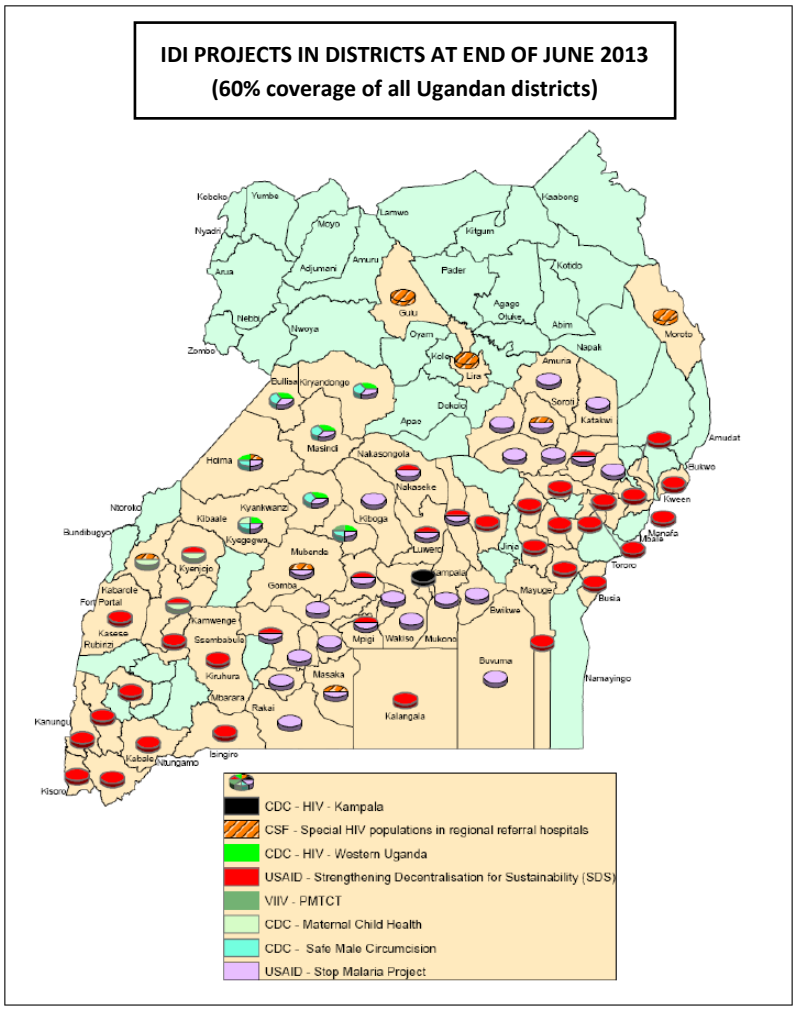
Five Year Strategic Plan

July 2013 to June 2018

Infectious Diseases Institute
College of Health Sciences
Makerere University



Investing in the Future ⇒ *Impacting Real Lives*

Infectious Diseases Institute, College of Health Sciences, Makerere University, PO Box 22418, Kampala, Uganda

Tel : (256) 0414-307000 Email : grants@idi.co.ug Website : www.idi.mak.ac.ug

Foreword

This new IDI Strategic Plan 2013/18 builds on the very successful strategic period 2008/13 when IDI expanded its mandate and its reach throughout Uganda and beyond and established itself as a global centre of excellence in infectious diseases.

As an integral part of the College of Health Sciences of Makerere University, IDI benefits from a long and rich heritage and partnership and in turn contributes significantly to the three key benchmarks against which a university is measured – research, capacity building and service to community.

This new strategic plan is being rolled out at a time when there is continued interest in infectious diseases, although key stakeholders are looking for an integrated and cohesive approach to tackling infectious diseases within the context of health systems and national sustainability and with clear cognisance of emerging health challenges such as the looming epidemic of chronic non-communicable diseases.

The strategic planning process has driven IDI to examine its place in responding to current and emerging health issues and as a result the IDI mission statement has been recrafted to become : *"To strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development".*

This now allows IDI to address a range of infectious diseases primarily through the academic functions of research and capacity building and using health system strengthening as a platform.

An ambitious strategy like this requires strong partnerships and resources and in the next five years IDI will strengthen and enhance its partnerships within Makerere University and within Government; notably with the Ministry of Health, the Uganda AIDS Commission, the Ministry of Education & Sports, and the Ministry of Finance, Planning & Economic Development. In addition, there are key linkages with Accordia Global Health Foundation and a range of academic institutions, foundations, development agencies and programmes in Uganda, Sub-Saharan Africa and across the world. IDI is also seeking new partnerships especially within the private sector, local government and regional organisations.

This strategic plan also has defined key metrics that will be monitored to ensure we achieve our ambitious objectives, and also measure our contribution to global and national efforts. In addition, we have attempted in an uncertain funding environment to predict the levels of funding we will be seeking in order to achieve the targets of the various IDI programmes.

Finally, I wish to recognise and thank all the partners that have supported us in our progress to date; and particularly our patients and research participants. We see IDI as a permanent institution within Makerere University that will influence and improve health on the continent for decades to come.

Professor Nelson Sewankambo
Principal, College of Health Sciences
Makerere University

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Chapter 1 : Summary

Over the past five years, IDI has developed into a well-recognised Ugandan centre of excellence with increasing ability to successfully bid for funding for its various programmes in pursuit of its Mission; in particular IDI has expanded its programmes, research and capacity building initiatives into rural districts of Uganda and beyond into the region and the African continent.

The first IDI Strategic Plan (2008/2013) was created against a backcloth of predictable, though diminishing, unrestricted core support from Pfizer which meant that IDI management could state the strategic actions planned with some confidence and precision. The second IDI Strategic Plan is designed in a much less certain funding context. In order to thrive (and not just to survive), IDI is going to have to be a truly innovative and resilient organisation: ensuring top management has the right up-to-date and reliable strategic information for it to be increasingly light on its feet and responsive to its changing environment. Risk management will be a key activity. However, the overall thrust of the plan remains fundamentally the same : to focus on infectious diseases research, capacity building and service delivery; to strengthen health systems in the context of local and national government strategies and priorities; and to influence national, regional and global policies and best practice through research publications, and documentation of best practice. IDI will maintain a focus on excellence and quality in all areas, and seek to play its full part to enhance the good name and reputation of the College of Health Sciences within Makerere University particularly through contributions to research and national capacity building. IDI will strive to contribute to improved policy of governments and international development agencies towards health systems strengthening through sound, evidence-based inputs.

IDI plans to contribute to improving national health indicators, including the following :

- *HIV incidence and prevalence rates for general population and key (most at risk) populations*
- *HIV Counselling & Testing coverage and uptake*
- *access to care and ART in keeping with national guidelines*
- *elimination of mother to child HIV transmission*
- *TB case detection and treatment success rates*
- *malaria incidence and mortality rates*
- *maternal and neo-natal mortality rates*

Continuation of IDI main programmes

IDI plans to continue with its five main programmes and key objectives include the following :

Prevention, Care and Treatment
IDI will continue to provide excellent clinical services at Mulago to 8,000 Friends as a direct contribution to national treatment scale up, and as a platform for models of care, training and research; and will validate quality of service against national and international standards. IDI will undertake capacity building projects with partners, and clinical training for national and international practitioners, as a contribution to the achievement of national and global targets for provision of HIV clinical services. IDI will seek to play its full role in the national referral system and further develop IDI specialised services to care for complex and chronic HIV patients and to use IDI experiences to inform research and national policy on care for these populations. Looking to the future, IDI will be a centre for innovation in infectious disease care, actively validating and embracing new technologies and practices that can improve patient care and diagnostics.

Research
IDI aims to publish findings and to advocate for translation of research findings into policy and practice; to build research capacity in Uganda and Sub-Saharan Africa; and to develop strong national, regional and global collaborations through research networks.

Training & Capacity Development

IDI plans to deliver regular training courses in a range of topics relevant to prevention and treatment of infectious diseases in Africa with face-to-face training of about 1,500 per year. IDI intends to develop, evaluate and use innovative teaching and learning methods that maximise knowledge and skills acquisition, minimise disruption to normal work, are attractive to trainees, and are affordable; and to build and strengthen the capacity of others to train and mentor health workers in management of HIV and infectious diseases; as well as maintain the competence of IDI alumni through programmed follow up.

Laboratory services

IDI plans to maintain a close partnership with the Makerere University - Johns Hopkins University (MUJHU) programme to provide a volume and range of affordable tests which meet the current and projected needs of service providers and research projects in IDI, Uganda, and Sub-Saharan Africa. Through our translational lab, we will also plan to develop and test new approaches to lab tests; advocate for their use; and support roll out. IDI will support national strategies for quality assurance and quality control of lab tests; and IDI aims to provide technical assistance to the Ministry of Health and other organizations in Uganda and the region to enhance the development and implementation of laboratory services strategy.

Outreach

IDI will continue to strive to make its maximum contribution to the achievement of national and international targets for scaling up prevention / treatment services for HIV and other infectious diseases; and be well aligned to national priorities and strategies. IDI plans to contribute to national health systems strengthening at all levels and develop a network of IDI outreach partners within Uganda; and in addition contribute to health policy and advocacy through operations research and documentation of best practices.

Adapting IDI's strategic stance to the environment

Over the next five years, IDI expects some shifts in its programmatic stance and thematic focus in keeping with evolving knowledge and likely changes in the external environment.

Broadening of the scope of IDI activities

In response to evolving needs in Uganda and Africa, an enlarged scope of IDI activities is expected to include research, prevention and treatment related to more infectious diseases; employment of a variety of approaches to capacity development making use of latest technology; and the provision of TA in more areas of health systems strengthening and management. This shift is apparent in the new shorter, and broader IDI Mission : ***To strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development.***

Greater 'integration' of services at point of delivery

Part of a drive for convenient access to services which are both more comprehensive and more cost-effective.

Continuous capacity enhancement for continuous quality improvement

IDI will continue to build initial capacity, but will increasingly focus on maintaining, updating and refreshing capacity in the context of quality assurance systems. There will be more emphasis on proving quality across all areas of IDI; covering both main programmes and support services; and IDI would also seek to play a greater role in national accreditation.

Linkage with the private sector

IDI will also look to link with all appropriate elements of the health system, including the private sector.

Improved efficiency at IDI

IDI plans to improve efficiency in all areas and ensure all staff act on an understanding that IDI can only achieve its programmatic objectives by paying close attention to the ways in which it sustains the institutional core of the organisation - generating resources and minimising costs.

IDI's strategy continues to be ambitious and outward-looking, and based on evidence and driven by needs; but also tempered by prudence, and close attention to risk-management, to sustain the institution and its programmes in the face of the continuing tough global economic conditions.

Chapter 2 : Introduction

IDI over the past five years has continued to grow from strength to strength and yet it is at a critical point in the organisation's development within the College of Health Sciences, Makerere University. IDI has matured into a well-recognised Ugandan centre of excellence (that has global reach) with an increasing ability to successfully bid for funding for its various programmes in pursuit of its mission; in particular IDI has expanded its programmes, research, and capacity building initiatives into rural districts of Uganda and beyond into the region and the African continent.

However, the generous support from Pfizer ended in 2012 after a planned decline over many years. With support from Pfizer and Accordia, IDI has been able to develop the linkages, systems and ethos to thrive on its own once the Pfizer contribution ceased. The Institute has been largely freed from the constraints of 'project by project' development over the last few years and has been able to develop the institutional capacity and systems to be able to operate in the business-like manner increasingly demanded by today's environment.

The first IDI Strategic Plan (2008/2013) was created against a backcloth of predictable, though diminishing, unrestricted core support from Pfizer which meant that IDI management could describe the strategic actions planned with some confidence and precision. During the past five years, alternate funding streams have been proactively obtained, but the large proportion are of a restricted nature with smaller and unpredictable amounts supporting the core supportive functions of IDI. As a consequence of this, the second IDI Strategic Plan is designed in a much less certain funding context. In order to thrive (and not just to survive), IDI is going to have to be a truly innovative and resilient organisation: ensuring top management has the right up-to-date and reliable strategic information for it to be increasingly light on its feet and particularly responsive to its changing environment.

The second IDI Strategic Plan 2013/2018 is shorter, less detailed and less prescriptive than it's predecessor; the logical frame work is rather more succinct; and there is an expectation that annual planning will become more focused on what may realistically be achieved within the projected resources informed by updated environmental scanning. However, the overall thrust of the plan remains fundamentally the same : to focus on infectious diseases research, capacity building and service delivery; to strengthen health systems in the context of local and national government strategies and priorities; and to influence regional and global policies and best practice through research publications and documentation of best practice.

This plan therefore will continue seamlessly where the current strategic plan lets off at the end of June 2013 and at the same time will introduce new approaches or new areas of focus that have been identified as being increasingly relevant or as representing opportunities for growth. The plan continues to be based on the evolving 'Capacity Pyramid' (see Annexe 1) with IDI seeking to build its internal capacity in order to support others to build theirs.

Continuation of areas from current strategic plan

- A focus on excellence and quality in all that IDI does - from, for example, the treatment of individual patients (whom IDI staff will continue respectfully to call 'Friends') through to the design and delivery of formal IDI training courses through to the documented integrity of the IDI financial systems.
- Unwavering support to national and local government health policies and strategies, and their further development; coupled with a clear and continuing commitment to IDI's role within the national health system.
- A pride in IDI's place within the College of Health Sciences within Makerere University and a steady determination to enhance the good name and reputation of the University at all times and particularly through contributions to research and national capacity building.

- An enduring emphasis on addressing important underlying systemic challenges to development of African health capacity rather than treating symptoms : IDI supports lasting change for lasting benefits; true sustainability.
- A maintenance of an outward-looking stance with IDI as an innovator and generator of new models of infectious diseases prevention and care, and as a support to the dissemination of such models across Uganda and the region.
- A rigorous research programme that is concerned with finding and publicising practical solutions in the African context to important and pressing challenges in infectious diseases.
- A concern for the well-being of all IDI staff and a resolve that working conditions should always be safe and healthy.

New areas of focus or intensity in new plan

- A broadening of the scope of IDI activities, as signalled by the recent modification of the IDI Mission[1], to include all infectious diseases as well as health systems strengthening; in effect a 'diagonal programming' approach where a broad vertical (infectious diseases) approach brings horizontal (health system) benefits.
- Exploring the greater 'integration' of services at point of delivery, allied to the drive for greater cost-effectiveness. This is emerging as central to a health systems strengthening approach to accelerate the pace of health services development in countries like Uganda, and IDI will intensify its efforts across a range of infectious diseases and other areas such as MCH and lab services.
- A recognition that initial 'capacity building' is becoming less relevant and that IDI's main business will increasingly be focused on the maintaining, updating and refreshing of a capacity that already exists in some form or other in health workers and organisations; and that this 'capacity enhancement' needs to be more than conventional 'ongoing support' and needs to be systematically linked to well-designed quality assurance and the varying types of agreed corrective actions which quality assurance spawns.
- An increasing emphasis on proving quality across all areas of IDI; covering both main programmes and support services; this may well be achieved through international accreditation of, for example, the clinic, laboratory, training curricula, information services, and grants management. IDI would also be available to play a greater national accreditation role.
- A heightened sense of the national, regional and global markets within which IDI operates and the constantly changing perceptions, strategies and priorities of funders; this will be based on ever improving strategic intelligence and will be communicated in an actionable way to IDI top management. Allied to this will be a growing cognisance of opportunities related to the developing supra-national groupings such as the East African Community and Southern African Development Community.
- A broadening view of the funders of IDI to include not only conventional funding sources, but also those less conventional; it is important to recognise that IDI in order to fulfil its vision and mission cannot overly rely on a single donor, and needs to ensure broad enough funding to met its targets.
- An increasingly efficient and business-like approach within IDI at all levels coupled with an understanding by all staff that IDI can only achieve its programmatic objectives by paying close attention to the ways in which it sustains the institutional core of the organisation as, without a stable core, project acquisition and implementation become problematical. There will also be increasing use of automation across IDI both to improve the efficiency of processes and to save costs.

[1] Revised IDI Mission as approved by IDI Board in June 2013 : *To strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development.*

- There will be an increasing focus on cost effectiveness in all areas of IDI, from models of patient care through to the rational management of assets such as vehicles. IDI will define and carefully monitor key unit costs to reassure both ourselves and our funders of the soundness of our management of our resources.
- Exploratory projects with the private sector will be initiated to both work with this critical sector, but also help achieve other revenue streams.

Risk Management

The environment in which IDI will be operating for the next five years will require that IDI identifies those areas that may be risky, but are essential to take on for continued development; while at the same time putting in place a rigorous risk awareness and management system to ensure that IDI's survival and sustainability are not threatened. Some of these risks are mainly externally driven and not easily mitigated by IDI; like civil strife or catastrophic natural events or major withdrawal of funding streams. Nonetheless, IDI can engage in scenario planning to determine its response and adaptation to the emergence of these risks. Other risks are related to either IDI's key collaborators or to internal systems and IDI will continue to put in place risk management systems and regularly review progress. Critical to risk management is the preparedness of the Institute, how fast or suddenly the risk emerges, and whether the risk is shared with other players so a concerted response is possible.

The major risks which may well be faced by IDI over the next few years, and which have serious consequences, include the following.

- Continuing world recession leading to funding cutbacks by governments and other sources of funds.
- Shift in global funding priorities away from infectious diseases towards other health priorities; and in addition some funders' rules becoming more constraining as IDI seeks to cover core costs from project income.
- Major reputational damage to IDI; including major fraud (academic or financial) reducing confidence in the Institute.
- Severe interruption to supply of ARV drugs.
- Deteriorating global image of Uganda (which may be related to corruption and human rights) impacting IDI.
- Overstretched health systems in the districts making it difficult for IDI support to make a difference
- Emergence of competitors who out-perform IDI and become preferred partners of government and funding agencies.
- Change in Makerere University policies that preclude the unique IDI governance arrangements.

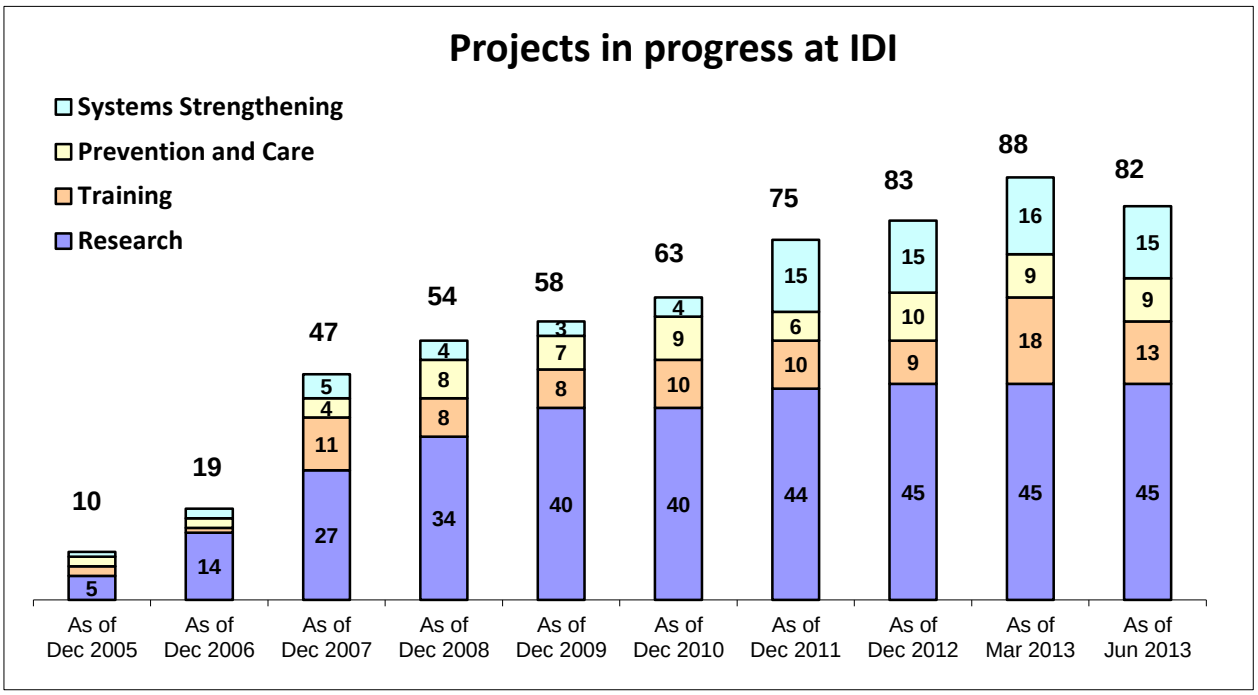
So the next five years (2013/2018) will require that IDI consolidate the considerable achievements of the previous five years (2008/2013) and this will probably lead to a plateau in the outputs of various departments. However, in addition IDI expects some new areas of engagement and a greater variation in the outputs of IDI particularly in research and capacity building. IDI also anticipates that the current model of district strengthening will undergo further development and transition to subgranting and TA support with strong mentoring and evaluations put in place.

Chapter 3 : 2008 – 2013 : an overview

IDI has developed strongly since 2008 as it has sought to achieve its Mission while ensuring sustainability. All the main programmes (PCT, Training, Research, Lab, and Outreach) have grown considerably while continuing to adhere to quality standards; and the support departments have developed as required. IDI has continued to be a 'learning organisation' that never stands still, but continually presses for improved quality in all its spheres of action. IDI has sustained itself from many projects and funding sources as the planned decline in unrestricted funding from Pfizer has occurred.

Key IDI programmatic outputs by June 2013 include:

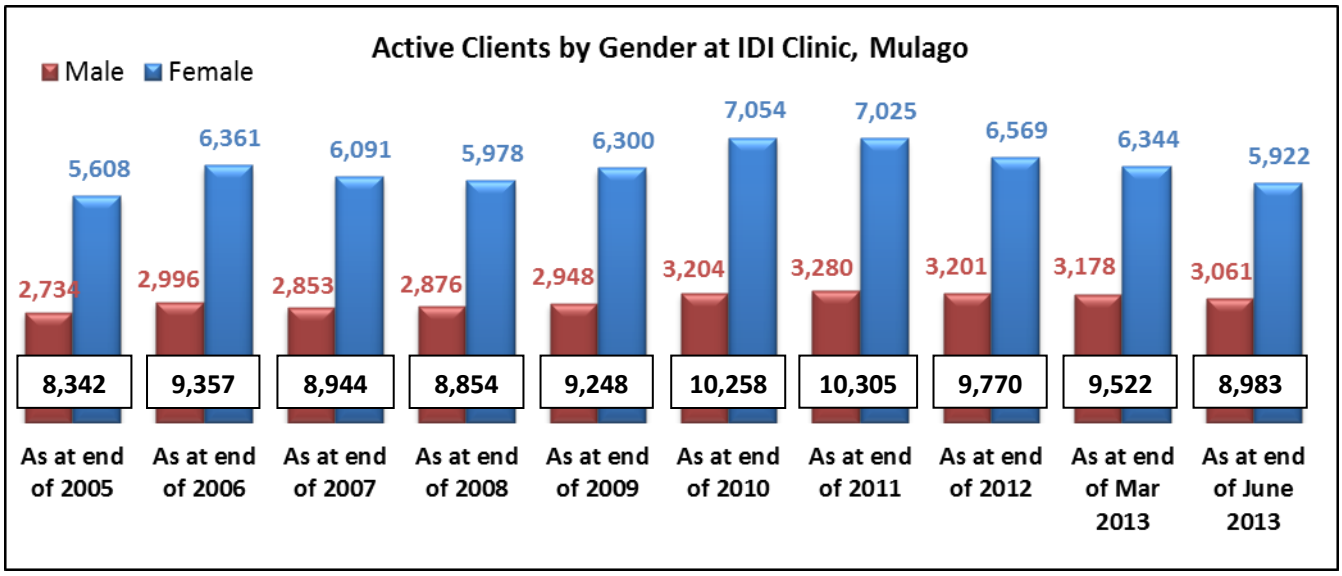
- 8,983 PLHIV being cared for at IDI and 90,383 cared for through partnerships; a total of 99,366;
- 930,535 people counselled and tested for HIV through IDI Outreach;
- 50,370 men circumcised through IDI;
- 11,911 people trained through IDI;
- 245 research articles published in peer-reviewed journals;
- 60 labs supported across Uganda by IDI.



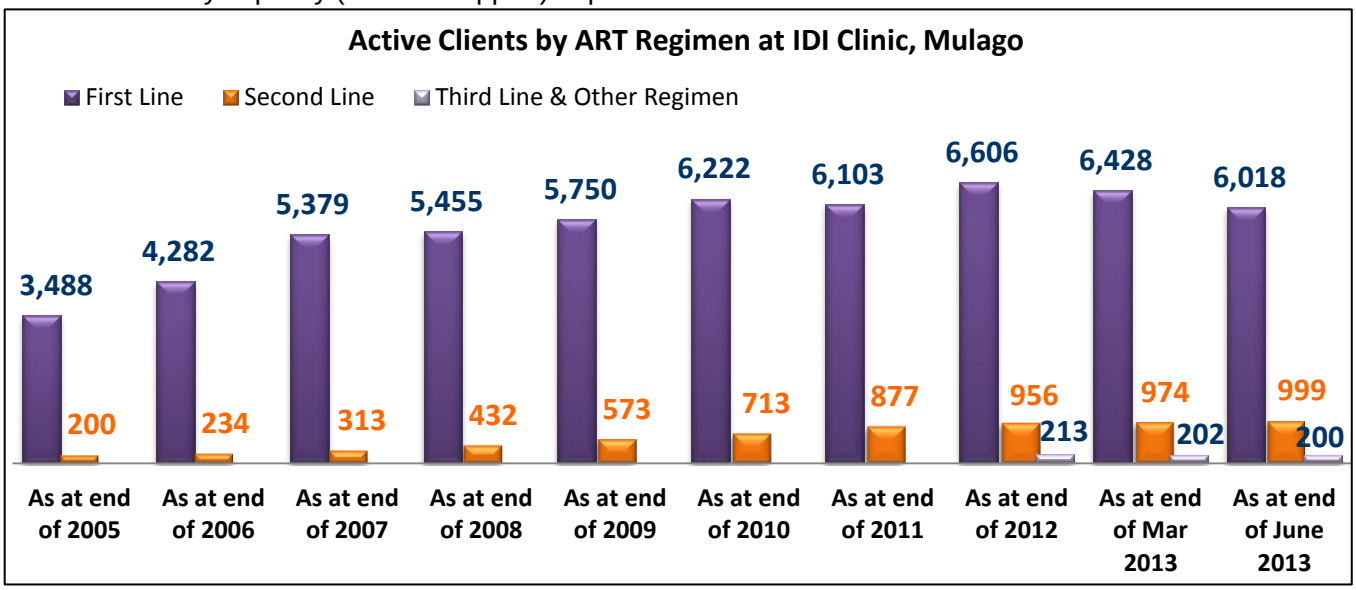
IDI staff numbers have increased from about 350 to over 1,000 since 2008 with the proportion of core staff falling to about 20% with the rest of the staff being fully funded by particular projects. At the same time IDI has spread from 3 to 7 sites in Kampala alone with other sites elsewhere in Uganda. Institutionally, IDI has become an integral part of the School of Medicine within the College of Health Sciences (established in 2009) within Makerere University; and IDI remains a not-for-profit organisation, wholly owned by Makerere University.

Prevention, Care and Treatment

Since 2008, the PCT programme at IDI has managed to provide about 10,000 active HIV/AIDS patients with high quality care and treatment.



Special clinics have been established for key populations with particular needs such as individuals in sero-discordant relationships, HIV+ adolescents, HIV/TB co-infection, and HIV+ women who are pregnant. The number of IDI patients requiring second- and third-line treatment has gradually increased as IDI has striven to play its role as a referral centre within the national referral system; increasing the proportion of more complicated cases and referring more stable patients to clinics which have developed the necessary capacity (with IDI support) to provide a safe HIV/AIDS service.



IDI has espoused 'prevention through positives' and IDI clients are encouraged to play a role in prevention, adherence, and reducing stigma through a range of creative and empowering activities (musical; artistic; spiritual; entrepreneurial; social). At IDI, clients are called 'Friends' and are emerging as key players in the long term solution to the HIV/AIDS pandemic (this initiative is in keeping with the emerging Greater Involvement of People Living with HIV/AIDS - GIPA movement).

The PCT programme has also produced a series of innovative and replicable models of care such as those relating to: task shifting (nurse- and pharmacy-only visits); HIV / TB co-infection clinic; integrated Sexual and Reproductive Health services; and care and treatment for certain most-at-risk populations (such as adolescents). The PCT and Research programmes have been closely intertwined and since 2008 the IDI clinic has established itself as a solid research platform with the number of clinic-based research projects steadily rising. Linkage with the IDI Training programme has also been strong; and in addition staff development has been fostered through regular Continuing Medical Education (CME)

activities, 'switch' meetings (focussing on regimen change for individual patients), journal clubs, and a research forum.

While the number of PCT staff has increased, the PCT staff structure has been streamlined and Standard Operating Procedures have been introduced to ensure consistent good quality care. A major achievement has been the successful implementation of a clinic management system called ICEA (the Integrated Clinic Enterprise Application).

