力事業団
医療協力部 医療第二課

2. 実施協議日程表 (昭和54年2月24日～昭和54年3月16日)

月 日	曜日	内 容
2/24	土	成 田 発 (15:10) BA36 ホソコソ 着 (19:20) " 発 (20:20)
25	日	コロソボ 着 (23:05) " 発 (1:08) セイジェルズ着 (2:27) " 発 (9:10) BA060 ナイロビ 着 (11:20) ジャカランダ ホテル 泊
26	月	午前 ケニア保健省表敬 大使館表敬 ナイロビ事務所表敬 午後 NPHLS 訪問 オランダ研究所訪問
27	火	午前 保健省関係者との打合せ 午後 大使館, 事務所関係者との打合せ
28	水	午前 保健省関係者との打合せ 午後 事務所関係者との打合せ 江崎所長主催の夕食会
3/ 1	木	休 日
2	金	午前 大使館, 事務所関係者との打合せ 午後 保健省関係者との打合せ 大使館, 事務所関係者との打合せ 熊谷書記官主催夕食会
3	土	休 日
4	日	午前 事務所関係者との打合せ
5	月	午前 交渉経緯の整理 午後 Dr. Gekonyo と会見 大使館, 事務所関係者との打合せ

月 日	曜日	内 容
3 / 6	火	午前 大使館，事務所関係者との打合せ 午後 #
7	水	午前 保健省関係者との打合せ 午後 ケニア側主催の昼食会 財務省関係者との打合せ
8	木	午前 大使館，事務所に中間報告をする 午後 Dr. Gekonyo , Dr. Mutuku と会見
9	金	午前 R/D 署名 午後 団長主催の昼食会
10	土	午前 ナイロビ大学見学 午後 事務所関係者との打合せ
11	日	ナクールに移動
12	月	午前 ナクール病院関係者との打合せ 午前 ナイロビ移動
13	火	午後 Dr. Gekonyo と会見
14	水	午後 保健省関係者との打合せ 大使館，事務所に報告
15	木	午前 関係機関に挨拶 ナイロビ発 (12 : 50) セイシェルズ着 (16 : 40) # 発 (17 : 50)
16	金	コロンボ着 (23 : 00) # 発 (1 : 40) ホンコン着 (2 : 45) # 発 (4 : 00) 成 田 着 (9 : 10)

3. 討議議事録 (R/D) 署名までの経過

1978年7～8月に派遣した本件協力計画策定のための専門家の報告(参考資料1)およびケニア政府より在ケニア日本大使館を通じ送付してきた討議議事録案文を国内関係機関と協議した結果、1979年2月24日、長崎大学熱帯医学研究所教授、林薫(団長)、同大同研究所教授、小坂光男及び国際協力事業団医療協力部医療第2課員、小野田勝次の編成からなる実施協議チームが派遣された。

2月26日、午前9時、同チームは、熊谷一等書記官、隅田国際協力事業団ナイロビ事務所員に伴なわれ、ケニア保健省を訪れ、同省、Dr. Mngola (Director of Medical Services/Permanent Secretary), Dr. Ndoto (Deputy Permanent), Dr. Mutuku (Deputy Director), Dr. Kaviti (Director of NPHLS), Dr. Siongok. に同省会議室で表敬を行い、細詳については2月27日午前9時から協議を行うことにした。2月26日午後5時から日本大使館会議室で、熊谷一等書記官、隅田所員を交え調査団との意見調整を行った。

2月27日午前9時40分、実施協議チーム、熊谷一等書記官、隅田所員とケニア国保健省側として、Dr. Gekonyo, Dr. Siongok, Dr. Ndoto, Dr. Kungu (ナイロビ大、医学部、病理学教授)が出席し、討議が開始された。実施協議チームは53年11月20日、在ナイロビ日本大使館を通じて日本政府に送られてきたケニア側第2次案(添付資料1)を審議し、日本側最終案(添付資料2)として提示した。これに反して、ケニア側は昨年8月14日の第1次(参考資料・添付書類2)を提示し、両者の取扱い、異同について論じたが、我方としては、日本側最終案に基づいて審議を進めることを提示し、一応この点について意見の一致をみて、議事が進められることになった。

2月27日、28日、及び3月2日の討議の結果、次の点で我方とケニア側との意見の相違があることが明かとなった。その根底をなすものは Research に関連するケニア国保健省管轄の諸機構特に Kenya Medical Research Institute (KMRI) と National Public Health Laboratory Services (NPHLS) とのかかわり合いであった。KMRI 構想に関しては昨年からの組織、活動等について、つとに注意し、実体の把握に努めていたが、昨年8月の時点では未だ、具体的な動きはなく、ケニア側から、1977年の Science and Technology Act により設置された委員会 (the National Council for Science and Technology) で認められたことが主張されたにとどまった。(添付資料3)

しかし、2月27日以来の討議で明かにされつつあったのは、KMRI 機構がかなり具体的に動きつつあるということであった。即ち、1979年2月19/20日の First Regional Pediatric Congress for Africa, Nairobi での講演を初めとし(添付資料4)、

1979年2月27日にパンフレットされた Projected Coordination and Development of Medical Research in Kenya (添付資料5)や、特に3月2日、Kenya Gazette Supplement No. 9 (Bills No. 2) (添付資料6)にKMRIに関するケニア国における研究機関としての位置づけが規定され、ようやくその機能が作動しつつあることが明らかになった。これにかると、Routine Medical Services を行う NPHLS の Services に関する予算、及び人事は保健省の直轄にあるが、ここで行う Research は KMRI と密接な関連が出てくる。即ち、KMRI は保健省内の Advisory Research Committee の傘下であり、かつ Ministry of Finance of Planning や National Council for Services and Technology と関連があつて医学研究面の統轄的な役目を持っている。従つて、KMRI の傘下には、(1) Clinical Research Center (当初は Leishmaniasis Research を行つている)、(2) Leprosy Research Center、(3) Malaria and other protozoal Diseases、(4) Schistosomiasis and other Helminths、(5) Trypanosomiasis Research Center、(6) Tuber-Culosis Investigation Center、(7) Virology Research Center、(8) Nutrition Research、(9) Applied Basic Science Research が統轄されるようになっている。しかし、この種の各 Centre の統轄運営の進め方即ち KMRI が行うとする中心的運営の方法は考え方も含めて今後なお変動し得るものと判断される現状であろう。

しかしながら、我方が今回、ケニア国政府の要請に基づいて実施の可能性を判断したのは現機構の NPHLS の整備と機能の向上、それを基にした Communicable Diseases Research and Control であるが、いずれにせよ Research によつて得た調査結果を基にしなければ、NPHLS の機能の向上も、Control もないので、実態は NPHLS Function ⇄ Research ⇄ Control ということであると考えられる。従つて、NPHLS における Research はケニア側の考えに従つて KMRI の傘下に位置せざるを得ないものと思われた。即ち、ケニア側の現在の機構からすれば研究 (Research) を介して NPHLS と KMRI とは直結したものになることが理解された。

ここにおいて、我方の R/D 最終案の Cooperation Between Both Governments の条項で NPHLS の位置付けを明記する必要が生じるものと判断された。以上のほかに、若干の語句の修正を含めて、3月2日夜、日本大使館熊谷一等書記官は赤沢参事官に意見を求めた後更らに国際協力事業団ナイロビ事務所江崎所長、隅田所員及び実施協議チームで協議した結果を日本大使官から本省へ送電し、意見を求めた。3月5日、現地時間午後3時30分、本省から日本大使館へ指示があつた。この指示に基づいて更らに討議する一方、資料の検討を行つて、再び本省に指示を求め、3月6日現地時間午後3時30分本省より再び R/D 締結の方針の連絡があつた。

以上の我方の方針に基づいて、3月7日午前11時30分、ケニア国保健省で Dr. Mungola, Dr. Gekonyo, Dr. Kaviti, Dr. Siogoh, Dr. Mutuku, Dr. Ndoto, Dr. Kungui, 実施協議チーム、熊谷一等書記官及び隅田所員出席の下で更らにKMRIとNPHLSとの関連及びKMRIの機構について確答を求めた。本席で未だ正式発令はないが Dr. Gekonyo がKMRIの Director であること、KMRIの機構及び Research に関する統轄権限について明らかにすることがあった。本席ではまた、署名の日から5年間という項目について、R/Dは両国関係者が討議し、それぞれの政府へ答申するものであって、両国政府の正式公文交換で始めて発効するものであるという考え方がとられたので我方との見解になお相違があるとし、署名は3月9日に行うことに変更した。同日(3月7日)、午後3時30分、ケニア国保健省、特にKMRIと密接な関連がある大蔵省財務局長 Mr. Githinji を訪ね、上記 R/D の署名日、及び発効について見解を求め、本プロジェクトは署名の日から5年間とするということで、ケニア国保健省と我方との相互承解が成立する見透しが得られた。

3月8日、午前中、日本大使官熊谷一等書記官、隅田所員と R/D 案件について検討した後、両政府関係機関との同意が得られたものと判断し、署名の日時について打合せの結果、3月9日午前11時ケニア国保健省で行う旨、ケニア国保健省へ伝えることを諒承した。

3月9日、午前11時30分、ケニア国保健省において、日本側は、調査団、熊谷一等書記官、江崎国際協力事業団ナイロビ事務所長及び隅田所員、ケニア側、Dr. Mungola, Dr. Gekonyo, Dr. Ndoto, Dr. Siogok, Dr. Kaviti 及び報道関係者を交えて署名を行った。ここに、迂達曲折はあったにしても協力事業の見透しの第1歩が印されたわけである。

3月11日及び12日午前、ナクル病院及び Medical Training Centre (MTC) を見学したが、昨年の調査結果を再確認するに止まった。

3月14日、午後2時30分、ケニア国保健省を訪れ、最終的に Tentative Schedule について相互の理解を得ると共に研究事項及び方法論についてやや詳細な打合せを行った。出席者は、我方は、実施協力チーム、熊谷一等書記官、江崎国際協力事業団ナイロビ事務所長、金井所員(隅田所員の後任)、ケニア側は、Dr. Gekonyo, Dr. Kaviti, Dr. Thukai (Director of Virus Research Center) であった。

以上で R/D に関するすべての問題について相互の了解が成立し、実施協議チームの任務を終了した。

ケニア側の討議議事録 (第2次)

In view of the fact that communicable diseases cause great morbidity and mortality in this country, one of the major responsibility of the Ministry of Health is to prevent and control communicable diseases by all the available methods as well as search for better tools for its control. It was with this in mind that discussions were held between the Japanese implementation team and the authorities concerned of the Government of the Republic of Kenya on the Japanese Technical Co-operation on the Communicable Diseases Research and Control Project. The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as JICA) and headed by Mr.
..
..
visited the Republic of Kenya from
.. to for the purpose of working out the details of the technical cooperation programme concerning the
Project in the Republic of Kenya.

