



Mildmay Research Centre Uganda (MRCU) Limited



FIVE YEAR STRATEGIC PLAN FOR MILD MAY RESEARCH CENTRE UGANDA (MRCU)

2023/24 - 2027/28

Consolidating Gains On The Journey From Good to Great

	Mildmay Research Centre Uganda Strategic Plan for 2023/24-2027/28		Effective Date: July 01 2023
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MILDMAY
UGANDA

**... then you must inquire,
probe and investigate it
thoroughly.**

Deuteronomy 13:14
(Seasonal Verse)

Theme:

Consolidating Gains On The Journey from Good to Great

Mildmay Uganda (MUg) Group has adopted this theme for the strategic plans of all its Entities for the period 2023/24-2027/28. This a follow-on of the themes ***“Journey from Good to Great”*** used during the 2013/14-2017/18 period and ***“The Journey Continues from Good to Great”*** used during the 2018/19-2022/23 period.

During the period 2018/19-2022/23, the research branch of MUg work experienced much change culminating in the incorporation of the Mildmay Research Centre Uganda (MRCU). In the period 2023/24-2027/28, MRCU will aim to ***consolidate*** its position in Uganda’s health research market as a respected upcoming powerhouse of high-quality research products. The word ***“consolidate”*** originates from ***“consolidare”*** in Latin meaning ***“to join together into one whole; to make firm, safe or secure; to form into a compact mass; or to make solid.”***

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List of Abbreviations and Acronyms

Abbr./Acronym	Meaning
CDC	US Centers for Disease Control and Prevention
CHAU	Community Health Alliance Uganda
CoE	Centre of Excellence
COVID	Corona Virus Disease
DLT	Directorate Leadership Team
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, Safe
DSS	Decision Support System
ECR	Early Career Researcher
EDCTP	European and Developing Countries Clinical Trials Partnership
eMTCT	Elimination of Mother-to-Child HIV Transmission
FRECU	Forum for Research Ethics Committee Chairpersons in Uganda
GCBF	Group Central Business Forum
GCP	Good Clinical Practice
GPIS	Grant Partnerships Information System
HIC	High-Income Country
HIMS	Health Information Management System
HIV	Human Immuno-deficiency Virus
HSP	Human Subject Protection
HSS	Health Systems Strengthening
IRB	Institutional Review Board
JCRC	Joint Clinical Research Centre
KP/PP	Key Populations / Priority Populations
KPI	Key Performance Indicator
LIC	Low-Income Country
M&E	Monitoring and Evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MIHS	Mildmay Institute of Health Sciences
MIS	Management Information System
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRCU	Mildmay Research Centre Uganda
MUg	Mildmay Uganda
MUREC	Mildmay Uganda Research Ethics Committee
NCD	Non-Communicable Disease
NCHE	National Council for Higher Education

Abbr./Acronym	Meaning
NDA	National Drug Authority
NDPIII	The Third Uganda National Development Plan
NGO	Non-Governmental Organization
NICHD	National Institute of Child Health and Human Development
NIH	National Institute of Health
NNGO	National Non-Governmental Organization
PAMSCO	Project Acquisition and Management Steering Committee
PEP	Post-Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	Person or People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RAND	Research and Development
RBF	Research Business Forum
REC	Research Ethics Committee
RSI	Research and Strategic Information
SAT	Senior Administration Team
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SWOT	Strengths, Weaknesses, Opportunities and Threats
TPP	Transfer Pricing Policy
UAC	Uganda AIDS Commission
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations Joint Program on AIDS
UNCST	Uganda National Council for Science and Technology
UNHLS	Uganda National Health Laboratory Services
URSB	Uganda Registration Services Bureau
UVRI	Uganda Virus Research Institute
VFM	Value for Money
VMC	Voluntary Medical Male Circumcision
WHO	World Health Organization



Foreword

The essence of the Mildmay Research Centre Uganda (MRCU) to expand the knowledge horizon and inform health policy and practice by discovering new information to help construct theories that contribute to the national and African thrust to transition from backwardness to modernity. MRCU exists to conduct high-quality studies that contextualize findings within the larger body of research and generate knowledge applicable outside the research setting to solve health and development challenges that society grapples with.

MRCU was incorporated as an autonomous entity under the Mildmay Uganda (MUg) Group in November 2021. However, its rich twelve-year research legacy spans over the period 2010-2021 when it was the Research and Strategic Information (RSI) Directorate under MUg. During this period, RSI made considerable progress toward establishing Mildmay Uganda as part of the national health research infrastructure.

This 2023/24-2027/28 planning process is the fourth strategic reflection of the MUg research business. The MUg 2013-2018 Strategic Plan highlighted Research as a Core Pivot for Mildmay Uganda. The MUg 30-Year Master Planning process guided the optimization of Research by growing it into a Research Centre. The MUg 2018-2023 Strategic Plan created the Roadmap for the Research and Strategic Information (RSI) Directorate of Mildmay Uganda to get incorporated as an autonomous entity owned by Mildmay Uganda Group. That culminated in incorporation of the Mildmay Research Centre Uganda (MRCU) in November 2021. The fourth strategic planning reflection has resulted in this MRCU Strategic Plan 2023/24-2027/28.

This Strategic Plan period aims to establish Mildmay Research Centre Uganda (MRCU) to be a respected brand in applied research in health and an entity that makes contributes significantly to Uganda's transition to middle-income socio-economic status. That organizational aspiration will be achieved through (i) Conducting high-quality health research that influences policy and sustainably transforms the wellbeing of communities; (ii) Building capacity of individuals and organizations to develop and conduct impactful research that conforms to national and international standards; and (iii) Building robust organizational capacity that ensures competitive advantage and sustainable financing.

On behalf of the Mildmay Uganda Board and the MRCU Board, I express gratitude to all stakeholders of the Research Centre for the contribution to growing research up to the level it has reached in Mildmay Uganda. I express sincere gratitude to Government of Uganda for providing leadership and creating the framework under which we get opportunity to contribute to national development. I salute our staff and partners and call for fresh commitment to grow this newly incorporated entity to a great institution. Special thanks to H.E. General Yoweri Kaguta Museveni, the Patron of Mildmay Uganda for his vision and support that precipitated the growth of this organization, including the branching off by Mildmay Research Centre Uganda.

Consolidating Our Gains and Lessons on the Journey from Good to Great.

Dr. Vincent Oketcho
Chairman, MRCU Board of Directors

1 Introduction

1.1 Mildmay Historical Background

The origin of Mildmay stretches back to the mid-1860s from the work done by The Reverend William Pennefather, a vicar at St. Judes, and his wife Catherine. St. Judes, located in Mildmay Park, Islington, was a lively Victorian church of over 1,000 people. Reverend William developed several projects known collectively as Mildmay Institutions, providing spiritual guidance and care for the sick. In 1866 there was a cholera outbreak in East London. Two of the Mildmay deaconesses, trained by Catherine, volunteered to go into some of the East End's worst slums in the Old Nichol, one of the most notorious slums of the nineteenth century, where even the police feared to enter, to care for the sick and their dependents. The Old Nichol was situated between High Street, Shoreditch and Bethnal Green. It consisted of 20 narrow streets containing 730 dilapidated terraced houses which were inhabited by some 6,000 people.

Figuring out how to handle the cholera outbreak in the slums of East London marked the beginning of Mildmay's research-oriented approach to community-based healthcare. Mildmay responded to the health challenges in the slums by studying problems, unanswered questions and gaps and using the learning to design healthcare interventions.

The work of the deaconesses developed and expanded. In 1877, the first Mildmay Medical Mission was established in a disused warehouse in Cabbage Court (now Little Bacon Street, south of Bethnal Green Road), near to Shoreditch Church. It consisted of twenty-seven beds in three wards, one doctor, three nurses and five deaconesses in training. This was the first incarnation of what was soon to become Mildmay Mission Hospital. In 1892 the first purpose-built Mildmay Mission Hospital was opened. In 1948, the hospital became part of the National Health Service but by 1982, as a hospital with less than 200 beds, Mildmay was regarded as uneconomic and was closed, along with many other 'cottage hospitals'. Mildmay's Trustee Board and with many loyal supporters began the fight for Mildmay's survival.

After many setbacks, approval was granted by Government and the NHS for Mildmay to reopen in 1988 as Europe's first hospice caring for people with AIDS-related illnesses. Diana, Princess of Wales, visited Mildmay 17 times, both officially and unofficially, and famously shook hands with a patient at the height of fear around the condition, helping to break down some of the stigma surrounding HIV. As knowledge about HIV grew, medication evolved and needs changed, Mildmay changed its focus from end-of-life care to specialized assessment and rehabilitation. Today, Mildmay remains at the forefront of specialist HIV service delivery and care, continuing to adapt and respond to meet new, often complex, and rapidly changing needs. In the 1990s, Mildmay was invited to offer its expertise to areas where HIV and AIDS were hitting hardest—firstly Uganda, Tanzania, and Kenya then Zimbabwe and Rwanda and later into Eastern Europe.

The global HIV epidemic demanded that Mildmay apply its research-oriented approach to study the health situation in communities and design workable interventions. In a state where HIV/AIDS affected countries lacked clear national policy and strategy, Mildmay relied on learning gained from studying the epidemic to design services that formed part of national policy and strategy.

1.2 Mildmay Uganda Background

Mildmay's work in Uganda started in 1993 following a Presidential invitation to develop paediatric HIV palliative care and capacity building services. Mildmay Uganda was opened in September 1998 by Anne, The Princess Royal, and started receiving patients in October of the same year.

In 2007, Her Majesty Queen Elizabeth II visited Mildmay Uganda and the Mildmay Paediatric Care Centre. This was indicative of how significant the work done by Mildmay in Uganda had become. During her visit, Her Majesty said: *"Thank you Mildmay Uganda for the work and the remarkable example set in the provision of care and education for the people living with HIV."* At the Mildmay Paediatric Care Centre, The Queen unveiled a plaque for the hospital's Elizabeth Ward, named in her honour.

Her Majesty later praised Mildmay's work in an address to the Ugandan Parliament, in which she declared: *"It is difficult sometimes, when the sorrow associated with this disease is so profound, to avoid a sense of despair. And yet there are growing numbers of people and organizations whose work gives cause for real hope. Today I visited The Mildmay Centre, which sets a remarkable example in the provision of care and relief for those who are ill as well as in educating people about how to protect themselves and their families. The role of centres such as this, which the Government of Uganda has done so much to encourage, will be central to achieving our common aim of controlling this cruel disease."*

The President of Uganda, His Excellency General Yoweri Museveni, marked the 10th Anniversary of Mildmay Uganda with a special visit in October 2008, during which he unveiled the foundation stone of the centre's new laboratory. In 2017, the Vice President of the Republic of Uganda, Hon. Edward Ssekandi, was assigned to represent the President of the Republic of Uganda, General Yoweri Museveni, to launch the Mildmay Uganda 30-Year Master Plan.

In 2010, the work of Mildmay in Uganda was graced with a visit by the Most Reverend Primate, the Archbishop of Canterbury, Dr. Rowan Williams.

1.3 Mildmay Uganda Autonomy

In September 2011, Mildmay Uganda (MUG) was registered with the National NGO Bureau as an indigenous Ugandan non-government organization (NGO) Reg. No. S.5914/9191. MUG is registered with Uganda Registration Services Bureau (URSB) as a company limited by guarantee. Over the years, MUG has grown into a key player in Uganda's health sector. It is ISO 9001:2015 certified. Its medical laboratory is ISO 15189:2012 certified and is a backup laboratory to Uganda National Health Laboratory Services (UNHLS).

MUG is a valued partner of Ministry of Health (MOH); Ministry of Education and Sports (MOES); and Ministry of Gender, Labour and Social Development (MGLSD). Senior MUG staff sit on key strategic national policy and strategy platforms. MUG is a renowned Centre of Excellence (CoE) and one of 4 Paediatric Palliative Care Beacon Centers in sub-Saharan Africa. MUG is recognized by MOH and Uganda AIDS Commission (UAC) as a National NGO (NNGO) significantly contributing to national health outcomes at national and sub-national levels.

The MUg vision is “*Communities Transformed for Sustainable Health.*” Its mission is: “*Empower communities for health and sustainable livelihoods by providing quality healthcare, developing human resources for health and generating evidence to influence health policy.*” With her core values (1) Integrity; (2) Customer Centricity; (3) Innovation, Learning, Change, Adaptability; (4) People Development; and (5) Open Communication, MUg is respected at national, district, community and household level for its transparency and accountability.

MUg’s former Directorate of Training and Education evolved into the Mildmay Institute of Health Sciences (MIHS). The Institute is accredited by National Council for Higher Education (NCHE). MIHS runs four schools, namely: (1) School of Nursing and Midwifery; (2) School of Clinical Medicine; (3) School of Medical Laboratory Technology; and (4) School of Applied Sciences. The schools are licensed by Ministry of Education and Sports and accredited by the relevant national regulatory and examination boards.

The former HIV/AIDS specialist clinic has grown into the Mildmay Uganda General Hospital. The Hospital comprises assorted clinics, including the specialist HIV care and treatment clinic that cares for over 17,000 people living with HIV.

From 2003 to date, MUg has been a leading PEPFAR implementing partner in achieving UNAIDS 95-95-95 targets to attain HIV epidemic control in Uganda. Through partnership with PEPFAR and Government of Uganda, MUg has supported health systems strengthening (HSS) in 20 districts in Central Region of Uganda, a special region with a higher HIV prevalence than national average. This responsibility is testament to the trust in MUg by Government and its development partners.

1.4 Background to Mildmay Research Centre Uganda

Mildmay Research Centre Uganda (MRCU) began as the Research and Strategic Information (RSI) Directorate of MUg responsible for management of program data, monitoring, evaluation, and research. Since the incorporation of MUg as an indigenous NGO, the organization has had four key strategic planning periods all of which have highlighted and clarified her Research Agenda and moved the RSI Directorate to an autonomous legal entity under the Mildmay Uganda (MUg) Group. The four strategic planning processes are outlined below.

- a) ***MUg 2013-2018 Strategic Plan:*** This was the first strategic planning process after MUg gained autonomy of Mildmay UK and got registered and incorporated as an indigenous company and NGO. The resulting Strategic Plan highlighted Research as one of the three Strategic Pivots that would determine the competitive advantage and sustainability. That decision culminated in enhancing the Research Arm of the Directorate of Research and Strategic Information (RSI). Since then, Mildmay Uganda has registered its indelible place in the research fraternity and built research partnerships nationally, regionally, and globally. The other two Pivots highlighted in the 2013-2018 strategic planning process were Health Service Delivery (in the Health Systems Strengthening framework) and Training and Education.
- b) ***MUg 30-Year Master Plan:*** This was the second strategic planning process in the journey to MRCU. The resulting 30-Year Master Plan, guided MUg to optimize its Research potential by growing the RSI Directorate into an autonomous Research Centre. The Master Plan guidance was authenticated by cross-cutting feedback from MUg Research partners that they preferred dealing with autonomous Research Centers to working with units of organizations that are not streamlined to facilitate Research.

- c) ***MUg 2018-2023 Strategic Plan:*** Following the Presidential Launch of the MUg 30-Year Master Plan, all subsequent Strategic Plans were required to be 5-year phases aligned with the Master Plan. In that way, the 30-Year Master Plan would be implemented in a phased manner comprising six strategic plan periods. The MUg 2018-2023 Strategic Plan was the first phase of implementing the 30-Year Master Plan. Goal 4 of the 2018-2023 Plan set a target to transition the RSI Directorate into an autonomous corporate legal entity owned by Mildmay Uganda with its principal business being Health Research. That target culminated into MRCU incorporation in November 2021.
- d) ***MRCU 2023/24-2027/28 Strategic Plan:*** Following the incorporation of MRCU, the MUg Board of Directors sanctioned the development of its 2023/24-2027/28 Five-Year Strategic Plan. This Plan will equip MRCU to consolidate the research gains and lessons learned over the period 2013-2021. The Plan guides the growth of MRCU in the dynamic local, national, and global context.

1.5 Aim of the Planning Process

The strategic planning process aimed to achieve the outcomes outlined below.

1. Anchor the growth and development of MRCU in a clear planning framework.
2. Align the growth of the newly incorporated MRCU with the MUg 30-Year Master Plan.
3. Operationalize the 30-Year Master Plan in the MRCU 2023/24-2027/28 period.
4. Synchronize MRCU strategic plan period with those of other Entities in MUg Group.
5. Synchronize MRCU strategic plan period with MUg Group policy framework.
6. Ground the newly incorporated MRCU in the MUg Group corporate culture.
7. Align MRCU planning framework with national policy and strategy (including National Development Plan III, Health Sector Strategic and Investment Plan and National Health Policy).
8. Capture relevant global, national, and organizational in the MRCU vision, mission, values, goal, objectives and strategies.
9. Address implementation challenges that affect or threaten MRCU performance by capitalizing on strengths and opportunities and addressing weaknesses and threats to generate strategic advantage for the organization.

2 Situational Analysis

2.1 Global and National Situational Analysis

According to World Health Organization (WHO), research is indispensable for resolving public health challenges – whether it be tackling diseases of poverty, responding to rise of chronic diseases, or ensuring that mothers have access to safe delivery practices. WHO reiterates the importance of public-private partnerships and other innovative mechanisms for research in addressing health priorities where market forces alone are insufficient. WHO states that that research for health spans 5 generic areas of activity: (i) measuring the magnitude and distribution of the health problem; (ii) understanding the diverse causes or the determinants of the problem, whether they are due to biological, behavioral, social or environmental factors; (iii) developing solutions or interventions that will help to prevent or mitigate the problem; (iv) implementing or delivering solutions through policies and programmes; and (v) evaluating the impact of these solutions on the level and distribution of the problem.

Research is essential to guide improvements in health systems and develop new initiatives. Regions, countries, and communities with high concentration of the world's population grapple with weak public sector health care, and a staggering disease burden, thus underscoring the importance of research in such contexts. Although investment has increased in infrastructure for health research over the past decade, gaps remain in evidence to guide reduction of important problems such as communicable diseases, maternal and perinatal conditions, childhood diseases, and nutritional deficiencies. Furthermore, even when technical knowledge is available, political commitment, managerial competency and incentives for behavior change in health systems lack.

2.1.1 The 10/90 Health Research Gap

Only 10% of the world expenditure on health research and development is spent on health conditions that represent 90% of the global disease burden. This vast inequity between drug research and development and neglected diseases reveals a need to bolster the research capacity in developing countries through global and national collaboration. Today, various governmental bodies, in partnership with organizations like WHO and others, are working to address this global health research inequity, commonly known as the 10/90 gap. These institutions develop solutions to overcome various difficulties, such as lack of financial and intellectual resources, which hamper efforts to build a solid research community. Already there is evidence of success; new drugs and vaccines are increasingly being developed to treat neglected tropical diseases.

2.1.2 Creating Knowledge, Expanding Access

There are global efforts to push health research beyond merely generating knowledge to catalyze action. According to these campaigns, healthcare interventions should be evidence-based and grounded in solid research; and research outcomes must guide policy and program development as well as the delivery of health services.

The example of antiretroviral therapy (ART) has been cited in these global health research debates. While ART is in high demand in developing countries, it has been argued that transferring that

first world technology to a developing country needs to be accompanied with research to avoid unintended risks and consequences inherent in gaps in the health infrastructure of developing countries. Moreover, scaling up ART in developing countries calls for sound research that extends beyond the medical aspects to the potential social impact and logistical issues associated with ART [including sustainability concerns at patient, family, community, and national levels].

2.1.3 Cultural Perceptions of Disease and Healthcare

Research is also needed to take an interdisciplinary approach to global health problems, which are multi-faceted in nature. Health is a broad concept that is influenced by various social, economic, and political determinants. While disease is caused by microorganisms, disease is also linked to certain “inherently global health issues,” such as water shortages, deforestation, greenhouse emissions, increasing poverty, financial instability, trade, war, and conflict. A singular focus on one disease, such as HIV/AIDS, ignores the many other dimensions of the disease.