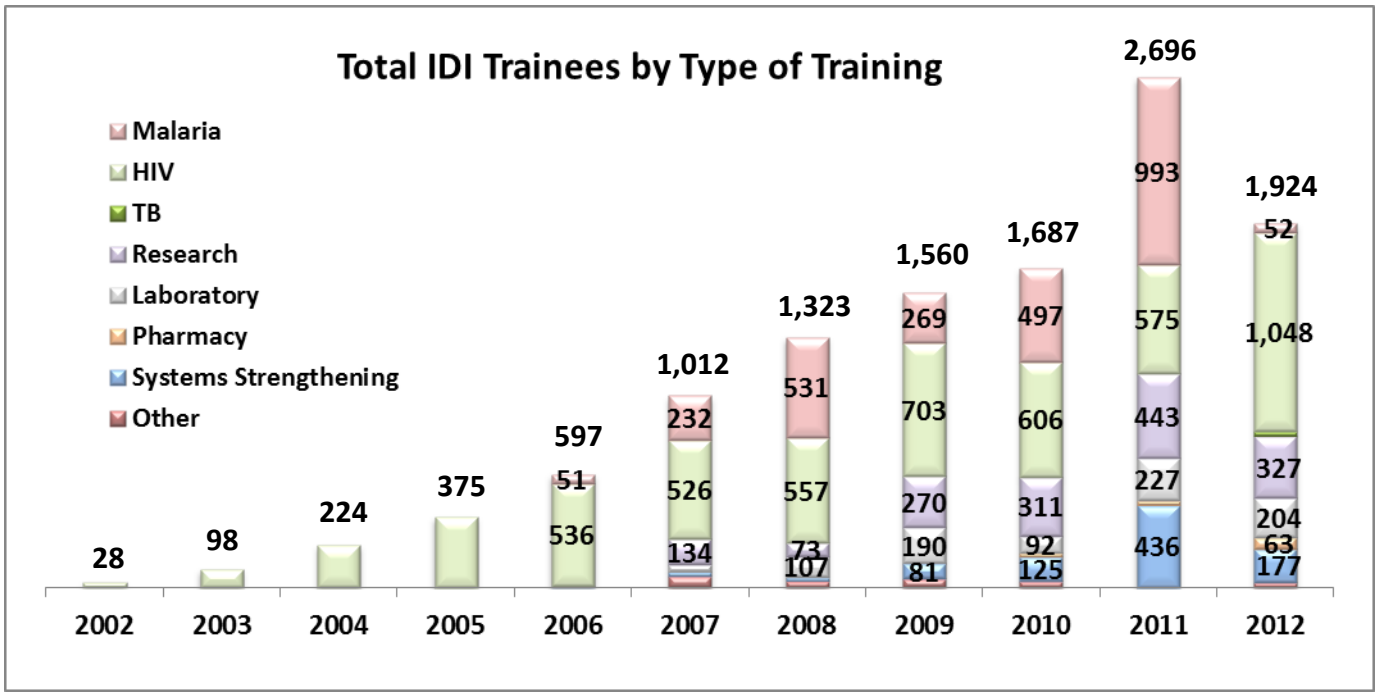
The PCT senior staff has also contributed to national policy development through participation in the sub-committees of the National ART Committee for HIV Drug Resistance and for Adult ART.

Training

By mid-2013, at IDI a cumulative total of 11, 911 course participants had received training related to HIV/AIDS, malaria, pharmacy, lab services, research methods, good clinical practice, monitoring and evaluation, data management, and grants management, amongst others; trainees included doctors, nurses, lab staff, pharmacists, researchers, and other health care workers.

The IDI Training programme has developed since 2008 in terms of:

- numbers trained (1,323 in 2008 to 1,924 in 2012, with courses shorter on average);
- location of training (more district-based);
- relevance of courses (such as introduction of HIV Prevention course for policy-makers);
- range of courses (such as more systems strengthening courses like grants management);
- cost-effective use of technology (such as e-learning initiatives);
- increasing emphasis on systematic on-going support.

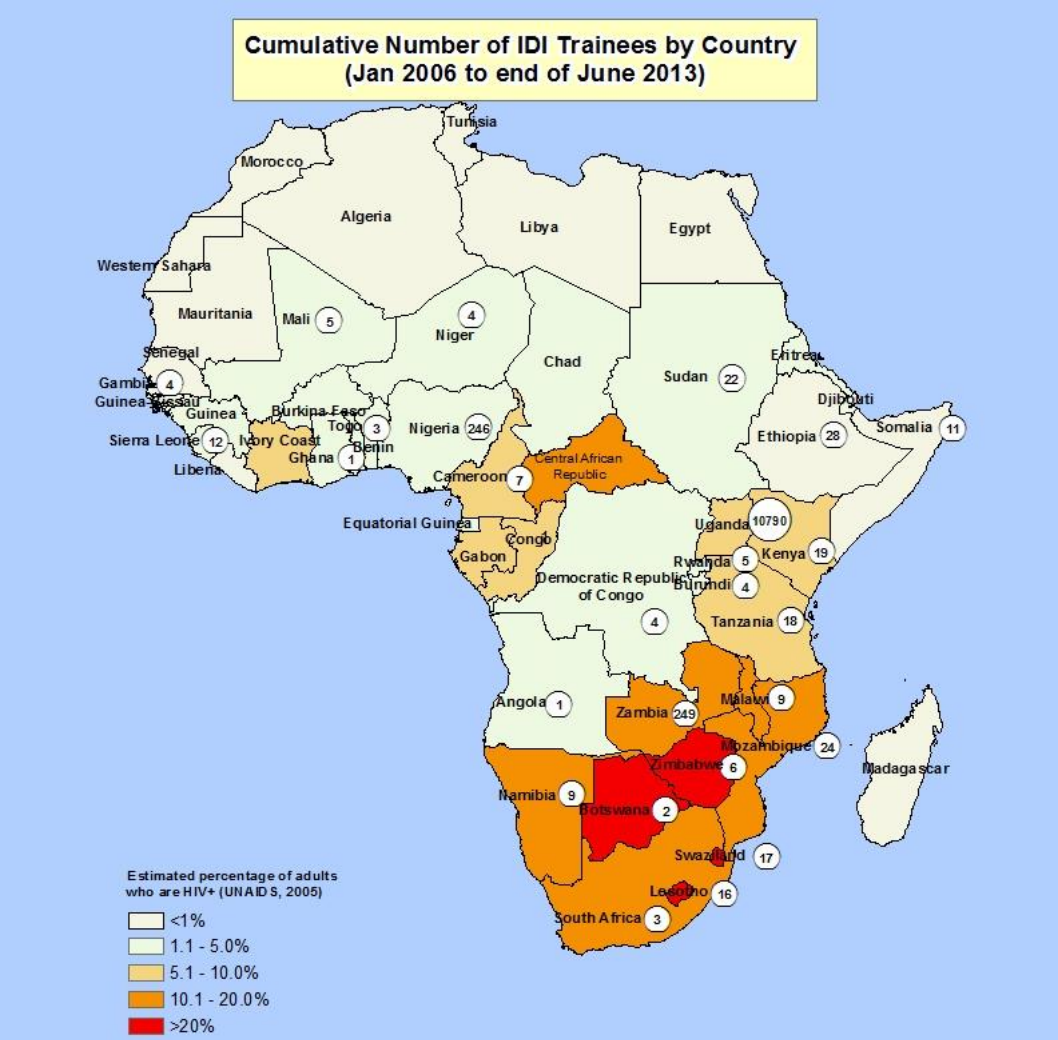


The training programme has become increasingly focused on maintaining, refreshing and updating capacity as well as building the capacity of health staff; for example, through the distance support provided by the AIDS Treatment Information Centre (ATIC) run by IDI.

The IDI training programme has remained relevant to a broad range of health staff both from Uganda, Sub-Saharan Africa (latter making up almost 10% of IDI trainees in 2012) and elsewhere.

IDI offers :

- core and specialised courses; for teams as well as individuals;
- continuing professional education;
- Supportive supervision and technical assistance in the field, plus distance support, to ensure that skills, once acquired, are maintained and updated.



Cumulative training statistics as at end of June 2013

	Medical Doctors	Other health workers	Total
HIV Training (28 African and Non-African countries)	1,266	3,276	4,542
Malaria Training (all Uganda)	52	2,326	2,378
Laboratory Training (9 African countries)	40	874	914
Systems Strengthening (Uganda and Nigeria)	50	823	873
Research Capacity Building (3 African countries)	713	737	1,450
Clinical pharmacy (all Uganda)	0	117	117
TB	0	27	27
Others	35	1,575	1610
Grand total	2,156	9,755	11,911

All trainees take pre-training and post-training tests which generally show substantial gains in skills and knowledge.

AIDS Treatment Information Centre (ATIC) at IDI provides health professionals with vital information on drug interactions and prescribing through a free phone service and the internet.

Pre-service HIV/AIDS training for medical students and a short course for newly qualified medical officers are provided at IDI.

Research

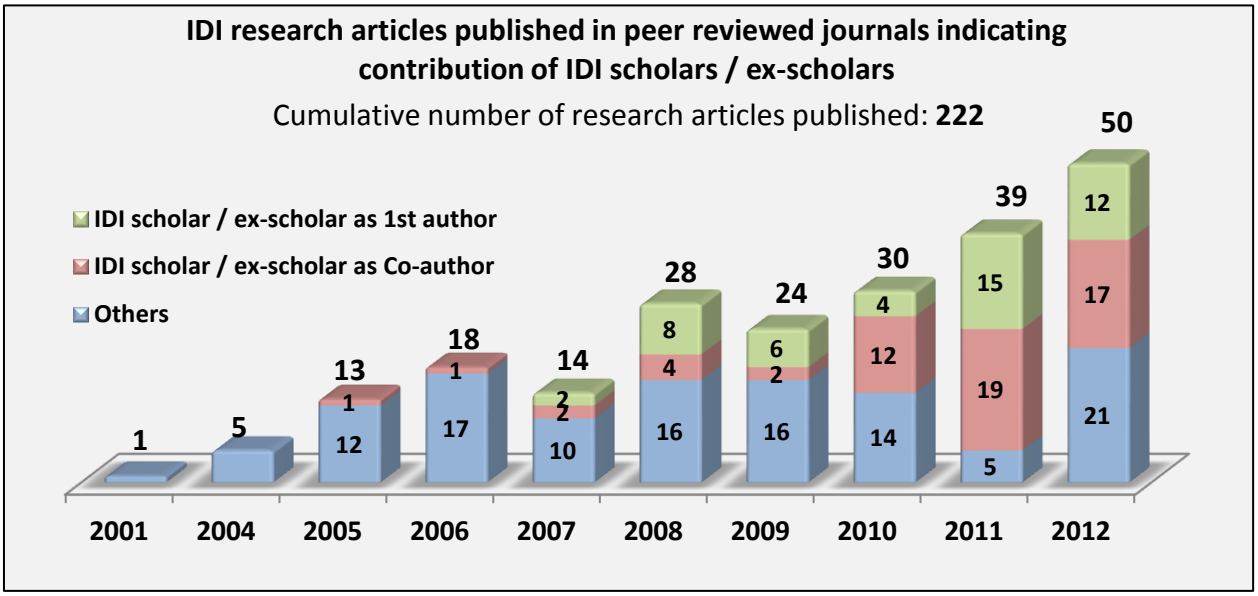
The IDI Research programme has developed strongly over the last five years, producing high quality research outputs, linked to HIV/AIDS and related infectious diseases, aimed at improving training and policies / guidelines for prevention, care and treatment in Africa. Research projects in progress at IDI have grown from 27 at the start of 2008 to 45 at the end of June 2013.

The number of publications in peer reviewed journals has risen strongly over the years along with the number of IDI first authors (by June 2013 the cumulative number of IDI research articles stood at 245; along with 194 research abstracts presented at conferences).

IDI's prime overarching research aim has been to identify best practices and models of care for prevention, care and treatment of HIV/AIDS and related infectious diseases in SSA; more specifically IDI's current research priorities are : opportunistic infections particularly TB, Cryptococcus, Kaposi's sarcoma and other malignancies; ART-associated complications; HIV prevention (especially in discordant

couples and young adults); sexual and reproductive health; and clinical pharmacology. Over recent years, growth in IDI research activity has been notable in areas as diverse as the translational lab, TB, cost-effectiveness and pharmacokinetics.

The IDI Research programme builds research capacity in Africa by supporting the development of outstanding young Ugandan medical researchers through the Sewankambo Scholars programme which has been outstandingly successful in terms of PhDs awarded and the ability of alumni to win grants, publish, mentor others, and support related research elsewhere in Makerere University. The research forum which convenes every week provides an opportunity for lectures by outside speakers and Professors in Residence (PIRs), presentation of researchers' work, and general discussion of research topics; with an audience drawn from CHS, not just IDI. Research capacity building has included mentorship and support to research scholars/fellows (especially in PhD studies) and a training programme in basic and advanced clinical research skills in epidemiology, biostatistics, data management and research methods; plus Good Clinical Practice certification; with participation also extended to other departments in the CHS.



The IDI research cohort has been expanded over the last five years to cover the entire IDI clinic population; and a major initiative has been undertaken to improve data quality. External longitudinal cohorts are also developing in Kiboga and Gulu districts (along with institutional support to Gulu University) so that IDI now has both urban and rural research platforms in place.

Long term international collaborations with major academic centres in North America (such as University of Washington and Johns Hopkins) and Europe (such as University of Antwerp and University of Zurich) provide a widening global dimension to research at IDI. Also, participation in research networks such as IEDEA (International Epidemiologic Databases to Evaluate AIDS : East Africa network) is increasing.

The internal staff structure of the Research department has been re-organised with a valuable regulatory function established; and infrastructure measures have been taken to improve confidentiality and the security of records.

Laboratory services

The laboratory services programme at IDI has burgeoned over the last five years : it has two distinctive and complementary arms :

- The MUJHU Core Lab which is run as a successful partnership between the Makerere University – Johns Hopkins University collaboration on the one hand, and IDI on the other; and
- The IDI lab services outreach sub-programme which has developed dramatically since 2008.

In addition, there is very active lab training component of the IDI training programme; with 856 lab staff trained between 2008 and mid-2013.

The Core Lab continues to provide a high quality, internationally-accredited service including an important QA/QC role for service providers and researchers (over 188,000 tests conducted in 2012) and has garnered a series of international awards which testify to the standards achieved. Accreditation is with the College of American Pathologists (CAP). The Core Lab has over 40 well-trained Ugandan lab staff, plus state-of-the-art equipment backed by a robust in-house maintenance programme with international support. It serves over 70 research and clinical projects in Uganda; prime clients include the collaborative projects between Makerere University and Case Western Reserve University and Johns Hopkins University (JHU), as well as IDI itself.

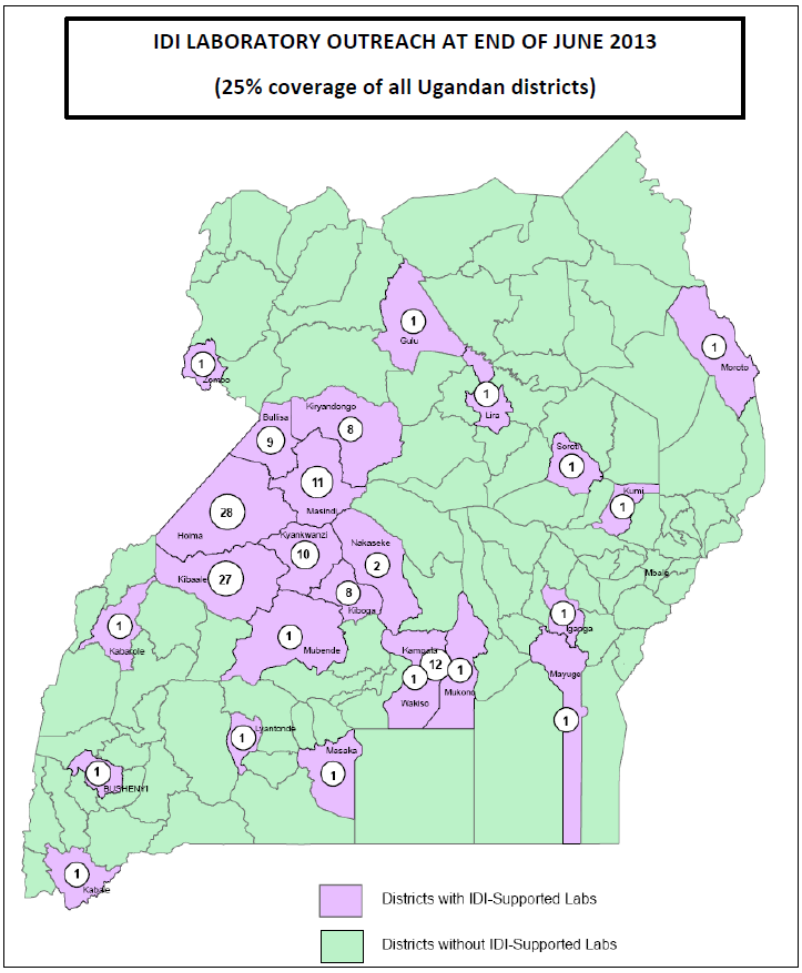
The Core Lab has been complemented by the development of two further labs :

- a Central Lab which conducts non-CAP-certified, high volume, low price tests for a selected range of the most common tests; and also provides QA/QC for other non-CAP-certified labs; this lab conducted over 63,000 tests in 2012; and
- a Translational Lab, also non-CAP-certified, to validate diagnostic tests with a view to establishing such tests on the menu of tests offered by the CAP-certified lab and elsewhere.

The IDI lab services outreach initiative is a sub-programme within the IDI Outreach programme; notable achievements since 2008 include:

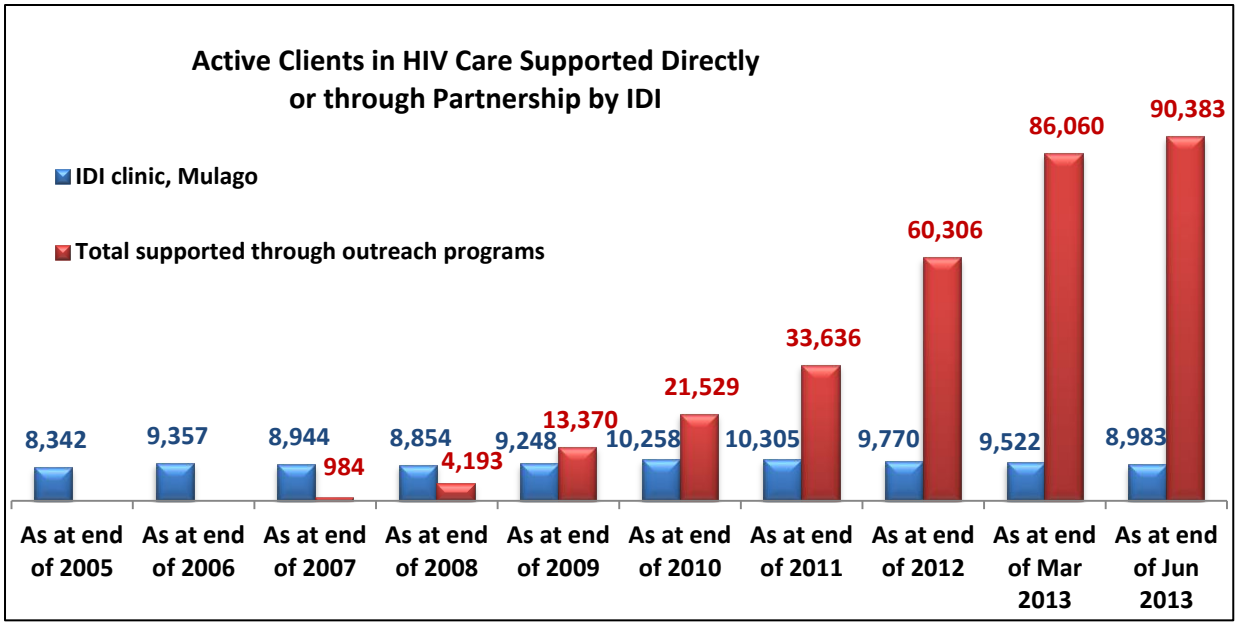
- the development of a durable partnership with the Central Public Health Laboratories within the Ministry of Health which has resulted, amongst other things, in IDI providing high-level support to the Ministry to operationalise its strategic plans;
- the engagement of district managers and the provision of direct and practical support to revitalise both individual labs (including those in Faith Based Organisations) and the QA/QC systems within which they operate; and
- the definition of workable, replicable models for the national development of lab services at all levels.

The adjacent diagram shows the areas in which the IDI Lab services outreach programme has been active.



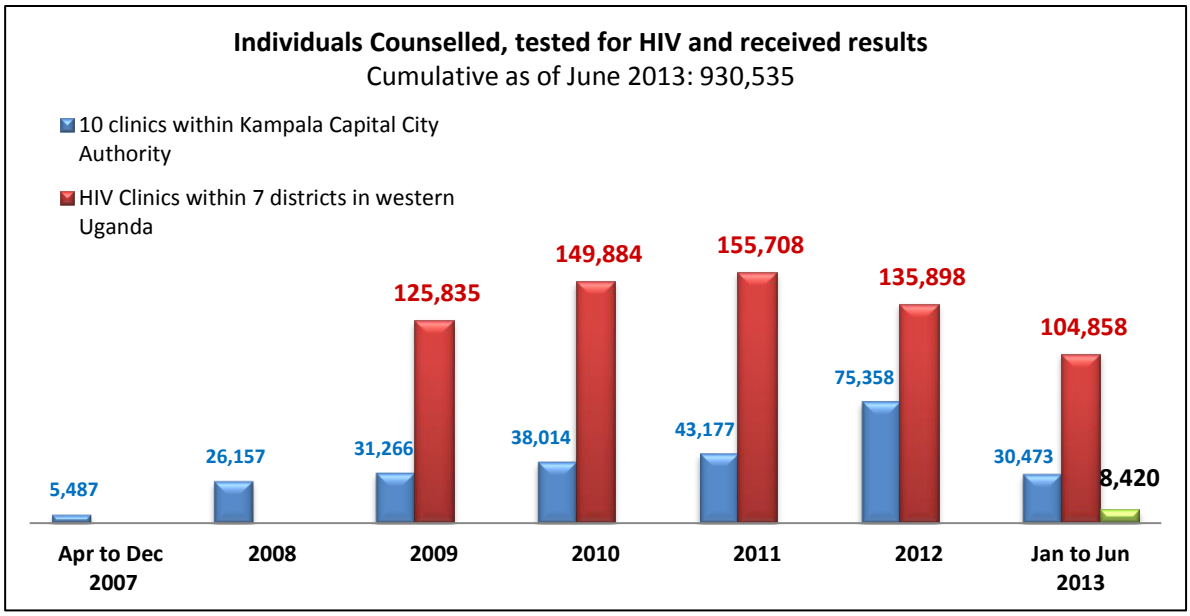
Outreach

The IDI Outreach programme was in its infancy in 2008, but has burgeoned since that time, both in terms of numbers of PLHIV supported and also in the range of key populations (those at higher risk of infection) targeted.



In 2008, the Outreach programme just focussed on Kampala, but since then the programme has established a strong linkage with seven districts in western Uganda (Kiboga, Kibaale, Hoima, Masindi, Kyankwanzi, Buliisa and Kiryandongo); and through other initiatives (such as IDCAP, TB REACH (Research and Education in HIV/AIDS for Resource-Poor Countries), STOP Malaria, and other projects), IDI is active in about 60 of the 120 districts in Uganda. The IDI outreach activities are always positioned in support of local and national government strategies and priorities, and are integrated with government systems; IDI never operates 'in parallel' with government. The scope of the IDI outreach activities ranges:

- across HIV, TB, malaria and MCH; in both urban and rural areas;
- across a spectrum (continuum) of types of service from health promotion / disease prevention through to curative referral services; and
- across all levels in the health system from the grassroots community (through support to Village Health Workers) to eight Regional Referral Hospitals.



Major, recent developments of particular import include the establishment of IDI as a major provider of safe male circumcision services as part of comprehensive HIV prevention, and of MCH services particularly aimed at reducing maternal mortality rates.

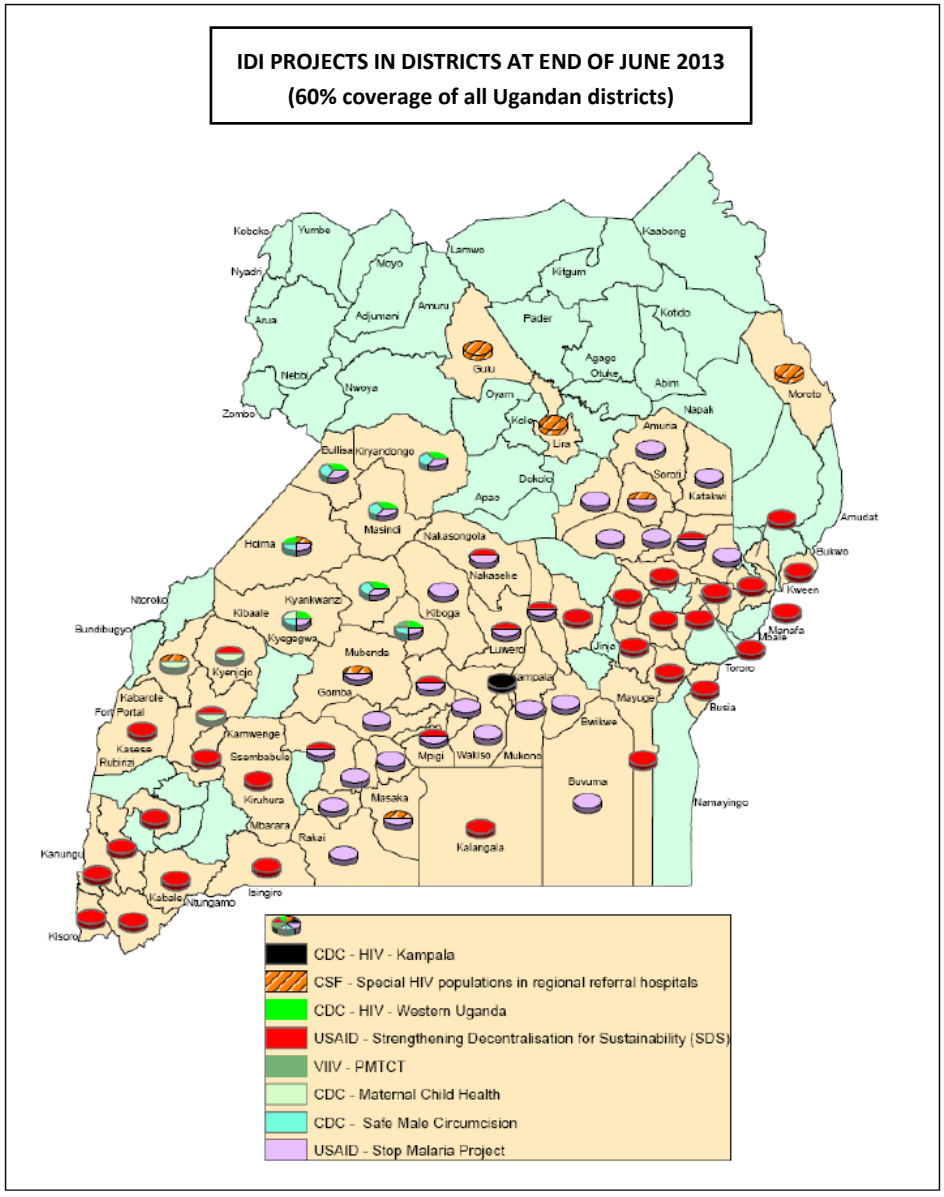
IDI has aimed to develop coherent and sustainable outreach programmes made up of complementary, mutually-supportive, funded projects within particular districts or groups of districts. This approach guards against the danger of lurching from one project to another with key developments foundering in periods of hiatus between projects.

The spread of IDI major outreach projects active across Uganda in 2012 is shown below and includes : support to eight Regional Referral Hospitals (supported by Civil Society Fund); the Expanded Kibaale Kiboga project now covering seven districts in western Uganda (supported by PEPFAR via CDC); support to clinics in Kampala (also supported by PEPFAR via CDC); integrated training in infectious diseases for mid-level practitioners (supported by Gates Foundation); and testing of approach to TB case finding (supported by WHO and STOP TB).

Support departments

IDI has maintained it high capacity to absorb funds efficiently and accountably through sound and transparent financial and general management systems (with strong IT support).

The following IDI support departments have developed in keeping with the expansion of the IDI main programmes : Finance and Administration (including Human Resources, Procurement and Audit); Information Services; Grants Management; Monitoring and Evaluation (M&E); and Communication, Partnerships and Advocacy.

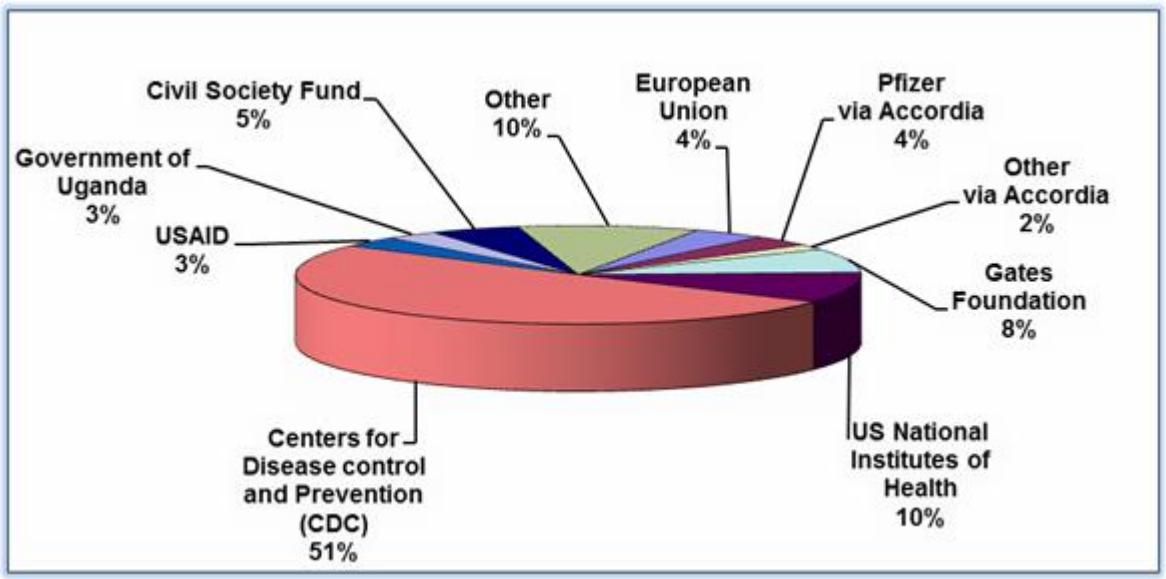


Automated systems have been introduced (such as ICEA : Integrated Clinic Enterprise Application; and SIGMER : System for Integrated Grants management, M&E, and Reporting) to foster greater efficiency. The experienced IDI grants management team was supporting over 80 grants in progress at IDI in mid-2013; and quarterly programme reporting (Key Performance Indicators) is conducted by the M&E function.

Sustaining IDI

Annual IDI turnover over the period has increased from expenditure of $9.5m in the year to June 2008 to a budget of $22m in the year to June 2013. During this period the unrestricted funding from Pfizer declined from $3m per year to $0.6m per year and ceased altogether in December 2012. Against a backcloth of uncertain global economic conditions, IDI has continued to broaden its funding base such that for the year to June 2013 it looked as follows[2] :

IDI sources of funds in year to June 2013



Over the last five years, Pfizer unrestricted funding to IDI has steadily declined, and been largely replaced by funding (fixed overheads and staff cost recoveries) from a wide range of projects, although in recent years funders have shown more reluctance to fund the core costs of running organisations such as IDI (for example, CDC disallows any fixed overhead). A clear benefit from the Pfizer funding has been that it enabled IDI to gain institutional experience in generating income from grants and also to develop the corporate systems which underpin that business model.

