



# **KENYA MEDICAL RESEARCH INSTITUTE**

## **MEETING THE HEALTH CHALLENGES OF THE 21<sup>ST</sup> CENTURY**

**STRATEGIC MASTER PLAN 2005-2015**

**24<sup>TH</sup> MAY 2005**

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## TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS.....	i - iii
FOREWORD.....	iv - v
ACKNOWLEDGEMENTS.....	vi - vii
EXECUTIVE SUMMARY.....	viii - x
<b>CHAPTER ONE</b>	
INTRODUCTION.....	1 - 9
<b>CHAPTER TWO</b>	
VISION, MISSION, CORE VALUES, MANDATES AND STRATEGIC ANALYSIS.....	10 - 14
<b>CHAPTER THREE</b>	
STRATEGIC OBJECTIVES & STRATEGIES.....	15 - 19
<b>CHAPTER FOUR</b>	
MONITORING, REVIEW AND EVALUATION.....	20 - 21
<b>ANNEX</b>	
KEMRI ACTION PLAN.....	22 - 34





## FOREWORD

The rapidly changing global economic, political and social trends have necessitated the need for most organizations to re-examine their mandates and reasons for their existence.

The Kenya Government under the NARC Administration has instituted reforms in the health sector that are part of wider economic reforms that are geared towards rapid economic recovery and improved quality of life in Kenya.

Health is both a basic human right and a pre-requisite for all forms of human progress. The key challenge for health research in Kenya is to improve the quality of health and human life in Kenya and beyond. This is the most critical challenge to be addressed by this strategic master plan.

The challenges of health and development in Kenya are inextricably related to the wider global health challenges. It is in this realization that Kenya as part of the world community has committed itself to the advancement of the Millennium Development Goals (MDGs) towards the improvement of life globally. The KEMRI strategic plan will, inevitably, have to address the Kenya health agenda in the context of the MDGs – hence the title of the Plan “Meeting the Health Challenges of the 21<sup>st</sup> Century”.

Research is, by its very nature, an expensive and demanding undertaking. It requires a core mass of qualified and well trained scientists, high and sustainable levels of financial and other resources and the patience, focus and steadfastness of those engaged in research to realize the desired results. This is why the Board considered it most feasible to plan for a ten-year period (2005-2015).

Taking cognizance of the above stated issues, this strategic plan will first present a profile and achievements of the Institute. It will then carry out a strategic analysis of KEMRI so as to fathom and understand its future challenges. The plan will then define the vision and mission of the Institute, and thereon outline the strategic objectives, strategies, the monitoring and evaluation processes, and finally, the specific action plans of the Institute for the next ten years.

It is hoped that this Strategic Plan will inspire and serve to catapult the Institute in making a greater and even more discernible impact in meeting the challenges of health in Kenya and globally towards the improvement of the quality of life of the human family.

**DR. JOEL ACHIBA,  
CHAIRMAN, BOARD OF MANAGEMENT  
KENYA MEDICAL RESEARCH INSTITUTE**



## **CHAPTER ONE**

### **INTRODUCTION**

#### **I. PROFILE**

The Kenya Medical Research Institute (KEMRI) is a state corporation. It was established through the Science and Technology (Amendment) Act of 1979. The Institute is one of the leading health research institutions in Africa. The following is a profile of the Institute:-

##### **1. Human Resource**

At its inception in 1979, the Institute had only 5 members of staff – 2 research scientists and 3 non-research staff. As at 1<sup>st</sup> January 2005, the Institute had 1535 full-time members of staff, of whom 200 were research scientists, 500 technical staff and the rest specialized and general supportive staff.

##### **2. Financial Resources**

The Institute's annual budget in 1979 was KSh. 10,000,000 (USD 125,000). As at 1<sup>st</sup> January 2005, its total annual budget was KSh. 3.0 billion (USD 37,500,000). The Government of Kenya provides 50% of the budget while collaborating research partners and organizations provide 45%. Approximately 5% of the budget is raised from the Institute's own internal sources.

##### **3. Research Facilities**

The Institute has a diverse range of modern and specialized health research facilities. These include the KEMRI Headquarters and Central Laboratories Complex and other facilities in Nairobi, and also other research facilities in Kisumu, Busia and Kericho in Western Kenya and at Kilifi, Malindi and Kwale at the Coast.

It has a Training Centre and a Production Unit under construction, through the assistance of the People and Government of Japan, at the KEMRI Headquarters in Nairobi.

The above stated facilities have been developed through support by the Government of Kenya and also through external assistance mainly from Japan, U.S.A., U.K.; the Netherlands and others.

#### **4. Organization and Management**

KEMRI has a Board of Management appointed by the Minister responsible for health. The Board is responsible for all policy matters, and has a Chairman, six appointed members and eleven ex-officio members representing various Government Ministries, including the National Council for Science and Technology and other relevant Government institutions. The Director is the Chief Executive of the Institute.