Exchanged views and had a series of discussions with the Kenya authorities concerned in respect of the desirable measures to be taken by both Governments for the successful implementation of the above-mentioned Project.

As a result of the discussions, the Team and the Kenya authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Nairobi,

.....
.. Head of the Japanese.....
.. Implementation Survey.....
.. Team.....

On 1st March, 1977, ^{- 2 -} the Science and Technology Act ~~has~~ ^{has}
decided the reorganization of MPHS to ~~be~~ ^{be} KIMR.
To keep THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of Japan and the Government of the Republic of Kenya will cooperate with each other in implementing, the Communicable Diseases Research and Control Project (hereinafter referred to as "the Project") for the purpose of the strengthening of the functions ^{National Public Health Laboratory Services} Kenya Institute of Medical Research ⁽²⁾ (hereinafter referred to ^{UPHLS} KIMR) for the improvement of the preventive measures against communicable diseases. In this connection model areas will be set up in rural area(s) in the Republic of Kenya for purposes of applied research.
2. The Project will be implemented in accordance with Master Plan which is given in Annex I.

II. DISPATCH OF JAPANESE EXPERTS

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense services of the Japanese experts as listed in Annex II through the normal procedures under the Technical Cooperation Scheme of Japan.
2. The Japanese experts referred to in I above and their families will be granted in the Republic of Kenya the privileges, exemptions and benefits as listed in Annex III and will be granted privileges, exemptions and benefits no less favourable than those granted to experts of third countries or international organizations performing, similar missions.

III. PROVISION OF MACHINERY AND EQUIPMENT

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide, ~~install and maintain~~ at its own expense such machinery, equipment and other materials necessary for the implementation of the Project as listed in Annex IV, through the normal procedures under the Technical Cooperation Scheme of Japan.

2. The articles referred to in 1 above will become the property of the Government of the Republic of Kenya upon being delivered c.i.f. to the Kenyan authorities concerned at the ports and/or airports of disembarkation, and will be utilized exclusively for the implementation of the Project, *in consultation with the Japanese Embassy.*

IV. TRAINING OF KENYAN PERSONNEL IN JAPAN *(Administrative Coordination)*

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to receive at its own expense the Kenyan personnel connected with the Project for technical training in Japan through the normal procedures under the Technical Cooperation Scheme of Japan.
2. The Government of the Republic of Kenya will take necessary measures to ensure that the knowledge and experience acquired by the Kenyan personnel from technical training in Japan will be utilized effectively for the implementation of the Project.

V. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF KENYA

1. In accordance with the laws and regulations in force in the Republic of Kenya, the Government of the Republic of Kenya will take necessary measures to provide at its own expense:
- (1) Services of the Kenyan counterpart personnel and administrative personnel as listed in Annex V. ✓
 - (2) Land, buildings and facilities as listed in Annex VI except for some specialised buildings as shown in Annex VI 3 and 4 which will be financed by Japan.
 - (3) Supply or replacement of machinery, equipment, instrument, vehicles tools, spare parts and any other materials necessary for the implementation of the Project other than those provided through JICA under III above;
 - (4) Transportation facilities and travel allowance

for Japanese experts for the official travel within the Republic of Kenya; in accordance with the existing regulation of the Kenya Government for officers on duty.

- (5) Suitable accommodations for the Japanese experts and their families in accordance with the present regulation of the Kenya Government (KIMR).
2. In accordance with the laws and regulations in force in the Republic of Kenya, the Government of the Republic of Kenya will take necessary measures to meet:
- (1) Expenses necessary for the transportation within the Republic of Kenya of the articles referred to in III above.
 - (2) Customs duties, internal taxes and any other charges, imposed in the Republic of Kenya on the articles referred to in III above;
 - (3) All running expenses necessary for the implementation of the Project.

VI. ADMINISTRATION OF THE PROJECT

1. The Japanese experts will give necessary technical guidance and advice to the Kenyan staff associated with the Project pertaining to the implementation of the Project, and the Kenyan authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project.
2. For successful implementation of the Project, the Steering Committee will be established with the members as listed in ANNEX VII.

The Committee will meet at least once a year.

The functions of the Committee are as follows,

- (1) To formulate plan for this Project,
- (2) To review the implementation of the Project with particular reference to budget and requests for fellowship and equipment,
- (3) To advise the Kenyan authorities concerned about the implementation of the Project at all stages and at all levels.

VII. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Republic of Kenya undertakes to bear claims, if any arises, against the Japanese experts engaged in the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of Kenya except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VIII. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from, or in connection with this Attached Document.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be from July, 1979 to 30th June, 1987.

ANNEX I MASTER PLAN

The outline of the Project is as follows

- (1) To extend and substantiate for functional development of the National Public Health Laboratory Services (NPHLS) of the Kenya Institute of Medical Research (KIMR) in order to improve research capabilities related to communicable diseases in Kenya with ultimate aim of finding better preventive measures against these diseases. (pending)
- (2) To establish model areas to promote epidemiological survey, identify and solve health problem. communicable diseases
- (3) To make plans in the model areas in order to effectively improve existing control measures against communicable diseases in terms of surveillance and laboratory services.
- (4) To improve and expand and modernize local production of vaccine and diagnostic reagents capabilities necessary for prevention and control of communicable diseases.
- (5) To establish modern laboratory animal breeding facilities to service research and vaccine production requirements.

Annex II JAPANESE EXPERTS

- (1) Administrative coordinator
- (2) Assistant Administrative coordinator
- (3) Research Scientists (Experts)

1. Virology

- (a) Electron Microscopist
- (b) arbovirologist/medical virologist

(KIMR operator / KIMR counter part) 22231

日本
専門家
の
名

2. Bacteriology

- (a) Mycobacterium immunologist
- (b) Food microbiologist
- (c) Plague specialist
- (d) Leprologist

この中に、菌学の内容を
 含む。また、
 細菌、寄生虫、
 感染症の専門家
 が必要。

3. Parasitology

- (Malaria) Malaria expert
- (Schistosomiasis) Schistosomiasis expert/malacologist

4. Entomology

この中に、
 昆虫学の専門家
 が必要。

- (a) Taxonomist with experience in cytogeneticist of vectors.
- (b) Entomologist - ecology and vector control experience

5. Laboratory Technologist

6. Coordinator

5. Epidemiology

- (a) At least 1 epidemiologist/statistician. He is necessary for model area(s) applied research experimental design and statistical analysis of research findings.

ANNEX III PRIVILEGES, EXEMPTIONS AND BENEFITS

1. Exemptions from income tax and charges of any kind imposed on or in connection with the living allowances remitted from abroad.
2. Exemptions from import and export duties and any other charge in respect of personal and household effects, including one motor vehicle per family, which may be brought into the Republic of Kenya from abroad.
3. Free medical services and facilities to the Japanese experts and their families.

ANNEX IV LIST OF THE ARTICLES

1. Equipment for Virological research and control
2. Equipment for Bacteriological research and control
3. Equipment for Parasitological research and control
4. Equipment for Entomological research and control
5. Equipment for Epidemiological research and control
6. Equipment for Education
7. Vehicles
8. Necessary accessories or equipment for maintenance
9. Some other equipment related to the Project.

include

ANNEX V.

LIST OF KENYAN STAFF

1. Director General [of KIMP] (1)
2. Director

3. Researchers
 - (a) In Virology
 - (b) in Bacteriology
 - (c) in Parasitology
 - (d) in Entomology
 - (e) in Epidemiology
 - (f) in Public Health
 - (g) in some related technical field as necessary to be mutually agreed upon.
4. Technologists (Laboratory Service, Health Education and others)
5. *Coordinator* Administrative personnel
6. *Coordinator*
 - (a) Secretary
 - (b) Clerks
 - (c) Typists
 - (d) Drivers
 - (e) Messengers
 - (f) Watchman
 - (g) Others

ANNEX VI LIST OF LAND, BUILDINGS AND FACILITIES

A. LAND

B. BUILDINGS

1. In KITP Administrative coordinator *Ministry of Health*

2. IN KITP → NPHLS (?)

- (i) Assistant Team Leader's room
- (ii) Coordinator's room
- (iii) Staff room
- (iv) Conference room
- (v) Office
- (vi) Library
- (vii) Laboratories
- (viii) Others

3. Specialized buildings

In order that the Project may be carried efficiently there is need that the following buildings be designed financed and built by the Japanese Technical Assistance

前
作

- (i) Electron microscopy room
- (ii) Modern insectary with regulated temperature, humidity and air conditioning
- (iii) Entomology museum as national reference and identification centre for insect vectors of disease.
- (iv) Vaccine and diagnostic reagents production unit
- (v) Workshop for maintenance and repair of equipment for the Project.

(6.) ~~An Model Area(s)?~~
~~Field station(s) for the rural health services research.~~
~~will be designed and built at the expense of the Japanese~~

(C.) Facilities

- (i) Store room
- (ii) Garage
- (iii) Electric and water supply
- (iv) Vehicles for official use including field activities
- (v) Others

H.B. All facilities will be used jointly.

ANNEX VII COMPOSITION OF THE STEERING COMMITTEE

Chairman : Suggest Director General

Kenyan side :

JAPANESE SIDE:

実施協議チームが持参した討議議事録（最終案）

THE RECORD OF DISCUSSIONS BETWEEN THE JAPANESE
IMPLEMENTATION SURVEY TEAM AND THE AUTHORITIES
CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF
KENYA ON THE JAPANESE TECHNICAL COOPERATION FOR
THE COMMUNICABLE DISEASES RESEARCH AND CONTROL
PROJECT

The Japanese Implementation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as JICA) and headed by

for the purpose of working out the details of the technical cooperation program concerning the Communicable Diseases Research and Control Project in the Republic of Kenya.

