



MAKERERE UNIVERSITY

# Infectious Diseases Institute

College of Health Sciences, Makerere University



---

A FIVE YEAR STRATEGY FOR THE INFECTIOUS  
DISEASES INSTITUTE

**2018 - 2023**  
**(ABRIDGED VERSION)**

## ***Foreword***

The *raison d'être* for the Infectious Diseases Institute (IDI) at Makerere University is to mitigate the burden of infectious diseases in Africa. The Institute has made considerable progress toward this goal since its inception and has established itself as an integral part of the national health infrastructure. The institutional strategic planning process that culminates into a 5-year strategic plan remains a key driver of our success. The first plan (2008/13) focused on the expansion of the IDI's mandate beyond HIV and related infections while the second plan (2013/18) centred on a greater health-systems strengthening approach, through research and capacity building. The hallmark of this third strategic plan period (2018-2023) is the pivoting of IDI's established institutional culture, systems, positioning and partnerships to consolidate our contributions in our established infectious diseases programmes and to address key emerging areas of need in the field of infectious diseases in Uganda and the African region.

One of the key highlights of this strategic plan is the focus on the development of the Global Health Security (GHS) Programme in response to emerging needs in the region. The plan also highlights the opportunity and intent to build big data analytical capacity to optimise what we can learn from the rapidly growing data sets at IDI's disposal, through establishing bioinformatics and big-data science capacity within the context of Makerere University.

The theme of sustainability runs through this strategic plan, both in reference to IDI's own sustainability as well as in reference to seeking to reach out to institutions with the region, which can benefit from our institutional experience. As we seek to contribute to newer areas (such as emerging and re-emerging infectious diseases and antimicrobial resistance) we will maintain our commitment to African communities affected by infectious diseases while focusing on the priorities, plans and strategies of on the Government of Uganda (GOU) and its agencies including the Ministry of Health and Makerere University. We will also maintain our emphasis on quality across IDI programmes, and the institutional systems that facilitate the consistent delivery of high-value to end users. Centrality of our staff-our most prized institutional assets-and the support systems that enable them to perform with excellence such as finance and administration, grants management and information services are integral to this plan. The IDI has thrived through partnership and collaborations; it will continue to lean on them to bridge critical capacity gaps, to consolidate its areas of strengths and to make entries in new and emerging areas of operation.

On behalf of the IDI board, I would like to express our gratitude to our communities for the opportunity to serve them, and to the GOU and its agencies that create the framework for us to contribute to national development. I urge our staff and partners to renew their tireless efforts, to make IDI thrive over the next stage of its institutional journey.

**Professor Sam Luboga**  
IDI Board Chairperson,

Table of Contents	
Executive Summary .....	3
Chapter 1: Background .....	4
Introduction .....	4
IDI Results in the 2013-2018 Planning Period .....	4
The Current Planning Environment .....	4
The 2018/2023 Strategic Plan Development Process .....	4
Chapter 2: Summary of Outputs from the Plan Development Process.....	5
Chapter 3: Detailed Plan .....	7
3.1 Planning Framework.....	7
3.2 Mission, Vision and Values.....	7
3.3 Specific goals, objectives and strategies by IDI programme and support department – 2018 to 2023 .....	8
1) Prevention, Care and Treatment (PCT) .....	8
2) Training & Capacity Development.....	9
3) Research .....	11
4) Laboratory services .....	12
5) Outreach.....	14
6) Global Health Security (GHS) .....	15
7) Governance & partnerships.....	16
8) Planning, Management & Support systems.....	17
Chapter 4: Key milestones.....	20
Chapter 5: Funding the 2018/2023 strategic plan .....	28

## **Executive Summary**

This strategic plan describes the mission, vision, and strategies that will guide IDI in the next strategic planning cycle for the five-year period from 2018 to 2023. It is divided into two main parts. The main plan written in Phase 1 of the planning process and its annexes form the high-level core of the plan, describing institution-level and programme level goals, objectives and strategies. It concludes with major milestones and financial plans that will support the achievement of these strategies. The second part, which is meant for internal use, is a separate log frame, which breaks out these strategies after approval, into more specific, measurable targets. This will enable management to monitor, track and report progress towards the achievement of its goals and objectives.

The main plan gives a brief summary of IDI's recent history up to the last planning period (2013-2018) and the current planning environment. It gives a summary of the planning process, the outputs from it and the broad areas of focus in the current planning period (2018-2023) which are presented in the key schematic in Figure 1. It provides a summary of the planning framework, which guided development of the plan, describes the mission, vision, and values which form the foundation of IDI's programs and addresses the goals and objectives of each core IDI programme and major support function in detail. Key milestones for each programme over the five-year period covered by the plan are then drawn from the goal and objectives of each programme and/or function. Finally, it gives a financial summary to describe how IDI intends to fund the plan, including projected funding requirements and major assumptions regarding trends that will affect the plan.

Annexed to the main plan are the capacity pyramid, which describes IDI's approach to its capacity-building mission and a summary of programmatic and financial results from the previous planning period (2013-2018). A detailed description of the planning process is given including the environment scan for major areas of IDI's interest (including specific disease areas, cross-cutting strategic initiatives, and IDI's planned approach to partnership development in support of its efforts in these areas. The detailed planning framework is described, including specific stakeholder plans and policy documents, which were consulted in developing the plan. A detailed analysis of the Strengths, Weaknesses, Opportunities and threats (SWOT) which shaped the strategies for each programme was developed as an internal document, which was reviewed at multiple levels of the organization, but it has not been made available for general viewing in the published strategy.

The plan is a comprehensive view of the landscape in which IDI will operate for the next five years and forms a broadly defined reference point for IDI staff, stakeholders and partners as they support and interact with IDI. However, while it describes the broad ethos of IDI's activities, management will seek to interpret it flexibly as appropriate to any unforeseen circumstances within the limits of its mission and vision.

## **Chapter 1: Background**

### **Introduction**

In the first formal planning cycle (2008-2013), IDI grew from a founder-led organization with a narrow geographical and programmatic focus to a national organization with broad reach. In the last five years (2013-2018) IDI has matured, deepening and broadening its programmes to include more comprehensive approaches and greater geographical coverage; it has attracted retained and groomed a third generation of managerial talent and has an active and responsible Board. IDI has continued to establish relationships with multiple global funders and implementation partners and has stabilized its finances to a much higher degree of predictability. This third strategic plan 2018-2023 continues with the trend for successive plans to be less prescriptive even as IDI becomes more complex, to allow for flexibility in execution within its overall mission and objectives. The plan is divided into two sections - the main narrative plan (developed in Phase 1) and the log frame that was developed in Phase 2 after the main plan was approved.