#### **5. The KEMRI Secretariat**

The KEMRI Secretariat provides administrative and technical support to research services and also co-ordinates the various functions of the Institute. The Secretariat has two departments, one responsible for Administration and Finance and the other responsible for Research and Development. Each of the two departments is under a Deputy Director. The two departments are structured as follows:-

##### **a) Administration and Finance**

This department is responsible for financial, personnel and general administrative affairs of the Institute. The Deputy Director (Administration and Finance) is assisted by an Assistant Director (Finance) and other senior administrative staff in the running of the department.

##### **b) Research and Development**

As the name implies, this department is responsible for research and development affairs of the Institute. The Deputy Director (Research and Development) is assisted by three Assistant Directors – The Assistant Director (Production and

Marketing), the Assistant Director (Communications) and the Assistant Director (Research Collaboration and Consultancies) in the running of the department.

Within the Secretariat are the following technical services units:-

- a) Corporate Affairs and Partnerships
- b) Engineering and Maintenance
- c) Marketing
- d) Medical Library
- e) Medical Illustration
- f) Animal Care and Use

## 6. **Research Centres**

The following are the ten research centers of the Institute, with seven (7) in Nairobi, one (1) in Kisumu, one (1) in Busia and one (1) in Kilifi.

- a) Centre for Biotechnology Research and Development (CBRD) Nairobi.
- c) Centre for Clinical Research (CCR) Nairobi.
- d) Centre for Public Health Research (CPHR) Nairobi
- e) Centre for Virus Research (CVR) Nairobi
- f) Centre for Microbiology Research (CMR) Nairobi
- g) Centre for Respiratory Diseases Research (CRDR) Nairobi
- h) Centre for Traditional Medicine and Drug Research (CTMDR) Nairobi.
- i) Centre for Infectious and Parasitic Diseases Control Research (CIPDCR) Busia.
- j) Centre for Vector Biology and Control Research (CVBCR) Kisumu
- k) Centre for Geographic Medicine Research, Coast (CGMRC) Kilifi.

## 7. **Research Programmes**

KEMRI has consolidated its research activities into the following four main programmes:-

### **a) Infectious Diseases**

This programme aims at the reduction of the disease burden due to infectious agents and in particular due to HIV/AIDS and related infections. It also emphasizes on research on opportunistic infections, tuberculosis, sexually

transmitted infections, viral hepatitis, acute respiratory infections, drugs development and management. The programme mainly focuses on the epidemiology, immunology, molecular biology, virology, microbiology, prevention and control of infectious diseases.

**b) Parasitic Diseases**

The programme aims at the reduction of disease burden due to parasitic infections and particularly due to malaria, schistosomiasis, leishmaniasis, filariasis and intestinal parasites.

The programme concentrates on the epidemiology, parasitology, immunology, molecular biology, pathophysiology and vector biology and control of parasitic diseases. In addition, it focuses on drugs management and development of vaccines.

**c) Epidemiology, Public Health and Health Systems Research**

The programme is mandated to define and investigate the incidences and prevalence of diseases and health issues of major public health importance and develop strategies for promotion of better health. Health systems research, public health education, applied human nutrition, maternal and child health, reproductive health and population studies, behavioural studies, environmental and occupational health fall under this programme.

**d) Biotechnology and Non-Communicable Diseases**

The focus of this programme is the development and promotion of modern biotechnological techniques in molecular biology for production of pharmaceuticals, biologicals and for other applications for use in the promotion of health. The programme also focuses on non-communicable diseases including oncology, cardiovascular and renal diseases.

8. The Institute also hosts the following two training programmes:-

a) **The Eastern and Southern Africa Centre of International Parasite Control (ESACIPAC)**

This is part of the Global Parasite Control (Hashimoto) initiative. Its focus is the training of human resources in the control of parasitic diseases in the Eastern and Southern Africa region.

b) **The Institute of Tropical Medicine and Infectious Diseases (ITROMID)**

This is a joint programme with the Jomo Kenyatta University of Agriculture and Technology (JKUAT) for MSc and PhD degrees training.