Perceptions of disease and healthcare vary with culture. In developing countries, different stigmas may be attached to disease, which in turn may be attributed to beliefs not commonly held by populations in developed countries. The stigma that accompanies disease is often so much that people are unwilling to seek treatment. Therefore, stigma is a barrier to effective healthcare delivery which research should seek to eliminate.

When cross-cultural medical or public health interventions need to be implemented [*some countries in sub-Saharan Africa have hundreds of sub-cultures*], research should examine socio-cultural factors that may impede healthcare in such settings. Lack of sound understanding of a community’s cultural psyche fails health workers and health programs despite the best efforts and advanced technologies. To avoid such loss, health workers need to research to understand the cultural perceptions of disease in communities and develop culturally sensitive solutions.

2.1.4 Global Health Metrics

Research is not only needed to document best practices and eliminate barriers to care. It is also needed for measuring impact. This is important because of the vast amounts of resources invested in public health and healthcare at national and global level. According to the Official Development Assistance (ODA) Donor Tracker, total development assistance for health in 2019 was US\$ 22.447 Billion. Due to the vast amounts of resources going into global health, funders demand performance data in return for financial assistance [global funding commitment for health is now under intense scrutiny]. Donors want to know outcomes of health and health-system performance in countries where they invest, and they want to set goals and standards for those countries to meet. Hence it is of mutual interest for developing and developed countries to invest in research to collect credible health information. Evidence-based information improves decision-making and helps ensure funding and efficacy of global health interventions. Research that defines indicators and collects health metrics is an integral part of results-based accountability in global health.

Health research removes the various social, cultural, and logistical barriers that distract the well-intentioned efforts of health programs. Research must focus on concerns raised by individuals, households, communities, and nations in the developing world, closing not only the gap in health disparities in countries, but also the knowledge gap between developed and developing countries.

Furthermore, research is needed to establish and collect health metrics essential for health action and to form the basis for policy making, planning, programming, and accountability. Developing countries often lack high quality health information and often overlook to measure outcomes. As health research grows, these gaps give researchers opportunity to make important contributions.

Uganda's Third National Development Plan (NDP III) 2020/21-2024/25 underscores the role of research in the national effort towards innovation, entrepreneurship and driving and sustaining socio-economic transformation. Research is highlighted as a pivot to boosting production and productivity of key economic value-chains. NDP III emphasizes government commitment to strengthen the legal, policy and institutional frameworks and mechanisms to govern and coordinate research. Government further commits to (i) increase investment in ICT; (ii) enhance ICT access and bandwidth; and (iii) extend ICT coverage and usage to household level and the informal sector.

2.2 Organizational Situational Analysis

Transition of MRCU from the Directorate of Research and Strategic Information (RSI) follows over two decades of varied research experience as part of HIV program implementation. Over that time, MUg engaged in operations research, applied research and one randomized clinic trial in collaboration with its research partners. MUg generated new knowledge that was disseminated through publications in notable journals and presented at key national and global conferences.

This foregoing section presents the existing research experience and capacity. Since the aim of incorporating the Mildmay Research Centre Uganda (MRCU) in November 2021 was to position it to grow into being the expert arm on research across the Mildmay Uganda Group, this strategic plan document will henceforth attribute to MRCU all previous research work done under Mildmay Uganda (MUg) and Directorate of Research and Strategic Information (RSI).

However, strategic resources previously managed by RSI [*data, information, ICT infrastructure, etc.*] remain the property of Mildmay Uganda (MUg) Group. They will be accessed by MRCU as guided by relevant policies including *Intra-Group Partnership Policy* and *Transfer Pricing Policy*.

2.2.1 Strategic Research Resources

From 2013 to date, RSI has developed, functionalized and supported research-related resources including (i) district-level Quality Improvement committees in all supported districts; (ii) growth of data-use culture at district and health facility level; (iii) routine experience-sharing, feedback and cross-learning across projects; (iv) Online Technical Support Supervision Report Tool with real-time documentation and reporting using geo-spatial mapping; (v) functional medical records systems; and (vi) a reporting system that compiles accurate data and generates timely reports.

Through the MUg General Hospital and PEPFAR HIV/HSS Epidemic Control projects, MRCU has direct access to a patient population of over 130,000 HIV positive persons accessing HIV care and treatment services. Potential cohorts of vast research importance in this population include (i) PLHIV; (ii) HIV+ women; (iii) HIV+ pregnant and breastfeeding women; (iv) HIV+ men [*plus partners of HIV+ women*]; (v) adolescent girls and young women; (vi) HIV+ children, adolescents and young persons; (vii) older persons aging on ART; (viii) PLHIV with mental health problems; (ix) PLHIV with advanced HIV disease; (x) PLHIV with TB/NCD/CaCx; and (xi) PLHIV on various prevention, care and treatment platforms. These sub-populations are spread across ten

districts in the Central Region of Uganda [region of strategic national interest with a higher prevalence than the national prevalence]. Mildmay Uganda (MUg) majorly serves clientele from the districts of Kampala, Kassanda, Kiboga, Kyankwanzi, Luwero, Mityana, Mubende, Nakaseke, Nakasongola and Wakiso. MUg has multi-year longitudinal patient care data for this region—comprising a strategic research resource. Over 17,000 clients access HIV care and treatment at the MUg Main Site which houses the MRCU Head Office.

Through the PEPFAR Epidemic Control projects, MUg is in touch with an additional population of 500,000 to 1,000,000 people who are not part of the care and treatment clients but are served through various HIV prevention platforms comprising (i) elimination of mother-to-child HIV transmission-eMTCT; (ii) voluntary medical male circumcision-VMMC; (iii) pre-exposure prophylaxis-PrEP; (iv) post-exposure prophylaxis-PEP; (v) DREAMS prevention intervention; and key populations / priority populations-KP/PP services.

2.2.2 Research Collaborations

Over time, MRCU has developed diverse research collaborations key of which are outlined below.

Mildmay Group	<ul style="list-style-type: none"> • Mildmay Institute of Health Sciences (MIHS) • Mildmay Uganda General Hospital (MUGH) • Mildmay Uganda Laboratory • Mildmay Uganda Program Management Directorate
Government of Uganda Ministries, Departments and Agencies (MDA)	<ul style="list-style-type: none"> • Joint Clinical Research Centre (JCRC) • Ministry of Gender, Labour, and Social Development (MOGLSD) • Ministry of Health (MOH) • Ministry of Science and Technology • Uganda National Council for Science and Technology (UNCST) • Uganda Virus Research Institute (UVRI) • Uganda National Health Research Organization (UNHRO)
Academia	<ul style="list-style-type: none"> • Boston University • London School of Hygiene and Tropical Medicine (LSHTM) • Makerere School of Biomedical Sciences • Makerere University School of Public Health (MUSPH) • Michigan State University • San Diego State University • University of Hasselt • University of Manchester • University of South Carolina • Washington State University
Research Organizations	<ul style="list-style-type: none"> • International AIDS Vaccine Initiative (IAVI) • Medical Research Council (MRC) • RAND Corporation • International Centre for Child and Adolescent Health (ICHAD) • African Population and Health Research Center (APHRC)
Research Funders	<ul style="list-style-type: none"> • European and Developing Countries Clinical Trials Partnership (EDCTP) • Grand Challenges Canada • National Drug Authority • National Institute of Health (NIH) • World Health Organization (WHO)

These collaborations were developed over the period 2009 to 2022 and have supported over 20 studies at Mildmay Uganda (MUg). PEPFAR through CDC significantly supported MRCU operations research, program evaluations and scientific documentation and dissemination under the HIV Epidemic Control projects. Other key funders of MRCU are National Drug Authority (NDA), World Health Organization (WHO) and European and Developing Countries Clinical Trials Partnership (EDCTP).

Through a collaboration with RAND Corporation, MRCU accesses funding by National Institutes of Health (NIH) and National Institute of Mental Health (NIMH) resulting in (i) enhanced visibility through joint publication of scientific papers in high impact journals; (ii) high interest in MRCU longitudinal data; (iii) attachment to research professionals in the PIs networks; and (iv) infrastructure development [refurbishing office space] at MRCU Head Office. Another channel for accessing NIH funding has been through a partnership with International Center for Child Health and Development (ICHAD), Brown School, Washington University.

MRCU has a research collaboration with University of Manchester in specialized courses in applied sciences and systems strengthening for efficient and effective health program delivery. MRCU hosts faculty members and interns seconded by the university to conduct feasibility studies related to acquisition of new knowledge capable of transforming people's lives.

MRCU has had a strategic partnership with University of Hasselt in the Netherlands to build the Centre's research capacity through data mining an exchange program involving hosting visiting fellows for summer school. MRCU has hosted master's and post-doctoral fellows from the University interested in biostatistical analysis of longitudinal data to inform new research questions. Through this partnership MRCU hosted its first Biometric Society Conference in 2015.

2.2.3 Past Research Experience

Since 2013, MUg has conducted several research projects outlined below.

1. A collaborative study with Michigan State University on neurocognitive decline and Non-Communicable Diseases in older persons on ART. The study investigated computerized cognitive rehabilitation training for Ugandan older persons living with HIV. It revealed that this rehabilitation approach may be a useful non-pharmacologic intervention for mitigative neurocognitive decline and aging related disability for older African persons especially those living with HIV. Findings were disseminated through publication in the Journal of Clinical Medicine to inform the management of an ageing HIV positive population.
2. The WiseMama study in partnership with Boston University to improve ART adherence and retention. The study sought to generate evidence on feasibility and effectiveness of a wise pill device in helping HIV-positive pregnant and post-partum women (PPPW) to maintain high adherence to antiretroviral (ARV) medications.
3. Study funded by International Initiative for Impact Evaluation (3ie) to test and evaluate new interventions of testing for HIV at community level using Ora-Quick self-testing kit. The study involved University of South Carolina and MUSPH. The model was adopted and informed the Uganda HIV Testing Services (HTS) policy for community HIV self-testing.
4. Collaborative study with RAND Corporation to improve drug adherence among adolescents on ART using SMS reminders. The study showed that personalized text message reminders are acceptable and feasible as a tool to assist youth to adhere to Antiretroviral Therapy (ART).
5. A qualitative assessment of how HIV-positive adults in Uganda understand the health and

wealth-related benefits of ART under the theme.

6. Randomized controlled study on Behavioral Economics Incentives to Support HIV Treatment Adherence (BEST) in Uganda.
7. In collaboration with Ministry of Relief and Disaster Preparedness and Grand Challenges Canada MUg did a study on delivery of Sexual and Reproductive Health (SRH) services using community models among vulnerable population in Uganda including urban refugees. The study revealed that there was improved knowledge of Family Planning (FP) among urban refugees and increased utilization of nearby government health facilities for sexually transmitted infection (STI) services. A key innovation that contributed to this change was Gender Action Learning championed by refugee Community Health Workers. There is potential for the approach to be adopted by the Ministry of Health thus improving service delivery in this population contributing to strategic goal 3 of the Sustainable Development Goals (SDGs) that targets to ensure healthy lives and promote wellbeing for all at all ages.
8. Behavioral studies on the Impact of COVID-19 on ART adherence were conducted and the findings indicated that clients who had ARV stocks from previous refills were more likely to adhere to treatment when there was no access to health facilities during COVID lock-downs. Findings will inform HIV programming in emergence situations. Evidence from the studies was disseminated in papers published in *AIDS and Behavior* journal and *BioMed Central*.
9. Other studies conducted are (i) Targeted Evaluation to Reduce Risk and Improve Adherence (TEDAS); (ii) Evaluation of integrating Isoniazid Preventive Therapy (IPT) and Intensified TB Case Finding (ICF); (iii) ACASI—a surveillance activity to track recently infected persons [last 1,000 infections] and document risk factors; (iv) Randomized trial in partnership with Joint Clinical Research Centre (JCRC) to compare pharmacokinetics and toxicity of 3 fixed dose combination-based ART regimens for children; (v) Collaborative study with San Diego State University to develop and pilot-test a combination intervention to reduce heavy drinking and improve HIV care among fisher folks; (vi) Evaluation [*baseline, mid-term and end-of-project*] for PEPFAR Epidemic Control project in Mubende Region; (vii) Behavioral economic incentives to support ART adherence in collaboration with RAND Corporation; and (viii) IN-MIND (INcentives and ReMINDers) to improve long-term adherence to medication.

2.2.4 Ongoing Studies

Ongoing research projects include: -

1. The PREGART clinical trial to study the safety and efficacy of Dolutegravir (DTG) and Efavirenz (EFV) 400 for pregnant and breast-feeding women. Launching this randomized clinical trial was an indication of MRCU potential to grow into a site for larger clinical trials.
2. Studies focused on capacity building among health workers on how to handle gender-related issues to improve ART adherence through implementation research and behavioral studies to improve ART adherence. These studies focus on (i) drug abuse and PrEP uptake among fisher folk [*one of the priority populations*]; (ii) evaluation of ART among vulnerable population; (iii) depression among expectant mothers; and (iv) collaborative studies on disability. RAND Corporation with NIH funding is a key partner in these studies.
3. Other ongoing studies include (i) M-Suubi—a multi-level integrated study in partnership with International Center for Child Health and Development (ICHAD) funded by National Institute of Mental Health (NIMH) to reduce the impact of HIV stigma on HIV treatment outcomes among adolescents living with HIV in Uganda; (ii) Suubi-Plus—a partnership project with

ICHAD funded by National Institute of Health (NIH) and National Institute of Child Health and Human Development (NICHD) to examine longitudinal HIV treatment adherence among youth living with HIV transitioning into young adulthood; (iii) Gender transformative study to improve HIV outcomes in Uganda; (iv) ART adherence through low-cost initiatives; (v) Study to improve adherence to PMTCT care continuum and pregnancy outcomes in collaboration with RAND Corporation funded by NIH; (vi) Using implementation research to understand the impact and effectiveness of the Paediatric Breakthrough Partnership (PBP) involving UVRI/IAVI funded by Glaxo SmithKline; and (vii) Evaluating glycaemic dolutegravir (DTG) effects in patients on DTG-based ART regimens in collaboration National Drug Authority.

2.2.5 Research Ethics Committee (REC)

Mildmay Uganda Research Ethics Committee (MUREC) was established in 2014 as a nationally accredited inhouse mechanism for reviewing research proposals involving human participants and their data to ensure they comply to national and international ethical guidelines. MUREC monitors studies before they take off, after they take off and, where necessary, follows up after the end of the research. MUREC is an independent committee hosted in MRCU and charged with (1) regulatory oversight of research; (2) ensuring protection of rights, safety, and wellbeing of human research participants; and (3) providing public assurance of protection. MUREC gives independent guidance, advice, and decision [in form of approval, recommendation, stipulation, or disapproval] for health research and research protocols involving human research participants. MUREC was accredited by the Accreditation Committee of Research Ethics Committees in Uganda (ACRECU) of Uganda National Council for Science and Technology (UNCST) in 2014. Since then, MUREC has fulfilled national requirements for being a REC and maintained its accreditation status.

MUREC membership comprises qualified and experienced scientists and non-scientists including physicians, statisticians, epidemiologists, information scientists, public health experts, health economists and psychologists. Partners represented on MUREC include Mildmay Institute of Health Sciences (MIHS), Makerere University School of Public Health (MUSPH), John Hopkins University and Uganda Martyrs University. MUREC co-opts members with expertise lacking on the committee. This broadens and deepens protocol review and approval. In evaluating protocols and ethical issues, MUREC considers diverse laws and socio-cultural factors influencing research.

MUREC reviews over 100 research protocols annually from varied clientele locally and globally. By 2022, MUREC had reviewed over 520 protocols. MUREC clientele to date include Africhild Centre, AMREF Health Africa, Bank of Uganda, Boston University, Busara Centre, Ghent University, Health Right International, Innovation for Poverty Action, Insight, International Organization for Migration (IOM), International Rescue Committee (IRC), Kyambogo University, Makerere University, Makerere University Business School (MUBS), Mildmay Institute of Health Sciences (MIHS), Monarch Business School Switzerland, National Drug Authority (NDA), Nkumba University, PACE, Path Uganda, Provide & Equip, Raising Voices, Rand Corporation, Research World International, Stanford University, Tufts University, Uganda Marty's University, University of Columbia, University of Washington, University of Zurich, WHO and World Bank.

MUREC is respected for robust protocol review, fast turnaround time and consistent adherence to UNCST standards. UNCST has recognized MUREC as a leading IRB for comprehensiveness and quality of its protocol review process and efficient turn-around time. This reputation attracts

protocol review business at national and international level through referrals by satisfied clientele. MUREC annually conducts site monitoring visits to ensure researchers remain sensitive to rights of research participants. Site visits help to (i) monitor progress of research; (ii) verify information provided in the study application; (iii) check adherence to national research ethics guidelines; and (iv) assess protection of the rights of human research participants. MUREC was honored with appointment of its chairperson as the Vice Chairperson of the Forum for Research Ethics Committee Chairpersons in Uganda (FRECU)—increasing MUREC visibility in FRECU stakeholder events and contribution to research policy. Dr. Christine Nabiryo, a MUREC member, was recognized for excellent service in research ethics and review of family-centered HIV care models that emerged as best practices for targeting children and their caregivers for HIV services.

2.2.6 National REC Credit Point System

The Accreditation Committee of Research Ethics Committees in Uganda (ACRECU) set up a Credit Point System (CPS) for all members of Research Ethics Committees (REC) in Uganda. The CPS is premised on need to continually improve the quality of REC review and oversight of research done in Uganda. As science advances and society evolves, research involving humans as research participants gets complicated and so do the associated ethical issues and the interplay of norms and traditions of varying societies pulled together by technological advancement. This calls for more robust mechanisms to understand the contexts in which research takes place. Hence, rules are changing more frequently as more evidence emerges on scientific and ethical review practices.

MUREC ensures that its members keep abreast of these changing circumstances, so that they are prepared to address emerging issues in protecting the safety, rights, and welfare of research participants. MUREC enrolled its members on CPS to continually improve their competence and performance in protecting the safety, rights, and welfare of research participants. UNCST requires regular REC members and alternate members to earn a minimum of 30 credit points annually to remain eligible to serve on the REC. Lay community members serving as REC members or alternate members are required to earn a minimum of 20 credit points annually. MUREC tracks the scores for its members and reports them in its annual reporting to ACRECU. Members failing to score the minimum points are put on probation to accumulate the credit points failure of which may end in disqualification from the committee. REC members earn credit points by (i) attending REC meetings or participating in research site monitoring visit; (ii) participating in recognized REC training lasting 2 days or more; (iii) lecturing or running a research ethics seminar; (iv) presenting a paper/abstract at ethics workshop; (v) participating in Annual National Research Ethics Conference (ANREC); or (vi) participating in other research ethics seminars, meetings, training or FRECU meetings. Regular MUREC members scored a minimum of 30 points; lay persons in MUREC scored a minimum 20 points as required by UNCST.

2.2.7 Study Monitoring

MRCU has established a study monitoring mechanism in its Bioethics Department to support in-house study protocols, documentation and reporting to stakeholders. Currently, the role of study monitoring is done by experienced MUREC staff who are purposely selected and trained in line with international standards for research ethics, regulation, and implementation. UNCST has cited study monitoring as a scientific audit function that is critical in improving and upholding human subjects' protection, data quality and the rigor of research implementation.

MRCU developed a Quality Assurance (QA) / Quality Control (QC) system to ensure conduct of studies preserves data integrity. Study staff do submit daily QA/QC reports to investigators. Study coordinators apply daily QA/QC standard operating procedures (SOPs) to mitigate potential protocol violation and ethical non-compliance. Site Initiation Visits (SIV) are done to ensure investigators and study staff understand and implement study protocols with fidelity. Internal monitoring visits are done to check compliance with protocols and other standards. Through its QA/QC work, MRCU influenced national strategy when MOH adopted and upgraded its system as the National Health Quality Improvement Information Management System (QIMIS).