### **IDI Results in the 2013-2018 Planning Period**

All IDI programmes experienced great growth in reach and impact over the 2013/2018 strategic planning cycle. IDI registered significant growth in total 5-year revenues (compared to the 2003/2008 period) and achieved its 5-year savings targets. IDI was cited as one of the top 100 taxpayers in Uganda, both in terms of value and in terms of compliance. However, diversification of funding (both by source and by programme), managing the scope and cost of direct clinical service provision, managing the risks associated with a large and growing subgrants portfolio and recovering reasonable core costs from restricted funding remain great challenges to IDI's sustainability (see Annex 2 in the full version of the plan for a detailed overview of results from the 2013-2018 planning period)

### **The Current Planning Environment**

The first IDI Strategic Plan (2008/2013) was created against a backdrop of predictable, though diminishing, unrestricted core support from Pfizer. The second IDI Strategic Plan (2013-2018) was developed in a much less certain funding context, but has largely met and exceeded its goals and its strategic objectives. It has left IDI in a much stronger position in terms of its impact on the health sector, its contribution to new knowledge, the quality of its management systems, its financial health and its national and global reputation. However, as is typical of maturing non-profits, some IDI programmes now operate in a saturated competitive environment, leaving little room for further growth and innovation. This is particularly true in the current context in which the funding priorities of PEPFAR, which provided the foundational resources for growth over the last ten years, are expected to change as they are aligned with the current state of the HIV/AIDS epidemic.

### **The 2018/2023 Strategic Plan Development Process**

This 2018/2023 strategic plan was developed through a process of consultation with various stakeholders. An internal and external environment scan was done. Extensive consultations were done at department and senior management team level to match emerging programmatic themes with conditions in the environment. SWOT analyses and strategic responses were generated at special SMT meetings, followed by consultations with the Board. Finally, key informants were consulted and a framework was developed to interpret and synthesize all the content generated into a coherent summary. (See Fig. 1 for a schematic

summary of the plan, Annex 3 for a detailed description of the strategic planning process). Detailed SWOT analyses by program area/department (Annex 5) are available on request.

## Chapter 2: Summary of Outputs from the Plan Development Process

The planning process documented IDI stakeholders' recognition of the notable shifts in the infectious diseases landscape in the Africa region. The process highlighted three major trends; efforts in the HIV/AIDS arena to achieve epidemic control; the emerging need to strengthen regional and national capacities to prevent detect and respond to emerging infectious disease (EID) threats of national and global concern as well as the need to respond to the growing global importance of databased solutions and new technologies. There was broad recognition of the need for the Institute to align its institutional capacity to these (and other) shifts in order to remain relevant and to maximise the impact of its programmes.

Specifically, the following emerged as broad areas that IDI will focus on:

1. **More catalytic roles in HIV service delivery** (e.g. differentiated service delivery models-including initiatives to target men, adolescents and key populations, public health evaluations/research, health economics and outcomes research, and targeted program innovation in line with the "Last Mile" phase towards epidemic control.
2. **Leveraging its established capacities for HIV/AIDS programming** to address emerging infectious diseases (EIDs) and other priority infectious diseases.
3. **Establishing capacity for Big Data** on both the program delivery and scientific fronts (through bioinformatics, population based data, clinical informatics and other initiatives
4. **Using new technology platforms** to introduce innovations in program delivery and management

These areas fit into a time horizon that reflects the Institute's strategic growth needs as follows:

- **"Short jump" growth:** Some programmes (notably the Outreach and PCT programmes) that are maturing have limited scope to grow at their past rate and need to be aligned with a changing funding environment. IDI will seek to sustain these programmes by making them more efficient and showcasing scalable innovative approaches to programme delivery that can be replicated and may attract other funders, while maintaining IDI's competitive advantage as a generator of new evidence.
- **"Medium jump"/lateral growth:** In parallel, new opportunities will be sought to increase programme depth through lateral/adjacent opportunities that can be seized using current platforms and capabilities. For the PCT programme, such opportunities are already being pursued in the form of the new GHS programme and potential clinical research organization (CRO) capability. For the Outreach programme, such areas include aspects of refugee health and other infectious diseases besides HIV/AIDS (notably Hepatitis B); for the Research programme, this includes implementation research; and for the Training and Lab programmes, this includes capacity to provide products and services built around these emerging areas, as well as to provide entirely new demand-led products.
- **"Long jump" growth:** Investment in initiatives to sow the seeds for programme relevance and core cost recovery in the more distant future. This includes investment in data intensive sciences and new technologies such as mHealth and blockchain for which a strategic niche and sustainability model is yet to develop.

The infographic below provides a summary of the key elements of the strategic plan for 2018/2023



## ALIGNING INSTITUTIONAL CAPACITY TO OPPORTUNITIES

#### CATALYTIC ROLES TOWARDS HIV EPIDEMIC CONTROL



##### ACTION AREAS

**Outreach & PCT:** Differentiated service delivery models (young people, men of age 20 - 45, MARPS), evaluations

**Research:** Implementation and health economics research capacity

**Labs:** Lab based monitoring and research

**Systems Strengthening** of sub-grantee capacity

**Capacity Building:** Tailored training in support of new approaches, models and policies

#### LEVERAGING ESTABLISHED CAPACITY & PLATFORMS FOR ENHANCED PROGRAMMING



##### ACTION AREAS

**Outreach:** Interface with NCDs, NTDS, emerging diseases and refugee health

**PCT:** Building Clinical Research Organization (CRO) Capacity and infrastructure on clinic platform

**Research:** Using existing research platforms and partnerships to provide data and build analytical capacity

**Labs:** Non-research service delivery

**GHS:** Build GHS program capacity on existing HIV program platforms and resources

**Capacity Building** of staff & partner skills in support of a broader range of health conditions

#### HARNESSING BIG DATA



##### ACTION AREAS

**Outreach:** Population level data capacity

**PCT:** Longitudinal cohorts

**Research & GHS:** Surveillance & Bioinformatics capacity

**Labs:** Data repositories

**Systems Strengthening:** Data analytics infrastructure and new program development

**Capacity Building:** Building staff and partner skills in support of big data programming

#### TECHNOLOGY-LED PROGRAM INNOVATION



##### ACTION AREAS

**Academy:** Embracing new technologies for better program delivery and management

- Drone technology
- Application development
- mHealth
- Artificial Intelligence
- Blockchain



#### SUSTAINABLE ORGANIZATION SYSTEMS

**Talent acquisition and retention:** Prioritizing the acquisition and retention of talent that is critical to meeting key strategic objectives

**Management systems and Infrastructure:** Robust governance and support systems for enhanced efficiency, accountability, transparency and integrity.