9. **Research Collaborators and Partners**

The following is a list of the Institute's main research collaborators and partners:-

**Local collaborators**

- a) Ministry of Health
- b) Ministry of Education, Science and Technology
- c) Other Government of Kenya ministries
- d) National and locally based international research and development institutions and organizations
- e) Kenyatta National Hospital
- f) Other main hospitals
- g) National universities and tertiary institutions

**Regional collaborators**

- a) Noguchi Memorial Institute of Medical Research – Accra, Ghana
- b) National Institute of Medical Research, Dar es Salaam, Tanzania
- c) Ethiopia Health and Nutrition Research Institute, Addis Ababa – Ethiopia
- d) Virus Research Institute – Entebbe, Uganda
- e) Makerere University Medical School, Uganda
- f) University of Zambia Medical School, Lusaka, Zambia
- g) Blair Research Centre, Harare, Zimbabwe
- h) Medical Research Council of South Africa

- i) Suez Canal University, Ismailia, Egypt

**International collaborators**

- a) World Health Organization (WHO)
- b) Japan International Cooperation Agency (JICA)
- c) Centres for Diseases Control and Prevention (USA)
- d) Walter Reed Army Institute of Medical Research (USA)
- e) Wellcome Trust (UK)
- f) International Development Research Centre (IDRC) of Canada
- g) United States Agency for International Development (USAID)
- h) British Medical Research Council (UK)
- i) Royal Tropical Institute, Amsterdam
- j) World Association of Industrial and Technological Research Organizations (WAITRO)
- k) Mahidol University, Bangkok, Thailand

The Institute collaborates with several other institutions and organizations nationally, regionally and internationally.

**10. Health Research Capacity Development in Africa**

KEMRI has contributed profoundly to health research capacity development in Africa.

It was through the initiative of KEMRI that the African Forum for Health Sciences (AFHES) was established. The two main activities of AFHES is the organization of the African Health Sciences Congress (AHSC) and publication of the African Journal of Health Sciences (AJHS).

KEMRI also hosts several regional training programmes towards the promotion of health development in Africa. These include the JICA-sponsored programmes on Third Country Training on blood safety and parasite control in Eastern and Southern Africa and the CDC

sponsored MSc. Programme in Applied Epidemiology and Laboratory Management on the control of emerging and re-emerging diseases in Africa.

Additionally, KEMRI hosts the Africa Regional Offices for Drugs for Neglected Diseases (DNDi), International Union against TB and Lung Diseases, International Union against Cancers and Climate Change and Health.

## **II. ACHIEVEMENTS**

The Institute has contributed immensely to the improvement of the health status in Kenya and in Africa. The following are some of the key achievements of the Institute:-

1. Advising the Ministry of Health on rational use of drugs. Through the Institute's advice the malaria drug Daraprim was withdrawn from the market. Chloroquine was withdrawn as a first line drug in the treatment of malaria.
2. The development of national disease surveillance and rapid response capacity for major disease outbreaks. It is this capacity that has enabled the nation to respond quickly and effectively to yellow fever, rift valley fever and viral haemorrhagic fever outbreaks in Kenya. It is also this capacity that keeps outbreaks, including those for catastrophic diseases such as the Ebola, Marburg, SARS and others away from Kenya.
3. Development of Insecticide Treated Bednets (ITNs) for use in the control of malaria.
4. Development of treatment regimens that have reduced the treatment period for leprosy from 18 months to 1 month (which has almost eliminated leprosy in Kenya); tuberculosis (TB) from 18 months to 3 months and leishmaniasis (Kalazar) from 30 days to 10 days.
5. Unique contributions in health research technology which includes the development of the KEMRI Hepcell kit for diagnosis of infectious hepatitis, the Particle Agglutination (PA) kit for the diagnosis of HIV and the HLA tissue typing techniques for kidney transplants

6. Development of various formulations for treatment of HIV/AIDS and opportunistic infections. KEMRI has also developed a comprehensive training module for HIV/AIDS education awareness at the workplace towards strengthening of HIV/AIDS information, education and communication control initiatives.
7. Development of in-vitro fertilization embryo transfer techniques which helps infertile couples to have their own babies.
8. Advice towards the rationalization and regulation of traditional medical practice in the modern health care delivery system in Kenya. This has also led to the identification of useful traditional medicines for asthma, epilepsy, diabetes, hypertension and malaria
9. Establishment of two global centres for training in the control of parasitic and infectious diseases respectively, under the Government of Japan Hashimoto and Okinawa initiatives.
10. Establishment in liaison with the Jomo Kenyatta University of Agriculture and Technology (JKUAT), of a Graduate School (the Institute of Tropical Medicine and Infectious Diseases – ITROMID) for Masters and Ph.D training in health sciences.
11. Development of a critical mass of health research scientists, with 80 scientists with Ph.D degrees, 140 scientists with masters and bachelors degrees and 250 highly trained and skilled technical staff.
12. Development of a modern infrastructure, with highly sophisticated laboratories, for a wide range of health research investigations. These facilities have been developed by the Government of Kenya and also through bilateral assistance mainly by the Government of Japan, USA, UK and other governments and organizations. The total assets outlay were valued at over KShs. 3 billion during the FY 2004 / 2005.

