



Uganda Virus Research Institute

Plot 51-59, Nakiwogo Road, Entebbe
P.O. Box 49, Entebbe-Uganda
Tel: +256 414 320 385 / 6
Fax: +256 414 320 483
Email: directoruvri@uvri.go.ug



Uganda Virus Research Institute

Strategic and Development Plan 2018-2022

*Repositioning the Institute as
A World Class Centre of Excellence in Health Research*

Foreword

This Strategic Plan (2018/19-2022/23) is a major milestone in the journey towards making UVRI a world class center of excellence in Health Research. A well-developed Research Institute is a fundamental arm of the health sector and crucial component of any health system. Functions of research institutions range from surveillance, diagnosis of health/disease conditions for individual patients to national disease surveillance and control of disease outbreaks for policy and knowledge translation and improved community wellbeing. It therefore requires the necessary investment and utmost attention to fulfill these functions.

The health system in Uganda aims to deliver a defined National Minimum Health Care Package (UNMHCP) to every member of the Ugandan population. To achieve this research institutions must be well funded, managed and coordinated. The Research Institutions in Uganda have lacked fiscal support required to fulfill their role resulting in increased operational cost due to inadequate disease identification, missed diagnoses, poor case monitoring and management as well as delays in disease outbreak management. This strategic plan is a tool for implementing the set targets in the National Health policy 2009, Horizon 2020 national document, the sustainable and Development Goals (SDGs), the Health Sector Development plan 2015/16-2019/20 and the National Development Plan II 2015/16- 2019/20 and aims to resolve this situation.

This plan outlines the vision, goals, and strategies for strengthening key thematic areas of UVRI as a Research Institutions in the country to facilitate adequate support to the UNMHCP. In the past decade, Research Institutions for Communicable, Non-communicable and viral infections have seen marked improvement as a result of increased activity and funding in these areas largely by international health partners. During this period of time, the importance of evidenced based research for policy has been progressively acknowledged by the MoH, its partners in health and stakeholders.

The development of this Strategic and development Plan began in 2016 through a number of stakeholder consultations and meetings. It provides a national framework and guidance for implementation and investments in health research Institutions by the Government and Health Development partners. It is a very useful and powerful guiding tool for the planning and implementation of programs towards strengthening Health Research in the country in the public and private sector as well as the general Health sector.

The Ministry of Health is committed to using, strengthening the coordination and quality evidence based research findings in implementation of the Uganda National Minimum Health Care Package. All stakeholders and partners are therefore called upon to examine the strategic and development plan, assess their involvement in the health research environment, and thereafter align their present and future activities with the guidelines laid out in this plan.

Dr. Jane –Ruth Aceng

Minister of Health

Acknowledgments

The development and finalization of this Strategic Plan and Development II for UVRI is a result of contributions and dedicated efforts of the collaborative Research Institutions, Ministry of Health (MOH), several stakeholders, on campus partners and Senior Staff at UVRI. These stakeholders have been engaged in series of policy meetings, workshops, and individual as well as institutional consultations to develop this strategic plan and Development Plan 2017- 2020 for UVRI. The Institute is very appreciative for all the efforts and sacrifice that has been invested for the successful development.

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Prof. Pontiano Kaleebu
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 Programme.

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 and Development Plan.

1.2 Purpose of the Revised Plan

This Revised Strategic and Development Plan serves the following related purposes:

- i. To develop a comprehensive strategic pathway that is well aligned to the National Development Plan (2016/17-2019/20), the Health Sector Strategic and Investment Plan 2017/18-2019/20, Second National Health Policy of July 2010, 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 2018/19-2022/23, To provide a systematic platform for the formulation of the Institute's rolling annual activity/work plans and budgets.
- iv. To develop a business plan to achieve the goals.
- v. To address the structural and implementation challenges that affect the overall performance of the UVRI.
- vi. To make effective use of resources within UVRI.

1.3 The Review Process of the UVRI Strategic and Development Plan

The Strategic and Development 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 departments, which were presented at a three-day retreat that was held on November

22nd, 23rd and 26th 2017 at the Sanctum Hotel, Entebbe. 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 Rrevised 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 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 five 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.