**Automation:** Improved efficiency, knowledge generation and data utilization through automation

**Resource management:** Efficient use of resources to enhance competitiveness, value for money and institutional resilience

**Diversification of income streams:** Diversifying income streams across sources and programme areas in order to minimize dependence risks



#### STRATEGIC PARTNERSHIPS, COLLABORATIONS & ENHANCED COMMUNICATIONS

**Accelerating Strategic Partnerships development:** Developing partnerships for rapid capacity building in key strategic areas

**Strategic Collaborations:** Local Partner development and management (including sub granting) to support IDI programmatic and sustainability objectives

**Enhanced communication and utilization of programs results:** Building capacity for documenting, publishing, communicating and utilizing IDI program evidence and learnings



#### VISION

A healthy Africa free from the burden of infectious diseases



#### MISSION

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

## Chapter 3: Detailed Plan

### 3.1 Planning Framework

This plan was designed to reflect IDI's cognizance of the policy environment and its commitment to a broader network of stakeholders. Specifically, it will contribute to the relevant UN Sustainable Development Goals (SDGs), to Makerere University's Strategic Plan 2008/09-2018/19 and will support her mission, "To provide innovative teaching, learning, research and services responsive to National and Global needs" with specific alignment to its Goals 1,2 &3. It will also contribute to the College of Health Sciences Strategic Plan 2010/2020 by supporting its mission "To improve the health of the people of Uganda through innovative teaching, research and provision of services responsive to societal needs" with specific focus on key relevant strategic outcomes. At a national level, it will contribute to the National Development Plan II 2015/16 – 2019/20 goal, "to attain middle income status by 2020 through strengthening the country's competitiveness for sustainable wealth creation, employment and inclusive growth" including specific relevant objectives. It aligns with the Health Sector Development Plan 2015/16 - 2019/20 goal, "To accelerate movement towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life" specifically addressing 2 key objectives. The plan recognizes the risks in the environment that IDI will have to manage in order to execute this plan. (See Annex 4 for the detailed planning framework with detailed references to other plans and to IDI's risk assessment).

### 3.2 Mission, Vision and Values

There was strong consensus in the development process that IDI should retain its current mission and vision as follows.

#### **IDI Vision**

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

#### **IDI Mission**

To strengthen health systems<sup>1</sup> in Africa, with a strong emphasis on infectious diseases, through research and capacity development.

The current values statement will also be maintained.

(See Annex 4- Planning Framework for the context in which the Mission, Vision and Value statements will be operationalized)

The IDI mission's focus on infectious diseases research and (the linked) capacity building, remains unchanged as does its commitment to strengthening 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. The evolving 'Capacity Pyramid' (see Annex 1) will continue to be the broad framework that the IDI uses to guide its efforts to fulfil its primary capacity-building mandate.

---

<sup>1</sup> 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 initiatives, academic medical departments, and services provided by faith-based organisations.



### 3.3 Specific goals, objectives and strategies by IDI programme and support department – 2018 to 2023

The following goals, objectives and strategies emerged based on extensive discussions and consultations regarding Program-level Strengths, Weaknesses, Opportunities and Threats. (SWOTs) (See Annex 5 for Program level SWOTs)

#### 1) 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 that can be used for research, capacity building and generation of relevant models in Africa

##### *External objectives<sup>2</sup>*

- 1) To provide excellent clinical services at Mulago for up to 8,000 Friends (patients) through a platform for cost-effective models of care targeting specialized services and complex HIV cases and to use IDI experiences to inform research and national policy on care for these populations.

To inform policy and practice, PCT targets 8,000 patients for implementation of models of care and training for HIV and related opportunistic infections and malignancies, as well as expanded specialized services at IDI Mulago including services for men and young adults as well as chronic HIV management and severe illnesses in the clinic populations. Patients' needs remain at the core of our activities, and Greater Involvement of People Living with HIV/AIDS (GIPA), a focus on attracting men and patient safety initiatives are central to this objective.

- 2) To leverage IDI HIV experiences to develop models of care for other infectious diseases (and relevant intersections with NCDs) aligned with global targets for epidemic control and health security.

IDI clinical capacity to implement potentially cost-effective models for prevention and management of other priority infectious diseases will be enhanced. These conditions include sepsis, viral hemorrhagic fevers and other priority zoonotic diseases, viral hepatitis and neglected tropical diseases. IDI will also enhance its capacity to enhance and integrate relevant capacity for NCD prevention, care and treatment interventions that affect its core infectious diseases mandate.

- 3) To be a centre for innovation in infectious disease health systems actively validating and introducing new interventions (including mhealth) to improve patient outcomes.

The PCT programme will collaborate with the IDI Research programme to establish sustainable platforms to evaluate the safety, efficacy and effectiveness interventions (including therapeutics, diagnostics, technologies and clinic practices) and generate data to inform policy decisions and influence uptake.

---

<sup>2</sup> 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 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 infectious diseases clinical services.

In the past, IDI has fulfilled its capacity-building mandate by implementing projects for targeted roll out of models of care, standards and practices, from IDI Mulago to other sites nationwide. IDI aims to continue to attract such projects, using PCT's clinical expertise to increase IDI's impact on HIV services nationally.

- 5) To benchmark the level of excellence by pursuing accreditation for the PCT quality management system and by producing quality improvement data to inform national policy and programmes.

In line with its aspiration for excellence, IDI aims to explore all available options for international accreditation of all aspects of clinical care within the next five-year plan.

#### *Internal objectives<sup>3</sup>*

- 1) To ensure continuous enhancement of relevant skills for PCT staff.
- 2) To develop, maintain and/or enhance tools and systems that support excellent clinical services.
- 3) To provide a safe working environment for all PCT staff and Friends.
- 4) To be a platform for operational, clinical and translational research and its translation into policy and practice.
- 5) To explore long term sustainability models through co-pay systems and collaborations with not-for-profit and for-profit institutions

## **2) 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, care, treatment, system strengthening and public health responses to infectious diseases in Africa.

The department will develop, promote and endeavor to follow an annual training schedule of regular selected IDI core courses based on projected participant estimates. This will guide course planning and administration (and lead to fewer cancellations), content development, marketing, quality assurance and cost recovery.

- 2) 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.

---

<sup>3</sup> 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.

The department will continuously seek training solutions that are more sustainable, cost-effective and convenient for trainees. Specifically, it will continue to actively promote online systems and mobile technology through building greater capacity to develop and deliver e-learning content (including utilization of open resources), adopting workplace mentorship models (including the development of the necessary pool of technical trainers) and exploring the feasibility of regional/satellite training centers.

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

The department will use the Advanced Treatment Information Centre (ATIC)-based tools including distance support (phone calls, website, mobile technology, e-learning) and onsite follow up to enhance, maintain and measure post-training knowledge and skills for all courses. Alumni will be further engaged through regular communication, alumni meetings, opportunities to be trainers and collaborations with their institutions. Relevant indicators of alumni engagement and progress will be tracked.

*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 will continue to draw on expertise from a wide range of partners including the College of Health Sciences, Mulago Hospital, MoH and various peer organizations to develop and deliver its courses. The strategies to achieve this will include enhancing partnerships, opportunities for publications/presentations and conference attendances and maintenance of competitive/attractive compensation packages.

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

The quality of IDI training (including alignment with new policies and best practice) will be sustained through accreditation (where possible/available), and adherence to a quality assurance framework for pre-, activity, and post- Standard Operating Procedures (SOPs); and through ensuring on-going review and updating of curricula using WHO and MoH guidelines, and through internal and external expert review.

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

The training department will generate resources to sustain itself and to contribute to IDI's overall sustainability. This will be achieved through working closely with the strategic planning and business development team and with other programmes to actively create and enhance products that have technical and business complementarity with other (current and emerging) IDI programmes and which respond to evolving market needs.

