MAKERERE UNIVERSITY

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IDI
INFECTIOUS
DISEASES
INSTITUTE

STRATEGIC PLAN
2023-2028

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> I extend my heartfelt gratitude to all the stakeholders, including Board members, staff, supporters, and partners, whose collective wisdom and dedication form the foundation upon which our vision for a healthier tomorrow stands.

Foreword

As we embark on the 2023/2028 strategy cycle, the Infectious Diseases Institute (IDI), now a mature organization with 20-year history, continues to thrive as an integral part of the Makerere University community and the wider Ugandan health and education sectors. This plan serves as a guide to remain both relevant and grounded in our values, as we explore opportunities to serve the wider African region over the next 20 years.

The process for creating this plan was comprehensive and painstaking. It aimed to capture the diverse views and perspectives of stakeholders to provide a compass for guiding our collective journey over the next five years. The overarching themes that emerged focus on continued relevance, innovation, and growth, while also prioritising equity and accessibility in our contributions to African health systems.

Specifically, the plan recognizes the need to focus on solutions for the most vulnerable and hard to reach populations which will have the greatest, most cost-effective impact on the health system. It also aims to build knowledge and services around the most relevant products, services, and technologies for our low-income setting, so that these same populations and others benefit from the latest advances in science and innovation.

Additionally, the plan emphasizes the need for us to leverage our strengths as a University-based NGO to do more system-level work, cutting across health program/ project/ service -level silos to impact health systems. It challenges us to take advantage of the global data revolution to enhance all aspects of our research and systems strengthening mandate. Finally, it encourages us to contribute meaningfully to meeting new existential threats that are challenging the entire world, such as epidemics/pandemics and climate change.

We acknowledge that no single entity possesses the diverse capacities and resources required to address these challenges.
Therefore, partnerships with governments (in Uganda and elsewhere in Africa), other units of Makerere University, funders, co-implementors and local communities will be critical in achieving this five-year vision.

I extend my heartfelt gratitude to all the stakeholders, including Board members, staff, supporters, and partners, whose collective wisdom and dedication form the foundation upon which our vision for a healthier tomorrow stands.The strategic plan will guide us as we embark on this journey together, committed to improving health systems, conducting life-changing research, and ultimately, savings lives.

Rev. Prof. Dr. Sam Luboga
IDI Board Chairperson

Introduction

This strategic plan provides a comprehensive view of the landscape in which IDI will operate for the next five years. It serves as a broad framework for IDI staff, stakeholders, and partners as they support and interact with the organisation's mission, vison, and strategies throughout the 2018 to 2023 strategic planning cycle.

The main plan provides a brief summary of IDI's recent history up to the last planning period (2018-2023). It lists key programmatic and financial milestones against the 2018-2023 plan, demonstrating growth in the breadth and depth of IDI programmatic performance and matching growth in its financial performance, even amidst unprecedented conditions occasioned by the COVID pandemic. It highlights notable growth of the Global Health Security (GHS) and Research programme in particular during the 2018-2023 period, even as activity and value declined in the Training and Capacity Building programme.

The plan describes the current planning environment, which includes Strength, Weaknesses, Opportunities and Threats (SWOT) analyses derived from each programme. These assessments contribute to a comprehensive framework for the current plan, incorporating themes drawn from the strategies of major stakeholders such as the Government of Uganda, Makerere University, and key policy makers and implementors in IDI's environment, including the Ugandan Ministry of Health, UN, WHO and Africa CDC, and funders like the US NIH, CDC, USAID, FCDO, EDCTP, the Bill and Melinda Gates Foundation, the Rockefeller Foundation, among others.

The plan outlines the planning process, its outcomes, and the consensus among stakeholders on major themes, objectives, and pillars. While IDI's vison and mission remain largely unchanged, this period aims to shift focus from mass, undifferentiated programming to specialized, population-specific, and product-driven growth, leveraging IDI's strengths as a university-based organisation with an advantage in depth rather than breadth.

A key schematic (Figure 1) illustrates this strategic pivot, which is supported by specific milestones across IDI's six programmes and its support functions. The plan also includes a financial summary, detailing IDI's funding intentions, projected requirements, and assumptions regarding trends that will impact the plan.

The annexes of the IDI Strategic Plan include the Capacity Pyramid, a systematic approach (as captured in the IDI Support Pyramid) that highlights interdependent types of capacity, including personal skills and institutional systems. Collaborative partnerships between institutions in developing and developed countries are a key strategy. The annexes also include milestones and achievements, programmatic and financial results, SWOT analyses, and policy documents.

Additional information can be requested via e-mail to grants@idi.co.ug.

Chapter 1: Background

Major developments in the period 2018-2023

In the 2018-2019 fiscal year, IDI acquired the MU-JHU Core Lab following a thorough due diligence process. This acquisition enabled IDI to bolster its laboratory systems and bring significant capacity and research in-house.

The official opening of the African Centre of Excellence in Bioinformatics & Data-intensive Sciences (ACE) in 2019 marked a significant development. This centre is one of the key high-performance computing (HPC) Centres of Excellence that the NIH Office of Cyber Infrastructure and Computational Biology (OCICB) supports on the continent. It is slowly becoming a critical part of Makerere University's capacity for high-throughput processing and provides training in data-intensive domains such as Bioinformatics, application development, modelling, virtual reality programming, and AI-aided programming and tools development.

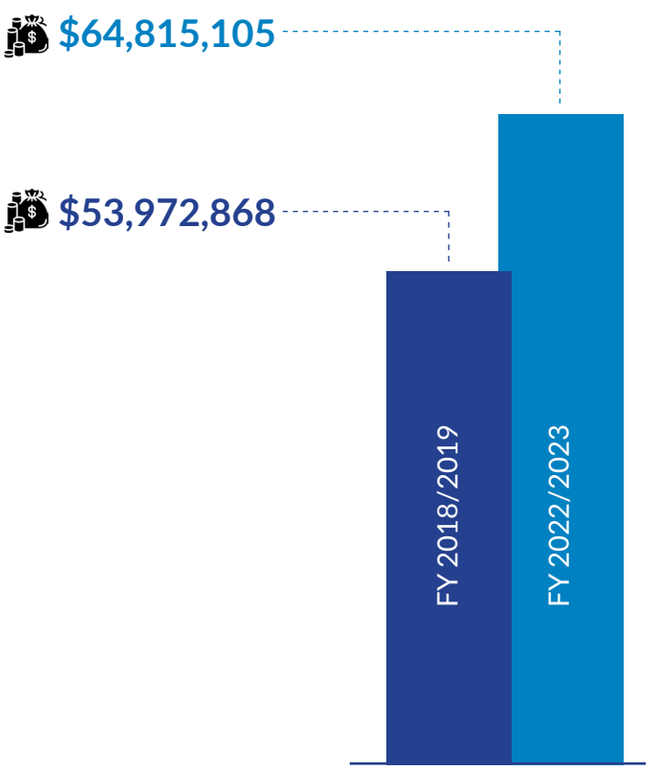
The facility supports IDI's efforts to grow its data science capacities as a strategic pillar of its strategy and integrate them into its programmes, recognising the centrality of the global "big data" revolution.

IDI's substantial impact during the Ugandan COVID pandemic and Ebola outbreak of 2022 has been transformative, bolstering its global health security (GHS) programme and enhancing its regional programming aspirations. Throughout the pandemic, from 2020, IDI's emerging diseases programming experience and capacity have been strengthened, contributing to the national health systems and positioning IDI for future growth. The pandemic's financial and operational challenges have not only been met but have also generated new capacity in supporting similar programming, which will serve IDI well in the 2023-2028 period.

The Board approved two systems upgrades within IDI:

i. A major "fork lift" initiative to upgrade IDI's Information Technology (IT) infrastructure, which had not undergone a significant overhaul in over 15 years, with the support of an external Canadian IT firm.
ii. The commissioning of an expert to advise on an extensive digitalisation exercise, which will soon be underway.