2.1.Mandate

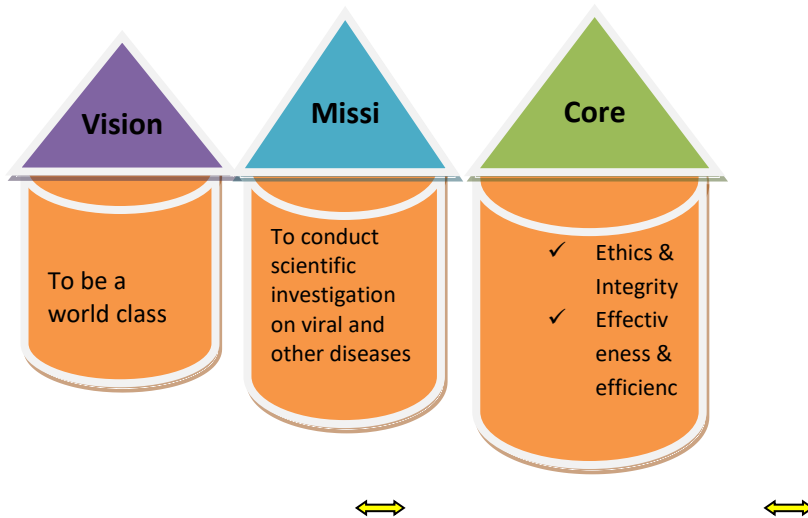
UVRI is mandated to conduct health research pertaining to human infections and disease processes associated with or linked to viral aetiology and provides capacity building to target beneficiaries. The Institute's programmatic activities currently comprise of the following areas:

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

The Institute is organized under seven (7) departments which are closely inter-related. Each department is headed by an Assistant Director assisted by a Principal Research Officer, all of whom are under the supervision of the Deputy Director. The two support departments; Finance and Administration headed by the Principal Assistant Secretary and the Planning Department headed by the Principal Economist, both reporting to the Executive Director. There is, in addition, a major function of training that is spearheaded by a Training Committee and the UVRI Research Clinic that serves both Institute staff and the surrounding community; and also undertakes research (details in the new structure in appendix 5).

The program departments include:

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



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 commitment 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 (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 & 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).
- VI. Human Resource and Capacity Development with deliverables of scientists trained/mentored, trainees handled through internships and staff retention plus motivation.
- VII. Research governance and quality assurance measurable through policy contributions, number of grants, infrastructural developments, number of partnerships/collaborations, number of quality assurance schemes and resources mobilized.

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 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.
- b) 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 (MOH) examine trends over time for other communicable and non-communicable diseases.
- c) 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 2016 for 1000 Primary School Pupils and Science Teachers. 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.
- d) It is a founding member of the newly constituted East-African Consortium for Clinical Research (EACCR 2), a network of 23 regional institutions from six countries and eight 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.
- e) It also has strong partnerships with Wellcome Trust-UK, European and Developing countries Clinical Trials Partnership (EDCTP), Rakai Health Sciences Program/NIH, THRiVE, MUII-Plus and Makerere University among many others (e.g CDC, IAVI, WHO, London School of Hygiene and Tropical Medicine).

- f) Within the past four years, it has added new facilities, including totally refurbishing bio-security Level 2 and 3 laboratories funded by CDC and WHO and a resource center funded by IANPHI.
- g) 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.
- h) UVRI was designated by WHO as a National Influenza Center, Arbovirology Reference Laboratory.
- i) 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.
- j) Completed the first phase of new HIV rapid kits for use in a new national rapid HIV testing algorithm.
- k) Capacity for performing molecular biology has been developed. A centralized molecular lab has been set up.
- l) Capacity for performing neutralization assays has been established and staff have been trained.
- m) In partnership with MRC and IAVI, capacity for flow cytometry assays has been set up and developed.
- n) It has expanded the scope of activities for the HIV Reference Laboratory (HRL) and established a National HIV Quality Assurance/Quality Control project.
- o) National/ Reference Laboratory for HIV Drug Resistance Genotyping was accredited by WHO.
- p) It conducted three HIV/AIDS indicator surveys (2004/2005 and 2010/2011) and 2016/2017
- q) In collaboration with its partners, it has published at least 500 peer-review publications in the past five years

- r) 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.
- s) It has received a donation of influenza vaccines for adults because of the confidence of its collaborators in the on-going influenza work.
- t) 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.
- u) On top of 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.
- v)

4.0 Environment Scan

4.1. Political

4.1.1. Challenges of Health Research in Africa

The Sustainable Development Goals (SDGs) 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), NIH and Bill Gates) have also invested in such initiatives.