Notable new funders of IDI during the last five years have been the Civil Society Fund of Uganda (a basket fund with contributions from a range of national governments), the Gates Foundation, ViiV Healthcare, national governments (for example : Belgium and Canada). Such support is attracted by IDI's uncompromising adherence to high quality across all activities, and also by IDI's well developed and reliable financial and general management systems. Government of Uganda funding has become available to cover about one third of the IDI clinic operating costs which many funders are unwilling to fund as it is seen as direct service provision and therefore the responsibility of government. Currently funding the IDI clinic of about 9,000 active patients (assuming no general introduction of user charges) is the chief financial challenge for IDI; the bulk of the antiretroviral drugs used in the IDI clinic are financed through the Global Fund (87% in 2012). The issue is becoming more acute as IDI strives to play its role in the national referral system and in consequence is treating a higher proportion of complicated cases.

Partnerships are critical to the continued success of the IDI programmes and IDI has been fortunate to include among its scores of partners the MoH, Ministry of Education and Sports, Uganda AIDS Commission, Kampala Capital City Authority, a group of seven districts in the west of Uganda, the School of Public Health (Makerere University), many universities (such as : Johns Hopkins, Washington, Antwerp, Zurich), and Accordia Global Health Foundation.

IDI is an example of successful public-private partnership and has become increasingly light on its feet and swift to adjust to changes in the environment as it seeks to achieve both its programmatic and financial objectives.

[2] Accordia stands for Accordia Global Health Foundation which is IDI's partner organisation in the USA.

Chapter 4 : Vision, Mission, Guiding Principles and Core Values

IDI's Vision and Mission statements are in keeping with, and supportive of, those of Makerere University; the College of Health Sciences; Mulago National Referral Hospital (MNRH); and the Ministries of Health and of Education & Sports (see Annexe 2).

IDI Vision

A healthy Africa, free from the burden of infectious diseases.

IDI Mission

To strengthen health systems[3] in Africa, with a strong emphasis on infectious diseases, through research and capacity development.

IDI Strategic Principles (2013 – 2018)

1. IDI as part of College of Health Sciences of Makerere University will uphold and contribute to the Vision and Mission of the University and College.
2. As a key national player in Infectious Diseases, IDI will align and contribute to MOH HSSP and UAC NASP as well as other relevant governmental policies and strategies.
3. IDI will continue to exist as a semi-autonomous Center of Excellence that will set the benchmark for centers of excellence in Africa through its governance, management and programmatic outputs.
4. IDI will continue in five key areas: PCT, Capacity Building, Laboratory Services, Research and Outreach all of which will contribute to health systems development and strengthening.
5. IDI will continue to thrive through its partnerships (both existing and new ones) and will establish professional, respectful and mutually beneficial alliances to achieve its strategy.
6. IDI will be self-sustaining through a diverse stream of revenues and its Grants and Finance functions will be designed and capacitated to ensure this principle holds.
7. IDI will continue to expand its sphere of influence in Africa through research, policy, publications, capacity building, TA and the hosting of expert conferences on key areas within infectious diseases.
8. IDI will continue to pursue innovative and exploratory projects that are related to infectious diseases and health system strengthening.
9. IDI will engage with the private sector to build capacity in infectious diseases prevention and management as well as chronic disease management.
10. IDI will seek to be in the top 10 nonprofit employers in Uganda providing an enhancing and mutually beneficial environment in which our employees can contribute to our vision and mission.

[3] Health systems : *All services, functions and resources in a geographic area whose primary purpose is to affect the state of health of the population*. Includes, for example : Government services, private services, community volunteers, People Living with HIV/AIDS who are involved in HIV prevention initiative, academic medical departments, and services provided by faith-based organisations.

IDI Core Institutional Values

Core values are the essential and enduring principles of IDI which should form the basis of how everyone at IDI thinks and acts day by day and year by year : they are the identity of IDI … they show what IDI stands for. Constant recognition of, and adherence to, these shared core values will better enable IDI to achieve its Mission.

The IDI values are :

Caring : We care about each Friend (client) we serve at IDI; we aim to be responsive, kind and patient at all times. We are supportive in the face of stigma. We care about others we serve outside IDI through our training, research and outreach activities. We care for each other as staff of IDI.

Integrity : We are fair and honest in all interactions. We are trustworthy and truthful. We seek to adhere to the highest ethical and scientific standards and conduct.

Excellence : We are proud to be part of a high quality institute and we strive for excellence in all we do. We are hardworking and have a passion for continuous quality improvement. We are productive and strive for useful results from our efforts.

Innovation : We are constantly looking for ways to innovate and improve. We embrace change as an opportunity … rather than fear it as a source of anxiety or extra work.

Teamwork : We support each other to achieve the IDI objectives. We communicate actively and openly. We are reliable and loyal to each other; and we build trust by honouring our commitments. We show respect for ourselves and each other, and are considerate. We value each other's strengths. We extend these values to our relations with the partners of IDI.

Accountability : We accept our responsibilities and try hard to achieve those things for which we are accountable.

Chapter 5 : IDI's External Environment

The external environment in which IDI operates naturally has a major bearing on how IDI interprets (and even modifies) its own Mission, what programmes IDI chooses to be engaged in, and what internal IDI capacity is required to address the needs in the environment while continuing to attract the necessary resources to address those needs. The previous five year strategic period has been marked by continued and increasing burdens of HIV and other infectious diseases in Uganda as well as a huge demand for broad-based interventions to strengthen district health systems as a platform to improve service delivery across the board. During 2012, the results from the Uganda Demographic Health Survey conducted in 2011 were released and showed that Uganda had fallen behind in the fight against HIV with prevalence at 7.3%; up from the 6.7% in 2006. In the past five years, the number of PLHIV treated at the IDI main clinic at Mulago have been in the range 8,800 to 10,300, but the number supported by IDI through outreach has grown from 4,200 at the end of 2008 to over 90,000 by June 2013 across 15 districts in both urban and rural areas. There continues to be strong demand for the services IDI offers and so with additional internal capacity and external resources IDI should keep very busy in the next five years continuing with the current trajectory even if additional areas of interest were not taken up.

Significant resources for HIV and TB in particular have continued to flow in the past five years from PEPFAR, the Global Fund and some bilateral funders, and IDI has been able to position itself as a competent recipient of such funds. Uganda has continued to emphasise district-led health programmes and so IDI has gravitated to providing increasing support to districts in the areas of capacity building, health systems strengthening, and technical assistance in HIV and other infectious diseases. Uganda has also continued to improve its national research framework resulting in increasing research grants to Uganda including to IDI.

This chapter considers IDI's external environment over the next 5 years and how IDI may need to respond and adapt in order to thrive. The mid-term review in 2015/2016 will be an opportunity to validate some of these assumptions and perspectives, and to modify the strategy accordingly.

IDI's Global External Environment

Infectious disease landscape

The HIV epidemic continues to pose a global challenge and SSA remains the worst-affected region in the world with an estimated HIV prevalence of 4.7% among adults and accounting for 71% of the people living with HIV worldwide. According to the Global AIDS report 2013, in 2012, 91% of the estimated number of pregnant women living with HIV in need of antiretroviral for PMTCT was living in SSA, 64% of whom received ART for PMTCT. Similarly, 88% of new infections among children occurred in SSA. Globally, 260,000 children acquired HIV infection in 2012 a decline from 2011 when 330,000 became newly infected. Estimated ART coverage based on WHO 2010 guidelines in SSA indicates that 68% of eligible adults and 30% of eligible children received antiretroviral therapy[4].

Surveys conducted between 2004 and 2011 in 14 countries in SSA show that the percentage of adults who received an HIV test in the previous 12 months has significantly increased as ART programmes have been scaled up and as countries have invested in a broader array of counseling and testing strategies. However, the available evidence does not conclusively demonstrate that testing programmes are reaching the age and population cohorts at highest risk.

In July 2012, the UN General Assembly approved a political declaration to intensify efforts to eliminate HIV/AIDS and heads of state reaffirmed the urgent need to significantly scale up their efforts towards the goal of universal access to comprehensive prevention, treatment, care and support of HIV/AIDS[5].

HIV prevention remains a top priority among key funders; with special emphasis on evaluating prevention interventions that can be used in combination in different populations including adolescents and older individuals. Also, some funders are indicating commitment to increasing resources for : the use of ARVs

[4] UNAIDS Report on the global AIDS epidemic, 2013.
[5] UN General Assembly, Resolution 65/277, 8 July 2011.

as a way to prevent HIV infection, including Post- and Pre- Exposure Prophylaxis (PEP; PrEP); community-wide testing with treatment; and improved strategies to eliminate mother to child HIV transmission (EMTCT)[6].

Prominent global commitments and goals of UNGASS HIV (United Nations General Assembly Special Session on HIV) and the MDGs related to HIV include: reducing new HIV infections, eliminating HIV infection in children, and reducing HIV- and TB-related mortality. The combination of behavioural, biomedical and structural HIV preventive interventions also features strongly in global health sector strategies; plus the provision for key (most at risk) populations of integrated and comprehensive services, such as : family planning, child health, maternal health, malaria and TB[7]. Integration is also likely to be an important component in the drive for greater cost-effectiveness.

TB continues to be recognised as a unique pandemic with more than 9 million people still developing active TB each year and nearly 2 million dying; with 85% of cases being in Africa. TB vaccine development continues to be a daunting challenge with major efforts producing little to encourage. For example, a major trial in South Africa of a new booster vaccine, MVA85A, ended in failure in 2012, marking a major setback in the fight against TB. The trial followed 2,794 healthy children for two years and it gave an overall effectiveness of only 17%.

Lack of diagnostic capacity has been a crucial barrier preventing an effective response to the challenges of HIV-associated and multiple drug-resistant (MDR) TB, with less than 5% of the estimated global burden of MDR-TB patients currently being detected. Expanded capacity to diagnose MDR-TB is therefore a global priority for TB control[8]. There is also concern to scale up existing interventions for diagnosis and treatment and also for introducing new technologies, particularly new diagnostic tests by 2015. This includes DOTS (Directly Observed Treatment, Short-course) expansion and enhancement, measures related to drug-resistant TB and TB/HIV co-infection, and laboratory strengthening[9].

Non-communicable diseases are the leading contributor to the burden of disease globally and are increasingly becoming a major contributor to the burden of disease in Africa. Cancer and heart disease have become the dominant causes of death and disability worldwide among the young and middle-aged adults and are likely to attract more funding[10]. These diseases are more prevalent in populations on ART and so as patients on ARVs survive and age more of these disorders can be expected and IDI is well positioned to conduct research and develop models of care to meet this emerging need.

One of the key goals of the US government is to improve health and nutrition status in focal areas and populations, particularly women and children. This includes women without access to family planning, HIV positive pregnant women, people living with HIV/AIDS and their immediate families, most at risk populations, children under five, vulnerable children and their families, as well as populations affected by malnutrition, malaria, and tuberculosis[11]. It is expected that funding for maternal and child health will increase significantly in the next five years and IDI may well expand its current activities in this area in keeping with its district-wide systems strengthening approach.

Funding for HIV and other infectious diseases

A survey of the external environment clearly shows static or reduced level of funding for HIV/AIDS programming specifically and infectious diseases in general. Additionally, there is a shift in funding trends from HIV treatment/research to other infections including neglected tropical diseases, Hepatitis B and C, and diarrhoeal diseases in children; as well as a growing emphasis on funding to combat non-communicable diseases such as hypertension and heart disease[12].

[6] UNAIDS Report on the global AIDS epidemic , 2012.
[7] Guidance for Global Health Initiative Country Strategies 2.0, May 2011.
[8] WHO Progress Report 2011.
[9] Global Plan to Stop TB 2011-2015.
[10] Global Burden of Disease Study 2010.
[11] The USAID/Uganda Country Development Cooperation Strategy 2011-2015.
[12] Global Fund Strategy 2012-2016.

There is also increasingly zero tolerance for corruption and mismanagement of funds by funders globally and heightened likelihood that international funding agencies may re-allocate funds to the non-government sector in the near future if corruption persists. A speech delivered by World Bank Group President in January 2013 highlighted supporting capable, transparent country institutions as one of the strategies for combating corruption[13].

Whilst PEPFAR (US President's Emergency Plan for AIDS Relief) funding continues to be significant, it is unlikely to increase at the pace at which HIV programmes are expanding as well as meeting the cumulative requirements of expanded treatment programmes. Meanwhile there is keen interest in the effects of the new funding model introduced by the Global Fund, set against a backcloth of a rising expectation that African governments should be increasing their domestic funding in this area. The ten year Pfizer grant to IDI ended in 2012 and IDI will probably have to look beyond PEPFAR/Global Fund to alternative sources of funding to fill this gap.

Funding for capacity building

There is an increased interest in funding low cost approaches for Continuing Medical Education, such as long distance learning, as a result of the global financial crisis. Additionally, there is more appreciation for post-training ongoing support and for emerging research questions on how to increase post-training support particularly for mid-level practitioners.

There is increasing concern about duplication of training resources and an emergence of the need for accredited courses and for organisations offering training to work in partnership, through organisations such as the Regional AIDS Training Network (RATN), so that expertise is not diluted. Increasingly distance learning, combined with workplace mentoring and supervision, is the preferred model for in-service training.

There continues to be a high demand for capacity building in HIV as a result of new interventions as well as the evolution of established approaches. This includes PMTCT Option B+, medical male circumcision, managing emerging drug resistance, and new ways to prevent and manage Opportunistic Infections (OIs) like TB and Cryptococcus meningitis. It is likely that resources for building (and updating) capacity in HIV will continue to flow.

The higher cost of the newer ACT (Artemisinin-based Combination Therapies) antimalarial drugs is a major challenge and strengthens the drive for better approaches to improve effectiveness and efficiency of available resources including reducing use of antimalarial drugs among patients who receive a negative malaria test. This calls for capacity building in effective diagnostics and approaches of using available diagnostics for malaria case detection.

A major gap found in district health systems have been the three critical areas of laboratory capacity, pharmaceutical capacity, and data management. These areas will continue to require resources for capacity building as programmes are scaled up.

Funding for research

A review of the global funding landscape and projections of the main research funding bodies[14] generally indicates that budgets of these institutions will at best be flat lined and more realistically contract. One of the consequences of the US Government budget turmoil is that funding for the US research agencies will be cut. This policy position referred to as "sequestration" means that NIH funding will decrease by at least 7.8% in 2013. The funding situation is little different in mainland Europe and the UK.

IDI stands to gain from one of the three priority areas for NIH funding for HIV research that seeks to target innovative multidisciplinary research and international collaborations to develop novel approaches and strategies to eliminate viral reservoirs that could lead toward a cure for HIV[15]. IDI is well placed to contribute patient cohorts as research-ready populations that can participate in attaining the HIV cure

[13] World Bank Group website : http://www.worldbank.org/

[14] For example : the US national Institute of Health (NIH), the European and Developing Countries Clinical Trials Partnership Programme (EDCTP), and the Medical Research Council (MRC) in the UK.

[15] FY 2013 Trans-NIH AIDS Research By-Pass Budget Estimate.

agenda. In addition, implementation and cost-effectiveness studies will help to accelerate the pathway from policy to practice particularly in resource limited settings.

There are emerging entities that have joined the traditional research funding agencies. These are typified by the Bill and Melinda Gates Foundation that have even more favorable granting frameworks for research in resource-limited settings. IDI in the quest for sustainable research capacity development plans to reach out more proactively to these emerging funders.

Enhancing global health security - there is a likelihood of increased funding to support strengthening of capacity to combat the threat of use of dangerous pathogens for bioterrorism, a critical component of world security. Uganda has experienced dangerous pathogens such as Ebola and Marburg in the recent past and is likely to be a focus country of interest for the US government and others concerned about the threat of global bioterrorism. The Uganda Virus Research Institute (UVRI) is currently the only organization in Uganda with an established rapid response unit for dangerous pathogens and is actively conducting research in the same. IDI's rural outreach programmes provide an excellent opportunity to link with UVRI and other global partners in this research.

Research into PLHIV with Non-Communicable Diseases (NCDs) and also into Neglected Tropical Diseases (NTDs) - there is likely to increased research funder interest in addressing the rising incidence of malignancies, cardiovascular and metabolic complications, and premature aging associated with long-term HIV disease and ART.

There are also severe bottlenecks limiting the response to the MDR-TB epidemic. Only 10% of estimated MDR-TB cases among notified TB cases in 2009 in the high MDR-TB countries and 11% globally were enrolled on treatment. There is general consensus on the urgent need to fund a robust and comprehensive research portfolio that ranges from basic science to efforts to develop new vaccines, diagnostics and treatments[16].

Health systems strengthening

Health systems strengthening continues to be a major focus in Africa. The WHO Progress Report 2011 suggests that a meaningful difference to the response against TB will be achieved if access to care for the poorest and most vulnerable groups is increased through strengthened and properly funded health care systems.

PEPFAR management also emphasises the incorporation of health systems strengthening goals into its HIV prevention, care and treatment portfolios. Some of the planned activities to advance health systems strengthening include: training and retention of health care workers, managers, administrators, health economists, and other civil service employees critical to all functions of a health system; and implementing a new health systems framework to assist governments in focusing on and leveraging PEPFAR health system strengthening activities among others[17].

External Analysis – National Environment

Demographics

Uganda's population is estimated at 34.5 million (mid 2012) with a growth rate of 3.2%; with Kampala having 1.72 million[18]. As of 2012, 56.1% are 18 years and below; 39.3% are 19-59 years and 4.6% are 60 and above. Uganda's very high fertility rate (second in the world and currently 6.4 children per woman[19]) is likely to erode many gains in socio-economic development. Additionally, between 2002 and 2012, the percentage of Ugandans living in urban areas has increased from 12.3% to 14.5%. The larger urban population will strain the health system further and additionally imply a growth in lifestyle diseases (largely non-communicable diseases).

[16] WHO Progress Report, 2011.
[17] PEPFAR Five year Strategy: 2009-2014.
[18] 2012 World Population Data Sheet, Population Reference Bureau.
[19] 2011 Uganda Demographic and Health Survey, Uganda Bureau of Statistics.

Need and Demand for Services

Estimates from the 2011 Uganda AIDS Indicator Survey point to HIV prevalence rates ranging from 4.1% in mid-eastern Uganda to 10.6% in Central 1 Region, with Kampala at 7.1%. The overall HIV prevalence among women and men age 15 to 49 has increased from 6.4% in the 2004 – 2005 survey to 7.3% in the 2011 survey. The number of new HIV infections is estimated at 124,000 in 2009 and 128,000 in 2010. This is projected to increase by 700,000 new infections over the next five year period[20]. Reasons for this increase could include: most current interventions are not yet at the scale that could make a significant public health impact; most HIV prevention interventions are not aligned with sources of new HIV infections; complacency has led to a return to widespread risky sexual behaviour. In light of this, the government of Uganda has set a target of reducing all new HIV infections by 40% by 2015. However, it should be noted that some increase in prevalence could also be a result of increased uptake of ARVs and people living longer with HIV.

Uganda remains among the 22 countries in the world with the highest TB burden, with the number of MDR-TB cases in Uganda steadily on the rise. In order to advance the diagnostic capacity for TB & MDR-TB, there is need for widespread implementation of the technology like Gene-Xpert accompanied by strengthening of overall lab services to provide the necessary lab back up for patient monitoring[21]. Overall there is a great need to improve services for TB whether or not associated with HIV; and this includes the whole chain from early detection, accurate diagnosis, treatment and adherence support.

The Second National Health Policy in Uganda (July 2010) indicates that malaria remains one of the leading causes of morbidity and mortality, contributing 32% to overall child mortality. The Public Private Partnership for Health Policy in Uganda (2009) recognises the benefit of government collaborations with the private sector to achieve the MDGs - and the Malaria Control Programme has pioneered such linkage. The Uganda National Malaria Strategic Plan (UNMSP) 2010/11 – 2014/15 identifies vulnerable groups of people (such as : children under five, pregnant women, and people living with HIV/AIDS) who have a special need for protection from malaria. Additionally, since poverty is likely to aggravate malaria, 38% or 10.2 million Ugandans living below the poverty line are considered vulnerable to malaria. UNMSP aims to reduce the level of malaria infections and consequent malaria deaths in Uganda by *75*% by the year 2015, and to sustain that improved level of control to 2020.

Viral hepatitis remains a big challenge in Uganda - with 10% of the Ugandan population infected with hepatitis B and 7.3% with HIV, it follows that HIV and hepatitis B co-infection is common[22] [23]. Liver disease outcome in patients co-infected with HIV is worse than in hepatitis B mono-infection. For this reason, co-infected patients require special attention with earlier initiation of ART than would be the case with HIV mono-infection. Additionally, although lamivudine is effective in treatment of hepatitis B, the rate of hepatitis resistance to lamivudine is unacceptably high especially in co-infected patients. Tenofovir is therefore the main drug that has to be included in ART in co-infected patients in addition to lamivudine or emtricitabine. Screening all HIV infected patients for hepatitis B should be a major prerequisite as it will influence the drugs that will be included in treatment. Currently routine testing for hepatitis B is unavailable in Uganda and should be considered in the near future.

Public sector health system

In 2010/2011, Uganda's GDP grew by 6.7% while in 2011/2012 GDP growth was 3.5%, representing a slowdown of 3.5%. Inflation for the calendar year 2010 was 4.0% while for 2011 it was recorded at 18.7%[24]. The major drivers of inflation were noted to include : high increases in prices of food and fuel, and high exchange rates. In 2010/2011, government expenditure on health expressed as a percentage

[20] Uganda National HIV Prevention Strategy (2011 to 2015).
[21] WHO Progress Report 2011.
[22] Bwogi, J., et al (2009). Hepatitis B infection is highly endemic in Uganda: findings from a national serosurvey. African health sciences, 9(2).
[23] Ocama, P., et al (2009). Trends in the incidence of primary liver cancer in Central Uganda, 1960–1980 and 1991–2005. British journal of cancer 100.5 : 799-802.
[24] State of the Uganda Population Report, 2011.

of total expenditure was 7.2% and it grew to 8.1% in 2011/2012. Government health financing per year is currently estimated at $4 for every Ugandan, with international funder support covering $2.39.

The Ministry of Health (MoH) developed the Second National Health Policy in Uganda to guide the health sector between 2010 and 2019. The policy outlines the Ministry's national roles including: resource mobilisation and budgeting, policy formulation and dialogue, strategic planning, and co-ordination of health research and M&E of overall sector performance among others. Several of these roles have been delegated, for example, research activities are coordinated by the Uganda National Health Research Organisation. A situational analysis by the MoH indicates that the number of health facilities in the public sector and the Private Not For Profit (PNFP) sector has grown from 1,979 in 2004 to 2,301 in 2010. However, there is still a shortage of basic equipment and sufficient human resources in health facilities. The per capita requirement for the provision of the Uganda National Minimum Health Care Package (UNMHCP) in all facilities was estimated at $41.2 in 2008/2009 and rose to $47.9 in 2011/2012[25]. This has implications on the need for further priority setting and funding based on the UNMHCP. The Health Sector Strategic Plan III (HSSPIII) was developed to operationalise the Second National Health Policy over the period July 2010 to June 2015. One of the four priorities of HSSPIII is "the control and prevention of communicable diseases (HIV/AIDS, Malaria and TB)", however, HSSPIII recognizes the need to strengthen the health system overall in order to achieve the four priorities.

Ministry of Local Government

In Uganda, health services are delivered through both the public and private sector. The government owns the public health care system and currently operates a tiered structure of facilities. This structure is detailed in the Health Sector Strategic and Investment Plan (HSSIP) and includes several levels : central, district and health sub-district (HSD). Service delivery is offered by Village Health Teams (VHTs) at community level, Health Centre IIs at parish level, Health Centre IIIs at sub-county level, Health Centre IVs at HSD level, district hospitals, regional referral hospitals and national referral hospitals. It is generally acknowledged that the district health system is stressed by huge demand coupled with severe underfunding resulting in decaying health infrastructure, insufficient human resources and shortages of drugs and investigative capability.

Non-Public sector

A McKinsey report has indicated that over half health care services in Uganda are provided by the private sector, and a World Bank study has further shown that over 40% of people in the lowest economic quintile receive health care from private for profit providers. Also, the Uganda Population Secretariat notes that 75% of the private health services facilities are owned and managed by faith based organizations notably: the Uganda Catholic Medical Bureau (UCMB), the Uganda Protestant Medical Bureau (UPMB), the Uganda Orthodox Medical Bureau (UOMB) and the Uganda Muslim Medical Bureau (UMMB) and that their operations are financed mainly through Government of Uganda, international funding agencies and user fees. There is a high dependence on international funders for financing the health budget and activities, and corruption scandals have resulted in a reduction in international funding for Uganda. The Public Private Partnership for Health Policy in Uganda identifies public and private sources of health financing. Within the private sector, projects and programmes funded and implemented by and through NGOs and PNFPs like IDI remain a key contributor. Additionally, USAID[26] has formally shown increasing interest in funding institutions which engage with the private sector to improve the quality and comprehensiveness of services in the private sector.

Potential collaborators and/or competitors

Several universities, besides Makerere, have established medical schools in Uganda; for example : Mbarara University, Gulu University, Nkozi University and Kampala International University. These could be potential collaborators (as well as competitors) for IDI in relation to research, training, and health systems strengthening. Similarly there are other entities with Makerere University, and NGOs (national

[25] Report from HLSP (Health and Life Sciences Partnership) Africa.
[26] The USAID/Uganda Country Development Cooperation Strategy 2011-2015.

and international), and business organisations with which IDI could potentially compete and/or collaborate.

Global health is becoming ever more prominent, with major organisations seeking to create or strengthen global linkages, and thus offering ever more opportunities for collaboration on a project and/or institutional basis. IDI seems to be regarded as a desirable partner by many organisations with global reach and one challenge may be to ensure that IDI does not become over-stretched and always maintains (and monitors) high quality standards. IDI will also support efforts by the College of Health Sciences to be a leader in the global health field.

Accordia Global Health Foundation is supporting the development of new centres of excellence in West Africa and Malawi in the context of a network of centres of excellence in Africa which is developing rapidly and which offers IDI prospects for provision of technical assistance and opportunities for collaboration with high quality partners.

Knowledge-based economy

The advent of the global knowledge-based economy has major potential implications for IDI, some of which are emergent and not yet fully discernible, but it is evident that the burgeoning number of distance learning/eLearning courses can be based at institutions very far from where the learners are located. The IDI training & Capacity Development programme needs to be cognisant of this rapidly changing environment and to find the niche (perhaps with international partnership) which meets programmatic and business objectives. Also, the knowledge-based economy has may lead to profound changes in the skilled workforce which is part of this economy - IDI depends on several categories of knowledge providers in order to fulfill its mission, for example, contract trainers and researchers. These knowledge workers are mobile and could provide services to a wide variety of organizations using technologies like the Internet, mobile devices and audio-visual conferencing. IDI recognises that there are challenges to be faced in this area such as : availability of knowledge workers due to market forces; threat of plagiarism; and the need to assure the quality of knowledge provided. Also, the opening up of national boundaries and the strengthening of regional organisations (such as the East African Community) is likely to lead to greater regional mobility for such workers; with wider opportunities for the knowledge-based workforce and increased competition amongst organisations for high quality staff in key areas.

Summary

There continues to be a need for, and a demand for, the full range of IDI services to address not just HIV and other infectious diseases, but to also to rejuvenate district health systems and to support the national structures (Makerere University, MoH and UAC in particular) acquire and utilize the necessary data and information that will drive policy and practice. In addition the private sector and the faith-based organizations increasingly are seeking partnerships with organisations like IDI to complement their own competencies. This need/demand alone validates the existence of IDI and justifies a new ambitious strategy. However, within the external environment it is clear that resources will continue to be challenging particularly due to the global economic down turn as well as a strategy by funding agencies to begin passing on the responsibilities of many of these programmes to host governments. This period also coincides with cessation of funding from Pfizer putting additional pressure on IDI to diversify its resource base and re-examine how it carries out its business. The previous five years have allowed IDI itself to grow and diversify into a comprehensive provider of services for HIV and infectious diseases. In addition, IDI now has a solid model for district health system strengthening. However, IDI does not have the monopoly in these skill sets and so the environment in which we compete for projects and funds has become much more competitive and IDI will have to differentiate itself by : quality, responsiveness, ability to demonstrate verifiable results, cost effectiveness, and a capacity for ground-breaking innovation.

Chapter 6 : Strengths, Weaknesses, Opportunities, Threats (SWOT)

General

Strengths	*Weaknesses*
1. Governance structure (independent Board) within Makerere University. 2. Strong partnership with and complementarity to MoH, MoE and UAC. 3. Integration and interrelationship of quality PCT, research, training & capacity development , laboratory and outreach. 4. Strong support systems (for example : IT, grants management, finance, operations, HR). 5. Firm links with many reputable national and international organisations. 6. Strong leadership (Board and Senior Management Team). 7. Thorough and regular audit (external, internal and project). 8. Strong outreach programme; including lab services. 9. Complementing roles of health system strengthening and infectious diseases	1. Partnerships with some local institutions need further systematic strengthening. 2. Insufficient demonstrated impact to date on national policy given large amounts of research and capacity building carried out. 3. Limited collaborations with non-English speaking SSA countries. 4. IDI career structure not well integrated with those of Makerere University and Mulago Hospital which may affect retention of some staff. 5. Some internal systems have become slow, bureaucratic and risk averse. 6. Over-stretched capacity in some areas to manage projects and partnerships.
Opportunities	*Threats*
1. Additional collaborations and funding from national, regional and international partnerships. 2. Expanding current joint collaborations with Makerere University, Mulago Hospital and MoH. 3. Establish strategic connections with other medical schools in Uganda as well as in Rwanda, DRC and South Sudan. 4. Potentially greater resource contribution from the Government of Uganda. 5. Broaden sources of funding (especially China , Japan and India) for a broader range of uses. 6. Attract new grants for health systems strengthening 7. Strengthening of regional dimension to IDI programmes and linkage with East African Community.	1. World recession leading to funding cutbacks by governments and private donors. 2. Funders' rules becoming more constraining as IDI seeks to cover core costs from project income. 3. Shift in global funding priorities away from HIV/AIDS and related infectious diseases towards other health priorities. 4. Weak health systems that will not provide a good quality platform for IDI's work to make an impact. 5. The global image of Uganda (relative to corruption and human rights) will have an impact on IDI.

