

Foreword

The Uganda Virus Research Institute (UVRI) has revised its Strategic Plan to guide its operations for the period 2012/2015. Throughout my collaboration with several research organisations in Uganda first at the Ministry of Health and now as Director General of the Uganda National Health Research Organisation (UNHRO), I have discovered that a few organisations conduct health research based on strategic planning. What makes the UVRI Strategic Plan unique is that it addresses the key challenges facing Uganda's health research and also sets priorities and key areas on which to focus research for health in the medium term, for both public and private partners.

The Strategic Plan aims to optimally contribute to the attainment of both the health sector goals and the national goals as directed by the UNHRO Act of 2009 and the National Development Plan (NDP) 2010/11-2014/15. It also arises from the National Health Policy on Health Research 2010/2020 and the National Health Research Strategic Plan 2010/2015.

Led by the Ministry of Health and UNHRO, the UVRI reviewed its Strategic Plan of 2009/2014 with moral and financial support of the International Association of National Public Health Institutions (IANPHI); Public Health England (PHE) and local and global partners. The review process was directed by the need to realign the Strategic plan to the NDP 2010/11-2014/15, the second National Health Policy (NHP II, 2010), UNHRO pillars and functions of public health institutions.

The UVRI Strategic Plan review and development process was highly consultative, participatory and transparent. Stakeholders drawn from the Ministry of Health, UNHRO, the seven Heads of Divisions of UVRI and Heads of on Campus Programmes were involved at a very stage of refining this Strategic Plan. The process also benefited from the joint assessment of Public Health England (PHE), contracted by IANPHI to improve its focus and prioritization within Uganda's national strategies. I am therefore, certain that the implementation of the this Strategic Plan shall be through a strong collaborative partnership guided by the principles outlined in the International Health Partnerships and Related Initiatives (IHP+), the Paris Declaration on Harmonization and Alignment and Accra Agenda for Action all to which Uganda is a signatory.

I wish to express my appreciation to all of you who worked tirelessly to review the Strategic Plan for UVRI on behalf of the UNHRO Board. I look forward to the acceleration of the implementation of the key result areas in this Strategic Plan towards the attainment of our national and international health goals.

Dr. Sam Okware
DIRECTOR GENERAL
UGANDA NATIONAL HEALTH RESEARCH ORGANISATION (UNHRO)

Acknowledgments

I would like to express my deepest appreciation to all those who were involved in the revision of the Strategic Plan (2012-2015) for the Uganda Virus Research Institute.

A special gratitude goes to the International Association of National Public Health Institutes (IANPHI) for kick starting the 2009 strategic plan process; and financing the review by Public Health England (PHE) in November 2012 and the printing process.

Furthermore, I would like to acknowledge with much appreciation the crucial role of a representative of the Ministry of Health, the UNHRO Board, Director General UNHRO who took off time to work on this very important document. Special thanks go to the editorial team, UVRI senior staff, the heads of divisions and heads of on campus programmes for the enormous time they invested in refining this document.

Last but not least, many thanks go to the consultant Mr. John Wanjala Wabwire of Busitema University who led this exercise and put up this policy document together.

Finally, my appreciation goes to the company that has printed the Strategic Plan. The Strategic Plan for UVRI (2012-2015) will provide direction for health research in the next medium to long term period.

Dr. Edward Katongole Mbidde
DIRECTOR UVRI

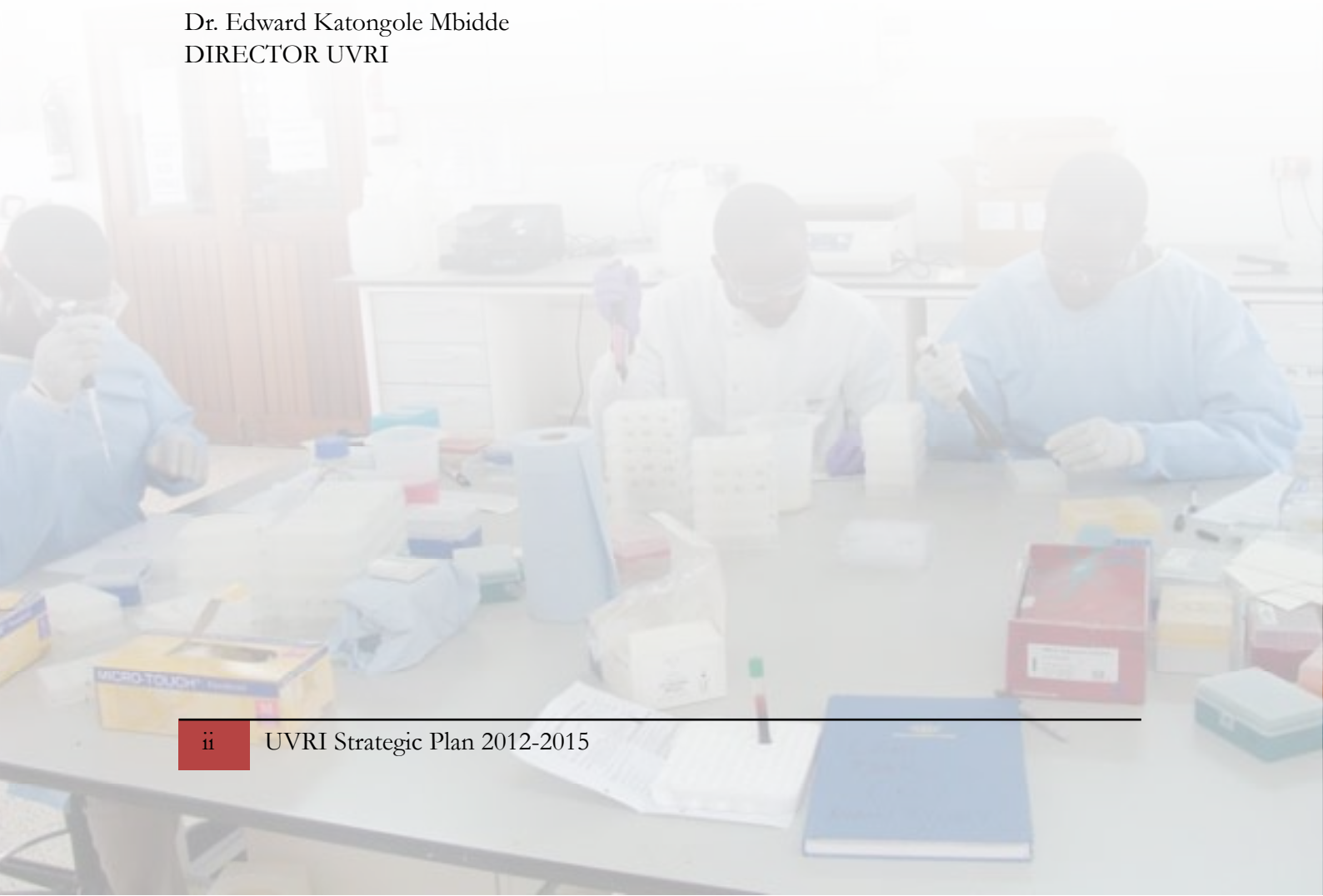


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List of Acronyms

| | |
|--------|--|
| ACP | AIDS Control Program |
| AU | African Union |
| CDC | Centers for Disease Control and Prevention |
| EAC | East African Community |
| EACCR | East-African Consortium for Clinical Research |
| EACR | European Association for Cancer Research |
| EAHC | East African High Commission |
| EAVRI | East African Virus Research Institute |
| EDCTP | European & Developing Countries Clinical Trials Partnership |
| EIA | Environmental Impact Assessment |
| EPI | Expanded Program on Immunization |
| ESD | Epidemiological Surveillance Division |
| FAO | Food and Agriculture Organization |
| FY | Fiscal Year |
| GCLP | Good Clinical Laboratory Practice |
| GCP | Good Clinical Practice |
| GLR | Great Lakes Region |
| GLR | Great Lakes Region |
| GoU | Government of Uganda |
| HPV | Human Papilloma Virus |
| HRL | HIV Reference Laboratory |
| HSSIP | Health Sector Strategic and Investment Plan |
| IANPHI | International Association of National Public Health Institutes |
| IARC | International Agency for Research on Cancer |
| IAVI | International AIDS Vaccine Initiative |
| ICRF | Imperial Cancer Research Fund |
| ICT | Information Communication Technology |
| IHP+ | International Health Partnerships and related Initiatives |
| KEMRI | Kenya Medical Research Institute |
| KRA | Key Result Areas |
| LIMS | Laboratory Information Management System |
| MDGs | Millennium Development Goals |
| MoH | Ministry of Health |
| MOU | Memorandum of Understanding |
| MRC-UK | Medical Research Council-UK |
| NACCAP | Netherlands-African Partnership for Capacity development and Clinical Interventions Against Poverty related Diseases |
| NCDs | Non-Communicable Diseases |
| NDP | National Development Plan |
| NHP II | The second National Health Policy |
| NIMR | National Institute for Medical Research, Nigeria |
| NRM | National Resistance Movement |
| OVI | Objectively Verifiable Indicators |
| QAC | Quality Assurance Committee |
| RHSP | Rakai Health Science Programs |