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

The training department will maintain a strong and competent technical training team by involving trainers in clinical service delivery and in writing published and "grey" literature. It will provide opportunities for them to pursue professional development programmes and to engage with visiting

experts at IDI in line with their areas of expertise and the department's strategies. The department will minimize the effects of trainer turnover by ensuring that its database captures various competent alternative resource people for each of its core technical areas.

### **3) Research**

*Goal:* To consistently produce outstanding, internationally recognised scholarship<sup>4</sup> in infectious diseases that influences global policy and practice, with emphasis on Africa<sup>5</sup>

#### *External objectives*

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

IDI will support the fulfillment of the research capacity building goal of the Makerere University College of Health Sciences (MakCHS) by actively seeking opportunities to create new capacity (eg through Masters, PhD and post-doc programmes) and by otherwise integrating capacity building in all projects.

2) To generate and disseminate research findings and advocate for translation of findings into policy and practice.

To fulfill its mandate to influence policy and practice, IDI will publish the outputs of its research teams through peer-reviewed publications (with a preference for those of high-impact), book chapters etc... as well as conference proceedings and grey literature (particularly as it seeks to do more implementation research).

3) To keep IDI research relevant by investing in areas of emerging national and global importance

In order to maintain scientific relevance in the region, IDI will invest in developing research capacity in areas of emerging national and global importance. Specifically, in this planning period, IDI will seek to build research capacity in data-intensive science (including bioinformatics and population-level data), global health security/ emerging infectious diseases (including antimicrobial resistance), and to provide leadership in the overarching strategic initiatives related to IDRS and HEOR.

4) To maintain existing strategic national, regional and global partnerships and develop new ones in line with emerging research interests.

IDI's research programme is significantly supported both technically and financially through collaborations. The programme will therefore seek to enhance new and existing partnerships to augment its efforts in researching emerging areas of interest, including demographics of key interest such as young people and men between 20-45 years.

#### *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.

---

<sup>4</sup> The usage of the word scholarship here differs from its more common usage in reference to funded study opportunities. In this context, it refers to a body of scientific work.

<sup>5</sup> The emphasis on Africa is not limited to influence on policy and practice within the continent, but also highlights the focus on the capacity of African scientists to generate the research.

IDI's research programme will continue to address the appropriate policy and practice issues in the field of infectious diseases, by establishing and maintaining robust infrastructure for managing the entire research cycle. This includes prioritization of research questions to pursue, maintaining research ethical and quality standards (including risk management), providing robust research administration and support services (including data management), through to effectively disseminating/communicating research results

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

IDI acknowledges that talent is a cornerstone of its success and it will aspire to recruit, develop and retain truly gifted scientists. It will achieve this through acquiring resources to attract the most talented young and/or developing scientists to join IDI-based research teams on a regular basis and through maintaining a structured research mentorship framework for all IDI-based scholars and fellows.

3) To expand lab-based (translational) research.

To bridge the gap between the basic science disciplines (the lab) and the clinical sciences (the bedside), IDI will continue to implement a translational research programme which will perform validation and field tests for diagnostics, and perform immunological and other lab-based assays to add value to clinical research. To do this, the research programme will work with the newly acquired Core Lab to identify complementary areas of interest for lab research and it will expand the translational lab's immunology section to include sections for mycology, clinical microbiology, pharmacokinetics and other areas to be determined.

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

The programme will contribute to IDI's sustainability by maximizing research project overhead cost recovery, by recovery of research staff time, and by offering specific research-related services (including data fax) to other research organisations. 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 and administrative cost recovery from the research projects.

#### **4) Laboratory services**

*Goal:* To provide high quality lab 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 and exceed internationally acceptable standards in the provision of clinical and research lab services at the IDI Core Lab in order to meet clients' expectations

The Core Lab will maintain global and national quality standards. Specifically, it will maintain certification from the College of American Pathologists (CAP), secure DAIDS Good Clinical Laboratory Practice (GCLP) certification and adhere to Uganda national guidelines in order to meet clients' clinical needs and to comply with client research protocols.

- 2) To remain relevant and sustainable by maintaining a product/service range and mix that meets the current and emerging needs of the market as well as IDI strategic objectives

The lab programme will carefully select which lab test products to maintain and which new tests and testing approaches to introduce in line with current, emerging and future needs of its various target markets. For example, it will pursue opportunities to expand Viral Load (VL) testing platforms in line with the needs of the 90-90-90 policy target of global HIV/AIDS programmes and it will actively evaluate new technologies for VL testing. At the same time, it will seek to establish capacity for distinctive new products and platforms in line with the IDI strategy for both clinical and research markets such as new mass spectrometry capacity and enhanced translational lab capacity in selected areas (see Research objectives).

- 3) To support national and regional strategies in support of lab accreditation and systems strengthening.

The programme will leverage its strong quality credentials to seek new opportunities for providing quality assurance, quality control and accreditation services.

- 4) To enhance lab-based science (with lab-based investigators)

IDI will develop capacity to do independent lab-based research including winning grants to conduct lab-based research in its own right (with lab-based investigator capacity) and to strengthen the management of lab repositories that could be accessed for research.

- 5) To support emerging IDI programmes/activities by providing laboratory capacity and resources that enhance their development and growth

The programme will support the development and growth of new IDI programmes by developing lab capacity and resources in line with these programmes' needs. Specifically, it will support the establishment of a one-health microbiology lab in partnership with COVAB, a surveillance system in support of MOH, negotiate access to lab repositories in support of the bioinformatics unit and augment capacity for Point of Care diagnostics validation and roll-out, amongst others.

#### *Internal objectives*

- 1) Full integration of the core lab with all other IDI lab functions and with all other DI programmes

The programme will seek to achieve full integration of the Core Lab functions with IDI's existing lab functions and with its clinical, research (including the translational lab), outreach, emerging infectious diseases (including surveillance), quality assurance and control, technical assistance and training functions as well as with its governance and management structures.

- 2) To maintain and improve staff capacity

The programme will maintain and/or develop technical and managerial capacity to provide excellent services in order to maintain its quality-led brand. Specifically, the programme will seek to support its staff to acquire key competencies such as technical competencies (including new technologies and techniques), grant writing, research implementation and writing and leadership.

- 3) Maintain sustainability and profitability of IDI Core Lab operations

The lab leadership will develop a business plan that incorporates specific business strategies to bring the lab back to a sustainable position while keeping to IDI strategic objectives. These will improve

operational efficiency, establish a creative service mix, maintain quality service delivery and marketing, and establish quality financial management and reporting amongst others.

## 5) Outreach

*Goal:* To strengthen health systems in Uganda using innovative and integrative approaches in order to increase access to quality and comprehensive services for HIV and other infectious diseases

### *External objectives*

#### 1) Respond to changing environment with dynamic programming and broadening of technical scope

The outreach programme will build on its strengths and reputation to expand its technical portfolio to leverage PEPFAR funding. Specifically, the programme will seek to become more specialized in order to tap into opportunities to support district and national level health management systems. It will seek to build the capacity of its staff to support a broader range of programmes/sub-programmes such as the emerging GHS programme (including Yellow fever, Hepatitis and other infectious diseases plus AMR), and the refugee health and mHealth sub-programmes.