Some of the MDGs addressed by 2015 include MDG4: reducing child mortality; MDG6: combating HIV/AIDS, malaria and other diseases, and MDG8: 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 and Regional 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 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. 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.

4.1.5 Insufficient Political Will

There is inadequate political will to translate the existing written policies and plans (NDP, HSSIP, Second National Health Policy & UNHRO) into actual practice. Reduced budget for health sector in Fiscal Year (FY) 2016-2017 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 Expectation 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 positive 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. Decreasing 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 2016/20.

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. Excessive 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 Power Challenges

The protracted electricity/power challenges have increased fuel costs 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 2011

The UNHRO Act 2011 has put in place a framework for coordination and harmonisation of health research and its application in the country.

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

UVRI's Current SWOT Profile

<p>Strengths:</p> <ul style="list-style-type: none"> UVRI is a vote under vote 304 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 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 	<p>Opportunities</p> <ul style="list-style-type: none"> Institutional competencies in line with the Sustainable 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 <i>Motivation strategy for health workers (MoH) to address staff welfare</i> <i>Uganda HSSIP 2010/11-2014/15 and National Development Plan in place</i> Uganda enjoys significant international interest and respect for its success in health research especially in HIV/AIDS and other emerging and re-emerging diseases 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
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	<ul style="list-style-type: none"> ✦ Increasing community interest and support including community leaders ✦ Interest in evaluating emerging technologies ✦ Improved security in Uganda
<p>Weaknesses:</p> <ul style="list-style-type: none"> ✦ 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 ✦ Fragmentation of the different departments ✦ Limited infrastructure and the available is Old and dilapidated ✦ 	<p>Threats</p> <ul style="list-style-type: none"> ✦ High dependency on donor support ✦ Lack of a legal status required to support timely decision making ✦ Weak supervision and coordination by UNHRO secretariat ✦ <i>Global financial crisis influences funding</i> ✦ Rapidly changing technologies ✦ Changing research priorities ✦ <i>Potential conflicts in some parts of the country and region</i> ✦ <i>Irregularities in utility supplies (water and electricity)</i> ✦ 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 ✦ <i>Political interference</i> ✦ 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 (GLR) 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 departments 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 2017-2020

5.1.1 Goal

The overall goal of the Revised Strategic and development Plan 2016/17-2019/20 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 SDGs 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. Attraction, retention and development 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 departments; *core departments*;
7. Increased production of health research workforce;
8. Expansion and improvement of the Institute infrastructure; *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	Baseline 2018	Indicator	Target 2019	Target 2020	Target 2021	Target 2022
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 Human resource Planning ☐ Strengthen existing mentorship and attachment programs ☐ Support training for long and short term courses ☐ Jointly develop and conduct trainings in areas of interest for UVRI staff with 						

	<ul style="list-style-type: none"> relevant research and training institutions ☐ Restructure the current establishment ☐ Motivate the workforce ☐ Streamline Records Management 						
Key Result Area 3	Contribution to the financial sustainability of UVRI	Baseline 2018	Indicator	Target 2019	Target 2020	Target 2021	Target 2022
Strategic Objective a)	Widening the financial resource base						
Strategies	<ul style="list-style-type: none"> ☐ Diversify donor funding ☐ Generate income from services rendered ☐ Win more grants to increase on the overheads ☐ 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 ☐ Charge sample storage ☐ Develop and implement a business model for UVRI ☐ Develop a Monitoring and Evaluation Plan 						
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 						

