

Infectious Diseases Institute: values and development of a trusted health institution

The last of a three-part reflection on the first 20 years of IDI in Uganda

The Infectious Diseases Institute (IDI) [<https://idi.mak.ac.ug>] is a largely autonomous, non-profit institution wholly owned by Makerere University in Kampala, Uganda that marked 20 years of existence in 2021. The vision of IDI is a “healthy Africa, free from the burden of infectious disease” with IDI aiming to “strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development”.¹

Following previous reflections on building trust through programme results at IDI² and on governance and systems,³ this paper considers IDI’s values – how they have been reflected in IDI programmes and support departments over the last twenty years, and how they have engendered trust in IDI by a wide range of stakeholders (such as individuals and communities served, government, Makerere University, project partners and funders, and IDI staff and volunteers) based on integrity, technical competence, resilience, and impact. We conclude by sketching an emerging practical approach to developing trusted health institutions in Africa drawing on the IDI experience. Also, as before, the authors include, among others, the current IDI Executive Director (ED) and all three previous EDs.

IDI core institutional values

Core values are the essential and enduring principles of IDI to guide the actions of everyone at IDI day by day and year by year – they are the identity of IDI and they show what IDI stands for. Constant recognition of, and adherence to, these shared core values enables IDI to achieve its mission. They have changed little since being hung on the wall in 2005. Staff are expected to demonstrate these values in their daily lives and to be willing to be held accountable to them.

How are the values reflected in what IDI does?

Caring: IDI came into being largely as a response to the devastating effects on individuals and communities

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of the HIV epidemic. The clinic doors opened in 2004 and there was an immediate influx of people desperate for the care being offered free of charge. From the outset, IDI’s policy has been to offer good quality care to everyone and so IDI has never charged fees (although a few clients choose to pay to be seen at a convenient time in a more private setting where they receive the same care as everyone else). As a consequence of the demand, the clinic could soon not accept more patients, and instead of simply closing the doors and turning away clients, IDI looked to strengthen services in local government clinics so that patients that had stabilised at IDI could be transferred to such clinics for longer term care – a responsible and caring approach that continues to this day.

Besides clinical care, IDI recognised from early on that part of care is always showing respect to those for whom services are provided. IDI had to develop a relevant African way to address the needs of its clients – what emerged was The Creativity Initiative which changed the tone of the IDI clinic by involving our ‘Friends’ (no longer termed ‘patients/clients’) in patient care as clinic guides, peer counsellors, records assistants and as participants in music, art and drama groups so that they became empowered partners rather than passive recipients. Also, several initiatives improved their entrepreneurial skills and livelihoods, with support from IDI partners. This helped change the spirit and enhanced morale in the clinic, engaged all the staff and the people we served as friends.

The IDI Outreach programme (now the Health Systems Strengthening programme) also demonstrated a caring attitude for those not in the vicinity of IDI – the programme has always focused on strengthening local health systems (and never supplanting them by unsustainable projects). The programme extends across urban and rural areas in Uganda and a majority of districts and supports HIV care services for over 20% of all Ugandans living with HIV as well as HIV prevention services. IDI has also sought to broaden support for services in areas where it works, for example by seeking private sources to expand rural maternity facilities.

Integrity: Integrity is evidenced in various ways. IDI has always shown zero tolerance of corruption (with no second chances) and a succession of leaders have consistently set a high tone of integrity that has permeated the organisation. Importance has also been attached to truthfulness, accuracy and completeness of reporting; and adherence to high ethical and scientific standards. The importance of confidentiality in many areas (e.g. patient data, photos, HR records, business

activities, among others) has been a continuing management theme.

IDI has invariably welcomed external audit reports, both statutory and others (such as project audits) and has never received a ‘qualified’ (i.e. adverse) external annual audit report. Internal audit has been adequately resourced to be effective and has successfully developed into a force for continuous systemic quality improvement (reporting at Board level) in addition to investigating potential abuses both within IDI and within the partners it works with to execute programmes.