#### 2) Strengthen use of the Outreach platform to conduct Operations Research/ IDRS

The programme will work closely with the Research department to identify opportunities for better documentation, publication and dissemination of key interventions through conducting implementation research and through generating “grey literature” with a focus on areas of current relevance such as men between 20-45 years, adolescents and the aged.

#### 3) Strengthened communication to highlight achievements, to counter negative press and reflect a broadening scope.

The programme will strengthen its communications in order to better highlight its many achievements and to counter unfair negative press coverage, which in the past has potentially or actually damaged IDI's reputation and relationships with major partners. It will also modify its marketing/publicity strategy to reflect its programme broadening efforts.

#### 4) Pursue greater programmatic and geographic integration with other existing and emerging IDI programmes

The programme will adopt an integration and consolidation approach (“One IDI”) in its geographical and programmatic growth so that the Outreach platform better serves IDI's broad strategic goals. Specifically, it will seek to support the growth of other programmes within two focal geographical areas: (1) in Kampala, it will provide a platform for accessing city-wide population-based health data; and (2) in Mid-Western and West Nile regions, to the extent possible it will integrate GHS programming (including hepatitis, malaria, emerging diseases, and AMR work) and administrative infrastructure with the existing HIV/AIDS-driven platform/s.

#### 5) Improving programme data quality

The programme will seek to improve the generation of quality real time data through enhancing the quality of Electronic Medical Records (EMR) systems in order to improve real time performance monitoring across the regions where it is active (either directly or through subgrantees).



### *Internal objectives*

- 1) To build and maintain the capacity of a strong, but versatile technical team and to retain them with a view to having an effective succession plan for key leadership positions, but also to facilitate possible redeployment to other IDI programmes.

The IDI Outreach programme will facilitate professional enhancement for key technical staff including, but not limited to, trainings, exposure visits, mentorship, study leave, etc.... This will not only build strong management and technical teams, but also make the staff more versatile for deployment in other growing areas such as GHS and health systems management.

- 2) To ensure that the Outreach program contributes to IDI's sustainability

The IDI Outreach programme will generate resources to support all technical and administrative functions (especially core functions) that support its projects including training, grants management, finance and administration and others. The programme team members will also take an active part in identifying and supporting suitable funding opportunities to expand and diversify the programme.

## **6) Global Health Security (GHS)**

*Goal:* The GHS programme goal is to support health systems in Africa to develop capabilities to prevent, detect and respond to infectious disease outbreaks and biologic threats.

### *External objectives*

- 1) Laboratory Systems Strengthening

Leveraging IDI experience in HIV lab systems strengthening and work in the CDC Global Health Security Partner Engagement Project, IDI will develop a core team that supports policy development and implementation of a national lab system (including human and animal health labs) to attain relevant capabilities for pathogen detection and AMR testing. This will be achieved by working in collaboration with the Uganda National Health Laboratory Services, NADDEC and other sub-national laboratories. In addition, the programme will support policy and legislation development for biosafety and biosecurity targets and implement low-cost models for sample referral and transportation to support national microbiology networks.

- 2) Epidemiology and Informatics

The programme will support improvement of data systems for surveillance and reporting including development and maintenance of national surveillance platforms that can be used for syndromic surveillance for gonorrhea and acute febrile illness. In addition, the programme will develop models for data surveillance systems of antibiotic consumption and antibiotic use, infection prevention and control, and lab microbiology data systems, and support ongoing national efforts for electronic reporting systems for Integrated Disease Surveillance and Response (e-IDSR).

- 3) Case Management and Medical Countermeasures:

The programme will establish a core team that can integrate with national outbreak response teams to support clinical management of severely ill patients with infections of outbreak potential and train national and facility-level staff. This will be achieved by leveraging the cumulative expertise developed through current projects (such as the JMEDIICC and CAPA-CT clinical trial capacity building projects),

the USAMRIID training project for clinical management, and the Low-dose Yellow Fever Vaccine studies, and working closely with experienced external partners.

#### *Internal objectives*

- 1) To catalyze collaborations with IDI PCT, Training, Lab and Research programmes to ensure continuous enhancement of the skills in broader infectious diseases management and research.
- 2) To collaborate with IDI Information Systems to ensure alignment with national information systems technical working groups
- 3) Collaborate with the Research and Lab programmes to develop a model lab for biosafety and biosecurity that optimizes the use of point-of-care tests at Kasangati. The model lab will be used as a model for national rollout and to support training.

### **7) Governance & partnerships**

*Goal:* To maintain optimal and sustainable governance arrangements for the accomplishment of the IDI Mission within an evolving framework of national and global partnerships; to document and replicate IDI governance, management and business models whenever possible/relevant.

#### *External objectives*

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

IDI will demonstrate its input into, and support of government programmes, strategies, policies and plans in every aspect of its programmes. The Institute will work through national systems and structures to achieve its mission.

- 2) To develop strong, broad, long term linkages with strategic partners in Uganda, Africa and across the world.

IDI's genesis and growth has been firmly based on partnerships. IDI will continue to pursue partnerships with like-minded organizations, which bring technical, organizational, financial and networking resources that fit with IDI's current and emerging strategic direction. In particular, IDI will identify strategic partners to build new capacities required to pursue new programmatic areas such as GHS, bioinformatics, nontraditional research and technology-driven programming, which are key to its strategy over the next five years.

- 3) Replication of IDI governance model

IDI will document and share 'success factors' and lessons learned at IDI in the form of a coherent actionable models and will seek to find paid opportunities to support organisations nationally (including those in Makerere itself), regionally and globally to develop into viable institutions. This will be done through the 'IDI Innovations' platform (see Internal Objective 3 below) in order to maximize IDI's visibility and potential income from such engagements.

#### *Internal objectives*

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

IDI will seek to maximize the value obtained from its Board and members in pursuit of its mission and vision and that of Makerere University. IDI's Board, members and governance structures will demonstrate clear benefits to IDI and its stakeholders in terms of ensuring the relevance of its strategic direction as well as boosting the quality of its accountability, efficiency, programmatic and financial success and growth while minimizing its risks (including overseeing risk management and business recovery planning through the internal audit/risk management unit). This will demonstrate the value and effectiveness of its governance model. The IDI Board will 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.

- 2) To maintain strong and sustainable leadership within IDI.

IDI will develop management and leadership skills across the organization and at all levels, with a special emphasis on succession planning, through identifying key individuals who can be mentored to grow into future leaders in all key functions.

- 3) To explore the development of a business arm to IDI to market IDI products and services as an additional strategy to sustain the Institute

IDI will explore the value and feasibility of creating an entity (possibly named 'IDI Innovations'): to identify IDI products (such as ICEA and other Information Systems products) and services (such as technical assistance) from all IDI programmes and support departments which may be marketable outside IDI. Such products and services may be of benefit to others (in Uganda and the region) and may help to sustain the Institute. A concept will be written to recommend a legal and institutional vehicle (eg a social enterprise or outright business), to make the business case for its existence, to suggest priority products/services and to articulate a plan for their marketization. IDI Board and management will review the concept and recommend/approve specific actions to operationalize the concept.