Program revenue trends and program-level diversification in the 2018-2023 period



IDI annual restricted volume grew from $53,972,868 in FY 2018/2019 to $64, 815,105 in FY2022/2023 necessitating growth in systems, including sub-granting team strengthening, the introduction of the Grants Expenditure Management System (GEMS); and building capacity in supply chain and HR functions to absorb new needs.

The Board and management set an illustrative target for a bottom-line annual net result of $800,000 over the five planning years 2018-2023. This target was surpassed with a total cumulative surplus of $4,409,742 generated over the 5 years, averaging $881,948 annually.

There was significant above-projection overall growth in revenue over a 5-year period at 18% against a projection of 8%. The actual revenues generated during this period were:

Table 1 -Revenue Trends 2018-2023

	2018/19	2019/20	2020/21	2021/22	2022/23
TOTAL RESTRICTED REVENUE	53,972,868	56,301,322	57,176,303	62,292,382	64,815,105
TOTAL UNRESTRICTED REVENUE	3,288,114	2,484,190	2,439,165	2,877,099	3,133,932
TOTAL	57,260,982	58,785,511	59,615,468	65,169,480	67,949,037

Significant programme-level diversification was evident over the 2018-2023 period. Notably, the GHS programme grew from 4 projects with an annual value of $3,818,233 (7% of total restricted revenue) in FY2018/2019 to a total of 22 projects with an annual value of $10,702,467 (16% of total restricted revenue) in FY 2022/2023. Similarly, the Research programme grew from 11 % to 15% of total restricted revenue over the period. Conversely, the Systems Strengthening (HSS) share of restricted revenues fell from 67% to 56%. Prevention, Care and Treatment (PCT) and Training revenues, however, were uncertain, depending largely on windfalls.

Core cost recovery varied over the period due to the variety of sources, allowable costing/pricing mechanisms, and nature of programmes within the grants/contract portfolio in each period. However, there was a steady year-on-year improvement from 8.4% in FY2028/2019 to 12.81% in 2022/2023, with an average cost recovery rate of 11.27% over the five years of the plan.

Funder diversification trends 2018-2023

There was an overall positive trend in funder diversification. PEPFAR funding still comprised over 50% of total revenue. However, non-PEPFAR funding as a proportion of total funding registered significant growth, demonstrating progress towards greater funder-level diversification as shown below:

Table 2- Trends in funding sources fy 2018/2019 to fy 2022/2023

Revenue by Source Type	FY2018/2019		FY2022/2023		Difference	%Growth
US Govt PEPFAR	38,444,629	73.33%	28,363,412	45.6%	-10,081,217	-27.69%
US Govt Non PEPFAR	7,777,128	14.83%	23,204,579	37.3%	15,427,451	22.51%
US Non Govt	961,445	1.83%	1,576,879	2,5%	615,434	0.70%
Europe Govt	1,777,967	3.39%	4,290,303	6.9%	2,512,336	3.51%
Europe Non Govt	2,697,471	5.15%	1,062,265	1.7%	-1,635,205	-3.44%
Govt of Uganda	433,876	0.83%	143,892	0.2%	-289,983	-0.60%
Self-Generated Revenues	13,071	0.02%	262,549	0.4%	249,478	0.40%
Other - Government	6,428	0.01%	485,886	0.8%	479,458	0.77%
Other - Non-Government	314,172	0.60%	2,754,170	4.4%	2,439,999	3.83%
TOTAL	52,426,187	100%	62,143,936	100%	9,717,749	18.5%

The growth in US Government Non-PEPFAR funding (298%), US non-Government funding (164%), European government funding (241%) and non-Europe/non-Us/Non-government funding (877%), coupled with an 18.5% overall revenue growth are particularly notable.

The current planning environment

The overall US government contribution to revenues in FY2021/2022 was still by far the highest by any funder at 78% even as the PEPFAR programme continues to change. The effects of these changes have already started to be felt in the shrinkage of budgets, particularly in administrative costs, for some projects alongside shrinkage of training revenue which has been generated from supporting their training objectives. It is critical, therefore, to generate and/or deepen new growth areas, particularly by applying IDI's distinct science and data-led programming capacity, as well as in creating value around health products. It is also critical to exercise prudence in the management of resources.

Despite the challenges it faces, IDI continues to be a trusted partner of the wider Makerere University, the government of Uganda, funders and beneficiary communities. It is also starting to become a credible partner of Africa CDC, Mastercard, the Bill and Melinda Gates Foundation, and other partners who might provide key support for regional expansion.

The 2023-2028 Strategic Plan Development Process

This strategic plan was developed through the following process:

Step 1: Consultations were held at department level to generate environment scans and SWOTs. This was augmented with independent research on the relevant programming and policy environment. This process allowed for a comprehensive understanding of the organization's internal and external factors, which informed the development of the strategic plan. (See Annex 2- Strategic Planning Framework)

Step 2: Department-level responses were grouped into emerging themes, which were extensively discussed at a series of special Senior Management Team (SMT) meetings to develop draft strategic objectives for the entire organisation. Four SOs emerged.

Step 3: An online survey was sent out to 70 stakeholders, split into 10 categories, to generate environment scans and SWOTs. These categories included Board members, Former Executive Directors, Makerere University, government funders, private funders, research project principal investigators—local, research project principal investigators—foreign, NGO peers, subgrantees, and internal staff (2 key informants per department). The survey received 30 responses (42% response rate) with at least three responses from each of the categories regarding IDI's current mission, future risks, and what IDI should continue to do more or do less programmatically and administratively in the next 5 years to maximize resources. These responses were used to triangulate emerging themes and incorporate views on IDI external environment, opportunity and risk landscape. The merged responses were categorized by theme, resulting in only minor revisions and confirmation of the 4 broad strategic objectives.

Step 4: A residential strategic planning workshop was held at a retreat for IDI Senior Management Team (SMT), during which the strategic objectives were validated with the benefit of responses from external stakeholders. The workshop also enabled the identification of programmatic and systems/ organizational themes underlying those strategic objectives, particularly those that were major changes to those in the previous planning framework, to be discussed so as to inform broad new goals and objectives (to be quantified at a later stage). The emerging themes are listed below in the section titled 'Summary of Outputs from the Plan Development Process'.

Step 5: Interviews were held with key informants (including some of the original respondents) to clarify outstanding issues.

Step 6: Draft 1 of the main plan was written based on all the above inputs and on further research on IDI's external environment and presented to the Board for review and modification.

Step 7: Draft 1 of the main plan, as approved and modified by the Board, was presented to departments in order to quantify targets and milestones in detail and to aid costing of the plan.

Step 8: The main plan, including targets, milestones, and financial projections, was finalized, approved by the IDI Board, and published.

Chapter 2: Summary of Outputs from the Plan Development Process

The planning process considered various key policy documents including the UN SDGS and the current strategic plans of relevant Government of Uganda, Makerere University, Africa CDC, PEPFAR, US CDC and other relevant entities. Key objectives and strategies in these plans that fit within IDI's mission were reviewed to inform views from staff, management, Board members and external stakeholders to generate common themes. The following themes then emerged as broad areas which the Senior Management Team discussed in detail at a residential SMT retreat, to reach the following conclusions:

2.1 Programme Themes

Programme theme 1: Disease focus.

The Infectious Diseases Institute (IDI) will continue to focus on the traditional "big 3" (HIV/AIDS, Malaria and TB) along with emerging diseases and Antimicrobial resistance (AMR). However, it will continue to seek growth and robust programming for other infectious diseases, such as hepatitis, cryptococcal meningitis, and Kaposi's sarcoma, including its research portfolio, consistent with a health systems approach. It recognizes the importance of non-communicable diseases (NCDs) but will focus on them largely to the extent that they intersect with its core infectious diseases mandate. This approach is in line with the prevailing health systems approach, which aims to strengthen health systems and improve public health outcomes. The range and value of HIV programming, which has historically been the most dominant, will begin to decline as the programme landscape and the players that service it locally mature, and resources will move from the civil society to government-to-government mechanisms.