| | |
|-------|---|
| SEC | Science and Ethics Committee |
| SIDA | Swedish International Development Agency |
| SOPs | Standard Operating Procedures |
| TBC | To Be Communicated |
| UAB | UVRI Advisory Board |
| UK | United Kingdom |
| UNEPI | Uganda National Expanded Program for Immunization |
| UNHRO | Uganda National Health Research Organisation |
| UNHRO | Uganda National Health Research Organisation |
| USA | United States of America |
| UVRI | Uganda Virus Research Institute |
| VHF | Viral Hemorrhagic Fever |
| WHO | World Health Organization |



1.0 Introduction

1.1 Background

The Uganda Virus Research Institute (UVRI) was established in 1936 by the International Division of the Rockefeller Foundation of the United States of America. It was then called the Yellow Fever Institute, as its focus was on yellow fever epidemiology with emphasis laid on investigating the extent of spread of the yellow fever virus from West Africa eastwards. Over the years, a number of other, previously unknown, arboviruses were isolated, some of which proved to be of considerable medical importance.

By 1950, the Institute had gained regional recognition and became the East African Virus Research Institute (EAVRI) under the East Africa High Commission (EAHC). Due to the outstanding scientific contribution to the study of arboviruses, the Institute was designated as a World Health Organization (WHO) Regional Center for Arboviruses Reference and Research.

The Institute's scientific mission continued to be enriched through growing collaboration with re-known research institutions including the Imperial Cancer Research Fund (ICRF) of the United Kingdom and the International Agency for Research on Cancer (IARC) in Lyons, France on the aetiology of Burkitt's lymphoma. Following the arrival of a study team from the WHO in 1969, the Institute received enhanced status as a fully-fledged virus research laboratory capable of handling viral diseases deemed to be of public health significance. During subsequent years, extensive and valuable data on entero-and-respiratory viruses and the efficacy of vaccination with oral polio virus vaccine and measles vaccine were accumulated.

The collapse of the East African Community (EAC) in 1977 marked the end of the "golden years" of research for UVRI as the Institute quickly deteriorated as international support was stopped. Many international and national staff left the country as civil strife raged in the country till 1986. The Institute, now renamed Uganda Virus Research Institute, suffered adversely with damaging repercussions in its infrastructure, research policy direction and personnel.

Following takeover of government by the National Resistance Movement (NRM) in 1986, and with a steady return of peace and stability, efforts were initiated to revive research activities at UVRI. A major initiative was the sero-epidemiological study started in Rakai District in 1986, which later became the Columbia University Rakai Project with funding from the National Institutes of Health in USA. At the same time, WHO secured funding for the Uganda AIDS Control Program (ACP) which had just been initiated to tackle the AIDS problem in the country. Part of that funding was earmarked for the rehabilitation of UVRI as a National HIV Reference and Research Laboratory to support the work of ACP.

Over the following five years, the physical structures and human resource requirements to support surveillance activities were developed including a national serum repository. UVRI staff was trained in serology, data management, immunology and equipment management. In addition, facilities for cell culture and virus isolation were put back in place including a new P2/3 Laboratory, and a Liquid Nitrogen Plant. In the 1990's HIV/AIDS activities

continued to drive the recovery of the Institute through collaborative research projects with Medical Research Council (MRC-UK), Columbia University, Johns Hopkins University, Cambridge Biotech, WHO/GPA, the World Laboratory and the National Cancer Institute-Naples, and the Centers for Disease Control and Prevention (CDC) laboratories, USA, Wellcome Trust and International AIDS Vaccine Initiative, (RHSP) Rakai Health Sciences Program.

Whilst UVRI's programmatic and institutional development has gathered impressive pace over the years, it has become imperative for the Institute to anchor this growth and development within the framework of a clear and dynamic Strategic Plan.

1.2 Purpose of the Revised Plan

This Revised Strategic Plan serves the following related purposes:

- i. To develop a comprehensive strategic pathway that is well aligned to the National Development Plan (2010/11-2014/15), the Health Sector Strategic and Investment Plan 2010/11-2014/15, Second National Health Policy of July 2010, the six pillars in Uganda National Health Research organization (UNHRO) Strategic Plan (2010/11-2014/15) and the core functions of public health institutions.
- ii. To ensure that the recent developments in the country are captured in the vision, mission and core values
- iii. To articulate UVRI's strategic issues and the strategic focus statement that highlights the key results areas and the corresponding strategic objectives and strategies for addressing strategic issues and the emerging health research agenda for the period 2012/13-2014/15.
- iv. To provide a systematic platform for the formulation of the Institute's rolling annual activity/work plans and budgets.
- v. To develop a business plan to achieve the goals

1.3 The Review Process of the UVRI Strategic Plan

The Strategic Plan was reviewed through a planning retreat by the UVRI management, staff, and representatives from Uganda's Ministry of Health, UNHRO Board and the Director General of UNHRO. The retreat, also attended by some of the Institute's on-campus partners was facilitated by an external consultant. The process started with the assessment of the achievements and challenges registered by all divisions, which were presented at a three-day retreat that was held on November 22nd, 23rd and 26th 2012 at the Sanctum Hotel, Entebbe with sponsorship from The International Association of National Public Health Institutes, Emory University, Atlanta, Georgia (IANPHI). In his opening remarks to the retreat participants, the Institute Director underscored the review initiative as a major landmark in strengthening and repositioning UVRI as an innovative, sustainable world class research centre.

1.4 Structure of the Revised Plan

Following the introductory part, section two outlines UVRI's strategic direction in terms of the mandate, vision, mission, core values and core competencies that shape the fundamental corporate character of the organization.

Section three reviews UVRI's performance over the last decade and more, giving an overview of the main Institute's achievements as it implemented its health research and capacity development programs in the past.

Section four reviews UVRI's environment to establish the key external forces (political, economic, socio-cultural, technological, legal and environmental) likely to impact on the successful implementation of this Plan; and identification of the current organizational profile of strengths, weaknesses and distinctive competence which UVRI has to use harness a more productive future.

Section five presents the corporate key strategic issues that must be confronted over the next three years and the strategic focus statement that shows the Institute's strategic priorities in form of key results areas, strategic objectives and the strategies to be pursued during the next three years.

While section six presents the modalities for implementing UVRI's strategic intent including an implementation template that is in appendix 1 section seven presents the monitoring and evaluation strategy whose details are captured by a logical framework in appendix 2.

2.0 Strategic Direction

UVRI's strategic direction is defined by its mandate, vision, mission, core values, core competences, key results area, and the strategic objectives. It also arises from the National Health Policy on Health Research 2010/2020 and principles of the National Health Research Strategic Plan 2010/2015.

2.1.Mandate

UVRI is a constituent institute of UNHRO an autonomous organization within the Ministry of Health and it contributes to its overall goal of the National Health Policy vision and goal namely: the attainment of a good standard of health by all people in Uganda to promote a healthy and productive life.

The UNHRO Act 2009 puts in place a framework for coordination and harmonisation of health research and its application in the country. UVRI is, therefore, part of a common research institutional structure of UNHRO.