Prevention, Care and Treatment

Strengths	*Weaknesses*
1. Reputation as outstanding facility for patient care which directly strengthens Uganda health system capacity; and directly supports training and research. 2. Development and testing of new models of care (for example : pharmacy-only and nurse-only visits). 3. Capacity to treat effectively the more complicated and severe cases; largest cohort of 2nd line patients in Uganda. 4. Active participation by patients ('Friends') in clinic-related activities. 5. Strong links with ID ward at Mulago Hospital plus capacity within IDI to provide intermediary care for very sick patients. 6. Linkages with Regional Referral Hospitals improves overall quality of care in a wider catchment area 7. Focus on continuous quality improvement. 8. Link with research attracts higher quality staff. 9. High quality clinic management system (ICEA : Integrated Clinic Enterprise Application).	1. QA / QC systems in need of strengthening and accreditation. 2. Insufficient outreach services to prevent patients being lost to follow up. 3. Career structure and staff development needs strengthening to reduce staff turnover. 4. Limited access to some advanced new HIV technologies (for example, related to measuring drug resistance). 5. Limited relationships with other HIV care partners on Mulago Hill in terms of patient care / CMEs. 6. Medical officers tend to be post Interns and there is need for more experienced physicians as complexity of clinic grows.
Opportunities	*Threats*
1. Manage case mix so that IDI plays stronger role as national referral centre; support development of referral systems. 2. Develop partnerships to build capacity with urban care centres and underserved, high HIV prevalence areas in Uganda. 3. Perform stronger external QA role (for example, in relation to switching decisions in other clinics). 4. Intensify support to development of national strategies and guidelines; and technical assistance to National ART Programme. 5. Pilot limited fee for service. 6. Expand PCT operational research. 7. Develop further models of care, leading to further capacity building to other centres (such as Regional Referral Hospitals). 8. Use the model of HIV care to assist with roll out of treatment for other medical conditions (such as other infectious diseases and NCDs).	1. Excessive demand for services may compromise quality. 2. Breaks in supply of ARV drugs. 3. Strong competition for high quality staff from other HIV/AIDS organisations. 4. With cessation of Pfizer funding, other funders like GoU cannot fully meet the costs of PCT. 5. Challenge of transitioning an existing cohort of patients to a new funder once their old funding expires 6. Nosocomial infections and other epidemics.

Training & Capacity Development

Strengths	*Weaknesses*
1. Good reputation as a high quality training programme funded by diverse national, regional and global organizations. 2. Trains the breadth of health workers found in Africa. 3. Practical training with expanding follow up of trainees. 4. Widening scope of training programme (for example : advanced ART; HIV prevention; TB/HIV co-infection; malaria; M&E; and pharmacy); flexibility and capacity to adapt to clients' needs. 5. Strong technical capacity due to knowledgeable staff and links with Makerere University, Mulago Hospital and international academic institutions / associations. 6. Effective network of training partners for clinical placements. 7. Linkage with pre-service medical training. 8. ATIC provides an online mechanism for alumni follow up as well as CME. 9. Other IDI departments like Outreach and PCT provide a stable demand for courses.	1. IDI curricula not formally accredited; although accreditation options for non-degree training are limited nationally and internationally. 2. Focuses mainly on biomedical training and not enough on social/psychological approaches. 3. Need for more effective marketing strategies; especially in SSA. 4. Insufficient measurement of impact of training on service delivery. 5. Potential for training staff burn out due to heavy workload; fears of job security. 6. Some trainers losing their frontline experience and therefore their ability to be cutting edge in practical themes.
Opportunities	*Threats*
1. Expanding volume of training in both current and new courses as well as emerging areas like SMC, Bio-security and MCH. 2. Funders' shift in focus to funding indigenous organizations as more cost-effective. 3. Maintaining / updating capacity and linkage with QA processes. 4. Intensify support to development of national strategies and guidelines especially targeting mid-level practitioners. 5. New modes and models of training (for example, in the districts). 6. Distance learning and distance learning platforms. 7. Greater role in pre-service training in College of Health Sciences and other medical schools in Uganda.	1. Some funders unwilling to pay for training 'costs of excellence' : lower quality training elsewhere elbowing out higher quality. 2. Partially or fully subsidised competition from other training organizations. 3. Limited availability of experienced high quality training staff; and higher pay offered by some competitors. 4. Rapid policy change by WHO and MoH rendering some training obsolete in a short time period.

Research

Strengths	*Weaknesses*
1. Reputation as high quality research programme; supported by internationally accredited lab, translational lab, data management unit, and Scientific Review Committee; with highly motivated and well structured research team. 2. Large longitudinal databases; and urban / rural research platforms. 3. Linkages with major international research organizations and individuals that enable large research projects and multiple Masters and PhD students. 4. Ability to attract high quality international researchers through proximity to Mulago Hospital and integration with Makerere University. 5. Mature scholars programme (Sewankambo, Fogarty and ID) that continues to produce large numbers of publications. 6. Routine research events (for example, weekly : journal club; research forum; case conference). 7. Clinical trials programme expanding.	1. Capacity for research supervision limited locally; particularly for PhD students. 2. Younger researchers requiring intensive capacity building in grant / paper writing, research methods and critical analysis. 3. Limited policy influence due to suboptimal dissemination and irregular interfaces with MoH/WHO/UNAIDS. 4. Limited outputs in social and basic sciences. 5. Unarticulated career paths for research staff. 6. Insufficient space - archival, admin, clinical space (screening, enrollment, follow-up). 7. Some processes delayed by outside forces – regulatory, logistics etc..
Opportunities	*Threats*
1. Develop strong regional / global collaborations through funded networks; recognising prominence of themes of Global Health and South-South collaboration. 2. Maximise very high quality support available through long term research leaders connected to IDI; greater engagement of Scientific Advisory Board (SAB) and their networks. 3. Expansion of research capacity building programmes; with critical pool of internal scholars/mentors. 4. Lab-based research in diagnostics in HIV-related infections. 5. Advocacy for evidence-based policy / practice. 6. Strengthen links with strong HIV prevention group in School of Public Health, MU. 7. Host more meetings of international research collaborators. 8. Foster closer links with College of Health Sciences (especially labs) and Mulago Hospital. 9. Use of HIV infrastructure for NCDs (chronic care pathways; data capture). 10. Develop existing Outreach care platforms for research.	1. Challenges with quality of research data collected at sites away from IDI main building. 2. Some research funders only willing to fund very low indirect costs; thus jeopardising sustainability. 3. Shift in funder priorities. 4. Unarticulated GoU research agenda. 5. Unpredictability of research funding. 6. Very low overheads for many international research grants.

Laboratory Services(MUJHU and IDI expanded laboratory services)

Strengths	*Weaknesses*
1. High quality of tests offered at MUJHU lab; with well-trained, long term staff, using hi-tech equipment, housed in modern infrastructure. 2. MUJHU Lab is certified by College of American Pathologists (CAP); one of very few in Africa. 3. IDI is lead partner with MoH and CPHL for lab strengthening throughout Uganda, currently having supported 60 laboratories. 4. IDI has a strong laboratory training component covering HIV, TB, Malaria as well as general lab strengthening. 5. Several district labs supported by IDI are being used for training and surveillance. 6. The Capacity Pyramid approach to district lab strengthening and SLAMTA have been merged for a unique model approved by MoH. 7. Translational laboratory research space.	1. Limited range of types of tests currently offered with focus on monitoring rather than diagnostics. 2. Lack of reliable and affordable sample transport systems to provide services across Uganda. 3. Demands of research projects increase costs of providing standard lab service processes. 4. Many district laboratories are in advanced state of decay making it hard to rehabilitate to an accepted standard.
Opportunities	*Threats*
1. Offer testing to private healthcare providers and individuals in Kampala; and customised testing for large research projects. 2. Expand national QA/QC role working with CPHL. 3. Provide support to Mulago Hospital, Schools/Faculties of Medicine (MU and Gulu University), and geographical focus areas. 4. Provide specialised contract research laboratory tests through partnerships with Quintiles in RSA and in the United States. 5. Become part of a regional laboratory surveillance network. 6. Develop sustainable diagnostic lab capacity beyond support for clinical research (for example : in molecular pathology); and support development of Department of Microbiology at School of Medicine, MU. 7. Strong national demand for lab system strengthening.	1. Stiff competition from subsidised institutions and from labs established (perhaps temporarily) with project funding. 2. High dependence of MUJHU lab on revenue from IDI (including many IDI projects) and MUJHU. 3. Establishment of other well-funded labs in near vicinity. 4. Most of the district lab strengthening is funded by PEPFAR and would be under threat if funding stopped.

Outreach

Strengths	*Weaknesses*
1. Support to the use of the Health Systems Strengthening approach which strengthens MoH programmes and provides a platform for clinical patient care, prevention, research, training and other capacity building platforms for both IDI and national programmes with both a rural and urban mix of projects. 2. Presence of highly qualified, experienced and strong technical support systems: project management, lab, M&E, pharmacy/logistics, health worker mentors, etc.. 3. Strong collaborations, relationships, linkages with different stakeholders: MoH, funders, districts, other implementing partners (IPs), training institutions, etc.. 4. Ability to actively engage the participation of 'friends' in clinic, community and outreach programmes in line with the GIPA principle.	1. Rapid expansion of outreach scope may compromise quality of care for served populations and increase work load for technical teams. 2. Limited career and staff development structure coupled with increased workload has potential for staff burn out and turnover and loss of institutional memory. 3. Lack of a strong system for documentation of vast amount of practical interventions supported across districts coupled with a weak electronic patient data collection system across rural sites due to a mix of challenges. 4. Reliance on external funding is a challenge to sustainability of outreach programme interventions.
Opportunities	*Threats*
1. Current outreach programme platform provides opportunities for additional funding and implementation of other programmes aimed at further strengthening of district, national and regional partnerships and collaborations. 2. Current platform provides opportunities for additional funding for HSS interventions in different areas as well as broadening of sources of funding to support expanding outreach scope in other areas such as SMC, MCH, PHEs, etc.. 3. Operational research and publications to inform national and global policy decisions, strategies and decisions as well as exploring other emerging areas such as NCDs, other tropical diseases, etc.. 4. Specialised technical assistance teams could offer support to national, regional and international networks and contribute to the programme's sustainability.	1. Decreased funding streams from funders and governments and the shift in global funding priorities away from HIV/AIDS and related infectious diseases threaten sustainability. 2. Recurrent programme policy changes (e.g. in PMTCT) as well as the changing political environment and governance structures. 3. Increasing demand for outreach programme services outstripping available capacity as well as increasing competition for high quality staff from other implementing organisations. 4. Broken down pieces of the health system across the supported districts coupled with HR challenges, breaks in drug/ART supplies and other critical logistics.

Chapter 7 : Goals, objectives and strategies by IDI programme and support department for 2013 – 2018

Prevention, Care and Treatment (PCT)

Goal : To be a leading clinical service for HIV and other infectious diseases providing the highest quality multidisciplinary care through sustainable and innovative systems which can be used for research and capacity building in Africa

External objectives[27]

1) To provide excellent clinical services at Mulago to 8,000 Friends (patients) as a direct contribution to national treatment scale up, and as a platform for models of care, training and research.

   Maintaining excellent clinical services at IDI Mulago will enable it to continue as a model clinic for HIV in the country. In order to do this we cannot continue to increase the number of new patients year on year in the clinic. We propose that a population of 8,000 patients will provide a good platform for research and training. Caring for 8,000 patients will continue to allow IDI Mulago to be the largest clinic in Mulago, and therefore providing a substantial direct contribution to HIV patient care in Uganda. The needs of our Friends should be at the core of our activities, and Greater Involvement of People Living with HIV (GIPA) activities are central to this objective. HIV prevention activities with our Friends are also an important aspect of IDI's clinical services.

2) To enhance a level of excellence in clinical practice, by using tools to validate against national and international standards.

   The quality of care at IDI needs to continue at the highest possible level in order to help our own patients, as well as to provide some of the best training for professionals in East Africa. Additionally in order to provide information for health policy in Uganda, we need to be at the cutting edge of patient care. Appraisal of performance against national and international guidelines is one aspect of this. Quality assurance procedures and audit are important in all aspects of clinical care. Whilst there are limited options for international clinical accreditation, IDI aims to explore this within the next five year plan.

3) To undertake capacity building projects with partners, and clinical training for national and international practitioners, as an contribution to the achievement of national and global targets for provision of HIV clinical services.

   IDI has a track record for capacity building projects have which grow organically from PCT at IDI. Large projects (funded by CDC and the Civil Society Fund (CSF)) include those covering Kampala, several districts in western Uganda and seven Regional Referral Hospitals. In these projects IDI has rolled out models of care which outline standards and practices from IDI Mulago. IDI aims to continue to attract these projects, as using PCT's clinical expertise in capacity building with other hospitals, clinics and health care practitioners across the country is important for increasing IDI's impact on HIV services nationally.

[27] External objectives : Objectives aimed at enhancing capacity of integrated and sustainable health systems in Africa, for the delivery of high quality care and prevention services; with a strong emphasis on infectious diseases.

Internal objectives : Objectives aimed at enhancing internal capacity at IDI in order to achieve IDI's external objectives.

In line with the general definitions above, both external and internal objectives should enable the goal of each IDI programme and department to be achieved. External objectives are shown first since IDI is an outward-looking organisation seeking to meet unmet needs in Uganda and Sub-Saharan Africa.

4) To further develop IDI specialised services to care for complex and chronic HIV patients, and to use IDI experiences to inform research and national policy on care for these populations.

   As the HIV epidemic matures, the mix of patients at IDI includes many who have been on HIV long term. Worldwide, there is interest in the long term complications of HIV and HIV treatment, including co-morbidities with infectious and non-infectious disease. Care for these patients is increasingly complex, and needs health care workers with a special interest in managing these patients. IDI aims to make IDI Mulago a leader in caring for ever more complex patients, and to use opportunities presented by being a part of Makerere University and the Mulago community to make links with specialists in other conditions that may co-exist with HIV. IDI intends to develop more models of care in these areas which can be used to inform policy and practice with long term and complex HIV care.

5) To be a centre for innovation in infectious disease care, actively validating and embracing new technologies and practices that can improve patient care and diagnostics.

   In order to provide safe HIV care within the limitations of a public health model, IDI needs to develop further innovations in order to attend to patients safely and quickly. These innovations may include further development of ICEA, mobile phone technologies, and linkages to government health management information systems (HMIS).

Internal objectives

1) To ensure all PCT staff have continuous enhancement of the skills necessary in the area of HIV and infectious diseases management and related health management.

   PCT staff must be fully trained and up to date in clinical practices in order to perform clinical activities and also to train other health care workers. They must receive clinical training, and also basic research training, so that they can engage professionally in research when necessary. As IDI cares for patients with more co-morbidities, then staff must engage with learning about new infectious diseases and non-infectious conditions. A high turnover of medical officers (MOs) requires IDI to provide good induction processes for MOs. We need to explore career options for IDI staff who have the capacity to become leaders in their field at IDI and other Ugandan organizations.

2) To develop and maintain the tools and systems that provide the basis for provision of excellent clinical services.

   Maintenance of tools and systems at IDI are necessary to provide the internal capacity for all of the activities mentioned above.

3) To provide a safe working environment for all PCT staff and Friends.

   Staff caring for patients are at risk of : stress, occupational infections and injury. IDI plans mitigate these risks providing basic occupational health services, including stress management activities, vaccination where appropriate, and infection control procedures. IDI also needs to protect friends who attend clinic from being exposed to other infectious diseases during their visits. In developing these systems, IDI aims to be a model employer that other organizations can learn from.

4) To be a platform for operational, clinical and translational research and its translation into policy and practice.

   The clinic is at the heart of IDI as a platform for research, training, outreach and informing policy. All the measures outlined in the PCT objectives work towards the aim of supporting

the other core components of IDI. IDI will continue to instill in all PCT staff the importance of supporting all other IDI activities.

5) To explore long term sustainability models through co-pay systems and collaborations with not-for-profit and for-profit institutions

Long term sustainability of HIV care is uncertain. IDI aims to explore ways in which it can continue to be sustainable while also, for example, supporting the poorest patients, and providing high quality care for complex patients with HIV and other co-morbidities (including non-communicable diseases). In particular, co-pay models and collaborations with Private Not For profits (PNFPs) and Private For Profits (PFPs) will be considered.

Training & Capacity Development

Goal : To enhance and maintain the competence of the health care workforce in Africa for the prevention and management of HIV and other infectious diseases

External objectives

1) To deliver planned and regular training courses in a range of topics relevant to prevention and treatment of infectious diseases in Africa.

The department will develop, disseminate and endeavor to follow an annual training schedule of regular selected IDI core courses based on confirmed and projected participant estimates. The training team will regularly contact all its sources of trainees to ensure that the training schedule is updated in a timely manner and potential funders notified of any changes. The course schedule will guide course preparation, implementation, quality assurance and control measures. It will be used as a key marketing tool to potential funders and will reduce the number of courses postponed or cancelled.

2) To develop, evaluate and use innovative teaching and learning methods that maximise knowledge and skills acquisition, minimise disruption to normal work, are attractive to trainees, and are affordable.

There is accumulating evidence against just using the traditional classroom-based training approach to achieve improved health worker performance. Over the next five years, the training department will roll out and scale up evidence-based learning approaches that are cost-effective and tailored in addition to facilitating continuous learning in the workplace among health workers in the region. The department will expand the applicability of electronic, mobile technology and other up-to-date approaches in continuous health worker professional development. The strategies to achieve this will include : building in-house capacity in e-learning methods; creating refresher courses for delivery in health facilities; adopting the apprenticeship model of training (clinical placements); developing and evaluating models for improving health care worker competencies; adapting and adopting open educational health resources; and setting up regional/satellite training centers.

3) To build and strengthen the capacity of others to train and mentor health workers in management of HIV and infectious diseases.

The IDI training department over time has built a pool of technical trainers in HIV and infectious diseases management. However, there is an increasing demand to train and mentor health workers at health facility level. This approach has proven to be affordable, maximise skill acquisition and minimise disruption to normal work. The training department plans to build and strengthen its pool of technical expertise by training new and existing

trainers in mentorship and coaching skills to meet the increasing demand for onsite follow-ups and mentorships. The strategies to achieve this will include : expanding the coverage and pool of available technical expertise; conducting Training of Trainers (ToT) for new trainers; training all technical trainers in mentorship skills; incorporating a mentoring session in all IDI core courses; engaging alumni in follow-ups and onsite mentorships; and developing a schedule for trainee follow-up for all core courses.

4) To maintain the competence of IDI alumni through programmed follow up.

Evidence from capacity building projects implemented in the past five years by the training department has shown that post training follow up of health workers improves their performance over time. Trainees who are followed up compared to those that are not followed up perform better at their health facilities. The training department will use its post-training methods (AIDS Treatment Information Centre (ATIC) phone calls support, and online and onsite follow up support) to enhance and maintain trainee follow up programmes. Measurement of skills and knowledge assessment will be incorporated into the follow up programme to ensure knowledge and skills retention. The strategies to achieve this will include : developing an innovative comprehensive post-training learning package for all courses, using mobile, distance, and onsite approaches; enhancing alumni website registration and designing activities for interactions; turning alumni into trainers for IDI through collaborations with their institutions; organising alumni meetings/retreats and maintaining regular contact with alumni; and the developing of indicators of alumni engagement and progress.

Internal objectives

1) Expand IDI scope of coverage and pool of available technical expertise through internal and external/international partnerships and collaboration.

The training department draws on IDI's strategic relationships with the College of Health Sciences, the Mulago Hospital, the Ministry of Health and Accordia Global Health Foundation to engage technical expertise for its courses. Over the next five years, the department will continue to actively engage its existing faculty members and attract input from faculty from other centres of excellence through timely feedback on courses facilitated and greater emphasis on soliciting input for future courses. The department will also create opportunities to engage IDI faculty in dissemination of outputs of training innovations, for example, through journal publications and presentations at international conferences. The strategies to achieve this will include : enhancing partnerships with centres of excellence; sharing intellectual outputs through publications and conferences; creating a Geographical Information System (GIS) of partners and facilitators; and developing competitive/attractive compensation packages.

2) Enhance and maintain systems for quality assurance of capacity building activities (training, mentoring and technical assistance).

For IDI to sustain itself as a reputable capacity building organisation there is a need to enhance and maintain sound systems that monitor and evaluate the quality of those capacity building activities to ensure alignment with WHO and MoH policies and that the needs of all stakeholders are met. The processes would further ensure that IDI maintain a high quality of hands-on trainers and mentors for classroom-based, field-based and practical sessions. The strategies to achieve this will include : offering packages of certified accredited basic and advanced needs-driven technical courses in HIV and other infectious diseases; developing a quality assurance framework for pre-, activity, and post-

Standard Operating Procedures (SOPs); and ensuring on-going review and updating of curricula using WHO and MoH guidelines, through internal and external expert review.

3) Mobilise and generate adequate financial resources to support the capacity building function of IDI.

   The IDI training department will enhance internal departmental collaboration, establish and maintain external collaboration and develop a comprehensive understanding of IDI's internal and external partners' goals, objectives and activities to enable the department to tailor suitable capacity building solutions. The training department, working closely with the strategic planning team, will actively look out for opportunities to apply for funding for capacity building. The IDI training department will employ quarterly monitoring and assessment of financial performance. The department will also offer competitive training packages coupled with appropriate marketing strategies to enhance IDI's position as a relevant and reliable training institution. The strategies to achieve this will include : partnering with other organizations on project acquisition (and internally with other departments within IDI); constantly monitoring trends in prevention and care related to infectious diseases; developing an effective marketing strategy and engaging the whole department in its implementation.

4) Maintain, through continuous professional development, a strong and competent team, including resource people, to provide training and technical support.

   The training department will draw on the opportunities presented by other departments within IDI for continuous professional development (CPD) to maintain a strong and competent technical training team. The department will ensure that its technical team is actively involved in clinical service delivery, journal article reviews and engages with Professors in Residence at the IDI. In addition, the department will encourage its staff to engage in personal professional development programmes in line with their areas of expertise and the departments' strategies. Finally, the department will put in place knowledge management procedures to cater for staff turnover e.g. staff induction protocols. The strategies to achieve this will include : developing a staff induction protocol; conducting refresher and CPD courses; optimising input from international visitors; conducting leadership training annually; and instituting incentives for high performance.

Research

Goal : To produce outstanding, internationally-recognised scholarship in infectious diseases that influences global policy and practice, with emphasis on Africa

External objectives

1) To publish findings and advocate for translation of research findings into policy and practice.

   In order to facilitate the dissemination of the research findings of the IDI research programme, as a precursor to influencing policy and practice, IDI will publish the outputs of its research teams through formal established dissemination channels. Publications will consist of articles in peer-reviewed journals (with a preference for those of high-impact), as well as conference proceedings (abstract books) and other peer reviewed materials in the public domain (book chapters etc.).

2) To build research capacity in Uganda and Sub-Saharan Africa.

IDI as an integral part of the Makerere University College of Health Sciences (MakCHS) is committed to enhancing the capacity of the university to fulfill its mandate, which includes research capacity building. The IDI research programme shall contribute to the enhancement of research capacity at MakCHS and nationally by offering specific research capacity building programmes. The capacity building programmes will be focused on (but not necessarily limited to) the field of infectious diseases.

3) To develop strong national, regional and global collaborations through research networks.

IDI recognizes the strengths and added value of productive research collaborations. The IDI research programme will enhance its partnerships (national global and global) by focusing on a selected number of strategic partners for each of its programme objectives. Formal institutional partnerships mediated through MoUs will be established where these are currently lacking.

Internal objectives

1) To establish and maintain a robust research management and knowledge translation process (from research conception to dissemination) which ensures the relevance of IDI's research programme.

In order to ensure that IDI's research programme continues to address the appropriate policy and practice issues in the field of infectious diseases, IDI will establish and maintain a well-conceived process that includes : the selection of the most relevant research questions to pursue, operationalization of systems and infrastructure for research implementation, and enhancement of a formal research dissemination structure. The strategies to achieve this objective will include : articulating and implementing a research policy that informs the research management and knowledge translation principles of the IDI; and maintaining support systems that facilitate the conception, design, review, implementation, dissemination and translation of research undertaken at the institute.

2) To maintain the highest (international) standards for the conduct of ethical scientific research at IDI.

IDI seeks to maintain and enhance its reputation as a centre that upholds the highest ethical standards for research. Consistent with the IDI corporate value of caring for the patients enrolled in the institution's programmes, this objective also seeks to ensure IDI's compliance with national, regional and international legal and ethical standards. The strategies to achieve this objective will include : developing and maintaining a risk-management framework for ethical conduct of research as well as other research risks (plagiarism, fraud, etc.); reviewing, maintaining and ensuring compliance to SOPs for research processes at the Institute; and generating a compliance summary report for all studies at IDI on a quarterly basis.

3) To develop and maintain a structured talent development and management programme for research scholars and other research staff.

IDI management firmly believes that the key assets of the IDI research programme are the productive research teams at the Institute. The IDI research programme will continue to recruit, develop and retain the most deserving scientific minds with emphasis on the field of infectious diseases. The strategies to achieve this objective will include : maintaining a structured research mentorship frame work for all IDI-based scholars; and attracting the

most talented (fresh) graduates to join IDI-based research teams on a regular (annual) basis.

4) To develop and maintain a programme of lab-based (translational) research.

   In line with the IDI research programme goal of influencing policy and practice, the programme will seek to bridge the gap between the basic science disciplines (the laboratory) and the clinical sciences (the bedside) by offering a translational research programme. This will ensure that insights from the laboratory are readily transformed into clinical (patient) benefit. The translational research programme will enable this process by performing validation and field tests for diagnostics, as well as performing immunological and other lab-based assays to add value to clinical research. To do this, the research programme will maintain the immunology lab of the translational laboratory, and expand the translational laboratory to include section of mycology, clinical microbiology and other areas to be determined.

5) To contribute to the sustainability of the IDI by maximising research programme cost recovery and other income

   By operating as a business unit, the IDI research programme will be one of the avenues of ensuring that the IDI remains a sustainable enterprise. The programme will contribute to IDI's revenue through research project overheads, recovery of research staff time and offering of specific research-related services (including data fax). Specifically, the research programme will set targets for the acquisition of research grants of varying sizes and across all research areas; and ensure optimal programme cost recovery from the research projects.

Laboratory services

Goal : To provide high quality laboratory services at IDI to meet both clinical and research demands; and to support the sustained improvement of lab capacity across Uganda with systems of assured and consistent quality

External objectives

1) To maintain a close partnership with MUJHU[28] to provide a volume and range of affordable tests which meet the current and projected needs of service providers and research projects in IDI, Uganda, and Sub-Saharan Africa.

   IDI in partnership with the MUJHU lab plans to maintain the relevance (and thus sustainability) of the lab services programme through the periodic assessment of need for IDI lab services amongst research projects and programmes in Uganda and SSA, and also amongst health care providers in Uganda (including need for tests; lab QA/QC; technical assistance and lab training). IDI/MUJHU also seeks to support national lab policies, strategies and priorities (including the MoH Quality of Care Initiative); and to contribute to their further development if requested. IDI/MUJHU aims to provide a level and mix of lab tests which meets the current and expected needs of service providers and research projects; and will maintain the high volume lab which meets all national certification standards.

[28] Makerere University – Johns Hopkins University collaboration.

2) To develop and test new approaches to lab tests; advocate for their use; and support roll out.

IDI will identify tests for which new approaches may be productive in terms of improved quality and/or reduced cost, and will design and test new approaches; advocate for their use; and support roll out. Areas of innovation may well include : emerging 'Point of Care' testing technologies; more sustainable sources of power for lab equipment and systems; and evolving solutions to enable the spread of lab computerisation to all rural areas of Uganda. All such new approaches will need to be formally and rigorously evaluated. The IDI research and outreach programmes will contribute heavily in achieving this objective through the further development of the IDI translational lab.

3) To support national strategies for quality assurance and quality control of lab tests.

IDI has been participating in national technical working groups which recommend national direction to MoH in the area of QA/QC and in general the Lab Quality Management Systems across labs in Uganda. IDI will support MoH in scaling up the application in Uganda of the well-established global complementary processes known as Strengthening Lab Management Towards Accreditation (SLMTA) and Strengthening Lab Improvement Process Towards Accreditation (SLIPTA) with the aim of achieving the international standard in Ugandan lab services (both Government and non-Government). IDI will participate in implementation science initiatives in this area to foster cost-effective national solutions. IDI will contribute, through its lab training programme, to address gaps in the knowledge and skills of lab staff which are identified through the QA system.

4) To use IDI expertise to provide technical assistance to MoH, especially Central Public Health Laboratories, and other organisations in Uganda and the region to enhance the development and implementation of laboratory services strategy.

IDI contributed to the development of the Uganda National Health Lab Services Policy and accompanying Strategy and over the next five years will vigorously support the implementation, monitoring and evaluation of the planned national programme. IDI TA will especially focus on assisting the Central Public Health Labs (CPHL) as it develops into the Uganda National Health Lab Services (UNHLS). IDI will also provide TA to support the full operationalisation of district, regional and national lab networks which encompass and integrate the vital services provided by both government and non-government labs.

Internal objectives

1) To maintain close partnership with MUJHU to ensure the lab is sustainable and continues to be certified by the College of American Pathologists (CAP).

IDI commits to maintain the current arrangement whereby ownership of the lab remains with Makerere University, and management responsibility remains with MUJHU. IDI expects that the terms of agreement between IDI and MUJHU will result in full cost recovery for IDI along with assured continuity of lab services; and also the retention of the certification of the lab by the College of American Pathologists.

2) To further develop lab outreach as a major sub-programme within the IDI outreach programme.

Over the last few years, the lab services outreach sub-programme has been expanding rapidly across both the government and non-government sectors, and, given that the development of safe and efficient lab services is likely to continue as a high priority for many funders for the foreseeable future, IDI plans to ensure that a well-organised core team of well-qualified and experienced staff is available to meet the continuing needs.

3) To enhance capacity of lab services team capacity building of lab services team at IDI

As the level and scope of activities related to lab services at IDI expands, the lab services team plans to acquire the necessary skills and experience by judiciously enhancing the capacity of its members.

4) To contribute to the sustainability of IDI by seeking additional grants that are lab-centric

Lab services development is seen by many funding agencies as a high priority in terms of health systems strengthening and hence resource allocation. The IDI lab services team plans to contribute even more to the sustainability of IDI by producing high quality responses to calls for proposals specifically focusing on lab services development.

Outreach

Goal : To increase access to quality and comprehensive services for HIV and other infectious diseases in Uganda through innovative and strengthened health systems

External objectives

1) To contribute to national and international targets for scaling up prevention / treatment services for HIV and other infectious diseases

The IDI outreach programme supports the Health System Strengthening (HSS) approach in building the capacity of national programmes in line with national strategies, priorities and interventions. The programme will provide technical assistance for the scale up of key comprehensive HIV Prevention, Care and Treatment services including : HCT, HIV/TB care and treatment, PMTCT, SMC, laboratory, logistics and M&E systems. The programme will also support documentation of which outputs contribute to scale up of prevention / treatment services for HIV and other infectious diseases at national and international levels. The outreach programme will also support QA services for health system strengthening coupled with ongoing technical assistance.