In this context, IDI will provide more value by building capacity for key niche technical competencies that have broader health system strengthening impact beyond "mass" programming. These include:

- A focus on priority populations as appropriate for each programme
- Investment in community-based services, structures and organizations, including CHEWS and CSOs
- Investment in capacity to provide Technical Assistances (TA) to align with efforts to direct some of the major funding into government to government (G2G) mechanisms rather than direct service delivery
- Investment in building data competences that will enable teams to understand all the key data points in their programmes and to boost their ability to analyze and utilize it in programme design, management/ problem solving and evaluation
- Investment in capacity to test and/or implement new models of care and new products e.g. for TB
- Integration of services for these disease with those for other key diseases/conditions such as NCDs and STIs and with other interventions/services within public facilities
- Integration of surveillance (including molecular surveillance) for specific selected disease areas such as gonorrhea
- Building capacities to tackle new challenges e.g. the intersection with climate change and the roll out of vaccines

Programme Theme 2: Vaccination programming

IDI will build on the following competencies to sustain its vaccine programming:

- Implementation science and Evaluation Studies (building on its PROVE program work)
- Community-level and facility level communication, demand creation and roll out (building on its current COVID vaccine work) including the use of technology and online tools
- Clinical trials (building on its Yellow Fever work) with a possibility of supporting Ebola trials
- Partnerships with key players in the vaccine value chain including UVRI, MUWRP and others

Programme theme 3: Strengthening data analytics and utilization capacity for programmes

IDI mainstream data science into all its programs. Key issues to address include:

- Securing strategic leadership for this key growth area to map out a long-term vision for its more coherent integration into IDI programming

- Better utilization of data sets that are already available across programmes
- Using the Statistics and ACE teams as a base for training staff and students (including Graduate Trainees) who will build data science support capacity across all programmes
- Developing SOPs for the entire data value chain, including data acquisition and internal and external sharing (e.g., with partners)
- Identifying key data partners, for example in West Nile
- Establishing data science training programmes in line with the overall vision

Programmatic theme 4: Climate change programming

In the absence of a full-time climate change programming lead, this will be housed under, and coordinated by the GHS programme until resources are secured for the longer term. IDI will seek to build capacity for programming at the intersection of infectious diseases and climate change (such as vulnerability modelling, and implementation of adaptation and resilience interventions). Specific areas include:

Programming for the intersection of water borne diseases with climate change: Modelling of outbreaks, Early warning and mitigation planning, configuration of resources, implementation measures including deployment of EoC resources, stakeholder engagement community health education, water treatment, WASH and developing and publishing proven response frameworks and models

Programming for the intersection of vector borne (and/or zoonotic and neglected tropical diseases) with climate change: Modelling climate effects on infectious diseases transmission patterns/ epidemiology and developing tailored solutions for configuration of resources, risk communication and community engagement, movement patterns and restrictions, priority groups for vaccination, and for the related research leading to replicable models

2.2 Systems Themes

Systems Theme 1: Optimizing IDI's human capital

IDI recognizes the critical importance of its human resources for the organization's survival and success, especially as programming becomes more specialized. Therefore, our workforce will not only provide essential services but deliver the added value, such as research, analytics and learning, which sets IDI apart from its peers. The distinction will be particularly critical in the current environment. Stakeholders are eager for IDI to demonstrate that it is implementing human resource strategies to attract, retain, and develop top talent, which is essential for the organization's sustainability, growth, growth, and success over the next five years.

A comprehensive review of IDI's organizational structure, from department to individual level, will be implemented to ensure that the roles, relationships, responsibilities, and rewards position IDI for success, with a focus on the following issues that have been identified. These include:

- Implementing a Comprehensive Talent Acquisition & Retention Plan that identifies and prioritizes key skills sets and strategic growth areas, ensuring a robust pipeline across departments for long term development and sustenance of key competencies.
- Measures to identify priorities for investing in developing top talent, both internally and as part of its recruitment efforts, with the skills sets that are critical for IDI's current and future priorities.
- Maximizing the brand value of IDI so that it attracts the right talent.
- Enhancing productivity and efficiency by implementing high-quality performance management systems that consistently and accurately define, identify, and reward excellence, and by providing a conducive culture and environment that rewards individual creativity and multi-dimensional growth.
- Remaining competitive in remuneration across functions relative to its market.
- Overall, having a structure that serves the current and future needs of IDI without overloading or excessively straining any functions or individual employees, while flexibly accommodating changes such as new programmes, competencies, and stakeholder needs (such as new funders, disease areas or technical skills).

Systems theme 2: Strategic partnership development

Stakeholders emphasized the significance of leveraging partnerships to broaden the range of capabilities within programmes and the pool of funders that support each programme. It was acknowledged that diversification targets will vary for each programme, depending on its current and future priorities, funding opportunities, and competitive landscape.

Nonetheless, the following general diversification targets were identified:

- For Health Systems Strengthening:
  - Reduce its dependence on US government sources and increase its private/foundation sources.
  - Implement less "traditional" service delivery and more Technical Assistance/Capacity Building, especially for governments and civil society organisations (CSOs).
  - Partner with more organisations focusing on key populations (KPs), underserved and hard-to-reach populations, as well as data capacity building programming.

- For Global Health Security:
  - Enhance the Global Health Security (GHS) service platforms with a focus on science-driven solutions, offering customizable training, ongoing mentorship, and advanced tools for more efficient development.
  - Prioritize capacity building grants, with a primary goal of strengthening organization's capabilities rather than emergency response grants, which will serve only as secondary, "windfall" grants.
  - Invest in data systems building and data science capacity grants to facilitate the integration of multiple data sets, such as emerging diseases and climate data, for long-term, strategic decision-making.

- For Training and Capacity Building:
  - Spearhead efforts to develop training skill-building for technical assistance, rather than service delivery, across various programmes, including specialized areas such as GHS prevent-detect-respond continuum, data science capacity, and innovative HIV, malaria, and tuberculosis care and treatment models.

- For Research:
  - Identify partners with specialized research competencies in key populations (KPs) and the underserved/vulnerable, including the elderly, as well as partners and grants to support broader non-HIV/TB research competencies, with a specific focus on antimicrobial resistance (AMR) and climate change, are needed.

- For Prevention, Care and Treatment:
  - Collaborate with partners to promote capacity building and address gaps in the areas such as pharmacovigilance, NCD integration, and technological innovation.

- For Laboratory Services:
  - Identify partners that can support IDI to re-energize Lab Science and become part of long-term networks with more substantial core funding. These partners could be involved in STI and AMR--related science.

- For the Academy:
  - Identify partners that can support efforts to roll out technologies, such as offering access to new technologies, providing business start-up assistance, and facilitating access to venture capital.

Systems Theme 3: Knowledge management

Stakeholders identified a gap in the way IDI manages knowledge creation, knowledge sharing and knowledge use/application with its external and internal audiences and recommended the following actions:

For external knowledge management:

- Create a knowledge management committee headed by a coordinator located in the ED's office or a designate.
- Use the committee to provide a framework for centralizing the efforts of a number of knowledge management specialists who are currently spread out across the Institute.
- Ensure that all core programme are represented.
- Develop systems and standard operating procedures (SOPs) so that all individuals who carry out research or publish any material deposit it into a central, well curated repository.
- Integrate knowledge management into all programmes and functions, with related targets and performance indicators.

The Information Systems (IS) will spearhead internal knowledge management with a view to:

- Digitalize and integrate internal data from various sources, such as Navision, ICEA, SIGMER, and GEMS, to feed into management decision-making and business intelligence.
- Establish a central repository for internal data and implement controls for access and use of data.
- Determine reports, KPIs and dashboards can visualize the data, for example, for HR use in tracking the entire employment cycle.
- Propose real-time analytics that can be applied for computer-aided diagnosis, online and offline training, and innovative programme financing, such as micropayments.
- This initiative will also help in integrating all other systems, including GEMS, Navision, SIGMER and all other processes.