Excellence: This is an obvious ‘value’ for most organisation, and in IDI’s case an absolute necessity since IDI has no guaranteed core funding, so if the organisation and its results are not good enough to attract funding (IDI is usually being supported by around 30 funders at any one time) then IDI will be unsustainable. Clinical excellence is partly attested by the reluctance of many IDI Friends to transfer to other clinics once stabilised as they trust the services at IDI. The award-winning core lab at IDI has been accredited by the College of American Pathologists (with annual inspections) since IDI opened – a testament to strong leadership and partnerships, well trained staff, and well-maintained equipment. However, IDI is not complacent – and constantly seeks to improve on current standards across all programmes and support departments, through, for example, continuous professional development, strengthened IT systems, and infrastructure upgrades. IDI also seeks to recruit and retain the highest calibre staff through appropriate HR policies, competitive remuneration, the opportunity to work with global centres of excellence, and the scale of organisation that supports internal career progression pathways. IDI does not self-label as a ‘centre of excellence’ as it constantly seeks to improve the quality of its performance and ultimately to prove it partly through international standards such as peer-reviewed publications, international accreditation of its programmes, and national and regional adoption of its products and services.

Innovation: The very foundation of IDI was a major innovation – a North American visionary (Merle Sande, a leading US infectious diseases specialist) convinced a major US private sector leader (Hank McKinnell, the then CEO and Chair of Pfizer Inc) to fund an institution to address HIV and other infectious diseases in Africa – with the ultimate intention of transferring ownership to Africa. Full transfer occurred within five years of inception using an innovative governance mechanism that has now become a blueprint for similar organisations within Makerere University. The concept was refined and taken forward by a distinguished group of medical academics from North America and Uganda in partnership with public and private sector entities.

A further pivotal innovation was the transfer of knowledge and expertise from the IDI core clinic in Kampala to many other districts in Uganda through the establishment of outreach services in 2008 –in partnership with local governments, Ministry of Health, and funding partners. This enabled the scale

up of HIV care programmes as well as the introduction and scale up of HIV prevention programs like medical male circumcision.

IDI is committed to being a learning organisation – never satisfied with the status quo but always looking to improve. Learning through innovations like ‘Switch Meetings’ which focus on specific HIV cases, side effects and adherence to therapeutic plans; and consider whether individuals should ‘switch’ HIV drug regimens – with participants learning about HIV care and new interventions. Other innovations include:

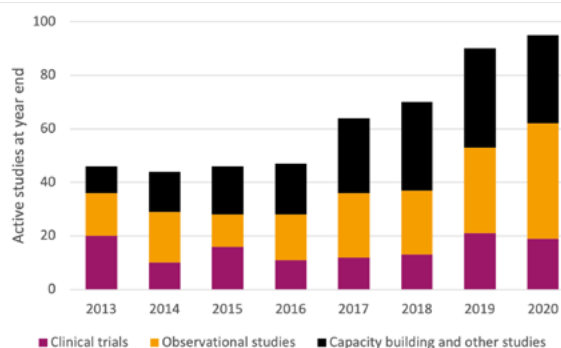
1. partnering with private sector health facilities in circumcision and with private pharmacies in care delivery;
2. integrating science into programme delivery (for example by acting as a key pharmacovigilance partner for the Ministry of Health and creating evidence for major changes in national and global care and treatment guidelines); and
3. creating local capacity for alcohol-based hand rub production for infection prevention and control and creating state-of -the art infrastructure to pursue data intensive science.

In 2018, IDI formed the innovative Global Health Security programme (drawing on skill sets from existing IDI programmes) to support health systems in Africa to develop capacities to prevent, detect and respond to infectious disease outbreaks and biologic threats. Finally, the establishment, within IDI, of the Ugandan Academy for Innovation and Impact demonstrates the centrality of innovation to IDI’s mission. This Academy is a public/private partnership which now accounts for over twenty projects that seek to develop, pilot and scale technology-driven innovation appropriate to the African setting.

Ultimately, innovation is understood by IDI management and staff to be key to IDI’s sustainability because it gives the institution its competitive edge along with reducing risk through diversification.