2) To ensure that the IDI outreach programme is well aligned with national priorities and strategies

The work of the IDI outreach programme primarily supports government (mainly through the MoH) through service delivery, health worker capacity building and contribution to policy through research. The IDI outreach programme always works in support of national and local government health policies, strategies and priorities. The programme will continue to build the capacity of public and private health facilities to deliver quality health services, strengthen capacity of local government structures to effectively manage and coordinate health service delivery, support community structures to effectively create demand for health services by people in communities, and facilitate MoH oversight and coordination of the health response to supported districts. Some of the supported facilities will continue to provide platforms for research and training including supporting training needs of other key government ministries (such as the supported model labs used as a training platform for trainee lab technicians).

3) To contribute to national health systems strengthening at all levels.

The IDI outreach programme will continue to offer technical assistance to government and non-government organisations in Uganda and the region through health system strengthening interventions at all levels in key technical areas including laboratory services,

monitoring and evaluation, logistics, PMTCT, SMC, and other comprehensive HIV/AIDS services . The programme will continue to offer ongoing support and promote health system strengthen interventions at local and national levels through providing specialized technical assistance by dedicated and well qualified technical teams in the key health system strengthening intervention areas.

4) To contribute to health policy and advocacy through operations research and documentation of best practices

Through its supported HSS programme areas, the outreach programme will support the generation of new public health knowledge through implementation of operations research projects within outreach as well as through building on the rich synergies and technical capabilities of different IDI programmes including PCT and Research. The facilities supported by the outreach programme in Uganda provide an excellent platform for operations research to inform policy and operations both locally and internationally.

5) To develop a network of IDI outreach partners within Uganda

Partnerships are critical for supporting and promoting the outreach agenda. These may be local, national and international and cover those with funders, MoH, faith based organizations, NGOs and implementing partners, supported districts and academia, among others. These partnerships support the health systems strengthening approach and are critical for understanding the contexts and situations in which IDI operates. The outreach programme will facilitate the MoH to provide the required technical oversight and coordination of the health response to supported districts in line with the national agenda and priorities.

Internal objectives

6) To strengthen the capacity of the outreach department to effectively achieve its objectives

The IDI health system strengthening approach is based on the valued technical assistance offered by IDI's highly skilled and competent technical teams. IDI will recruit and retain a good mix of such competent and skilled teams. IDI will nurture and support these teams of skilled technical staff to manage the outreach programme agenda and to ensure synergistic benefits for both staff and IDI.

7) Maintain, through continuous professional development, a strong and competent team, including resource people, to lead and support the Outreach programme

Continuous professional development is key to capacity building especially in the field of HIV and infectious diseases where information changes rapidly. The IDI outreach programme will facilitate professional enhancement for technical staff including but not limited to trainings, exposure visits, mentorship, study leave, etc..

8) To ensure sustainability of the IDI outreach programme.

The operations of the outreach programme are critical for its own survival and that of IDI. The outreach programme team, in collaboration with other key IDI teams (like the grants management team) will maintain and enhance their skills and documented processes to support a fast and competitive response to funding opportunities which are in line with IDI's vision and mission. The programme team members will continue to identify funding opportunities for the outreach programme to ensure continued implementation of activities for the people of Uganda.

IDI governance, partnerships, management and support departments

Governance, partnerships and management

Goal : To maintain optimal and sustainable governance and management arrangements for the accomplishment of the IDI Mission within an evolving framework of national and global partnerships

External objectives

1) To maximise links with the Government of Uganda with a view to supporting Government policies and plans; and contributing to their further development.

   IDI, as a part of Makerere University, is a government-supported institution, but with governance arrangements that make it autonomous. The Institute has benefitted from regular significant financial contributions from the GoU channeled through Makerere University. The work of IDI primarily supports government programmes through service delivery, health worker capacity building and contribution to policy through research. The Institute also attracts significant international funding which directly and indirectly contributes to the economy of Uganda. All of these linkages need to be continuously nurtured and appreciated so that synergy continues to flow between IDI's efforts to achieve it mission and the various strategies, policies and plans of the government.

2) To support institutions in African and other developing countries to adopt all or some of the IDI governance and management arrangements; especially within Makerere University.

   The governance arrangements at IDI that provide synergistic autonomy within an established globally recognised institution like Makerere have demonstrated over the past ten years the tremendous benefits that can accrue. This arrangement is now being replicated in two other institutions in Makerere and has drawn admiration from several African institutions. It is imperative that IDI continuously documents and disseminates the outcomes of these arrangements as well as the necessary legal and policy frameworks required so that other countries and other institutions can adopt some or all of the IDI approaches. This will contribute overall to the elevation of academic excellence in Africa.

3) To develop strong, broad, long term linkages with various strategic partners in Uganda and Sub-Saharan Africa; and with other major global academic institutions.

   An IDI mantra is "Celebrating Partnerships". The story of the genesis, growth and proliferation of IDI and its programmes is fully grounded on its partnerships – both global and national. Further growth and diversification of IDI rests on developing a focused and inclusive strategic plan that will both attract and accommodate a range of partners that will jointly address the challenge of infectious diseases in Africa as well as the need for health systems strengthening. IDI as an academic institution in particular needs to establish links and networks with other academic institutions in order to generate knowledge that is applicable across the continent in various contexts and situations.

4) To strengthen strategic partnerships with Accordia Global Health Foundation.

   The Accordia Global Health Foundation (previously Academic Alliance Foundation (AAF)) has supported IDI from the very beginning and has been crucial in designing the start up of IDI as well as ensuring the support and resource flow to IDI in many forms- financial, intellectual, advocacy etc. Accordia itself has evolved and has a strategy that both supports IDI as its flagship, but also extends its influence into the rest of Africa through a number of investments. IDI will continue to require the historical support it has received from Accordia and in addition

IDI can play a critical role in joining forces to enable Accordia achieve its Africa-wide ambitions. This will require continued and regular alignment of strategies and programmes and frequent interfaces between the leadership of both organisations.

Internal objectives

1) To strengthen the IDI governance model with a view to enhancing accountability, efficiency and effectiveness.

   The IDI governance model has a clear definition and well-defined roles for the Trustees, Board, Executive Director and senior management within a legal framework that allows IDI to pursue its mission with autonomy while guided and accountable to Makerere University's vision and mission. This model relies on both mutual trust as well as continued evidence to support that trust. In order to grow this model IDI will have to continue to maintain and enhance its communication and accountability through regular production and dissemination of evidence-based reports, legal and financial reviews and evidence of contribution to the vision, mission and goals of Makerere University.

2) To maintain strong and sustainable leadership within IDI.

   The leadership of IDI permeates all levels and fundamentally requires ongoing development of generic leadership skills across the organization while identifying key individuals to be mentored to grow into future leaders. Specifically for the Executive Director and senior management a focused process to both enhance leadership skills and have a succession plan in process will be required to ensure continuity of excellent leadership for IDI. The IDI Board will also regularly refresh its membership and ensure that leadership within committees and the Board itself is shared and able to provide continuity over the next decades.

3) To enhance institutional sustainability through developing management structures and practices which foster greater responsibility for minimising costs and maximising income throughout IDI.

   Sustainability for IDI as well as the ability to have significant national and global impact requires that IDI has sufficient resources – especially intellectual and financial resources – to be able to invest in significant projects. In addition, for IDI to justify itself as a center of excellence it needs to have a high level of investment in the supportive roles – governance, management, finance, strategy, M&E etc. – that underpin and help prove excellence. It is the continuous responsibility for IDI to both manage its costs to a level that is acceptable for the excellence provided, as well as maximise revenues through seeking and obtaining grants from multiple streams and partners. IDI will in turn invest in researching and publishing in the area of cost effectiveness in a range of interventions.

Finance, HR and Administration

Goal : To enable IDI to achieve its mission and goals by providing consistent high quality support services; and ensure key corporate information is available for compliance with all stake holder requirements

External objectives

1) To provide full and timely accountability to Government of Uganda and other funders and stakeholders through adherence to high standards of financial management and reporting which ensure reliability and transparency.

   This objective is central to the institutional need to have formalised accounting procedures for the organisation; that are recognised and accepted by the Government of Uganda, the Uganda Revenue Authority, Makerere University, funders and key stake holders. IDI recognises that consistent, timely, complete, accurate and reliable financial and administrative information is a key ingredient of high quality institutional decision-making.

Internal objectives

1) To provide sufficient full range of operational, financial, procurement and audit support, plus equipment and facilities, to allow unimpeded delivery of core programmes and project activities.

   As the Institute continues on its path to deliver desired goals and achieve its mission; and as the volume of transactions increases, it is imperative to continually evaluate processes and procedures to ensure that the level and quality of support services provided is both adequate and sustainable. This is especially critical in an environment where resource constraints are ever more constrained and yet services still have to be delivered without compromising on quality.

2) To maintain high levels of security and return on investment from IDI's physical and financial assets.

   Significant amounts of resources have been, and continue to be, invested in infrastructure and financial assets. These have to be monitored to ensure safety as well as to achieve acceptable returns on investment. This may include earning interest income from judicious investment of project advances and operating funds that are in excess of current operating requirements, but at the same ensuring that no institute funds are invested in an instrument that has the potential for loss or impairment of principal or acquisition value of the investment.

3) To ensure that internal accounting and financial management systems accord with international standards.

   Organisations drive their programmes based on reliable data and financial management information. The financial management system will be continually reviewed and evaluated for strength, security and reliability, to ensure the information produced is consistent, complete, timely, reliable and accurate. The financial statements will continue to be prepared to comply with the International Financial Reporting Standards (IFRS).

4) To document and mitigate strategic risks through an effective internal and project audit function; and to maintain a business recovery plan in case of catastrophe.

   The business environment is changing all the time and to continue to successfully navigate through the various uncertainties there is the need for an ongoing process to measure management effectiveness in risk management; to review periodic reports on the status of risk

mitigation; and to contribute to the continued refinement of comprehensive risk assessment, contingency plans and mitigation strategies. This will include understanding the scope of internal and external auditors' reviews of internal control over financial reporting, and obtaining reports on significant findings and recommendations together with management's responses.

5) To enhance the IDI career structure and to establish an equitable and effective IDI staff training programme that positions IDI as a Learning Organisation which assists staff to obtain training that is consistent with IDI needs and individual career goals.

   As a growing institution, IDI endeavors to develop, maintain and continually refine a career structure that enables its staff to develop and grow their careers both within and without. Specifically for the Executive Director and senior management, a focused process to both enhance leadership skills and have a succession plan in process will be required to ensure continuity of excellent leadership for IDI. The IDI Board will also regularly refresh its membership and ensure that leadership within committees and the Board itself is shared and able to provide continuity over the next decades.

6) To position IDI as a top class Ugandan non-profit employer through maintaining strong HR administration and development, along with sustainable and competitive policies, salaries and benefits; and ensuring a safe and healthy working environment at IDI.

   IDI endeavors to maintain an open door policy and, right from the point of entry, new staff are taken through a detailed orientation programme to ensure that each new employee receives the necessary information, tools, guidance and support to enable them to become a productive member of the team as soon as possible. Thereafter, annual appraisal ensures that key accountabilities agreed upon are regularly reviewed so that any obstacles to high performance may be identified and, where possible, removed. Throughout all of this, staff are helped to grow and develop through a variety of programmes such as training, project assignment, delegation, understudy assignment, coaching, mentoring, etc..

Information services

Goal : To design, implement and apply Information and Communications Technologies (ICT) to support the management of data and information to measure progress, facilitate innovation and improve health programme efficiency

External objectives

1) To develop and replicate clinical and management information systems in Uganda and the region in keeping with government policies and strategies; backed by technical assistance

   Working with ministries of health in the region, funding partners and other regional/international health agencies, IDI will develop new and replicable clinical and management information systems to support the ministries of health within the region (e.g. the database for Strengthening Laboratory Management and Toward Accreditation (SLMTA)). IDI will support existing clinical and management information systems (e.g. OpenMRS) by developing interoperable supporting subsystems (e.g. automation of MoH quarterly reports). These will be done at facility-to-district-to-national level with support from data managers of IDI projects which operate at the district and facility levels. Also, IDI will build capacity of district and facility staff to further develop, manage and use information systems on a sustainable basis.

2) To be a leading source in Uganda of accurate, high quality and up to date electronic information on HIV/AIDS and related infectious diseases.

With a commitment to networking and by maximising the use of resources of all types within the local, regional and global health libraries, IDI will facilitate access to shared automation systems that provide bibliographic access to the collections of publicly accessible local, regional and global libraries. IDI will also, allow access to general and specialised shared and licensed databases available through partner libraries (by authorised users from IDI and/or partners). IDI will focus on the most effective ways to provide access to electronic books/journals through subscription to online databases which can be accessed through the internet and also take advantage of all the free databases available to lower income countries. IDI will encourage the use of CD-ROM databases to allow users access to relevant databases without robust Internet connectivity and will populate existing digital libraries with more electronic information and ensure it is accessible to all users.

3) To provide technical assistance in Uganda for the application of Geographical Information Systems (GIS) to training and research in HIV/AIDS and related infectious diseases.

IDI has a strong track record in the development and implementation of GIS, and plans, in collaboration with both private and public health sector players, to further develop GIS applications for HIV/AIDS and other health sectors in Uganda to support training and research. IDI plans to spearhead the integration of GIS into routine clinical databases to enhance spatial research and data use to improve health services; and expects to build capacity of other institutions in the application of GIS in HIV/AIDS and in the health sector in general.

Internal objectives

1) To develop and maintain secure systems that capture, store, analyse and make available key institutional data; including clinical, financial, general management, and programmatic data.

Working with users within the various departments and projects / studies of IDI, and taking full advantage of the network of data managers at IDI, IDI plans to develop appropriate information / automated systems solutions in areas of identified and prioritised unmet need. IDI will develop capacity of IDI staff, at all levels, to appreciate, identify the need for, and use information systems in their day-to-day operations at the Institute. IDI will also continue the ongoing programme of designing and implementing appropriate IT platforms to ensure maximum security of institutional data.

2) To provide advanced information and communications technology platforms to support data management and telecommunications.

In its endeavor to provide advanced and efficient ICT platforms in support of data management and telecommunications, IDI will on a continuous basis, identify technology that can help improve data management and telecommunication; and deploy IT platforms that ensure maximum up-time and security of the IT infrastructure; and ensure that the team develops the required skillset to support the various IT systems owned by IDI.

3) To develop and adapt innovative software solutions for both technical and management purposes.

Working with users within the various departments and projects / studies of IDI, and taking full advantage of the network of data managers at IDI, IDI will continuously review departments, projects and research studies to identify their information needs and will seek to provide optimum software solutions; to build scalable and flexible systems that can be adapted for the dynamic information needs of the Institute; and to regularly review software solutions relevant to IDI in the dynamic IT environment.

Strategic information and planning

Goal : To produce, maintain and disseminate high quality strategic information for the sustainable development of IDI through regular planning, monitoring and evaluation

External objectives

1) To use IDI knowledge base to provide technical assistance to government and non-government organisations, and especially to academic medical institutions, in Uganda and the region to enhance capacity to produce strategic information, as well conventional M&E data, to enhance strategic management.

   IDI has well established systems, operated by experienced staff, relating to strategic planning, strategic information (such as trend / comparative analyses), and more operational Monitoring and Evaluation (M&E). IDI will offer technical assistance to government and non-government organisations in Uganda and the region in these technical areas. In this way, IDI will be achieving its mission in terms of strengthening the capacity of African health systems, and will also be contributing to the sustainability of IDI. Such technical assistance will be accompanied by systematic ongoing support with a focus on networks and quality assurance.

Internal objectives

1) To maintain and disseminate a high quality IDI Strategic Plan to guide project acquisition and annual IDI workplans.

   The IDI Strategic Plan interprets the IDI Mission and shows how it will be achieved. IDI will maintain and implement an orderly and well communicated process for : (1) the mid-term review of the IDI Strategic Plan; and (2) the creation and dissemination every five years of a fresh IDI Strategic Plan. These processes will be fully documented and will include : a review of progress in achieving indicators and key milestones; a review of the national and international environment (including relevant government and Makerere University policies, strategies and priorities; as well as funding trends); and extensive internal and external consultation.

2) To provide high quality M&E across IDI.

   IDI will produce high quality M&E information which shows how well IDI is implementing its institutional plans as well as its projects. From the institutional perspective, IDI will define and implement a sustainable M&E system based on the logframe in the IDI Strategic Plan and IDI annual workplans; and train IDI staff in the tasks described in the M&E process. From the project perspective, IDI will : provide support for design of M&E and reporting components of IDI proposals / projects; train project staff to provide high quality M&E reports for projects (especially relating to impact); monitor quality of M&E reports; and provide technical assistance if required and funded.

3) To contribute to national data systems and to show IDI contribution to achievement of health targets both nationally and globally.

   IDI always acts in support of national and local government health policies, strategies and priorities and contributes to the associated data systems by the supply of data and also by contributing to the further development of such systems. IDI will monitor and report on the ways it contributes to the achievement of (1) local and national government health targets (IDI currently contributes about 15% of national provision of HIV care and treatment), and (2) global health targets. Such information will be accessible through the IDI website.

4) To ensure the IDI website projects serves the marketing needs of IDI.

The IDI website is a critical communication tool for IDI; it is the window through which the world largely views IDI. A key purpose of the website is to enable IDI to effectively market itself so that it can secure the resources necessary for the implementation of its mission. IDI will define, document and implement a process to ensure that the IDI website meets the marketing needs of IDI; including extensive and systematic internal and external consultation. IDI will introduce a formal mechanism for QA of the website covering both technical matters and content, plus a formal and fully documented quarterly quality control procedure.

Resource Generation and Management

Goal : To achieve a sustainable IDI through the generation and efficient management of grants, and by meeting expectations of all stakeholders

External objectives

1) To use IDI knowledge and experience to provide technical assistance and systems to Makerere University and other organisations in Uganda and the region to enhance grants management capacity.

IDI has proven systems, operated by experienced staff, relating to resource generation and grants management; plus a well established training course backed by staff capable of delivering valued technical assistance. IDI will offer technical assistance to government and non-government organisations in Uganda and the region in these technical areas; and such assistance will be backed by a replicable version of the IDI-developed System for Integrated Grants management, M&E, and Reporting (SIGMER). In this way, IDI will be sustaining itself plus enhancing the capacity of others to sustain themselves.

2) To establish a mutually-supportive network of grants management units in Uganda and the region.

Across Africa, many institutions face similar challenges relating to the development of effective proposals, contract negotiation, grant implementation management, compliance, and financial reporting. IDI will seek to connect with others to establish an egalitarian regional grants management network, focused on the needs of its members, and especially on systematic, well documented, supportive linkages to maintain and raise quality; making maximum use of latest technology.

Internal objectives

1) To provide support and systems to ensure high quality grant proposals, sound contracts, and well-executed projects which maximise core cost contribution through cost recovery and fixed overheads.

Grants and contracts play a key role in enabling IDI to achieve its mission and sustain itself. The IDI grants management team will maintain and enhance their skills, documented processes, and computerised systems (especially SIGMER) in order to provide an ever-improving service to all other parts of IDI. Special attention will be given to achieving formal recognition by funders of IDI audited indirect rates, and to ensuring that all projects undertaken by IDI make the maximum contribution to the long term viability of the Institution while fully and transparently complying with funder rules.

2) To develop and maintain an IDI economic model to provide projections of revenue and expenditure; with expected coverage of core costs.

   High quality strategic financial planning is ever more important as IDI seeks to sustain itself in a highly competitive environment. A 'what if' economic model to test scenarios would enable an organisation of the scale and complexity of IDI to rapidly gain better and more structured insight into the consequences of significant assumptions / choices which may have to be made quite quickly or as part of a more deliberative process. IDI intends to produce an economic model to provide financial projections over several future years; always ensuring that the workings of the model are transparent and key assumption are explicit.

3) To ensure the effective coordination of the grants and financial management functions at IDI with efficient flow of institutional information.

   IDI made the strategic organisational choice in 2005 to separate the finance team from the grants management team and in retrospect this appears a good decision given the quite large IDI portfolio of grants. However, there is a need to ensure a well-defined interface between the two teams, with efficient information flows, and full recognition of the evolving capacities of both teams. IDI will focus on strengthening this coordination through periodic review of operating procedures and supporting systems.

4) To create a Grants Management Unit which operates as a business unit within IDI.

   As IDI becomes more business-like in order to sustain itself as an institution able to provide vital services relating to infectious diseases, the option of developing business units within IDI will be explored and the Grants Management Unit will be a pilot. The management arrangements, scope of work, and business plan will be defined, implemented and closely monitored; and the business unit will be expected not only to cover its full costs, but also to contribute to the strengthening of IDI institutional finances.

Chapter 8 : Funding the 2013/2018 strategic plan

The first IDI Strategic Plan (2008/2013) was created against a backcloth of predictable, though diminishing, unrestricted core support from Pfizer which meant that IDI management could state the strategic actions planned with some confidence and precision. The second IDI Strategic Plan is designed in a much less certain funding context. In order to thrive (and not just to survive), IDI is going to have to be a truly innovative and resilient organisation: ensuring top management has the right up-to-date and reliable strategic information for it to be increasingly light on its feet and responsive to its changing environment.

IDI has developed a System for Integrated Grants management, M&E and Reporting (SIGMER) which has been used to inform the projected funding requirements. SIGMER contains detailed information about existing projects (including current and projected income) and also about proposals submitted. The system provided a reliable basis for projections for 2013/2014 of restricted project income and likely core contributions (mainly from Overhead cost recoveries and Staff cost recoveries).

IDI management is committed to monitoring closely financial performance against budget and also the continuing validity of the assumptions underlying the projections. IDI management will take timely and precise action if necessary to further contain costs while minimising any negative impact on the achievement of IDI's programmatic goals and while being cognisant of any adverse effects on staff.

IDI management has identified a variety of potential risks. For example, what if restricted project income and/or core contributions are below expectations or other external funding is reduced or discontinued, or expected rental income is less than anticipated? IDI management has also identified a range of responses in the event of any such risks materialising so that IDI would remain liquid and sustainable. For example, by finding alternative project income (especially through the continuation / expansion of particularly successful projects), and by accelerating the reduction in IDI clinic numbers and transfer of non-complicated cases to other IDI-supported facilities.

IDI management is also pressing to expand the IDI project portfolio in keeping with the Institute's Mission; to further develop solid partnerships to bring in additional resources; and to develop new products (such as the clinic management systems) and services (such as technical assistance in clinical and management areas). As part of this effort IDI is giving priority to the continual re-assessment of the cost-effectiveness of the Institute and also to the development of audited unit costs to help justify proposed budgets to funders.

The analysis of projected funding requirements is based on a range of information, assumptions and judgments.

The projection assumes :

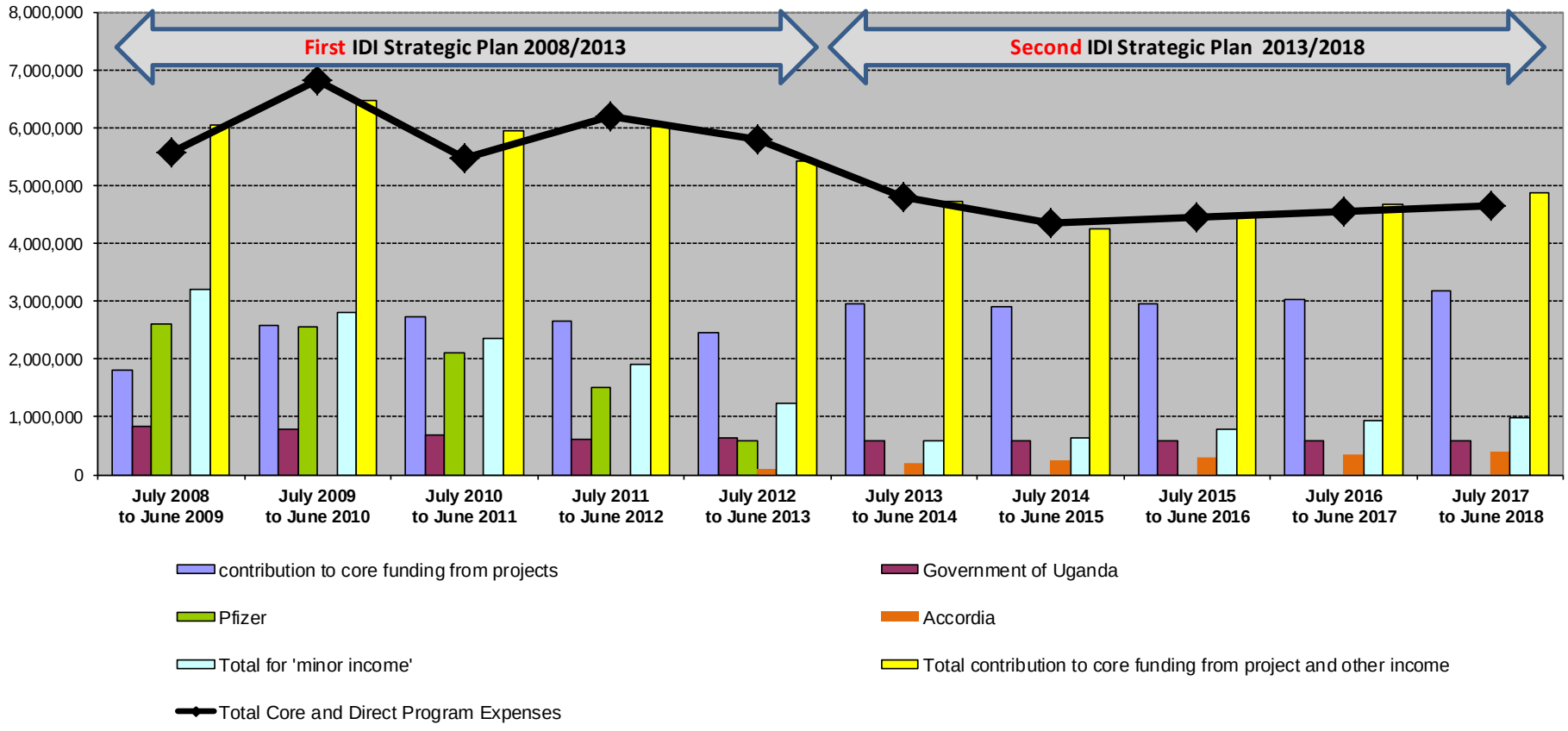
1. that funding from the Government of Uganda will remain constant at $600,000 per year (allowing for exchange rate changes);
2. that the percentage core contribution from restricted projects (Overhead cost recoveries, Staff cost recoveries) will be 14.5% for 2013/2014 declining to 13.8% for the subsequent 4 years as a result of increased project volumes from funding streams that have lower overheads.
3. that unrestricted funding from Accordia Global Health Foundation will gradually increase from about $200,000 in 2013/2014 to $400,000 in 2017/2018;
4. that clinic costs are increasingly shifted to projects; and that clinic numbers drop to 8,000 by June 2014;
5. that the exchange rate remains above 2,500 UGX for 1 USD; and that the economy of Uganda continues to be stable;
6. that rental income from the MUJHU lab at IDI remains stable and that from July 2015 rental income from the new IDI building on Makerere campus rises from $100,000 in 2015/2016 to $200,000 in 2026/2017 and continues at that level.

The chart and table below show that income from total projects is expected to rise from about $18.2m in 2012/2013 to about $23m in 2017/2018 (a 26% increase). This seems reasonable given the strengthening IDI reputation and the increasing number of organisations seeking to partner with IDI. The contribution to core funding is projected to hold at about 14%. Core costs are expected to be contained below $5m resulting in small surpluses in the later years of the strategic plan period.

Projected Funding Requirements for IDI Strategic Plan 2013 - 2018

Assuming … GoU funding remains constant at $600,000 (allowing for exchange rate changes); core contribution from restricted projects (Overhead cost recoveries and Staff cost recoveries) will be 14.5% for 2013/2014 declining to 13.8% for the subsequent 4 years as a result of increased project volumes from funding streams that have lower overheads; unrestricted funding from Accordia gradually increases; clinic costs are increasingly shifted to projects; clinic numbers drop to 8,000 by June 2014; and USD exchange rate remains above UGX 2,500.

Then … IDI needs total restricted project income of $23m by 2017/18.