	<p>use of resources.</p> <ul style="list-style-type: none"> ■ Efficiently and Effectively budget for both Project and G.O.U funds ■ Put all UVRI projects on the IFMIS system 						
Key Result Area 4	Development of a centralized, accessible and reliable sample repository system	Baseline 2018	Indicator	Target 2019	Target 2020	Target 2021	Target 2022
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 ❑ Develop a strategy for sample destruction 						
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 						

	<ul style="list-style-type: none"> Contribute to the national disease surveillance database Operationalize the Research and Grants Support and Networking Office 						
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	Baseline 2018	Indicator	Target 2019	Target 2020	Target 2021	Target 2022
Strategies	<ul style="list-style-type: none"> Streamline roles, functions and responsibilities of the different programs and departments Operationalize the monitoring and evaluation plan Revitalize joint technical, administrative and support meetings Strengthen collaborations with Partners 						
Key Result Area 7	Increased production of health research workforce						
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 and internship program Enhance collaborative partnerships between UVRI and other training Institutions Conduct open days at UVRI and career talks to 						

	students						
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 Finance, Planning and Economic Development, 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						
Key Result Area 9	Creation of a business model for 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 						
Key Result Area 9	Efficient provision of Administration and Management at UVRI						
Strategic Objective a)	To improve the Administration and Management of UVRI						
Strategies	<ul style="list-style-type: none"> ☐ Develop and implement a UVRI master plan ☐ Improve the corporate image of the Institute , rebranding and acquiring a legal status ☐ To promote Knowledge transfer partnerships and networking ☐ Establish a framework that will enhance collaboration and coordination of partner activities at UVRI ☐ Develop policy documents and implement the guidelines there in 						

6.0 Strategic and Development Plan Implementation Critical Assumptions

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

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

6.1 Implementation Modalities

A Strategic and Development Plan Implementation Committee headed by the Director and composed of Heads of Departments will be put in place and will work with the Planning Unit to steer the implementation of the Strategic and Development 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 and Development 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 and Development 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 and Development 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 and Development 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 Finance, Planning and Economic Development, Ministry of Health and UNHRO through quarterly and annual reporting while regular operational monitoring, performance evaluation and reporting is the responsibility of pertinent committees comprised of top and senior management.

Appendices

Appendix 1: Operational Plan Template for UVRI Revised Strategic Plan 2018-2022

ACTIVITIES	INDICATOR	ACTORS	TARGET/TIME FRAME	5 YEARS ESTIMATED BUDGET					TOTAL	SOURCE
				2018/19	2019/20	2020/21	2021/22	2022/23		
To recruit staff A) A Communication Officer B)		Human Resource Manager	Receipt of funds	USD (TBC)	-	-			USD 500 0	GOU and UVRI's partners
1.1.2 Training the current and new staff	Identify the training needs Develop guidelines for training Send staff for	Training Committee, Human Resource Manager								

	training									

Appendix 2: Logical Framework for the Revised UVRI Strategic and Development Plan 2018-2022

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
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 2018
Strategy 1.1	Expand the malaria research capacity	At least two malaria related protocols are developed and implemented	Content analysis protocols and research reports	Head of Entomology Division	1 & Q2 2018
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 2018
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; General Virology	1 & Q2 2018
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 2018
Strategy 1.5	Investigate factors associated with viral	At least one protocol on VHF is	Content analysis protocols and	Arbovirology; Emerging and Re-emerging diseases	1 & Q2 2018

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
	hemorrhagic fever (VHF) outbreaks	developed and implemented	research reports		
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 2018
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	Degree certificates Certificates of attendance and of competency	Head, Training Committee and Heads of departments/units	Ongoing
Strategy 2.3	Jointly develop and conduct trainings in areas of interest for	4 partnerships formed	Memoranda of Understanding between UVRI and	Training Committee & Office of Director/Administration	Ongoing

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
	UVRI staff with relevant research and training institutions		the different research and training institutions.		
Strategy 2.4	Restructure the current establishment	Restructuring Report should be in place	Consultative meetings with key stakeholders and line Ministries Benchmarking with KEMRI and NIMRI and any other relevant Institution	Human Recourse	
Strategy 2.5	Strengthen Human Recourse planning	Recruitment Plan in place Career and Succession plan Retention Plan Disengagement plan . They should be developed and Implemented Automation of Records	Consultative meetings with key stakeholders	Human Resource	
			Needs assessment	Human Recourse	