Systems Theme 4: Responding to the regionalization trends in IDI programming

The GHS department has recently pioneered regional programming, but it is a trend that is likely to be observed across all programmes in the next five years. The GHS leadership was therefore tasked with developing draft SOPs and checklists in areas that are not yet fully covered by our local programming such as:

- Developing institutional definitions and categorizations of different levels of country presence and their administrative implications e.g. country office, sub-office housed in another organization, sub grantee etc.
- Implications for staff remuneration and welfare
- Opportunities to optimize the use of virtual collaborative platforms and e-learning
- Capacity for regional partner selection and sub granting
- Regional travel monitoring and staff safety/ security including risk assessments/mappings, insurance, protection and evacuation plans
- Language translation for documents and for meetings and other interactions

Systems Theme 5: Environment, social and governance reporting

IDI is exploring the opportunity to be thought leader and pioneer in Environment, Social and Governance (ESG) reporting within its context, a developing country NGO, to demonstrate/document its commitment to social responsibility beyond its mission. The Finance and Administration (F&A) leadership was tasked with forming a committee to explore mechanisms for implementing and/or documenting incremental steps towards possible future compliance requirements. The focus is on:

- Alternative/ renewable energy sources such as solar energy for use in IDI facilities
- Measuring indirect Community impact
- Inclusive governance
- Contributions to the wider UN SDG goals.
- Reduce, Reuse, Recycle (3 Rs) efforts
- Staff information, involvement and/or training in all the above

The Planning Framework

This plan was designed to reflect IDI's awareness 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), the Africa Centres for Disease Control and Prevention (Africa CDC) Strategic Plan 2022-2026, and Makerere University's Strategic Plan 2020/21 -2030/31. It will support the university's mission, "To provide transformative and innovative teaching, learning, research, and services responsive to dynamic National and Global needs," with specific alignment to its Goals 1,2,3 and 4.

At a national level, it will contribute to the National Development Plan III 2020/21 – 2024/25 goal, "to increase household incomes and improved quality of life through sustainable industrialization for inclusive growth, employment and sustainable wealth creation," including specific relevant objectives. Furthermore, it aligns with the Ministry of Health Strategic Plan 2020/21 -2024/25 goal, ''To strengthen the health system and its support mechanisms with a focus on primary health care to achieve universal health coverage by 2030," specifically addressing two key objectives.

The plan also acknowledges the risks in the environment that IDI stakeholders identified, and plans to manage them are as an integral part of this plan. (See Annex 2 for the detailed planning framework with detailed references to other plans and to the risk assessment generated form the stakeholder survey).

Mission, Vision and Values

IDI will retain its current vision and mission as follows.

OUR VISION

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

OUR MISSION

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

The current values statement will also be maintained. (See Annex 2- 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 5) will continue to be the broad framework that the IDI uses to interpret its environment and guide its efforts to fulfil its primary capacity-building mandate.

Chapter 3: Specific goals, objectives and strategies by IDI programme and/or department in the period 2023 to 2028

The following goals, objectives and strategies emerged based on extensive discussions and consultations regarding Program-level Strengths, Weaknesses, Opportunities and Threats. (SWOTs) (See Annex 3 for Program level SWOTs)

3.1 Health Systems Strengthening (HSS)

Goal: To bolster Africa's health systems through innovative and integrated approaches, ensuring equitable access to high-quality and comprehensive infectious diseases services, particularly for vulnerable and underserved communities

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
• Integration of programming focusing on priority populations including KPs, AGYW, OVC, Children and youth, refugees and migrants / cross-border interventions, the disabled, climate-vulnerable and hard to reach/serve populations. • Integrated care packages e.g. with NCDs, STIs, chronic care packages with a focus on these populations • Strengthened focus on building capacity for community level service and structures e.g. CSOs and CHEWS with a view to maximizing community outreach with a focus on these populations • Positioning programming to be more government-led in anticipation of Government to Government • (G2G) funding; build Capacity for targeted TA approaches for government units and other IPs in delivering programming for target populations
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
Medicines • Community pharmacies app (ART Access) deployment and add-on products • Deploying IVR to enhance drug-related program outcomes e.g. adherence, follow up etc. • Vaccines • Supporting vaccine roll out in targeted communities/populations e.g. the aged and children
Point of Care Diagnostics • Supporting POC diagnostics devices roll out in targeted communities/populations
Strategic Objective 3: HARNESSING BIG DATA
• Modeling for current program objectives (with a focus on the most vulnerable and underserved populations such as KPs, migrants/refugees, primarily for HIV & TB) e.g. modelling TPT in Karamoja • Embedding data competent staff within HSS projects to develop data utilization use cases/concepts • Developing plans for data related role post-PEPFAR ("Data as a programme"): Hire expert to develop targeted HSS Cohort plan beyond PEPFAR
Overarching Objective: Documenting IDI programming experience and success models
• Documenting HSS programming experience, replicable models and proven best practice

i. Note: For the purposes of this strategic plan, priority populations are key, underserved and/or vulnerable sub-populations that are at higher risk and/or have less access to the relevant program intervention. This could include, for example key populations (KPs) in HIV programmes, adolescent girls and young women (AGYW), orphans and vulnerable children (OVC), pregnant women, refugees and migrants / cross-border populations, disabled, aged and hard to reach/serve populations.

3.2 Global Health Security (GHS)

Goal: The GHS programme aims to strengthen Africa health systems' capacities to prevent, detect and respond to infectious disease outbreaks and biologic threats.

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
• Integration of global health security [GHS] programmes into existing public health initiatives with prioritization of scope on healthcare workers, refugee communities and other vulnerable populations. • Develop community-level interventions for early warning systems focusing on vaccination, water, sanitation and hygiene [WASH], disease surveillance, planetary health, infection prevention and control. • Provide above-site support for disease outbreak response through policy, advocacy, health education and capacity building for safe and secure communities and stable livelihoods. • Strengthen antimicrobial resistance, use and consumption surveillance and response especially in specialized healthcare units and other one-health sectors [animal and environment health]. • Strengthen laboratory network capacity to safely and securely handle high-infectious and bioterrorism-prone pathogens and ensure biosafety and biosecurity for personnel, laboratory and communities. • Build capacity for Africa-led public health emergency preparedness and response through technical support to Ministries of Health and/or National Public Health Institutes [NPHIs].
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
Medicines • Support the accreditation of selected healthcare facilities to roll out a comprehensive case management programme for clinical care of highly consequence pathogens. • Deployment of clinical decision tools for rationale antibiotic prescription and stewardship practices to combat antimicrobial resistance.
Vaccines • Enhance vaccine access and confidence in the African population through rapid deployment of new vaccines, safety surveillance [pharmacovigilance] and implementation research. • Develop and roll out approved pre-positioned research protocols for vaccines and other medical countermeasures during disease outbreaks to inform accelerated public health policy action.
Point of Care Diagnostics • Support the development and validation of point of care [POC] diagnostics and devices for emerging and re-emerging infectious diseases [EIDs]. • Consolidate and expand acute febrile illness [AFI] surveillance in Africa for pathogen discovery, design of point of care [POC] tests and early detection of disease outbreaks. • Strengthen national molecular surveillance of outbreak-prone pathogens to provide epidemiological trends, transmission pathways and evolutionary trends of emerging variants/strains.
Strategic Objective 3: HARNESSING BIG DATA
• Create a findable, accessible, interoperable and reproducible [FAIR] global health security data warehouse to support data science-related analysis and research. • Strengthen epidemic intelligence and modelling capabilities for predicting emerging infectious diseases [EIDs] progression, disease outbreaks and cost-effective interventions. • Apply machine learning algorithms to develop data-driven AMR stewardship interventions or therapeutics and inform future antibiotic development pipelines in Africa. • Develop capacity for integration of non-health data [climate and environment metrics] into disease surveillance systems to inform enhanced situational awareness, outbreak forecasts and research.