2.2.8 Involving Communities in Research

MRCU engages target communities in its strategic choices and activities to ensure that its research is relevant and responsive to communities to the extent that they own research outcomes. It is an ethical imperative in MRCU to respect communities and protect their dignity and rights. MRCU subscribes to national and international guidelines requiring that input by collaborative communities is engendered in study protocols from inception, design, and execution through to dissemination of findings and post-study steps. MRCU's community engagement targets study participants, researchers, research institutions, Research Ethics Committees (RECs), regulators and other government agencies, civil society, sponsors, and funders among others.

MRCU has established a broad-based Community Advisory Board (CAB) to promote ethical research partnerships with priority communities. The CAB initiative aims to (i) advise on socio-cultural aspects of MRCU research; (ii) link MRCU and study communities by bringing key voices into research studies; (iii) generate research questions; (iv) support recruitment; (v) input into ethical and scientific aspects of study protocols; and (vi) promote dissemination of study findings.

The CAB comprises community members identified using standard criteria who meet to raise community input into MRCU policies and research work. Eligible CAB members comprise district political and technical leaders; peer leaders, religious leaders; relevant civil society organizations; professionals knowledgeable in the subject matter under study; opinion leaders on local norms and socio-cultural values relevant to the study; and mainstream media. The ongoing PREGART trial is getting CAB support in line with national requirement for clinical trials with community impact to have a CAB. National standards limit each CAB to support a maximum of three studies.

2.2.9 Research Capacity Building

MRCU conducts capacity building in research targeting budding researchers, health workers and students through in-house training, internship, on-job mentorship, classroom training and referral of trainees to partner organizations to acquire specialist knowledge. MRCU partners with other organizations to develop solutions to day-to-day business and workplace challenges. Key capacity building steps by MRCU have included trainings in (i) Good Clinical Practice (GCP); (ii) ethical regulation; (iii) awareness for standards that govern generation of scientific knowledge; and (iv) mentoring early career researchers through the network of Principal Investigators (PI).

MRCU creates capacity building partnerships with its collaborators informed by trainees' unique capacity needs. MRCU studies the observed capacity gaps and designs tailor-made capacity building interventions for targeted individuals and organizations. This aims to build and sustain essential competencies to ensure participant success. MRCU offers training and learning labs

tailored to create solutions and enhance performance of health workers, researchers, and scholars.

Since 2018, Micro Research Canada provides to MRCU technical support and funding for annual training of emerging researchers. Annually, this collaboration trains a cohort of over 20 researchers to attain the level of Principal Investigator (PI). Trainees are mentored to develop concepts for micro research studies. Micro Research Canada funds the studies up to publication stage. MRCU also builds capacity of research fellows [students] from various institutions globally through attachment to various studies. MRCU has benefited from the Public Health Fellowship Program (PHFP) of Makerere University School of Public Health (MUSPH) and Ministry of Health (MOH) through PEPFAR/CDC funding. Mildmay Uganda is an attachment site for field epidemiology for the MUSPH Fellowship Program. Other MRCU capacity building partners are (i) Washington State University [supports fellowships attached to MUg]; (ii) RAND Corporation NIH funded [supports attachment of master's and PhD students]; (iii) Karolinska [supports one scholarship for Masters in Vaccinology]; and (iv) PREGART study [supports one PhD scholarship].

2.2.10 Scientific Documentation

Working as the expert arm on scientific documentation, MRCU has collaborated with the diverse projects of Mildmay Uganda (MUg) and MUg General Hospital to document patient data for a big cohort of over 130,000 clients. These efforts built one of Uganda's biggest well-established electronic databases and data storage systems. This data has attracted research projects on infectious diseases, especially HIV, opportunistic infections, mental health, disability, and laboratory diagnostics among others. MRCU has institutionalized scientific writing through validation, mining, and analysis of this data. It has also established a Scientific Writing Steering Committee to provide leadership in identifying topics and developing scientific content. Over the years, MRCU has developed abstracts and manuscripts that have been published in peer reviewed journals including British Medical Journal (BMJ) and International AIDS Society (IAS).

2.2.11 Dissemination

Research findings at MRCU have been disseminated through presentations, reports, and policy briefs. Abstracts have been presented at both national and international conferences including International Conference on HIV Treatment, Pathogenesis and Prevention Research (INTEREST), the International Conference on AIDS and STIs in Africa (ICASA), IAS, the International Workshop on HIV and Paediatrics, the International Workshop on HIV and Women, PEPFAR HIV update summits, National AIDS Forum, among others. On average MRCU has supported staff to present over 33 abstracts in form of oral and poster presentations. MRCU has supported staff to write manuscripts which have been published in peer reviewed journals including British Medical Journal, the Lancet and Journal of Clinical Medicine. MRCU contributed to health policy and practice through improving Mildmay Uganda's client data quality and conducting research which informed national HIV Testing Services (HTS) policy for HIV self-testing.

2.2.12 Surveillance Capacity

MRCU participated in the 2021 Strengthening Partnerships for Preparedness and Response collaboration that aimed to strengthen disease surveillance and alert systems in Uganda. Through the initiative, MRCU strengthened scale-up and utilization of electronic Integrated Disease Surveillance and Response (e-IDSr) system. This was achieved through e-IDSr training,

mentorship, and supervision. MRCU trained e-IDSRS mentors and supervisors in 8 districts in Central Region of Uganda. In collaboration with the Emergency Operation Centre (EOC) of Ministry of Health and MUg Program Management, MRCU conducted support supervision to control COVID-19 and other reportable diseases in the 8 districts. In doing that, MRCU built surveillance collaborations with District Health Officers (DHOs), District Surveillance Focal Persons (DSFPs), District Laboratory Focal Persons (DLFPs), Biostatisticians and Health Sub-District (HSD) focal persons. MRCU supported these stakeholders to utilize e-IDSRS system and to analyze and utilize data. MRCU provided leadership in stakeholder engagement with WHO to promote COVID-19 surveillance and reporting across the MUg programs and entities.

2.3 Competitor Analysis

Some of the major players in the health research industry in Uganda include Case Western University, Infectious Disease Institute (IDI), Joint Clinical Research Council (JCRC), Makerere University John Hopkins University Collaboration (MUJHU), Makerere University School of Public Health (MUSPH), Makerere University Walter Reed Project (MUWRP), Makerere-Mbarara Joint AIDS Project (MJAP), Makerere University, Mbarara University of Science and Technology (MUST) and Uganda Virus Research Institute (UVRI). While government budgets for research in public institutions, not all the funds get released for the research activities. Only 60.5% of research funds budgeted in 2013 were released by government [NCHE 2013 Report]. This pushes institutional research to heavily rely on donor funding from research collaborations.

Below are the comparative strengths and weaknesses of major actors in health research versus the comparative strengths and advantages of MRCU.

Comparative Strengths and Weaknesses of Major Actors in Health Research Industry
<p><u>Strengths:</u></p> <ol style="list-style-type: none"> 1. Some organizations have longer experience in HIV research and capacity to engage in advanced research. 2. Some organizations have extensive experience in social research. 3. Some organizations have specialized in eMTCT through fully operational sites in national referral hospitals. 4. Some organizations have numerous research partners/collaborators in operations research and clinical research. 5. Some organizations are strong in clinical trials and have (i) well-equipped research laboratory; (ii) numerous research collaborators; and (iii) skilled human resources for research. <p><u>Weaknesses:</u></p> <ol style="list-style-type: none"> 1. Some research organizations lack internal client base and longitudinal data comparable to that of MRCU. 2. Some research organizations lack access to big research grants and depend on local support to fund research. 3. Some research actors lack research personnel and depend on volunteer researchers. 4. While there are public institutions that conduct research, they get little funding by government for research.
<p>MRCU Comparative Strengths & Advantage</p> <ol style="list-style-type: none"> 1. Direct links to populations [can be converted to cost advantages in research design]. 2. Experience relevant for engaging in both clinical and social research. 3. Access to longitudinal data for over 17,000 clients in HIV care and treatment at MUg Main Site. 4. Access to longitudinal data for over 130,000 clients in HIV care and treatment in 10 districts [August 2022]. 5. Broader scope for possible research projects. 6. Broad geographical scope and program scope in diverse sub-themes of HIV prevention, care, and treatment. 7. Ability to leverage the MUg HIV/HSS program to conduct implementation science research.

2.4 Analysis of Strengths and Weaknesses

The table below summarizes analysis of strengths and weaknesses in the internal environment of MRCU capable of significantly impacting its growth and development.

PART 1: Organizational Capacity Strengths and Weaknesses	
STRATEGY	<p>Strengths:</p> <ul style="list-style-type: none"> • Long-term planning framework comprising (i) Master Plan; (ii) Strategic Plans; (iii) Annual OP Plans. • Rich MUg Group Strategic Architecture [within the Group MRCU can access (i) Big PEPFAR Projects; (ii) General Hospital; (iii) ISO-certified Laboratory; and (iv) Paramedical schools becoming a university. • Developing and hosting MUREC—one of only 2 institutional-based RECs out of 25 accredited RECs in Uganda—MUREC is highly regarded by UNCST and commended nationally and globally. • Developing a Community Advisory Board (CAB) and weaving it in MRCU operations. • Capacity to conduct respectable reviews of studies funded by the US Federal Government. • Mechanisms for working with all levels of health workers and stakeholders including (i) ministerial level; (ii) district level; (iii) health facility level; and (iv) community level. • Several research partners and collaborators attracted to MRCU over its short lifespan.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • MRCU tends to run with the concept of ‘<i>the big research centre</i>’ it aspires to become, many times in disregard of the small steps through which it has grown as the M&E and Operations Research arm of MUg programs [i.e., a tendency to lose sight of this platform as the building blocks to ‘<i>the big research centre</i>’]. • Weak dissemination culture: (i) findings not packaged to gain appropriate clout; (ii) stakeholders not adequately engaged in dissemination; (iii) published reports inadequately inform health programs; (iv) sub-optimal use of evidence for policy engagement; and (v) inadequate dissemination of MUg evaluations. • Risk of MRCU strategic development being suffocated by the operational demands of ongoing research projects. • Tendency to lose sight of the unique administrative demands of each research projects regardless of scope or budget [using one-size-fits-all approach that MRCU has used to monitor a single big project].
STRUCTURE	<p>Strengths:</p> <ul style="list-style-type: none"> • Current matrix structure [5 departments headed by managers and overseen by a director] has steered MRCU growth to its current level of growth when it is incorporated as an autonomous entity. • As opposed to huge structures, leanness of the current structure favours change management to satisfy the unique needs of research business. • MRCU has experience with organization structure levels and formats [governance level; executive level; managerial level; operational/implementation level; and matrix structure formations—this diverse experience will be help handle diverse structure permutations to manage research].
	<p>Structure Weaknesses:</p> <ul style="list-style-type: none"> • Structure is too lean to (i) administer research; (ii) handle MRCU growth; and (iii) serve MUg Group. • Rigid structure inherited from NGO program monitoring lacks dynamism/flexibility suitable to research. • Inherited NGO structure is not sustainable under research grant terms and their funding timeframes. • Structure realities are not reflected in negotiations for research grants [tendency to endlessly spread the lean structure resulting in burnout, inefficiency, ineffectiveness, and high attrition detrimental to research.
SYSTEMS	<p>Strengths:</p> <ul style="list-style-type: none"> • Coordination System: MRCU accesses MUg coordination platforms [DLT, SAT, RBF, PAMSCO, etc.]. • Accountability System: MRCU linked to MUg Technical and Financial Accountability Framework. • Quality System: MRCU is part of internal and external audits under MUg ISO 9001:2015 accreditation. • ICT/Data Systems: MRCU accesses Group ICT/data systems guided by Intra-Group Partnership Policy. • Resourcing: While MRCU mobilizes resources for its operations, it is supported to mobilize resources by the Project Acquisition and Management Steering Committee (PAMSCO) at MUg Group HQ. • Internal Governance: The Group CEO and the Directorate Leadership Team (DLT) provide internal oversight of MRCU. The Group Internal Audit Manager audits MRCU operations. • External Governance: MRCU is overseen by the MRCU Board of Directors with representation from the MUg Group Board of Directors. The MRCU Board appoints external auditors for the statutory audit.

PART 1: Organizational Capacity Strengths and Weaknesses	
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • MRCU depends almost entirely on the systems of MUg Group. • Systems designed for big health programs lack dynamism/flexibility needed by small research projects. • Multi-layer internal controls, checks and balances designed to manage the risks inherent in big multi-year health programs appear bureaucratic when applied to relatively smaller research projects.
STAFFING	<p>Strengths:</p> <ul style="list-style-type: none"> • Existing capacity in HR Dept to (i) search / motivate prospective staff; and (ii) select right candidates. • Access to mentors [internally, externally, globally] to support MRCU staff training and development. • Performance management process exists for (i) target setting; (iii) supervision; and (iii) appraisal. • Staff growth opportunities through (i) promotion; (ii) new assignments; or (iii) job enrichment. • Fair remuneration that is determined by findings from industry-level remuneration benchmarking studies.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • NGO staff working on pro bono basis to build MRCU [<i>mixed allegiance to both MRCU and NGO</i>]. • Staffing approaches inherited from NGO [yet to adapt to more suitable approaches to research context]. • Remuneration approach that ignores going-the-extra-mile demotivates ingenious self-driven researchers. • No mechanisms for researchers who work pro bono intending to negotiate terms after winning grants.
SKILLS	<p>Strengths:</p> <ul style="list-style-type: none"> • Team has foundational skills and in managing research partnerships and administering research projects. • Resilience and versatility enabling the sub-optimal staff structure to manage growing research portfolio. • MRCU currently manages several high-profile research projects and partnerships.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Skills gaps in resolving challenging multi-stakeholder needs, interests, or demands in a win-win manner. • Skills gaps in appreciating and navigating contrary multi-stakeholder viewpoints [common in research]. • Gaps in doctoral-level (PhD) capacity to support and execute research activities. • Gap between the current MRCU skillset and that demanded by the organization's vision and mission.
STYLE	<p>Strengths:</p> <ul style="list-style-type: none"> • Leaders in MRCU show commitment values-based behaviour in their leadership and team interactions. • Leaders aware of importance of MUg leadership philosophy and leadership competence framework.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Growth areas noted in (i) self-awareness; (ii) leading self; (iii) comfort to nurture others and see them become power centres; (iv) sharing the leadership limelight [<i>giving your mentees wings to fly</i>]. • Growth areas noted in (i) consensus building; (ii) engaging complex multi-stakeholders; and (iii) balancing stakeholder buy-in [external stakeholders, internal stakeholders, and MUg Group]. • Growth areas noted in (i) team dynamics; (ii) retention / continuity of research leaders [key to research]; (iii) recognizing / rewarding effort; and (iv) adaptive situational leadership [<i>preferred by researchers</i>].
SHARED VALUES	<p>Strengths:</p> <ul style="list-style-type: none"> • Christian Ethos: MRCU accommodates the MUg Christian ethos as a core value system of the Group. • Leadership Development: MRCU accesses leadership development opportunities from various platforms. • Customer Centricity: MUREC conducts customer satisfaction surveys as a feedback mechanism. • Quality Management: MRCU has been part of the MUg Quality Management Systems (QMS) agenda.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • SMART targets for Practicing MUg Christian Ethos not integrated in MRCU leadership practices. • SMART targets for Leadership Development lacking in MRCU People Development Agenda. • SMART targets for Customer Centricity not yet integrated in MRCU business model and work ethic. • SMART targets for QMS not yet integrated in MRCU culture, business model and work ethic.

PART 2: Business Model Strengths and Weaknesses	
CUSTOMER SEGMENTATION	<p>Strengths:</p> <ul style="list-style-type: none"> • MRCU reaches and serves researchers, policy makers, post-doctoral researchers, research fellows, students, and other entities under MUg Group. • MRCU has attracted and retained research partners [individuals, organizations, donors, etc.].
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • While MRCU serves several client types, it has not segmented them according to common attributes and use those segments as the cornerstone of the MRCU business model. • MRCU never optimizes business opportunities with its internal and external customers due to its blind spot that manifests in form of inadequate customer segmentation. • Inadequate profiling and attention to potential research partners who do not offer grants upfront.
VALUE PROPOSITIONS	<p>Strengths:</p> <ul style="list-style-type: none"> • MRCU has managed to create value for its customers in form of various research products. • MRCU has developed procedures and processes for negotiating with its customers and adjusting to reach consensus of the final value that satisfies the needs of researchers or research partners.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Instead of tailor-made packaging, MRCU offers a generic menu from which research clients choose. • Inadequate knowledge of what creates value for its customer segments [<i>hinders mastery of the art and science of creating value packages for those research customers</i>]. • MRCU misses the economic benefit of foreknowledge of what research customers value—that could have enabled (i) prior preparation; (ii) value definition; and (iii) value creation.
CHANNELS	<p>Strengths:</p> <ul style="list-style-type: none"> • MRCU communicates with customers using multiple channels: (i) meetings; (ii) telephone; (iii) email; (iv) websites; (v) reports/publications; (vi) social media; (vii) conferences; and (viii) webinars.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • MRCU uses a generic approach to choosing and deploying channels for engaging its customers [imposed rather than informed by evidence and feedback about customer preferences]. • Channels used by MRCU are not integrated with keen attention to (i) what work best for customers; (ii) what is most cost-efficient; and (3) what can be integrated into the routines of serving customers. • MRCU does not explore to find the right mix of channels: (i) own channels; (ii) partner channels; etc. • Misalignment of channels and business goals [choice criteria not aimed at generating business volume].
CUSTOMER RELATIONSHIPS	<p>Strengths:</p> <ul style="list-style-type: none"> • MRCU has a customer relationships model [<i>workable with low volume and stake of MRCU research</i>]. • MRCU manages several customer relationships [individual, institutional, local, international, etc.]. • Study Coordinators provide dedicated personal assistance to customers.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • MRCU uses a generic approach to customer relationships and does not delve into understanding what type of relationship each customer segment expects MRCU to establish and maintain with them. • MRCU does not cost each of the expected customer relationship types [customer relationship is not costed as part of the business model—it simply leverages other revenue centers]. • Customer relationship [<i>nucleus of business model</i>] not integrated in business [<i>consequently, some key relationships are mismanaged</i>].
REVENUE STREAMS	<p>Strengths:</p> <ul style="list-style-type: none"> • MRCU sets revenue targets as part of the Annual Operational Planning (AOP) process. • MRCU allocates its revenue targets to its various departments.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Lack of revenue disaggregation by customer segments to assess performance of customer segments. • Lack of inquiry into (i) what value customers want to pay for; (ii) how they prefer to pay; etc. • Inadequate recognition of in-kind revenue streams such as projects that fund pro bono MRCU staff. • Missed opportunity to generate multiple Revenue Streams through varied pricing mechanisms.