## **8) Planning, Management & Support systems**

Goal: To enable IDI to achieve its mission and goals by providing consistent high quality planning, information, management and support services to meet IDI's programmatic, operational and business objectives

- 1) To oversee a high quality strategic planning and monitoring process that enables all IDI functions to coalesce around key strategic objectives that will keep IDI relevant, learning, sustainable and growing over the next 5 to 10 years

IDI will strive to make full use of its planning process to leverage its strengths, learn from its experiences and endeavors, strengthen its current programmatic and financial performance, and meet emerging needs, as they develop in order to remain relevant and to grow and thrive. To achieve this, IDI will

undertake a comprehensive, inclusive strategic planning, monitoring and evaluation process to chart out and continuously update its strategic direction. IDI will particularly endeavor to ensure that its plans help to align its programmes and business processes with its strategic growth areas.

- 2) To enhance institutional resource acquisition through developing management structures and practices which foster greater responsibility for income generation through growing and diversifying income streams and managing them to a high standard

Maintenance of IDI's record for quality programming, governance, management, finance, strategy, M&E etc and its commitment to investment in new growth areas calls for IDI management to be actively involved in maximization and diversification of its revenues through a pipeline of new grants and contracts and through actively creating opportunities to maximize internally-generated income streams.

IDI will specifically seek to develop a viable business model for its growing sub-grants portfolio by actively managing the risks associated with it and by ensuring that it generates unrestricted income to support IDI sustainability objectives.

IDI management and practices will be aimed at maximizing the benefits derived from such income in terms of core cost recovery, cash flow and investments that create core funds to facilitate stability and pursuit of IDI's long-term mission-level objectives regardless of short term, project-level objectives. M&E frameworks will be designed to actively track key resource acquisition indicators across programmes in order to support management efforts.

- 3) To enhance minimization and rationalization of costs throughout IDI

IDI management and practices will demonstrate awareness of the need for cost-effectiveness, value for money and efficiency in all programme activities and core functions. Such awareness will ensure that IDI not only remains competitive and attractive to funders but also generates and preserves core funds for pursuit of stability and longer term strategic objectives. M&E frameworks will be designed to actively track key cost minimization indicators in order to support management efforts.

- 4) To provide high quality, sustainable, infrastructure for operational, financial, grants management, procurement, audit, equipment and facilities support to allow for high integrity, unimpeded delivery of core programmes

As the Institute grows in size and complexity, management will strive to ensure that it invests in maintaining a high quality, robust, but sustainable human and physical infrastructure. This will enable it to achieve its mission with demonstrated accountability, efficiency, transparency and integrity. Various support services will be decentralized as much as possible (for example to regional IDI offices) in order to streamline service delivery.

- 5) To develop and/or acquire and adapt innovative technology (hardware and software) solutions that provide accurate programme, management, financial and administrative information to meet the evolving needs of IDI internal and external users and stakeholders

IDI aims to be the leader amongst its peers in the excellence of its knowledge generation, programme management, financial and administrative information systems and their ability to produce and analyze information. Such information will inform decision-making in IDI's internal functions and programmes

as well as facilitate external reporting to funders, regulators and stakeholders. In response to the global “big data” revolution, IDI will deliberately seek opportunities to make information systems an integral part of IDI programming; for example, in support of m-health, population-level data processing and bio-informatics capacity. IDI will strive to replicate these systems where they provide value to partners and peers outside IDI.

- 6) To maintain a staff structure that is competitive, meets IDI's emerging needs, provides room for individual growth and equitable and effective training opportunities as well as retention of key talent

The changing environment in which IDI operates requires that IDI invest in hiring and retaining key talent by providing a stimulating environment that encourages personal responsibility and continuous growth, as well as flexibility to meet individual growth needs. IDI will particularly invest in developing capacity in its new strategic growth areas that will drive growth and sustainability over the next 5 to 10 years. The HR unit will periodically assess the market to ensure that IDI's remuneration/compensation structure meets (and for key strategic positions, possibly exceeds) the market.

- 7) To enhance effective communication of IDI's programmatic and institutional outputs

IDI will enhance communications to internal and external audiences to highlight its innovations and contributions to new knowledge, to raise awareness of its impact across all its programmes, to minimize negative/unfair publicity and to highlight its partners' contributions. Specifically, IDI will routinely engage the media and issue press releases. It will build capacity to produce IEC materials, working/technical briefs, publications, presentations, and policy briefs to highlight its contributions to new knowledge (both published and “grey” literature). It will use a well-developed and regularly updated website and social media tools to provide a one-stop introduction to key institutional and programmatic information that will market its capabilities to a global audience. IDI will develop a mitigation plan to counter negative publicity when it occurs and will track social media outcomes to inform better communication practice.

## Chapter 4: Key milestones

The strategies described above will enable IDI to achieve the following milestones over the next five years:

Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
Research								
Research Publications	IDI Research Articles Published in Peer Reviewed Journals (Influences University ranking)	375	75	75	75	75	75	
Regional and global research collaboration	Number of new projects with global (non SSA) organisations / agencies partnering with IDI on current projects	25	5	5	5	5	5	
Research Activity	Number of active research projects*	95	45	45	45	45	45	
Research Capacity	Number of Masters/PhDs/Post Doc supported (financially)*	30	6	6	6	6	6	
	Number of research capacity building events hosted by IDI (CB events including seminars, research fora, workshops)	225	45	45	45	45	45	
Translational Research	Number of research projects support by translational lab	100	20	20	20	20	20	
Support to Makerere	Post graduate scholarships to Makerere	20	4	4	4	4	4	
Support to Ministry of Health	TWGs, and Other Technical Support Contributions roles	10	10	10	10	10	10	

Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
<b>Training and Capacity Building</b>								
<i>Trainings conducted</i>	Trainings conducted	750	150	150	150	150	150	Derived from average number of trainings in the past 5 years
<i>Develop national/regional capacity</i>	Total number of trainees (volume)	20,000	4,000	4,000	4,000	4,000	4,000	Average number of trainees annually
	Percentage of trainees who passed the post-test	100%	100%	100%	100%	100%	100%	
<i>Online Trainings</i>	Online training (numbers)	24	4	4	4	6	6	
	Online training (completion rate)	95%	95%	95%	95%	95%	95%	
<i>Training Quality</i>	% of Trainees satisfied	95%	95%	95%	95%	95%	95%	
<i>Knowledge retention</i>	% of trainees giving 90% correct responses to knowledge retention quizzes after 3 months	100%	100%	100%	100%	100%	100%	
<i>Support to Makerere</i>	Proportion of IDI training materials (especially Online) made accessible to Makerere university community	100%	100%	100%	100%	100%	100%	
	Proportion of Makerere staffs/students who utilise IDI's capacity building resources and are satisfied	95%	95%	95%	95%	95%	95%	This will be Implemented jointly with IST team.
<i>Support to Ministry of Health</i>	Technical working groups with IDI representation (Curriculum development, Trainings, Mentoring)	5	5	5	5	5	5	



Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
Prevention, Care and Treatment								
<i>Second 90</i>	Proportion of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	95%	95%	95%	95%	95%	95%	
<i>Third 90</i>	Viral Load Suppression rate among Persons on ART in the 12 month measurement period	90%	90%	90%	90%	90%	90%	Average annual VL suppression rates will be reported.
<i>Advanced HIV Care</i>	Complexity of cases (% of patients in IDI Special clinics)	50%	50%	50%	50%	50%	50%	Targets represent proportion of patients as at the time of reporting
	Advanced HIV Disease  N-Number of patients with Stage 3/4 HIV infection (AIDS) or CD4 < 200 cells/mm3 at presentation in the 12-month period  D-Number of persons with an HIV diagnosis in the 12-month measurement period)	20%	20%	20%	20%	20%	20%	
	Complexity of cases (% of patients on 2nd/3rd and other complex regimens)	30%	30%	30%	30%	30%	30%	Targets represent proportion of patients as at the time of reporting
	Annual mortality data (absolute numbers of IDI PCT deaths in the calendar year)	50	10	10	10	10	10	
<i>Quality of Services</i>	Patient satisfaction	90%	90%	90%	90%	90%	90%	
<i>Innovation</i>	Innovation : Number of new models of care tested	10	2	2	2	2	2	This applies to both outreach and PCT

Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
	Proportion of IDI clients involved in research	30%	30%	30%	30%	30%	30%	Applies to both PCT and Research
<i>Support to Makerere</i>	Placements at IDI	25	5	5	5	5	5	
<i>Support to Ministry of Health</i>	Number of policy / guidelines introduced with IDI input (developing, reviewing, technical assistance)	13	2	2	3	3	3	To be reported based on specific support provided
<b>Global Health Security</b>								
Laboratory Systems strengthening :AMR	Number and proportion of laboratory facilities, designated in the national action plan for AMR as part of a national surveillance system (supported by IDI), that conduct antimicrobial susceptibility testing and have reported susceptibility data to a designated national body in the last 6 months.	15	7	9	11	13	15	
Laboratory Systems strengthening :BS/BS	Number and proportion of designated laboratories that have physical security controls and electronic inventories for all dangerous pathogens and toxins stored and processed.	15	4	7	10	13	15	
Laboratory Systems strengthening :Lab systems	Number of laboratories with capacity to test each of their priority pathogens using core tests.	6	4	6	6	6	6	1 National and 5 Sub national laboratories

Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
Epidemiology and Informatics : <i>Real time surveillance and reporting</i>	Number and proportion of districts with capacity to report laboratory and suspect case reports to a national web based-database for all priority diseases or syndromes (DHIS2)	100	35	75	100	100	100	
Case Management and Medical countermeasures: <i>EOC</i>	Number of simulations or exercises involving the PHEOC that IDI has participated in	5	1	1	1	1	1	
Case Management and Medical countermeasures: <i>Outbreak response</i>	Number and proportion of outbreak responses that IDI teams have contributed to	20%	5%	10%	15%	20%	20%	
<i>Support to Makerere</i>	Number of partnerships with other Makerere University entities	10	2	2	2	2	2	
<i>Support to Ministry of Health</i>	Policy / care guidelines with IDI input (developing, reviewing, technical assistance)	10	2	2	2	2	2	
<b>Outreach</b>								
<i>Prevention</i>	PMTCT - HIV positive mothers enrolled on ART	>95%	>95%	>95%	>95%	>95%	>95%	
	VMMC - Number of males circumcised as part of HIV Prevention	828,633	162,445	164,069	165,710	167,367	169,040	
	EID - Positivity Rates	<5%	<5%	<5%	<5%	<5%	<5%	

Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
90/90/90	Targeted Testing: KP/PP tested for HIV	291,502	57,146	57,717	58,295	58,878	59,466	
	Targeted Populations: HIV positivity yield (KP/PP)							
	SWs	5%	5%	4%	4%	3%	3%	
	MSMs	3%	3%	3%	2%	2%	2%	
	Proportion of patients on ART	99%	99%	99%	99%	99%	99%	
	Retention Rate	90%	90%	90%	90%	90%	90%	
	Viral load suppression rates	90%	90%	90%	90%	90%	90%	
TB	TB: Treatment Success rate (Cured)	80%	80%	80%	80%	80%	80%	
Reaching Males	Targeted Male Testing: No of Males tested	463,192	90,804	91,712	92,629	93,555	94,491	
	Targeted Male Testing: HIV positivity yield	3%	3%	3%	3%	3%	3%	
Innovation	Models of Care rolled out	10	2	2	2	2	2	Models developed in the PCT or research program will be rolled out on the Outreach platform.
Support to Makerere	Number of publications using Outreach platform	10	2	2	2	2	2	
Support to Government of Uganda	Average annual number of government entities (statutory bodies and local governments) supported by IDI (determined by funding allocations)	25	25	25	25	25	25	
IDI Core Lab								

Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
<i>EQA Performance</i>	Percentage of correct test results following EQA	97%	97%	97.5%	98%	98%	99%	
<i>Customer concerns</i>	Unresolved customer concerns spanning >3months (#)	0	0	0	0	0	0	
<i>Turn-around Time</i>	Average turn-around time (average time taken to produce results being 4 hr. for standard routine tests and 4-6 days for non-routine complex tests)	5 days	5 days	5 days	5 days	5 days	5 days	
<i>Net Working Capital/Revenues</i>	Net Working Capital/Revenues (\$)	\$500K	\$490K	\$560K	\$490K	\$500K	\$500K	Targets are annual
<i>Publications</i>	Publications of literary or professional value per year (#)	5	1	1	1	1	1	
<i>Award/recognitions</i>	No. per year (#)	1	1	1	1	1	1	
<i>Support to Makerere</i>	Quality tests including microbiology, placements.	4	4	4	4	4	4	Target represents minimum number of placements
<i>Support to Ministry of Health</i>	Number of labs supported (QA, TA, Accreditation, trainings)	25	5	5	5	5	5	Target represents number of labs supported
Governance and Partnerships								
<i>Audit</i>	Internal Audit performance against the approved annual internal audit work plan	80%	80%	80%	80%	80%	80%	
<i>Board</i>	Board Evaluations	5	1	1	1	1	1	

Key Milestones								
Strategy	Key Result Area	5-Year Target	Annual Milestones					Notes
Planning, Resource	Management and Support Systems							
<i>Total Revenue</i>	Annual revenue (restricted and unrestricted)	279.4m (cum. total)	53.4m	56.7m	54.2m	56.4m	58.6m	
<i>Coverage of core costs</i>	Percentage core contribution from restricted revenue	11.26% (avg.)	10.2%	10.6%	11.4%	11.9%	12.2%	

More detailed objectives and targets are described in a separate log frame document