Overarching Objective: Documenting IDI programming experience and success models
• Establish the GHS scientific seminar series and the knowledge management hub to facilitate documentation of program experience, scientific publications, replicable models and best practices. • Set up a technical assistance program to roll out validated health systems strengthening models to other African countries to ensure cross-border preparedness and response.
Overarching Objective: Hiring, retaining and providing a career path for pipelines of key staff to sustain key IDI competencies and explore targeted growth areas
• Set up the Sewankambo scholarship programme for health security in Africa to support masters, PhD and post-doctoral fellows for enhanced technical leadership and expertise. • Develop an accredited GHS curriculum for in-service healthcare workers to ensure continuous professional development and technical competencies for handling public health emergencies.

3.3 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

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
• Deliver integrated care packages with holistic, evidence-based prevention, screening, diagnosis, and treatment for OIs, NCDs, STIs and other related chronic care services. The populations of special emphasis include the older adults, key and priority populations, refugees, OVCs, and indigents. • Maintain and support care collaboration with the requisite units (e.g. Infectious diseases, Tuberculosis, STIs, UCI) locally and internationally. • Harness the technical capacity that exists as best practices at the IDI PCT Centre of Excellence to support the development of care elsewhere including both IDI supported and unsupported facilities.
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
Medicines • Develop, deploy and test impact of various technologies such as the Community pharmacies app (ART Access) and IVR products on PCT platforms and among clients and communities. • Seek opportunities to do Access programming for key medicines e.g. for NTD drugs • Support MOH and Pharma in implementing pharmacovigilance for key drugs/products in use.
Vaccines • Supporting vaccine testing, roll-out and, pharmacovigilance amongst PCT community
Point of Care Diagnostics • Support the development, testing and roll-out of critical, relevant POC diagnosis technologies and devices by utilizing the PCT client population.
Strategic Objective 3: HARNESSING BIG DATA
• Digitize most if not all data collection processes in PCT to ensure high quality and consistent availability of requisite data elements. • Embed or collaborate with data competent individuals with the PCT program to develop relevant data utilization concepts. • Develop and test relevant decision support AI tools informed by needs of clinicians, clients, and program managers.

Overarching Objective: Documenting IDI programming experience and success models
• Clearly documenting PCT program experience, to provide replicable models for proven best practice in care provision.
Overarching Objective: Hiring, retaining and providing a career path for pipelines of key staff to sustain key IDI competencies and explore targeted growth areas
• Demonstrate staff and student pipeline for all major PCT services and IDI's scientific domains and competencies • Support training, create opportunities and attract talent from Makerere University and other premier training institutions globally.

3.4 Research

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

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
• Develop more capacity for behavioral, Implementation and clinical research with a focus on underserved and Vulnerable populations (KPs, CSWs, older people, refugees & mobile populations, AGYW, OVC, Children and youth, breast-feeding mothers, Climate-affected/vulnerable) • Develop more capacity for embedding Health Economics research into programmes with a focus on optimizing programming for underserved/vulnerable populations • Embed more students/Fellows in service programmes to document new models for serving these populations
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
Medicines • Conduct clinical trials to inform best practices on the use of anti-infective agents for prevention of infectious diseases (including HIV), and for the treatment of infectious diseases. • Conduct AMR studies and Build capacity for AMR genotypic and phenotypic data collection • Strengthening Lab Science with a focus on Microbiology: Senior Microbiologist hired; student pipeline established; lab samples utilized; joint Lab/Research /ACE) grants • Data Science – Create pipeline of data scientists and scholars that support drug development and use (including CODING) • Conduct clinical trials that maximize IDI's niche in pharmacokinetics/ pharmacometrics/ pharmacogenomics
Vaccines • Build/Strengthen relationships with vaccine trial partners in order to contribute to trials • Conduct vaccine implementation science studies
Point of Care Diagnostics • Conduct POC diagnostics validation and implementation science studies
Strategic Objective 3: HARNESSING BIG DATA
• Secure strategic leadership for Data Science: Appoint head; Determine and implement strategic objectives, priorities, sources and strategies • Curate and mine existing clinical and lab data: PCT cohort, AFI sites, AMR program data, PK data, Core Lab and Translational Lab data • Provide pipeline of students and staff to develop Bioinformatics and modelling capacity (eg for PK) to meet research objectives and to service other IDI programs

Curate and mine existing clinical and lab data: PCT cohort, AFI sites, AMR program data, PK data, Core Lab and Translational Lab data
• Publishing scientific evidence, replicable models and proven best practice from IDI research
Overarching Objective: Hiring, retaining and providing a career path for pipelines of key staff to sustain key IDI competencies and explore targeted growth areas
• Demonstrate staff and student pipeline for all major IDI scientific domains and competencies

3.5 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

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
• Course development and delivery for HSS & GHS programming with special focus on identified gaps in KPs, AGYW, Children and youth, refugees, climate vulnerability and intersection with disease) programming • Course development and delivery for community-level approaches and capacity building for community workers • Capacity building for TA-based approaches to programming; supporting IDI senior programming staff to pivot to TA roles with a focus on underserved and vulnerable populations • GHS-specific: Courses to fill identified gaps across the Prevent- Detect-Respond Continuum e.g. surveillance, IPC, Biosafety/Biosecurity, Labs, EOC operation with a focus on UVPs
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
• Targeted skill building courses for Behavioral /Qualitative research methods. • Targeted skill building courses for Health Economics • Targeted skill building courses to support Microbiology & AMR programming • Targeted skill building courses for AI-enabled combination drug development. • Targeted skill building courses for specialized CRO capacity building
Strategic Objective 3: HARNESSING BIG DATA
• Co-developing and delivering skill building courses with subject matter experts in ACE, Academy and elsewhere to build expertise in bioinformatics (genomics, sequencing etc.) to support research programming. • Co-developing and delivering skill building courses with subject matter experts in ACE, Academy and elsewhere to build infectious diseases modelling expertise in support of other programs • Co-developing and delivering skill building courses with subject matter experts in ACE, Academy and elsewhere to build expertise in developing and deploying AI-driven approaches/solutions to support IDI programming • Co-developing and delivering skill building courses with subject matter experts in ACE, Academy and elsewhere to build expertise in language processing tools e.g. chatbots etc....to support IDI programming e.g. for targeted online communication
Curate and mine existing clinical and lab data: PCT cohort, AFI sites, AMR program data, PK data, Core Lab and Translational Lab data
• Targeted skill-building courses to support IDI Knowledge Management and Communications capacity building

Overarching Objective: Hiring, retaining and providing a career path for pipelines of key staff to sustain key IDI competencies and explore targeted growth areas
• Demonstrate staff/training facilitator, material and curriculum pipeline for all major established and developing IDI capacity building domains and competencies

3.6 Laboratory services

Goal: To provide high quality lab services 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.