Teamwork: From small research groups to Board level, the importance of teamwork has been recognised. While outstanding individual contributions are acknowledged, it is the evolving teams at IDI which have given the institution its vibrancy and strength. Such teams include, for example, the training team, the Sexual and Reproductive Health team in the HIV clinic, the grants management team, the outreach team in the West Nile

Figure 1. Example of research programme KPI



Region, the Global Health Security team, the Senior Management team, the HIV prevention research team – the list is (very) long and varied; and all are committed to achieving the IDI Strategic Plan which in turn supports the policies, priorities, and strategies of Makerere University and of the Government of Uganda. Teamwork importantly implies equity which reduces dissension.

Teamwork extends beyond IDI itself to encompass national and international project partnerships which have been critical to IDI’s development – often evolving from individual connections into ongoing stable institutional linkages. Such progressions often develop from the trust established between committed individuals successfully working together into a trusting egalitarian relationship between institutions which is cemented over time and as the size of the inter-institutional team grows. For example, in the IDI Research programme, enduring inter-institutional teams have trained a succession of scientists across generations, through mentoring and supervision, co-authorship and co-innovation. Trusting in such ‘institutional’ teamwork, IDI has shown a capacity and willingness to be the lead (or ‘prime’) entity or to play a lesser role – whatever is needed for the team to be effective.

Accountability: IDI is granted a high level of autonomy which makes accountability to its owner (Makerere University) especially important. This is formally achieved by an annual report presented by the IDI Board at an annual general meeting. Management also ensures that accountability for decisions permeates all levels at IDI so that the University’s trust and goodwill is maintained. The ED is accountable to the Board, especially for progress towards the objectives in the IDI Strategic Plan, and all IDI staff are accountable (mostly indirectly) to the ED; with the partial exception of internal audit. Accountability and transparency are closely linked to IDI’s production of Key Performance Indicators (KPIs) (see Figure 1). Since 2005, the KPIs (evolving to stay relevant) have shown trends over time, so all levels in the organisation can see whether results are getting better or worse and thus trigger appropriate responses.

IDI fully recognises its obligation to provide transparent and timely programmatic and financial accountability to the funders of projects taking place at or through IDI, as well as to government and to the communities who are the ultimate beneficiaries.

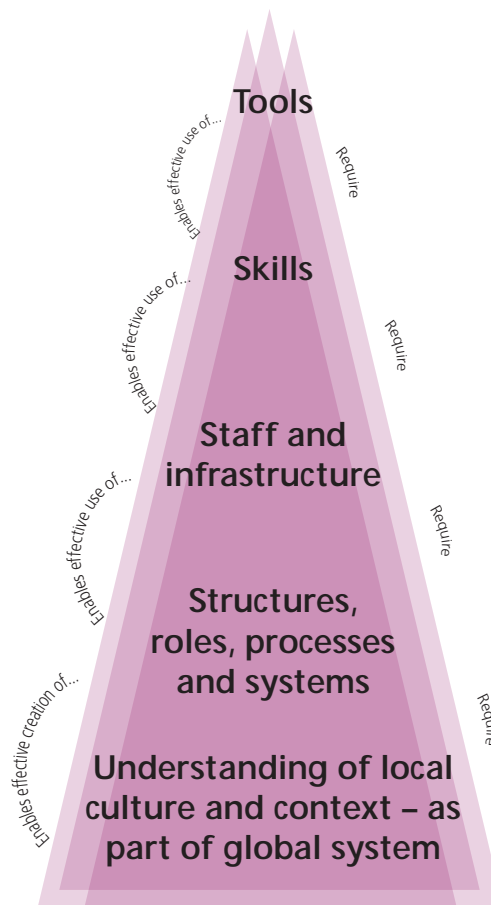
Crosscutting themes: In addition to IDI’s core values which engender trust, there are other themes which reinforce these values, including the following.

- **Relevance:** IDI keeps the needs and context of Uganda and Africa central to its planning and style of implementation – and supports national and regional plans and the achievement of the SDGs.
- **Responsible risk-taking:** IDI values and seeks out leaders who have the vision and determination to take responsible risks – as the biggest risk of all is never taking any. A sober risk management plan is periodically updated and interrogated by the IDI Board.
- **Strategic planning:** Since 2008, IDI has been guided by, and held accountable against, three

locally created and locally owned five-year strategic plans (including thorough mid-term reviews).