## Chapter 5: Funding the 2018/2023 strategic plan

Good financial management and discipline have been cornerstones of IDI's good financial performance. Projections for financial performance over the IDI Strategic Planning period 2013-2018 were largely met, and in some cases significantly exceeded. However, from the FY 2013/2018 planning period, it is clear that dependence on USG funding (83% of revenues in FY2017/2018) remains a significant risk. IDI will maintain unwavering financial discipline including high quality financial planning; close monitoring of financial performance against budget and continuous review and modification of assumptions underlying plans. IDI will engage funders and endeavor to understand and apply financial management practices that are compliant but maximize sustainability. IDI has piloted Quarterly Resource KPIs, which will be used for routine financial performance monitoring to inform management decision making. IDI will continue to prioritize efforts to diversify funding to reduce risk by attracting more resources across multiple programmes. Tapping into a variety of revenue sources will help IDI to achieve a better mix of cash flow, cost recoveries, fee income and overall contribution to savings. The following are the major assumptions driving the financial projections:

**Program trends:** Training program revenues are expected to decline, as new products will not be able to sustain the volumes previously generated by user programs that are now maturing. The PCT, Outreach and research program revenues are expected to grow modestly but the research program is projected to increase its contribution to core costs due to more diversified funding. Systems Strengthening, GHS and the Lab sciences program are projected to generate both greater and more diversified revenues and contributions to core costs.

**Non-Program trends:** The Ugandan annual inflation rate is projected at 3% to 7% during the period; this has been factored into the projections. Modest provisions have been made for gains from foreign exchange rates, interest and other finance incomes to mitigate against possible adverse movements.

**Proposed Investments in the income statement:** Proposed program investments that will be reflected in the income statement include the hiring and retention of staff who will anchor new programs/units consistent with the strategic plan's key growth areas. These include a Lab Head, a Bioinformatician, a Public Health Informatician, an Implementation Scientist and a health economist. New capacities in these areas are expected to generate income that will offset the costs of these staff.

**Proposed capital Investments (balance sheet items):** Proposed capital Investment projects (balance sheet items) to be pursued assuming the availability of funds include:

- A contribution to the new Bioinformatics unit in the form of electrical works, remodeling of space, and provision of furniture and fittings estimated at about \$30,000 (scheduled for the early stages of the plan)
- Overhaul of the institute's information technology to benchmark international standards at an estimated cost of \$250,000 (scheduled for the middle stages of the plan)
- Construction of an extension to IDI's Mulago clinical Center of Excellence (COE) to create specialized in-patient capacity in order to target clinical trial and Clinical Research Organization (CRO) work estimated to cost \$1,500,000 (scheduled for the later stages of the plan)

These initiatives are expected to generate medium to long-term programme benefits and long-term resource benefits as they become self-sustaining. Detailed program logic, scope, specifications and



business assumptions will be presented at the time of Board review to enable an informed review of these investments before they are initiated.

**Major overarching risks and uncertainties:** Major risks and risks and uncertainties which may affect these projections include major losses incurred through non-compliance of IDI sub-grantees or due to fraud; major adverse foreign exchange movements; cuts in major grants (including the government of Uganda contribution to the clinic) and the occurrence of major operations emergencies. These may depress the annual net result by as much as \$500,000.

**Overall summary of financial outlook and statement of five-year objective/s:** Overall, a modest growth trajectory is expected for the 5 years of the plan, albeit at a much slower rate than in recent years. This is because some of the more mature programs' contribution to IDI revenues (directly and through contributions to other programmes/revenue centers) will diminish and/or become more restrictive. New program growth areas (particularly the Core Lab, Global Health Security and to a lesser extent, data sciences) will partially make up for this diminution, so that restricted program revenues will move with some ups and downs to the \$53 million mark in 2022/2023 compared with expected restricted revenues of \$ 49 million in FY 2018/2019. While we currently project losses at the program operational level, its management's intention to reach a break even operational result as soon as possible. Management is committed to renegotiate some of the financial terms with key existing funders to better reflect IDI's operational realities and to diversify sources of funding so that the different grant revenue/cost profiles complement each other to minimize or eliminate operational losses.

Given the above assumptions, management has established an illustrative target for a bottom-line net result of \$800,000 (about 1.6 % of revenues) annually over the five planning years. This is deemed the minimum necessary to support program growth, skill building and investment needs and to protect against uncertainties and risks. Management recognizes that there is a considerable chance that some combination of projected risks and uncertainties will materialize. If that happens, management will do everything possible to generate an annual net result of at least \$300,000 (0.6 % of revenues). Reasonable adjustments will be made year by year to reflect the prevailing conditions, consistent with good financial practice.

## **Annexes**

The full version of this plan has the following annexes:

Annex 1 - Capacity Pyramid

Annex 2 - Summary of Results from planning period 2013-2018

Annex 3 - Strategy Development Process

Annex 4- Planning framework

Annex 5- Identified Strengths, Opportunities, Weaknesses and Threats (SWOT) by Programme

These have been omitted from this abridged, published version of the plan. Please contact IDI's Strategic Planning and Development department at [grants@idi.co.ug](mailto:grants@idi.co.ug) for the detailed plan with annexes.

## **List of Acronyms**

AMR – Antimicrobial Resistance

ART – Anti Retroviral Therapy

ATIC - Advanced Treatment Information Centre

BS/BS – Bio Safety/Bio Security

CAP - College of American Pathologists

CAPA-CT – Capacity for Clinical Trials

CB – Capacity Building

CDC – Centre for Diseases Control

COE – Center of Excellence

COVAB - College of Veterinary Medicine and Animal Resources

CRO - Clinical Research Organization

DAIDS - Division of AIDS

EID – Early Infant Diagnosis

EID - Emerging Infectious Disease

EMR - Electronic Medical Records

EOC – Emergency Operations Centre

EQA – External Quality Assurance

FY – Financial Year

GCLP - Good Clinical Laboratory Practice

GHS - Global Health Security

GIPA - Greater Involvement of People Living with HIV/AIDS

GOU - Government of Uganda

HEOR - Health Economics and Outcomes Research

HIV – Human Immune Virus

HR – Human Resource

ICEA - Integrated Clinical Enterprise Application

IDI – Infectious Diseases Institute

IDSR - Integrated Disease Surveillance and Response

IEC – Information Education and Communication

JMEDICC - Joint Mobile Emerging Disease Intervention Clinical Capability

KP – Key Populations

MOH – Ministry of Health

NADDEC - National Animal Disease Diagnostics and Epidemiology Centre

NCD – Non-Communicable Diseases

PCT - Prevention, Care and Treatment

PEPFAR - President's Emergency Plan for AIDS Relief

PHEOC – Public Health Emergency Operations Centre

PMTCT – Prevention of Mother to Child Transmission

PP – Priority Populations

QA – Quality Assurance

SSA – Sub Saharan Africa

SWOT - Strengths, Weaknesses, Opportunities and Threats

TA – Technical Assistance

TB - Tuberculosis

TWGs – Technical Working Groups

UN – United Nations

USAMRIID - United States Army Medical Research Institute of Infectious Diseases

USG – United States Government

VL - Viral Load

VMMC – Voluntary Male Medical Circumcision

WHO – World Health Organization