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
• Maintaining international quality standards in the provision of clinical and research lab services • Selecting lab test products to maintain and which new tests and testing approaches to introduce in line with current, emerging, and future needs for target clients. • Maintain a product/service mix that remains relevant to the evolving needs of the community • Maintaining the IDI Central lab which caters for direct consumer testing.
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
• Developing targeted biobanking capacity with a focus on supporting microbiology and AMR science capacity. • Introducing Biorepository services by increasing storage capacity and new equipment such as Liquid Nitrogen freezers and other ultra-low temperature (-80 to -150C) freezer equipment. • Strengthening Lab Science with a focus on Microbiology: Lab Science Manager (Microbiologist) hired; student pipeline established with cross-utilization of Research /ACE/lab samples and data. • Participating in implementation science initiatives to foster cost-effective national solutions
Strategic Objective 3: HARNESSING BIG DATA
• Provide inventory of lab samples/data in biobank/s and develop SOP for utilization and/or destruction that involves a wider set of IDI stakeholders. • Maintaining high complex testing such as Molecular Cancer detection, HIV, HBV Viral load and DNA PCR and Resistance testing • Write joint Lab/Research/ACE grants • Fully utilize sequencing capacity to support Bioinformatics capacity building through ACE • Capacity building to conduct high volume in-country drug resistance testing including integrase inhibitors and running EQA that is monitored by both CAP and VQA Duke University
Curate and mine existing clinical and lab data: PCT cohort, AFI sites, AMR program data, PK data, Core Lab and Translational Lab data
• Publishing scientific evidence, replicable models and proven best practice from IDI lab-based research
Overarching Objective: Hiring, retaining and providing a career path for pipelines of key staff to sustain key IDI competencies and explore targeted growth areas
• Demonstrate staff and student pipeline for all major Lab competencies including Management & Administration, Major tests/equipment, Science and Quality Control

3.7 The Academy for Health Innovation ("the Academy")

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
Strategic Objective 3: HARNESSING BIG DATA
CORE OBJECTIVE: TECHNOLOGY PIPELINE TO SERVICE SOs1,2 and 3
• A robust pipeline of technologies at Concept development, piloting, scaling and roll-out/start-up stages to service SO1, SO2 and SO3
Overarching Objective: Taking Academy product/service technologies to scale and roll-out /start-up stage
• Taking new technologies that have been proved in the real world (with a focus on SOs1, 2 and 3 to roll-out and/or start-up stage
Overarching Objective: Documenting IDI programming experience and success models
• Publishing scientific evidence, replicable models and proven best practice from Academy product/service technology development
Overarching Objective: Hiring, retaining and providing a career path for pipelines of key staff to sustain key IDI competencies and explore targeted growth areas
• Demonstrate staff and student pipeline for all major core technology domains and competencies

3.8 Sustainability, Governance & Partnerships

Goal: To maintain optimal and sustainable governance for achieving the IDI mission within a dynamic landscape of national and global partnerships. It is essential to document and showcase IDI governance, management and business models whenever possible/relevant

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
• Develop more management and governance capacity for programs that integrate services for underserved and Vulnerable populations (KPs, the aged, refugees & migrants, the disabled, KPs, AGYW, OVC, Children and youth, Climate-affected/vulnerable) • Develop strategic partnerships with anchor funding partners and implementation partners (particularly CSOs) with funding for/technical expertise in programs for underserved and Vulnerable populations (KPs, the aged, refugees & migrants, KPs, AGYW, OVC, Children and youth, Climate-affected/vulnerable)
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
• Secure restricted or unrestricted resources to support foundational development and coordination roles within selected programmes for the 3 emerging growth areas of drug development, climate change and vaccination programming
Strategic Objective 3: HARNESSING BIG DATA

• Secure restricted or unrestricted resources to support strategic leadership for data science programming • Secure restricted or unrestricted resources to support strategic data science initiatives including capacity to develop a cohort, and to establish a dedicated data centre • Secure restricted or unrestricted resources to support the integration of data science champions identified by the Statistics Unit (staff, Graduate Trainees or students) within all programmes
Overarching Objective: Documenting IDI programming experience and success models
• Publishing evidence, replicable models and proven best practice from IDI governance and management experience
Overarching Objective: Maintaining a pipeline of competent staff to sustain IDI's competitiveness in strategic resource acquisition and partnership development
• Demonstrate pipeline to maintain IDI's competitiveness in acquiring a diversified resource pool and partnership portfolio that supports sustainability of IDI and its growth in identified strategic areas (represented by a robust Business Development team) • Demonstrate Board -level oversight and support for strategic direction, resource acquisition, networking and governance within major strategic growth areas

3.9 Management and 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

Strategies/Activities
Strategic Objective 1: PROVIDING DIFFERENTIATED SERVICES WITH A SPECIAL FOCUS ON PRIORITY POPULATIONS (1)
Strategic Objective 2: USING IDI PROGRAM PLATFORMS TO SUPPORT HEALTH PRODUCT DEVELOPMENT, INTRODUCTION, ROLL OUT AND EVALUATION
Strategic Objective 3: HARNESSING BIG DATA
CORE OBJECTIVE: ROBUST MANAGEMENT AND SUPPORT SYSTEMS TO SERVICE SOs1,2 and 3
• A robust administrative (human and physical) infrastructure to support provision of high quality, sustainable, infrastructure for unimpeded delivery of core programmes • To maintain the highest level of integrity, professionalism and efficiency in the use of resources entrusted to IDI relative to its peers
Overarching Objective: Hiring, retaining and providing a career path for pipelines of key staff to sustain key IDI competencies and explore targeted growth areas
• To continuously maintain IDI competitiveness and relevance, meet emerging technical and management needs, provide room for individual growth and retain key talent for all major current and emerging core competencies
Overarching Objective: To be thought leaders and pioneers in championing Environment, Social, Governance (ESG) reporting frameworks in IDI's context
• To explore the use of appropriate ESG frameworks in order to demonstrate IDI's social responsibility principles and to document best practice for IDI's context
Overarching Objective: Documenting IDI financial and operational experience and success models
• Documenting IDI management experience through publication of replicable models and proven best practice

Strategic Objectives (SOs)
Evidence-based. Community-based

The figure below provides a summary of the key elements of the strategic plan for 2023/2028

PROGRAMME OBJECTIVES

Integrating Differentiated Services for Priority Populations

HSS: Systems level integrated programming for underserved & vulnerable populations (eg KPs, AGYW, refugees , Hard to Reach Populations)
PCT: Focus on integrating services for priority populations within PCT clients, families and communities.
GHS: Emerging diseases interventions for priority populations eg health workers & the aged, "hot spots" & border populations
Research: Greater capacity for behavioral, Implementation, clinical and health economics research for priority populations
TCB: Course development and delivery to support programming that targets priority groups.
Lab: Supporting targeted programming for KPs eg identifying those with the worst clinical outcomes, recency etc..

Supporting Health Product Development, Introduction, Roll out and Evaluation (focus on Vaccines, POC diagnostics and Medicines)

HSS: Deployment of product-related technologies (ArtAcces, Call for Life etc..); Supporting vaccine and POC device roll out
PCT: Roll out of products and technologies eg vaccine roll-out ; IVR; drug access & pharmacovigilance programs
Research/GHS: AMR research: New drug (esp. for EID and antimicrobials), vaccine and POC diagnostics implementation research
TCB: Training for roll out and evaluation of health products e.g. community vaccine roll-out approaches, building capacity to evaluate cost effectiveness of new products
Lab: Supporting medicine and diagnostics related research eg PK, diagnostics validation
Contract Research Organisation (CRO) : Setting up an independent CRO

Harnessing Big Data

HSS: Embedding data analytical competency for modelling and systems level analytics ; Developing population "data as a program" beyond PEPFAR
PCT: Embedding data analytical competence to maximize data utilization; developing AI-driven clinical decision tools
Research: Enhanced data science leadership; curation and mining of existing data; enhanced development and/or utilization of data value chain to service data science.
GHS: Optimizing the AMR data value chain ;building capacity for combination anti-microbial drug discovery ;Building disease modelling capabilities to support epidemic intelligence, and integration of complementary data eg animal, climate & environment data
TCB: Supporting delivery of skill based courses to build core data scientist community.
Lab: Strategic bio-banking; optimization of lab data use across IDI stakeholders; maximizing lab science capacity in support of Research and GHS

Generating a Technology Pipeline (Focus on Academy)