During its stay in the Republic of Kenya, the Team exchanged views and had a series of discussions with the Kenyan authorities concerned in respect of the desirable measures to be taken by both Governments for the successful implementation of the above-mentioned Project.

As a result of the discussions, the Team and the Kenyan authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Nairobi,

Head of the Japanese
Implementation Survey Team

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of Japan and the Government of the Republic of Kenya will cooperate with each other in implementing the Communicable Diseases Research and Control Project (hereinafter referred to as "the Project") for the purpose of the strengthening of the functions of the National Public Health Laboratory Services (hereinafter referred to as "the NP HLS") for the improvement of the preventive measures against communicable diseases. In this connection model area(s) will be set up in rural area(s) in the Republic of Kenya.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. DISPATCH OF JAPANESE EXPERTS

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense services of the Japanese experts as listed in Annex II through the normal procedures under the Technical Cooperation Scheme of Japan.
2. The Japanese experts referred to in 1 above and their families will be granted in the Republic of Kenya the privileges, exemptions and benefits as listed in Annex III and will be granted privileges, exemptions and benefits no less favourable than those granted to experts of third countries or international organizations performing similar missions.

III. PROVISION OF MACHINERY AND EQUIPMENT

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to provide at its own expense such machinery, equipment and materials necessary for the implementation of the Project as listed in Annex IV, through the normal procedures under the Technical Cooperation Scheme of Japan.
2. The articles referred to in 1 above will become the property of the Government of the Republic of Kenya upon being delivered c.i.f. to the Kenyan authorities concerned at the ports and/or airports of disembarkation, and will be utilized exclusively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

IV. TRAINING OF KENYAN PERSONNEL IN JAPAN

1. In accordance with the laws and regulations in force in Japan, the Government of Japan will take necessary measures through JICA to receive at its own expense the Kenyan personnel connected with the Project for technical training in Japan through the normal procedures under the Technical Cooperation Scheme of Japan.
2. The Government of the Republic of Kenya will take necessary measures to ensure that the knowledge and experience acquired by the Kenyan personnel from technical training in Japan will be utilized effectively for the implementation of the Project.

V. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF KENYA

1. In accordance with the laws and regulations in force in the Republic of Kenya, the Government of the Republic of Kenya will take necessary measures to provide at its own expense:
 - (1) Services of the Kenyan counterpart personnel and administrative personnel as listed in Annex V;
 - (2) Land, buildings and facilities as listed in Annex VI;
 - (3) Supply or replacement of machinery, equipment, instrument, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than those provided through JICA under III above;
 - (4) Transportation facilities and travel allowance for the Japanese experts for the official travel within the Republic of Kenya;
 - (5) Suitably furnished accommodations for the Japanese experts and their families.
2. In accordance with the laws and regulations in force in the Republic of Kenya, the Government of the Republic of Kenya will take necessary measures to meet:
 - (1) Expenses necessary for the transportation within the Republic of Kenya of the articles referred to in III above as well as for the installation, operation and maintenance thereof;

- (2) Customs duties, internal taxes and any other charges, imposed in the Republic of Kenya on the articles referred to in III above;
- (3) All running expenses necessary for the implementation of the Project.

VI. ADMINISTRATION OF THE PROJECT

1. The Japanese experts will give necessary technical guidance and advice to the Kenyan staff associated with the Project pertaining to the implementation of the Project, and the Kenyan authorities concerned will be responsible for the administrative and managerial matters pertaining to the Project.

2. For successful implementation of the Project, the Steering Committee will be established with the members as listed in Annex VII.

The Committee will meet at least once a year.

The functions of the Committee are as follows,

- (1) To formulate plan for this Project,
- (2) To review the implementation of the Project with particular reference to budget and requests for fellowships and equipment,
- (3) To advise the Kenyan authorities concerned about the implementation of the Project at all stages and at all levels.

VII. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Republic of Kenya undertakes to bear claims, if any arises, against the Japanese experts engaged in the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of Kenya except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VIII. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from, or in connection with this Attached Document.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five years from

ANNEX I MASTER PLAN

In view of the fact that communicable diseases cause great morbidity and mortality in the Republic of Kenya, one of the major responsibilities of the Government of the Republic of Kenya is to prevent and control communicable diseases by all the available methods as well as research for better tools for their control.

The outline of the Project is as follows:

- (1) To extend and substantiate for functional development of the NPHLS in order to improve research capabilities related to communicable diseases in Kenya with the aim of finding better preventive measures against these diseases.
- (2) To establish model areas to promote epidemiological survey, identify and solve communicable disease problems.
- (3) To make plans in the model areas in order to effectively improve existing control measures against communicable disease in terms of surveillance and laboratory services.
- (4) To improve and modernize local production of vaccine and diagnostic reagents capabilities necessary for the control of communicable diseases.

ANNEX II JAPANESE EXPERTS

1. Team Leader
2. Assistant Team Leader
3. Experts
 - in Virology
 - in Bacteriology
 - in Parasitology
 - in Entomology
 - in Epidemiology
 - in Public Health
 - in other related fields to be mutually agreed upon as necessary
4. Coordinator

Note: Assistant Team Leader may be appointed from among the experts mentioned above.

ANNEX III PRIVILEGES, EXEMPTIONS, AND BENEFITS

1. Exemptions from income tax and charges of any kind imposed on or in connection with the living allowances remitted from abroad.
2. Exemptions from import and export duties and any other charge in respect of personal and household effects, including one motor vehicle per family, which may be brought into the Republic of Kenya from abroad.
3. Free medical services and facilities to the Japanese experts and their families.

ANNEX IV LIST OF THE ARTICLES

1. Equipment for Virological research and control
2. Equipment for Bacteriological research and control
3. Equipment for Parasitological research and control
4. Equipment for Entomological research and control
5. Equipment for Epidemiological research and control
6. Equipment for Health Education
7. Some other equipment related to the Project

ANNEX V LIST OF KENYAN STAFF

- 1.
- 2.
3. Researchers
 - (a) in Virology
 - (b) in Bacteriology
 - (c) in Parasitology
 - (d) in Entomology
 - (e) in Epidemiology
 - (f) in Public Health
 - (g) in some related technical field as necessary to be mutually agreed upon.
4. Technologists (Laboratory Service, Health Education and others)
5. Coordinator
6. Administrative Personnel
 - (a) Secretary
 - (b) Clerks

- (c) Typists
- (d) Drivers
- (e) Messengers
- (f) Watchman
- (g) Others

ANNEX VI LIST OF LAND, BUILDINGS, FACILITIES AND MODEL AREA(S)

A. LAND

B. BUILDINGS

1. In Ministry of Health

- (i) Team Leader's room
- (ii) Coordinator's room

2. In HPHLS

- (i) Assistant Team Leader's room
- (ii) Coordinator's room
- (iii) Staff room
- (iv) Conference room
- (v) Office
- (vi) Library
- (vii) Laboratories
- (viii) Others

C. FACILITIES

- (i) Store room
- (ii) Garage
- (iii) Electric and water supply

(iv) Vehicles for official use including field activities

(v) Others

D. MODEL AREA(S)

N.B. All facilities will be used jointly.

ANNEX VII COMPOSITION OF THE STEERING COMMITTEE

Chairman:

Kenyan side:

Japanese side:

Note: An official of Embassy of Japan and the representative of JICA may attend the meeting of the Steering Committee as observers.

BRIEF ACCOUNT ON REORGANIZATION AND COORDINATION OF MEDICAL RESEARCH
IN KENYA

1. Introduction:

*This is Draft
in very first stage
part of an idea that
will be K.M.H. Revision 1.
M. J. Mwangi*

This paper gives brief information on the new strategy regarding the organization coordination and structuring of medical research in Kenya. The paper refers to new legislation regarding research and the formation of two research institutes under the Ministry of Health and their envisaged research departments. When the Research Institutes Establishment Bill will have passed through Parliament and the heads of the institutes appointed as well as the technical directors of the departments the details of the programmes and specific pre-occupations of the research departments will be spelled out more clearly. However, the general structure given below is not likely to be changed much at the initial period.

2. New Legislation Relating to Research in Kenya:

2. 1. The Science and Technology Act 1977.

2. 1. 1. This Act came into effect on 1st. July 1977 intended to establish machinery for making available to the Government advice upon all matters relating to the scientific and technological activities and research necessary for the proper development of the Republic; and for the co-ordination of research and experimental development; and for matters incidental thereto and connected therewith."

2. 1. 2. The National Council for Science and Technology was established under this Act and placed under the Minister responsible for economic planning (currently Ministry of Finance and Planning). Membership of Council consists of Scheduled Ministries including Health and a further twelve members who are eminent scientists representing the scheduled sciences. Very briefly the function of the National Council

for Science and Technology is to determine priorities for scientific and technological activities in Kenya and, to advise the Government on national science policy, including general planning and assessment of the requisite financial resources, as well as to ensure the application of results of scientific activities to development. The Council will ensure co-operation and coordination between the various agencies involved in scientific research, and will be involved in promoting science education and documentation.

2. 1. 3. Section 3 of the Act establishes Advisory Research Committees under the appropriate Ministries of Government. The Medical Science Advisory Research Committee is established under the Ministry of Health and is advisory to the Minister for Health on all matters concerning medical research and its application to the health services. Its responsibilities include: promotion and coordination of all types of medical and related research; research programmes, facilities and personnel; research budget proposals; documentation, and dissemination of research information inside and outside Kenya; and maintenance of close liaison with foreign and international organizations with similar research interests.

The Medical Science Advisory Research Committee will have members from the Ministry of Health, other participating Ministries, the University of Nairobi Faculty of Medicine, the National Council for Science and Technology, and other relevant departments and research organizations.

2. 2. Establishment of Research Institutes:

2. 2. 1. A Bill is shortly to be debated in Parliament intended to provide the Government with a machinery to establish Research Institutes. While this paper cannot anticipate the final

form of the proposed Bill the following information is in line with the current proposals and can definitely be usefully referred to in planning and in current discussions.