UVRI engages in health research pertaining to human infections and disease processes associated with or linked to viral aetiology and provides capacity building to target beneficiaries.

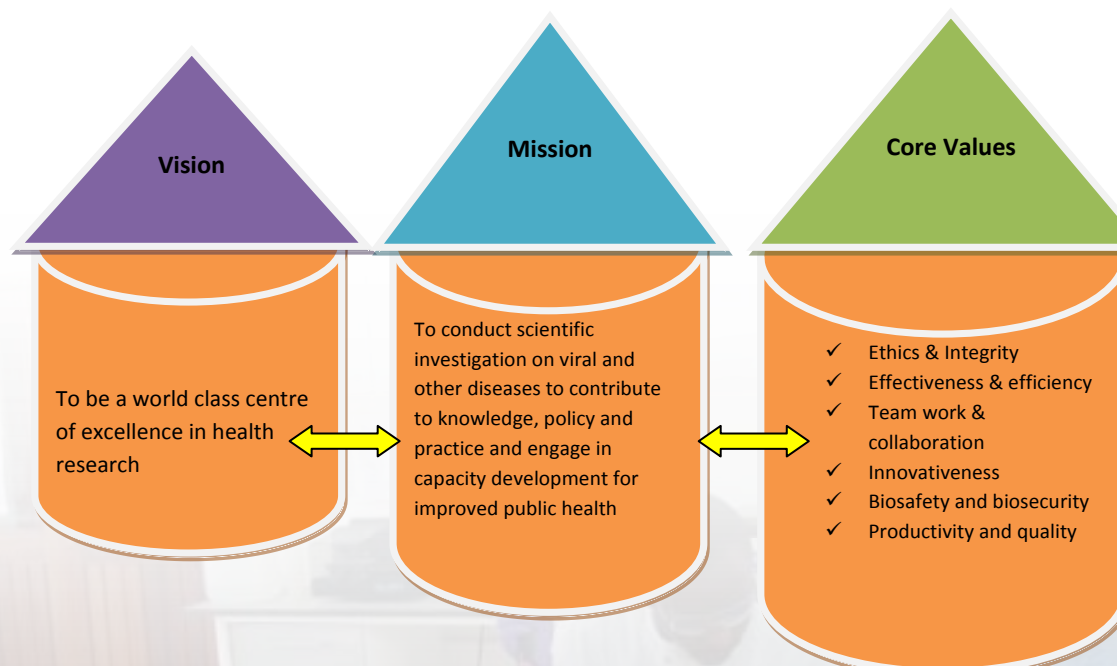
The Institute's programmatic activities currently comprise of the following areas:

- Basic research
- Applied research (intervention, diagnostics, clinical, operational/implementation science or IS)
- Social/economic research
- Capacity development
- Advice for regulation, policy development and quality improvement and
- Innovation

The Institute is organized under five (5) major technical and two (2) administrative programmes which are closely inter-related. Each programme is headed by a Senior Principal Research Officer assisted by a Principal Research Officer, all of whom are under the supervision of the Institute's Director. The scientific programmes are facilitated by administration and finance support services. There is, in addition, a major function of training that is spearheaded by a Training Committee and the UVRI Clinic that serves both Institute staff and the surrounding community; and also undertakes research (details in the new structure in appendix 5).

The programmes include:

- Immunology
- Arbovirology/merging and re-emerging viral infections
- General virology
- Ecology/Zoology
- Entomology/Vector biology and;
- Finance and administration
- Planning and resource mobilization



Legend on the UVRI mandate

Ethics and Integrity

This includes upholding generally accepted high standards of social and ethical behavior and demonstrating acceptable levels of transparency and accountability in use of resources entrusted to the individual either by the organization or on behalf of the publics served.

Effectiveness and Efficiency

These are essential demonstrable elements of the professionalism that are expected from staff at all levels of the organizational structure. Effectiveness and efficiency call for a thorough knowledge of one's work, skilful work behavior, respect for others and commit-

ment to high standards of quality assurance and control in achievement of the Institute's objectives, and timeliness.

Teamwork and Collaboration

The Institute recognizes that sustainable success is a collective endeavor based on mutual trust, complementary effort and shared objectives by members of the 'corporate family'- bound the same destiny Furthermore, UVRI attaches great importance to professional and institutional collaboration as a major strategy for achieving the Institute's mission and objectives.

Innovativeness

UVRI is a learning institution that takes pride in the ability and willingness of its staff to initiate innovative approaches that add value to the institutional mandate and work relationships resulting in improved public health.

Biosafety and biosecurity

UVRI is a responsible corporate institution that seeks to avoid, or otherwise minimize, the potential adverse effects of its activities on individuals, communities and the environment in general.

Productivity and quality

UVRI aspires in all its undertakings to generate tangible results in terms of services and products which must be of high quality to its clients.

2.2 UVRI's Core Competences

In accordance with the stated core functions of the National Public Health Institutions by the Pan-American Health Organization, UVRI embeds its competences in the following areas:

- i) Public health research and innovation (priority number 4 in the National Development Plan) with deliverables of peer-view publications, research reports, scientific presentations.
- ii) Public health surveillance (diseases & bio-risks) with deliverables of documented outbreaks investigated and controlled plus bio-risks averted.
- iii) Reference and specialized testing proficiency with deliverables of evaluated and validated testing algorithms and standard operating procedures (SOPs).
- iv) Health promotion and environmental health linked to cluster I in the MoH Health Sector Strategic & Investment Plan.
- v) Disease prevention & control linked to the MoH clusters in its Health Sector Strategic & Investment Plan: maternal and child health (cluster II); communicable diseases (cluster III) and non- communicable diseases (cluster IV).
- v). Human resource and capacity development with deliverables of scientists trained/ mentored, trainees handled through internships and staff retention plus motivation.

3.0 Performance Analysis

3.1 Highlights of Past Performance

Some of the major achievements recorded by the Institute during the last decade or so include the following:

- a) It established a resource center, strategic plan, telephone system and a research support office to increase UVRI's capacity to manage, coordinate and execute large projects.
- b) It developed an independent eight-member scientific advisory board (SAB) comprised of four East African professionals and four international professionals.
- c) It is a key source of expertise for many of the country's infectious disease functions, including monitoring and investigating outbreaks, clinical trials, scientific research and laboratory science.
- d) It has participated in disease control and surveillance at both regional and national levels in regard to control of outbreaks of viral haemorrhagic fever, measles, polio, rubella and yellow fever, and is helping the Ministry of Health examine trends over time for other communicable and non communicable diseases.
- e) It has grown considerably since 2007 with new positions including a Deputy Director as well as research officers, grants support staff, and, laboratory assistants. Its staff hold honorary appointments with Makerere University, among whom are PhD and post-doc supervisors. Some of UVRI's staff supervise students who come to UVRI for apprenticeships. To interest young people in science careers UVRI held an Open Day in 2009 for 2,700 senior secondary schools and universities. UVRI has some of its staff on master's, PhD and post-doc scholarships to attend Makerere University, the London School of Hygiene and Tropical Medicine and South African universities.
- f) It is a founding member of the newly constituted East-African Consortium for Clinical Research (EACCR), a network of 35 regional institutions from five countries and their northern partners. The Network focuses on workforce development, infrastructures upgrades, project management strengthening, and development and implementation of north-south and south to south collaborative efforts in support of communicable disease control.
- g) It also has strong partnerships with Wellcome Trust-UK, European and Developing countries Clinical Trials Partnership (EDCTP), Rakai Health Sciences Program/NIH, IANPHI, Canada-Africa Prevention Trials Network, and Makerere University among many others (e.g CDC, IAVI, WHO, Liverpool School of Tropical Medicine, Public Health England).
- h) Within the past four years, it has added new facilities, including totally refurbishing biosecurity Level 2 and three laboratories funded by CDC and WHO and a resource centre funded by IANPHI.
- i) The EPI laboratory was fully accredited for polio diagnosis by WHO in 1999 and has continued to be fully accredited annually. The laboratory was also designated as a Measles Regional Reference Laboratory in 2000, initially serving Eastern and Southern African

region. Currently the laboratory serves seven countries from the Eastern and Central WHO AFRO region.