- **Building and maintaining capacities:** IDI trains individuals and teams in clinical, lab, research and other skills to meet the needs of Uganda and Africa; and constantly seeks the multiplier effect through training of trainers and online courses. IDI recognises the need to strengthen both individual and organisational capacities as shown in the Capacity Pyramid⁴ (Figure 2) which has formed the basis of much of IDI’s planning. Staff development, on-the-job training, multi-disciplinary team training, blended learning and community development have helped to diversify this key area of IDI’s identity; and short visits from international experts has been critical. IDI builds its own capacity largely to help others build theirs.
- **Stable sustainability:** IDI’s original stability came from the classic three-legged stool of clinical,

Figure 2. Capacity pyramid



The CAPACITY PYRAMID highlights strengths and gaps in an organisation’s capacities and helps in designing and monitoring plans to fill those gaps. It is an effective communication tool and has been recognised by the WHO in relation to achieving International Health Regulations and by the World Bank in relation to Global Health Security Capacity in Africa.

training and research programmes backed by an accredited lab. Extension of programmes to outreach services and Global Health Security, plus the Ugandan Academy for Innovation and Impact, has created a programmatically coherent and financially sustainable African entity.

Adherence to values engenders trust

Adherence to these values has led many stakeholders to see IDI as an institution to be trusted, and not just in terms of the bedrock values of integrity and ethics. Trusted institutions like IDI tend to attract partnerships from other high quality and trusted public/private institutions active in global health.

Trusted implies:

- that an institution’s values commit it to high quality in all that it does (for example in its products, services and its management systems);
- that the institution’s values project a commitment to continuity – that it operates on a sound and sustainable financial footing; and
- that the institution’s values communicate a commitment to prudent management of its resources to maximise their impact in line with national plans and ultimately to achieve the SDGs.

IDI believes an institution should aspire to be trusted in terms of integrity, technical competence, resilience and impact. Continually recognising, and renewing commitment to, the institution’s core values is critical to achieving and maintaining that trust – as well as the re-interpretation of those values as the institution evolves.

How can others benefit from the IDI experience?

Here we present a possible framework for developing trusted and resilient health institutions. Trust is a relational concept that can exist between people, between people and organisations, between two or more organisations, or between organisations and other events.⁵ Trust has been identified as both a behaviour and as an underlying disposition and can mitigate problems with ‘social cooperation’ to ensure that interdependent actions between actors can lead to mutual reflection and benefit.^{6,7}

We believe that the quality of IDI’s governance and leadership, staff and volunteers, policies, strategic plans, management systems and support departments (along with a pervasive culture of transparency) has strengthened trust in IDI as a Ugandan institution that operates internationally.

Throughout IDI’s development, trust shaped the way we interacted with each other, our partners and the health system. In common no doubt with many others, IDI aspires to be a ‘trusted institution’ - trusted for integrity, technical competence, and sustainability. Trusted by: communities served and the general public, national/local governments, Makerere University, project partners, funders and regional/global organisations, emergency responders, and also internally by staff.

Based on IDI’s first 20 years, Figure 3 shows a framework of inter-connected ‘essentials’ that we

Figure 3. Developing Trusted Institutions

Essential features of institution trusted to be: ethical, technically competent, resilient and impactful



believe underpin IDI’s progress towards being a trusted African health institution. We are aware of a range of organisational capacity assessment tools, but we feel what is now needed is a practical guide to developing trusted institutions – grounded in the African experience and contexts. The draft Developing Trusted Institutions (DTI) guide is ready for initial validation across a range of African institutions.

Conclusion

This series of three papers has explored how trust in IDI by a range of internal and external stakeholders has been built over twenty years through: i) achieving programmatic results in support of national and global strategies; ii) developing strong governance, systems, and effective business development leading to sustainability; and iii) declaring, and adhering to, values which have provided a moral framework for plans and actions.

IDI aspires to be a trusted institution in terms of enduring integrity, technical competence, resilience and impact (especially on African capacity strengthening). The DTI framework introduced above, based on experience at IDI, offers an evolving, learning foundation with potential for further collaborative development.

References

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