13. Promotion of dissemination and exchange of health research information through the establishment and support of the African Health Sciences Congress (AHSC) and the African Journal of Health Sciences (AJHS)
14. Development of a strong network for health research collaboration which has contributed immeasurably to health research capacity building in Kenya and the region.
15. Development of a competitive and strong leadership management capacity. The Institute has won the best overall parastatal, the creativity and innovation and the environment management awards at the Company of the Year Awards (COYA) of the Kenya Institute of Management (KIM) as well as several other national and international awards
16. International recognition in the promotion of global health research initiatives. KEMRI is a World Health Organisation (WHO) collaborating centre for HIV/AIDS, polio immunization, viral haemorrhagic fevers, leishmaniasis, leprosy and antimicrobial resistance. It hosts several regional and global health research initiatives as outlined earlier in this chapter.

It is clear from the above that KEMRI has developed a unique capacity and distinct competencies not only towards the promotion of quality health in Kenya but also in providing leadership in health research in Africa and globally.



## CHAPTER TWO

### VISION, MISSION, CORE VALUES, MANDATES & STRATEGIC ANALYSIS

#### I. VISION AND MISSION

The KEMRI vision and mission will be as follows:-

##### 1. **VISION**

**“To be a leading centre of excellence in the promotion of quality health”**

##### 2. **MISSION**

**“To improve on the quality of health and human life through research”**

KEMRI will give special emphasis to the following key areas towards the realization of its above stated vision and mission:-

##### a) **Human Resource Development:**

Recognizing that people are not only the best resource and asset but also the best investment, KEMRI will invest in people and careers and, in particular, embark on a systematic and conscious human resource and staff development programmes across the whole range of its mandates in order to enhance and sustain its intellectual capital.

##### b) **Strengthened Communication with Key Stakeholders:**

This is important to further enhance the image of KEMRI and to position KEMRI as a vibrant, innovative, caring and responsive science-based research organization both locally and internationally.

- c) **Forging and Nurturing Strategic Partnerships:**  
Existing partnerships with the government, universities, health research and development partners, and other relevant organizations will be strengthened, while new multi-sectoral partnerships will be developed to further enhance the Institute's research capacity and secure increased funding.
- d) **Investment in Priority-Driven Research and Training:**  
KEMRI will continue to invest in high-quality, priority-driven research and training across all areas of its mandates.
- d) **Appropriate Technology Development:**  
There will be increased emphasis to appropriate health research technology development. Special emphasis will be given to product development and information, communication technology (ICT).
- f) **Corporate Social Responsibility:**  
KEMRI will continue to strengthen its corporate social responsibility in serving Kenya's health needs and aspirations.
- g) **Realisation of the Millennium Development Goals:**  
There will be increased emphasis on health research relating to realization of the Millennium Development Goals.

## II. CORE VALUES

The following shall be the core values of the Institute:-

1. Sanctity of life
2. Equity
3. Quality

4. Creativity and innovation
5. Professionalism
6. Good corporate governance

### **III. MANDATES/FUNCTIONS**

KEMRI's mandates as outlined in the Science and Technology (Amendment) Act of 1979 have been further translated to be in harmony with the Institute's current health research development realities and the envisaged future direction.

KEMRI's mandates are as follows:-

1. To conduct research in human health
2. To cooperate with other organizations and institutions of higher learning in training programmes and on matters of relevant research.
3. To liaise with other relevant bodies within and outside Kenya carrying out research and related activities.
4. To disseminate and translate research findings for evidence-based policy formulation and implementation.
5. To cooperate with the Ministry of Health, the Ministry for the time being responsible for research, the National Council for Science and Technology and the Medical Science Advisory Research Committee on matters pertaining to research policies and priorities.
6. To do all such things as appear necessary, desirable or expedient to carry out its functions.

These mandates do not in any way alter the core contents of any of the mandates as contained in the said Act.

#### **IV. STRATEGIC ANALYSIS**

This strategic analysis aims at identifying KEMRI's strengths, internal challenges, opportunities and external challenges. The analysis is vital in projecting the Institute's future development.

##### **1. STRENGTHS**

- a) Strategic location of KEMRI facilities in various parts of Kenya
- b) Strong Kenya Government support and public good will
- c) World Health Organisation (WHO) accreditation
- d) Strong regional and global partnerships
- e) Strong research management, critical mass of human resource and training capacity
- f) Modern health research infrastructure
- g) Strong decentralization and delegation of authority

##### **2. INTERNAL CHALLENGES**

- a) Inadequate resources
- b) Inadequately developed information communication technology (ICT) capacity
- c) Inadequately developed information delivery capacity for policy development
- d) Underdeveloped intellectual property rights protection capacity
- e) Inadequate linkages with the private sector

##### **3. OPPORTUNITIES**

- a) Harnessing the Intellectual Property rights (IPR) potential
- b) Harnessing the endowment potential for research support.
- c) Harnessing the revenue generation potential
- d) Enhancing human resource development capacity
- e) Development of awards-system for research excellence
- f) Enhancing participation in global health fora
- g) Enhancing participation in peer review mechanisms
- h) Enhancing research consultancies
- i) Strengthening research collaborations
- j) Strengthening Quality Assurance systems
- k) Development of a service charter
- l) Enhancing ICT capacity

#### 4. **EXTERNAL CHALLENGES**

- a) Unpredictability of social-political environment
- b) Global competition
- c) Abuse of research materials
- d) Non-competitive Terms and Conditions of Service

The above strategic analysis will be used in defining the Institute's strategic objectives and strategies towards the realisation of the stated vision and mission.