PART 2: Business Model Strengths and Weaknesses	
KEY RESOURCES	<p>Strengths:</p> <ul style="list-style-type: none"> Physical resources include location of MRCU Offices in proximity to (i) Hospital with over 17,000 clients in HIV care and treatment; (ii) ISO certified laboratory; (iii) Paramedical training schools growing into a university; and (iv) HIV program with over 130,000 clients in HIV care and treatment. Intellectual resources of MRCU include (i) electronic research data collection and storage system; (ii) longitudinal client databases spanning over 2 decades; and (iii) reputable 20-year-old corporate brand. Key human resources include experienced staff serving as researchers, coordinators and administrators. Key financial resources of MRCU comprise ongoing research grants spanning to 2025.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> Lack of title or MOU accompanying physical resources assigned to MRCU such as office space and shared resources like ICT, fleet, supply chain, resource mobilization, communication, etc. Most of the data is not cleaned and profiled to constitute a valuable research resource [raw data]. Lean MRCU human resource hinders adequate service delivery to its different customer segments. Inadequate financial resources cause MRCU to extensively leverage other MUg projects. No definition of key resources required to create value for research clients of MRCU.
KEY ACTIVITIES	<p>Strengths:</p> <ul style="list-style-type: none"> MRCU develops Annual Operational Plan (AOP) comprising key activities for next Financial Year. MRCU runs a busy schedule of scheduled and ad hoc internal and external research activities.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> Gap in articulating activities that create value for specific segments of MRCU research customers. Gap in articulating activities by which MRCU optimizes channels through which it engages its clients. Gap in articulating activities for ensuring effective customer relationships with its research customers. Gap in articulating key activities necessary to optimize revenue streams from its research activities.
KEY PARTNERSHIPS	<p>Strengths:</p> <ul style="list-style-type: none"> MRCU enjoys strategic alliance with other entities in MUg Group [MIHS, Hospital, Lab, NGO]. MRCU partners with other organizations [local, national, regional, global] to implement research.
	<p>Weaknesses:</p> <ul style="list-style-type: none"> No articulation of key partnerships prioritized by MRCU and business rationale for each partnership: (i) what key resource do they bring to MRCU; (ii) what key activity do they perform for MRCU. Lack of policy and SOPs for key partnership negotiation, development, management, and dissolution. MRCU has no MOUs with key partners in MUg Group [MIHS, NGO, and Hospital]. No synchronized planning and implementation between MRCU and other entities in MUg Group.
COST STRUCTURE	<p>Strengths:</p> <ul style="list-style-type: none"> Cost planning is part of the Annual Operational Planning (AOP) process. Minimal cost reporting forms part of MRCU quarterly and annual reporting. Minimal cost reporting forms part of reporting to Research Business Forum (RBF).
	<p>Weaknesses:</p> <ul style="list-style-type: none"> MRCU lacks a documented standard cost structure. Most important costs inherent in the MRCU business model are not flagged for robust tracking. Major cost drivers of business [expensive key activities/resources] not flagged for robust tracking. Lack of cost minimization strategy articulated for customers transacting with MRCU. Gaps in documenting and disseminating MRCU cost structure [fixed cost, variable cost, etc.]. MRCU operations often do not meet their minimum operational costs [leverage MUg Group project]. Unclear costing framework of MRCU operations hinders effective and efficient cost management.

This SWOT Analysis is factored in the strategic choices to be implemented by MRCU during the strategic plan period 2023/24-2027/28.

2.5 PESTEL Analysis

The table below summarizes the PESTEL analysis of opportunities and threats external to MRCU capable of significantly benefitting or hindering its growth and development in 2023/24-2027/28.

SUMMARY OF THE PESTEL FACTORS	
POLITICAL	<p>Opportunities:</p> <ul style="list-style-type: none"> • Strong national policy and strategy framework for research, science, and technology. • Oversight and stewardship role of UNHRO charged with all health research activities in Uganda. • Leadership role of UNCST in promoting and developing science, technology, and innovation. • Demonstrated political will and commitment to promote, develop and support research. • Increased interest in COVID-19 and Global Health Security as research pivots after COVID-19. • Political stability across Uganda and improving regional stability across East African Community region. • Emerging health research interest and priorities [sustainable healthcare, aging, literacy, children, etc.].
	<p>Threats:</p> <ul style="list-style-type: none"> • Risks of stiff competition due to lack of protectionism for indigenous research. • Politically driven non-prioritization of Uganda by some research grants. • Imminent policy shift towards tighter control of grant funding inflows. • Infiltration of development funding space by terror, trafficking and drug cartels requiring tighter due diligence protocols and associated increases effort and cost. • Strict enforcement of standards by regulatory frameworks and heavy penalty for non-conformity.
ECONOMICAL	<p>Opportunities:</p> <ul style="list-style-type: none"> • Explorable resourcing from improving domestic resourcing of national priorities and improving domestic budget allocations to national sectors (Uganda GDP at US\$ 32.5 billion by end of FY2021). • Increased interest in research by government agencies driven by increased demand for evidence-based economic prioritization. • Research priorities emerging from Uganda’s transition into middle-income status.
	<p>Threats:</p> <ul style="list-style-type: none"> • Harmful competition non-protectionist national economic policy. • Long-term economic volatility, uncertainty, complexity, and ambiguity [e.g., inflation after COVID-19].
SOCIAL	<p>Opportunities:</p> <ul style="list-style-type: none"> • Research interests inherent in Uganda’s demographic pattern [one of the youngest populations globally] associated with poverty, high mortality, limited health infrastructure and other social capital). • Research questions inherent in rapid urbanization projected to happen in Africa. • Increased social research interest in aging, gender, adolescents and young women, lifestyle diseases, etc.
	<p>Threats:</p> <ul style="list-style-type: none"> • Diminished prioritization of HIV with associated resource shifts due to completion of the 95-95-95 Epidemic Control Mission (will erode base for leveraging research on HIV platforms). • Increased monetization of research and programming in communities diminishes erodes volunteerism.
TECHNOLOGICAL	<p>Opportunities:</p> <ul style="list-style-type: none"> • Improved solutions from increased innovation. • Reduced cost of technology solutions. • Technology raising quality, productivity, efficiency and effectiveness. • New information becomes available through technological advancement. • Fast access to innovation arising from work of other research actors. • Increased transparency and accountability driven by technology. • Increase in platforms for dissemination and learning from others. • Technology driven increase of research scale and scope.
	<p>Threats:</p> <ul style="list-style-type: none"> • Disruptive effect of rapid technology change and the complication of choice. • Cybersecurity threat and associated preventive and mitigation costs.

SUMMARY OF THE PESTEL FACTORS	
ENVIRONMENTAL	Opportunities: <ul style="list-style-type: none"> • National legal framework to check the effect of environmental degradation on the program cost of attaining sustainable livelihoods (key MRCU research interest). • National policy and strategy framework to check effect of environment degradation on program cost to attain sustainable livelihoods (key MRCU research interest). • National institutional framework to enforce national laws, policy and strategy on environment degradation and check its impact on sustainable livelihoods.
	Threats: <ul style="list-style-type: none"> • National hesitancy in implementing environmental treaties and protocols. • Reversal of program and research gains by environmental hazards. • Reputation risk from environment breaches and associated costs.
LEGAL	Opportunities: <ul style="list-style-type: none"> • National legal framework clarifying national priorities for science, technology and research (provides anchorage for the MRCU Strategic Plan). • National institutional framework to enforce the legal framework by generating and executing plans, standards, procedures, processes and systems.
	Threats: <ul style="list-style-type: none"> • National legal framework criminalizes some areas of interest to researchers. • Increased competition resulting from implementing the East Africa Common Market protocols (free movement of capital and labour including research). • Lack of protectionist legal instruments exposing local research to stiff competition. • Inadequate investigative capacity and slow process of legal redress.

This PESTEL analysis is factored in the strategic choices to be implemented by MRCU during the strategic plan period 2023/24-2027/28.

2.6 Basis for Strategy Choices

Key considerations for choosing the strategic direction for MRCU for the period 2023/24-2027/28 included (i) Growth from ‘*current small reality*’ to ‘*future big possibility*’; (ii) Building on core competencies; (iii) Value chain approach; (iv) Strategic architecture; (v) Hedgehog concept; and (vi) Long-term sustainable growth.

a) *Growth from Small to Big*

In making its strategy choices, the strategic plan guides the budding organization on how to grow from its ‘*small-current-reality*’ to the ‘*big-future-vision*’. Following Jim Collins’ “*Great By Choice*” research on sustainable corporate growth, MRCU growth plans will (i) avoid pursuing aggressive growth; (ii) avoid making radical big growth leaps; (iii) grow through consistent and step-by-step performance; (v) unwaveringly commit to high performance especially in difficult conditions; (vi) rigorous intelligent performance tracking; and (vii) checking against undisciplined pursuit of expansion during favorable times.

b) *Core Competencies*

As MUg Group charts the course for the newly incorporated MRCU, it appreciates the strategic reality that competition already exists against the new company even as it takes shape. Like any other business, MRCU risks going out of business and getting replaced. To survive competition,

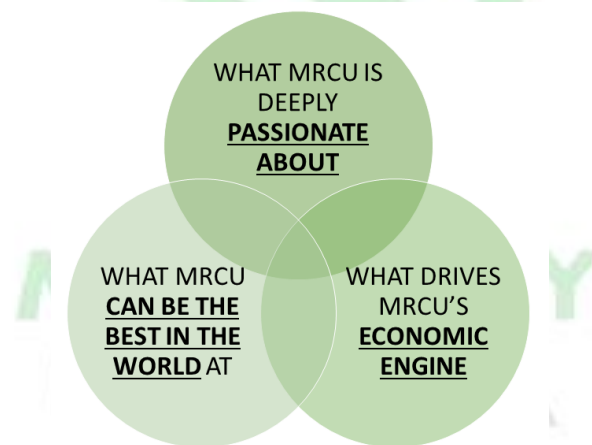
MRCU strategy choices are woven around what MRCU is relatively good at doing (i.e., its competencies or capabilities). The MRCU priorities in this strategic plan are woven around its characteristics that (i) give it a competitive edge; (ii) are harder for rivals to identify and imitate; and (iii) are difficult to build even when identified. The planning process deduced the core competence of MRCU to be 'ability to host and administer health research in a setting where researchers easily access large sets of longitudinal healthcare data.'

c) *Strategic Architecture*

MRCU's strategic architecture comprises (i) relationship with staff [*internal architecture*]; (ii) relationship with research clientele and partners [*external architecture*]; and (iii) relationship with MUg Entities and other research organizations [*networks*]. MRCU's strategic architecture is interwoven in this strategic plan to ensure sustainable competitive advantage because of being unique to MRCU and difficult to imitate. Once competitors notice good performance, they will seek to imitate MRCU. Hence, priorities chosen using this concept with create barriers to imitation.

d) *Hedgehog Concept*

The priorities of this strategic plan were also selected based on the 'hedgehog concept' from Jim Collins' *Good to Great* research on corporate sustainability. Consideration was given to the three intersecting circles as discussed below.



- i. **What MRCU Can Be Best At:** MRCU chose applied health research with a community orientation as the business it *can be best at* in Uganda. Hence, MRCU chose 'applied health research with a community orientation' as its core business [the basis of its hedgehog]. This choice also ties in with MRCU's competence to conduct high-quality applied health research with a community orientation. Hence, MRCU will stick with applied health research with a community orientation as something it understands, is competent at, and can be the best at.
- ii. **What Constitutes MRCU's Economic Engine:** Applied health research with a community orientation emerged as the thing from which MRCU can effectively generate sustained and robust cash flow and profitability or surplus. MRCU deeply understands how applied health research influences its key economic drivers and can build its internal business systems based on that understanding. MRCU also understands that income from applied health research is the

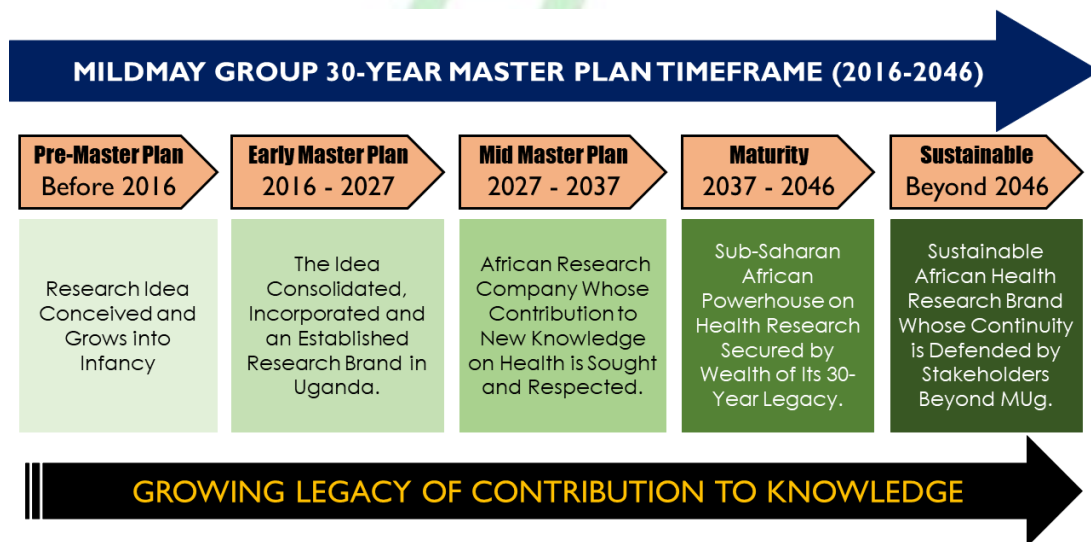
single denominator with the greatest impact on its economics.

- iii. **What MRCU is Passionate About:** Applied health research with a community orientation emerged as MRCU’s “one big thing it is intensely passionate about” and can stick to it and do it with fiercely intense passion and not simply do it to make money.

e) *Long-term Sustainable Growth Perspective*

While the MRCU 2023/24-2027/28 Strategic Plan covers the next 5-year period, it forms the foundation on which to build the next eras of MRCU growth and development up to the end of the 30-Year Master Plan of MUg Group in the year 2047/2048, and beyond. The strategic choices made in this strategic plan will shape the tone and direction for the next strategic plan period.

The infographic below sketches milestones of MRCU growth and development trajectory within the framework of the MUg Group 30-Year Master Plan.



f) *Description of MRCU Business*

MRCU is an applied research organization. Over 95.7% of the research conducted by MRCU in 2007 to 2022 was applied research. It has vast research experience in issues related to HIV prevention, care and treatment. Over 95% of the research conducted by MRCU in 2007-2022 studied various research questions derived from the MUg HIV prevention, care, and treatment longitudinal data. The organization can host and administer multiple research projects related to HIV prevention, care, and treatment. It enables researchers get easy and fast access to one of Uganda’s and East Africa’s biggest longitudinal data sets on HIV prevention, care, and treatment. It has competencies to develop, host and administer research on all HIV core program areas implemented by projects under the MUg Programs Directorate.

Program areas where researchers can access data include (i) Key populations/Priority populations (KP/PP); (ii) Adolescent girls and young women (AGYW); (iii) Voluntary medical male circumcision; (iv) HIV testing models [self-testing, recency testing, social network testing and assisted partner notification]; (v) Adult HIV care and treatment; (vi) Advanced HIV disease and

NCDs; (vii) Paediatric HIV care and treatment [including infants, children, adolescents and youths]; (viii) Integrated TB/HIV services; (ix) Preventing mother-to-child HIV transmission; (x) Pre-exposure prophylaxis (PrEP); (xi) Cervical cancer screening among HIV positive women; (xii) Laboratory system strengthening; (xiii) Health commodities supply chain strengthening; (xiv) Community-based health programming; (xv) District-led health programming (district ownership); and (xvi) Strategic health information.

g) Community-level Niche of MRCU

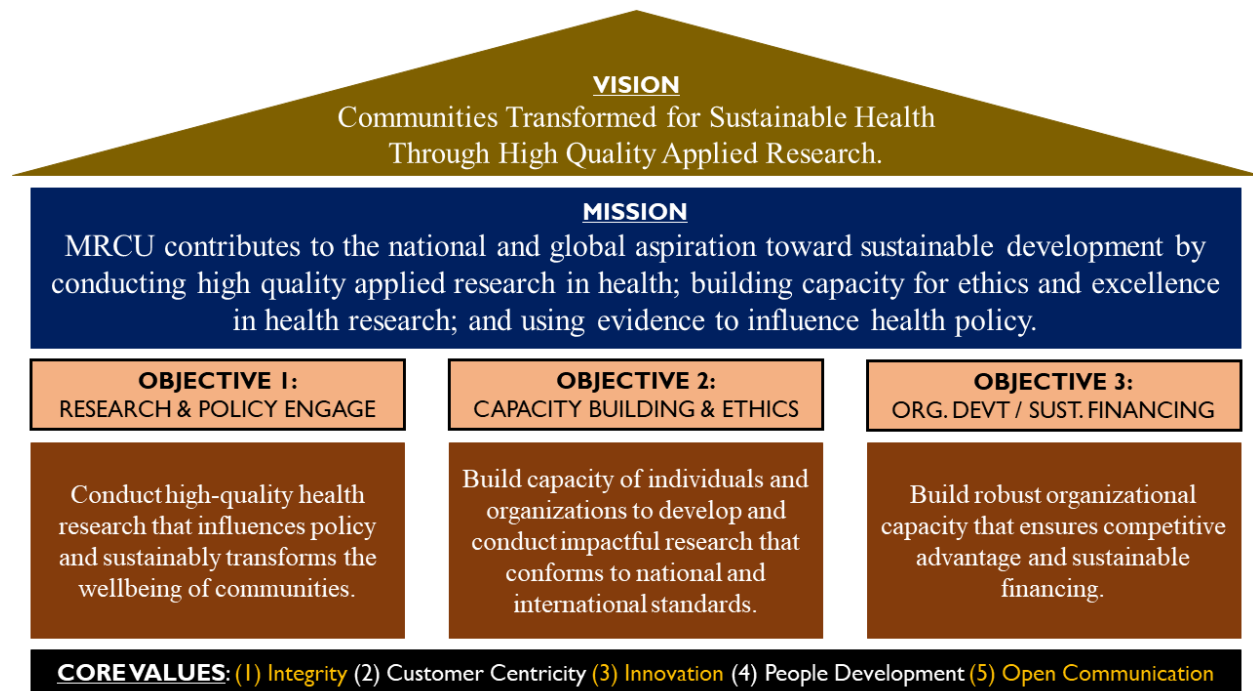
As a part of the Mildmay Uganda (MUg) Group, the very specific activity or position that sets MRCU apart from all other research organizations in Uganda and in which MRCU can find success and fulfillment is strong ties with local communities. The MUg Group boasts of over two decades of working with community structures at five levels, namely: (i) district level; (ii) health facility level; (iii) parish level; (iv) village level; and (v) household level. In 23 districts where MUg has worked [including its current 9 target districts], it is respected for empowering communities to address priority health issues including HIV/AIDS, COVID-19 and Ebola Virus Disease (EVD).

That community-orientation will form the unique attribute accompanying the research outputs and products generated by MRCU. The MRCU approach to its core business will prioritize research designs and methods that meaningfully involve various levels of community structures. Special attention will be given to five key levels of target communities, namely: (i) district level; (ii) health facility level; (iii) parish level; (iv) village level; and (v) household level. These five are already highlighted as key intervention levels by several national health and development policy and strategy initiatives of Government of Uganda. Community involvement will be the common thread that ties together all the research work done by MRCU. The organization's research effort will proactively empower communities where MUg works to participate in evidence-based transition to sustainable health in line with the MRCU Vision of "*Communities Transformed for Sustainable Health through High Quality Applied Research.*"

MUg Group has unique competence in working with diverse communities and sub-populations including (i) persons living with HIV; (ii) children, adolescents and young people; (iii) adolescent girls and young women; (iv) men at risk of HIV infection; (v) sexually active HIV positive women in reproductive age; (vi) HIV exposed infants; (vii) key populations and priority populations (KP/PP); (viii) people on ART; (ix) people with HIV/TB comorbidity; (x) people with advanced HIV Disease (AHD) and NCDs; and (xi) urban, peri-urban and rural sub-populations. These and other sub-populations make MUg a rich research environment.

3 Vision, Mission, Values, Goal, Objectives and Strategies

The infographic below summarizes key elements of the MRCU 2023/24-2027/28 Strategic Plan.



3.1 Vision

Communities Transformed for Sustainable Health through High Quality Applied Research.

3.2 Mission

MRCU contributes to the national and global aspiration toward sustainable development by conducting high quality applied research in health; building capacity for ethics and excellence in health research; and using evidence to influence health policy.

3.3 Core Values

MRCU is a Christian organization that espouses the following values: -

1. **Integrity:** We do the right thing focusing on stewardship, professionalism, honesty, fairness, value-for-money and accountability.
2. **Customer Centricity:** We put customers at the center of everything we do. We hold ourselves accountable to give satisfy our customers, clientele and stakeholders timely.
3. **Innovation:** We are an agile entity that adapts to stay effective, efficient and true to our values.
4. **People Development:** We provide an environment that nurtures research competences in people toward their full potential.
5. **Open Communication:** We listen to our stakeholders and avail appropriate information in the confines of our policies and standards and promote exchange of ideas.