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
Strategy 2.6	Staff Motivation	UVRI Motivation strategy in place	benchmarking		
<p>Key Result Area 3: Contribution to the financial sustainability of UVRI</p>					
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 2018 -Q4 2020
Strategy 3.1.1	Diversify donor funding	The share of grants in the UVRI funding base increase by 20% donor	Collaborations /MOUs signed Grant award letters	Finance & Administration	Q1 2018 -Q4 2020
Strategy 3.1.2	Generate income from services rendered	The income generated from services account for at least 25% of UVRI funding base	Financial analysis of UVRI budgets	Finance & Administration	Q1 2018 -Q4 2020
Strategy 3.1.3	Increase overheads on research grants to 10%	Overheads on research grants account for 5% of	Financial analysis of UVRI budgets	Finance & Administration	Q1 2018 -Q4 2020

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
		UVRI funding base			
Strategy 3.1.4	Levy a fee on consultancy services offered by UVRI staff	Fees levied on consultancy services account for at least 10% of UVRI funding base	Financial analysis of UVRI budgets	Finance & Administration	Q1 2018 -Q4 2020
Strategy 3.1.5	Establish a national sample repository for biotechnology innovation	Fees earned from a National Sample Repository for Biotechnology innovation account for at least 5% of UVRI funding base	Financial analysis of UVRI budgets	Director, UVRI	
Strategy 3.1.6	Lobby Government for increased research funding	Government funding of UVRI research activities increased by 25% by the end of 2015	Financial analysis of UVRI budgets	Director General, UNHRO	Q1 2018 -Q4 2020
Strategy 3.1.7	Develop a monitoring and Evaluation Plan				
Strategy 3.1.8	Win more grants to increase overheads				
Key Result Area 3: Contribution to the financial sustainability of UVRI					
Strategic	Efficiency and	Expenditures on	Financial Analysis of	Director, UVRI; Finance &	Q1 2018 -Q4

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
objective 3.2	effectiveness in the use of available resources improved	administration related activities reduce by 15%	budgets	Administration	2020
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 2018 -Q4 2020
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 2018 -Q4 2020
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 2018 -Q4 2020
Strategy 4.1	A lab information management system (LIMS) established	At least 75% of the technical staff are using the Lab	Evaluation report % usage of LIMS	Lab Informatics Officer/IT Manager	Q1 2018 -Q4 2020

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
		Information Management System			
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
Strategy 4.3 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 60 minutes/month.	Senior Lab Technician/Administration	Q1 2018 -Q4 2020
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 2018 -Q4 2020
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	Number of policy briefs to MOH &	Policies or change of practice by	Administration & UNHRO	Annual

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
	develop policy briefs from research findings	UNHRO	MoH/UNHRO in place based on UVRI results		
Strategy 5.2	Develop and operationalize a communication strategy	Functional communication strategy in place	Communication improved	Communication and knowledge management officer	Once in three years
Strategy 5.3	Contribute to the national knowledge platform for health research agenda, evidence and application	Regular performance reports	No. of reports	Administration & Departments	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
Strategy 5.5	Operationalize the Research and Grants Support and Networking Office			Planning	
Key Result Area 6: Improvement in coordination of programs and core functions					
Strategic Objective	Information and resource sharing	Regular meetings of concerned parties	Minutes & annual reports	Administration & Departments	Weekly, monthly & annual

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
6.1	among the different programs and projects optimized				
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
Strategy 6.4	Strengthen collaborations with Partners				
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

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
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
Strategy 7.5	Conduct open days at UVRI and career talks to students and a research symposium annually				
Key Result Area 8: Expansion of infrastructural and human resources					
Strategic	The infrastructural capacity	Functional	Records, Inventory	UNHRO, MoH, UVRI	Annual

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
Objective 8.1	at UVRI improved	infrastructure and pit[it	and reports		
Strategy 8.1.1	Develop and implement a UVRI master plan	Functional master plan	Plan implemented	UNHRO, MoH, UVRI	Annual
Strategy 8.1.2			Inventory and samples in repository of pathogens	Departments / 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
Strategic objective 8.2	The human resource capacity at UVRI enhanced	# of critical staff increased to full capacity	Performance Contracts Inventory of short & long term courses	HR office & Administration; Director, UVRI; Director General, UNHRO	Annual