2. 2. 2. It is proposed that the Ministry of Health will at the outset have two Research Institutes:

- i) The Kenya Institute of Medical Research and
- ii) The Kenya Trypanosomiasis Research Institute.

The Institutes will be run under Boards to be established, which will have adequate autonomy in carrying out the approved research programmes.

3. The Kenya Institute of Medical Research will be a comprehensive Institute coordinating all aspects of medical and related health delivery researches with the exception of Trypanosomiasis. The final structure of this Institute will be streamlined when the administrative machinery is established, but the following departments have currently been proposed:-

Research Departments of the K.I.M.R.: (Enumerated alphabetically).

3. 1. Department of Applied Basic Sciences:

- a) Clinical Pharmacology
- b) ~~Medical~~ Medical Research

3. 2. Department of Community Health and Epidemiology:

- a) Cancer
- b) Cardiovascular Diseases
- c) Degenerative Diseases
- d) Dermatovenereology
- e) Endocrinology
- f) Geriatrics
- g) Public Health
- h) Nutrition
- i) Other unspecified Conditions.

3. 3. Department of Leprosy Research
3. 4. Department of Malaria and Other Protozoal Diseases:
 - a) Amoebiasis
 - b) Malaria
 - c) Leishmaniasis
3. 5. Department of Microbiology
3. 6. Department of Schistosomiasis and Other Helminths:
 - a) Schistosomiasis
 - b) Filariasis
 - c) Onchocerciasis
 - d) Anchylostomias and Ascariasis
 - e) Taeniasis and Hydatidosis
3. 7. Department of Tuberculosis Research.
3. 8. Department of Virology.

It is not likely that everyone of these departments will be instituted at the very start. Research in aspects of some of these subjects may already be going on in the Faculty of Medicine or in other laboratories, which may need support and strengthening through the Institute.

4. The Kenya Trypanosomiasis Research Institute is established apart from the K.I.N.R. above because of the recognised significance of this research, not only to the Ministry of Health, but equally to the Veterinary Department of the Ministry of Agriculture, and to the Ministry of Natural Resources and Wildlife. This Institute will carry out research in all aspects of Trypanosomiasis as continuation of work previously carried out in the Community Research Institute at Tororo.

3/3/1978

MINISTRY OF HEALTH.

First Regional Paediatric Congress for Africa, Nairobi, February
19 - 20 1979

NEED FOR COORDINATION AND DEVELOPMENT OF MEDICAL RESEARCH IN KENYA.

By: Dr. James M. Gekonyo, S.D.D.M.S./DMR.

Introduction:

In a developing country, particularly one emerging from bitter struggle for independence from colonialism, the low level of general development and the very basic nature of the needs of the larger section of the population are such that the mere provision of a modicum of basic or primary services can be overwhelming to the new Government. The very low level, and poorly distributed health services prevailing at the time of Kenya's Independence in 1963, is a case in point. At the time, the country's medical services concentrated on the patchy provision of clinical medical care in the few hospitals that existed, coupled with private practices which were to be found in the larger towns and served mainly the non-indigenous sections of the community. As in other aspects of the society during those colonial days these hospital services were segregated along racial lines, with only minimal impact on the poor health of the majority of the population, who were African and dwelling in rural areas. Part of this rural population were served from the few Government District hospitals which existed, local authority health centres and dispensaries and church hospitals generally placed long distances from the homesteads of the majority of the people.

In such situation, where 90% of the population were in rural areas and 47% of this population being below the age of 15 years, the provision of basic health services using the meagre resources available and already available knowledge would seem the most important role of a national health service in improving the health standards of the majority.

The important concepts of provision of Primary Health care which are currently the subject of many W.H.O. Conferences, and which are being applied increasingly to health services of many developing countries are fully appreciated and taken into consideration in this paper which is on the Need for Coordination and Development of Medical Research in Kenya. However, the assumption that we know the actual basic health needs of our population because of their apparent simplicity, the necessary tools and possible resources to provide optimal benefits, or even the extent of the local population's innate potential to participate beneficially in the improvement of health in their community is doubtful. Hence, the call in this paper for accelerated development of all aspects of relevant medical research and the allocation of ample resources towards research. The peculiarities of the local health situation can then be better understood and the most effective methods of tackling these problems formulated taking into account the social and cultural outlook and the potential of contribution of the local population in planning health programmes and in the economic application of all possible resources towards maximum benefits. Coordination and collaboration in this context does not only entail agencies, groups or individual scientists who are busily engaged in research in health fields, but also other Ministries, departments, and social organizations whose preoccupations may have relevance to the betterment of health of the nation.

Brief Historical Background:

A brief reference to recent history may help towards the appreciation of the current emphasis on development and central coordination of medical research in Kenya. At Independence in 1963, Kenya was fully committed to regional cooperation in the many activities of the then existing East African Common Services Organization which later in 1967 developed into the East African Community through a Treaty of cooperation between Kenya, Uganda and Tanzania.

One area of activity arising from this regional cooperation among the three nations of East Africa, which is of particular interest to this paper was the existence of the East African Medical Research Council. Prior to July 1977, at the dissolution of the East African Community, Kenya Government contributed financially, and the Ministry of Health participated effectfully in the activities of the East African Medical Research Council. Under the auspices of this Council, Kenya, Uganda and Tanzania supported medical research on a limited number of fields which were of relevance to the health problems of East Africa carried out in seven research institutes, scattered in the three countries. These were:-

1. The East African Virus Research, at Entebbe, in Uganda.
2. The East African Trypanosomiasis Research Organization in Tororo, Uganda.
3. The East African Tuberculosis Investigation Centre, in Nairobi, Kenya.
4. The East African Leprosy Research Center at Busia in Kenya.
5. The East African Institute of Malaria and Vector Borne Diseases, in Amani Tanzania, which also dealt with Onchocerciasis.
6. The East African Institute of Medical Research in Mwanza, Tanzania, mainly concerned with Schistosomiasis and Helminthiasis and.
7. The Tropical Pesticides Research Institute, linked to the East African Pesticide Control Organization in Arusha, Tanzania.

These research institutes provided an excellent example of international cooperation in medical research not only within East Africa, but even further afield, since they attracted research scientists from many parts of the world and also the interest and

technical support of international organizations and bilateral support. Apart from the purely research activities of these research institutes of the defunct East African Community, they played other roles such as that of training research scientists, and service, whereby an institute could be called upon by any of the three Governments to investigate a prevalent disease condition in any area of East Africa and assist with expertise in applying control measures. It is a matter for regret to medical scientists that this direct co-operation in medical research ended with the political demise of the East African Community, but it is gratifying to note that informal exchange of knowledge continues between scientists and universities of the three East African nations and one would hope that this co-operation will be enhanced at a more formal level when the now developing national medical research organizations become fully functional.

Brief Background of Medical Research in Kenya:

Probably, because of the existence of the East African Community Medical Research Council institutes described above, to which Kenya Government finance and officers were fully committed, direct involvement of the Ministry of Health in scientific medical research at the national level remained rather limited. Until mid 1977, there was no direct allocation in the estimates towards medical research, except indirectly in the vote of the National Public Health Laboratory Services and the Division

of Vector Borne Diseases which were service departments and research carried out would seem to have been incidental to the need to work out tools for control of threatening conditions, as well as to the scientific inclination and enthusiasm of the individual officers. Various investigations and studies were carried out by the Division in parasitology, entomology and epidemiology of such diseases as malaria, schistosomiasis Onchocerciasis, trypanosomiasis and leishmaniasis directly aimed at their control, where they were prevalent in the country. The National Public Health Laboratories were also concerned with the local manufacture of several types of vaccines, and together with the Division of Vector Borne Diseases, were also called upon from time to time to undertake all kinds of investigations on any disease conditions which threatened health in the country.

Collection, analysis and documentation of epidemiological information and vital statistics in a systematic and comprehensive manner for ease of reference, is one development which had lagged behind over the past years. This development was reinforced a few years ago with the formation of the Division of Communicable Diseases Control and Epidemiology at the Ministry of Health. This Division embarked on the development of a system of epidemiological information gathering and recording for easy reference and retrieval,

which will eventually cover all provinces of the country. This development, when fully achieved will be a very valuable facility to would be research workers.

The Faculty of Medicine of the University of Nairobi was founded only a few years ago in 1967, so that its influence on medical research thought, and its intensification among medical graduates of this country has still to attain its full impact. However, valuable research work has been done and is continuing in a variety of health subjects by the Departments of the Medical School, and in most cases their productivity could be enhanced by more provision of funds, technical personnel and scientific equipment. Apart from the Medical Faculty, there are some other Departments of other Faculties of the University of Nairobi such as those of Agriculture, Veterinary Science, Sciences, Social Sciences and Development studies which carry out researches which are relevant to health, and knowledge so gained should not be lost to the services.

Apart from the purely national effort in medical research, the Ministry of Health has, in the past, co-operated in research

projects of various international organizations such as WHO, UNICEF., World Bank, UNDP UNEP and UNFPA., in fields such as Nutrition, Communicable diseases, Population, Delivery of health care, and Environmental pollution. The International Centre of Insect Physiology and Ecology (ICIPE) and the International Laboratory for Research on Animal Diseases (ILRAD) are examples of other international organizations which have built up extensive research facilities in Kenya and whose work has aspects of interest to Medicine particularly in the fields of zoonoses, entomology parasitology and immunology particularly in relation to protozoal diseases. There are numerous other external and internal research agencies who have been engaged in medical research in Kenya. Some of these are the British Medical Research Council, the Royal Netherlands Institute of Tropical Medicine, the Wellcome Foundation, the African Medical and Research Foundation and various other bilateral aid agencies and universities of various countries abroad. Many individual scientists have also come either singly or in groups and obtained authority to carry out aspects of research for varying lengths of stay and then departed to return to their countries or universities abroad to publish their findings there.

Although some of these researches carried out by external organizations may have been of value to certain aspects of the health services of this country, it is certain that maximum possible benefits have not been realized by Kenya for lack of proper coordination, analysis and documentation of these research activities. Plenty of the knowledge unearthed has been exported, whilst the element of training of local scientists to continue with such researches has been minimal.

To conduct research in Kenya one requires the authority which is finally granted by the Office of the President. An important requirement in granting this authority is that the final report of findings should be lodged in confidence with the Ministry of Health among few other relevant departments of Government. There have been many instances of this requirement not being fulfilled, when visiting scientists, having completed their information gathering take their notes and materials to complete their theses in their own home country.