Base Case Financial Projections for IDI Strategic Plan 2013 - 2018

	ACTUAL					PROJECTED				
	July 2008 to June 2009	July 2009 to June 2010	July 2010 to June 2011	July 2011 to June 2012	July 2012 to June 2013	July 2013 to June 2014	July 2014 to June 2015	July 2015 to June 2016	July 2016 to June 2017	July 2017 to June 2018
Income (including core contribution)										
All projects	9,795,401	14,146,201	15,824,274	19,077,645	18,226,990	20,443,714	21,000,000	21,500,000	22,000,000	23,000,000
% of project income contributing to core funding	18.4%	18.2%	17.3%	14.0%	13.5%	14.5%	13.8%	13.8%	13.8%	13.8%
Contribution to core funding	1,801,621	2,581,348	2,740,834	2,670,087	2,455,064	2,964,373	2,898,000	2,967,000	3,036,000	3,174,000
Timing Differences	311,173	-310,701	113,651	-214,302	-14,754	0	0	0	0	0
Government of Uganda	825,452	797,681	684,314	616,071	628,353	600,000	600,000	600,000	600,000	600,000
Income Generating Business Units (IGBUs): Tuition, scholarships, Datafax	-110,079	582,655	62,603	1,037,425	1,107,339	570,000	120,000	120,000	120,000	120,000
Total for GoU and IGBUs	*715,373*	*1,380,336*	*746,917*	*1,653,496*	*1,735,692*	*1,170,000*	*720,000*	*720,000*	*720,000*	*720,000*
Pfizer	2,600,000	2,550,000	2,100,000	1,500,000	600,000	0	0	0	0	0
Accordia	0	0	0	0	100,000	200,000	250,000	300,000	350,000	400,000
Lab and other rent	183,051	203,390	203,824	203,389	264,000	264,000	264,000	364,000	464,000	464,000
Interest and other	436,247	64,730	48,948	214,390	278,111	120,000	120,000	120,000	120,000	120,000
Total Pfizer/Accordia and minor income	*3,219,298*	*2,818,120*	*2,352,772*	*1,917,779*	*1,242,111*	*584,000*	*634,000*	*784,000*	*934,000*	*984,000*
Total project and other income	**13,730,072**	**18,344,657**	**18,923,963**	**22,648,920**	**21,204,794**	**22,197,714**	**22,354,000**	**23,004,000**	**23,654,000**	**24,704,000**
Total contribution to core funding from project and other income	**6,047,465**	**6,469,103**	**5,954,174**	**6,027,060**	**5,418,114**	**4,718,373**	**4,252,000**	**4,471,000**	**4,690,000**	**4,878,000**
Core IDI expenditure										
Direct Program Expenses (Unrestricted)	956,797	925,713	684,311	1,061,429	753,555	583,335	550,000	562,600	575,000	587,000
Program Management Expenses -Research, PCT, Outreach and Training'	1,394,272	1,975,641	1,882,135	1,966,262	2,279,540	1,785,101	1,600,000	1,636,800	1,674,000	1,712,000
General, Admin and Facilities Expenses	3,229,449	3,920,556	2,901,568	3,172,375	2,763,060	2,442,285	2,200,000	2,250,600	2,301,000	2,351,000
Total Core and Direct Program Expenses	**5,580,518**	**6,821,910**	**5,468,014**	**6,200,066**	**5,796,155**	**4,810,721**	**4,350,000**	**4,450,000**	**4,550,000**	**4,650,000**
Core income minus core expenditure	**466,947**	**-352,807**	**486,160**	**-173,006**	**-378,041**	**-92,348**	**-98,000**	**21,000**	**140,000**	**228,000**
	Surplus	**Deficit**	**Surplus**	**Deficit**	**Deficit**	**Deficit**	**Deficit**	**Surplus**	**Surplus**	**Surplus**

Chapter 9 : Key milestones

Strategy	*Indicator*	*5-year target*[29]	*Annual Milestones*				
			Year One (to June 2014)	*Year Two (to June 2015)*	*Year Three (to June 2016)*	*Year Four (to June 2017)*	*Year Five (to June 2018)*
Prevention, Care and Treatment							
Patients in care	Number of active patients supported by IDI[30]	IDI: 8,000	8,000	8,000	8,000	8,000	8,000
		Outreach: 100,000	90,000	90,000	95,000	100,000	100,000
		Total active patients: 108,000	98,000	98,000	103,000	108,000	108,000
New models of care	Number of new models of care	5 (cum.)	1	1	1	1	1
Casemix at IDI	Number of complicated cases[31]	5,000 (Y5)	4,000	4,500	5,000	5,000	5,000
HIV/OI prevention	Percent of IDI patients receiving basic care package	100% (Y5)	100%	100%	100%	100%	100%
Quality of Clinical Practice	Annual clinical audit report	5 (cum.)	1	1	1	1	1
Outreach							
Outreach projects implemented	Number of outreach projects started[32]	10 (cum.)	2	2	2	2	2
Circumcision	Number of circumcisions	470,000 (cum.)	80,000	90,000	100,000	100,000	100,000
Access to care	Number of individuals accessing services through institutions supported by IDI outreach	HCT: 950,000 (cum.)	150,000	200,000	200,000	200,000	200,000
		ART: 79,000 (Y5)	66,000	69,000	76,000	79,000	79,000
		Non-ART: 21,000 (Y5)	24,000	21,000	19,000	21,000	21,000
		Total in care: 100,000 (Y5)	90,000	90,000	95,000	100,000	100,000
Training & Capacity Development							
New and relevant course in ID management	Number of new and relevant courses developed in ID management	5 (cum.)	1	1	1	1	1
Develop national / regional capacity	Number of trainees[33]	7,947 (cum.)	1,440	1,512	1,588	1,667	1,750
Increase online training	Number of courses with online component	10 (cum.)	2	5	6	8	10
Relevant, and up-to-date information available to health workers	Number of queries made to ATIC	7,183 (cum.)	1,300	1,365	1,433	1,505	1,580

[29] Either cumulative target of all five years or the target at Year Five (Y5).
[30] Patients from IDI Clinic and Outreach clinics.
[31] Assumes half of patients enrolled in research studies are complicated.
[32] Projects where IDI is prime or sub-contractor.
[33] Some trainees attend more than once course at IDI; includes training in the districts.

Strategy	Indicator	5-year target[29]	Annual Milestones				
			Year One (to June 2014)	Year Two (to June 2015)	Year Three (to June 2016)	Year Four (to June 2017)	Year Five (to June 2018)
Research							
Publications	Number of publications	277 (cum.)	50	53	55	58	61
Research activity	Number of active research projects[34]	45 (Y5)	45	45	45	45	45
Enhance research capacity in Uganda and SSA	Number new enrollees in graduate training[35]	97 (cum.)	15	17	19	21	25
	Number trained through research short courses	783 (cum.)	135	143	161	169	175
Regional and global research collaboration	Number of SSA organizations/ agencies partnering[36] with IDI on current projects	15 (Y5)	8	10	12	14	15
	Number of global (non SSA) organizations/ agencies partnering with IDI on current projects	20 (Y5)	14	15	16	18	20
Laboratory Services							
Volume of tests	Number of tests	CAP certified: 580,000	150,000	150,000	150,000	150,000	150,000
		Central lab: 60,000	18,000	18,000	18,000	18,000	18,000
Laboratory training courses	Number of trainees	1,050 (cum.)	190	200	210	220	230
Translational lab	Number of diagnostic tests validated	5 (cum.)	1	1	1	1	1
Lab outreach	Number of labs supported by IDI	80 (Y5)	60	65	70	75	80
Quality of lab tests from outreach clinic labs	Percent of agreement between tests at clinic and reference center	100% (Y5)	--	96%	98%	98%	100%
Sustaining IDI							
Total revenue	Total annual revenue	$108m (cum.)	$20.5m	$21m	$21.5m	$22m	$23m
Coverage of core costs[37]	Percent core contribution	15% (Y5)	14%	15%	15%	15%	15%
Infrastructure							
Construction of new IDI building	Building fully operational	Building fully operational (Y5)	Building at 90% completion	Building occupied by IDI	Building fully occupied by IDI and tenants	Building fully occupied by IDI and tenants	Building fully occupied by IDI and tenants

[34] Clinical trials, observational studies and capacity building projects : continued, completed, started and completed, or started during the year.

[35] Includes PhDs, fellowships and post-doctoral training; plus Masters level training including MScs, MPHs and M.Meds.

[36] Partners include contractors, subcontractors, and implementation partners; does not include funders/sponsors.

[37] Core costs: Costs limited to general, administration and facilities costs. This includes the following cost centers: Governance, Executive Director, Resource Development, Communications, Grants Management, Monitoring and Evaluation, Finance, Human Resources, Facilities and Information Services.

Annexes

1) Capacity Pyramid

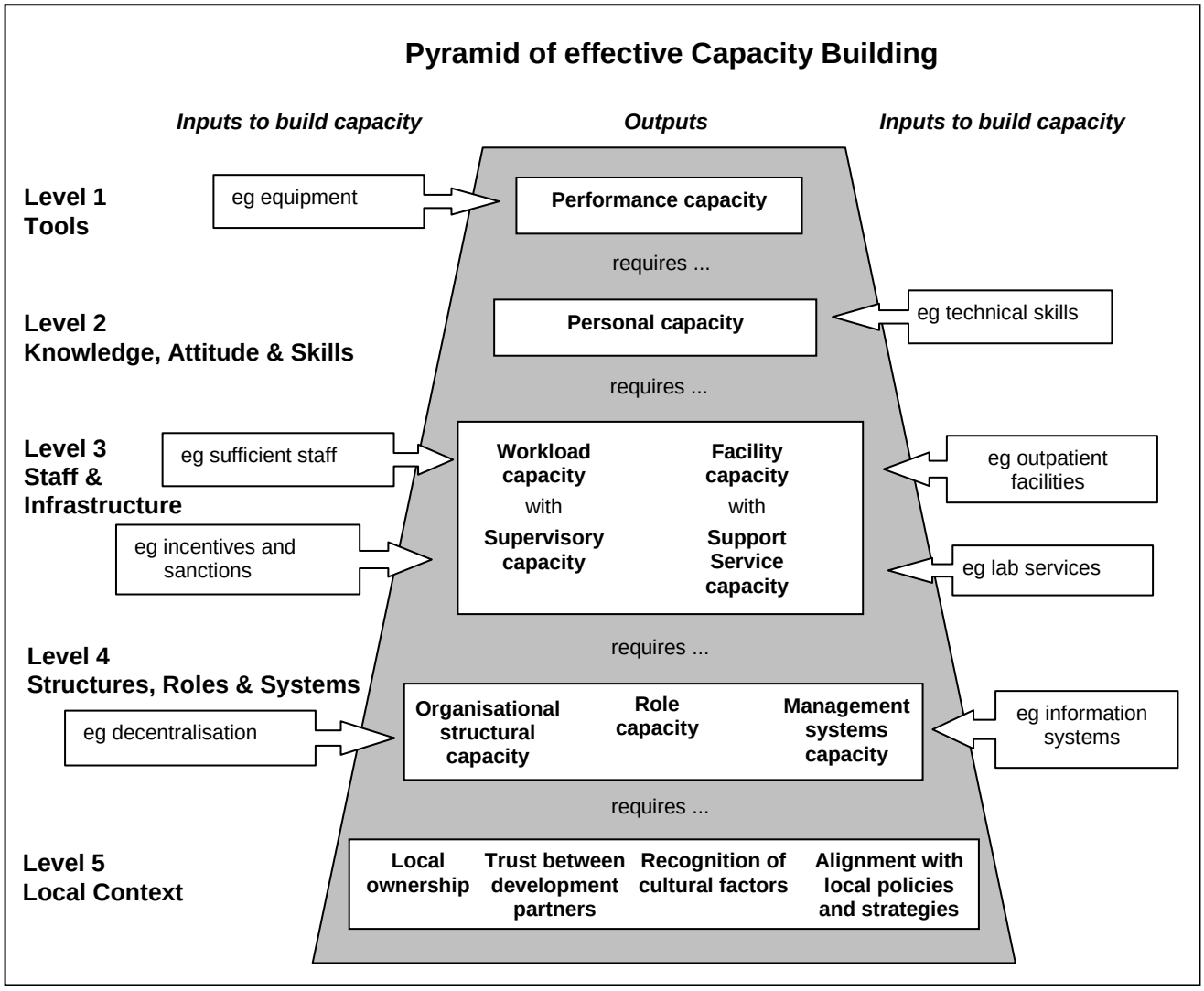
2) Vision and Mission statements of Makerere University, College of Health Sciences, Mulago National Referral Hospital, and Ministries of Health and of Education and Sports

3) Logical Framework

4) Abbreviations and Acronyms

ANNEXE 1

Capacity building pyramid[1]



IDI's non-traditional approach to capacity building recognises the various types of inter-related capacity (the 'levels' in the pyramid above) that need to be built in a systematic manner if the efficiency and effectiveness of the health system is to be enhanced – and all based on a sound understanding of, and grounding in, the local context (for example : the importance of local ownership for lasting benefits from projects).

[1] Potter C, Brough R. Systemic capacity building: a hierarchy of needs. Health Policy and Planning 2004; 19(5): 336 - 345. An IDI senior staff member is one of the authors.

ANNEXE 2

Vision and Mission Statements

Makerere University

Vision

To be the leading institution for academic excellence and innovations in Africa.

Mission

To provide innovative teaching, learning, research and services responsive to National and Global needs.

College of Health Sciences, Makerere University

Vision

To be a leading and transformational institution for academic excellence and innovation in health sciences in Africa

Mission

To improve the health of the people of Uganda through innovative teaching, research and provision of services responsive to societal needs

Mulago National Referral Hospital

Vision

To become the leading Centre of Excellence in Health Care delivery in the Great Lakes Region of Africa.

Mission

To become a centre of excellence in service delivery, training and research in Uganda and the region.

Ministry of Health

Vision

A healthy and productive population that contributes to socio-economic growth and national development**.**

Mission

To provide the highest possible level of health services to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels.

Ministry of Education & Sports

Vision

Quality education and sports for all.

Mission

Guide, coordinate, regulate and promote quality education and sports to all persons in Uganda for national integration, individual and national development.

LOGICAL FRAMEWORK FOR IDI STRATEGIC PLAN

(5 years: July 2013 to June 2018)

Vision of IDI

A healthy Africa, free from the burden of infectious diseases

Mission of IDI

To strengthen health systems[1] in Africa, with a strong emphasis on infectious diseases, through research and capacity development

ANNEXE 3

[1] Health systems: *All services, functions and resources in a geographic area whose primary purpose is to affect the state of health of the population*. Includes, for example: Government services, private services, community volunteers, People Living with HIV/AIDS who are involved in HIV prevention initiative, academic medical departments, and services provided by faith-based organisations.

Contents

1. *Prevention, Care and Treatment (PCT) programme*

Goal : **To be a leading clinical service for HIV and other infectious diseases providing the highest quality multidisciplinary care through sustainable and innovative systems which can be used for research and capacity building in Africa**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
1.1 Objective: To provide excellent clinical services at Mulago to 8,000 Friends (patients) as a direct contribution to national treatment scale up, and as a platform for models of care, training and research.				
Continue to improve care of Friends by reduction in waiting times and length between appointments through; task shifting to nurse and pharmacy visits, and stock management/ buffer drug supplies, and targeted viral load if possible.	Patient visits which are nurse-only or pharmacy-only maintained at 25%.	KPIs.	Year 1 to 5.	Risk: Loss of experienced nursing staff / pharmacy staff leading to difficulty in task shifting. ART drug supply interrupted.
	Average time between appointments for stable patients increased to 6 weeks	KPIs.		
Ensure that stable, uncomplicated patients are transferred and such patients are maintained in care, through data sharing and data QA/QC at referral sites in order to maintain 8,000 in care at IDI.	Screening process for transfer using objective criteria utilized.	Patient transfer reports. AIT project reports.	Year 1 to 5.	Risk: Adverse publicity for IDI.
	Routine monitoring of 100% patients reporting at transfer sites (with focus on lost to follow up and mortality).	KPIs.		
	Kasangati HCIV and Naguru RRH developed as IDI associated sites, with data systems that can record patient outcomes and are compatible with MoH data systems.	Department report. Data system.		
Continue to act as referral centre for complex patients.	National knowledge of IDI as a referral 'hub'	Survey questionnaires.	Year 1 to 5.	--
	100% satisfaction of patients and care providers in level of service received.	ICEA entry questionnaire.		
	Urgent telephone line for out of hours emergencies available at partner sites.	Telephone lines at partner sites.		
	Number of referrals received from other partners.	Quarterly reports on referrals.		
To develop new services in infectious diseases where appropriate and when resources allow, as well as continuing to improve existing services.	Additional services, including microbiology for SRH, possible addition of 1-2 more specialist services developed.	Services offered; KPIs.	Year 1 to 5.	Risk : Opportunity cost may be high and existing staff may be over-stretched.
Highlight prevention with positives activities in all aspects of PCT work.	Strategies for family HIV testing developed.	Department reports.		--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	Psychosocial support activities implemented: (Funding identified; 100% patients provided with psychosocial support).	KPIs. ICEA data base.	Year 1 to 5.	
	Discordant couple care prioritized: 100% discordant couples in care.			
	Targeted viral load monitoring (e.g. in pregnancy) and adherence messaging whenever possible to reduce community viral load.			
	Counseling reporting on ICEA to capture these activities strengthened.			
Continue liaison with Friends council; identify clinical volunteer activities, clinic related income generating schemes and encourage involvement in patient education.	Continued involvement of friends in clinic activities, with a view to assisting friends in socio-economic empowerment.	Annual report.	Year 1 to 5.	--
Continue to support the Friends Music, Dance and Drama (MDD) group in support prevention, care, treatment and outreach activities of IDI.	Up to date and relevant MDD messages provided	Department report.	Year 1 to 5.	--
1.2 Objective: To achieve a level of excellence in clinical practice, and to validate quality of service against national and international standards.				
Involvement in Government of Uganda (Ministry of Health) policy making forum as a recognized service provider	Meetings attended and national documents acknowledging input from IDI.	Minutes/ policy documents; collated annually in June.	Year 1 to 5.	Ass. : GoU continues to recognize IDI as a valued partner for consultation.
Respond to changes in government policy and guidelines in a timely manner, and to provide feedback on experiences in implementation whenever possible.	Clinic SOPs updated.	SOP revisions.	Year 1 to 5.	Ass. : Resources will be available to respond to government policy.
	Report/ abstracts/ papers on real life experiences of MoH policy changes (e.g. isoniazid prophylaxis, PMTCT B+) shared.	Department reports.		
Evidence-based, comprehensive PCT programme standards of care, diagnostics and treatment - Standard Operating Procedures (SOPs) available covering all aspects on clinical care offered (and new SOPs added when new services established).	SOPs including but not limited to; Care of new patients, switching patients, HIV testing, care of acutely unwell patients, managing co-infections and co-morbidities, each special population cared for at IDI, pharmacy, records, laboratory and data QA/QC activities developed.	Annual reviewed and approved SOPs.	Year 1 to 5.	--
Knowledge and adherence of all staff to SOPs.	100% staff trained on SOPs. SOP available at point of care. SOP revisions every 2 years (or when MoH guidelines change).	New staff training documentation. PCT clinical manual. Clinical audit (see below).	Year 1 to 5.	--
Routinely analyze patient outcomes in the clinic and associated centres.	Patient outcomes routinely monitored.	Quarterly outcome reports	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	Close liaison with data QA/QC department.	QA/QC work plans.		
	Clinical audit meetings, audit in all sections of PCT performed to complement data quality activities.	Clinical audit reports.		
Patient charter developed, which is openly available to all Friends. To ensure we meet Friends' expectations as a clinical service.	Patient charter developed	Communication tools for charter developed.	Year 2 to 5.	--
	Customer satisfaction survey performed every 2 years, with good outcomes	Survey results every 2 years. Biennial reports of survey.		
Encourage involvement of Academic Alliance (AA) members and visiting Professors in Residence (PIRs) or equivalents in clinical excellence activities.	AA/PIR visit where member has a clinical interest identified, and specific defined input during the visit requested.	PIR reports (held at Accordia).	Year 1 to 5.	--
	Active and if possible, long term, mentorship of staff with relevant AA/PIR/Fellows encouraged.	Staff with active international or national mentor.		
	Focused feedback from the visitor about their mentee on the specific area of interest during that visit requested.	Staff appraisal documents		
To explore options for international accreditation, as a clinic, or for IDI as an organization.	International accreditation achieved.	Documentation of international accreditation.	Year2.	--
1.3 Objective: To undertake capacity building projects with partners, and clinical training for national and international practitioners, as a contribution to the achievement of national and global targets for provision of HIV clinical services.				
Actively seek capacity building projects with other Government and non-governmental partners which contribute to national clinical capacity.	At least one active underway project per year.	Contracts/MOU signed.	Year 1 to 5.	--
To continue to contribute to clinical (practical) training of health care practitioners in Uganda and internationally.	Number of MMed, medical students, nursing students, allied health professionals from Uganda who undergo clinical attachments at IDI.	Records of attachments undertaken	Year 1 to 5.	Ass. : Training department continues to offer clinical attachments as part of the trainings
	Number of international visitors who undergo clinical attachments at IDI	Records of attachments undertaken	Year 1 to 5.	Ass. : Training department continues to offer clinical attachments as part of the trainings
1.4 Objective: To further develop IDI specialized services to care for complex and chronic HIV patients and to use IDI experiences to inform research and national policy on care for these populations.				
To preferentially care for complex patients at IDI, in order to inform policy and practice in care for complex patients.	Total active patients at 'pre-ART' stage : 500; uncomplicated first line : 2,400; 'second line ART' stage : 1,000; 'third line ART or non-standard	KPIs.	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	ART' : 100; research studies at any one time : 1,500; complex patients with co-morbidities : 1,300; special populations requiring expert care : 1,900. NB Some patients fall in more than one group.			
Record baseline data and experiences of managing chronic HIV disease and co-morbidity in a resource limited setting.	Descriptive analysis of complex patients and patients with co-morbidity conducted.	Abstracts accepted for conferences / papers published.	Year 1 to 5.	--
To become a leading clinic in East Africa in care of HIV and non-communicable disease (NCD) co-management.	Clinical services established.	Number of patients accessing care (KPI). NCD outcomes (KPI).	Year 1.	--
	Care algorithms for HIV and NCD.	SOPs.	Year 2.	--
1.5 Objective: To be a centre for innovation in infectious disease care, actively validating and embracing new technologies and practices that can improve patient care and diagnostics.				
To work with the Information Services (IS) department to develop patient safety checks in ICEA, in order to improve patient outcomes.	Enhanced retention in care (formerly 'lost to follow up') analysis. Drug – Drug interaction (DDI) warnings. Immunological and virological monitoring warnings.	Clinical monitoring report. KPIs.	Year 1 to 5.	--
To work with other partners to develop strategies and validate approaches for improving patient care and knowledge, or staff knowledge using new technologies.	Number of projects using new technologies : • Text message interventions. • Smart phone interventions. • Electronic interventions.	Contracts signed. Project reports.	Year 2 to 5.	--
Capacity building : internal to IDI				
1.6 Objective: To ensure all PCT staff have continuous enhancement of the skills necessary in the area of HIV and infectious diseases management and related health management.				
Evidence-based multidisciplinary continuing medical education (CME) programme.	Clinical manual for care of opportunistic infection and co-morbidity in HIV developed.	Clinical manual.	Year 1 to 5.	--
	Case studies presented at switch and case conferences collated and available as teaching tools.	Clinical case database. MOs active log book.		
	Access for all staff to IDI training courses wherever possible.	6 monthly review reports of activities.		
Develop a 1-2 year MO training programme with objective assessment of HIV clinical competencies which is recognized nationally.	Log book developed for medical officers in order to objectively assess clinical skills progress.	Number of MOs completing log book per year; staff appraisal forms.	Year 1 to 5.	--
1.7 Objective: To develop and maintain the tools and systems that provides the basis for provision of excellent clinical services.				

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Ensure that space and basic equipment is available in the clinic for the IDI training and research programmes.	Space and equipment requirements documented and made available.	Departmental report.	Year 1 to 5.	--
1.8 Objective: To provide a safe working environment for all PCT staff and Friends.				
To help IDI to become an even more healthy and happy place to work (through development of occupational health services for IDI Mulago staff).	SOPs HIV post exposure prophylaxis (PEP) for needlestick injuries developed.	PEP SOPs.	Year 1.	--
	Infection control policy for IDI and other clinics developed.	Infection Control SOPs.	Year 1.	--
	A 'safety at work' occupational health policy developed in association with other relevant departments.	Safety at work SOPS Reduction in number of sick days for staff and staff satisfaction.	Year 1 to 5.	--
1.9 Objective: To be a platform for operational, clinical and translational research and its translation into policy and practice.				
Develop and maintain other Kampala sites as networks for patient transfer and recruitment for research studies.	Data collected and capacity built at Kasangati HCIV and Naguru RRH (China-Uganda Friendship Hospital) in order for the staff and the data at these sites to be sufficiently connected to IDI to allow recruitment for clinical trials, cohort analysis and other research studies.	Report on operational IS system that can integrate data from IDI and these sites. Quarterly reports at Kasangati and Naguru.	Year 1 to 5.	--
To ensure all staff are adequately informed and knowledgeable about the role of PCT in research, and to encourage active involvement in research by PCT staff.	100% staff trained in GCP.	GCP training reports	Year 1 to 5.	--
	100% staff encouraged to write abstracts analyzing their clinical data.	Abstracts published	Year 1 to 5.	--
	Job descriptions articulating responsibility for research and training activities.	Job descriptions	Year 1 to 5.	--
1.10 Objective : To explore long term sustainability models through co-pay systems and collaborations with not-for-profit and for-profit institutions				
Develop a co-pay clinic, testing different co-pay models, to find the most socially appropriate.	Self-sustaining service developed	Cost effectiveness report.	Year 1 to 5.	--
Try to identify new collaborations and partnerships (from novel sources wherever possible) to achieve a sustainable balance of research and project cost recovery.	Financially sustainable clinic, with well-motivated and committed staff.	Clinic costs; audited accounts. 6 monthly variance reports	Year 1 to 5.	--

2. Training & Capacity Development programme

Goal : To enhance and maintain the competence of the health care workforce in Africa for the prevention and management of HIV and other infectious diseases

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
2.1 Objective: To deliver planned and regular training courses in a range of topics relevant to prevention and treatment of infectious diseases in Africa.				
Employ demand management strategies including use of price incentives to ensure minimum and regular numbers of trainees needed to achieve capacity building objectives.	Number of trainees completing courses per month/quarter. Target: At least 120 trainees per month/360 per quarter.	Training reports.	Year 1 to 5.	--
	Average number of trainee days per month/quarter. Target: At least 600 trainee days per month / 1,800 trainee days per quarter.	Training reports.	Year 1 to 5.	--
	Proportion of scheduled courses cancelled due to no shows/inadequate numbers. Target: Not more than 30% of core scheduled courses.	Training reports.	Year 1 to 5.	--
Conduct annual reviews to identify key technical updates; and emerging capacity building and service delivery needs related to infectious diseases management.	Annual reviews conducted.	Annual reports	Year 1 to 5.	--
Engage in a timely and regular manner internal and external partners to provide course detail and schedule updates.	Internal and external partners updated with core course details and schedule at least twice a year.	Course details and updates circulated.	Year 1 to 5.	--
	Number of internal and external partner requests for slots on scheduled courses and proportion of trainees on scheduled courses supported by a partner. Target: At least 50 % of course slots of scheduled courses (with 20 slots) supported by partners	List of partners served. Reports of partners served and partner requests and support provided quarterly.	Year 1 to 5.	--
2.2 Objective: To develop, evaluate and use innovative teaching and learning methods that maximize knowledge and skills acquisition, minimize disruption to normal work, are attractive to trainees, and are affordable.				
Build in-house capacity for e-learning.	Proportion of training department technical trainers trained in developing and conducting e-based training: 30% by year I; 50% by year 2;	Training reports.	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	80% by year 4.			
	Number of IDI core courses with an online component: 5 courses by year 2; 8 courses by year 4.	eCurricula.	Year 1 to 5.	--
Fully develop and maintain an up to date e-learning platform including piloting use of social network media for information exchange/knowledge acquisition and maintenance.	Fully functional and accessible e-learning platform including social network linkages by the end of year 2.	Webpage activity analytics / IT server back end log.	Year 2.	Ass. : Availability of necessary IT resources.
Develop refresher courses delivered at health facilities through innovative learning models.	A refresher course/model developed and implemented every two years.	Curricula.	Year 2 and 4.	--
Adopt the apprenticeship model of training for clinical skills development.	A course adapted to the apprentice model every two years.	Curricula.	Year 2 and 4.	--
Increase the availability and use of IDI educational health resources by alumni for open source continuous education.	Proportion of IDI core courses that have open resource component: 30% courses by year 2; 50% by year 4; 60% by year 5.	Webpage activity analytics / IT server back end log.	Year 1 to 5.	Ass. : Alumni have access to internet. Ass. : Stability and reliability of IDI website.
	Proportion of available open resources materials being utilized: 30% courses by year 2; 50% by year 4; 60% by year 5.	Webpage activity analytics / IT server back end log.	Year 1 to 5.	--
	Proportion of alumni accessing and utilizing open resources: 30% by year 2; 50% by year 4; 60% by year 5.	Webpage activity analytics / IT server back end log.	Year 1 to 5.	--
Set up training teams/affiliates to facilitate regional field based training within Uganda and internationally.	Number of regional teams /affiliates established: 3 teams (two regionally and one international) by year 5.	Capacity building reports by teams.	Year 1 to 5.	--
	One collaborative activity carried out each year.	Capacity building reports by teams.	Year 1 to 5.	--
2.3 Objective: To build and strengthen the capacity of others to train and mentor health workers in management of HIV and infectious diseases.				
Conduct Training of Trainers (ToT) for new trainers identified to expand coverage and pool of available technical expertise.	ToT courses conducted: 4 ToT courses per year (40 trainees per year).	Training reports.	Year 1 to 5.	--
Train all technical trainers in mentorship skills.	Mentorship skills courses conducted: 30 trainees per year.	Training reports.	Year 1 to 5.	--
Incorporate a mentoring session in all IDI core courses.	Mentorship session incorporated in all IDI core courses.	Mentorship component in all IDI core course curricula.	Year 1.	--
Involve TOT alumni in follow-ups and onsite mentorships.	Follow ups and mentorship conducted by TOT alumni: 10 follow ups per year.	Training reports.	Year 1 to 5.	--
2.4 Objective : To maintain the competence of IDI alumni through programmed follow up				
Develop innovative post training support packages for all courses based	Courses with distance learning packages incorporated: all courses by year 3.	Distance learning component in all IDI	Year 1 to 3	Ass. :

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
on the wide range of interactive distance learning platforms such as electronic, social networks, newsletters, cases etc.		core course curricula.		• Alumni are willing to participate in distance learning • Availability of facilitators to support alumni using the platform. • Alumni have the basic skills Risks • System security breach • Alumni lacking access to internet and computers.
	15% of alumni using the platforms for interactive activities.	Output from moodle system.	Year 1 to 5.	
Enhance integrated and discipline-specific onsite support for alumni.	50% of alumni provided with integrated onsite post-training follow-up support per year.	Department reports.	Year 1 to 5.	Ass. : • Availability of staff to conduct follow up support visits. • No attrition of alumni trained.
	60% of alumni provided with discipline-specific onsite post-training follow-up support per year.	Department reports.	Year 1 to 5.	
Plan alumni Continuing Medical Education (CME) sessions to share success stories, get feedback and support either onsite or online.	All onsite support visits followed by CME sessions.	Department reports.	Year 1 to 5.	--
Capacity building : internal to IDI				
2.5 Objective: To expand IDI scope of coverage and pool of available technical expertise through internal and external/international partnerships and collaboration.				
Strengthen existing, and establish new, strategic partnerships with International institutions.	Active partnerships: at least one joint activity with an international and local partner per year.	Activity reports.	Year 1 to 5.	Risk: Establishing too many partnerships that are difficult to manage.
Identify, and explore partnerships in-country and at regional level to set up centers of clinical excellence for supporting field-based training and practicum-based clinical training.	Collaborative partnerships for field-based training/practicum-based clinical training established: at least 3 in-country centres and one regional (Africa region).	List of centres/partners; MoUs with partners	Year 1 to 5.	Risk: Development of conflict and mistrust overtime in relation to successes and failures.
	Activities conducted at these centres: at least one activity per year.	Activity reports.	Year 1 to 5.	--
Explore and pursue opportunities for joint implementation of training activities with partners.	Joint activities implemented.	Activity reports	Year 1 to 5.	Ass. : Availability and commitment of parties interested in partnering with IDI.
2.6 Objective: To enhance and maintain systems for quality assurance of capacity building activities (training, mentoring and technical assistance).				
Offer packages of certified accredited basic and advanced needs-driven technical courses in HIV and other infectious diseases.	IDI recognized as an institution that offers MoH accredited in-service trainings.	Accreditation certificate.	Year 1 to 5.	Ass. : The MoH-approved accreditation secretariat will be established and functional.
	One course per year accredited by MoH and other institutions of learning.	Accreditation documents.	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Develop a quality assurance framework for training activities.	QA framework developed.	Report.	Year 1.	--
Review and update capacity building SOPs.	All SOPs reviewed and approved by HoD.	Approved SOPs.	Year 1.	--
Conduct regular reviews of the quality of capacity building activities	Quarterly reviews conducted.	Review reports.	Year 1 to 5.	--
Obtain periodic external quality review of core capacity building processes and products.	One core process and one product reviewed externally per year.	External QA reports.	Year 1 to 5.	Ass. : Availability of external reviewers.
2.7 Objective: To mobilize and generate adequate financial resources to support the capacity building function of IDI.				
Track and maintain number of trainees at level not lower than minimum needed to run program on a break-even status.	Number of trainee days achieved per month/quarter: at least 600 trainee days per month/1,800 trainee days per quarter/ 1,440 trainees per year.	Quarterly program and financial reports	Year 1 to 5.	Ass. : Conducive funding environment to support capacity building /training of health workers.
Pursue funding opportunities for capacity building through; Interdepartmental collaboration and partnership with other organizations; response to relevant proposal calls; and generating proposals for funding.	6 proposals developed and submitted collaboratively per year.	SIGMER report.	Year 1 to 5.	Ass. : • Strong interdepartmental collaborations • External partners are willing to collaborate • Calls for proposals are identified and shared in a timely manner
Develop and utilize a marketing strategy through collaboration with the outreach department to promote and increase enrollment for courses.	Marketing strategy developed.	A complete marketing strategy.	Year 1.	--
	Number of sponsored trainees.	KPIs quarterly.	Year 1 to 5.	--
	Number of new organizations sponsoring trainees.	KPIs quarterly.	Year 1 to 5.	--
2.8 Objective: To maintain, through continuous professional development, a strong and competent team, including resource people, to provide training and technical support.				
Increase exposure of training department staff to relevant internal and external meetings, conferences and symposia.	Number of capacity building events attended: one per quarter per technical trainer.	Technical Trainers Log Book.	Year 1 to 5.	--
Engage Professors in Residence (PIR) in capacity building of training department staff.	One session held between PIRs and trainers/trainees per PIR visit.	PIR reports.	Year 1 to 5.	--
Hold professional development trainings for training department staff.	50% of department staff enrolled in professional development programs each year.	IDI personnel records.	Year 1 to 5.	Ass. : Training department staff successfully solicits funding for these activities.
Develop and implement training department staff induction protocol.	Training department staff induction protocol in place.	Protocol approved by HoD.	Year 1.	--
	All new staff fully inducted according to protocol.	IDI personnel records.	Year 1 to 5.	--

3. Research programme

Goal: **To produce outstanding, internationally-recognized scholarship in infectious diseases that influences global policy and practice, with emphasis on Africa.**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
3.1 Objective: To publish findings and to advocate for translation of research findings into policy and practice.				
Conduct high quality research which results in a significant number of publications and conference presentations.	8 original research publications published in high impact journals each year.	On-line search of recognized health-related search engines (e.g. PubMed).	Year 1 to 5.	Ass. : The numbers of publications as well as the average impact factor per year are expected to increase over the strategic planning period.
	2 editorials published each year.	As above.	Year 1 to 5.	--
	2 review articles published each year.	As above	Year 1 to 5.	--
	5 high-quality oral presentations on IDI-led research and research capacity building activities delivered at international meetings each year.	Proceedings of meetings.	Year 1 to 5.	--
Develop and implement a research dissemination plan to advocate for results from research to be used in Africa to improve training and policies for prevention, care and treatment	A clear plan to advocate for translation of research findings into policy and practice.	Plan approved by HoD.	Year 2 to 5.	--
	Status of implementation of plan clear.	Plan monitor produced every six months.	Year 2 to 5.	--
3.2 Objective: To build research capacity in Uganda and SSA.				
Support development and growth of a regional network of excellence in clinical trials.	IDI is active member of key networks	Department report.	Year 1 to 5.	Note : Current networks include the EACCR consortium and the EARNEST study group; IDI will seek to strengthen MakCHS's position within these networks.
	Joint training, and reciprocal site visits, conducted to strengthen network capacity.	Department report.	Year 1 to 5.	--
Host weekly research forum for outside speakers and PIRs, presentation of scholars work, and research topics / IDI methods.	30 well attended research forum sessions per year.	Session reports and attendance registers.	Year 1 to 5.	Ass. : All PIRs and research visitors participate in forum.