3.4 Goal

Mildmay Research Centre Uganda (MRCU) to be an established brand in applied research in health by 2027/2028.

3.5 Objectives

Objective 1: Conduct high-quality health research that influences policy and sustainably transforms the wellbeing of communities.

Objective 2: Build capacity of individuals and organizations to develop and conduct impactful research that conforms to national and international standards.

Objective 3: Build robust organizational capacity that ensures competitive advantage and sustainable financing.

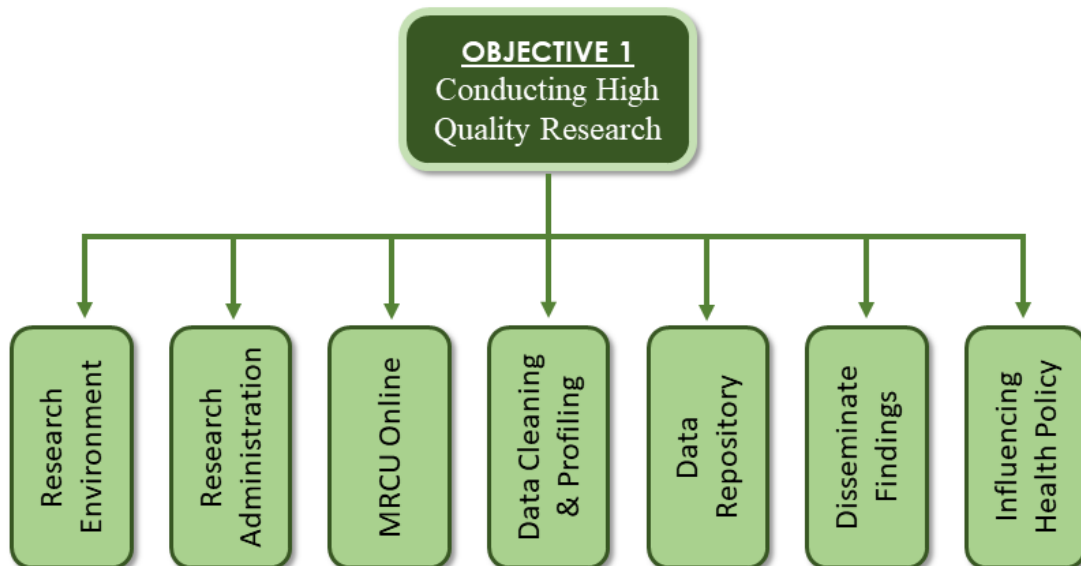
3.6 Implementation Strategies

MRCU will achieve the results of this Strategic Plan through three implementation strategies outlined below.

1. Research Implementation Strategy (Objective 1)
2. Research Capacity Building Strategy (Objective 2)
3. Organizational Capacity Building Strategy (Objective 3)

3.6.1 Research Implementation Strategy (Objective 1)

MRCU will apply a 7-prong strategy shown below to conduct high-quality health research that sustainably transforms quality of life in communities and influences health policy.



a) HIV-Related Applied Research

MRCU has built a track record in applied research since 2007. Over 95.6% of the research projects conducted by MRCU were applied research type of studies; and less than 5% were clinical trials. MRCU collaborated with a broad array of researchers and research organizations in these studies. Most of the research projects done by MRCU to date were generated externally by researchers and research organizations coming in with their study initiatives to partner with MRCU and use the data accessible to MRCU through its MUg Group affiliation. During the first three years of the 2023/24-2027/28 strategic plan period, MRCU will grow its portfolio of applied research projects to double its current volume [*using FY2021/22 as baseline*]. That will be achieved by reviving relationships with ‘old’ research partners ‘gone cold’, proposing new research collaborations to existing and other external research partners and boosting internally generated research at organizational level, district level and national level. MRCU will identify and attract other types of applied health research related to its competence framework. At the time of planning, MRCU had already ventured into clinical trials. MRCU will proactively step out proactively grow its research portfolio by attracting carefully selected research audiences.

Over 95% of the research projects conducted by MRCU were related to HIV/AIDS. Given the vast HIV/AIDS-related research resources and capabilities within MUg Group, all the studies done hitherto have only scratched the surface. There is unfathomable potential for further HIV/AIDS applied research beneficial to Uganda, sub-Saharan Africa, and the global community. Noteworthy is that there are only a few places globally and all-over sub-Saharan Africa where the research fraternity can find the kind of vast longitudinal HIV/AIDS patient care and treatment data like that found within the Mildmay Uganda (MUg) Group. During the first half of the 2023/24-2027/28 strategic plan period, MRCU will grow its portfolio of HIV/AIDS-related applied research to double its current volume [*using FY2021/22 as baseline*].

Besides HIV/AIDS, MRCU has vast resources related to community and social programming. As part of its multi-disciplinary, community-based, family-centered approach to health programming, MUg implements a broad range of social and community projects at (i) district level; (ii) health facility level; (iii) parish level; (iv) village level; and (v) household level. These interventions are in line with the United Nations Sustainable Development Goals (SDG) Framework. Besides the HIV/AIDS related applied research in relation to its niche, MRCU will attract research in other areas of health linked to its competence and upholds the organization’s values and ethos.

b) Conducive Research Environment

MRCU will design its organizational setting to be an environment that stimulates and maintains research productivity. MRCU will build in its environment the following 12 characteristics that are consistently found in research-conducive environments: (i) clear research goals that serve a coordinating function; (ii) research emphasis; (iii) distinctive research-oriented culture; (iv) positive group climate [positive team relationships and interactions]; (v) assertive participative governance; (vi) decentralized organization; (vii) frequent communication; (viii) accessible resources, particularly human resources; (ix) sufficient size, age and diversity of the research group; (x) appropriate rewards; (xi) concentration on recruitment and selection; and (xii) leadership with research expertise and skill in both initiating appropriate organizational structure and using participatory management practices. Some of these characteristics are already existent at MRCU and the rest will be established during strategic plan implementation. Over 98% of the

research projects conducted by MRCU [including its pre-incorporation time as part of MUg NGO] were done within MUg settings either at the Main Site in Lweza or in PEPFAR funded districts. This strategy will make that environment conducive to research productivity.

c) Research Administration

MRCU will establish the Office of Research Administration charged with enhancing MRCU staff success in obtaining external funding for research, training, and service activities and to assist in the management of awards. Research Administrators will facilitate the link between research activities and research outcomes. They will lead efforts to increase effectiveness and productivity of institutional research by promoting the use of best practices in administration. Their day-to-day work will derive from the project lifecycle and the requirements to support successful research administration. They will assist researchers (i) stay current with compliance issues of research; (ii) understand the complexities and challenges of research administration in their units or projects; and (iii) Build an infrastructure that support research administration in their unit or project.

The Research Administration team shall comprise (i) Principal Investigators; (ii) Authorized Organizational Representative; (iii) Research Administrator; (iv) Research Centre Director; and (v) Grants and Contracts Administrator.

Principal Investigators: Will (i) identify funding opportunities; (ii) prepare project proposals; (iii) review and accept terms and conditions of the donor in consultation with the Director of the Research Centre; (iv) manage the administration and science of the of the award; and (v) fulfill and certify effort commitments.

Authorized Organizational Representatives (AOR): Will have authority to sign for MRCU.

Research Administrator: Will support the business aspects of grants and contracts and coordinate activities under the award.

Research Centre Director: Will (i) assure work fits the Centre's mission; (ii) provide general oversight for proposals including budget review; (iii) review and approval of limited PI status; (iv) verify PI eligibility or availability; (v) verify approval of regulatory compliance protocols; (vi) approve cost sharing / cost matching; (vii) verify resources and facilities; (viii) manage level of effort; and (ix) oversee financial management of awards.

Grants and Contracts Administrator: Will (i) provide institutional leadership through advising and training; (ii) review, sign and submit proposals; (iii) negotiate, accept, and sign agreements for funding; (iv) effort reporting and other non-financial compliance; (v) report on and invoices for all charges; and (vi) manage revenue.

Share Responsibilities: All the above roles will be shared among staff of MRCU Main Office and executed by them as a team in the research grant lifecycle process. Effective communication and shared responsibility will be key to doing the tasks efficiently and effectively given that research business is characterized with multiple projects with each requiring this entire process. These roles will not automatically translate into jobs in the organogram of MRCU. They will be roles that MRCU will ensure they get effectively assigned and executed among the jobs on the organogram while ensuring internal controls, checks and balances in the assigning of roles.

Rules of Research Administration: Come from (i) funding Government Department; (ii) funding University, School, College, or Institute; and (iii) funding or sponsoring research organization, initiative, foundation, trust or philanthropy. Rules also come from (i) internal policies or MRCU;

and (ii) internal policies of Mildmay Uganda (MUg) Group.

d) *MRCU-Online Research Lifecycle Support Portal*

MRCU will develop a one-stop-shop online support portal called *MRCU-Online*. The portal will avail online self-service support to research stakeholders for all stages of the research lifecycle. *MRCU-Online* will represent all activities that researchers and research stakeholders are involved in from the inception of a research intervention to its conclusion.

MRCU-Online will contribute to making MRCU a productive research environment by (i) creating a virtual community that brings together all MRCU research stakeholders; (ii) creating a common research language for the MRCU community; (iii) providing a pool of resources that are important for all stages of health research; (iv) availing a communication and coordination platform for all research-related news across MRCU; (v) serving as a source of reference for health research; and (vi) enabling stakeholders to track progress on research outputs they expect from MRCU.

MRCU-Online will be tailored around the four key project lifecycle stages (i) project plan and proposal; (ii) project setup; (iii) project management; and (iv) project closeout. The four stages will form the core modules presenting users with science/programmatic processes and research administration processes.

MRCU-Online will be the robust mechanism for whole-cycle research management. Below is a snapshot of the modules and processes that *MRCU-Online* will avail to research stakeholders. Additional features of *MRCU-Online* will include (i) links and contacts to Research Support Office and Research Units; (ii) research policies, procedures, guidelines, standards, forms, templates, and forms; (iii) announcements by MRCU to its research stakeholders; (iv) collaborative tools to connect with expertise and resources; (v) compliance support links; and (vi) research training.

Upon full implementation, *MRCU-Online* shall generate revenue for the Research Centre as user fees for researchers and research organizations seeking to leverage its efficiencies. MRCU will market the online portal as a platform that research donors targeting Uganda and sub-Saharan Africa can use to access full-cycle research administration services. MRCU will build its capacity to effectively manage the online portal and gain competitive advantage from it by understudying other research organizations that have developed similar platforms. *MRCU-Online* will have a triple benefit of (i) efficient and effective research administration for MRCU; (ii) improved customer experience for MRCU research clientele; and (iii) revenue generation.

MRCU-Online Portal Modules and Processes												
Research Project Cycle Stages	Science/Programmatic Processes						Administrative Processes					
Plan / Proposal Stage	Hypothesis / Res. Question	Select Funding Source	Conduct Literature Search	Recruit Team	Facilities & Resources	Write Proposal	Sponsor Requirements	Budget	Facilities & Resources	Proposal Submission		
Setup Stage	Methods		Collaboration	Data Collection		Sponsor Requirements	Facilities & Resources	Financials	Sub-Awards	Compliance (Non-Financial)	Records & Documentation	
Management Stage	Financials	Non-Financial Compliance	Data Collection	Sub-Awards	Data Analysis	Reporting	Financials	Compliance (Non-Financial)	Facilities & Resources	Sub-Awards	Reporting	Award Changes
Closeout Stage	Reporting	Disseminate Results	Data Sharing	Records Retention	Financials	Sub-Awards	Equipment	Reporting				

e) Data Cleaning and Data Profiling

As part of MUG Group, MRCU has access to vast databases of longitudinal HIV care and treatment data for over 17,000 clients at the MUG Main Site [MRCU Main Office]. Through the PEPFAR funded program implemented by MUG in 8 districts in Central Uganda, MRCU has access to vast databases of longitudinal HIV care and treatment data for over 104,800 clients at 142 health facilities in the districts of Kassanda, Kiboga, Kyankwanzi, Luweero, Mityana, Mubende, Nakaseke and Nakasongola [1 Region Referral Hospital, 6 General Hospitals, 15 HCIV, 85 HCIII and 35 HCII]. MRCU will clean and profile this data to satisfy needs of scientific research.

In improving the suitability of healthcare data for research, MRCU will take the ‘*research data lifecycle*’ approach that looks at the stages of data management and how data flow through a research project from start to finish. MRCU will take cognizance of the process of deciding and documenting how data will be collected, organized, stored, and shared. Benefits of improved management of research data will be (i) ease of finding and understanding data when needed; (ii) project continuity beyond changes in researcher or staff; (iii) time efficiencies through organized data; (iv) lower risk of lost, stolen or misused data; (v) greater capability to comply with funder or journal requirements; (vi) easier validation of results; (vii) greater ability to share data [when appropriate] resulting in collaboration and greater impact; (viii) maintaining data integrity; and (ix) easier writing research results for publication out of well-managed and well-documented data.

Improved management and quality of research data will increase MRCU's capacity to publish its research findings and attract the benefits inherent in publishing such as (i) giving MRCU a unique, persistent identifier; (ii) becoming more easily discoverable; (iii) getting cited thus increasing its visibility and impact; (iv) promoting the research that created the citation; (v) tapping into new and unanticipated discoveries; (vi) serving as research material for other researchers; (vii) creating new collaborations; and (viii) reducing the cost of duplicating data collection.

f) Data Repository

MRCU and MUg entities [Hospital, MIHS, Programs and Laboratory] will continually collect, store, and use more data than ever before. Besides other uses, the data is used for research studies. Lack of reliability and integrity of available data is a major challenge that affects data analysis capability. Data security, data privacy, and many data sources are key challenges. To overcome the challenges and get the most out of data, MRCU will develop a data repository to store the data.

The data repository will serve as a data storage entity in which data will be isolated for analytical or reporting purposes. Since it provides long-term storage and access to data, it will provide a form of sustainable information infrastructure. To avoid the risk of the data repository slowing down systems as it grows, MRCU will procure a management software to scale the repository. It will also ensure that the repository is backed up and secure to avoid the risk of compromising data in case of a system crash or attack. The back will be distributed across multiple locations and not be stored in one place. MRCU will ensure building the data repository is guided by a Data Management Strategy that addresses data quality, privacy and data trends.

Benefits of the data repository will be (i) ease that comes from managing, analyzing, and reporting on data from multiple sources in one place; (ii) faster and easier to data analysis and reporting because data is stored in one place and compartmentalized; (iii) improved quality of data since it is aggregated and preserved; and (iv) avoiding the risks arising from not having a single repository such as duplicate data and missing data.

Data Warehousing: MRCU will set up a data warehouse to serve as a centralized repository that stores large volumes of data from multiple sources to organize, analyze, and report on it more efficiently. The data warehouse will data on multiple subjects that is already filtered, cleaned, and profiled for specific research uses.

Data Mart: MRCU will set up subsets of the data warehouse designed to deliver specific data to specific users for specific application. Data Marts will have data on a single subject of interest.

Data Lake: MRCU will set up data lakes for storing raw data from different sources that has not been filtered or structured and lacks a predetermined use.

g) Disseminating Research Findings

After successfully conducting its research projects and documenting them, MRCU will proactively manage the dissemination process to optimize benefits that accrue from getting publics to know about the good work. The MRCU dissemination approach will comprise: -

Dissemination Plan: MRCU will incorporate dissemination strategies in the earliest planning

stages of this research projects [prior to the start of the project]. The dissemination plan will have (i) goals and objectives and intended impact of the dissemination; (ii) the audience most affected by the research or the people most interested in learning about the study findings; (iii) the medium that is most effective to reach the audience or the resources each group typically accesses; and (iv) the execution—when each aspect of the dissemination should occur and the responsible person for the dissemination activities.

Presentation Guidelines: Writing dissemination documents will ensure that the message is (i) responsive—puts the target audience into consideration; (ii) concise—short and to the point with ease of finding information; (iii) interesting—presents what is new and compelling; (iv) highlights—uses bulleted lists with one finding or conclusion per bullet; (v) logical—ensures points progress in logical order; and (vi) useful—has clear conclusions and recommendations.

Approach to Dissemination: The dissemination approach of MRCU will be reoriented to involve and meaningfully engage five levels of communities that form the MUg and MRCU niche, namely (i) district level; (ii) health facility level; (iii) parish level; (iv) village level; and (v) household level. These five levels of MUg/MRCU competence are also mapped as key intervention entry points by various health and development policies and strategies in Uganda. These will form the cornerstones of MRCU dissemination. The generic dissemination strategies that will be around the five core levels of intervention include (i) media [newspaper, TV, radio, websites, listservs]; (ii) press release; (iii) research summaries; (iv) flyers, posters, brochures and briefs; (v) policy briefs; (vi) study newsletters; (vii) community agency publications, websites and list-serves; (viii) local events, seminars, conferences, community meetings; and (ix) letter of thanks to study participants.

h) Influencing Health Policy

One of the objectives of MRCU research is to influence health policy and health programming and program implementation. However, research often transitions slowly into practice due to a disconnect between those who conduct research and those positioned to implement research findings. That social distance arises from scientists' orientation to international audiences of other scientists for which they publish than to the needs of practitioners, policy makers or the local public. MRCU will overcome this barrier by encouraging uptake of evidence-based interventions through presenting research findings locally, nationally, regionally, and globally. MRCU will share study findings with local officials, policy makers and community leaders.

MRCU will build its capacity for policy engagement by (i) elevating its profile in policy engagement; (ii) cataloguing its quick wins in policy advocacy; and (iii) demonstrating how its work contributes to health and development policy. Analyses during this strategic planning process showed that MRCU has not capitalized on the evidence it generates to influence national policy. MRCU used a random approach rather than a systematic engagement process. During the strategic plan period, MRCU will develop and implement a Policy Engagement Strategy and Plan and SOPs to guide its efforts in using evidence to influence policy.

MRCU will profile and categorize policy-level stakeholders with potential to give weight and clout to its effort toward influencing policy. The stakeholders will be segmented by common needs and expectations. Segmentation will enable MRCU to optimize impact of its policy advocacy on each segment. Design of policy engagement interventions will be guided by what creates value for

respective segments. Stakeholder feedback will be ploughed into research design to get research questions that point toward answers and solutions to major stakeholder challenges.

MRCU will align its communication platforms with its policy engagement agenda by (i) producing high-impact knowledge products out of evidence from research; (ii) publishing evidence and knowledge products through appropriate media [websites, email, publications, social media, peer reviewed journals and others]; (iii) leveraging the publication media to extend the MRCU brand visibility and contribution to knowledge, policy and practice; and (iv) availing platform for sharing lessons and best practices and using learning for course correction.

Evidence shows that not all good research gets to influence policy and cause change. MRCU will proactively factor in its research lifecycle the factors that increase the likelihood of research influencing policy and causing change. MRCU will go beyond generating strong evidence to factor in other variable such as (i) feasibility of implementing the findings; (ii) value for money; (iii) the current policy agenda; and (iv) stakeholders' readiness to change.

Strength of Evidence: MRCU will make its scientific evidence rigorous and reliable to contribute to policy governance. A single study never proves everything for policy making [i.e., it can only demonstrate strong probability of a particular outcome]. MRCU will aim to build a body of evidence around a policy area. MRCU will gather enough evidence for its studies to avoid ending up with research which is 'promising-but-not-proven,' and is evidence-weak.

Agenda Readiness: Evidence shows that even when research meets policymakers' needs, it does not, on its own, cause policy change. Several other factors play a role, such as (i) competing arguments and (ii) relationship to current policy initiatives. Policymakers always pick priorities out of lots of evidence on countless research topics. To make its research impactful, MRCU will ensure close linkage of its research to the agenda at the time of publishing findings. MRCU will aim to make forward recommendations that are acceptable to policymakers and can be easily implemented [that is called readiness for the policy].