The brief account given above on the background of medical research in Kenya, indicates that there have been numerous organizations, agencies and individuals carrying out medical research within the country, but their work was not co-ordinated, nor was the documentation of their findings in a systematic manner. The only journal in Kenya for publication of scientific medical work is the East African Medical Journal, which is an organ of the Kenya Medical Association. This comes out in monthly issues and is unable to cope with all the works which need publishing.

In the last few years the Kenya Government has re-emphasized the necessity for the development and co-ordination of scientific research in the country and will spend up to one per cent of the Gross Domestic Product in these developments in all sectors of the economy, including health. New legislation has been drafted aimed at stimulating and facilitating scientific research within the country for social, economic and technological development.

Recent Legislation Relating to Research in Kenya:

The Science and Technology Act came into effect on 1st. July 1977 intended "to establish machinery for making available to the Government advice upon all matters relating to the scientific and technological activities and research necessary for the proper

development of the Republic; and for the co-ordination of research and experimental development; and for matters incidental there to and connected therewith."

The National Council for Science and Technology was established under the above Act and placed under the Minister responsible for Economic Planning. Membership of Council consists of Scheduled Ministries, including Health, and twelve members who are eminent scientists.

Very briefly the function of the National Council for Science and Technology is to determine priorities for scientific and technological activities in Kenya and, to advise the Government on national science policy, including general planning and assessment of the requisite financial resources, as well as to ensure the application of results of scientific activities to development. The Council will ensure co-operation and coordination between the various agencies involved in scientific research and will be involved in promoting science education and documentation. The Act establishes Advisory Research Committees under the appropriate Ministries of Government.

The Medical Sciences Advisory Research Committee is established under the Ministry of Health and is advisory to the Minister for Health on all matters concerning medical research and its application to the health services. Its responsibilities include: promotion and coordination of all types of medical and related research; research programmes, facilities and personnel; research budget proposals; documentation, and dissemination of research information inside and outside Kenya; and maintenance of close liason with foreign and international organizations with similar research interests.

The Medical Sciences Advisory Research Committee will have members from the Ministry of Health, other participating Ministries,

the University of Nairobi Faculty of Medicine, the National Council for Science and Technology, and other relevant departments and research organizations.

The Science and Technology (Amendment) Bill, now under print includes provision for the Establishment of Research Institutes under the scheduled Ministries of Government, which are financed by the Government, but may also accept donations from other sources for the implementation of approved programmes. The Research Institutes will have adequate autonomy to carry out scientific work.

The Functions of Research Institutes are:-

- "(a) to carry out research in the fields specified in the Fifth Schedule to this Act;
- (b) to co-operate with other organizations and institutions of higher learning in training programmes and on matters of relevant research;
- (c) to liaise with other research bodies within and outside Kenya carrying out similar research;
- (d) to disseminate the research findings;
- (e) to co-operate with the responsible Ministry, the Council and the relevant Research Committee in matters pertaining to research policies and priorities;
- (f) to do all such things as appear to be necessary, desirable, or expedient to carry out its functions."

The Science and Technology (Amendment) Bill lists two research institutes under the Ministry of Health:

(i) The Kenya Medical Research Institute,
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(ii) The Kenya Trypanosomiasis Research Institute, which
are currently being run under one Directorate.

With the Ministry of Health as the responsible Ministry, coordination is facilitated by the participation of Ministries of Agriculture including Veterinary Services, Social Services, Water Development, Commerce and Industry, Education, Natural Resources and Wildlife, as well as the National Council for Science and Technology and the University of Nairobi Faculty of Medicine, and other selected agencies, in the Medical Sciences Research Advisory Committee and in the Board of Management of the Kenya Medical Research Institute.

THE KENYA MEDICAL RESEARCH INSTITUTE:

The functions of Research Institutes as spelled out, in general, by the recent legislation have been reproduced above. In this respect the Kenya Medical Research Institute is charged with the development and the carrying out of research in all necessary fields of biomedical sciences. Broad aspects of this responsibility will include definition of research priorities, development planning, training of scientific manpower, coordination of research activities, liason with external and international scientific community, and standardisation of information collection, documentation and dissemination, both, within and outside Kenya.

The actual research itself will be conducted from research centres and subcentres situated in any part of the country as found necessary, and equiped to facilitate the particular subject of research. However, the Kenya Medical Research Institute when constructed on its own campus, will not only accommodate the central administrative departments and offices, but will also make available research laboratories which could provide specialized facilities for common

use of the various centres, but primarily to cater for various subjects of medical research, which are not accommodatable in existing research centres.

Where appropriate research centres have not been established or individual fields catered for within the Medical Research Institute organization itself, the Institute should be able to facilitate individuals or groups of scientists to carry out such researches in existing Government Service departments and hospitals, University departments, and any other approved laboratories. Such support from the Institute could be in the form of research grants, scientific equipment, use of clerical and office facilities or in facilitating collaboration with scientists of the Institute.

While appreciating the many limitations of all kinds for a developing country like Kenya, in establishing a comprehensive Medical Research Institute as envisaged here, with all its necessary functional departments, in the short term period, it is, however, important that a wide spectrum of possible research of value to the development of medical knowledge in our environment, should be taken into consideration for purposes of long term planning. The chart shown below which is a skeleton summary of the proposed research departments or centres of the Kenya Medical Research Institute and should be read in the light of this broad overview of the needs of biomedical and health research in Kenya, to be established according to need and availability of resources. Some of the centres are existing but not yet functional to full capacity, some of the other centres are in the process of development, while some of the subjects listed will be facilitated through the Institute Secretariat as necessary.

The Kenya Medical Research Institute (KMRI):

Currently the designated Director of Medical Research and

the few staff of the Institute Secretariat are working from scattered offices situated in the Ministry of Health Headquarters. Eventually the Medical Research Institute will have its own administrative secretariat with ample research laboratory facilities and free ground space for experimental animals and other necessary developments.

Research Centres of the KMRI:-

I. Established Research Departments (Mainly only partially Functional)

1. Clinical Research Centre, (based in Nairobi), initially concentrating on Leishmaniasis research, and working in close collaboration of WHO, TOR. programme.
2. Leprosy Research Centre (based in Alupe, West Kenya)
3. Malaria and Other Protozoal Diseases: (based in Kisumu, West of Kenya)
4. Schistosomiasis and other Helminths: (currently based under the Ministry's Division of Vector Borne Diseases, Nairobi)
5. Trypanosomiasis Research Centre: (Based at Muguga, near Nairobi and Alupe, Western Kenya). This will deal with both human and animal trypanosomiasis, and hence, has been singled out to develop as an Institute on its own to facilitate collaboration between the interested Ministries, particularly

in view of the disease's current importance to Agriculture, Veterinary Services and Wildlife.

6. Tuberculosis Investigation Centre: (Nairobi)

7. Virology Research Centre (Nairobi)

8. Nutrition Research: (Nairobi), currently some research is being carried out under the Ministry's National Public Health Laboratory Services.

II. Other Proposed Research Departments

9. Applied Basic Sciences Research:

Currently Clinical Pharmacology and Biochemical Research is mainly conducted in teaching departments of the University of Nairobi. Any new Centre developed would work in close collaboration with the Faculty of Medicine.

10. Community Health and Epidemiology:

Applied research in Community Health and Epidemiology would best be based at the Medical Research Institute Secretariat, to facilitate the necessary close collaboration with service departments of the Ministry of Health and those of the University of Nairobi, and other agencies.

11. Traditional Medicine Research Centre:

This is a new proposal in so far as research under the Ministry of Health is concerned, although basic pharmacological research and studies on the socio-cultural background and the practices of traditional healers has been going on for a number of years in the University of Nairobi. A new Centre for research on indigenous medicinal herbs and their possible application to modern health services would work in close collaboration with these University departments as well as the Applied Basic Sciences and Community Health Research Centres. We will continue collaborating in the work on the African Medicinal Plants Research and Traditional Pharmacopoeia of the Scientific, Technical and Research Commission of the OAU.

III. Facilities for Other Miscellaneous Research

Many other conditions which may not fit in centres listed above, have been identified as requiring research, but cannot initially be placed in their own individual research centres. Examples are: cancer, cardiovascular diseases, degenerative diseases, geriatrics, aspects of childhood diseases, various bacterial diseases, dermatovenereology, aspects of public health, human reproduction and medical engineering. These and any others would as necessary, be facilitated by the Institute's central Secretariat and laboratories, in co-operation with the Ministry, other research centres, the Faculty of Medicine and other interested research agencies.

Child- health Research:

This being a Paediatric Congress, the question in many of our minds, is, what is being done towards research related to child health? In fact some individuals have come up with

requests for the setting up of an institute of child health.

No attempt has been made in the present proposals to isolate research in Paediatrics from the various departments and centres mentioned above dealing generally with their particular subject of interest. Practically all the conditions which will interest medical research workers in our environment, would have adverse effects on the health of children, and probably more so than adults. The facilities established in all these research centres will be available to those whose interest is in research on paediatric aspects of whatever subject the centre provides for. However, one would wish to see more, well established and equipped children's departments in existing Provincial and District Hospitals, which would form the best bases for research on child health. Obviously this can only come about with increased availability of personnel of all cadres specially trained in paediatrics and other aspects of child health. In general, the Maternal and Child Health, and the Rural Health Development Programmes of the Ministry of Health, the Community Health Department of the Faculty of Medicine and the Community Health Research Centre of the Medical Research Institute, will have a large component of their work concerned with studies in normal development and ill-health in early childhood. Once again, it should be emphasized, that what is needed here is cooperation between paediatricians and other laboratory workers, the Ministry of Health, and those who deliver services in field hospitals and health centres, together with relevant welfare organizations, in the promotion of the overall welfare of the children in our community.

SUMMARY:

This paper is on the Need for Development and Coordination of Medical Research in Kenya. The paper briefly mentions the previously existing East African Community Medical Research Council which conducted research in a limited number of medical fields in seven Medical Research institutes which were supported by the three East African countries, including Kenya. Consequently, Kenya's Ministry of Health involvement in medical research at the national level was not extensive and this required new development to be instituted with urgency following the break up of the East African Community Treaty of Cooperation in 1977.