Maintaining a technology pipeline for integration into diverse programme delivery and to generate start-ups.
Piloting: (COAST, Medical drones, Pictures of Ageing Call For Life STI Assisted Partner Notification).
Scaling: (ARTAccess, Call For Life TB PACT Karamoja, Call For Life TB & HIV Local Service Delivery).
Roll-out/start-up: IVR (Home Based Care)
Evaluation Studies: (WISECAP, History of HIV, COPHAS, IVR (Home-based Management, Outbreaks, HIV RCT, Nutrition, Youth).
AI-enabled Research: Hub For Maternal and Sexual Reproductive Health (HASH); Chatbots

SYSTEMS OBJECTIVES

Knowledge Management

Documenting and/or publishing IDI programming experience and success models as well as utilizing internal data to achieve management excellence

Strategic Talent Management

Maintaining IDI's competiveness by identifying, hiring, training and retaining talent that meets IDI's curent and emerging needs

Management & Support Systems

Robust, integrated, digitalized/automated, efficient systems, Building capacity for regionalization ; enhanced business intelligence ; ESG reporting competence

Sustainability, Governance & Partnerships

Sustainable resourcing, partner development and Board oversight and support to meet IDI's current SOs as well as create longer term value

Chapter 4: Funding the 2023/2028 Strategic Plan

4.1 Financial Projections

Given the anticipated challenges and risks, management is conservative in its financial projections over the next five years, which are as follows:

Table 3 – Revenue, expenditure and cost recovery projections 2023-2028

REVENUE					
ITEM	Latest Estimate	Projections	Projections	Projections	Projections
	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028
Total Restricted Revenue (A)	69,995,599	68,748,114	62,838,970	59,041,142	57,138,673
Total Recoveries (B)	8,291,359	8,768,477	7,918,120	7,854,392	8,007,520
Recovery rate (B/A%)	11.8%	12.8%	12.6%	13.3%	14.0%
Total : Other Revenues (C)	5,361,312	4,789,146	5,217,080	5,409,737	5,616,524
TOTAL REVENUES (A+B+C=D)	83,648,270	82,305,736	75,974,170	72,305,271	70,762,717
EXPENSES					
Program Expenses	-75,589,470	-74,073,913	-68,295,611	-64,701,037	-63,084,830
G&A	-4,809,440	-4,696,372	-4,449,553	-4,235,321	-4,282,853
Facilities & Depreciation	-3,099,305	-3,199,489	-3,213,719	-3,279,561	-3,316,428
TOTAL EXPENSES (E)	-83,498,215	-81,969,774	-75,958,882	-72,215,919	-70,684,110
(SURPLUS)/DEFICIT (D-E)	150,055	335,963	15,288	89,352	78,607

To be prudent, we are anticipating a major decline in revenues at around the half-period mark due to the end of some major funding mechanisms and a decline in revenues from PCT and Training programmes. The growth in some programs will not fully compensate for this decline, so we expect this trajectory to persist until FY 2027/2028, ending at a total annual revenue of $70,762,717.

However, cost recovery (as a percentage) will continue to rise as revenues are generated from a wider variety of funding sources, especially for the Research and GHS programmes. We expect these two programmes to balance out the revenue sources, reducing reliance on HSS resources.

4.2 Proposed Investments

Management has proposed some key investments, for the Income Statement and the Balance Sheet. While we are convinced about the criticality of these investments, we acknowledge that they are subject to various due diligence and feasibility procedures, and ultimately to Board approval.

Proposed Investments in the Income Statement: To reflect strategic growth initiatives in the income statement, the organization plans to hire and retain a Lab Research Head and various data science and engineering professionals, including Data Engineers. These roles will drive key areas of strategic expansion, as evidenced by the inclusion of related personnel costs in the upcoming financial reporting.

Proposed capital investment (balance sheet items): The proposed capital Investments are expected to amount to an average of US$ 1,000,000 per year. These investments will be used to replace assets that have reached the end of their useful life. Additionally, any further capital investment proposals will be focused on areas that can help diversify funding and improve efficiency. However, these proposals will be subject to approval by the Board.

The following are proposed actions for IDI's future plans:

- Continued investment in ongoing digitalization and automation, at an estimated cost of $1,000,000 in the early stages of the plan.
- Possible investment and/or or support for an independent start-up to roll out at least one IDI product in the early stages of the plan.
- Establishment of an independent Contract Research Organization (CRO), targeting the non-academic clinical research market. This is estimated to cost $1,500,000 in the middle stages of the plan)
- Possible construction of an extension to IDI's Mulago Clinical Centre of Excellence (COE) or a satellite site to free up more research space -US$ 300,000
- Management will present a proposal for investment in land in the middle stages of the plan.
- At the board review, a detailed presentation covering mission relevance, programme logic with use cases, scope, specifications, and underlying business assumptions will be provided.

4.3 Overall Financial Outlook

By proactively diversifying funding sources and demonstrating impact, management aims to achieve the following broad financial goals:

Sustainable Growth

In the current plan, management anticipates a mid-term dip from which revenues will not fully recover within the plan's time frame. While expecting a decline in annual restricted revenue growth in the middle stages of the plan, we will seek to recover at least 13% of restricted revenues to cover our overhead costs and potentially invest in growth areas that will sustain IDI's relevance over the medium to long-term. Consequently, we anticipate a decline over the period, but we expect the proportion of cost recovery to remain within the same range or to improve slightly.

Efficiency

Our goal is to maintain administrative expenses below 10% of revenue during the upcoming five-year period through strategic restructuring, preparing new programmes with reduced field intensity, and implementing automated and digitalized processes across various functions and systems. Cautiously projecting an accumulative net profit of $670,000 throughout the planning period of 2023-2028, management strives achieving an annual surplus of at least $400,000 to fulfill IDI's investment and expansion needs.

Risk management

Despite the conservative projections, management ultimately aims to leverage every opportunity, such as windfalls in programme income, unrestricted income generated through non-traditional business development, enterprise development, and fee-based services, to maintain strong free reserves of at least US$2,000,000. This will help to mitigate against any major shocks.

Annex 1 - Summary of Results from planning period 2018-2023

Key Result Area	5-Year Target	5-Year Results	Percentage Achieved	Notes
Research				
IDI Research Articles Published in Peer Reviewed Journals (Influences University ranking)	375	668	293%	
Number of active research projects*	95	129	135%	Number of active research protocols were 84 in July 2018. In 2019, there were 43 new studies; in 2020, 25 new studies; in 2021, 40 new studies; in 2022, 29 new studies; and between Jan-Jun 2023, 14 new studies.
Training and Capacity Building				
Total number of trainees (volume)	20,000	34,787	174%	High volume of trainings related to roll-out of HIV guidelines, TB guidelines and outbreak response trainings. Training scope also expanded to include community health workers (VHTs) under GHSA trainings.
Online Trainings (numbers)	24	31	129%	The COVID-19 pandemic increased demand for online training.
Global Health Security				
Number/proportion of districts supported by IDI with a well-coordinated and efficient system sample transportation system for notifiable diseases	35	38	103%	[West Nile-13, Mbale Region-16, and Kampala, Mukono, Wakiso, South West-6] Sample transportation and referral capacities strengthened during the COVID-19 outbreak response and through the Regional PHEOCs
Number of prioritized isolation units supported by IDI	5	11	120%	IDI intensified support to Isolation units at Atiak HC IV; Naguru RRH, Entebbe, Oli HC IV, Adjumani General Hospital; Arua RRH; Moyo General Hospital; Mulago; Jinja RRH, Masaka RRH during the COVID-19 pandemic and SUDV outbreak
Health Systems Strengthening (HSS)				
Prevention: PMTCT - HIV positive mothers enrolled on ART	>95%	97%	102%	
90/90/90				
Targeted Testing: KP/PP tested for HIV	291,502	264,921	90%	
Targeted Populations: HIV positivity yield (KP/PP)		10.9%		