Achievability and Affordability: MRCU design its studies to describe the conditions that make good healthcare possible and ways of creating those conditions in different settings in Uganda and sub-Saharan Africa. Evidence shows that policymakers feel more helped by that approach since it highlights areas for action at policy level and strategy level. Using this approach, MRCU's contribution to policy will be practical, achievable, affordable, and probably offer a good return on investment. MRCU will limit research that describes an ideal service without considering availability of resources. Policymakers often look past such recommendations because they lack feasibility of integration regardless of their exciting outcomes.

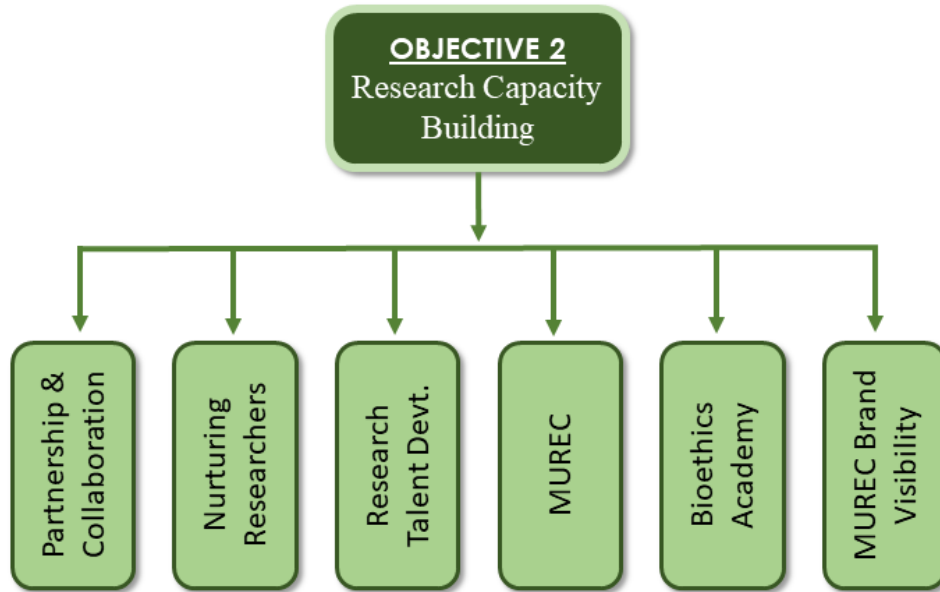
Guidance Rather than Legislation: While many people see new legislation as the highest gain of policy influence, evidence shows that such legislation often fails to create desired change. MRCU will prioritize 'softer initiatives' of policy influence such as national guidance which have been observed to be more successful. MRCU will liaise with stakeholders to (i) use evidence to develop actions people can undertake using quality-improvement approaches; (ii) design and launch campaigns that use evidence to create awareness; (iii) using campaigns to create enthusiasm and belief that improvement can be realized; (iv) ensuring use of reliable research tools and approaches to generate robust evidence of a significant effect while controlling other intervening variables.

Call to Action: Evidence shows that, whenever policymakers adopt and use research evidence, there is often a narrative that prompts them to act. MRCU will always form a call to action that enables its robust research evidence to cause improvement. In doing this, MRCU will always appreciate that national policymaking is a journey that involves answering more questions [despite strong evidence] before a policy change can materialize. MRCU will start its policy change efforts at community level where it has its niche and not wait to start at national level. Evidence shows that evidence-based efforts can start locally and tip over to attain national impact. Policy change efforts by MRCU will start at five key levels in the communities targeted by MUG, namely: (i) district level; (ii) health facility level; (iii) village level; (iv) parish level and (v) household level. These five levels are major levels of implementing national health and development initiatives.



3.6.2 Research Capacity Building Strategy (Objective 2)

MRCU will apply a 6-prong strategy shown below to build capacity for high-quality applied health research.



a) Partnership and Collaboration

MRCU will maintain existing partnerships at national, regional, and global levels and develop new ones with focus on emerging health research priorities. This objective and others under Goal 1 will require technical and financial support from partners. Hence MRCU will enhance its partnership management strategy and use it to build new collaborations. MRCU will continue to network with investigators, ethics and bioethics networks, research organizations and academic institutions in Africa including KEMRI Wellcome Trust, AVAREF, AVAREC, PHEPREN and Global Health Training Network.

b) Nurture Next Generation Researchers

Uganda has a shortage of well-trained and skilled researchers whose research yields solutions to health and development problems. MRCU will develop and nurture the next generation of health researchers by (1) focusing its existing and new partnerships with universities to improve research training (including PhD training); (2) Supporting fellowships and technical and methodological training for health research; and (3) conducting targeted research training workshops. Through partnership with universities and research organizations, MRCU will train and mentor Early Career Researchers (ECRs) through fellowships, internships, and scholar exchange visits. It will work with academia to design and deliver tailored training for staff to enhance their research skills. MRCU will consolidate its graduate training partnerships with universities (including design and delivery of innovative research training initiatives for PhD and post-doctoral fellows).

c) Research Talent Development

MRCU appreciates that research aptitude and talent is the mainstay of successful health research; and will proactively design and build the organization as an attractive environment where the most talented and promising scientists love to work and grow their career. MRCU will build a structured program facilitating mentorship for scholars and fellows joining the organization. The program will (i) develop research leadership; (ii) develop research culture across MRCU and MUg Group through events such as Research Week, research seminars and networking events for researchers and ECRs; (iii) support development of industry collaborations and knowledge exchange; and (iv) provide support for interdisciplinary research through collaboration.

MRCU will build capacity of staff involved in research through investments in initiatives that promote research competency, leadership and collaboration. It will (i) run research upskilling workshops and interventions targeting Early Career Researchers and academics with a Research Development Plan; (ii) develop a Researcher Development and Mentoring Scheme to provide every academic with opportunity to benefit from support and guidance through mentoring; (iii) develop the Coaching@MRCU scheme to facilitate personal learning and development through researcher coaching workshops; and (iv) provide training and support to enable staff to maximize the impact of their research and engage with key stakeholders and end users.

MRCU will manage academic, clinical and program workloads to create time for research through (i) developing processes to protect allocated research time from workload pressure from academic, clinical and program implementation duties; (ii) research enabled academics, clinicians and program implementation staff completing a personal research plan to ensure appropriate research outcomes are targeted; and (iii) supporting academics, clinicians and program staff by improved research planning and goal setting as a part of Professional Development Review (PDR) process.

d) Mildmay Uganda Research Ethics Committee (MUREC)

MRCU will host and run an Institutional Review Board (IRB) called Mildmay Uganda Research Ethics Committee (MUREC). MUREC was constituted according to the 2004 Uganda National Council for Science and Technology (UNCST) *National Guidelines for Research Involving Humans as Research Participants*. MUREC was accredited in 2013 to provide independent guidance, advice, and decision on the health research or other specific research protocols involving human subjects. MUREC has established Standard Operating Procedures (SOPs) based on the local and international operational guidelines including UNCST, World Health Organization, International Conference on Harmonization and Good Clinical Practices which provide the framework for constitution, responsibilities and activities of Research and Ethics Committees (RECs). It has mandate to review and approve research protocols. In its role to protect study participants, it holds researchers accountable to conduct research within accepted quality and ethical standards on behalf of UNCST and international IRBs.

Whereas MUREC will be hosted in MRCU, it will be run as an independent audit mechanism free of organizational influence. This will ensure that MRCU does not taint the independent opinion of MUREC concerning reviewed research protocols. In its operations, MUREC will apply research ethics by reviewing the research methods proposed to ensure that they are ethical. MUREC will approve or reject, monitor and review research involving human subjects. It will conduct risk-

benefit analyses to determine whether research should continue. Overall, MUREC will assure that appropriate steps are taken to protect the rights and welfare of humans participating in research.

On average, the IRB will review 100 research protocols annually. MUREC is highly regarded by UNCST for the high quality of its protocol review work and the efficient turnaround time of its review feedback. MRCU and MUREC will use that clout to build capacity in ethical research for its partners, collaborators, and research fellows. All research developed and implemented at MRCU will meet the highest standards of research ethics. Services provided will include ethical reviews, administrative reviews, and clearance. MUREC will employ Advanced Technology for protocol reviews and consultancy services to ensure increased visibility in public fora and produce High quality scientific publications for the market. To appeal to the market, MUREC will focus on increased turnaround time of reviewed protocols to the client's satisfaction.

MRCU will support researchers to obtain approvals from RECs and regulatory bodies, ensuring compliance of research activities with UNCST and NDA guidelines, Good Clinical Practice (GCP) and Human Subject Protection (HSP) standards.

e) Develop a Bioethics Academy

Research ethics is evolving rapidly with advancement in research. Rules are changing frequently as more evidence is gathered on scientific and ethical review practices nationally and globally. It is thus important for members of RECs, Researchers, Institutional Administrators, and students to keep abreast of these changing circumstances, so that they are able and prepared to address any emerging issues to protect the safety, rights, and welfare of research participants. It is upon that background that MRCU will set up a Bioethics Academy to build capacity by training the above categories of research stakeholders in Research Ethics and Human Participants protection. MRCU will partner with Mildmay Institute of Health Sciences (MIHS) and partner universities and research organizations develop and run a Bioethics Academy. The Academy will initially be nested in MIHS to access the Institute's expertise in creating and nurturing a reputable training program. The Bioethics Academy will focus on building capacity in bioethics targeting research fellows and research partners of MRCU in Uganda and sub-Saharan.

MURECBIOWeb—a web page containing documents and guidelines for investigators, will provide crucial contact information for ongoing ethics reviews, ongoing studies and short training courses on research ethics, contemporary bioethics issues, and hosted webinars.

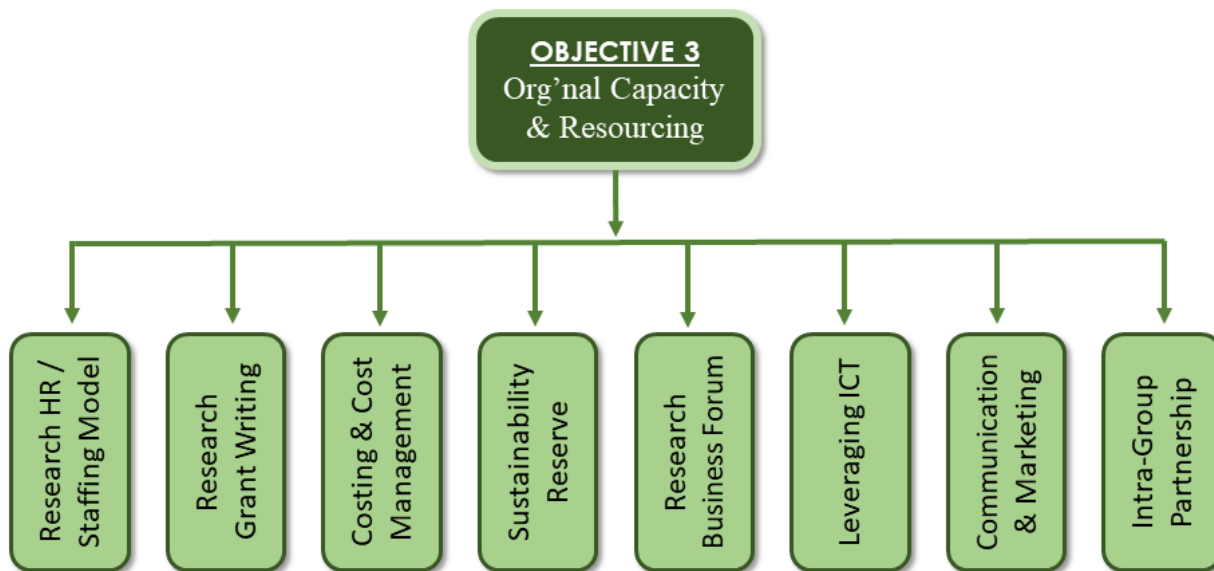
f) MUREC Brand Visibility

To create visibility for the bioethics work, the MRCU website will be regularly updated with the latest information of the work done at MUREC. The unit will conduct the annual stakeholder’s breakfast meeting to keep the corporate image for MUREC before its stakeholders. MUREC will also distribute flyers and brochures during meetings, conferences, and seminars. MUREC is linked to the online system of the Uganda National Council for Science and Technology (UNCST). Using the UNCST system, MUREC will promote client convenience by availing online submission of protocols and receipt of feedback.



3.6.3 Organizational Development and Sustainable Financing (Objective 3)

MRCU will apply the 8-prong strategy shown below to (i) build its organizational capacity for implementing this Strategic Plan; and (ii) mobilize finances to ensure sustainable funding for the organization.



a) *Staffing Mechanism Responsive to Research Needs*

MRCU will develop a world-class research workforce and culture by focusing on research capacity through recruitment policies and current activity analysis to recruit academics to complement and build research priority areas. MRCU will require staff employed as researchers to have attained a PhD or to have a personal Research Development Plan they are pursuing. It will review its research policies to encourage research productivity and to evaluate return-on-investment. MRCU will foster and support externally funded research fellows to pursue research at MRCU and value and support grant holders to achieve outcomes of their grants. The organization will equip researchers to achieve national and global recognition and enable academics to excel in their chosen areas of academic enterprise. MRCU researchers will be supported with mentoring and coaching programs by providing access to support, training and multi-academic support and mentoring teams.

The dynamic research market in which MRCU operates demands a robust employee base, staffing plans and talent management capable of competitively positioning the organization. MRCU will ensure its recruitment process has capacity to search and motivate prospective employees. The organization will enhance capacity to select right candidates for research work [screening, selection, testing, interviewing, background checks, contracting, placement and orientation]. The MRCU staffing mechanism will ensure access to mentorship and training by internal and external researchers. MRCU will adapt a performance appraisal approach suitable for research settings to enable comparison of actual work performance to set work targets. Appraisal will be done bi-

annually for all staff and performance feedback given with objectivity. MRCU will regularly benchmark its compensation with other research organizations to ensure competitive remuneration. The Mildmay Group Leadership School under MIHS will groom MRCU staff to appreciate leadership and management skills at individual, team, and managerial levels.

HR Adjustments to Suit Research: The staffing approach and researcher-friendly remuneration framework will demonstrate to the senior researchers *what-is-in-it-for-them* in consideration of using their clout, experience, and network to build the Research Centre at a time when its resource base cannot afford to pay them a full remuneration package. MRCU will develop and enact policy that is responsive to the known preferences of senior researchers such as (i) senior researchers or investigators value their time more than the money an organization may want to pay them and retain them full time [rather negotiate and pay part-time and leave them with greater freedom]; (ii) investigators prefer reporting to people who are equal to or better than them in research; (iii) importance of a Research Centre Director being a Senior Scientist capable of generating grants; (iv) importance of rotating the Directorship of the Research Centre to avoid perennial incumbents who become 'fixtures'; (v) letting researchers win their grants and negotiating to retain part of it rather than surrender everything and get onto payroll. for a retainer of 8 to 15% to come with their grants and negotiate policy; and (vi) promoting an environment where scientists and researchers can take on key health problems, use them to fuel their imaginations and ignite debate.

b) Research Grant Writing

Research grants will form the core financing stream for MRCU at an average of 70 to 80 percent of the overall funding portfolio. The reality of the research business is the duality of the research science and the money to facilitate the science. Besides the design and execution of research, the next big process at MRCU will be writing research grant applications. MRCU will aim to be an organization of research grant writers where every employee is required to engage with research grant writing. Annual performance agreements with employees will include research grant writing targets whose realization will be supported, monitored, and appraised. Staff will be encouraged with small grants to hone their grant winning capacity; and they will be required to demonstrate capacity to win some money in a period of 1 to 2 years. As part of HR management, successful grants effort will be recognized and competitively rewarded at individual and team levels.

Mapping Research Grant Sources: MRCU will conduct a rigorous mapping exercise of sources of Research Grants for which the organization is eligible. The mapping will also cover eligibility criteria, key submission windows and research interests targeted. The mapping exercise will result in a database of funding opportunities that will inform the pitching and scouting for research funding opportunities. The database will help to track key developments and shifts by major funders of research relevant to MRCU. It will also be used to gauge the presence of research funders in Uganda and sub-Saharan Africa and inform MRCU funding choices. Mapping will include identifying the most important research funding platforms in Europe, Canada and the United States that MRCU must maintain a tab on as a key element of its fund mobilization strategy.

Core Grant Writing Team: MRCU will develop a dedicated Core Research Grant Writing Team comprising experienced high-caliber research grant writers with a successful track record. Since

the high-caliber core team will be a basic skeleton structure in terms of headcount [given the business volume of MRCU], the team will liaise with the Projects Acquisition and Management Steering Committee (PAMSCO) at MUg HQ to access Group-level support. The contracting, target setting and appraisal for the core grant writing team will comprise 80% successful mobilization of resources for developing and conducting research in health.

Grants Pipeline Monitoring: As part of internal governance and oversight role of the Research Business Forum, the forum will quarterly monitor progress of all grant-writing processes across MRCU. Various KPIs will be reviewed quarterly to assess the health of the Research Grants Pipeline. Key measures will include the volume of funding in the pipeline [represented by submitted proposals awaiting a decision by the donor]; disaggregation of the pipeline analysis by number of proposal and requested funds in dollars; the proportion of unsuccessful proposals [gauge of the quality of proposals submitted]; and successful proposals [representing new research business added to the portfolio of MRCU. Research grants pipeline will also be discussed at quarterly governance meetings by the MRCU Board.

Grant Writing Capacity Building: MRCU will hold a bi-annual training and coaching bootcamp to build capacity for research grant writing across the organization. The hands-on bootcamp will enable MRCU staff interact with experienced late career research grant writers with a successful track record brought it to share skills, practices, and wisdom from the viewpoint of sustainable institutional funding. Bootcamp attendees will develop fundable concepts and get mentorship to refine and elevate their concepts into funded research projects.

Collaborative Grant Writing: MRCU will also target collaborative research grants that require cooperation between research organizations in the High-Income Countries (HICs) in the Northern Hemisphere and those from the Low-Income Countries (LICs) in the South. To attract these and similar research grants, MRCU will sign MOUs with targeted partner organizations to develop long-term partnerships that are open to respond to research funding opportunities.

Grants Diversification: To build resilience against strategic risks inherent in dominance of the grant portfolio by a single funding source, MRCU will proactively monitor this variable. A key attribute of target setting for grant writing will be to correct instances where a single grant source contributes over 50% of the MRCU research grant portfolio. Corrective measures will focus on raising the contribution from other sources so that the dominant partner is maintained at <50% contribution. In order not to portray non-appreciation of dominant funders, they will be given special customer attention in the MRCU business model for their generosity. Special appreciation will also be accorded partners with flexible business models that take cognizance of MRCU sustainability alongside implementing the funded research. Partners who contribute significantly to sustainability will be honored in ways that give them public visibility in MRCU.

Cultivate a Sustainability Culture: MRCU will proactively maximize and diversify its revenue by exploring internally generated incomes. It will actively manage the risks associated with a big and growing research grants portfolio. This will require generation of unrestricted income to support organizational sustainability. Management will explore cost recovery opportunities and allowability of short-term cash flow investments. Financial discipline at all levels of execution will be emphasized to prevent liability arising from disallowed costs.

c) Standard Costing and Cost Management

MRCU will standardize, document, and disseminate its Cost Structure. Most critical costs of the MRCU business model will be identified, documented, and disseminated to all staff and used in negotiations with research partners. The Cost Structure will identify the most expensive key resources and key activities in the MRCU business model and specify the strategy for minimizing cost. MRCU will ensure research projects cover their costs to protect internal resources. This initiative will define major costs inherent in key resources, activities, and partnerships.