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Co-manage implementation of Postgraduate Diploma in Applied Clinical Research.	25 trainees attend and complete basic modules each year.	Training reports.	Year 1 to 5.	Ass. : Funding will be available for supporting the course through partners including the Dutch Government.
Development of other regional research training courses based at IDI.	Course curriculum and materials developed and tested every two years; and pilot course run.	Report on pilot course; curriculum and materials.	Year 2 to 5.	Note: Potential course include the offering of the ACREM course as a Master's program at MakCHS.
PIRs visit IDI to support primarily the research programme (but also other programmes).	IDI research training needs / skills deficit identified annually.	Research annual workplan.	Year 1 to 5.	--
	10 PIRs visit IDI each year.	Reports by PIRs.	Year 1 to 5.	--
3.3 Objective: To develop strong national, regional and global collaborations through research networks.				
Improve collaboration with other research sites in Uganda (e.g. MRC, UVRI, JCRC, CDC-Tororo, Rakai Health Sciences Project, and MUWRP).	2 site visits to identify areas of expertise and overlap conducted each year.	Department report.	Year 1 to 5.	--
	Joint annual workplan to optimize collaboration developed.	Plan jointly approved.	Year 1 to 5.	Ass. : Partners agree to joint plan.
	Plan implemented.	Workplan monitor.	Year 1 to 5.	--
Strengthen participation by IDI in existing regional and global research collaborations; and extend range of collaborations in which IDI participates.	IDI plays stronger role (e.g. as coordinating site) in increasing number of collaborations.	Department report.	Year 1 to 5.	Note: Current Networks include: IeDEA-East Africa; EACCR; EARNEST, Partners PREP, INSHI.
Capacity building : internal to IDI				
3.4 Objective: To establish and maintain a robust research management and knowledge translation process (from research conception to dissemination) which ensures the relevance of IDI's research programme				
Review with MU and the Government of Uganda the role of the IDI Research Programme in supporting University[2] and Government[3] research strategy; annually.	Role of IDI Research Programme reviewed and defined in relation to relevant University / Government research strategies.	Department report; annual.	Year 1 to 5.	Ass. : Research will not be conducted on treatments / medications unlikely to benefit Africa.
IDI Scientific Advisory Board (SAB) advises on focal areas[4] of IDI research	Formal recommendations (with special focus on	Communication	Year 1 to 5.	Note: Status of IDI strategy and proposals

[2] Makerere University, College of Health Sciences, Strategic Plan 2010-2020.

[3] Uganda National Health Research Organisation (UNHRO) was established by MoH on 1997.

[4] The following are the IDI research focal areas from July 2010 (subject to annual review).

1) Opportunistic infections particularly Tuberculosis, Cryptococcus, Kaposi's sarcoma and other malignancies.	2) ART-associated complications.	3) HIV prevention (especially in discordant couples and young adults).	4) Sexual and reproductive health.	5) Clinical pharmacology.

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	IDI contribution to relevant global research priorities) sent to IDI Director for consideration by IDI staff and Board.	from SAB; annual.		for change (if any) to be sent to SAB periodically for comment. AA Charter[5] suggests input from AA members too.
IDI Board reviews focal areas of IDI research annually.	Formal recommendations from IDI Board of list of focal areas of IDI research.	IDI Board minutes.	Year 1 to 5.	--
Ensure research partners and funders are aware of up-to-date focal areas of IDI research.	Focal areas of IDI research disseminated to partners and funders.	Department report.	Year 1 to 5.	--
Maintain and optimize IDI clinical cohorts and associated data as a valuable research resource.	IRB approval to use routine data from IDI major programmes for clinical and operational research maintained.	IRB approval letters.	Year 1 to 5.	Ass.: Funders of the IDI programmes (e.g. CDC for IDI Outreach Programme will support this view)
	Data quality assessments conducted annually.	Data Quality Reports.	Year 1 to 5.	--
3.5 Objective: To maintain the highest (international) standards for the conduct of ethical scientific research at IDI.				
Produce (and update) Standard Operating Procedures (SOPs) for the IDI Research Programme	Publication of IDI Research SOP Handbook endorsed by IDI Director.	Research SOP Handbook.	Year 1 to 5.	--
	Revised SOPs published annually.	Revised handbook.	Year 2 to 5.	--
Continue to seek review of proposals by local Institutional Review Boards (IRBs) approved by the Uganda National Council for Science and Technology (UNCST) and support the strengthening of MU Research and Ethics Committees (MUREC) if requested to do so.	80% of proposals reviewed by IRB approved by UNCST.	Department report.	Year 1 to 5.	--
	Support provided to MUREC if requested.	Department report.	Year 1 to 5.	--
Strengthen internal systems for planning, management and monitoring all IDI research activities (including resource use).	Plan to strengthen research management approved; including : • methods to achieve more selective and strategic choice of outside collaborations through strict implementation of selection process for pursuit of grant opportunities;[6] • approaches to strengthen adherence to the SOPs of the Research Programme by all	Plan approval.	Year 1 to 5.	--

In addition, IDI has identified the following research enabling resources that support research on a range of topics.

1) Clinical observational cohorts	2) Clinical trials unit	3) Lab-based research	4) Outreach services in rural/urban Uganda	5) Research capacity building

[5] Latest version was reviewed and accepted by the combined Academic Alliance and by Accordia's Board in October 2007.
[6] Described in the IDI Grants and Contracts Manual; and endorsed by IDI Board (February 2008).

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	current and planned research activities; • Strengthened resource management.			
	Plan implemented.	Workplan monitor; quarterly.	Year 1 to 5.	--
Introduce system of academic appointments for senior research collaborators at IDI.	Structure of honorary roles / titles for international, MU and other staff with ongoing research roles at IDI developed.	Department report.	Year 1 to 5.	--
Improve integration (or at least coordination) of overlapping areas of research[7].	Recruitment and data management plans for overlapping areas shared.	Agreements on integration / coordination.	Year 1 to 5.	--
Implement policy for sharing IDI data.	Policy document developed and agreed by IDI management.	Policy document published.	Year 1 to 5.	--
	Policy monitored by research administrative staff.	Department report.	Year 1 to 5.	--
Implementation of clinical trials programme; including participation in multi-site trials.	Contract signed and recruitment started for at least one clinical trial each year (e.g. new treatment failure, or second-line therapy, protocol).	Department report.	Year 1 to 5.	Ass. : There is sufficient space (and additional space may be requested from Mulago Hospital management).
Implement a data management system (including datafax) for research.	Higher quality research data better organized, more secure, and more accessible; and datafax available.	Department report.	Year 1 to 5.	--
3.6 Objective: To develop and maintain a structured talent development and management programme for research scholars and other research staff.				
Pursue opportunities to continue the model established through the Sewankambo Clinical Scholars and ID Fellows Programme, with the development of scholars capable of : designing a study or clinical trial; securing funding; managing technical and administrative aspects; publishing results.	Research successfully designed and conducted by at least one new Scholar / Fellow each year in keeping with focal areas of IDI research; and with emphasis on achieving PhD.	Reports by scholars.	Year 2 to 5.	--
		Journal publications.	Year 1 to 5.	--
	Scholars / Fellows obtain at least one international research grant during the course of their Scholarship / Fellowship that provides at least 10% contribution to core costs.	Award letter from funder.	Year 1 to 5.	--
Establishment of formal process and appraisal team for evaluation of Scholars/Fellows and programme.	Process (including composition of appraisal team) documented and agreed by IDI / MakCHS.	Process documentation.	Year 1.	Ass. : The recurring issue of 'protected time' for research is resolved.

[7] Note : An example of such overlap : Cryptococcal and TB IRIS; and University of Washington and University of California San Francisco research programmes on Kaposi's Sarcoma.

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	ToR, workplan / metrics and responsibilities for each Scholar/Fellow defined and agreed with IDI Head of Research.	Department report.	Year 1 to 5.	--
	Regular assessments conducted.	Assessment reports by IDI Head of Research.	Year 1 to 5.	--
Strengthen local and international mentoring of Scholars/Fellows.	Local and international mentoring needs of each Scholar/Fellow defined and reviewed regularly.	Department report.	Year 1 to 5.	--
	Pairing of Scholars/Fellows and AA members (with ToR) for mentorship.	Signed mentoring agreements for all Scholars / Fellows.	Year 1 to 5.	--
	PIR visits selected after consideration of mentoring needs (as well as other needs of IDI programmes).	Department report.	Year 1 to 5.	--
Establishment of pool of potential Sewankambo Scholars through continuing MMed programme.	At least 2 potential scholars identified each year.	Department report with names of MMeds.	Year 1 to 5.	--
3.7 Objective: To develop and maintain a programme of lab-based (translational) research.				
Establish Lab-Based Research Management Group	Structure, composition and ToRs of group defined.	Department report.	Year 1 to 5.	--
Produce Lab-Based Research Strategy to establish priorities for the translation of basic science into diagnostic tests (especially in support of existing clinical research at IDI or partners; notably: TB, PK, hepatitis, SRH, IRIS, and HIV treatment failure).	Strategy (in keeping with IDI Strategy) produced; including : - Better implementation of existing technology; at least one each year (e.g. roll out of fluorescence microscopy to KCCA sites with LED microscopes). - Introduction of at least one new diagnostic practice or method each year (e.g. molecular diagnostics for TB).	Strategic plan.	Year 1 to 5.	--
Develop specimen repositories as research resource.	Repositories in place.	Department report.	Year 2 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
3.8 Objective: To contribute to the sustainability of IDI by maximizing research programme cost recovery and other income.				
Increase staff cost recovery on IDI-based research.	50% of IDI research grants generated internally (with IDI as prime).	SIGMER report.	Year 1 to 5.	--
Target research grants with institutional overheads >12%.	80% of funded research projects in IDI focal areas contributing at least 12% of value to cover IDI core cost.	SIGMER report.	Year 1 to 5.	--
	4 industry-sponsored research projects within the mandate of the research programme won each year.	SIGMER report.	Year 1 to 5.	--

4. Laboratory services programme

Goal: **To provide high quality laboratory services at IDI to meet both clinical and research demands; and to support the sustained improvement of lab capacity across Uganda with systems of assured and consistent quality.**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
4.1 Objective : To maintain a close partnership with MUJHU to provide a volume and range of affordable tests which meet the current and projected needs of service providers and research projects in IDI, Uganda, and Sub-Saharan Africa.				
IDI/MUJHU plans to maintain the relevance (and thus sustainability) of the Lab Services programme through the periodic assessment of need for IDI lab services amongst research projects and programmes in Uganda and SSA, and also amongst health care providers in Uganda (including need for : tests; lab QA/QC; technical assistance and lab training).	Service providers requiring lab tests (and likely demand on IDI services) identified.	List of needs by location.	Year 1 to 5.	--
	Research projects requiring lab tests (and likely demand on IDI services) identified.	List of needs by organization.	Year 1 to 5.	--
	Unmet need in other SSA countries which might be met by IDI (or consortia of which IDI is part) identified; including: lab tests; lab QA/QC; technical assistance and lab training.	As above.	Year 1 to 5.	--
IDI/MUJHU aims to provide a level and mix of lab tests which meets the current and expected needs of service providers and research projects.	Number of tests provided by MUJHU lab annually for research purposes.	Laboratory registers (electronic or paper based)	Year 1 to 5.	Ass. : Clients willing to pay fees commensurate with sustaining IDI/MUJHU.
	Number of tests provided by MUJHU lab to support routine care and support disaggregated according to source.	Laboratory registers (electronic or paper based)	Year 1 to 5.	As above.
IDI/MUJHU will maintain the high volume lab which meets all national certification standards.	Number of tests provided by IDI Central lab to support routine care and support disaggregated according to source.	KPIs.	Year 1 to 5.	As above.
	National certification maintained.	National certification.	Year 1 to 5.	--
4.2 Objective: To develop and test new approaches to lab tests; advocate for their use; and support roll out.				
IDI will identify tests for which new approaches may be productive in terms of improved quality and/or reduced cost, and will design and test new approaches; advocate for their use; and support roll out. Areas of innovation may well include: emerging 'Point of Care' testing technologies; more sustainable sources of power for lab	Number of QA, referral and reporting systems for new PoC diagnostics, in-cluding novel technologies for HIV and related co-infections, identified, implemented and rolled out.	Reports on Installation and validation/verification/commissioning.	Year 1 to 5.	Note : The IDI Research programme will contribute heavily in achieving this objective through the further development of the IDI translational lab.

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
equipment and systems; and evolving solutions to enable the spread of lab computerization to all rural areas of Uganda. All such new approaches will need to be formally and rigorously evaluated.	Number of facilities with novel power systems for lab equipment and or computerization	Reports on Installation and validation/verification/commissioning.	Year 1 to 5.	--
	Number of peer-reviewed publications on the cost efficiency and efficacy of new systems	Publications on the IDI website.	Year 1 to 5.	--
4.3 Objective: To support national strategies for quality assurance and quality control of lab tests.				
IDI will support MoH in scaling up the application in Uganda of the well-established global complementary processes known as Strengthening Lab Management Towards Accreditation (SLMTA) and Strengthening Lab Improvement Process Towards Accreditation (SLIPTA) with the aim of achieving the international standard in Ugandan lab services (both Government and non-Government).	Number of Technical Working Groups on which IDI is represented (at least 2)	Appointment letters. Minutes of meetings.	Year 1 to 5.	--
	Number of labs supported by IDI using national or international models (e.g. WHO).	Laboratory records on SLMTA/SLIPTA accreditation.	Year 1 to 5.	--
IDI will participate in implementation science initiatives in this area to foster cost-effective national solutions.	Implementation science initiatives participated in.	Research reports and publications.	Year 1 to 5	--
IDI will contribute, through its lab training programme, to address gaps in the knowledge and skills of lab staff which are identified through the QA system.	Number of lab personnel trained.	Laboratory records at IDI outreach & training department	Year 1 to 5.	--
	Number of facilities provided with mentorship visits at least once a year.	Laboratory records at IDI outreach & training department	Year 1 to 5.	--
4.4 Objective: To use IDI expertise to provide technical assistance to MoH, especially Central Public Health Laboratories, and other organizations in Uganda and the region to enhance the development and implementation of laboratory services strategy.				
IDI will vigorously support the implementation, monitoring and evaluation of the planned national programme; IDI TA will especially focus on assisting the Central Public Health Labs (CPHL) as it develops into the Uganda National Health Lab Services (UNHLS).	Number of trainings and mentorship for senior CPHL/NHLS staff and district and regional lab managers/focal persons.	Training and mentorship records.	Year 1 to 5.	--
	M&E system for CPHL established.	M&E plan, work plans per department/unit and quarterly performance reports.	Year 1 to 5.	--
IDI will also provide TA to support the full operationalization of district, regional and national lab networks which encompass and integrate the vital services provided by both Government and non-Government labs.	Number of districts/regions directly supported by IDI.	TA reports.	Year 1 to 5.	--
Capacity building : internal to IDI				
4.5 Objective: To maintain close partnership with MUJHU to ensure the lab is sustainable and continues to be certified by the College of American Pathologists (CAP).				

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
IDI/MUJHU commit to maintain the current arrangement whereby ownership of the lab remains with Makerere University and management responsibility remains with MUJHU.	Lab management by MUJHU agreed with IDI.	Agreement document.	Year 1 to 5.	--
IDI expects that the terms of agreement between IDI and MUJHU will result in full cost recovery for IDI along with assured continuity of lab services.	Terms of agreement describing how the MUJHU lab at IDI will be self-sufficient and services to IDI will be uninterrupted.	Agreement document.	Year 1 to 5.	--
IDI/MUJHU lab will retain certification by the College of American Pathologists.	High quality of lab recognized by international accreditation.	Certification by CAP.	Year 1 to 5.	--
4.6 Objective: To further develop lab outreach as a major sub-programme within the IDI Outreach programme.				
IDI plans to ensure that a well-organized core team of well-qualified and experienced staff is available to meet the continuing needs related to the development of safe and efficient lab services across both Government and non-Government health sectors in Uganda and the region.	Number of projects supported by IDI lab outreach services team.	Quarterly project reports	Year 1 to 5.	--
	Number of labs supported by IDI lab outreach services team disaggregated by district.	Quarterly project reports	Year 1 to 5.	--
	Number of countries in the region supported by IDI lab outreach services team.	External TA reports	Year 1 to 5.	--
4.7 Objective: To enhance capacity of lab services team at IDI.				
As the level and scope of activities related to lab services at IDI expands, the lab services team plans to acquire the necessary skills and experience by judiciously enhancing the capacity of its members.	Number of lab staff (outreach) trained as lab auditors, mentors and trainers.	Training / HR records.	Year 1 to 5.	--
	Number of lab staff (outreach) trained in leadership, management skills and public relations.	Training / HR records.	Year 1 to 5.	--
	Number of lab staff (outreach) trained in public health/project management.	Training / HR records.	Year 1 to 5.	--
	Number of lab staff (outreach) trained in research methods.	Training / HR records.	Year 1 to 5.	--
4.8 Objective : To contribute to the sustainability of IDI by seeking additional grants that are lab centric				
The IDI lab services team plans to contribute even more to the sustainability of IDI by producing high quality responses to calls for proposals specifically focusing on lab services development.	Number of lab-related grant applications submitted.	SIGMER.	Year 1 to 5.	--
	Proportion of lab-related grant applications that are successful: 30%.	SIGMER.	Year 1 to 5.	--

5. Outreach programme

Goal: **To increase access to quality and comprehensive services for HIV and other infectious diseases in Uganda through innovative and strengthened health systems.**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
5.1 Objective: To contribute to national and international targets for scaling up prevention / treatment services for HIV and other infectious diseases.				
Provide technical assistance to key public and private facilities to scale up key comprehensive HIV Prevention, Care and Treatment services including: HCT, HIV/TB care and treatment, PMTCT, SMC, laboratory, logistics and M&E system strengthening.	70% key private and public facilities (in areas of IDI coverage) provided with technical assistance to scale up key comprehensive HIV Prevention, Care and Treatment services.	Health facility reports	Year 1 to 3.	--
	60% improvement (in areas of IDI coverage) in the technical capacity including HCT, HIV/TB care and treatment, PMTCT, SMC, laboratory, logistics and M & E systems in key public and private facilities scaling up key comprehensive HIV Prevention, Care and Treatment services.	Health facility reports	Year 1 to 3.	--
Document which outputs of the IDI Outreach programme contribute to scale up of prevention/treatment services for HIV and other infectious diseases at national and international levels.	100% documentation of all Outreach key Health Systems Strengthening (HSS) technical areas contributing to scale up of HIV prevention and treatment services.	Project reports and publications	Year 1 to 5.	Ass: Outreach projects funded annually
Offer QA service for health system strengthening in other African organizations coupled with technical assistance.	At least 2 QA services for HSS and technical assistance offered per year to other African organizations.	QA reports	Year 1 to 5.	--
5.2 Objective : To ensure that the IDI Outreach programme is well aligned with national priorities and strategies.				
Build capacity of public and private health facilities to deliver quality health services.	At least 70% of supported health facilities achieving at least 85% of national health service delivery targets.	Health facility reports	Year 1 to 3.	Risk: Human resource constraints
Strengthen capacity of local government structures to effectively manage and coordinate health service delivery.	4 district level meetings conducted for health planning and coordination annually per supported district.	Meeting minutes	Year 1 to 5.	--
Strengthen community structures to effectively create demand for health services by people in communities and facilitate MoH oversight and coordination of the health response to supported districts.	50% increment in targeted populations reached with health services, 100% of supported health facilities adhering to MoH policies and guidelines and 100% of supported districts visited by MoH officials at least biannually.	Facility and supervision reports	Year 1to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
5.3 Objective: To contribute to national health systems strengthening at all levels.				
Support and promote health system strengthening interventions at local and national levels through providing specialized technical assistance to local technical teams by specialized IDI technical teams in the key areas of health system strengthening.	60% increment in targeted groups reached with key health system strengthening interventions.	Project and facility reports	Year 1 to 3.	--
5.4 Objective : To contribute to health policy and advocacy through operations research and documentation of best practices				
Generate new public health knowledge through implementations of operations research projects within the Outreach programme.	At least 1 operations research project implemented per year. At least 2 scientific papers published in a peer reviewed journal annually. At least 2 papers/abstracts presented at local and internal conferences annually. Operations research findings shared with policy makers.	Project reports and dissemination workshops	Year 1 to 5.	--
Build on the synergies and technical capabilities of different IDI Programmes including PCT and Research.	IDI interdepartmental synergies, collaborations and technical capabilities utilized all the time as needed to contribute to health policy and advocacy through operations research and documentation of practices.	Minutes of meetings; interdepartmental meetings and dialogue.	Year 1 to 5.	--
5.5 Objective : To develop a network of IDI outreach partners within Uganda				
Facilitate MoH oversight and coordination of the health response to supported districts for a coordinated response.	100% of supported districts visited by MoH technical teams every quarter to provide technical oversight and ensure a coordinated response.	Facility and technical supervision reports.	Year 1 to 5.	--
Take lead on coordination of partnerships by different implementing partners/stakeholders in the IDI supported regions/districts.	At least 2 stakeholders meetings held per region per year. List of partners with links in place.	Minutes of stakeholders meetings. Partners registers.	Year 1 to 5.	Ass: One implementing partner taking lead role for HIV/AIDS services per district.
Capacity building : internal to IDI				
5.6 Objective: To strengthen capacity of the outreach department to effectively achieve its objectives.				
Recruit and maintain skilled technical staff to manage the Outreach programme.	Rate of staff turnover reduced to less than 5% per year.	HR records.	Year1 to 5.	--
5.7 Objective : To maintain, through continuous professional development, a strong and competent team, including resource people, to lead and support the Outreach programme				
Facilitate professional enhancement for technical staff including, but not	50% of departmental staff gaining new	Staff technical	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
limited to, trainings, exposure visits, mentorship, study leave etc.	competencies annually.	assessment reports.		
5.8 Objective : To ensure sustainability of the IDI outreach program				
Identify funding opportunities for the outreach programme to implement activities within and outside Uganda.	At least five project proposals submitted for funding annually. At least one new project awarded/funded annually.	Proposals submitted. Award notices received.	Year 1 to 5.	--

6. *Governance, partnerships and management*

Goal : **To maintain optimal and sustainable governance and management arrangements for the accomplishment of the IDI Mission within an evolving framework of national and global partnerships**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
6.1 Objective: To maximize links with the Government of Uganda with a view to supporting Government policies and plans; and contributing to their further development.				
Maximize linkage with: MoH, UAC, MoFPED and MoE; as IDI supports Government programs through service delivery, health worker capacity building and contribution to policy through research.	IDI policies, plans and practices are in keeping with the GoU policies and plans[8].	Regular checks for consistency.	Year 1 to 5.	--
	Senior officials in all relevant Ministries / Departments are regularly updated about IDI.	Regular communication.	Year 1 to 5.	--
	Presentation on developments at IDI offered to each organization every two years.	Presentations.	Year 1 to 5.	--
6.2 Objective: To support institutions in African and other developing countries to adopt all or some of the IDI governance and management arrangements; especially within Makerere University.				
Document the IDI governance and management arrangements (and lessons learned).	Documentation of IDI governance and management available for dissemination.	Compiled documentation.	Year 2.	--
Develop and implement plan to publicize the IDI governance and management arrangements as a replicable model.	IDI governance and management arrangements publicized (while protecting the intellectual property rights of IDI and MU).	Plan monitor produced annually.	Year 3.	Ass. : Adequate protection in place for the intellectual property rights of IDI and Makerere University.
Offer TA to other African institutions which seek to implement some or all of the IDI governance and management arrangements; plus Quality Assurance (QA).	Service provided to at least one client each year.	Reports for clients.	Year 3.	Ass. : Clients willing to pay fees commensurate with sustaining IDI. Risk: IDI staff distracted from prime

[8] Including : *Moving toward universal access : National HIV & AIDS strategic Plan (2011/12 to 2014/15); Uganda AIDS Commission*
Health Sector Strategic Plan III (2010/11 to 2014/15); Ministry of Health
Uganda Malaria Control Strategic Plan (2010/11 - 2014/15); Ministry of Health
Education Sector Strategic Plan (2004 - 2015); Ministry of Education and Sports
Makerere University, College of Health Sciences, Strategic Plan 2010-2020.
National Health Laboratory Services Policy; August 2010
National Health Laboratory Services Strategy; 2010-2015
Health Sector HIV/AIDS Strategic Plan 2010/11-2014/15
National Policy on Public Private Partnership in Health; 2013