SWs	5%	3.1%	62%	
MSMs	3%	1.6%	53%	
Proportion of patients on ART	99%	100%	101%	
Retention Rate	90%	93%	103%	
Viral load suppression rates	90%	96%	106%	
VMMC - Number of males circumcised as part of HIV Prevention	828,633	574,435	69%	
EID - Positivity Rates	<5%	1.9%	100%	
IDI Core Lab				
EQA Performance: Percentage of correct test results following EQA	97%	99-100%	100%	
Turn-around Time: 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	3	166%	
Planning, Resource Management and Support Systems				
Audit: Internal Audit performance against the approved annual internal audit work plan	80%	80%	100%	
Board Evaluations	5	1	20%	
Planning, Resource Management and Support Systems				
Total Revenue: Annual revenue (restricted and unrestricted)	279.4m (cum. total)	292m (cum. total)	104%	

Annex 2 - Planning framework (2023-2028)

As a broad planning framework, IDI will contribute to UN Sustainable Development Goal (SDG) 3 : "Ensure healthy lives and promote well-being for all at all ages" with specific contributions to the following targets in order of relevance to IDI's mission (while acknowledging that the SDGs and particularly health SDGs have significant interdependencies):

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

It will contribute more peripherally to:

"No poverty" through promoting the health needs of the poor

"Clean water and sanitation" through preventing disease through safe water and sanitation

"Reduced inequities" through ensuring equitable access to health services

"Responsible consumption and production" through promoting responsible consumption of health products to combat AMR

"Take urgent action to combat climate change and its impacts" through programming aimed at the interface between infectious diseases and climate change.

"Partnerships to achieve the goals" through mobilizing partners across geographies and sectors to support, monitor and attain the health-related SDGs

"Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States" through its training and capacity building programme

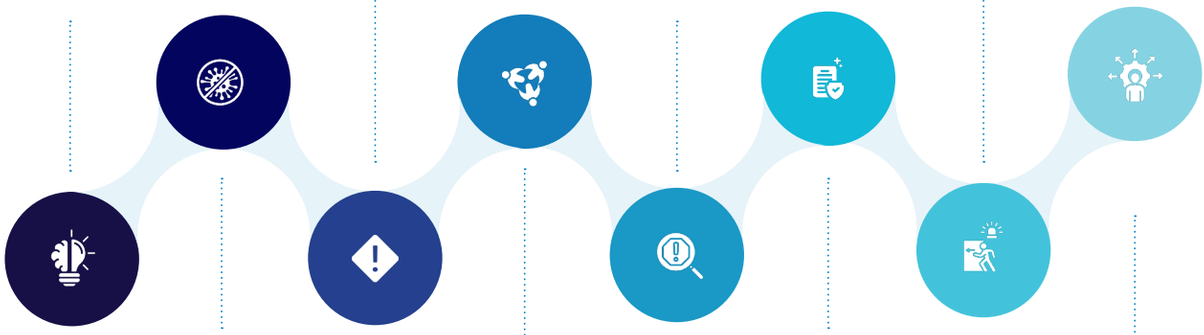
IDI programmes will refer to the Africa Centres for Disease Control and Prevention (Africa CDC) Strategic Plan (2022-2026) and more broadly contribute to the eight objectives of her mission, "To support public health initiatives of member states and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to diseases threats:

Objective 1:
Establish early warning and response surveillance platforms to address all health threats and health emergencies and natural disasters in a timely and effective manner

Objective 2:
Assist member states to address gaps in capabilities required for compliance with the International Health Regulations (IHR 2005)

Objective 3:
Support and/or conduct regional- and country-level hazard mapping and risk assessments for member states

Objective 4:
Support member states in health emergency responses, particularly those which have been declared a public health emergency of international concern (PHEIC)



Objective 5:
Support health promotion and disease prevention through health systems strengthening, by addressing infectious and non-communicable diseases, environment health and NTDs

Objective 6:
Promote partnership and collaboration among member states to address emerging and endemic diseases and public health emergencies

Objective 7:
Harmonize disease control and prevention policies and the surveillance systems in member states

Objective 8:
Support member states in public health capacity-building through medium- and long-term field epidemiological and laboratory training programmes

IDI will also contribute to the four goals of **Makerere University's Strategic Plan 2020/21-2030/31** to support her mission, "To provide transformative and innovative teaching, learning, research and services responsive to dynamic National and Global needs."

A research-led University responding to national, regional and global development challenges, as well contributing to global knowledge generation

Goal 1

Goal 2

Innovation in teaching and learning that respond to the changing environment

A professional managed, equitable, inclusive and gender mainstreamed institution

Goal 4

Goal 3

An engaged university with enhanced partnerships with industry, the community and international institutions

It will contribute to the College of Health Sciences, School of Public Health Strategic Plan 2020/2030 by supporting its mission" To promote better health for the people of Uganda and beyond through public health training, research and community service". IDI's contribution will be particularly important in achieving these strategic outcomes:

i. Provision of transformative education to strengthen the continuum of promotive and preventive health interventions and health systems outcomes
i. Promotion of public health knowledge generation and translation for population health impact Cultivation and strengthening of mutually beneficial partnerships in public health with international, regional and local communities

IDI will contribute to the National Development Plan III 2020/21 – 2024/25 goal, "to increase household incomes and improved quality of life through sustainable industrialization for inclusive growth, employment and sustainable wealth creation", by addressing two objectives:

i. Objective 1: Enhance value addition in key growth opportunities
ii. Objective 4: Enhance the productivity and social wellbeing of the population

Finally, IDI will contribute to the achievement of the Ministry of Health Strategic Plan 2020/21 - 2024/25 goal, ''To strengthen the health system and its support mechanisms with a focus on primary health care to achieve universal health coverage by 2030" specifically by addressing the following objectives:

i. Objective 3: To increase access to nationally coordinated services for communicable diseases/ conditions prevention and control
ii. Objective 4: To strengthen disease surveillance, epidemic control and disaster preparedness and response at national and sub-national levels.

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

- Population with hand washing facilities with soap and water at home
- Completeness of VHT quarterly reports through the HMIS
- Measles immunization coverage under 1 year
- Malaria cases per 1,000 persons per year
- HIV positive pregnant women initiated on ARVs for EMCTCT
- HIV-exposed infants with PCR test
- TB incidence and Case Notification rates
- Availability of ARVs
- ART Viral Suppression Rate
- Target population fully vaccinated against COVID-19
- Zoonotic disease detection and management
- Disease outbreak reported on time
- International Health Regulations (IHR) capacity and health emergency preparedness

Consequently, over the next five years, IDI plans to continue with the six main programmes (Health System Strengthening (HSS), Prevention, Care & Treatment (PCT), Research, Laboratory Services, Training and Capacity Building and Global Health Security (GHS). The Ugandan Academy of Health Innovation and Impact and the IDI Kasangati Research Centre will continue to function as units that have special overarching objectives related to technological innovation and prevention research respectively. Key cross-cutting programmatic initiatives include Data-intensive programming, climate change programming, climate change programming and vaccine programming. This does not preclude other relevant areas of growth that fit within its resources and its mission that might emerge.

Risk Environment

The major risks that IDI may face over the next few years as perceived by its internal and external stakeholders include the following:

- Rapid expansion (including regionalization) which outstrips capacity and/or does not adequately support and fund commensurate growth in administrative systems
- A drop-in resource available due to loss of major funding coupled with reliance on a few major funders
- Losing its competitive edge in programming and financial/administrative capacity due to entry of new players and/or maturity of others coupled with lack of new major differentiated competencies/niches
- Perceived lack of sensitivity to staff needs and motivators leading to loss of key staff to peer organizations and international bodies; negative effects on the succession pipeline
- Lack of an adequate early and mid-career talent pipeline to counter attrition of senior researchers and experts in key areas of competence
- Massive infectious diseases outbreak/epidemic/ pandemic which overwhelms systems and resources
- Political and macro-economic factors; such as political changes (both locally and externally where IDI has key partners) which trigger adverse policies, high inflation or cost of living/operations and forex fluctuation
- Failure to implement spin-offs onto the market in order to sustain innovations

IDI has a seperate risk register which is maintained by its internal audit office

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