j) UVRI was designated by WHO as a National Influenza Center, Arbovirology Reference Laboratory.

k) Two phase 1 HIV vaccine candidates were successfully evaluated for safety and immunogenicity. Evaluation of HIV induced antibodies in HPTN 027 vaccine trial has also been completed.

l) Completed the first phase of new HIV rapid kits for use in a new national rapid HIV testing algorithm.

m) Capacity for performing molecular biology has been developed. A centralized molecular lab has been set up.

n) Capacity for performing neutralization assays has been established and staff have been trained.

o) In partnership with MRC and IAVI, capacity for flow cytometry assays has been set up and developed.

p) It has expanded the scope of activities for the HIV Reference Laboratory (HRL) and established a National HIV Quality Assurance/Quality Control project.

q) National/ Reference Laboratory for HIV Drug Resistance Genotyping was accredited by WHO.

r) It conducted two HIV/AIDS indicator surveys (2004/2005 and 2010/2011)

s) In collaboration with its partners, it has published at least 500 peer-review publications in the past five years

t) UVRI has also experienced notable infrastructural developments. These include: construction of a new influenza laboratory with support from the World Bank; a new training centre with support from the Wellcome Trust-UK; a new 250 KVA generator with support from IANPHI and CDC; a boosted department of information technology with an e-library, website, teleconference and video conference facilities with support from Wellcome Trust, EDCTP and IANPHI and enhance security with support from CDC.

u) It has received funding to buy seasonal influenza vaccines for adults because of the confidence of its collaborators in the on-going influenza work.

v) It has contributed to innovation through rigorous evaluation of a new point-of-care device for monitoring CD4 counts among HIV-infected persons (PIMA machine with a rechargeable battery) in collaboration with Alere Technologies.

w) In addition to the financial support from the Government of Uganda through the wage bills and some non-wage recurrent costs, UVRI has leveraged and tremendously increased funds for its operations. US Government has provided funds through CDC for the expanded scope of work on HIV, arbovirology and VHF. This is also reflected by the various contributions from the different sponsors in the litany of selected achievements mentioned above.

4.0 Environment Scan

4.1. Political

4.1.1.Challenges of Health Research in Africa

The Millennium Development Goals (MDGs) are described as ambitious for sub-Saharan Africa and are a real barometer to assess countries' efforts towards improving the health of populations. These universal goals target, among other priorities, poverty-related diseases such as tuberculosis, malaria and HIV/AIDS.

Although Africa bears the greatest burden of these three major diseases with potential for global transmission, the continent is characterized by weak and under-resourced health infrastructure, health interventions inappropriate to the scale of the problem, and benefits of health not reaching those with the greatest disease burden. In addition, African health research institutions are crippled by fragmentation, lack of coordination, diminishing critical mass of qualified African researchers, inadequate research infrastructure, and inconsistent and limited funding opportunities. Such challenges hamper the contribution of African leadership to impact on research about diseases of global health importance.

To address some of these challenges, the European and Developing Countries Clinical Trials Partnership (EDCTP), a European Union-funded and peer-review grant awarding agency has strategically invested in transformative health research led by African professionals to champion capacity development, research excellence and networking for improved global health and economic development while concurrently contributing to the MDGs.

Other like-minded international development partners (such as Wellcome Trust, the Swedish International Development Agency (SIDA), Netherlands-African Partnership for Capacity Development and Clinical Interventions Against Poverty related Diseases (NACCAP), National Institutes of Health (NIH) and Bill and Melinda Gates Foundation) have also invested in such initiatives.

Some of the MDGs addressed by 2015 include MDG 4: reducing child mortality; MDG 6: combating HIV/AIDS, malaria and other diseases, and MDG 8: developing global partnerships. Expected benefits of such investments include:

- a) Efficient multi-site research coordination and grant management capabilities for greater impact,
- b) Enhanced production capacity for scaling up the number of qualified African scientists and health practitioners and

c) Incremental infrastructure, partnerships, co-ownership and funds capable of responding sustainably to diseases and threats through synergy and multi-disciplinary collaboration.

4.1.2 Porous Regional Borders

The porous regional borders increase risk for disease outbreaks such as polio, viral haemorrhagic fevers and plague. This creates prospects for strengthening joint disease surveillance by East African partner states through the East Africa Integrated Disease Surveillance Network within the East African Community (EAC).

4.1.3 Instability in the Great Lakes Region

Somalia instability increases risk for disease outbreaks e.g. dengue hemorrhagic fever and bio-terrorism. There are potential prospects for increased accessing of funds from the Government of the United States of America (USA) for joint disease surveillance and controlling potential risk of bio-terrorism.

4.1.4 The Health Research Policy 2010/2020 and the National Health Research Strategic Plan 2010/2015 in Uganda

This policy strengthens stewardship and governance of health research in the country and establishes a mechanism for alignment, harmonisation and coordination of health research within the context of Uganda's National Development Plan (NDP), the second National Health Policy, HSSIP 2010/11 – 2014/15 and UNHRO Act 2009. It also provides a framework for application of evidence in policy development and practice. It is supposed to set the tone at the top for all parties involved in health research in the country over the period 2012 – 2020.

The strategic plan for research has now been approved. It focuses on six major pillars namely; governance, priority setting, enhancing ethical practices, facilitating information sharing and stakeholder dialogue, and knowledge translation and harnessing innovations. It also emphasises capacity building infrastructure and human resources.

4.1.5 Slow Pace of Political Will

There is slow pace of implementing written policies and plans (NDP, HSSIP, Second National Health Policy & UNHRO) into actual practice. Reduced budget for health sector in Fiscal Year (FY) 2012-2013 has translated into reduced government funds for health research and health interventions.

4.1.6 Political Stability

There is political stability which has ushered in a conducive environment, creating confidence among stakeholders for smooth execution of UVRI's mission.

4.1.7 Unrealistic Expectations of Quick/Timely Research Evidence

Very high and unrealistic expectations of quick/timely research evidence that is demand driven for pressing health challenges have tended to redirect focus on immediate results for policy and operational research. This tends to crowd out attention from clinical trials and observational studies which take a longer gestation period to yield evidence.

4.1.8 Approved Organizational Structure

The Ministry of Public Service has approved a new organizational structure through the Ministry of Health. This structure has helped to clarify the institutional management organogram and guide recruitment for key personnel posts (appendix 3)

4.2. Economic

4.2.1. Global Economic Recession

Effects of economic recession have persisted especially in the United States of America, the Eurozone and in Uganda. This has reduced prospects which for mobilization of grants from corporates especially from the aforementioned countries.

4.2.2. Research Consortia

International corporate and development agencies are now moving away from consideration for single (institutional) funding applications to joint funding and multi institutional and trans-national programming.

4.2.3. Brain Drain

Economic brain-drain syndrome in context of poor remuneration for health researchers is likely to lead to mass exodus of promising health research professionals from poor government institutions and countries like Uganda to better paying projects/programmes and resource-rich countries thereby, widening the human resource capacity gaps.

4.2.4. Insufficient Funding Trend by Government for Health Sector

There has been decreasing funding trend by government for health sector over the last three years since FY 2009/10.

4.2.5. Scope for Product Innovation

There is no national sample repository (e.g. for samples from survivors of Ebola, Marburg, yellow fever) to encourage biotechnology transfer and potential product innovation.

4.2.6. Reliance on Donor Funding

Over 90% of institutional funding is external, which is amenable to possible fragility and non-sustainability if influenced by adverse political factors of donor countries. Over reliance on donor funding tends to make health research agenda to be externally influenced.

4.3.0 Social

4.3.1. Acceptability of Research Projects by Communities

There is increasing acceptability of research projects by communities supported by their representatives on cross-institutional Community Advisory Boards (CABs).

4.4.0 Technological

4.4.1. Developments in the Information Communication Technology (ICT) Sector

The proliferations of ICT platforms such as CISCO intercom, NAVISION, internet connectivity, video conference facilities have created scope for the Institute to upgrade the lab information management systems.

4.4.2. Electricity Challenges

The protracted electricity/power challenges have increased expenditure on fuel for big generators and hence created a need for exploring alternative power sources such as solar energy.