## CHAPTER THREE

### STRATEGIC OBJECTIVES AND STRATEGIES

This strategic plan will pursue the following strategic objectives and strategies during the period 2005 – 2015.

1. Foster the development of research based on Kenya's national health priorities.
  - 1.1 Develop and maintain an accessible database of health research in Kenya.
  - 1.2 Develop simple, affordable, safe and cost-effective curative agents and diagnostic tools for disease management and prevention.
  - 1.3 Exploit the potential of herbal medicine in health care services.
  - 1.4 Establish a designated research liaison office to improve interfacing between KEMRI, MoH, relevant Ministries, Communities, WHO Country Office and other relevant organizations.
  - 1.5 Set up a "Think Tank" to identify national health research priorities in collaboration with MoH.
  - 1.6 Develop a monitoring and evaluation framework for priority driven research.
  
2. Provide solutions for reduction of disease burden.
  - 2.1 Continuously establish levels of disease burden based on epidemiological information.
  - 2.2 Identify specific research priorities and define appropriate targets.
  - 2.3 Develop appropriate tools and strategies for prevention and control.
  - 2.4 Transmit research findings for evidence-based policy formulation and implementation.
  - 2.5 Establish effective monitoring and evaluation mechanisms.
  
3. Promote and sustain excellence in research.
  - 3.1 Monitor and embrace emerging new technologies.

- 3.2 Strengthen Quality Assurance Systems.
  - 3.3 Strengthen coordination of research with relevant national and international programmes.
  - 3.4 Lobby for enhanced national research funding.
  - 3.5 Strengthen Intellectual Property Rights capacity.
  - 3.6 Develop specific areas of research excellence with particular reference to HIV/AIDS, malaria and TB.
  - 3.7 Strengthen programme- based research.
  - 3.8 Create a research endowment fund.
  - 3.9 Create a competitive system to award research excellence.
4. Strengthen systems for disseminating, translating and transmitting research findings for evidence-based policy formulation and implementation.
    - 4.1 Strengthen channels of communication between the Institute, MOH and other stakeholders.
    - 4.2 Strengthen support for scientists to disseminate research findings through conferences, seminars and publications.
    - 4.3 Support Technical Working Groups.
    - 4.4 Train researchers in evidence based policy drafting and communication
5. Strengthen human resource capacity.
    - 5.1 Develop human resource capacity in health research and appropriate technologies.
    - 5.2 Enhance staff training and career development opportunities.
    - 5.3 Strengthen staff development plans and determine appropriate training needs.
    - 5.4 Create a staff-training fund.
6. Develop sustainable health research financing capacity.
    - 6.1 Establish a grantsmanship office.
    - 6.2 Develop a mechanism for lobbying for research funds.
7. Strengthen research infrastructure.

- 7.1 Undertake needs assessment for facilities and equipment.
  - 7.2 Strengthen the policy on maintenance and management of facilities and equipment.
  - 7.3 Programme the future needs of facilities and equipment.
8. Build a cadre of internationally recognized scientists capable of research leadership.
- 8.1 Implement incentives and reward systems for scientific research.
  - 8.2 Foster a culture of research collaboration among scientists.
  - 8.3 Build a critical mass of scientists.
  - 8.4 Carry out continuous needs assessment and prioritize areas of research.
  - 8.5 Provide leadership training.
  - 8.6 Institutionalize a policy of “publish, innovate or perish”.
  - 8.7 Ensure adequate international exposure of scientists.
  - 8.8 Provide scientists with conducive environment, infrastructure, support systems and resources for optimal productivity.
9. Develop and maintain a disease surveillance system and rapid response capacity to outbreaks in collaboration with MoH and other partners in the region.
- 9.1 Develop strategic partnerships with organizations with shared interests in disease outbreaks.
  - 9.2 Develop an epidemic intelligence system and maintain a comprehensive database on epidemics.
  - 9.3 Strengthen rapid response capacity to outbreaks.
  - 9.4 Integrate and strengthen existing disease surveillance systems.
  - 9.5 Develop guidelines for managing disease outbreaks in collaboration with MoH and other partners.
10. Strengthen relationships with stakeholders.
- 10.1 Develop and strengthen systems to facilitate cooperation with relevant stakeholders.
  - 10.2 Strengthen relationships with the existing partners and collaborators.
  - 10.3 Identify and establish new partnerships.
  - 10.4 Expand staff exchange and other programs with relevant stakeholders.