The Kenya Government re-emphasized the importance of research for national development with the enactment of the Science and Technology Act of 1977, which set up the National Council for Science and Technology, under the Ministry responsible for Economic Planning. The Council would advise the Government on national science policy, coordination between various Ministries, the deployment of resources to scientific activities, and the applications of these to development.

The Act also establishes the Medical Sciences Research Advisory Committee under the Minister of Health, to play a similar advisory role in relation to medical research at the level of the Ministry of Health. The Kenya Medical Research Institute is among the five Research Institutes established under an Amendment Bill to the Act, and this will supervise development and co-ordination of medical research to be conducted by several Research Centres set up under the Institute. Some of these research centres already exist and others are to be started. There are numerous other agencies carrying out aspects of medical research in Kenya, International, Bilateral, Universities both local and foreign, as well as individual scientists, and it is through the

machinery set up under the provisions of Science and Technology Act that their work will be co-ordinated and documented. Development of medical research is a dynamic process and no doubt improvements will be made constantly to these arrangements, but the current strategy gives a boost to indigenous scientific medical research development, and the training of local research workers. Authority to clear research proposals to be conducted in Kenya is vested with the Office of the President.

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PROJECTED COORDINATION AND DEVELOPMENT OF MEDICAL
RESEARCH IN KENYA

1. BRIEF HISTORICAL BACKGROUND

1. 1. Prior to 1977, at the dissolution of the East African Community, Kenya Government contributed financially and the Ministry of Health participated effectually in the activities of the East African Medical Research Council. Under the auspices of this Council, Kenya, Uganda and Tanzania supported medical research on a limited number of fields which were of relevance to the health problems of East Africa carried out in seven research institutes scattered in the three countries.

These were:-

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1. 2. These research institutes provided an excellent example of international cooperation in medical research not only within East Africa, but even further afield, since they attracted research scientists from many parts of the world and also the interest and technical support of international organizations and bilateral support. Apart from the purely research activities of these research institutes of the defunct East African Community, they played other roles such as that of training research scientists, and service, whereby an institute could be called upon by any of the three Governments to investigate a prevalent disease condition in any areas of East Africa and assist with expertise in applying control measures. This direct co-operation in medical research ended with the political demise of the East African Community. It should be noted however, that informal exchange of knowledge continues between scientists and universities of the three East African nations and one would hope that this co-operation will be enhanced at a more formal level when the now developing national medical research organizations become fully functional.

2. Brief Background of Medical Research in Kenya:

2. 1. Probably, because of the existence of the East African Community Medical Research Council institutes described above, to which Kenya Government finance and officers were fully committed, direct involvement of the Ministry of Health in scientific medical research at the national level

remained rather limited. Until mid 1977, there was no direct allocation in the estimates towards medical research, except indirectly in the vote of the National Public Health Laboratory Services and the Division of Vector Borne Diseases which were service departments and research carried out would seem to have been incidental to the need to work out tools for control of threatening conditions, as well as to the scientific inclination and enthusiasm of the individual officers. Various investigations and studies were carried out by the Division in parasitology, entomology and epidemiology of such diseases as malaria, schistosomiasis, Onchocerciasis, trypanosomiasis and leishmaniasis directly aimed at their control, where they were prevalent in the country. The National Public Health Laboratories were also concerned with the local manufacture of several types of vaccines, and together with the Division of Vector Borne Diseases, were also called upon from time to time to undertake all kinds of investigations on any disease conditions which threatened health in the country.

2. 2. Collection, analysis and documentation of epidemiological information and vital statistics in a systematic and comprehensive manner for ease of reference, is one development which had lagged behind over the past years. This development was reinforced a few years ago with the formation of the Division of Communicable Diseases Control and Epidemiology at the Ministry of Health. This Division embarked on the development of a system of epidemiological information gathering and recording for easy reference and retrieval, which will eventually cover all provinces of the country. This development, when fully achieved will be a very valuable facility to would be research workers.

2. 3. The Faculty of Medicine of the University of Nairobi was founded only a few years ago in 1967, so that its influence on medical research thought, and its intensification among medical graduates of this country has still to attain its full impact. However, valuable research work has been done and is continuing in a variety of health subjects by the Departments of the Medical School, and in most cases their productivity could be enhanced by more provision of funds, technical personnel and scientific equipment. Apart from the Medical Faculty, there are some other Departments of other Faculties of the University of Nairobi such as those of Agriculture, Veterinary Science, Sciences, Social Sciences and Development studies which carry out researches which are relevant to health, and knowledge so gained should not be lost to the services.

2. 4. Apart from the purely national effort in medical research, the Ministry of Health has, in the past, co-operated in research projects of various international organizations such as WHO, UNICEF., World Bank, UNOP, UNEP and UNFPA., in fields such as Nutrition, Communicable diseases, population, Delivery of health care, and Environmental pollution. The International Centre of Insect Physiology and Ecology (ICIPE) and the International Laboratory for Research on Animal Diseases (ILRAD) are examples of other international organizations which have built up extensive research facilities in Kenya and whose work has aspects of interest to Medicine particularly in the fields of zoonoses, entomology parasitology and immunology particularly in relation to protozoal diseases. There are numerous other external and internal research agencies who have been engaged in medical research in Kenya. Some of these are the British Medical Research Council, the Royal

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2. 5. Although some of these researches carried out by external organizations may have been of value to certain aspects of the health services of this country, it is certain that maximum possible benefits have not been realized by Kenya for lack of proper co-ordination, analysis and documentation of these research activities. Plenty of the knowledge unearthed has been exported, whilst the element of training of local scientists to continue with such researches has been minimal.
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2. 8. In the last few years the Kenya Government has re-emphasized the necessity for the development and co-ordination of scientific research in the country and will spend up to one per cent of the Gross Domestic Product in these developments in all sectors of the economy, including health. New legislation has been drafted aimed at stimulating, facilitating and co-ordinating scientific research within the country for social, economic and technological development.

3. Recent Legislation Relating to Research in Kenya:

3. 1. The Science and Technology Act came into effect on 1st. July 1977 intended "to establish machinery for making available to the Government advice upon all matters relating to the scientific and technological activities and research necessary for the proper development of the Republic; and for the co-ordination of research and experimental development; and for matters incidental there to and connected therewith."
3. 2. The National Council for Science and Technology was established under the above Act and placed under the Minister responsible for Economic Planning. Membership of Council consists of scheduled Ministries, including Health, and twelve members

who are eminent scientists.

Very briefly the function of the National Council for Science and Technology is to determine priorities for scientific and technological activities in Kenya and, to advise the Government on national science policy, including general planning and assessment of the requisite financial resources, as well as to ensure the application of results of scientific activities to development. The Council will ensure co-operation and co-ordination between the various agencies involved in scientific research and will be involved in promoting science education and documentation. The Act establishes Advisory Research Committees under the appropriate Ministries of Government.

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(c) to liaise with other research bodies within and outside Kenya carrying out similar research;

(d) to disseminate the research findings;

(e) to co-operate with the responsible Ministry, the Council and the relevant Research Committee in matters pertaining to research policies and priorities;

(f) to do all such things as appear to be necessary, desirable, or expedient to carry out its functions."

3. 6. The Science and Technology (Amendment) Bill lists two research institutes under the Ministry of Health, which are currently being run under one Directorate:

(i) The Kenya Medical Research Institute,

and

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With the Ministry of Health as the responsible Ministry, coordination is facilitated by the participation of Ministries of Agriculture including Veterinary Services, Social Services, Water Development, Commerce and Industry, Education, Natural Resources and Wildlife, as well as the National Council for Science and Technology and the University of Nairobi Faculty of Medicine, and other selected agencies, in the Medical Sciences Research Advisory Committee and in the Board of Management of the Kenya Medical Research Institute.

4. THE KENYA MEDICAL RESEARCH INSTITUTE:

4. 1. The functions of Research Institutes as spelled out, in general, by the recent legislation have been reproduced above. In this respect the Kenya Medical Research Institute is charged with the development and the carrying out of research in all necessary fields of biomedical sciences. Broad aspects of this responsibility will include definition of research priorities, development planning, training of scientific manpower, coordination of research activities, liason with external and international scientific community, and standardisation of information collection, documentation and dissemination both, within and outside Kenya.

4. 2. The actual research itself will be conducted from research centres and subcentres situated in any part of the country as found necessary, and equipped to facilitate the particular subject of research. However, the Kenya Medical Research Institute when constructed on its own campus, will not only accommodate the central administrative departments and offices, but will also make available research laboratories which could provide specialized facilities for common use of the various centres, but primarily to cater for various subjects of medical research, which are not accommodatable in existing research centres.
4. 3. Where appropriate research centres have not been established or individual fields catered for within the Medical Research Institute organization itself, the Institute should be able to facilitate individuals or groups of scientists to carry out such researches in existing Government Service departments and hospitals, University departments, and any other approved laboratories. Such support from the Institute could be in the form of research grants, scientific equipment, use of clerical and office facilities or in facilitating collaboration with scientists of the Institute.
4. 4. While appreciating the many limitations of all kinds for a developing country like Kenya, in establishing a comprehensive Medical Research Institute as envisaged here, with all its necessary functional departments, in the short term period, it is, however, important that a wide spectrum of possible research of value to the development of medical knowledge in our environment, should be taken into consideration for purposes of long term planning.

The chart shown below which is a skeleton summary of the proposed research departments or centres of the Kenya Medical Research Institute should be read in the light of this broad overview of the needs of biomedical and health research in Kenya, to be established according to need and availability of resources. Some of the centres are existing but not yet functional to full capacity, some of the other centres are in the process of development, while some of the subjects listed will be facilitated through the Institute Secretariat as necessary.

4. 5. Research Departments of the Kenya Medical Research Institute (KMRI):

Currently the designated Director of Medical Research and the few staff forming the nucleus of the Institute Secretariat, are working from offices situated in the Ministry of Health Headquarters. Eventually the Medical Research Institute will have its own administrative secretariat, with ample research laboratory facilities and free ground space for experimental animals and other necessary developments.