4.5.0 Legal

4.5.1. The UNHRO Act 2009

The UNHRO Act 2009 has put in place a framework for coordination and harmonisation of health research and its application in the country. This plan is based on the National Health Research Strategic Plan 2010/2015.

4.5.2. Weak Intellectual Property Laws

There are very weak intellectual property laws and weak bargaining power in contract negotiations with funders in the country.

4.6.0 UVRI's Current SWOT Profile

During the retreat, UVRI staff and their partners present identified the key external and internal factors or drivers likely to impact the successful implementation of the Institute's Strategic Plan. These drivers-opportunities, threats, strengths and weaknesses-are presented in the matrix below.



Strengths

- A strong cohesive team of highly competent scientists and support team
- A well-established EPI laboratory enjoying international status
- Available state-of-art health research equipment
- A strong track record of scientific findings, information generation and dissemination
- A relatively well established culture of publications in respected medical and scientific peer-review journals
- Engaging in country-wide and regional-wide research networks
- UVRI is devoted to research on viral diseases and epidemic responses
- A large well maintained infrastructure of buildings and other physical assets in a prime location near Entebbe International Airport
- Competent management
- Energetic staff
- Strong experience in handling collaborative relationships
- Credible and positive relations with the local communities where the Institute conducts its activities

Weaknesses

- Weak financial base
- Over concentration on HIV / AIDS research agenda
- Inadequate staffing at most levels
- Inequity of technology access within the Institute
- Excessive bureaucracy and procrastination
- Inadequate corporate visibility at national, regional and international level

Opportunities

- Institutional competencies in line with the Millennium Development Goals
- Strong policy support at various levels of government
- Strong interest by funders to collaborate with UVRI
- Strong linkages with national and international research and academic institutions
- Outbreaks – ability to investigate and respond appropriately
- Motivation strategy for health workers by MoH to address staff welfare
- Uganda HSSIP 2010/11-2014/15 and National Development Plan in place
- Uganda enjoys significant international interest and respect for its success in health research especially in HIV/AIDS
- Government of Uganda is a signatory to the Abuja Declaration
- Strong interest by international research & funding institutions to collaborate with UVRI
- Strong linkages with national research, health, academic institutions
- Growing regional cooperation and integration (EAC, AU)
- Demand for specialized consulting, testing and training services
- Continued macro-economic growth
- Favorable fiscal policy
- Increasing community interest and support including community leaders
- Interest in evaluating emerging technologies
- Improved security in Uganda

Threats

- High dependency on donor support
- Government's failure to meet its obligations
- Lack of autonomy required to support timely decision making
- Weak supervision and coordination by UNHIRO secretariat
- Global financial crisis influences funding
- Rapidly changing technologies
- Changing research priorities
- Potential conflicts in some parts of the country and region
- Irregularities in utility supplies (water and electricity)
- The agenda created by industrialized countries/donors largely influences the nature of research
- Growing competition for resources within a globalized world
- Emerging inflationary trend compounded by volatile energy costs in Uganda and globally
- Technology obsolescence
- Political interference
- Potential conflict in some parts of the Great Lakes region

4.7.0 Distinctive Competence

UVRI is currently the only such specialized research institute in Uganda and the Great Lakes Region with a large concentration of local and international researchers working in unique collaboration on viral diseases of public health importance. This distinctive competence, if effectively exploited, should give UVRI significant competitive advantage in terms of realizing its vision of becoming a world class centre of excellence in health research.

5.0 Strategic Issues and a Strategic Foci Statement Strategic Issues

A strategic analysis of UVRI revealed eight strategic issues that, if not addressed, will fundamentally impact on UVRI's delivery of her mandate and mission and, consequently, blight her profile among her key stakeholders. Details regarding stakeholders are in appendix 4.

The strategic issues are:

1. There is overconcentration on HIV/AIDS research hence not fully fulfilling UVRI's mandate and mission, neglecting other prevalent diseases;
2. There is inadequate middle level scientific and technical capacity at UVRI, which poses a threat to its growth;
3. There is inadequate funding for UVRI which constrains the delivery of its mandate and mission;
4. There is currently no centralized and accessible sample repository system, which has constrained proper sample management and utilization;
5. There is inadequate dissemination and utilization of its research findings, which constrains its contribution to evidence based policy formulation and practice;
6. There is inadequate coordination of programs, projects and core divisions leading to replication thereby causing resource wastage and dilution of impact to the population;
7. There is inadequate health research workforce in the country and region, which hampers evidence based policy, practice and interventions; and
8. There is insufficient infrastructure and human resource, which hold back the ability of UVRI to deliver on her mission.

5.1 Strategic Foci Statement for 2012-2015

5.1.1 Goal

The overall goal of the Revised Strategic Plan 2012/13-2014/15 is to reposition UVRI into a dynamic, internationally competitive research institution, contributing as a centre of excellence to the global challenge of addressing an expanded portfolio of diseases in order to achieve the corresponding MDGs and contribute to economic growth and development.

5.1.2 Key Result Areas (KRA)

UVRI has identified eight major key results areas to address the identified strategic issues. These are:

1. Diversification of the research portfolio to include other prevalent diseases in order to fulfill UVRI's mandate and mission;
2. Creation of a critical mass for middle level scientific and technical staff;
3. Contribution to the financial sustainability of UVRI;
4. Development of a centralized, accessible and reliable sample repository system;
5. Contribution to timely translation of research findings into policy formulation;
6. Improvement in coordination of programs, projects and core divisions;
7. Increased production of health research workforce and
8. Expansion of infrastructural and human resources.

5.1.3 Key Result Areas (KRA) and Strategic Objectives

Specific strategic objectives and corresponding strategies were identified to impact on each key result area as follows:

| | |
|-------------------------------|---|
| Key Result Area 1 | Diversification of the research portfolio to include other prevalent diseases in order to fulfill UVRI's mandate and mission |
| Strategic Objective | Increase UVRI's involvement in research on other communicable and non-communicable diseases |
| Strategies | <ul style="list-style-type: none"> ● Expand the malaria research capacity ● Expand on TB research capacity ● Expand research and surveillance on viral diseases e.g. hepatitis, rota virus, human papilloma virus (HPV) ● Establish research on non-communicable diseases (NCDs) ● Investigate factors associated with viral hemorrhagic fever (VHF) outbreaks |
| Key Result Area 2 | Creation of a critical mass for middle level scientific and technical staff |
| Strategic Objective | To widen the research skills mix for middle level scientific and technical staff |
| Strategies | <ul style="list-style-type: none"> ● Strengthen existing mentorship programs ● Support training for long and short term courses ● Jointly develop and conduct trainings in areas of interest for UVRI staff with relevant research and training institutions |
| Key Result Area 3 | Contribution to the financial sustainability of UVRI |
| Strategic Objective a) | Widening the financial resource base |
| Strategies | <ul style="list-style-type: none"> ● Diversify donor funding ● Generate income from services rendered ● Increase overheads on research grants Levy a fee on consultancy services offered by UVRI staff ● Establish a national sample repository for biotechnology innovation ● Lobby government for increased funding ● Levy a fee for training courses conducted |
| Strategic Objective b) | Improve efficiency and effectiveness in the use of available resources |
| Strategies | <ul style="list-style-type: none"> ● Strengthen mechanisms for rational utilization of resources ● Enforce accountability and transparency in the use of resources. |

| | |
|----------------------------|--|
| Key Result Area 4 | Development of a centralized, accessible and reliable sample repository system |
| Strategic Objective | Improve sample management and utilization. |
| Strategies | <ul style="list-style-type: none"> ● Establish a lab information management system (LIMS) ● Ensure sufficient storage space ● Reliable power backup system ● Utilize the available liquid nitrogen capacity for more reliable long term storage ● Develop an efficient national bio-bank |
| Key Result Area 5 | Contribution to timely translation of research findings into policy formulation |
| Strategic Objective | To enhance the profile of UVRI among policy makers |
| Strategies | <ul style="list-style-type: none"> ● Develop and operationalize a communication strategy ● Establish a mechanism at UVRI to develop policy briefs from research findings ● Contribute to the national knowledge platform for health research agenda, evidence and application in partnership with UNHRO ● Contribute to the national disease surveillance database |
| Key Result Area 6 | Improvement in coordination of programs and core functions |
| Strategic Objective | Optimize information and resource sharing among the different programs and projects |
| Strategies | <ul style="list-style-type: none"> ● Streamline roles, functions and responsibilities of the different programs ● Operationalize the monitoring and evaluation unit ● Revitalize joint technical, administrative and support meetings |
| Key Result Area 7 | Improve efficiency and effectiveness in the use of available resources |
| Strategic Objective | To expand the knowledge and skills base for public health research |
| Strategies | <ul style="list-style-type: none"> ● Diversify the training portfolio for health research ● Develop and operationalize quality assurance mechanisms for training ● Strengthen coordination of training programs ● Enhance collaborative partnerships between UVRI and other training institutions ● Hold open days at UVRI and conduct career talks to students/youth |