- 10.5 Strengthen corporate social responsibility activities.
- 10.6 Enhance advocacy and dialogue with relevant stakeholders.
- 11. Strengthen partnerships with higher education sector and other research institutions.
  - 11.1 Establish, implement, monitor and review agreements with universities aimed at developing health research in higher education sector.
  - 11.2 Identify and prioritize needs and opportunities in order to determine complementarity.
  - 11.3 Develop comprehensive memoranda of understanding with universities and other research institutions.
  - 11.4 Develop and facilitate implementation of regulations that govern graduate student attachments and exchange programs at various levels.
  - 11.4 Develop strategies to enhance teaching skills of the scientists and partners.
- 12. Exploit fully the potential of Information Communication Technology (ICT) in the development and management of health research.
  - 12.1 Develop strategic partnerships with organizations with shared interests in ICT
  - 12.2 Create and facilitate improved access to internet facilities
  - 12.3 Solicit ICT funding
  - 12.4 Strengthen Geographic Information Systems (GIS) capacity.
  - 12.5 Strengthen the ICT capacity and infrastructure.
  - 12.6 Develop appropriate internal and external ICT networks.
- 13. Strengthen marketing of research products, services and the corporate image of the Institute.
  - 13.1 Create an office to coordinate and manage income-generating activities.
  - 13.2 Improve income-generating capacity.
  - 13.3 Patent and commercialize research products and services.
  - 13.4 Cultivate a positive public corporate image of the Institute.
  - 13.5 Enter into commercial partnerships to market products and services of the Institute.
  - 13.6 Uphold Good Manufacturing Practices (GMP).

14. Promote industrial production of traditional medicines and the practice of traditional medicine.
  - 14.1 Strengthen the framework for the development, production and utilization of traditional medicines.
  - 14.2 Create appropriate medicinal plantations and conservation activities at suitable geographical locations.
  - 14.3 Improve the practice of traditional medicine.
  
15. Improve research management, planning and budgeting systems.
  - 15.1 Decentralize the management and financial functions.
  - 15.2 Periodic review of the management, planning and budgeting systems.
  
16. Strengthen principles of good corporate governance.
  - 16.1 Create a corporate culture that upholds the core values of the Institute.
  - 16.2 Train staff in good corporate governance.
  - 16.3 Succession planning.
  - 16.4 Acquire appropriate international accreditation.
  - 16.5 Formulate strategies for responding to changing socio-political environment.
  - 16.6 Develop a service charter.
  
17. Strengthen the framework for monitoring and evaluation on a continuous basis.
  - 17.1 Establish a monitoring and evaluation office.
  - 17.2 Develop a well-defined monitoring and evaluation capacity.
  - 17.3 Strengthen capacity for training personnel in monitoring and evaluation.



## CHAPTER FOUR MONITORING AND EVALUATION

The purpose of monitoring and evaluation will be to inform the government, service providers and other stakeholders the progress in meeting strategic objectives, strategies and targets. The monitoring evaluation reports will also be used to assist management to make informed decisions on the relevance and fulfillment of the strategic objectives as well as the efficiency, effectiveness, impact and sustainability of the Institute strategies and activities.

The chief officers of the Institute will continuously implement this Strategic Master Plan and make monthly reports on the progress to the Director, KEMRI. The Director, KEMRI will submit quarterly progress reports on the implementation of the Plan to the Board of Management.

A Joint Evaluation Board consisting of all Board members and chief officers of the Institute will, twice every financial year, carry out a comprehensive evaluation of the implementation of the Plan. There shall be a Midterm and a Final evaluation to take place during the last week of November and last week of May respectively. The evaluation will be based on indicators as shown in the Action Plan Matrix and according to specific targets given in the Annual Operation Plan for the year.

Specific evaluation questions *inter alia*, will be “has the strategic master plan provided a clear direction for the realization of the vision, mission and mandates of the Institute? is the strategic plan dynamic? does the strategic plan foster ownership by all staff in the Institute?; does the implementation plan stem from team spirit? and is the strategic plan feasible?” to guide in the formulation of evaluation instruments/tools to ensure collection of valid and reliable information.

The audit and evaluation process will also capture variance in the output and impeding or impelling factors. The evaluation will last between 3 and 5 days.

The collated information will be analysed to form the basis for conclusion and recommendations. The Board will communicate results from the audit and evaluation to the Government in quarterly written reports.