Research Centres of the KMRI:

4. 5. 1. Established Research Departments (partially functional):

4. 5. 1. 1. Clinical Research Centre, (based in Nairobi), initially concentrating on Leishmaniasis research, and working in close collaboration of WHO, IDA. programme.

4. 5. 1. 2. Leprosy Research Centre (based in Alupe, West Kenya)
4. 5. 1. 3. Malaria and Other Protozoal Diseases: (based in Kisumu, West of Kenya).
4. 5. 1. 4. Schistosomiasis and other Helminths: (currently based under the Ministry's Division of Vector Borne Diseases, Nairobi).
4. 5. 1. 5. Trypanosomiasis Research Centre: (based at Muguga, near Nairobi and Alupe, Western Kenya) This will deal with both human and animal trypanosomiasis, and hence, has been singled out to develop as an Institute on its own to facilitate collaboration between the interested Ministries, particularly in view of the disease's current importance to Agriculture; Veterinary Services and Wildlife.
4. 5. 1. 6. Tuberculosis Investigation Centre: (Nairobi)
4. 5. 1. 7. Virology Research Centre (Nairobi)
4. 5. 1. 8. Nutrition Research: (Nairobi), currently some research is being carried out under the Ministry's National Public Health Laboratory Services.

4. 5. 2. Other Proposed Research Departments

4. 5. 2. 1. Applied Basic Sciences Research:

Currently Clinical Pharmacology and Biochemical Research is mainly conducted in teaching departments of the University of Nairobi. Any new Centre developed would work in close collaboration with the Faculty of Medicine.

4. 5. 2. 2. Community Health and Epidemiology:

Applied research in Community Health and Epidemiology would best be based at the Medical Research Institute Secretariat, to facilitate the necessary close collaboration with service departments of the Ministry of Health and those of the University of Nairobi, and other agencies.

4. 5. 2. 3. Traditional Medicine Research Centre:

It is a new proposal in so far as research under the Ministry of Health is concerned; although basic pharmacological research and studies on the socio-cultural background and the practices of traditional healers has been going on for a number of years in the University of Nairobi. A new Centre for research on indigenous medicinal herbs and their possible application to modern health services would work in close collaboration with these University departments as well as the Applied Basic Sciences and Community Health Research Centres. We will continue collaborating in the work on the African Medicinal Plants Research and Traditional Pharmacopoeia of the Scientific, Technical and Research Commission of the OAU.

4. 5. 3. Facilities for Other Miscellaneous Research

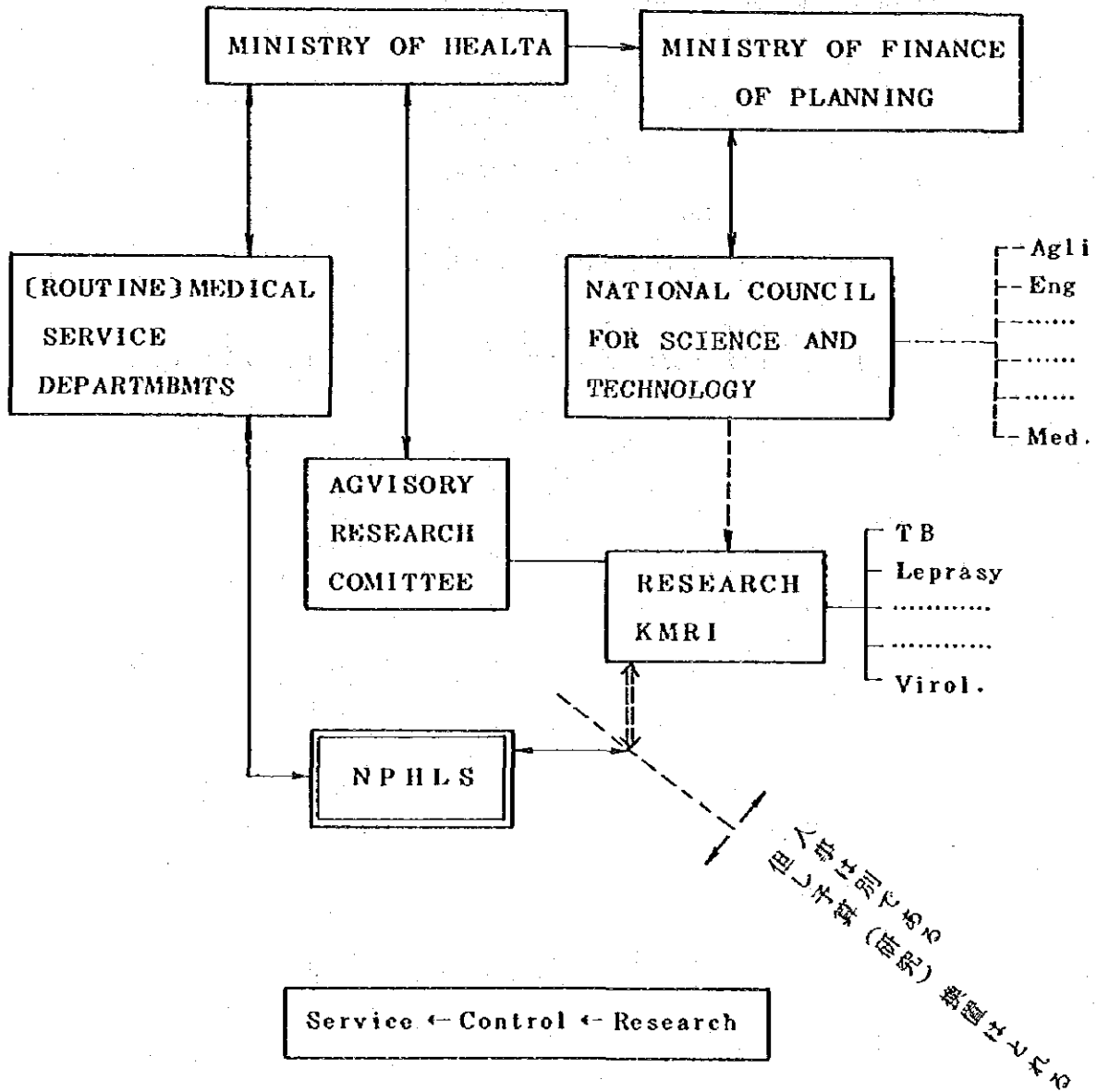
Many other conditions which may not fit in centres listed above, have been identified as requiring research, but cannot initially be placed in their own individual research centres. Examples are: cancer, cardiovascular diseases, degenerative diseases, geriatrics, aspects of childhood diseases, various bacterial

diseases, dermatovenereology, aspects of public health, human reproduction and medical engineering. These and any others would as necessary, be facilitated by the Institute's central Secretariat and laboratories, in co-operation with the Ministry, other research centres, the Faculty of Medicine and other interested research agencies.

27th February 1979

Dr. James M. Gakonyo
Ministry of Health.

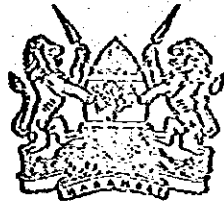
(Organization of Medical Research and Services)



Dr. Mngola (Perman and Secratary
Director of Medical Services

Dr. Gekonyo (SENIER Dupty Director of Medical Services
Director of KMRI

Kenya Gazette Supplement No. 9 (Bills No. 2)



THE REPUBLIC OF KENYA

KENYA GAZETTE SUPPLEMENT
BILLS, 1979

NAIROBI, 2nd March, 1979

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**THE SCIENCE AND TECHNOLOGY (AMENDMENT)
BILL, 1979**

A Bill for

**An Act of Parliament to amend the Science and Technology
Act, 1977**

ENACTED by the Parliament of Kenya as follows:—

1. This Act may be cited as the Science and Technology (Amendment) Act, 1979. Short title.

2. The Science and Technology Act, 1977, hereinafter called the principal Act, is amended by inserting the following headings in the places specified— Insertion of new headings. No. 3 of 1977.

<i>Heading</i>	<i>Where inserted</i>
PART I—PRELIMINARY	immediately above section 1.
PART II—NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY	immediately above section 3.
PART III—ADVISORY RESEARCH COMMITTEES	immediately above section 8.

3. Section 2 of the principal Act is amended by inserting in appropriate alphabetical sequence the following new definitions— Amendments to section 2.

“Director” means a Director of a Research Institute appointed under section 19 of this Act;

“Research Institute” means a Research Institute established by or under section 12 of this Act;

4. The principal Act is amended by adding at the end the following new Part— Addition of new Part.

**PART IV
RESEARCH INSTITUTES**

Interpretation. 11. In this Part, unless the context otherwise requires—

“participating Minister” means the Minister for the time being responsible for the matters set out in the fourth column of the Fourth Schedule;

"responsible Minister" means the Minister for the time being responsible for the matters set out in the third column of the Fourth Schedule.

Establishment
of Research
Institutes.

12. (1) There are hereby established the Research Institutes set forth in the First Column of the Fourth Schedule.

(2) The Minister may on the advice of the Council and after consultation with the appropriate responsible Minister and participating Ministers, by notice in the Gazette, add further Research Institutes to the Fourth and Fifth Schedules and amend any of the provisions therein.

Incorporation
of Research
Institutes.

13. Each Research Institute shall be a body corporate with perpetual succession and a common seal and shall have power to sue and be sued in its corporate name and to acquire, hold and dispose of movable and immovable property for its own purposes.

Functions
of Research
Institutes.

14. The functions of Research Institutes shall be—

- (a) to carry out research in the fields specified in the Fifth Schedule;
- (b) to co-operate with other organizations and institutions of higher learning in training programmes and on matters of relevant research;
- (c) to liaise with other research bodies within and outside Kenya carrying out similar research;
- (d) to disseminate research findings;
- (e) to co-operate with the responsible Ministry, the Council and the relevant Research Committee, in matters pertaining to research policies and priorities;
- (f) to do all such things as appear to be necessary, desirable or expedient to carry out its functions.

Establishment of Boards of Management. 15. (1) There shall be a Board of Management for each Research Institute which shall consist of—

- (a) the Permanent Secretary of the responsible Ministry or his representative;
- (b) the secretary of the Council or his representative;
- (c) the secretary of the relevant Research Committee;
- (d) the Director of the Research Institute, who shall be the Secretary to the Board;
- (e) the Permanent Secretaries of the participating Ministries or their representatives;
- (f) not more than seven members, appointed by the responsible Minister, who shall be qualified persons in matters relating to the research activities of the Research Institutes.