<u>Item</u>	<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means/Source of Verification</u>	<u>Responsibility for collecting data</u>	<u>Timeframe for Data Collection</u>
Strategies 8.2.1	Institute performance contracting	Signed contracts	Reports and Appraisals	HR Office; Director, UVRI; Director General, UNHRO	Annual
Strategies 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

Appendix 3: Pillars of the Uganda National Health Research Organisation

Uganda National Health Research Organisation Strategic Plan 2010/11 – 2014/15

STRATEGIC FRAMEWORK

Vision:

A culture in which health policy and application is driven by research evidence to improve health and socioeconomic development for the people of Uganda.

Mission: To provide stewardship for the coordination and conduct of quality 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 Systems and Evaluation	Pillar 5 Resource Management	Pillar 6 Research Innovations and Products
SO1: To strengthen leadership and governance in health research SA1: Streamline roles, functions, responsibilities and authority within UNHRO, UNICST 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 SA4: Develop skills for leadership and management and technical support supervision SA5: Strengthen transparency and advocacy	SO2: To improve institutional research Management systems 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 SA3: Develop and maintain mechanisms for quality assurance in research.	SO3: To promote partnerships for research and development SA1: Proactively 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	SO4: To strengthen health research information management and knowledge translation SA1: Develop a data management system for the collection, analysis, storage, archiving, and retrieval of information. SA2: Develop dissemination mechanisms, firm 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	SO5: To establish sustainable financial, human resources and logistical system 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	SO6: To develop and commercialise innovations and products to improve health care delivery 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
Core Values	Integrity and accountability		Community responsiveness		Competitiveness

SO = Strategic Objective SA = Strategic Action

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 • Funded protocols • Reports and Publications <p>How well staff perform according to job description</p>	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 <p>In service training, good remuneration package, provide equipment and other protective gear , office space</p>	<p>Embrace the vision, mission and uphold core values</p> <ul style="list-style-type: none"> • To perform and meet targets <p>Dedication</p>	<p>Create a beneficial working environment for conducting health research</p> <p>Institute annual performance agreements</p> <p>Conducting regular reviews and performance appraisals</p>
On campus collaborators	Providing funds and they are co implementers	<p>Level of funding</p> <p>Research output</p> <p>Level of capacity building met</p>	<p>Level of funding</p> <p>Research outputs</p>	Maintain cordial mutually beneficial relationship	Full cooperation and focus on capacity building of staff and infrastructure	<p>Scaling up joint research</p> <p>Improved communication and</p> <p>Visibility of UVRI</p>

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	Oversight coordinating & supervision role for health research	Funds raised and guidance provided	UVRI Strategic and Development Plan is in line with UNHRO one	Be responsive to UNHRO research agenda and perform within the provision of the UNHRO Act 2011	Funding from GoU support for grants, MOU and constituencies	Implementing research agenda Adherence to/policies and guidelines
MOH	Provision of resources, setting policy and standards	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 and Development 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		Through UNHRO continue lobbying for funds; Active member of UNCST	Adequate funding; Support for research conducted	Using funds as expected; Produce high quality research
Other	Collaborate	Collaborate	Multisectoral	Maintain good working	Tap UVRI	Develop joint

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
ministries & Government Departments	wand provide conducive environment	research to improve public health	research with multiple impact	relationship	expertise in various fields	research proposals
Academia	-Collaborate with UVRI, -Provide honorary appointments -Supervision of PhD, post-doctoral and master's students	Collaborative research conducted Number of staff with honorary appointment Number of students co-supervised	Join grants obtained Number of staff appointed Number of students jointly supervised	Effective MOU share equipment; Exchange visit; Provide expertise where needed	Efficient collaboration; Critical mass of scientists Utilization facilities reasonable	Mutual respect; Open door policy to use of facility not available at their campus Joint mentorship and supervision Joint application for funds; Complementarity rather than competition

Appendix 5: Organizational Structure for UVRI