Ex-post evaluations will be carried out during the middle and at the end of the plan period. These evaluations will be carried out by external teams appointed by the Board in consultation with main research partners. The purpose will be to independently assess efficiency and effectiveness of the research processes, the progress and the impact of the strategic master plan with a view to derive lessons and experience for application during the remaining plan period or subsequent strategic plans.

Monitoring, audit and evaluation will be coordinated by the Monitoring and Evaluation Office in the Institute. This Office will feed research results into the Health Management Information System (HMIS) of the Ministry of Health.

**The above processes will serve as indicators on the progress made towards the realization of the laid down performance targets.**

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## ABBREVIATIONS AND ACRONYMS

AFHES	-	African Forum for Health Sciences
AHSC	-	African Health Sciences Congress
AIDS	-	Acquired Immunodeficiency Syndrome
AJHS	-	African Journal of Health Sciences
AMREF	-	African Medical and Research Foundation
ARI	-	Acute Respiratory Infections
BNID	-	Biotechnology and Non Infectious Diseases
BoD	-	Burden of Disease
C & C	-	Collaboration and Consultancies
CBRD	-	Center for Biotechnology Research and Development
CCR	-	Center for Clinical Research
CDC&P	-	Centers for Diseases Control and Prevention, Atlanta, Georgia
CGMRC	-	Center for Geographic Medicine Research – Coast
CIPDCR	-	Center for Infectious and Parasitic Diseases Control Research
CMR	-	Center for Microbiology Research
COYA	-	Company of the Year Awards
CPHR	-	Center for Public Health Research
CRDR	-	Center for Respiratory Diseases Research
CRO (C&P)	-	Chief Research Officer – Corporate Affairs and Partnerships
CTMDR	-	Center for Traditional Medicine and Drug Research
CVBCR	-	Center for Vector Biology and Control Research
CVR	-	Center for Virus Research
CWRU	-	Case Western Research University, Cleveland, Ohio
DFID	-	Department of International Development

DIAC	-	District Intersectoral AIDS Committee
DMS	-	Director of Medical Services
DNDi	-	Drugs for Neglected Diseases Initiative
EC	-	European Community
EDL	-	Essential Drugs List
EHSPH	-	Epidemiology, Health Systems and Public Health
EPI	-	Expanded Programme on Immunization
ESACIPAC	-	Eastern and Southern Africa Center of International Parasite Control
EU	-	European Union
FY	-	Financial Year
GAP	-	Global AIDS Program
GDP	-	Gross Domestic Product
GIS	-	Geographic Information System
GMP	-	Good Manufacturing Practices
GoK	-	Government of Kenya
GTZ	-	German Technical Cooperation
HAPAC	-	HIV/AIDS Prevention and Care Project
HIV	-	Human Immunodeficiency Virus
HLA	-	Human Leukocyte Antigen
HPR	-	Health Policy Research
HRDM	-	Human Research Development and Management
ICT	-	Information Communication Technology
ID	-	Infectious Diseases
IDRC	-	International Development and Research Center
IPR	-	Intellectual Property Rights
ITROMID	-	Institute for Tropical Medicine and Infectious Diseases
IVR	-	Institute of Virology Research, Germany
JICA	-	Japan International Cooperation Agency
JKUAT	-	Jomo Kenyatta University of Agriculture and Technology
KEMRI	-	Kenya Medical Research Institute
MoH	-	Ministry of Health

MRC	-	Medical Research Council
NARC	-	National Rainbow Coalition
NIH	-	National Institutes of Health, USA
OI	-	Opportunistic Infections
P & M	-	Production and Marketing
PA	-	Particle Agglutination
PD	-	Parasitic Diseases
PhD	-	Doctor of Philosophy
PMCT	-	Prevention of Mother to Child Transmissions
RIT	-	Royal Tropical Institute of Amsterdam, Netherlands
SARS	-	Severe Acute Respiratory Syndrome
TB	-	Tuberculosis
WHO	-	World Health Organization
WRAIR	-	Walter Reed Army Institute of Research – Washington DC
WTRL	-	Wellcome Trust Research Laboratories, UK



## **EXECUTIVE SUMMARY**

### **MEETING THE HEALTH CHALLENGES OF THE 21<sup>ST</sup> CENTURY**

The purpose of this Strategic Master plan is to prepare KEMRI to meet the health challenges of the 21<sup>st</sup> Century in an increasingly competitive world.

The Master Plan will, therefore, guide KEMRI to meet Kenya's health priorities which from the National Health Sector Strategic Plan II (2005 – 2010) may be summarized as follows:-

1. Reverse the downward trends in Kenya's national health scene.
2. Pursue aggressively diseases related to poverty, exclusion and ignorance.
3. Improve efficiency and effectiveness of health interventions to address basic health needs of Kenyans.
4. Emphasis on health promotion and disease prevention, using a community based approach.
5. Allocate more resources to health promotion and diseases prevention at lower levels of health care system.
6. Promote holistic health, and not just mere treatment or absence of disease infirmity.
7. Adopt an integrated "basket" health system. (KEMRI will contribute knowledge, skills, ideas and technologies to the basket).