MRCU will mainstream in the fabric of its organizational culture of cost-effectiveness, value-for-money (VFM) and cost-efficiency in the design and execution of all its projects, systems, operations, processes, designs, and behavior. Stakeholders will be engaged from orientation into MRCU, throughout their stay and at separation with MRCU. Leaders will be required to portray cost minimization in their leadership style. However, cost minimization will not be used to compromise work output and quality and team health and safety. This initiative will make MRCU competitive and attractive to funders, partners, and researchers. It will preserve the organization's core funds or reserves from depletion. Cost minimization and rationalization will be proactively monitored as a key deliverable of managerial staff. A key cost consideration will comprise caution towards contracts and projects that risk eroding MRCU resources.

d) Research Business Forum (RBF)

The Research Business Forum (RBF) is another element of the MUg Inter-Company Governance Framework. RBF is a research-oriented version of the Group Central Business Forum (GCBF) articulated in Section 5.3(f) of the *MUg Inter-Company Policy*. RBF will function as MRCU's high-level mechanism for monitoring implementation of the Strategic Plan. RBF will be attended by leadership of MUg Headquarters and of MRCU. Membership of RBF shall comprise (i) MUg Executive Director / Group CEO; (ii) Director Sustainability and Partnerships; (iii) Director Finance and Operations; (iv) MRCU Director and Managers; and (v) other staff co-opted from HQ or MRCU. Monthly RBF meetings will review SP output-level performance. Managers in charge of MRCU departments will prepare monthly presentations to RBF that are aligned with the SP Goal and Objectives. Quarterly reports and accountability to RBF will inform MRCU reporting to its Board of Directors meetings. Standard reporting formats that include dashboards and indicator trackers will be used to prepare reports to RBF and the MRCU Board.

e) Group Sustainability Reserve

The Group Sustainability Reserve is part of the MUg Inter-Company Governance Framework as articulated in Section 8.4 of the MUg Inter-Company Policy. Guided by the MUg Inter-Company Policy, MRCU will deposit at least 10% of its unrestricted revenues with the Central Sustainability Reserve managed by Mildmay Uganda Headquarters. Those funds will be invested by MUg HQ in the open market as per policy guidance and under MUg Board custodianship and oversight. The Research Business Forum and MRCU Board meetings will review performance and progress of MRCU's deposits in the Sustainability Reserve.

f) Leveraging Technology

MRCU will partner with MUg Group in the Group's effort to build a high-quality, sustainable infrastructure for operations support and logistics management. The infrastructure will enhance financial management, procurement / supply chain, grants management, internal audit, assets management, inventory management, transport/travel management and utilities management. MRCU will leverage technology to boost its operational efficiency. It will deploy both technology platforms already existing in MUg Group and other value-adding research-oriented technology. Classes of priority technology will include (i) *Enterprise Resource Planning* platforms; (ii) decision support systems; (iii) management information systems; and (iv) health information systems. *MRCU-Online* portal will help coordinate and managing multiple research grants.

g) Communication and Marketing

MRCU has developed a Communication and Branding Strategy and Plan with support from the MUg Group Communications Department. Following the Communication and Branding Strategy and Plan, MRCU will proactively communicate with its targeted internal and external publics to highlight its contribution to new knowledge and to manage negative publicity against its brand image. Key communication initiatives will include media engagement, press releases, IEC materials, technical briefs, publications, presentations, and policy briefs that highlight its contribution to new knowledge. MRCU will develop a digital communication framework comprising a website and social media. These will be updated regularly to present a complete up-to-date introduction to market the MRCU brand to target audiences nationally, regionally, and globally. The MUg Group Disaster Recovery Strategy will be adapted and used by MRCU to counter and resolve adverse communication situations.

In 2018, MUg Headquarters developed the Group Comprehensive Marketing Strategy intended to serve as a blueprint to be adopted and adapted by each MUg Entity to suit its needs. MRCU will adapt the 2018 Marketing Strategy to extract a version that satisfies its needs. Evaluation of MRCU performance by accountability mechanisms [*Board, SAT, RBF and DLT*] will test for the impact of executing a customized version of that marketing blueprint strategy.

h) Intra-Group Partnership

This MRCU 2023/24-2027/28 Strategic Plan will be implemented during a dispensation when Mildmay Uganda (MUg) Group comprises three autonomous legal entities incorporated under Companies Act of the Laws of Uganda namely (i) Mildmay Uganda (MUg); (ii) Mildmay Institute of Health Sciences (MIHS); and (iii) Mildmay Research Centre Uganda (MRCU). The MUg Group also has sections that are not incorporated, but command significant portions of the MUg business portfolio or resource base, namely (i) Mildmay Uganda General Hospital; (ii) Program Management Directorate [overseeing all projects]; and (iii) Mildmay ISO-certified Medical Laboratory. Each of these entities has a stake in health research business which comprises MRCU's mainstay. The strategic planning process held a consensus-building consultative workshop involving these entities and MRCU. Below are the multi-stakeholder mutual research interests between each of the entities and MRCU.

MRCU-MIHS Common Interests: Key considerations in the MRCU-MIHS partnership are (i) minimizing wastage through duplication in areas of common interest; (ii) delivering excellent service to each other; (iii) sharing benefits equitably; (iv) open communication on business matters; and (v) using Group Dialogue, GCBF and RBF to address mutual concerns. For the period up to 2027/2028, MIHS priorities will be (i) education and training; (ii) community empowerment; (iii) research to inform teaching and learning; and (iv) attainment of Other Degree Awarding Institution (ODAI) status. To grow into an ODAI, senior MIHS staff must demonstrate capacity to generate new knowledge [research] and to use it in their own teaching. MIHS staff will do research as a requirement in teaching and seek MRCU support to build capacity of MIHS in research and publication. MIHS will conduct research for its pre-service trainees including (i) research seminars; (ii) research supervision; (iii) research publication; (iv) research collaborations; and research-driven MIHS brand positioning. MIHS will expect MRCU to conduct surveys and implementation science under current MIHS grants. MIHS seeks to play a role in MRCU comprising (i) research partnership and collaboration; (ii) supporting the Journal; (iii) sponsoring research seminars; and (iv) support to MRCU strategic governance. MIHS expects MRCU to (i) build MIHS capacity in research; (ii) provide IRB services for quality control; (iii) support identification of research areas and guide lecturers to conduct research; (iv) joint research grant writing under agreed MOUs; (v) provision in Inter-Company Policy granting MRCU representation on MIHS Governing Council; (vi) coordinating research; invite MIHS to offer technical support for training and education; and (vii) support research into innovations in training, education and capacity building.

MRCU-MUgH Common Interests: Shared resources between MRCU and MUg General Hospital are (i) infrastructure; (ii) equipment; and (iii) human resources. Hospital services and scope that are of immediate interest to MRCU include products, telemedicine, neonatology, devices, and therapies. MUgH will (i) avail a ‘*research hospital*’; (ii) avail HR to conduct research; (iii) hire staff aligned with the research agenda; (iv) re-orient existing staff towards research; (v) engage in the entire research cascade from ideation to publication; (vi) earmark time for grant writing; (vii) engage in setting Hospital research targets; (viii) generate data for research; (ix) ensure a research-enabling and innovation-friendly environment; (x) mobilize resources for research; (xi) ensure a research-enabling hospital environment; (xii) align MRCU and Hospital work; (xiii) jointly design research; (xiv) second staff to research; and (xv) participate in Hospital on MRCU Business Fora. MUgH would like the MRCU role in the partnership to be (i) investing in Hospital infrastructure, HR, equipment, and technology; (ii) research capacity building for MUgH staff; (iii) supporting staff for further study; (iv) equitable sharing of jointly sourced research funds; (v) remuneration of staff; and (vi) strengthening existing structures to make them results-oriented [e.g., RBF].

MRCU-Laboratory Common Interests: Strategic priorities of the ISO-accredited Laboratory over the period up to 2027/2028 include (i) bio-surveillance; (ii) biorepository; (iii) placements and internships; (iv) advancement of test methodology and increased testing scope; (v) infrastructural improvement; and (vi) establishing poly-laboratories with polyclinics. The Laboratory sees its role in MRCU as (i) capacity building; (ii) collaborative grant writing; (iii) research collaborations; and (iv) providing research diagnostic scope and expertise. The Laboratory sees the role of MRCU in the lab as (i) capacity building; (ii) research coordination; and (iii) building collaborations.

MRCU-Programs Common Interests: Over the period up to 2027/2028, Programs Management expects MRCU to align its operations with the MUG Group vision and mission. Strategic foci that MRCU ought to not to miss are (i) NGO aspiration to serve 7 million people in 20 districts of Central Uganda; (ii) aspiration to directly serve over 130,000 clients; (iii) high-quality community-oriented programming; (iv) focus on priority communities; (v) functionalizing SI; and (vi) program diversification to other priority areas. Program Management sees MRCU's role in the NGO as (i) research capacity building; (ii) research ethics and regulation; (iii) program documentation; (iv) technical support for surveillance; (v) program evaluation; (vi) research collaboration; and (vii) knowledge management. Program Management see its role in MRCU as (i) collaborative capacity building; (ii) quality of research; (iii) researchable populations; (iv) data and documentation; (v) programs infrastructure and resources; (vi) joint resource acquisition; and (vii) regulation of contracts, partnerships and communication.

Making the Partnership Work: Mechanisms for ensuring that the partnership works will be (i) formalizing research collaboration between MRCU and each of the entities by MOUs; (ii) enacting Inter-Company Policy and Transfer Pricing Policy Frameworks to regulate the partnership [including addressing policy gaps in several areas such as dividends, royalties]; (iii) require all research-related partnership dealings to conform to ethical standards; and (iv) regulate the effective delivery of centrally shared resources [Audit, ICT and Resource Mobilization]. Another key focus area for making the intra-Group research partnership work will be the optimization of six core organizational systems namely (i) ICT Infrastructure; (ii) Internal Audit; (iii) Human Resources Management; (iv) Finance and Operations; (v) Communications and Branding; and (vi) Resource Mobilization / PAMSCO. ICT should optimize virtual resources; expand software license ceilings; and facilitate MUG portray its wealth in data resources to attract researchers. Internal Audit should align its capacity with the increased needs and demands of the growing organization and benchmark with the best performing audit mechanisms. HR / People and Culture should align with entity-specific needs of a growing and dynamic organization; improve recruitment turn-around-time to favor business continuity; and adjust policy to match MUG growth trajectory. Finance and Operations should improve turn-around-time; process-wide versatility; operational efficiency; improve payment system; eliminate the 'chasing syndrome' from business process. Branding and Communications shall ensure brand standardization; optimize partnerships; and optimize digital communication. Resource Mobilization shall stabilize funding up to 2027/2028 by (i) maintaining funding at the current annual average of US\$ 13 million; and (ii) growing the Group Sustainability Reserve to US\$ 1,000,000 by 2028.

4 Monitoring and Evaluation (M&E) Framework

4.1 Results-Based Management

The MRCU will adopt the Results-Based Management (RBM) approach as its core model for monitoring and evaluation. In using the RBM approach, MRCU will: -

1. Ensure that processes, outputs, and services contribute to achieving clearly stated expected results (i.e., outputs, outcomes, and impacts), improving performance, integrating lessons learned into management decisions and monitoring and reporting on performance.
2. Ensure direct and indirect stakeholders contribute to achieving results, and their processes, products, and services contribute to achieving desired results (outputs, outcomes, goals, or impact). Actors will use information and evidence on results to inform decisions on design, resourcing, and delivery of activities and for accountability and reporting.
3. Improve management effectiveness and accountability by defining realistic expected results, monitoring progress toward achieving expected results, integrating lessons learned into management decisions and reporting on performance.
4. Shift from focusing on inputs, activities, and processes to focus on benefits and achievements that are a direct effect of the intervention. Select a destination first, then decide on the route, checking against a map and adjusting as required, to achieve desired results. Use information on results to improve decision making.
5. Require Management to continually reflect on how much activities and outputs lead to achieving desired outcomes (i.e., effective implementation). Management will adjust ensure that planned or desired outcomes or results are realized.
6. Adopt a mindset that looks beyond processes, activities, products, and services to focus on the actual social and economic benefits of projects to beneficiaries.

4.2 Results Chain

The Results Chain will be a central tenet of RBM, and it will show the cause-effect relationship between various project elements over time. For every project undertaken, MRCU will develop a results chain comprising a series of conditional cause-effect links among different layers of results (e.g., If A is done, B will happen; if B happens, C is also likely to happen). Multiple factors, events, conditions, or risks beyond the control of the project may negatively influence or threaten achievement of intended results or changes. Accordingly, MRCU will analyze both internal and external risks that may hinder the success of projects and attainment of planned results. Risks are closely related to results and will be analyzed against the results frameworks of projects. Risk management will be an integral part of RBM. It will consider both internal and external risks. Internal risks are factors under the control of the project that may hinder success. External risks are factors beyond the control of the project which could hinder achievement of results.

4.3 Theory of Change

Achieving goals and objectives of this Strategic Plan will require a strong RBM approach to the planning and implementation of interventions, including a strong M&E system. Evidence shows

that when results are not explicitly factored into the planning and budgeting process, we often tend to let projects manage people instead of people managing them. Experience shows that clarity of results invariably leads to enhanced effectiveness and efficiency for leaders and managers. MRCU will challenge staff and researchers to prove that their projects produce the results that they promise to achieve. MRCU will position RBM together with a change mind-set and culture towards achievement of results as key aspects of management reform. That will help to connect strategy, resources and project designs with service delivery and their effect on communities.

At the beginning of the planning cycle for each project, MRCU will determine: 1) what results need to be achieved; 2) when they need to be achieved; and 3) what needs to be done right away, to successfully achieve set goals and objectives. Results will be based on a Theory of Change (TOC) to guide different phases of project implementation. TOC will be at the center of RBM and will represent the desire of MRCU to explore and represent change in a way that reflects a complex and systemic understanding of projects.

The following reasons and benefits justify use of the Theory of Change as a tool to guide planning, implementation, and performance management, among others: -

1. Understanding the context and situation as a starting point for planning projects; bringing critical thinking to bear on project assumptions.
2. Moving beyond generic project designs through greater awareness of context.
3. Developing a common understanding of the work and surfacing differences in perspective.
4. Strengthening clarity, effectiveness and focus of projects.
5. Offering a flexible alternative to working with log-frames for complex projects.
6. Providing a framework within which to assess impact, improve M&E, test assumptions, demonstrate impact and learn from it.
7. Improving relationships with stakeholders by identifying opportunities for collaboration.
8. Providing one framework for strategic decision-making, communication and reporting.
9. Clarifying results conceptualization and understanding significant intermediate changes.
10. Strengthening adaptive management and responsiveness to changes in context.
11. Finding new ways to bring rigor to the evaluation of complex and emergent change.

4.4 Planning

MRCU will use RBM to: (i) Identify the goals or objectives to be achieved; (ii) Form strategies to achieve them; (iii) Organize or create means required; (iv) Establish performance measurement frameworks; (v) Determine the resources required. Planning will lay the basis for implementation, monitoring, reporting and evaluation processes and direct all steps in their proper sequence. As a basic principle of results planning, MRCU will start with desired change [outcomes and impact] and then identify outputs, activities and inputs required to achieve them [i.e., develop a results framework]. MRCU will do thorough analysis of problems to solve, the desired changes and activities and inputs necessary to achieve them. Key planning questions will be: -

1. What is the problem to be solved (the undesirable situation)?
2. What do we want to achieve (the desired change)?
3. How do we get from A to B (the strategy)?

4. How will we know when we have arrived (the indicators)?
5. What assumptions are we making for change to occur (what needs to be in place)?
6. What are the risks and how will they be mitigated?

4.5 Monitoring

Using RBM, MRCU will conduct continuous or periodic assessment to generate performance information on the degree of progress made to achieve desired results. That will involve systematic collection of data on selected indicators to measure performance against targets. Data on indicators will give key stakeholders pointers of the extent of progress in implementing and achieving results and use of allocated funds. Monitoring will track progress and alert Management on whether actual results are being achieved. It will focus on the fidelity of the cause-effect relationships, i.e., (i) Are inputs leading to desired activities; (ii) Are activities producing desired outputs; (iii) Are outputs being utilized by target users. The process will involve adjusting and tradeoffs. It will check to see if outputs are of desired quality and whether they are timely and adequate to cause change. If not, adjustments will be made. It will keep records of activities and results and identify challenges and risks. Monitoring will not explain why a project is not reaching planned outcome and impact. Analysis and inquiry of cause and effect will be done by reviews and evaluation. Monitoring will gather evidence of reported results using indicators to verify what is reported.

4.6 Evaluation

Using RBM, MRCU will conduct evaluation entailing the systematic and objective assessment of ongoing or completed project, including its design, implementation and results. The aim of that will be to determine the relevance and fulfillment of objectives, efficiency, effectiveness, impact and sustainability. Evaluations will aim to provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making processes. Evaluations will check if desired results [especially outcomes and impact] were achieved, and, if not, why not? Evaluation will focus on achieving results and avail information that monitoring cannot give.

4.7 Learning

Learning will be a continuous process occurring throughout the cycle of planning, implementation, monitoring and evaluation, all of which lead to knowledge creation. Learning will inform MRCU at every stage about what is working well and what needs to be adjusted. It will guide strategy design, project design and implementation.

4.8 RBM Success Enablers

MRCU will ensure the following environmental enablers for successful RBM: -

1. **Results-oriented Leadership Driving Results Agenda:** MRCU will require research leaders to
 - 1) Select clear project objectives and strategies;
 - 2) Demand information and documentation of results;
 - 3) Use performance information for decision-making; and
 - 4) Demonstrate attitudes

and behavior that are essential for project success. MRCU will ensure that focus on desired results is supported from top Management by demanding results and results information. Key to this will be: 1) Training MRCU leaders and managers; 2) Avail RBM tools and reference materials; 3) Incentives for RBM adherence; and 4) Disincentives for non-adherence to RBM.

2. ***Incentivizing and Institutionalizing a Culture of Results:*** MRCU recognizes that managing for results is a unique way of doing business. Traditional systems reward delivery of activities and processes rather than achievement of results. Research and experience of mature RBM systems demonstrate that an incentive system is vital for consistent use of RBM and growth of a results culture. Incentive structures will be a key strategy for motivating management and staff to change a traditionally compliance-oriented culture of project and business execution.
3. ***Improvement and Learning Culture:*** MRCU will involve staff to develop and implement a results approach. This will create support for necessary change. MRCU will provide training and tools. Management will involve staff to set goals and targets, assess risks and performance reporting. Management will use knowledge and learning from reports and evaluation to support decision-making. Emphasis on learning will also entail flexibility in responding to situations.
4. ***Accountability and Responsibility:*** MRCU will commit to results management by ensuring that staff have clear roles and responsibilities. This will enable the organization to hold staff and Management accountable for appropriate levels of results.
5. ***Inclusiveness:*** MRCU can only achieve buy-in and support for RBM by actively involving staff and stakeholders. MRCU recognizes people's likelihood to resist any approach perceived as imposed on them. Hence MRCU will involve staff to develop and implement RBM. In that way, they will own the process and appreciate its relevance.
6. ***Resources:*** MRCU will use M&E to harness resources to achieve desired results, and to show linkage between resources and results and alignment of resources with objectives. In that way, MRCU will assess its performance considering availed resources and enhance accountability.
7. ***RBM and SI Partnerships:*** To help meet strategic information (SI) needs of its processes, MRCU will use the data verification, cleaning, analytics and QA services of SI partnerships.

5 Financing Projection

This section presents the MRCU financing framework for the 2023/to 2027/28.

5.1 Financing Overview

MRCU financing strategy for the period 2023/24-2027/28 shall be guided by the following principles derived from Good Business Practice and MUg Group Lessons: -

1. **Full Costing:** At the minimum, MRCU will ensure that all research projects cover their costs to avoid eroding the organization's reserves. At best, MRCU will negotiate with its research partners to contribute to the organization's sustainability over and above the project cost.
2. **Policy:** MUg Group shall roll out full execution of the Transfer Pricing Policy (TPP) to govern all intra-Group transactions with MRCU.
3. **Internal Governance:** During FY2023/24, MUg Headquarters shall sensitize all members of key decision-making fora, such as Directorate Leadership Team (DLT), Senior Administration Team (SAT), Group Central Business Forum (GCBF) and Research Business Forum (RBF).