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
				responsibilities.
6.3 Objective: To develop strong, broad, long term linkages with various strategic partners in Uganda and Sub-Saharan Africa; and with other major global academic institutions.				
Strengthen and more clearly define mutually-supportive relationships with a range of organizations in Uganda and Sub-Saharan Africa.	Relationships (and areas of actual and/or potential strategic cooperation) with suitable current partners in Uganda and SSA reviewed and updated.	List of potential partners with areas of cooperation.	Year 2 to 5.	--
	Potential partners approached and appropriate relations established (including formal agreements).	Relations established.	Year 3 to 5.	--
Develop relationships with a range of organizations of global repute.	Likely suitable partners worldwide identified.	List of potential partners with areas of cooperation.	Year 1 to 5.	--
	Strategic cooperation links established with a limited range of organizations with international reputations from the following geographical areas: North America, Europe, Middle East, Australia, China and India.	Links established.	Year 1 to 5.	--
6.4 Objective: To strengthen strategic partnerships with Accordia Global Health Foundation.				
Clarify and strengthen partnership between Accordia and IDI.	Partnership clarified and strengthened in several areas including: roles and responsibilities of each organization; and communication processes.	Documentation of clarified relationship.	Year 1.	--
Hold informal annual meetings of IDI and Accordia Board members.	Informal meetings held annually.	Record of date of meeting, but no formal documentation.	Year 1.	--
Optimize the flow of relevant information between the two organizations to ensure well-coordinated external communication and resource generation activities.	Annual review of funders to be targeted by each organization.	List of funder targets for each organization.	Year 1.	--
	Plans shared between the two organizations (while in development and on completion) to ensure they are consistent and mutually supportive.	Documents shared.	Year 1.	--
Review every three years the effectiveness of the coordination.	Effectiveness of coordination reviewed (with recommended improvements).	Review presented to senior IDI /	Year 3.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
		Accordia staff.		
Capacity building : internal to IDI				
6.5 Objective: To strengthen the IDI governance model with a view to enhancing accountability, efficiency and effectiveness.				
Maintain and enhance communication and accountability through regular production and dissemination of evidence-based reports, legal and financial reviews, and evidence of contribution to the vision, mission and goals of Makerere University.	Plan to strengthen the governance model produced.	Plan published.	Year 2.	--
	Plan implemented.	Annual monitor of plan.	Year 2 to 5.	--
6.6 Objective: To maintain strong and sustainable leadership within IDI.				
Maintain a succession plan to ensure that outstanding African leaders occupy the senior management posts at IDI on terms of employment that are sustainable.	Senior management posts at IDI held by outstanding African leaders on sustainable terms.	African leaders in place.	Year 1 to 5.	--
Maintain a career development plan for each programme leader.	Plan documented and implemented.	Annual monitor of plan.	Year 1 to 5.	--
6.7 Objective: To enhance institutional sustainability through developing management structures and practices which foster greater responsibility for minimizing costs and maximizing income throughout IDI.				
Design and implement management structures and reporting systems at IDI which enable effective management of revenue and expenditure at programme/sub-programme and which support department levels.	Structure and reports designed; plan for implementation produced.	Design of structure and reports; plan.	Year 1.	Risk: Development may be seen as divisive and reduce organizational cohesion.
	Plan Implemented.	Annual monitor of plan.	Year 2 to 5.	--
Develop and implement a system which enables IDI managers to monitor unit costs across the organization.	Definition and production of high priority unit costs.	Unit costs available.	Year 2 to 5.	--
Develop practical knowledge and skills relating to cost-effectiveness across IDI.	Heightened capacity of IDI managers to apply principles of cost-effectiveness.	Management reports.	Year 2 to 5.	--

7. *Finance, Human Resources and Administration*

Goal: **To enable IDI achieve its mission and goals by providing consistent high quality support services; and ensure key corporate information is available for compliance with all stake holder requirements.**

Objectives / Strategies	Indicator(s) of achievement plus targets(s)	Precise means of verification	Timeframe	Assumptions and Risks
Capacity building : external to IDI				
7.1. Objective: To provide full and timely accountability to Government of Uganda and other funders and stakeholders through adherence to high standards of financial management and reporting which ensure reliability and transparency.				
To maintain and strengthen formalized accounting procedures for IDI that are recognised and accepted by the Government of Uganda, Uganda Revenue Authority, Makerere University, funders and key stake holders.	International accreditation of IDI financial systems.	Accreditation document.	Year 3.	--
Provide consistent timely, complete, accurate and reliable financial and administrative information to all stake holders.	Stakeholders satisfied with delivery and quality of reports.	Feedback from stakeholders.	Year 1 to 5.	--
Capacity building : internal to IDI				
7.2 Objective : To provide sufficient full range of operational, financial, procurement and audit support, plus equipment and facilities, to allow unimpeded delivery of core programs and project activities.				
Review supervision needs for each function (engineering, transportation, security and maintenance); review standard operating procedures to enhance performance, and develop quarterly performance reporting; identify critical systems and develop continuity plans / strategies.	Needs assessment conducted.	Needs assessment report.	Year 1	--
	SOPs reviewed.	Updated SOPs.	Year 1.	--
	Quarterly performance reports produced.	Reports.	Year 1 to 5.	--
	Critical systems and develop continuity plans / strategies identified.	Report.	Year 1.	--
Develop, and annually update, a long term facilities plan to proactively provide sufficient operational support.	Needs assessment conducted.	Needs assessment report.	Year 1.	--
	Plan developed and implemented.	Plan monitor; improved response to requests for support.	Year 1 to 5.	--

Objectives / Strategies	Indicator(s) of achievement plus targets(s)	Precise means of verification	Timeframe	Assumptions and Risks
Maintain high levels of transparency and objectivity in the procurement unit; establish standards of performance for different types of procurement.	Timely procurement of goods and services; consistent delivery of value for money; minimum audit findings; satisfied user sections / departments; cost reductions; good vendor relations; independent market surveys and price comparisons; compliance with policies.	Annual report.	Year 1 to 5.	--
	Standards of performance.	Standards monitor.		--
Improve supply chain management to optimize the level of international procurement by analysing procurement records to identify goods that should be purchased internationally; determining annual volume of external procurement; establishing relationships with external vendors and with local clearing agents.	Reduced cost of ownership; continuity of supply chain; cost reductions; satisfied user sections / departments; price comparisons.	Annual report.	Year 1 to 5.	--
Incrementally move to an optimal level of international procurement.	As above.	As above.	Year 2 to 5.	--
Maintain detailed inventory of all IDI major equipment; with major maintenance and replacement plan.	Good quality and up-to-date record of IDI major equipment with maintenance / replacement schedule.	Assets register.	Year 1 to 5.	--
Review major equipment needs of IDI annually and identify any gaps.	Annual needs assessment conducted.	Needs assessment report.	Year 1 to 5.	--
	Plan produced.	Plan.	Year 1 to 5.	--
As necessary, seek funding for acquisition / replacement of major equipment (and possibly initial operating costs), or equipment donation, from a range of sources.	Equipment in place..	Asset register.	Year 1 to 5.	Ass. : Resources available to acquire / replace major equipment.
7.3 Objective: Maintain high levels of security and return on investment from IDI's physical and financial assets.				
Maintain security and accountability for fixed assets and inventory.	Minimize losses due to pilferage and misuse.	Loss reports; insurance claims; quarterly stock counts; insurance claims reports.	Year 1 to 5.	--
Set appropriate standards of maintenance for fixed assets (in conjunction with Operations staff).	Improved life span and optimal cost of operation of fixed assets.	Asset life; maintenance costs; quarterly fixed asset counts and status reports.	Year 1 to 5.	--

Objectives / Strategies	Indicator(s) of achievement plus targets(s)	Precise means of verification	Timeframe	Assumptions and Risks
Obtain optimal returns on investments within an acceptable level of risk.	Contribution to core operations from invested funds.	Average return on invested funds; financial statements; investment fund analysis.	Year 1 to 5.	--
7.4 Objective: To ensure that internal accounting and financial management systems accord with international standards.				
Continue to commission internationally recognised external and internal auditors.	High standards of reliability, transparency and confidence with unqualified statutory reports; improving trend for internal audit, and minimum audit findings.	Audit reports.	Year 1 to 5.	--
Benchmark performance of the Finance Department against national and international standards.	Evidence of achievement of national and international standards produced.	National and international accreditation.	Year 3 to 5.	--
Support an active, informed Board Audit Committee.	Consistent attendance at Board Audit Committee (BAC) meetings; adequate BAC staffing.	BAC Minutes.	Year 1 to 5.	--
7.5 Objective: To document and mitigate strategic risks through an effective internal and project audit function; and maintain business recovery plan in case of catastrophe.				
Review the project / sub-grant financial guidelines to ensure that project financial standards are consistent with core standards; implement improvements in billing systems to accommodate increased volume of invoicing.	Timely, accurate and reliable financial statements; timely, accurate and reliable project and sub-grant financial reports; timely and accurate invoicing for tuition, lab tests and project claims; all reports within set deadlines; unqualified statutory audit reports; minimum audit findings; compliance with sponsor requirements.	Report.	Year 2.	--
Ensure that project financial records conform fully to IDI financial policies.	As above.	As above.	Year 2 to 5.	Ass. : Internal audits / reviews.
Review the project / sub-grant audit function within the finance department; develop project audit plans, schedules and documentation standards; conduct pilot audits for a small sample of projects.	High standards of reliability, transparency and confidence; minimum audit findings for project and sub-grant activities; timely resolution of adverse findings.	Report.	Year 2.	Ass. : Completed Internal Audit reports; follow-up reports.
Annually update the project audit schedule and plans; conduct audits for all eligible projects and sub-grants.	As above.	As above.	Year 2 to 5.	--
Ensure appropriate insurance policies (if any) relating to catastrophe are up-to-date.	Appropriate insurance against consequences of catastrophe in place.	Insurance policy documents.	Year 1 to 5.	--
7.6 Objective : To enhance the IDI career structure and to establish an equitable and effective IDI staff training programme that positions IDI as a Learning Organisation which assists staff to obtain training that is consistent with IDI needs and individual career goals.				
Develop and implement career structure for staff at IDI.	Career structures developed with input from IDI staff and reviewed every three years.	IDI career structure.	Year 2 to 5.	Ass. : IDI staff have regular opportunity to give input to IDI career structure development.

Objectives / Strategies	Indicator(s) of achievement plus targets(s)	Precise means of verification	Timeframe	Assumptions and Risks
	IDI staff progression with IDI career structure monitored.	Staff monitor.		
Develop a career counseling function at IDI and a policy for internal promotion.	Function established with SOP.	SOP.	Year 2.	--
	Number of internal promotions; number of staff who obtain more senior healthcare positions in Uganda.	Department reports.	Year 3 to 5.	--
Effective training function maintained within the HR section; provide specific training for the Staff Training Coordinator; develop staff training policies and criteria for selection of staff for training; develop and implement the Annual Staff Training Plan.	Better qualified and motivated staff; reduced staff turnover; increasing number of internal promotions.	Training Unit reports.	Year 1 to 5.	--
Determine departmental training needs for the next two years, with each Head of department; develop and implement departmental Staff Training Plans.	As above.	As above.	Year 2 to 5.	--
Annually update departmental training needs assessments and training plans; continually evaluate the effectiveness of various forms of training.	As above.	As above.	Year 3 to 5.	--
7.7 Objective : To position IDI as a top class Ugandan non-profit employer through maintaining strong HR administration and development, along with sustainable and competitive policies, salaries and benefits; and ensuring a safe and healthy working environment at IDI.				
Effective implementation of up-to-date HR Policy and Procedures Manual.	Staff are treated equitably within IDI, and compared to peer organizations; IDI maintains compliance with regulations.	Optimal level of staff turnover; no adverse audit findings; no fines or penalties; financial records.	Years 2 and 4.	--
Maintain transparent recruitment procedures; consistently apply HR policies for disciplinary and other matters; coordinate the Annual Review process; introduce quarterly HR performance reporting.	Human resources administration conducted professionally and fairly; an appropriate cadre and number of staff efficiently recruited and retained, for effective performance; good communication with staff; early identification of HR concerns; performance standards are consistently monitored.	Department reports.	Year 1 to 5.	--
Conduct Job Evaluation review and Salary Survey periodically.	As above.	As above.	Year 3.	--
Benchmark performance of the HR Department against national and international standards.	Achievement of national and international standards.	National and international accreditation.	Year 4 to 5.	--
Develop and implement high Occupational Safety, Health and Environmental (OSHE) standards with ultimate aim of achieving international accreditation.	OSHE Policy and Procedures developed consultatively, approved, and implemented by staff.	Department report.	Years 2 and 4.	--
Develop and implement clinic safety plan.	OSHE Policy and Procedures developed and implemented; likely to include the items shown below.	Annual safety reviews.	Year 2 to 5.	--

Objectives / Strategies	Indicator(s) of achievement plus targets(s)	Precise means of verification	Timeframe	Assumptions and Risks
	Effective and sustainable clinic air flow system (tested every two years) with clinic air purity at acceptable level.	Air quality test reports.	Years 2 and 4.	--
	Appropriate immunization of all staff.	Department report.	Year 2 to 5.	--
	Standard Operating Procedure (SOP) for Post Exposure Prophylaxis (PEP; especially needle stick injuries relating to HIV and Hepatitis B Virus); plus training implemented.	SOP; PEP available; Department reports.	Year 2 to 5.	--

8. *Information Services*

Goal: **To design, implement and apply Information and Communications Technologies to support the management of data and information to measure progress, facilitate innovation and improve health program efficiency.**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
8.1 Objective : To develop and replicate clinical and management information systems in Uganda and the region in keeping with Government policies and strategies; backed by technical assistance.				
Develop new and replicable clinical and management information systems to support the ministries of health within the region e.g. the database for Strengthening Laboratory Management and Toward Accreditation (SLMTA).	External sites using IDI software.	Software use agreements signed	Year 4	Ass. : Availability of software developers.
	New information systems developed.	Systems documentation	Year 4.	--
Support existing clinical and management information systems e.g. OpenMRS by developing inter-operable supporting subsystems such as automation of MoH quarterly reports, SMC monitoring system, etc.. These will be done at facility-to-district-to-national level with support from data managers of IDI projects which already operate at the district and facility levels.	Subsystems developed based on existing systems.	Systems documentation	Year 3.	Ass. : Availability of software developers.
	100% supported facilities/districts implementing the systems.	Functional systems at supported sites	Year 3.	Risk : Conflicting interests among stakeholders.
Build capacity of local district and facility staff to further develop, manage and use information systems on a sustainable basis.	Training needs assessment conducted.	Assessment report.	Year 3.	--
	Training conducted.	Training reports.	Year 3.	--
8.2 Objective: To be a leading source in Uganda of accurate, high quality and up-to-date electronic information on HIV/AIDS and related infectious diseases.				
Facilitate access to shared automated systems that provide bibliographic access to the collections of publicly-accessible local and regional libraries, and across the world.	Links implemented.	Membership documentation	Year 1.	--
Allow access to general and specialised shared and licensed databases available through partner libraries by authorised users from IDI and/or partners.	Links implemented.	Membership documentation	Year 1 to 5.	--
Use the most effective way to provide access to electronic books/journals through subscription to online databases which can be accessed through the internet and use the advantage of all the free databases available to lower income countries.	Membership acquired.	Membership documentation	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Encourage the use of CD-ROM databases to allow users access to relevant databases without robust Internet connectivity; these are more cost effective than online databases as information could be accessed off-line without paying telecommunications fees.	CD-ROM databases available and in use.	Reports	Year 1 to 5.	--
Populate existing digital libraries with more electronic information and ensure it is accessible to all users.	Links identified and implemented.	E- reports	Year 1.	--
8.3 Objective: To provide technical assistance in Uganda for the application of Geographical Information Systems (GIS) to training and research in HIV/AIDS and related infectious diseases.				
Develop GIS applications for HIV/AIDS and other health sectors in Uganda to support service development, training and research.	GIS applications developed implemented.	GIS applications SOPs	Year 2 to 5.	Ass. : Availability of GIS infrastructure
Spearhead the integration of GIS into routine clinical databases to enhance spatial research and data use to improve health services.	GIS integrated into routine clinical data bases.	Integration reports.	Year 2 to 5.	Ass. : Commitment from other stakeholders
Build capacity of other institutions in the application of GIS in HIV/AIDS and the health sector in general.	Training/mentorship conducted in at least 1 institutions per year.	Training/mentorship reports	Year 2 to 5.	Ass. : Clients willing to pay fees commensurate with sustaining IDI. Risk: IDI staff distracted from prime responsibilities.
Initiate and write proposals for funding GIS projects.	2 successful proposals per year.	Award letters.	Year2 to 5.	--
Capacity building : internal to IDI				
8.4 Objective: To develop and maintain secure systems that capture, store, analyze and make available key institutional data; including clinical, financial, general management, and programmatic data.				
On a continuous basis, identify areas that need information systems and automation support.	Areas for support routinely identified.	Needs analysis reports.	Year 1 to 5.	Risk : Conflicting interests among users.
Develop appropriate information systems solutions to support the identified areas.	Operational systems.	Acceptance reports	Year 1 to 5.	Ass. : Availability of software developers. Risk : Conflicting interests among users.
Develop capacity of IDI staff to appreciate, identify the need for, and use information systems in their day-to-day operations at the Institute.	Staff at IDI are knowledgeable about and skilled in information systems.	Training reports	Year 1 to 5.	Risk : Conflicting interests among users.
Design appropriate IT platforms to ensure maximum security of institutional data.	Institutional data secure at all times as IT systems evolve.	Operational reports	Year 1 to 5.	--
8.5 Objective: To provide advanced information and communications technology platforms to support data management and telecommunications.				
On a continuous basis, identify technology that can help improve data management and telecommunication.	Technologies identified.	IT Inventory	Year 1 to 5.	--
Deploy IT platforms that ensure maximum up-time and security of the	Technologies deployed.	IT Inventory	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
IT infrastructure.				
Ensure that the team develops the required skillset to support the various IT systems used by IDI.	Knowledgeable and skilled IS staff.	Training reports.	Year 1 to 5.	--
8.6 Objective: To develop and adapt innovative software solutions for both technical and management purposes.				
Continuously study departments, projects and research studies to identify their information needs and provide optimum software solutions.	Routine needs assessments conducted.	Needs assessment reports.	Year 1 to 5.	Risk : Conflicting interests among users.
Build scalable and flexible systems that can be adapted in the dynamic information needs of the Institute.	Up-to-date, scalable and flexible operational systems and application software in use.	IT software inventory.	Year 1 to 5.	Ass. : Availability of software developers. Risk : Conflicting interests among users.
Regularly review and update software solutions so as to remain relevant in the dynamic IT environment.	Regular review exercises conducted. Software updated as appropriate.	Department reports.	Year 1 to 5.	Ass. : Availability of software developers.

9. *Strategic information and planning*

Goal: **To produce, maintain and disseminate high quality strategic information for the sustainable development of IDI through regular planning, monitoring and evaluation.**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
9.1 Objective : To use IDI knowledge base to provide technical assistance to government and non-government organizations, and especially to academic medical institutions, in Uganda and the region to enhance capacity to produce strategic information, as well conventional M&E data, to enhance strategic management.				
Offer a QA service for strategic information, as well conventional M&E data in other African organizations coupled with technical assistance (TA).	QA and TA delivered to at least one new client each year.	Reports to clients.	Year 1 to 5.	Ass. : Clients willing to pay fees commensurate with sustaining IDI. Risk: IDI staff distracted from prime responsibilities.
Develop short strategic information/planning course to be offered twice a year.	Course curriculum and materials developed and tested; pilot course run.	Report on pilot course; curriculum and materials.	Year 2.	As above.
	Course run at least twice a year with updated course curriculum and materials.	Courses reports.	Year 3 to 5.	As above.
Offer a short M&E course; and annually update curriculum and materials.	Course run at least twice a year with updated course curriculum and materials.	Course reports, curriculum and materials.	Year 1 to 5.	As above.
Share SIGMER (System for Integrated Grants management, M&E, and Reporting) with other African organizations; plus associated consultancy support.	SIGMER delivered with support to at least one new client each year.	Signed software use agreements; systems and user documentation.	Year 1 to 5.	As above.
Capacity building : internal to IDI				
9.2 Objective: To maintain and disseminate a high quality IDI Strategic Plan to guide project acquisition and annual IDI workplans.				
Define and implement agreed process for the review of the IDI Strategic Plan every two years and the production of annual workplans.	Strategic planning process defined and implemented (linked to annual planning); with the IDI Board explicitly part of the process.	Report by Head of Strategic Planning.	Year 1	--
Maintain a high quality IDI Strategic Plan (5 years) with financial projections.	An IDI Strategic Plan which is reviewed and updated periodically.	Approved IDI Strategic Plan by	Year 1 to 5	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
		Board.		
Disseminate IDI Strategic Plan.	Plan shared with wide range of actual and potential partners and funding agencies; Government of Uganda; regional/global organizations; media; and IDI staff.	Dissemination report.	Year 1 to 5	--
9.3 Objective: To provide high quality M&E across IDI.				
Maintain and further develop the M&E components of SIGMER; with associated system and user documentation.	SIGMER modules relating to institutional M&E operational; including : • annual progress against milestones and indicators in the IDI Strategic Plan; • quarterly progress against annual workplans; • Key Performance Indicators (KPIs).	SIGMER reports.	Year 1.	Ass. : Indicators to be as close to a real time 'dashboard' as possible.
	SIGMER modules relating to project M&E operational; including : • Reporting compliance (programmatic and financial); • All project reports to be embedded in SIGMER.	SIGMER reports.	Year 1.	Ass. : Indicators to be as close to a real time 'dashboard' as possible.
	SIGMER documentation produced for those who develop the software; who maintain the data; and who use the output from SIGMER.	Documentation.	Year 1.	--
Develop indicators of impact across all IDI programmes.	Impact indicators developed and incorporated in SIGMER.	Report on impact indicators.	Year 2.	--
Provide support for design of M&E and reporting components of IDI proposals / projects.	Well-designed M&E (linked to funder requirements, project objectives, and workplans) for all IDI projects.	Monitor of proposal / project M&E designs.	Year 1 to 5.	--
Train institutional and project staff to provide high quality M&E reports; monitor quality of M&E reports; and provide TA if required and funded.	IDI institutional and project M&E capacity strengthened.	Reports on training and ongoing support.	Year 1 to 5.	--
9.4 Objective: To contribute to national data systems and to show IDI contribution to achievement of health targets both nationally and globally.				
Ensure that IDI fully complies with Government of Uganda programmatic reporting requirements; by developing a SIGMER module to monitor this specifically (in conjunction with IS; and with associated documentation).	SIGMER module focused on programmatic reporting to GoU operational.	SIGMER reports.	Year 1.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Develop a module within SIGMER to show how IDI contributes to the achievement of health targets both nationally and globally; with associated documentation.	SIGMER module showing IDI output in relation to achievement of national / global targets operational.	SIGMER reports.	Year 2.	--
9.5 Objective: To ensure the IDI website serves the marketing needs of IDI.				
Establish management arrangements for the IDI website to ensure that website effectively serves the marketing needs of IDI amongst others.	Management structure and process defined; with responsibilities assigned to entities within that structure.	Website management structure and SOP approved by IDI ED.	Year 1.	--
Establish, maintain, and monitor a revised IDI website	Revised IDI website operational.	Website.	Year 1.	--
	Process for monitoring the management and updating of website defined and implemented.	Process to monitor website included in M&E Handbook; monitoring reports circulated.	Year 1 to 5.	--

10. *Resource Generation and Management*

Goal : **To achieve a sustainable IDI through the generation and efficient management of grants, and by meeting expectations of all stakeholders**

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
Capacity building : external to IDI				
10.1 Objective: To use IDI knowledge and experience to provide technical assistance and systems to Makerere University and other organizations in Uganda and the region to enhance grants management capacity.				
Offer a QA service for grants management in other African organizations coupled with technical assistance (TA).	QA and TA delivered to at least one new client each year.	Reports to clients.	Year 1 to 5.	Ass. : Clients willing to pay fees commensurate with sustaining IDI. Risk: IDI staff distracted from prime responsibilities.
Offer a short grants mgt. course; and annually update curriculum and materials.	Course run at least twice a year with updated course curriculum and materials.	Course reports, curriculum and materials.	Year 1 to 5.	As above.
Share SIGMER (System for Integrated Grants management, M&E, and Reporting) with other African organizations; plus associated consultancy support.	SIGMER delivered with support to at least one new client each year.	Signed software use agreements; systems and user documentation.	Year 1 to 5.	As above.
10.2 Objective: To establish a mutually-supportive network of grants management units in Uganda and the region.				
Link with other grants management units in Uganda and region in making a proposal for funding a three to five year project.	Partnerships formed and proposal submitted.	Proposal.	Year 1	Ass. : Funding agencies would be interested in funding this sort of initiative.
Implementation of project.	Establishment of mutually-supportive network of at least 6 grants management units.	Project reports.	Years 2 to 5.	Risk: Network may lose cohesion because of competition between units for grants.
Capacity building : internal to IDI				
10.3 Objective: To provide support and systems to ensure high quality grant proposals, sound contracts, and well-executed projects which maximize core cost contribution through cost recovery and fixed overheads.				
Maintain an effective grants mgt. team to provide support to users throughout IDI at all stages in the grants mgt. cycle from identification of grant opportunities to pursue through to closure of projects.	Quarterly report showing which grants mgt team member is supporting which particular IDI project; plus annual survey of senior staff to guide further development of grants mgt function.	Responsibilities of grants mgt. team members published quarterly; annual survey conducted.	Year 1 to 5.	--

Objectives / Strategies	*Indicator(s) of achievement plus target(s)*	*Precise means of verification*	*Timeframe*	*Assumptions and Risks*
	Success rate with proposals is sufficient to ensure sustainability of IDI: successful proposals amount to 30% of 'value' (rather than 'number') of submissions made.	SIGMER report.	Year 1 to 5.	Ass. : Submissions meet IDI criteria for programmatic and business acceptability.
Maintain the IDI Grants Manual as a robust document in use throughout the organization; and pay special attention to maintaining a transparent and fair process for choosing which grant opportunities IDI is to pursue; ensuring full recognition of the need to sustain IDI while also pursuing programmatic objectives.	IDI Grants manual updated and disseminated annually (including annex covering process for selection of grant opportunities to pursue).	Updated IDI Grants manual.	Year 1 to 5.	--
Maintain and further develop SIGMER as a comprehensive grants tracking and information system for informing stakeholders about IDI grants at all stages in the grants cycle.	Quarterly printed compilation of all SIGMER reports due (some reports are routinely produced only every 6 months or annually).	Printed compilation of reports; systems and user documentation.	Year 1 to 5.	--
10.4 Objective: To develop and maintain an IDI economic model to provide projections of revenue and expenditure; with expected coverage of core costs.				
Produce IDI economic model to provide financial projections (for the next five years) and update the model design and data annually.	Projections of likely revenue and expenditure over next five years; with key assumptions made explicit and unit costs tracked (for adjustment of charges).	Printout of results from model; with associated documentation.	Year 3.	--
10.5 Objective: To create a Grants Management Unit which operates as a business unit within IDI.				
Establish Grants Management Unit as a business unit within IDI.	Definition of management arrangements and scope of business of business unit.	Formal documentation establishing unit approved by IDI ED.	Year 1.	--
	Strategy for creating and operating the business unit (including a business plan).	Strategy approved by IDI ED.	Year 1.	--
	Activities in strategy undertaken.	Monitor of strategy.	Year 1 to 5.	--
10.6 Objective: To ensure the effective coordination of the grants and financial management functions at IDI with efficient flow of institutional information.				
Define and implement a process with supporting systems to ensure that essential information flows in a timely manner between the finance and grants management teams to maximize internal efficiency and ensure compliance with funder requirements.	Well defined interface between grants management and finance functions; with responsibilities of each team, and flows of information, fully documented.	SOP approved by IDI ED.	Year 2.	--

ANNEXE 4

Abbreviations and acronyms

AA	Academic Alliance for AIDS Care and Prevention in Africa
ACREM	Applied Clinical Research and Evidence Based Medicine
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
ATIC	AIDS Treatment and Information Centre
CAP	College of American Pathologists
CDC	Centers for Disease Control and prevention
CHS	College of Health Sciences, Makerere University
CIT	Communications and Information Technology
CME	Continuing Medical Education
COP	PEPFAR Country Operating Plan
CPA	Communication, Partnerships and Advocacy
CPD	Continuing Professional Development
CPHL	Central Public Health Labs
CRO	Contract Research Organisation
CSF	Civil Society Fund
Danida	Danish International Development Agency
DFID	UK Department for International Development
EACCR	East African Consortium for Clinical Research
EARNEST	Europe - Africa Research Network for Evaluation of Second Line Therapy in HIV infection
EC	European Commission [the civil service of the EU]
EDCTP	European and Developing Countries Clinical Trials Partnership Programme [EDCTP is a partnership between European and Developing Countries to enable clinical trials for drugs and vaccines against HIV/AIDS, Tuberculosis and Malaria]
EKKP	Expanded Kibaale Kiboga Project
EU	European Union
FBO	Faith Based Organisation
FDA	Federal Drug Authority
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People living with HIV/AIDS
GIS	Geographical Information System
GoU	Government of Uganda
HAART	Highly Active Antiretroviral Therapy
HC	Health Centre
HIV	Human Immunodeficiency Virus
HR	Human Resource
HSS	Health System Strengthening ()

HSS	Health systems Strengthening
HSSP	Health Sector Strategic Plan
ICEA	Integrated Clinic Enterprise Application
ID	Infectious Diseases
IDI	Infectious Diseases Institute
IDSA	Infectious Diseases Society of America
IEC	Information, Education and Communication
INSHI	International Network for the Study of HIV-associated IRIS: Europe-Africa partnership
IP	Implementing Partner
IRB	Institutional Review Board
IRIS	Immune Reconstitution Inflammatory Syndrome
IRIS	Immune Reconstitution Inflammatory Syndrome
IS	Information Services
ISP	Internet Service Provider
ITN	Insecticide Treated Net
JCRC	Joint Clinical Research Centre
KCCA	Kampala Capital City Authority
KCCA	Kampala Capital City authority
KPI	Key Performance Indicator
LSHTM	London School of Hygiene and Tropical Medicine (University of London)
M&E	Monitoring and Evaluation
MakCHS	Makerere College of Health Sciences
MDD	Music Dance & Drama
MNRH	Mulago National Referral Hospital
MO	Medical Officer
MoE	Ministry of Education and Sports
MoFPED	Ministry of Finance , Planning, and Economic Development
MoH	Ministry of Health
MoU	Memorandum of Understanding
MRC	UK Medical Research Council
MU	Makerere University
MU-JHU	Makerere University - Johns Hopkins University
MUWRP	Makerere University Walter Reed Project
NCR	North Central Region of Uganda
NGO	Non-Government Organisation
NHLS	National Health Lab Services
NICRA	Negotiated Indirect Cost Rate Agreement [US Govt]
NIH	National Institutes of Health
NSP	National HIV & AIDS Strategic Plan
OI	Opportunistic Infection

PCT	Prevention, Care and Treatment
PEP	Post Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PI	Principal Investigator
PIR	Professor in Residence
PK	Pharmacokinetics
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-exposure prophylaxis
PWP	Prevention With Positives
QA/QC	Quality Assurance / Quality Control
RCT	Routine Counselling and Testing
RDT	Rapid Diagnostic Testing
RFA	Request for Applications
RRH	Regional Referral Hospital
SAB	Scientific Advisory Board
SDS	Strengthening Decentralisation for Sustainability
SLIPTA	Strengthening Lab Improvement Process Towards Accreditation
SLMTA	Strengthening Lab Management Towards Accreditation
SMC	Safe Male Circumcision
SMT	IDI Senior Management Team
SOP	Standard Operating Procedure
SRC	Scientific Review Committee
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities Threats
TASO	The AIDS Support Organisation
TBD	To Be Determined
TNA	Training Needs Assessment
ToT	Training of Trainers
UAC	Uganda AIDS Commission
UCSF	University of California San Francisco
UNCST	Uganda National Council for Science and Technology
UNGASS HIV	United Nations General Assembly Special Session on HIV
UNHLS	Uganda National Health Lab Services
UOW	University of Washington
UVRI	Uganda Virus Research Institute
VL	Viral Load