| | |
|-------------------------------|--|
| Key Result Area 8 | Expansion of infrastructural and human resources |
| Strategic Objective a) | To improve the infrastructural capacity at UVRI |
| Strategies | <ul style="list-style-type: none"> ● Develop and implement a UVRI master plan ● Lobby the Ministry of Health and development partners to support the expansion of office space, stores, parking space and canteen area ● Institute a sustainable equipment maintenance program ● Expand the ICT infrastructure ● Develop capacity to detect new pathogens |
| Strategic Objective b) | To enhance the human resource capacity at UVRI |
| Strategies | <ul style="list-style-type: none"> ● Institute performance contracting ● Operationalize the new organizational structure ● Review and maintain the short courses to retool staff ● Continuing professional development should be made mandatory ● Encourage exchange and sabbatical programs ● Motivate winners of grants and those that publish in peer review journals |

6.0 Strategic Plan Implementation Critical Assumptions

Successful implementation of the Strategic Plan is predicated on the following pre-conditions:

- i) A supportive legal and policy environment
- ii) Requisite commitment by key stakeholders
- iii) Implementation of the various international and regional declarations on health research to which Uganda is a signatory
- iv) Attainment of long term sustainable networks
- v) Sustainable peace and stability in the country and region
- vi) A committed cohesive UVRI workforce

6.1 Implementation Modalities

A Strategic Plan Implementation Committee headed by the Director and composed of Heads of Divisions will be put in place to steer the implementation of the strategic plan. It is expected that three months prior to the beginning of every financial year, the Committee will be undertaking operational planning to ensure that the strategies in the strategic plan are broken down into activities for inclusion into the recurrent budget. For those strategies whose implementation will span several years, detailed projects will be formulated with their corresponding project profiles and logic models.

The Strategic Plan Implementation Committee will develop an implementation matrix as shown in the operational plan template in Appendix 1. The Committee will also put in place a resource mobilization strategy to raise different types of resources to support the implementation of UVRI strategy over the next three years.

7.0 Monitoring and Evaluation Strategy

Effective delivery on the set objectives will be monitored, evaluated and reported based on Objectively Verifiable Indicators (OVIs) that have been identified for each Key Result Area (KRA), strategic objectives and strategies as captured in the logical framework for the strategic plan. Provision for frequency of strategic data collection and analysis and the responsibility for collection is included in the logic framework matrix in appendix 2. The logic framework matrix for the strategic plan will support results based management at the Institute. The tool therefore provides for monitoring and evaluation at the Institute level. At the micro level, it is expected that the various strategic interventions will each have a logic model to provide for the tracking of outcomes.

Overall organizational oversight is currently provided by the Ministry of Health and UNHRO through periodic meetings and annual reporting while regular operational monitoring, performance evaluation and reporting is the responsibility of pertinent committees comprised of top and senior management.

8.0 Appendices

8.1 Appendix 1: Operational Plan Template for UVRI Strategic Plan 2012-2015

| Activities | Approach | Actors | Target/ Time Frame | 3- Years Estimated Budget | | | Total | Source |
|--|---|--|--------------------|---------------------------|------|------|----------|---------------------|
| | | | | 2013 | 2014 | 2015 | | |
| To recruit staff a) One Monitoring and Evaluation Officer b) One Procurement Officer c) An IT Officer and a Communication Officer d) An Internal Auditor | Advertise As above As above | Human Resource Manager | Receipt of funds | 2013 | 2014 | 2015 | USD 5000 | GOU & UVRI Partners |
| | | | | USD (TBC) | - | - | | |
| 1.1.2 Training the current and new staff | Identify the training needs Develop guidelines for training Send staff for training | Training Committee, Human Resource Manager | | | | | | |