5.2 Financing Mix

Revenue Streams	2023/24	2024/25	2025/26	2026/27	2027/28
Research Grants	92%	92%	90%	89%	87%
Sales of Research-related Services	8%	8%	10%	11%	13%

5.3 Five-Year Projections

Revenue Streams	2023/24	2024/25	2025/26	2026/27	2027/28
Research Grants	3,269,934,394	3,583,978,893	3,942,376,782	4,336,614,460	4,770,275,906
Sales of Services	273,498,903	302,448,794	334,533,673	457,767,142	595,097,285
TOTAL	3,543,433,297	3,886,427,687	4,276,910,455	4,794,381,603	5,365,373,192

Actual income Performance for FY2021/2022 amounting to UGX 1,847,283,380 was used as a Baseline. FY 2023/24 Budget estimated to increase by 91% of the baseline actuals. The huge increment was based on the commitment of Research team as per approved Annual Operation Plan for FY2023. Annual Budget up to FY2025 will increase by 10% and after 12%.

6 Appendices

6.1 Appendix 1: Logframe

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
Objective 1: Conduct high-quality health research that influences policy and sustainably transforms the wellbeing of communities.	National and district policy issues influenced by MRCU research # of Policy papers disseminated and outcome integrated into community programming	Annual Reports Evaluation Reports	MRCU Board and Management continually align Annual Operational Plans (AOPs) with 6-Year Strategic Plan focus
Establish a conducive research environment	Proportion of researchers engaged with MRCU reporting that it is a conducive environment for research based on the 12 parameters % Score on 12 research environment parameters by External researchers	RBF/GCBF Minutes Board Reports	Board and Management commit to growing a conducive research environment at MRCU
Building capacity in Research Administration	Comprehensive Research Administration Plan developed for MRCU (effectively addressing weaknesses in SWOT and other gaps)	RBF/GCBF Minutes Board Reports	Board and Management invest in Research Administration as a game changer in MRCU business
	Proportion of MRCU research step/processes improved by operationalizing Research Administration Plan TAT on Researcher complaints/requests Research grants retention rates New grants attraction rates	RBF/GCBF Minutes Board Reports	Board and Management invest in Research Administration as a game changer in MRCU business
Develop MRCU-Online—one-stop-shop research	MRCU-Online procured guided by approved System Specifications benchmarked	RBF/GCBF Minutes Board Reports	Board and Management invest in MRCU-Online

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
lifecycle support portal	with best practices nationally and internationally		as a game changer to MRCU business
	Proportion of MRCU grant lifecycle steps and processes automated by MRCU-Online TAT on Research's Business processes TAT on Researcher complaints/requests Research grants retention rates	RBF/GCBF Minutes Board Reports	Management implement MRCU-Online with fidelity to scale
	New MRCU business driven by investing in MRCU-Online % satisfaction of grants and research clientele	Annual Reports Evaluation Reports	MRCU-Online is woven around the needs of grants/research clientele and not the reverse
Consolidate the current track record in applied research while building capacity for other types of research in health	Proportion of ongoing applied research projects successfully implemented in line with national and international standards	RBF/GCBF Minutes Board Reports	Management commitment to successfully complete ongoing applied research
	Number of clinical trials and other research projects (different from applied research) done successfully at MRCU in line with national and international standards	RBF/GCBF Minutes Board Reports	Board and Management commit to progressively build capacity to diversify research portfolio beyond applied research
Balance HIV/AIDS-related applied research with other priority areas	Proportion of ongoing HIV/AIDS-related applied research projects successfully implemented in line with national and international standards # of implementation generated research questions documented and disseminated for program improvements	RBF/GCBF Minutes Board Reports	Management commitment to successfully complete ongoing HIV/AIDS-related applied research projects

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
	# of Inter MRCU-Programs Business engagements done under the inter-company policy		
	Number of research projects (including HIV/AIDS and non-HIV/AIDS-related) attracted to MRCU and successfully implemented in line with national and international standards	RBF/GCBF Minutes Board Reports	Board and Management commit to progressively build capacity to diversify research portfolio beyond HIV/AIDS related research
Clean and profile longitudinal data for scientific research	# of new business onboarded using clean longitudinal data Proportion of datasets relevant to research across MUG Group cleaned, profiled and appreciated by targeted research clientele	RBF/GCBF Minutes Board Reports	DLT commits to Group-wide mutually beneficial cooperation on data-sharing
	Proportion of data generating business systems and processes across MUG Group that generate research data enhanced to generate clean and profiled data	RBF/GCBF Minutes Board Reports	Board and Management will effectively address data-related multi-stakeholder interests with other entities in MUG Group
Developing a data repository	Robust data repository developed and functionalized and yielding business advantage for MRCU/MUG over its peers New Business utilising Data repository	RBF/GCBF Minutes Board Reports	Board and Management invest in data repository as MRCU business game changer
Disseminating research findings (key weakness noted by SWOT)	Robust Research Dissemination Plan developed and approved	RBF/GCBF Minutes Board Reports	Management commits to systematic dissemination
	Proportion of research findings disseminated according to the robust Dissemination Plan	RBF/GCBF Minutes	Management commits to systematic dissemination

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
Using evidence to influence health and development policy		RBF/GCBF Minutes Board Reports	
Objective 2: Build capacity of individuals and organizations to develop and conduct impactful research that conforms to national and international standards.	Increased capacity of individuals and organizations to develop and conduct impactful research that conforms to national and international standards	Annual Reports Mid-term Evaluation Report End-Term Evaluation Report	MRCU Board and Management continually align Annual Operational Plans (AOPs) with 6-Year Strategic Plan focus
Building capacity to develop and conduct health research	Proportion of partners targeted to contribute to PhD and Masters research capacity building program that yielded PhD/Masters openings Internal Capacity building program established and #s engaged Proportion of young researchers under collaboration MIHS and Hospital supported	RBF/GCBF Minutes Board Reports	Board and Management attract PhD and Masters research capacity building opportunities
Build strategic partnerships for collaborative research	Proportion of strategic partnerships targeted for collaborative research that yielded research business with MRCU	RBF/GCBF Minutes Board Reports	Board and Management attract strategic research partnerships
Talent development and management program for nurturing the next generation of African researchers in health	Policy, Strategy and SOPs developed and approved for nurturing the Next Generation of Researchers in Health for Africa	RBF/GCBF Minutes Board Reports	Board and Management invest in talent development and attract capacity building partnerships
	Proportion of targeted publics participating in MRCU Research Culture events and volume of business associated with the events	RBF/GCBF Minutes Board Reports	Board and Management commit to develop Research Culture in MRCU

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
	Proportion of targeted beneficiaries graduated from Research Leadership Program	RBF/GCBF Minutes Board Reports	Board and Management commit to develop Research Leadership
Run Mildmay Uganda Research Ethics Committee (MUREC)	Increase in MUREC business resulting from improved efficiency and effectiveness Proportion of MUREC income to total MRCU income	RBF/GCBF Minutes Board Reports	Management commits to grow MUREC business volume
	Market share of Uganda's health research protocol review business held by MUREC	Annual Reports Evaluation Reports	Management commits to grow MUREC market share in Uganda
Develop a Bioethics Academy	Successful Feasibility Study conducted for the Bioethics Academy and disseminated to stakeholders.	RBF/GCBF Minutes Board Reports	Board and Management base the decision to develop Bioethics Academy on Feasibility Study
	Proportion of MUg Group stakeholders engaged by MOU to clear roles and benefits in developing and running the Bioethics Acad. Proportion of Internal customers to the academy attracted and served Attraction, retention, and Completion rates of the academy	RBF/GCBF Minutes Board Reports	Boards and DLT across MUg Group committed to joint development of Bioethics Acad.
	Proportion of markets targeted for Bioethics Academy that recognize the institution (brand visibility of Bioethics Academy)	RBF/GCBF Minutes Board Reports	No macro market disruptions that erode efforts to build brand visibility for Bioethics Academy
Objective 3: Build robust organizational capacity that ensures competitive advantage and	Competitiveness of MRCU in Uganda's HIV/AIDS-related health research market Competitiveness if MRCU in Uganda's overall health research market (including HIV/AIDS-related research)	Mid-term Evaluation Report End-Term Evaluation Report	MRCU Board and Management continually align Annual Operational Plans (AOPs) with 6-Year Strategic Plan focus

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
sustainable financing.			
Staffing mechanism that is responsive to HR challenges and needs unique to research	HR Policy, SOPs and Plan developed catering for responsiveness to HR challenges and needs unique to research	RBF/GCBF Minutes Board Reports	Management responsiveness to HR needs unique to research
	Improved attraction, recognition, reward and retention of high-calibre researchers MRCU-MIHS-MUgH capacity building for research initiatives done	RBF/GCBF Minutes Board Reports	Management responsiveness to HR needs unique to research
Funding acquisition through research grant writing	Win rate of grants applied for Proportion of research grant income to total income Proportion of Non research grant income to total income Proportion of indirect cost income to total income Increase in research grant income.	RBF/GCBF Minutes Board Reports	Management takes a strategic approach to grants development
Develop a standard costing and cost management framework	Cost Policy, SOPs and Plan developed covering MRCU major cost centers	RBF/GCBF Minutes Board Reports	Management commits to MRCU cost management
	Proportion of operating cost to total MRCU cost Internal & External Audit opinion Proportion of mapped MRCU major costs managed and kept within target cost levels	RBF/GCBF Minutes Board Reports	Management commits to MRCU cost management
Contribute to the MUg Group Sustainability Reserve	Proportion of allocated target for contribution to Sustainability Reserve achieved by MRCU.	RBF/GCBF Minutes Board Reports	Board and Management yield surplus from MRCU operations and allocate to Reserve
	% Score on MRCU sustainability index		

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
Monitor Strategic Plan implementation	% Score on SP implementation based on AOP targets Proportion of Directorate Leadership Team (DLT) meetings monitoring MRCU Strategic Plan implementation	DLT Minutes	DLT discusses bi-weekly MRCU SP Monitoring Dashboard
	Proportion of Research Business Forum (RBF) meetings monitoring MRCU Strategic Plan	RBF Minutes	RBF discusses monthly MRCU SP Monitoring Dashboard
	Proportion of Senior Administrative Team (SAT) meetings monitoring MRCU Strategic Plan implementation	SAT Minutes	SAT demands monthly MRCU SP Monitoring Dashboard
	Proportion of MRCU Board and MUg Group Board meetings monitoring MRCU Strategic Plan implementation	MRCU Board Minutes MUg Group Board Minutes	Boards of Directors demand for continual reporting on MRCU Strategic Plan implementation
Leverage ICT for efficient operations management	Comprehensive MRCU ICT Plan (effectively addressing identified weaknesses in SWOT and other business needs) adapted from MUg Comprehensive ICT Investment Plan	RBF/GCBF Minutes Board Reports	Board and Management identify business operations optimizable by ICT for efficient and effective MRCU operation
	Proportion of MRCU business operations targeted for ICT-driven optimization running efficiently and effectively due to ICT	RBF/GCBF Minutes Board Reports	MRCU and Management invest in ICT-driven in line with Shared Resources Rule of the MUg Inter-Company Policy
Use corporate communication to reach relevant publics	Proportion of identified relevant publics engaged by MRCU corporate communication and yielding quantifiable business advantage	RBF/GCBF Minutes Board Reports	Board and Management invest in growing MRCU communication to Strategic Plan needs
Marketing MRCU	Comprehensive MRCU Marketing Plan adapted	RBF/GCBF Minutes Board Reports	Board and Management invest in long-term

Hierarchy of Objectives	Objectively Verifiable Indicators (OVIs)	Means of Verification (MOV)	Key Assumptions and Risks
	from MUg 2019 Comprehensive Marketing Blueprint that effectively address the weaknesses in SWOT analysis		enterprise-wide view to marketing MRCU brand
	Proportion of MRCU new business generated through implementing the MRCU Comprehensive Marketing Plan	RBF/GCBF Minutes Board Reports	Board and Management invest in long-term enterprise-wide view to marketing MRCU brand
Intra-Group Partnership to Grow Research	Leverage and synergy opportunities among MUg Entities optimized and yielding competitive advantage for the MUg Group brand and the individual Entity brands	RBF/GCBF Minutes Board Reports Evaluation Reports	MUg Directorate Leadership Team (DLT) committed to success of the Intra-Group Partnership Agenda



6.2 Appendix 2: Operational Plan

				Yr1 Quarters				Annual Performance					
		Baseline	Target	Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
Strategic Objective 1: Conduct high-quality health research that influences policy and sustainably transforms the wellbeing of communities.	National and district policy issues influenced by MRCU research	2	3					1	1	2	2	2	2
	Communities whose wellbeing was sustainably transformed through evidence from MRCU research	1	0					5%	15%	35%	55%	75%	100%
Establish a conducive research environment	Proportion of researchers engaged with MRCU reporting that it is a conducive environment for research based on the 12 parameters	30	5					75%	80%	100%	100%	100%	100%

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
Building capacity in Research Administration	Comprehensive Research Administration Plan developed for MRCU (effectively addressing weaknesses in SWOT and other gaps)	1	0					50%	75%	100%	100%	100%	100%
	Proportion of MRCU research step/processes improved by operationalizing Research Administration Plan	12	4					75%	75%	100%	100%	100%	100%
Develop MRCU-Online—one-stop-shop research lifecycle support portal	MRCU-Online procured guided by approved System Specifications benchmarked with best practices nationally and internationally	1	0					50%	80%	100%	100%	100%	100%
	Proportion of MRCU grant lifecycle steps and processes automated by MRCU-Online	3	0					30%	50%	75%	90%	95%	100%
	Increased MRCU business driven by investing in MRCU-Online and improved satisfaction of grants and research clientele	3	1					5%	10%	15%	20%	25%	30%

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
Consolidate the current track record in applied research while building capacity for other types of research in health	Proportion of ongoing applied research projects successfully implemented in line with national and international standards	5	4					100%	100%	100%	100%	100%	100%
Balance HIV/AIDS-related applied research with other priority areas	Proportion of ongoing HIV/AIDS-related applied research projects successfully implemented in line with national and international standards	7	6					100%	100%	100%	100%	100%	100%
	Number of research projects (including HIV/AIDS and non-HIV/AIDS-related) attracted to MRCU and successfully implemented in line with national and international standards	3	11					3	5	5	5	6	6
Clean and profile longitudinal data for scientific research	Proportion of datasets relevant to research across MUg Group cleaned, profiled and appreciated by targeted research clientele	6	1					40%	60%	70%	80%	90%	100%

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
	Proportion of data generating business systems and processes across MUg Group that generate research data enhanced to generate clean and profiled data	5	1					40%	60%	70%	80%	90%	100%
Developing a data repository	Robust data repository developed and functionalized and yielding business advantage for MRCU/MUg over its peers	1	0					30%	50%	70%	80%	90%	100%
Disseminating research findings (key weakness noted by SWOT)	Robust Research Dissemination Plan developed and approved	1	0					100%	100%	100%	100%	100%	100%
	Proportion of research findings disseminated according to the robust Dissemination Plan	5	3					100%	100%	100%	100%	100%	100%
Using evidence to influence health and development policy		1	1					50%					

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
Strategic Objective 2: Build capacity of individuals and organizations to develop and conduct impactful research that conforms to national and international standards.	Increased capacity of individuals and organizations to develop and conduct impactful research that conforms to national and international standard	8	3					60%	65%	70%	75%	80%	90%
Building capacity to develop and conduct health research	Proportion of partners targeted to contribute to PhD and Masters research capacity building program that yielded PhD/Masters openings	7	3					100%	100%	100%	100%	100%	100%
Build strategic partnerships for collaborative research	Proportion of strategic partnerships targeted for collaborative research that yielded research business with MRCU	5	5					100%	100%	100%	100%	100%	100%

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
Talent development and management program for nurturing the next generation of African researchers in health	Policy, Strategy and SOPs developed and approved for nurturing the Next Generation of Researchers in Health for Africa	5	0					100%	100%	100%	100%	100%	100%
	Proportion of targeted beneficiaries graduated from Research Leadership Program	5	3					90%	90%	90%	90%	90%	90%
Run Mildmay Uganda Research Ethics Committee (MUREC)	Increase in MUREC business resulting from improved efficiency and effectiveness							5%	7%	9%	10%	11%	12%
	Market share of Uganda's health research protocol review business held by MUREC							3%	4%	5%	6%	7%	8%
Develop a Bioethics Academy	Successful Feasibility Study conducted for the Bioethics Academy and disseminated to stakeholders.	1	1					100%	100%	100%	100%	100%	100%

				Yr1 Quarters				Annual Performance					
		Baseline	Target	Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
	Proportion of MUg Group stakeholders engaged by MOU to clear roles and benefits in developing and running the Bioethics Acad.	5	1					100%	100%	100%	100%	100%	100%
	Proportion of markets targeted for Bioethics Academy that recognize the institution (brand visibility of Bioethics Academy)	4	1					100%	100%	100%	100%	100%	100%
Strategic Objective 3: Build robust organizational capacity that ensures competitive advantage and sustainable financing.	Competitiveness of MRCU in Uganda's HIV/AIDS-related health research market	4%	0					3%	5%	7%	9%	10%	11%
Staffing mechanism that is responsive to HR challenges and needs unique to research	HR Policy, SOPs and Plan developed catering for responsiveness to HR challenges and needs unique to research	1	1					100%	25%	25%	25%	25%	25%

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
	Improved attraction, recognition, reward and retention of high-calibre researchers	10	3					70%	30%	30%	30%	30%	30%
Funding acquisition through research grant writing	Increase in research grant income.	20%	0					100%	100%	100%	100%	100%	100%
Develop a standard costing and cost management framework	Cost Policy, SOPs and Plan developed covering MRCU major cost centers	1	0					100%	100%	100%	100%	100%	100%
Contribute to the MUg Group Sustainability Reserve	Proportion of mapped MRCU major costs managed and kept within target cost levels	50%	0					60%	65%	70%	75%	80%	85%
Monitor Strategic Plan implementation	Proportion of Directorate Leadership Team (DLT) meetings monitoring MRCU Strategic Plan implementation	24	0					50%	50%	50%	50%	50%	50%
	Proportion of Research Business Forum (RBF) meetings monitoring MRCU Strategic Plan	12	0					75%	75%	75%	75%	75%	75%

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
	Proportion of Senior Administrative Team (SAT) meetings monitoring MRCU Strategic Plan implementation	12	0					75%	85%	85%	85%	85%	85%
	Proportion of MRCU Board and MUg Group Board meetings monitoring MRCU Strategic Plan implementation	3	0					100%	100%	100%	100%	100%	100%
Leverage ICT for efficient operations management	Comprehensive MRCU ICT Plan (effectively addressing identified weaknesses in SWOT and other business needs) adapted from MUg Comprehensive ICT Investment Plan	1	0					60%	65%	65%	65%	65%	65%
	Proportion of MRCU business operations targeted for ICT-driven optimization running efficiently and effectively due to ICT	8	4					100%	100%	100%	100%	100%	100%

		Baseline	Target	Yr1 Quarters				Annual Performance					
				Q1	Q2	Q3	Q4	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6
Use corporate communication to reach relevant publics	Proportion of identified relevant publics engaged by MRCU corporate communication and yielding quantifiable business advantage	5	0					100%	100%	100%	100%	100%	100%
Marketing MRCU	Comprehensive MRCU Marketing Plan adapted from MUg 2019 Comprehensive Marketing Blueprint that effectively address the weaknesses in SWOT analysis	1	1					100%	100%	100%	100%	100%	100%
	Proportion of MRCU new business generated through implementing the MRCU Comprehensive Marketing Plan	2	0					100%	100%	100%	100%	100%	100%
Intra-Group Partnership to Grow Research	Leverage and synergy opportunities among MUg Entities optimized and yielding competitive advantage for the MUg Group brand and the individual Entity brands	4	4					70%	60%	50%	30%	30%	30%

6.3 Appendix 5: Organization Structure