8. Reduce the risk of infection with STD/HIV and TB and mitigate the social economic consequences of HIV/AIDS and TB.
9. Reduce malaria morbidity and mortality
10. Reduce under 5 morbidity and mortality attributed to measles, pneumonia, diarrhoea, malaria and malnutrition.
11. Improve sanitation, food safety, hygiene and safe water supply by developing links between the health sector, other sectors and local authorities in water and sanitation.
12. Increase public knowledge and understanding of the mode of spread and prevention of disease at the community level.

Special note is taken that the new Kenya Essential Package for Health (KEPH) under the Plan puts emphasis on health (rather than disease), on rights (rather than needs) and on revitalization of health particularly at community level. This ties up well with the KEMRI Strategic Master Plan whose holistic view is to improve not just health but quality of human life.

The KEMRI Strategic Master Plan seeks to also contribute to the realization of the following Millennium Development Goals as defined by the UN in 2000:-

1. Reduction of poverty
2. Reduction of hunger
3. Addressing gender inequality
4. Addressing lack of education
5. Facilitating access to clean water
6. Tackling ill health
7. Addressing environmental degradation

The Strategic Master Plan will also address the global health issues as contained in the latest World Health Reports. The following is the focus of the World Health Reports in the last three years:-

1. World Health Report (2003) – “Shaping the Future”. Underscores the importance of global cooperation in scaling up health systems to improve the global health status. The key message is that real progress in health depends vitally on strong health systems based on primary health care.
2. World Health Report (2004) – “Changing History”. The report emphasizes the role of international organizations, national governments, the private sector, community-based organizations and others in delivering comprehensive HIV/AIDS programmes – including providing 3 million people in developing countries with antiretroviral therapy by the end of 2005.
3. World Health Report (2005) – “Making Every Mother and Child Count”. The report focuses on the improvement of the health of mothers and children (including new borns) as an integral part of poverty reduction and the bedrock for realization of the MDGs by 2015.

Taking into account Kenya’s health priorities, the Millennium Development Goals and the World Health Reports, the following are the underlying core issues governing KEMRI’s Strategic Master Plan:-

1. Approach health research in a holistic view to address simultaneously quality of health and human life, noting that health is both a cause and effect of poverty and also a basic human right.
2. Adopt a multi-sectoral approach and view the outcome of health research as building up to a coherent, integrated and effective health systems focusing on primary health and community health empowerment..

3. Foster and sustain connectivity, collaborations, networks and partnerships with all other players nationally, regionally and internationally for health research to make the desired impact in the improvement of health and quality of human life.
4. Prioritise health research to direct the greatest emphasis to diseases and conditions of the highest health priorities such as HIV/AIDS/STIs, TB, opportunistic infections, malaria and maternal, new born and child health (MNCH).
5. Keep abreast of the changing health needs and ensure leadership in the health research sector.

The Strategic Master Plan seeks to build on the existing competencies at KEMRI in positioning the Institute for leadership in health research in the 21<sup>st</sup> century.



## ACKNOWLEDGEMENTS

One of the reasons that inhibits organizations from getting what they want is lack of focus. A strategic plan helps to focus an organization to the realization of its stated goals and objectives. It is an essential tool for corporate efficiency and optimal productivity in the modern competitive world.

The preparation and production of this Strategic Master Plan has truly been a team effort. The preparation of the Plan was approved by the KEMRI Board of Management at its 68<sup>th</sup> meeting held on 28<sup>th</sup> November, 2003. We are grateful to the Board for stewarding all the processes in the preparation of the Plan. We are also equally grateful to all the chief officers and staff of the Institute for their active participation and contributions in all the processes in the development of this Strategic Master Plan.

We, admittedly, owe a debt of gratitude to the Ministry of Health and other Government Ministries and Departments for their invaluable contributions to this Strategic Master Plan. We are also immeasurably grateful to all our stakeholders, particularly our past Chairmen of the KEMRI Board of Management, the past Directors of KEMRI, our research partners and collaborators for their useful views and ideas, which have all helped profoundly in shaping the character and substance of this Strategic Master Plan.

Finally, we wish to thank our Consultants, TIPS Management Services Ltd, who directed all the processes in the development and production of this Strategic Master Plan. We most sincerely thank them for a job well done.

It was the philosopher Socrates who once said “The life which is unexamined is not worth living”. The real worth of this Strategic Master Plan will be gauged in its implementation. The same persistence, resolve and focus that has been applied in the preparation of this Strategic Master Plan will be applied with even greater zeal and tenacity in its implementation.

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