8.2 Appendix 2: Logical Framework for the Revised UVRI Strategic Plan 2012-2015

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|--|--|--|---|---|-------------------------------|
| Key Result Area 1: Diversification of the research portfolio to include other prevalent diseases in order to fulfill UVRI's mandate and mission | | | | | |
| Strategic objective 1 | UVRI's involvement in research on other communicable and non-communicable diseases increased | Additional research covering four diseases | Content analysis protocols and research reports | Program and Division Heads | 1 & Q2 2013 |
| Strategy 1.1 | Expand the malaria research capacity | At least two malaria related protocols developed, implemented | Content analysis protocols and research reports | Head of Entomology Division | 1 & Q2 2013 |
| Strategy 1.2 | Expand on TB research capacity | At least one TB related protocols developed and implemented | Content analysis protocols and research reports | Immunology Division | 1 & Q2 2013 |
| Strategy 1.3 | Expand research and surveillance on viral diseases e.g. hepatitis, rota virus | At least two protocols on viral diseases are developed and implemented | Content analysis protocols and research reports | EPI Division; Gen-eral Virology | 1 & Q2 2013 |
| Strategy 1.4 | Establish research on non-communicable diseases (NCDs) | At least one research report on NCDs is available | Content analysis protocols and research reports | Head, UVRI Clinic | 1 & Q2 2013 |
| Strategy 1.5 | Investigate factors associated with viral hemorrhagic fever outbreaks | At least one protocol on VHF is developed and implemented | Content analysis protocols and research reports | Arbovirology; Emerging and Re-emerging diseases | 1 & Q2 2013 |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|--|--|---|---|--|-------------------------------|
| Key Result Area 2 Creation of a critical mass for middle level scientific and technical staff | | | | | |
| Strategic objective 2 | the research skills mix for middle level scientific and technical staff widened | 8 PhDs & 20 MScs in (immunology, virology, molecular biology, epidemiology) supported | Training reports Doctoral dissertations Master theses/academic documents | Training Committee & Division | Q3 & Q4 2013 |
| Strategy 2.1 | Strengthen existing mentorship programs | 4 mentorship program in place At least eight staff mentored | Mentorship needs assessment report Mentorship reports | Head, Training Committee | Ongoing |
| Strategy 2.2 | Support training for long and short term courses | 8 PhDs & 20 MScs in (immunology, virology, molecular biology, epidemiology) & 4 short courses supported | attendance and certificates of competency | | |
| Strategy 2.3 | Jointly develop and conduct trainings in areas of interest for UVRI staff with relevant research and training institutions | 4 partnerships formed | Memoranda of Understanding between UVRI and the different research and training institutions. | Training Committee & Office of Director/Administration | Ongoing |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|--|--|--|---|------------------------------------|-------------------------------|
| Key Result Area 3: Contribution to the financial sustainability of UVRI | | | | | |
| Strategic objective 3.1 | The financial resource base for UVRI Widened | The share of non-government funding of UVRI budget increased by 40% by the end of the planning horizon | UVRI budgets | Finance & Administration | Q1 2013 -Q4 2015 |
| Strategy 3.1.1 | Diversify donor funding | At least two malaria related protocols are developed and implemented | Content analysis protocols and research reports | Head of Entomology Division | 1 & Q2 2013 |
| Strategy 3.1.2 | Generate income from services rendered | At least one TB related protocols developed and implemented | Content analysis protocols and research reports | Immunology Division | 1 & Q2 2013 |
| Strategy 3.1.3 | Increase overheads on research grants to 15% | Collaborations / MOUs signed | Content analysis protocols and research reports | EPI Division; General Virology | 1 & Q2 2013 |
| Strategy 3.1.4 | Levy a fee on consultancy services offered by UVRI staff | Financial analysis of UVRI budgets | Content analysis protocols and research reports | Head, UVRI Clinic | 1 & Q2 2013 |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|-------------------------|---|--|---|---|-------------------------------|
| Strategic objective 3.1 | The financial resource base for UVRI Widened | The share of non-government funding of UVRI budget increased by 40% by the end of the planning horizon | UVRI budgets | Finance & Administration | Q1 2013 -Q4 2015 |
| Strategy 3.1.1 | Diversify donor funding | At least two malaria related protocols are developed and implemented | Content analysis protocols and research reports | Head of Entomology Division | 1 & Q2 2013 |
| Strategy 3.1.2 | Generate income from services rendered | At least one TB related protocols developed and implemented | Content analysis protocols and research reports | Immunology Division | 1 & Q2 2013 |
| Strategy 3.1.3 | Increase overheads on research grants to 15% | Collaborations / MOUs signed | Content analysis protocols and research reports | EPI Division; Gen-eral Virology | 1 & Q2 2013 |
| Strategy 3.1.4 | Levy a fee on consultancy services offered by UVRI staff | Financial analysis of UVRI budgets | Content analysis protocols and research reports | Head, UVRI Clinic | 1 & Q2 2013 |
| Strategic objective 3.2 | Efficiency and effectiveness in the use of available resources improved | Financial analysis of UVRI budgets | Content analysis protocols and research reports | Arbovirology; Emerging and Re-emerging diseases | 1 & Q2 2013 |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|--|--|--|---|--|-------------------------------|
| Strategy 3.2.1 | Strengthen mechanisms for rational utilization of resources | At least 50% of staff technical and administrative express satisfaction with regard to rational utilization of resources | Interviews with staff | Director, UVRI; Finance & Administration | Q1 2013 -Q4 2015 |
| Strategy 3.2.2 | Enforce accountability and transparency in the use of resources. | The number of audit queries reduced by 60% from baseline | Audit reports | Finance & Administration | Q1 2013 -Q4 2015 |
| Key Result Area 4: Development of a centralized, accessible and reliable sample repository system | | | | | |
| Strategic objective 4.1 | Sample management and utilization improved | Proportion of cultured/dry Income from sample management and utilization accounts for 3% of UVRI funding base | Records of accounts or repository records | Repository manager and grants office | Q1 2013 -Q4 2015 |
| Strategy 4.1 | A lab information management system (LIMS) established | At least 75% of the technical staff are using the Lab Information Management System | Evaluation report % usage of LIMS | Lab Informatics Officer/IT Manager | Q1 2013 -Q4 2015 |
| Strategy 4.2 | Sufficient storage space ensured | Storage space increase by 30% from baseline | No. of freezers and cold rooms built | Lab management committee | annual |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|---|--|---|---|--|-------------------------------|
| Strategy 4.3 | Reliable power backup system in place | Frequency of power outages reduced to maximum of one per month | Power outages reduced to less than 60 minutes per month | Senior lab technician/administration | Q1 2013 -Q4 2015 |
| Strategy 4.4 | Utilize the available liquid nitrogen capacity for more reliable long term storage | Purchase large volume liquid nitrogen storage tanks | Number of Liquid nitrogen tanks available | Maintenance Officer, Finance & Administration Officers | Q1 2013 -Q4 2015 |
| Key Result Area 5: Contribution to timely translation of research findings into policy formulation | | | | | |
| Strategic objective 5.1 | UVRI contribution to policy enhanced as well as its profile | Comprehensive regime of approved policies in place and being implemented to improve public health | Annual reports, policy briefs, & quarterly news letters | Communication and knowledge management officer | Annual |
| Strategy 5.1. | Establish a mechanism at UVRI to develop policy briefs from research findings | Number of policy briefs to MOH & UNHRO | Policies or change of practice by MoH/ UNHRO in place based on UVRI results | Administration & UNHRO | Annual |
| Strategy 5.2 | Develop and operationalize a communication strategy | Functional communication strategy in place | Communication improved | Communication & Knowledge Management Officer | Once in three years |

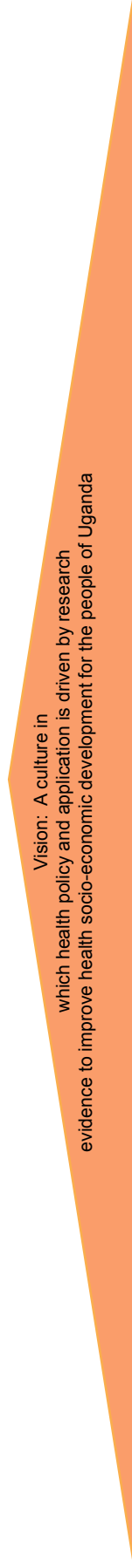
| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|--|--|---|---|------------------------------------|--|
| Strategy 5.3 | Contribute to the national knowledge platform for health research agenda, evidence and application | Regular performance reports | No. of reports | Administration & Divisions | Annual |
| Strategy 5.4 | Contribute to the national disease surveillance database | Reports submitted & feedback obtained | Records & report at National Disease Control unit-MoH | Administration | Annual |
| Key Result Area 6: Improvement in coordination of programs and core functions | | | | | |
| Strategic Objective 6.1 | Information and resource sharing among the different programs and projects optimized | Regular meetings of concerned parties | Minutes & annual reports | Administration & Divisions | Weekly, monthly & annual |
| Strategy 6.1 | Streamline roles, functions and responsibilities of the different programs | Clear MOUs | Copies of MOUs in soft & hard form | Administration | As & when MOUs are signed |
| Strategy 6.2 | Operationalise the monitoring and evaluation unit | M&E activities included in all programs | Reports of M&E in all programs | M&E Officer | As & when a project/program begins |
| Strategy 6.3 | Revitalise joint technical, administrative and support meetings | Regular meetings | Minutes & Reports | Administration | Weekly, monthly, quarterly, bi annual & annual |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|---|---|--|---------------------------------------|------------------------------------|---------------------------------|
| Key Result Area 7: Increased production of health research workforce | | | | | |
| Strategic objective 7.1 | The knowledge and skills base for public health research expanded | Increased application in PHR | Grants submitted and # funded | Training Officer | As & when training ends |
| Strategy 7.1 | Diversify the training portfolio for health research | % training by HR in PHR | Certificates/degrees | Training Officer | As & when training ends |
| Strategy 7.2 | Develop and operationalize quality assurance mechanisms for training | Budget framework papers & training work plan | Quality reports | Training Officer | As & when training ends |
| Strategy 7.3 | Strengthen coordination of training programs | Budget framework papers & work plan | Quarterly reports | Training Officer | annual |
| Strategy 7.4 | Enhance collaborative partnerships between UVRI and other training institutions | # collaborative research conducted | Copies of MOUs, reports, publications | Training Officer & Administration | As & when MOUs have been signed |
| Key Result Area 8: Expansion of infrastructural and human resources | | | | | |
| Strategic Objective 8.1 | The infrastructural capacity at UVRI improved | Functional infrastructure and pitfit | Records, Inventory and reports | UNHRO, MoH, UVRI | Annual |
| Strategy 8.1.1 | Develop and implement a UVRI master plan | Functional master plan | Plan implemented | UNHRO, MoH, UVRI | Annual |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|------------------|--|---|---|---|-------------------------------|
| SSstrategy 8.1.2 | | | Inventory and samples in repository of pathogens | Divisions/labs | Annual |
| Strategy 8.1.3 | Institute a sustainable equipment maintenance program | Well equipped & maintained labs | Report showing Program implemented on time | Maintenance officer | Annual |
| Strategy 8.1.4 | Expand the ICT infrastructure | Required items bought and installed | Inventory of ICT Equipment | IT Manager | Annual |
| Strategy 8.1.5 | Lobby the Ministry of Health and development partners to support the expansion of office space, stores, parking space and canteen area | % of capital development funding increased | Required space and structures provided | Director General, UNHRO; Director, UVRI | Annual |
| Strategy 8.2 | The human resource capacity at UVRI enhanced | Number of critical staff increased to full capacity | Performance Contracts Inventory of short & long term courses | HR office & Administration; Director, UVRI; Director General, UNHRO | Annual |

| Item | Narrative Summary | Objectively Verifiable Indicators | Means/Source of Verification | Responsibility for collecting data | Timeframe for Data Collection |
|------------------|---|---|--|--|-------------------------------|
| Strategy 8.2.1 | Institute performance contracting | Signed contracts | Reports and Appraisals | HR Office, UVRI Director, Director General, UNHRO | Annual |
| Strategies 8.2.2 | Operationalize the new organizational structure | 80% of structure implemented | Functional Organizational Structure | HR office; Director, UVRI; Director General, UNHRO | Annual |
| Strategy 8.2.3 | Review and maintain the short courses to retool staff | % of in service training conducted annually | Certificates and reports Inventory of short courses | Training committee | Annual |