(2) The responsible Minister shall appoint a chairman from among the members appointed under this section.

(3) The Sixth Schedule shall have effect with regard to appointments to and procedures of Boards of Management.

(4) The moneys necessary for the payment of salaries and allowances of members of Boards, other than public officers, and of other expenses of such Boards, shall be paid out of moneys provided by Parliament for that purpose.

Functions of the Boards. 16. The functions of Boards of Management shall be—

- (a) to administer the property and funds of the the Research Institute in such manner and for such purposes as will, in the opinion of the Board, promote its best interests;
- (b) on the advice of the relevant Research Committee, to approve and submit through the responsible Ministry programmes of research and financial estimates for the consideration of the Council and the Treasury;

- (c) to administer approved estimates;
- (d) to receive on behalf of the Research Institute grants in aid, gifts, donations, fees, subscriptions or other moneys and make disbursements therefrom;
- (e) to make regulations governing the appointment, conduct and discipline of employees of the Research Institute;
- (f) to make proposals for a scheme of service for employees of the Research Institute for approval of the Council;
- (g) to administer the approved terms and conditions of service, including appointments, dismissals, remuneration and retiring benefits, of employees of the Research Institute;
- (h) to manage the secondment of personnel to and out of the Research Institute in co-operation with other agencies;
- (i) to appoint such employees upon terms and conditions to be laid down by the Council as it considers necessary for the efficient conduct and operation of the Research Institute.

Discoveries
and
inventions.

17. (1) All rights in all discoveries, inventions and improvements in respect of processes, apparatus and machines made on behalf of Research Institutes shall vest in the respective Research Institute but may be made available by it for use in the public interest.

(2) Publication relating to work carried out on behalf of a Research Institute shall be subject to approval by the Institute.

Financial
provisions.

18. (1) Each Research Institute shall be financed by grants in aid through the responsible Ministry, but it may also accept gifts, donations, subscriptions, fees and other moneys for the implementation of approved programmes.

(2) The financial year of each Research Institute shall be the same as the Government financial year.

(3) The estimates of each Research Institute shall be submitted through the responsible Ministry for approval by the Treasury on the advice of the Council and shall make provisions for all the expenditure of the Research Institute for the financial year concerned, and in particular shall provide for—

- (a) the payment of salaries, allowances and all other charges in respect of employees of the Research Institute;
- (b) the payment of pensions, gratuities and all other charges in respect of retirement benefits payable out of the funds of the Research Institute;
- (c) the procurement, proper maintenance, repair and replacement of equipment and other movable property of the Research Institute;
- (d) the proper maintenance of the buildings and grounds of the Research Institute;
- (e) the funding of research activities in the Research Institute;
- (f) the creation of such reserve funds to meet future or contingent liabilities in respect of retiring benefits, insurance or replacement of buildings or equipment, or in respect of such other matters, as the Board may think fit;
- (g) the cost of Board meetings;
- (h) capital expenditure.

(4) The Board of Management shall cause to be kept and the Director shall keep all proper books of account of the Research Institute.

(5) The accounts of each Research Institute shall be audited by the Controller and Auditor-General.

(6) The disposal of fixed assets by the Board of Management shall be subject to the approval of the Treasury.

Director.

19. (1) The responsible Minister shall, on the recommendation of the relevant Board of Management, appoint a Director of each Research Institute who shall hold office on such terms and conditions of service as may be specified in the instrument of his appointment.

(2) The Director, who shall be competent in research matters relating to the Research Institute, shall be its chief executive officer and responsible to the Board of Management for its management.

Annual Report.

20. Each Research Institute shall, as soon as possible after the end of each financial year, compile and publish a report containing—

(a) a statement outlining its activities and major achievements during the previous year, and its future programmes of research; and

(b) a statement of accounts for that year.

Addition of new Schedules.

5. The principal Act is amended by adding after the Third Schedule the following new Schedules—

FOURTH SCHEDULE

(s. 12 (1))

RESEARCH INSTITUTES

<i>Research Institute</i>	<i>Relevant Advisory Research Committee</i>	<i>Responsible Ministry</i> (Ministry responsible for matters relating to)	<i>Participating Ministry</i> (Ministry responsible for matters relating to)
Kenya Agricultural Research Institute.	Agricultural Sciences Advisory Research Committee.	Agriculture	(i) Natural Resources. (ii) Health. (iii) Water Development. (iv) Commerce and Industry (v) Wildlife. (vi) Lands. (vii) Power and Communications.
Kenya Industrial Research and Development Institute.	Industrial Sciences Advisory Research Committee.	Industry	(i) Agriculture. (ii) Health. (iii) Housing. (iv) Labour. (v) Works. (vi) Power and Communications. (vii) Water Development. (viii) Natural Resources.
Kenya Marine and Fisheries Research Institute.	Natural Sciences Advisory Research Committee.	Fisheries	(i) Natural Resources. (ii) Water Development. (iii) Health. (iv) Power and Communications.
Kenya Medical Research Institute.	Medical Sciences Advisory Research Committee.	Health	(i) Agriculture. (ii) Social Services. (iii) Water Development. (iv) Commerce and Industry (v) Education. (vi) Natural Resources.
Kenya Trypanosomiasis Research Institute.	Medical Sciences Advisory Research Committee.	Health	(i) Wildlife. (ii) Agriculture.

FIFTH SCHEDULE

(s. 14 (a))

DETAILS OF FIELDS AND RESEARCH TO BE UNDERTAKEN

<i>Research Institute</i>	<i>Field of Research</i>
Kenya Agricultural Research Institute.	Agriculture. Veterinary Sciences. Forestry.
Kenya Industrial Research and Development Institute.	Industrial and allied Technology including— Civil Engineering, Mechanical Engineering, Textile Technology, Electrical Engineering, Mining, Power Resources, Chemical Engineering, Industrial Chemistry, Food Technology, Ceramics and Clay Technology.
Kenya Marine and Fisheries Research Institute.	Marine and Freshwater Fisheries. Aquatic Biology including— Environmental and Ecological Studies. Marine Research including— Chemical and Physical Oceanography.
Kenya Medical Research Institute.	Biomedical Sciences.
Kenya Trypanosomiasis Research Institute.	Human and Animal Trypanosomiasis.

SIXTH SCHEDULE

(s. 15 (3))

PROVISIONS AS TO BOARDS OF MANAGEMENT OF RESEARCH INSTITUTES

1. Subject as hereinafter provided—

(a) an appointed member shall hold office for three years but shall be eligible for reappointment;

(b) the chairman shall hold office for three years or such shorter term as remains for his membership of the Board but shall be eligible for reappointment as chairman.

2. The chairman and any appointed member may at any time, by notice in writing addressed to the responsible Minister, resign his office, and any such resignation shall have effect from such date as the responsible Minister may decide.

3. The responsible Minister may terminate the appointment of the chairman or any member of the Board appointed by him without assigning any reason therefor, and such termination shall have effect from the date of receipt of the notice by the member or from such later date as the Minister may specify in the notice.

4. Where the responsible Minister is satisfied that owing to illness, absence or other reasonable cause the chairman or any other appointed member is temporarily unable to exercise his functions as such, he may appoint another appointed member as chairman, or a suitably qualified person to act as appointed member, as the case may be, during the period of such disability.

5. A quorum of any Board shall be one third of the current membership.

6. Decisions of any Board shall be by majority vote of the members present if a quorum, but in the event of a tie the chairman shall have a casting vote.

7. Each Board shall meet not less than three times in any calendar year.

8. Subject to the foregoing Boards may regulate their own procedures.

9. The common seal of each Board shall be authenticated by the signatures of two members of the Board authorized in that behalf.

10. Any document purporting to be a document duly executed or issued under the seal of a Board or on behalf of a Board shall be received in evidence and be deemed to be a document so executed or issued without further proof unless the contrary is shown.

MEMORANDUM OF OBJECTS AND REASONS

The object of this Bill is to amend the Science and Technology Act so as to make provision for the establishment of Research Institutes and to replace similar organizations which operated under the East African Community. These will be statutory corporations with functions as specified in the new section 14 set out in clause 4 of the Bill.

The expenditure required for the financing of these institutes will be provided by funds now voted for the financing of Government research programmes being diverted to the Institutes as they take over responsibility for research programmes.

1st March, 1979.

C. NJONJO,
Attorney-General.

4. 討議議事録 (R/D) 締結と今後の見越し

ケニア国が抱えている公衆衛生上の問題は結核、類をはじめ数多く台頭しているが、特にワクチン予防行政に伴う効果判定や原因病原体が明かにされないまま一括して下痢症としてまとめられているものは疾患別にみても第1位に位置していることが注目される。今回、我国が実施せんとする NPHLS の機能の向上と Communicable diseases research and control には先ず、上記2課題をとりあげ各専門分野から、追究してゆく方法で協力目的にアプローチすることが最も効果的であると考え。こうした考え方に従って、先ず微生物を先行して上記の課題を究明し得る NPHLS 内の整備及び機能の向上を計かり、モデル地区との連携でデータを積みつつ実績をあげる必要がある。そして、第2年目、第3年目に他の分野の協力態勢を完備してゆく方針がよいと考える。我方のこうした漸進的協力推進の方針にケニア側も今回の協力には十分な配慮を行っていることを認めることができた。一方、Counterpart の養成にもケニア政府は十分な努力を約している。しかし、本プロジェクトの成否は実にこの点にかかっているため、今後を見守る必要がある。ケニア国保健省における KMRI 構想は最近急速にそのまとめを急いでいるが、なお今後、多少の変動が予想されよう。しかしながら、Service 機関として NPHLS と KMRI とは明確に区別してゆこうとする態勢にあるが、NPHLS にしても行政指導上のデータを集積するためには研究が行われることは当然であるので、この面で KMRI との接点が台頭する。特に NPHLS はワクチン行政上重要な役割を果たしているため、ワクチンの改良、開発、効果、判定など研究上の課題も多いわけである。以上のことから、NPHLS の機能の向上と Communicable diseases research and control を主題とする我国のケニア国に対する医療協力の推進は今後、重要な役割を果たすものと考え。