8.3 Appendix 3: Pillars of the Uganda National Health Research Organisation



| Mission: To provide stewardship for the coordination and conduct of health research and its application in the country | | | | | |
|--|---|--|--|---|--|
| Pillar 1 Health Research System | Pillar 2 Health Research Management | Pillar 3 Partnership and Collaboration | Pillar 4 Information Management System and Evaluation | Pillar 5 Resource Management | Pillar 6 Research Innovation and Product |
| SO1 To strengthen leadership and governance in health research | SO2 To improve institutional research management system | O3 To promote partnerships for research and development | O4 To strengthen health research information management and knowledge translation | O5 To establish sustainable financial, human resource and logistical system | O6: To develop and commercialise innovativeness& products to improve health care delivery |
| SA1: Streamline roles functions, responsibilities and authority within UNHRO, UNCST and affiliated institutions SA2: Develop and implement a national health research plan with specific priority areas SA3: Develop management systems and tools to support governance and leadership SA 4: Develop skills for leadership & management & technical support supervision SA 5: Strengthen transparency & advocacy | SA1: Develop and mainstream an ethical code of conduct for health research SA2: Develop an overarching framework for technical supervision, monitoring and evaluation at all levels SA 3: Develop and maintain mechanisms for quality assurance in research | SA1: Pro actively engage existing and potential partnerships in national health agenda SA2: Develop communication and information exchange mechanisms to support collaboration at all levels SA3: Develop a framework for stakeholders cooperation and coherence at all levels | SA1: Develop a data management system for the collaboration, analysis, storage, archiving, and retrieval of information SA2: Develop dissemination mechanisms, fora and communication networks for sharing of research findings SA3: Set up a national knowledge translation platform for health research evidence and application SA4: Train policy makers and researchers in access, synthesis and use of research evidence | SA1: Develop and implement financial plan SA2: Exercise prudence in deployment; use and accountability of financial resources SA3: Develop and implement a human resource capacity building plan SA4: Mainstream basic specialised and advanced health research training across disciplines SA5: Invest in infrastructure through phased rehabilitation and modernisation, procurement of logistics and equipment | SA1: Harness and innovate locally appropriate technologies and tools in health care delivery systems SA2: Develop traditional and complementary medicine for application and integration into health care delivery SA3: Support the commercialisation of new tools, innovations and technologies in health care including the protection of intellectual property rights and other incentives SA4: Enact appropriate enabling legislation on traditional and complementary medicine |
| Integrity and Accountability | | | Community Responsiveness | | Competitiveness |
| SO= Strategic Objective | | | SA= Strategic Action | | |
| Core Values | | | | | |

8.4 Appendix 4: Stakeholder Analysis Table for UVRI

| Stakeholder | Stakeholder relationship and Role | Performance criteria | UVRI performance according to criteria | What UVRI should do to improve performance | Expectations of UVRI from stakeholders | What UVRI should do to realize its expectations from stakeholders |
|-------------------------|---|--|--|---|---|--|
| Staff | <ul style="list-style-type: none"> ● Employees ● Lead, investigate and implement organizational objectives ● Designers and implementer of activities | <ul style="list-style-type: none"> ● Regular staff appraisals ● Developed protocols ● Reports and publications ● How well staff perform according to job description | Targets set | <ul style="list-style-type: none"> ● Capacity building of staff ● Provide appropriate terms and conditions of service (incentives) ● Conduct regular staff appraisals ● Staff should be informed regularly in service, good remuneration package, provide equipment and other protective gear, office space | <ul style="list-style-type: none"> ● Embrace the vision, mission and uphold core values ● To perform and meet targets ● Dedication | <ul style="list-style-type: none"> ● Create a beneficial working environment for conducting health research ● Institute annual performance agreements ● Conducting regular reviews and performance appraisals |
| On campus collaborators | Providing funds and they are co implementers | <ul style="list-style-type: none"> ● Level of funding ● Level of capacity building met | Level of funding Research outputs | <ul style="list-style-type: none"> ● Maintain cordial mutually beneficial relationship | <ul style="list-style-type: none"> ● Full cooperation and focus on capacity building of staff and infrastructure | <ul style="list-style-type: none"> ● Scaling up joint research ● Improved communication and ● Visibility of UVRI |

| Stakeholder | Stakeholder relationship and Role | Performance criteria | UVRI performance according to criteria | What UVRI should do to improve performance | Expectations of UVRI from stakeholders | What UVRI should do to realize its expectations from stakeholders |
|----------------|---|--|--|--|---|--|
| UNHRO | <ul style="list-style-type: none"> ● Oversight coordinating & supervision role for health research | <ul style="list-style-type: none"> ● Funds raised and guidance provided | UVRI strategic plan is in line with UNHRO one | Be responsive to UNHRO research agenda and perform within the provision of the UNHRO Act 2009 | <ul style="list-style-type: none"> ● Funding from GoU support for grants, MOU and constituencies | <ul style="list-style-type: none"> ● Implementing research agenda ● Adherence to/policies and guidelines |
| MOH | Provision of resources, setting policy and standards | <ul style="list-style-type: none"> ● Funds and other resources provided ● Policies and standards developed | Priority research conducted; other functions of public health institutions implemented | Dialogue with policy makers to conduct relevant research participate in outbreak investigations, develop appropriate interventions/innovations | Required resources provided, political and support supervision provided | Conduct business in accordance with UHRO strategic plan, NH policy, HSSIP and NDP, collaborate and support other health institutions |
| MFPEd UNCST | Implement Abuja declaration, collaboration with UNHRO in providing oversight | UVRI funded adequately, research conducted according to national guidelines | | <ul style="list-style-type: none"> ● Through UNHRO continue lobbying for funds; ● Active member of UNCST | <ul style="list-style-type: none"> ● Adequate funding; ● Support for research conducted | <ul style="list-style-type: none"> ● Using funds as expected; ● Produce high quality research |

| Stakeholder | Stakeholder relationship and Role | Performance criteria | UVRI performance according to criteria | What UVRI should do to improve performance | Expectations of UVRI from stakeholders | What UVRI should do to realize its expectations from stakeholders |
|---|--|--|--|--|--|--|
| Other ministries & Government Departments | Collaborate and provide conducive environment | Collaborate research to improve public health | Multisectoral research with multiple impact | Maintain good working relationship | Tap UVRI expertise in various fields | Develop joint research proposals |
| MOH | Provision of resources, setting policy and standards | <ul style="list-style-type: none"> Funds and other resources provided Policies and standards developed | Priority research conducted; other functions of public health institutions implemented | Dialogue with policy makers to conduct relevant research participate in outbreak investigations, develop appropriate interventions/innovations | Required resources provided, political and support supervision provided | Conduct business in accordance with UHRO strategic plan, NH policy, HSSIP and NDP, collaborate and support other health institutions |
| Academia | <ul style="list-style-type: none"> Collaborate with UVRI, Provide honorary appointments Supervision of PhD, post-doctoral and master's students | Collaborative research conducted Number of staff with honorary appointment | Join grants obtained <ul style="list-style-type: none"> Number of staff appointed Number of students jointly supervised | Provide expertise where needed | Efficient collaboration; Critical mass of scientists Utilization facilities reasonable | <ul style="list-style-type: none"> Campus joint mentorship and supervision Joint application for funds; Complementarity rather than competition |

8.5 Appendix 5: Organisational Structure for UVRI

